

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2023

System	Class	Preferred
Allergy/Cold	Anaphylaxis Rescue	epinephrine AUTO INJECT
Allergy/Cold	Antihistamines, Second Generation	cetirizine HCl SOLUTION *** cetirizine HCl TABLET loratadine SOLUTION loratadine TAB RAPDIS *** loratadine TABLET
Allergy/Cold	Cough and Cold	codeine phosphate/guaifenesin * LIQUID codeine phosphate/guaifenesin * SYRUP codeine phosphate/guaifenesin * TABLET guaifenesin ‡ GRAN PACK guaifenesin ‡ LIQUID guaifenesin ‡ SYRUP guaifenesin ‡ TAB ER 12H guaifenesin ‡ TABLET guaifenesin ‡ TABLET ER guaifenesin/dextromethorphan ‡ CAPSULE guaifenesin/dextromethorphan ‡ DROPS guaifenesin/dextromethorphan ‡ ELIXIR guaifenesin/dextromethorphan ‡ GRAN PACK guaifenesin/dextromethorphan ‡ LIQUID guaifenesin/dextromethorphan ‡ LIQUID PKT guaifenesin/dextromethorphan ‡ SYRUP guaifenesin/dextromethorphan ‡ TAB ER 12H guaifenesin/dextromethorphan ‡ TABLET pseudoephedrine HCl ‡ CAPSULE pseudoephedrine HCl ‡ TABLET
Allergy/Cold	Hereditary Angioedema	C1 esterase inhibitor * KIT C1 esterase inhibitor * VIAL
Allergy/Cold	Nasal Allergy Inhalers	fluticasone propionate ‡ SPRAY SUSP
Analgesics	CGRP Inhibitors	erenumab-aooe (AIMOVIG AUTOINJECTOR™) * AUTO INJECT fremanezumab-vfrm (AJOVY AUTOINJECTOR™) * AUTO INJECT fremanezumab-vfrm (AJOVY SYRINGE™) * SYRINGE
Analgesics	Gout	allopurinol TABLET colchicine ** TABLET probenecid/colchicine TABLET
Analgesics	Muscle Relaxants, Oral	baclofen TABLET cyclobenzaprine HCl TABLET *** methocarbamol TABLET tizanidine HCl TABLET

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Analgesics	Non-Steroidal Anti-Inflammatory Drugs	celecoxib	CAPSULE
		diclofenac potassium	TABLET ***
		diclofenac sodium	TABLET DR
		etodolac	TABLET
		ibuprofen	CAPSULE
		ibuprofen	DROPS SUSP
		ibuprofen	ORAL SUSP
		ibuprofen	TAB CHEW
		ibuprofen	TABLET
		indomethacin	CAPSULE
		ketoprofen	CAPSULE
		meloxicam	TABLET
		nabumetone	TABLET
		naproxen	TABLET
		naproxen	TABLET DR
		naproxen sodium	TABLET
oxaprozin	TABLET		
salsalate	TABLET		
sulindac	TABLET		
Analgesics	Opioids, Long-Acting	fentanyl *	PATCH TD72
		morphine sulfate *	TABLET ER
Analgesics	Opioids, Short-Acting	acetaminophen with codeine *	ELIXIR
		acetaminophen with codeine *	SOLUTION
		acetaminophen with codeine *	TABLET
		butorphanol tartrate **	SPRAY
		codeine sulfate *	TABLET
		hydrocodone/acetaminophen **	SOLUTION
		hydrocodone/acetaminophen **	TABLET
		hydromorphone HCl **	SUPP.RECT
		hydromorphone HCl **	TABLET
		morphine sulfate **	SOLUTION
		morphine sulfate **	SUPP.RECT
		morphine sulfate **	TABLET
		opium/belladonna alkaloids **	SUPP.RECT
		oxycodone HCl **	SOLUTION
		oxycodone HCl **	TABLET
oxycodone HCl/acetaminophen **	CAPSULE		
oxycodone HCl/acetaminophen **	TABLET		
tramadol HCl **	TABLET		
Analgesics	Pain Medications, Topical	capsaicin	CREAM (G)
		diclofenac sodium	GEL (GRAM) ***
		lidocaine HCl	CREAM (G) ***
		lidocaine HCl	JEL/PF APP
		lidocaine HCl	SOLUTION
		lidocaine/prilocaine	CREAM (G)

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Analgesics	Serotonin Agonists, Nasal	sumatriptan ** zolmitriptan ** SPRAY SPRAY
Analgesics	Serotonin Agonists, Oral	naratriptan HCl ** sumatriptan succinate ** zolmitriptan ** zolmitriptan ** TABLET TABLET TAB RAPDIS TABLET
Analgesics	Serotonin Agonists, Subcutaneous	sumatriptan succinate ** sumatriptan succinate ** sumatriptan succinate ** CARTRIDGE PEN INJCTR VIAL
Antibiotics	Amoxicillin and Clavulanate, Oral	amoxicillin/potassium clav amoxicillin/potassium clav amoxicillin/potassium clav SUSP RECON TAB CHEW TABLET
Antibiotics	Antibiotics, Vaginal	clindamycin phosphate clindamycin phosphate metronidazole CREAM/APPL SUPP.VAG GEL W/APPL
Antibiotics	Cephalosporins (1st Gen), Oral	cephalexin cephalexin CAPSULE *** SUSP RECON
Antibiotics	Cephalosporins (2nd Gen), Oral	cefprozil cefprozil cefuroxime axetil SUSP RECON TABLET TABLET
Antibiotics	Cephalosporins (3rd Gen), Oral	cefdinir cefdinir CAPSULE SUSP RECON
Antibiotics	Clostridium Difficile Drugs	metronidazole metronidazole vancomycin HCl vancomycin HCl CAPSULE TABLET CAPSULE VIAL
Antibiotics	Fluoroquinolones, Oral	ciprofloxacin ciprofloxacin HCl levofloxacin levofloxacin moxifloxacin HCl SUS MC REC TABLET SOLUTION TABLET TABLET
Antibiotics	Macrolides, Oral	azithromycin azithromycin clarithromycin SUSP RECON TABLET TABLET
Antibiotics	Oxazolidinones, Oral	linezolid linezolid SUSP RECON TABLET

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Antibiotics	Tetracyclines, Oral	doxycycline hyclate ** doxycycline hyclate ** doxycycline monohydrate ** doxycycline monohydrate ** tetracycline HCl **
		CAPSULE TABLET CAPSULE SUSP RECON CAPSULE
Antifungal	Antifungals, Oral	clotrimazole fluconazole fluconazole nystatin nystatin
		TROCHE SUSP RECON TABLET ORAL SUSP TABLET
Antivirals	Hepatitis B	lamivudine * lamivudine * tenofovir disoproxil fumarate *
		SOLUTION TABLET TABLET
Antivirals	Hepatitis C, Direct-Acting Antivirals	glecaprevir/pibrentasvir (MAVYRET™) ** sofosbuvir/velpatasvir (SOFOSBUVIR-VELPATASVIR™) **
		TABLET TABLET
Antivirals	Hepatitis C, Other Agents	peginterferon alfa-2a * peginterferon alfa-2a * ribavirin * ribavirin *
		SYRINGE VIAL CAPSULE TABLET
Antivirals	Herpes Simplex	acyclovir acyclovir acyclovir valacyclovir HCl
		CAPSULE ORAL SUSP TABLET TABLET

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Antivirals	HIV	abacavir sulfate	SOLUTION
		abacavir sulfate	TABLET
		abacavir sulfate/lamivudine	TABLET
		abacavir/dolutegravir/lamivudi	TAB SUSP
		abacavir/dolutegravir/lamivudi (TRIUMEQ™)	TABLET
		abacavir/lamivudine/zidovudine	TABLET
		atazanavir sulfate	CAPSULE
		atazanavir sulfate	POWD PACK
		atazanavir sulfate/cobicistat (EVOTAZ™)	TABLET
		bictegrav/emtricit/tenofov ala (BIKTARVY™)	TABLET
		cabotegravir	SUSER VIAL
		cabotegravir (APRETUDE™)	SUSER VIAL
		cabotegravir sodium	TABLET
		cabotegravir/rilpivirine (CABENUVA™)	SUSER VIAL
		cobicistat	TABLET
		darunavir ethanolate	ORAL SUSP
		darunavir ethanolate	TABLET
		darunavir/cob/emtri/tenof alaf (SYMTUZA™)	TABLET
		darunavir/cobicistat (PREZCOBIX™)	TABLET
		dolutegravir sodium	TAB SUSP
		dolutegravir sodium	TABLET
		dolutegravir sodium/lamivudine (DOVATO™)	TABLET
		dolutegravir/rilpivirine (JULUCA™)	TABLET
		doravirine (PIFELTRO™)	TABLET
		doravirine/lamivu/tenofov diso (DELSTRIGO™)	TABLET
		efavirenz	CAPSULE
		efavirenz	TABLET
		efavirenz/emtricit/tenofovr df	TABLET
		efavirenz/lamivu/tenofov disop	TABLET
		efavirenz/lamivu/tenofov disop (SYMFI™)	TABLET
		efavirenz/lamivu/tenofov disop (SYMFI LO™)	TABLET
		elviteg/cob/emtri/tenof alafen (GENVOYA™)	TABLET
		elviteg/cob/emtri/tenofo disop	TABLET
		emtricitabine/rilpivirine/tenof DF	TABLET
		emtricitabine/rilpiviri/tenof ala (ODEFSEY™)	TABLET
		emtricitabine	CAPSULE
		emtricitabine	SOLUTION
		emtricitabine/tenofov alafenam (DESCOVY™)	TABLET
		emtricitabine/tenofovir (TDF)	TABLET
		enfuvirtide	VIAL
		etravirine	TABLET
		fosamprenavir calcium	ORAL SUSP
		fosamprenavir calcium	TABLET
		ibalizumab-uiyk	VIAL
		lamivudine	SOLUTION
		lamivudine	TABLET
		lamivudine/tenofovir disop fum	TABLET
lamivudine/tenofovir disop fum (CIMDUO™)	TABLET		
lamivudine/zidovudine	TABLET		
lopinavir/ritonavir	SOLUTION		

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System	Class	Preferred
Antivirals	HIV	lopinavir/ritonavir TABLET maraviroc SOLUTION maraviroc TABLET nevirapine ORAL SUSP nevirapine TAB ER 24H nevirapine TABLET raltegravir potassium POWD PACK raltegravir potassium TAB CHEW raltegravir potassium TABLET rilpivirine SUSER VIAL rilpivirine HCl TABLET ritonavir SOLUTION ritonavir TABLET ritonavir (NORVIR™) POWD PACK ritonavir (NORVIR™) TABLET tipranavir CAPSULE zidovudine CAPSULE zidovudine SYRUP zidovudine TABLET zidovudine VIAL
Antivirals	Influenza	oseltamivir phosphate ** CAPSULE oseltamivir phosphate ** SUSP RECON
Cardiovascular	Antianginals	isosorbide dinitrate TABLET isosorbide mononitrate TABLET nitroglycerin PATCH TD24 nitroglycerin TAB SUBL
Cardiovascular	Anticoagulants, Oral and SQ	apixaban (ELIQUIS™) TAB DS PK apixaban (ELIQUIS™) TABLET dabigatran etexilate mesylate CAPSULE edoxaban tosylate TABLET enoxaparin sodium SYRINGE enoxaparin sodium VIAL rivaroxaban (XARELTO™) TAB DS PK rivaroxaban (XARELTO™) TABLET warfarin sodium TABLET
Cardiovascular	Beta-Blockers, Oral	acebutolol HCl CAPSULE atenolol TABLET carvedilol TABLET labetalol HCl TABLET metoprolol succinate TAB ER 24H metoprolol tartrate TABLET nadolol TABLET propranolol HCl CAP SA 24H propranolol HCl SOLUTION propranolol HCl TABLET

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Cardiovascular	Calcium Channel Blockers - Dihydropyridine, Oral	amlodipine besylate TABLET nicardipine HCl CAPSULE nifedipine TAB ER 24 nifedipine TABLET ER
Cardiovascular	Calcium Channel Blockers - Non-Dihydropyridine, Oral	diltiazem HCl CAP ER 12H diltiazem HCl CAP ER 24H diltiazem HCl CAP ER DEG diltiazem HCl CAP SA 24H diltiazem HCl TABLET verapamil HCl CAP24H PEL verapamil HCl TABLET verapamil HCl TABLET ER
Cardiovascular	Combination Antihypertensives	amlodipine bes/olmesartan med TABLET benazepril/hydrochlorothiazide TABLET enalapril/hydrochlorothiazide TABLET lisinopril/hydrochlorothiazide TABLET losartan/hydrochlorothiazide TABLET olmesartan/amlodipin/hcthiazid TABLET olmesartan/hydrochlorothiazide TABLET telmisartan/hydrochlorothiazid TABLET
Cardiovascular	Diuretics, Oral	amiloride HCl TABLET amiloride/hydrochlorothiazide TABLET bumetanide TABLET chlorthalidone TABLET furosemide SOLUTION *** furosemide TABLET hydrochlorothiazide CAPSULE hydrochlorothiazide SOLUTION hydrochlorothiazide TABLET indapamide TABLET spironolact/hydrochlorothiazid TABLET spironolactone TABLET torsemide TABLET triamterene CAPSULE triamterene/hydrochlorothiazid CAPSULE triamterene/hydrochlorothiazid TABLET

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Cardiovascular	Inhibitors of the Renin-Angiotensin-Aldosterone System (RAAS)	benazepril HCl TABLET candesartan cilexetil TABLET enalapril maleate TABLET fosinopril sodium TABLET irbesartan TABLET lisinopril TABLET losartan potassium TABLET olmesartan medoxomil TABLET quinapril HCl TABLET ramipril CAPSULE telmisartan TABLET valsartan TABLET
Cardiovascular	Other Dyslipidemia Drugs	cholestyramine (with sugar) POWD PACK cholestyramine (with sugar) POWDER cholestyramine/aspartame POWD PACK cholestyramine/aspartame POWDER evolocumab (REPATHA PUSHTRONEX™) * WEAR INJECT evolocumab (REPATHA SURECLICK™) * PEN INJECTR evolocumab (REPATHA SYRINGE™) * SYRINGE ezetimibe TABLET fenofibrate TABLET *** fenofibrate nanocrystallized TABLET fenofibrate, micronized CAPSULE fenofibric acid (choline) CAPSULE DR omega-3 acid ethyl esters * CAPSULE
Cardiovascular	Platelet Inhibitors	aspirin TAB CHEW aspirin TABLET aspirin TABLET DR aspirin/dipyridamole CPMP 12HR cilostazol TABLET clopidogrel bisulfate TABLET dipyridamole TABLET prasugrel HCl TABLET
Cardiovascular	Statins & Combos	atorvastatin calcium TABLET lovastatin TABLET pravastatin sodium TABLET rosuvastatin calcium TABLET simvastatin TABLET

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Dermatologicals	Acne	adapalene *	CREAM (G)
		adapalene *	GEL (GRAM)
		adapalene *	GEL W/PUMP
		adapalene *	LOTION
		adapalene/benzoyl peroxide *	GEL W/PUMP
		azelaic acid *	GEL (GRAM)
		benzoyl peroxide *	CLEANSER
		benzoyl peroxide *	FOAM
		benzoyl peroxide *	GEL (GRAM)
		benzoyl peroxide *	LOTION
		clindamycin phos/benzoyl perox *	GEL (GRAM)
		clindamycin phos/benzoyl perox *	GEL W/PUMP
		clindamycin phosphate *	FOAM
		clindamycin phosphate *	GEL (GRAM)
		clindamycin phosphate *	LOTION
		clindamycin phosphate *	MED. SWAB
		clindamycin phosphate *	SOLUTION
		clindamycin/tretinoin *	GEL (GRAM)
		dapsone *	GEL (GRAM)
		erythromycin base in ethanol *	GEL (GRAM)
		erythromycin base in ethanol *	MED. SWAB
		erythromycin base in ethanol *	SOLUTION
		erythromycin/benzoyl peroxide *	GEL (GRAM)
isotretinoin *	CAPSULE		
sulfacetamide sodium *	SUSPENSION		
tretinoin *	CREAM (G)		
tretinoin *	GEL (GRAM)		
tretinoin microspheres *	GEL (GRAM)		
tretinoin microspheres *	GEL W/PUMP		
Dermatologicals	Antibiotics, Topical	bacitracin	OINT. (G) ***
		bacitracin zinc	OINT. (G)
		bacitracin zinc/polymyxin B	OINT. (G)
		bacitracin/polymyxin B sulfate	OINT. (G)
		gentamicin sulfate	CREAM (G)
		mupirocin	OINT. (G)
		neomycin/bacitracin/polymyxinB	OINT. (G)
Dermatologicals	Antifungals, Topical	miconazole nitrate	CREAM (G)
		nystatin	CREAM (G)
		nystatin	OINT. (G)

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Dermatologicals	Antiparasitics, Topical	permethrin COMBO. PKG permethrin CREAM (G) permethrin LIQUID piperonyl but/pyrethins/permet KIT piperonyl butoxide/pyrethrins GEL (GRAM) piperonyl butoxide/pyrethrins KIT piperonyl butoxide/pyrethrins LIQUID piperonyl butoxide/pyrethrins SHAMPOO
Dermatologicals	Steroids, Topical	alclometasone dipropionate CREAM (G) alclometasone dipropionate OINT. (G) betamethasone dipropionate CREAM (G) betamethasone dipropionate LOTION betamethasone dipropionate OINT. (G) betamethasone valerate CREAM (G) betamethasone valerate OINT. (G) betamethasone/propylene glyc CREAM (G) clobetasol propionate CREAM (G) clobetasol propionate OINT. (G) clobetasol propionate SOLUTION desonide CREAM (G) desonide OINT. (G) desoximetasone CREAM (G) fluocinolone acetonide CREAM (G) fluocinolone acetonide SOLUTION fluocinonide CREAM (G) fluocinonide SOLUTION fluocinonide/emollient base CREAM (G) hydrocortisone CREAM (G) hydrocortisone OINT. (G) hydrocortisone acetate CREAM (G) hydrocortisone butyrate SOLUTION triamcinolone acetonide CREAM (G) triamcinolone acetonide OINT. (G)
Dermatologicals	Topical Products for Inflammatory Skin Diseases	calcipotriene CREAM (G) calcipotriene SOLUTION calcipotriene/betamethasone OINT. (G) pimecrolimus CREAM (G) tacrolimus OINT. (G) tazarotene CREAM (G)
Endocrine	Androgens, Topical & Parenteral	testosterone * GEL (GRAM) testosterone * GEL MD PMP testosterone * GEL PACKET testosterone cypionate * VIAL testosterone enanthate * VIAL

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Endocrine	Bone Metabolism Drugs	alendronate sodium ibandronate sodium risedronate sodium TABLET TABLET TABLET
Endocrine	Diabetes, DPP-4 Inhibitors	saxagliptin HCl * sitagliptin phos/metformin HCl * sitagliptin phosphate * TABLET TABLET TABLET
Endocrine	Diabetes, GLP-1 Receptor Agonists	dulaglutide (TRULICITY™) * exenatide * liraglutide * PEN INJCTR PEN INJCTR PEN INJCTR
Endocrine	Diabetes, Glucagon	glucagon glucagon (BAQSIMI™) VIAL SPRAY
Endocrine	Diabetes, Insulins	HUMALOG™ - BRAND ONLY HUMALOG KWIKPEN U-100™ - BRAND ONLY HUMALOG TEMPO PEN U-100™ - BRAND ONLY insulin aspart insulin aspart insulin aspart insulin aspart prot/insulin asp * insulin aspart prot/insulin asp * insulin detemir insulin detemir insulin glulisine insulin glulisine insulin lispro insulin lispro insulin lispro INSULIN LISPRO KWIKPEN U-100™ - BRAND ONLY insulin lispro protamin/lispro insulin lispro protamin/lispro insulin NPH hum/reg insulin hm * insulin NPH hum/reg insulin hm * insulin NPH human isophane insulin regular, human insulin regular, human insulin zinc human recombinant LANTUS™ - BRAND ONLY * LANTUS SOLOSTAR™ - BRAND ONLY * VIAL INSULN PEN INSULN PEN INSULN PEN CARTRIDGE INS PEN HF INSULN PEN INSULN PEN INSULN PEN INSULN PEN VIAL VIAL VIAL INSULN PEN VIAL VIAL VIAL INSULN PEN INSULN PEN INSULN PEN
Endocrine	Diabetes, Miscellaneous Antidiabetic Agents	metformin HCl metformin HCl TAB ER 24H TABLET
Endocrine	Diabetes, SGLT-2 Inhibitors	canagliflozin * dapagliflozin propanediol * empagliflozin * TABLET TABLET TABLET

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Endocrine	Diabetes, Sulfonylureas	glimepiride glipizide glyburide TABLET TABLET TABLET
Endocrine	Diabetes, Thiazolidinediones	pioglitazone HCl TABLET
Endocrine	Estrogen Replacement, Oral	drospirenone/estradiol ‡ estradiol ‡ estrogen,con/m-progest acet ‡ estrogens, conjugated ‡ estrogens,conj.,synthetic A ‡ estropipate ‡ TABLET TABLET TABLET TABLET TABLET TABLET
Endocrine	Estrogen Replacement, Topical	estradiol ‡ estradiol ‡ estradiol ‡ GEL MD PMP PATCH TDSW PATCH TDWK
Endocrine	Estrogen Replacement, Vaginal	estradiol ‡ estradiol ‡ estradiol ‡ estradiol acetate ‡ estrogens, conjugated ‡ CREAM/APPL TABLET VAG RING VAG RING CREAM/APPL
Endocrine	Glucocorticoids, Oral	cortisone acetate dexamethasone dexamethasone dexamethasone dexamethasone dexamethasone hydrocortisone methylprednisolone methylprednisolone prednisolone prednisone prednisone prednisone prednisone prednisone TABLET DROPS ELIXIR SOLUTION TAB DS PK TABLET TABLET TABLET TABLET SOLUTION ORAL CONC SOLUTION TAB DS PK TABLET TABLET DR
Endocrine	Growth Hormones	somatropin (GENOTROPIN™) * somatropin (GENOTROPIN™) * somatropin (NORDITROPIN FLEXPRO™) * CARTRIDGE SYRINGE PEN INJECTR
Endocrine	Progestational Agents	hydroxyprogesterone caproat/PF (MAKENA™) * medroxyprogesterone acetate norethindrone acetate progesterone, micronized AUTO INJECT TABLET TABLET CAPSULE
Endocrine	Thyroid Hormone, Oral	levothyroxine sodium TABLET

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Endocrine	Vitamin D Analogs	calcitriol calcitriol calcitriol AMPUL CAPSULE SOLUTION
Gastrointestinal	Antacid, H. Pylori	bismuth/metronid/tetracycline lansoprazole/amoxicilin/clarith CAPSULE COMBO. PKG
Gastrointestinal	Antacid, H2 Antagonists	famotidine famotidine/Ca carb/mag hydrox nizatidine ranitidine HCl ranitidine HCl TABLET TAB CHEW SOLUTION SYRUP TABLET
Gastrointestinal	Antacid, Proton Pump Inhibitors	dexlansoprazole ** lansoprazole ** omeprazole ** pantoprazole sodium ** rabeprazole sodium ** CAP DR BP CAPSULE DR CAPSULE DR TABLET DR TABLET DR
Gastrointestinal	Antidiarrheals	loperamide HCl loperamide HCl loperamide HCl CAPSULE LIQUID TABLET
Gastrointestinal	Antiemetics, Conventional	metoclopramide HCl metoclopramide HCl metoclopramide HCl phosphorated carbo(dext-fruct) prochlorperazine prochlorperazine edisylate prochlorperazine maleate promethazine HCl promethazine HCl promethazine HCl ORAL CONC SOLUTION TABLET SOLUTION SUPP.RECT SYRUP TABLET SUPP.RECT SYRUP TABLET
Gastrointestinal	Antiemetics, Newer	ondansetron ondansetron HCl ondansetron HCl TAB RAPDIS SOLUTION TABLET
Gastrointestinal	Bile Therapy	ursodiol ursodiol CAPSULE *** TABLET
Gastrointestinal	Hyoscyamine	hyoscyamine sulfate hyoscyamine sulfate ELIXIR TAB RAPDIS

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Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2023

System	Class	Preferred	
Gastrointestinal	Inflammatory Bowel Disease	balsalazide disodium	CAPSULE
		budesonide	CAPDR - ER
		mesalamine	CAP ER 24H
		mesalamine	SUPP.RECT
		mesalamine	TABLET DR ***
		olsalazine sodium	CAPSULE
		sulfasalazine	TABLET
		sulfasalazine	TABLET DR

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

† Age restrictions apply

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2023

System	Class	Preferred	
Gastrointestinal	Laxatives, Chronic Constipation	bisacodyl	TABLET
		bisacodyl	TABLET DR
		calcium polycarbophil	TABLET
		cellulose	POWDER
		docusate calcium	CAPSULE
		docusate sodium	CAPSULE
		docusate sodium	LIQUID
		docusate sodium	SYRUP
		docusate sodium	TABLET
		fructooligosaccharides/polydex	LIQUID
		glycerin/maltodextrin	LIQUID
		guar gum	PACKET
		guar gum	POWDER
		inulin	TAB CHEW
		lactulose	SOLUTION
		magnesium citrate	SOLUTION
		magnesium hydroxide	ORAL SUSP
		magnesium hydroxide	TAB CHEW
		methylcellulose	TABLET
		methylcellulose (with sugar)	POWDER ***
		polyethylene glycol 3350	POWDER
		psyllium husk	CAPSULE ***
		psyllium husk	POWDER
		psyllium husk (with dextrose)	POWDER
		psyllium husk (with sugar)	POWDER
		psyllium husk/aspartame	POWD PACK
		psyllium husk/aspartame	POWDER
		psyllium seed	POWDER
		psyllium seed (with dextrose)	PACKET
		psyllium seed (with dextrose)	POWDER
		psyllium seed (with sugar)	POWDER
		psyllium seed/aspartame	POWDER
		psyllium seed/sod bicarb	PACKET
		psyllium/sucr/sacchar/dextrose	POWD PACK
		senna leaf extract	SYRUP
		senna/psyllium seed	GRANULES
		sennosides	CAPSULE
		sennosides	SYRUP
		sennosides	TAB CHEW
		sennosides	TABLET
sennosides/docusate sodium	TABLET		
soluble corn fiber	POWDER		
wheat dextrin	POWD PACK ***		
wheat dextrin	POWDER		
Gastrointestinal	Pancreatic Enzymes	lipase/protease/amylase (CREON™)	CAPSULE DR
		lipase/protease/amylase (ZENPEP™)	CAPSULE DR

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

† Age restrictions apply

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2023

System	Class	Preferred	
Genito-Urinary	Benign Prostate Hypertrophy Drugs	doxazosin mesylate	TABLET
		finasteride	TABLET
		tamsulosin HCl	CAPSULE
		terazosin HCl	CAPSULE
Genito-Urinary	Overactive Bladder Drugs	fesoterodine fumarate	TAB ER 24H
		oxybutynin	PATCH TDSW
		oxybutynin chloride	SYRUP
		oxybutynin chloride	TAB ER 24
		oxybutynin chloride	TABLET
		solifenacin succinate	TABLET
Hematology-Oncology	Colony Stimulating Factors	filgrastim (NEUPOGEN™)	SYRINGE
		filgrastim (NEUPOGEN™)	VIAL
		pegfilgrastim-apgf	SYRINGE
		sargramostim	VIAL
Hematology-Oncology	Erythropoetic Stimulating Agents	darbepoetin alfa in polysorbat (ARANESP™) *	SYRINGE
		darbepoetin alfa in polysorbat (ARANESP™) *	VIAL
Hematology-Oncology	Iron Chelators	deferoxamine mesylate	VIAL
Hematology-Oncology	Sickle Cell Disease	hydroxyurea	CAPSULE
Hematology-Oncology	Thrombocytopenia Drugs	eltrombopag olamine	POWD PACK
		eltrombopag olamine	TABLET
		romiplostim	VIAL
Immunological	Biologics for Rare Conditions	inebilizumab-cdon *	VIAL
		ravulizumab-cwvz *	VIAL
		satralizumab-mwge *	SYRINGE
Immunological	Immunoglobulins	GAMUNEX-C™ - BRAND ONLY	VIAL

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

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† Age restrictions apply

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2023

System	Class	Preferred	
Immunological	Immunosuppressants	azathioprine	TABLET
		cyclosporine	CAPSULE
		cyclosporine	SOLUTION
		cyclosporine, modified	CAPSULE
		cyclosporine, modified	SOLUTION
		everolimus	TABLET
		mycophenolate mofetil	CAPSULE
		mycophenolate mofetil	SUSP RECON
		mycophenolate mofetil	TABLET
		mycophenolate sodium	TABLET DR
		sirolimus	SOLUTION
		sirolimus	TABLET
		tacrolimus	CAP ER 24H
		tacrolimus	CAPSULE
		tacrolimus	GRAN PACK
tacrolimus	TAB ER 24H		
Immunological	Targeted Immune Modulators	adalimumab (HUMIRA™) *	SYRINGEKIT
		adalimumab (HUMIRA PEN™) *	PEN IJ KIT
		adalimumab (HUMIRA PEN CROHN'S-UC-HS™) *	PEN IJ KIT
		adalimumab (HUMIRA PEN PSOR-UVEITS-ADOL HS™) *	PEN IJ KIT
		adalimumab (HUMIRA(CF)™) *	SYRINGEKIT
		adalimumab (HUMIRA(CF) PEDIATRIC CROHN'S™) *	SYRINGEKIT
		adalimumab (HUMIRA(CF) PEN™) *	PEN IJ KIT
		adalimumab (HUMIRA(CF) PEN CROHN'S-UC-HS™) *	PEN IJ KIT
		adalimumab (HUMIRA(CF) PEN PEDIATRIC UC™) *	PEN IJ KIT
		adalimumab (HUMIRA(CF) PEN PSOR-UV-ADOL HS™) *	PEN IJ KIT
		etanercept (ENBREL™) *	SYRINGE
		etanercept (ENBREL™) *	VIAL
		etanercept (ENBREL MINI™) *	CARTRIDGE
		etanercept (ENBREL SURECLICK™) *	PEN INJCTR
		secukinumab (COSENTYX (2 SYRINGES)™) *	SYRINGE
secukinumab (COSENTYX PEN™) *	PEN INJCTR		
secukinumab (COSENTYX PEN (2 PENS)™) *	PEN INJCTR		
secukinumab (COSENTYX SYRINGE™) *	SYRINGE		
Metabolic Disorders	Lysosomal Storage Disorders	taliglucerase alfa *	VIAL

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

† Age restrictions apply

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: January 1, 2023

System	Class	Preferred	
Neurology	Alzheimer's Disease Drugs	donepezil HCl	TAB RAPDIS
		donepezil HCl	TABLET
		galantamine HBr	CAP24H PEL
		galantamine HBr	TABLET
		memantine HCl	CAP SPR 24
		memantine HCl	SOLUTION
		memantine HCl	TAB DS PK
		memantine HCl	TABLET
		memantine HCl/donepezil HCl	CAP SPR 24
		memantine HCl/donepezil HCl	CAP24 DSPK
		rivastigmine	PATCH TD24
		rivastigmine tartrate	CAPSULE
Neurology	Antiepileptics, Outpatient	carbamazepine	ORAL SUSP
		carbamazepine	TAB CHEW
		carbamazepine	TAB ER 12H
		carbamazepine	TABLET
		diazepam	KIT
		diazepam (VALTOCO™)	SPRAY
		ethosuximide	CAPSULE
		ethosuximide	SOLUTION
		gabapentin	CAPSULE
		gabapentin	TABLET
		lacosamide	TABLET
		levetiracetam	SOLUTION
		levetiracetam	TABLET
		methsuximide	CAPSULE
		midazolam (NAYZILAM™)	SPRAY
		oxcarbazepine	ORAL SUSP
		oxcarbazepine	TABLET
		phenobarbital	ELIXIR ***
		phenobarbital	TABLET
		phenytoin	ORAL SUSP
		phenytoin	TAB CHEW
		phenytoin sodium extended	CAPSULE
		primidone	TABLET
rufinamide	TABLET		
tiagabine HCl	TABLET		
topiramate	TABLET		
zonisamide	CAPSULE		

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

† Age restrictions apply

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2023

System	Class	Preferred
Neurology	Multiple Sclerosis	COPAXONE™ - BRAND ONLY SYRINGE *** interferon beta-1a PEN IJ KIT interferon beta-1a SYRINGE interferon beta-1a SYRINGEKIT interferon beta-1a/albumin PEN INJCTR interferon beta-1a/albumin SYRINGE interferon beta-1b KIT peginterferon beta-1a (PLEGRIDY™) * SYRINGE peginterferon beta-1a (PLEGRIDY PEN™) * PEN INJCTR
Neurology	Parkinson's Disease Drugs, Oral & Topical	amantadine HCl CAPSULE amantadine HCl TABLET benztropine mesylate TABLET carbidopa/levodopa TABLET carbidopa/levodopa TABLET ER carbidopa/levodopa/entacapone TABLET entacapone TABLET pramipexole di-HCl TABLET selegiline HCl CAPSULE trihexyphenidyl HCl SOLUTION trihexyphenidyl HCl TABLET
Neurology	Potassium Channel Blockers	amifampridine * TABLET
Neurology	Spinal Muscular Atrophy	onasemnogene abeparvovec-xioi (ZOLGENSMA™) * KIT
Nutritional	B-vitamins, Oral	cyanocobalamin (vitamin B-12) TABLET *** pyridoxine HCl (vitamin B6) TABLET thiamine HCl TABLET *** thiamine mononitrate (vit B1) TABLET
Nutritional	Calcium/Vit D Replacement, Oral	calcium carbonate ORAL SUSP calcium carbonate TABLET calcium carbonate/vitamin D3 TAB CHEW calcium carbonate/vitamin D3 TABLET *** cholecalciferol (vitamin D3) CAPSULE *** cholecalciferol (vitamin D3) DROPS *** cholecalciferol (vitamin D3) TABLET *** ergocalciferol (vitamin D2) CAPSULE ***
Nutritional	Iron Replacement, Oral	ferrous gluconate TABLET *** ferrous sulfate LIQUID ferrous sulfate TABLET ferrous sulfate TABLET DR ferrous sulfate TABLET ER ***
Nutritional	Magnesium Replacement, Oral	magnesium TABLET magnesium oxide/vit B6 TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age restrictions apply

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2023

System	Class	Preferred	
Nutritional	Multivitamins, Oral	beta-carotene(A)-vits C,E/mins *	TABLET
		folic acid/vit B complex and C *	TABLET
		multivit 38/folate no.6/ginger *	TABLET
		multivit 47/iron/folate 1/dha *	CAPSULE
		multivit no.40/iron/folat1/dha *	CAPSULE
		multivit no.42/iron/folate/dha *	CAPSULE
		multivit no.48/iron fum/FA/dha *	CAPSULE
		multivit with minerals/lutein *	TABLET
		multivit37/iron/Lmfolate/algal *	CAPSULE
		multivit41/iron/folate8/ps-dha *	CAP IR DR
		multivitamin *	TABLET
		multivitamin no.36/folate no.6 *	TAB CHEW
		multivitamin,therapeutic *	TABLET
		multivitamin/iron/folic acid *	TABLET
		multivit-min/FA/lycopen/lutein *	TABLET
		multivit-min69/iron/folic acid *	TABLET
		mv-min 51/folic acid/vit K/ubi *	TAB CHEW
		mv-mins 71/iron/folic no.1/dha *	CAPSULE
		mvn no.53/iron/folic/dss/dha *	CAPSULE
		mvn-min 74/iron fum/iron/FA *	CAPSULE
mvn-min75/iron/iron ps/om3/dha *	CAPSULE		
vitamin B complex *	CAPSULE		
Nutritional	Potassium and K-Phos, Oral	potassium	TABLET
		potassium bicarbonate/cit ac	TABLET EFF ***
		potassium chloride	TAB ER PRT
		potassium chloride	TABLET ER
		potassium phosphate,monobasic	TABLET SOL
		sod phos di, mono/K phos mono	TABLET
		sod phos,m-b/K phos,monob	TABLET
		sodium,potassium phosphates	POWD PACK

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age restrictions apply

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2023

System	Class	Preferred	
Nutritional	Prenatal Vitamins	PNV 11/iron fum/folic acid/om3	CAPSULE
		PNV 119/iron fum/folic acid	TABLET
		PNV 30/iron carb,ag/folic/om3	CAPSULE
		PNV 66/iron/folic/docusate/dha	CAPSULE
		PNV 67/iron ps/folate no.1/dha	CAPSULE
		PNV 69/iron/folic/docusate/dha	CAPSULE
		PNV 76/iron,gluc/folic/dss/dha	COMBO. PKG
		PNV 80/iron fum/folic/dss/dha	CAPSULE
		PNV 85/iron/folic/dha/fish oil	CAPSULE
		PNV cmb 52/iron/FA/omega-3/dha	COMBO. PKG
		PNV no.118/iron fumarate/FA	TAB CHEW
		PNV w-CA8/iron/FA/Lmefolate Ca	TABLET
		PNV,Ca42/iron/FA/Lmefolate/dha	CAPSULE
		PNV,calcium 72/iron/folic acid	TABLET
		PNV/iron fum,b-g/folic acid	TABLET
		PNV/iron ps cplx/folic acid	TABLET
		PNV59/iron,carb,fum/FA/dss/dha	CAPSULE
		PNV72/iron,gluc/folic/dss/dha	COMBO. PKG
		PNV73/iron,gluc/folic/dss/dha	COMBO. PKG
		PNV83/iron,carb,asp/folic acid	TABLET
		prenatal 114/iron a-g/folate 1	TABLET
		prenatal 118/iron/folate 6/dha	CAPSULE
		prenatal 26/iron ps/folic/dha	CAPSULE
		prenatal 59/iron/folic/dss/dha	CAPSULE
		prenatal 78/iron/folate 1/dha	CAPSULE
		prenatal 87/iron bis/folic/dha	COMBO. PKG
		prenatal no.52/iron/FA/dha	CAPSULE
		prenatal no.75/iron/folate no1	TABLET
		prenatal no.77/iron asp gly/FA	TABLET
		prenatal no13/iron ps/folate 1	TAB CHEW
		prenatal vit 10/iron fum/folic	TABLET
		prenatal vit 10/iron/folic/dha	COMBO. PKG
		prenatal vit 14/iron fum/folic	TAB CHEW
		prenatal vit 33/iron/folic/dha	COMBO. PKG
		prenatal vit 85/iron/FA 1/dha	CAPSULE
		prenatal vit 87/iron/folic/dha	CAPSULE
		prenatal vit,calc76/iron/folic	TABLET
		prenatal vit,calc78/iron/folic	TABLET
		prenatal vit/iron carb&sulf/FA	TABLET
		prenatal vit/iron fum/folic ac	TABLET
		prenatal vit103/iron fum/folic	TABLET
		prenatal vit128/iron/folic acid	TAB CHEW
		prenatal vit136/iron/folic acid	TABLET
		prenatal vit27,calcium/iron/FA	TABLET
		prenatal vit68/iron/FA no6/dha	CAPSULE
		prenatal vit69/iron/folate6/dh	CAPSULE
		prenatal vit86/iron/folic acid	TABLET
		prenatal,calc.40/iron/folate 1	TABLET
prenatal56/iron/folic acid/dha	CAPSULE		
Pv w-o Vit A/iron/docus/FA/Zn	CAP SEQ		

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

† Age restrictions apply

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2023

System	Class	Preferred
Nutritional	Prenatal Vitamins	
Ophthalmics	Antibiotics, Ophthalmic	bacitracin/polymyxin B sulfate OINT. (G) ciprofloxacin HCl DROPS ciprofloxacin HCl OINT. (G) erythromycin base OINT. (G) gentamicin sulfate DROPS gentamicin sulfate OINT. (G) moxifloxacin HCl DROPS natamycin DROPS SUSP neomycin/polymyxin B/gramicidin DROPS ofloxacin DROPS polymyxin B sulf/trimethoprim DROPS sulfacetamide sodium DROPS tobramycin DROPS tobramycin OINT. (G)
Ophthalmics	Antibiotic-Steroids, Ophthalmic	gentamicin sulf/prednisolone OINT. (G) neomycin/polymyxin B/dexametha DROPS SUSP neomycin/polymyxin B/dexametha OINT. (G) sulfacetamide/prednisolone OINT. (G) tobramycin/dexamethasone DROPS SUSP tobramycin/dexamethasone OINT. (G)
Ophthalmics	Anti-Inflammatory Drugs, Ophthalmic	dexamethasone DROPS SUSP dexamethasone sodium phosphate DROPS diclofenac sodium DROPS *** fluorometholone DROPS SUSP fluorometholone OINT. (G) flurbiprofen sodium DROPS ketorolac tromethamine DROPS loteprednol etabonate DROPS SUSP prednisolone acetate DROPS SUSP
Ophthalmics	Glaucoma Drugs	betaxolol HCl DROPS brimonidine tartrate DROPS *** brinzolamide DROPS SUSP carteolol HCl DROPS dorzolamide HCl/timolol maleate DROPS dorzolamide/timolol/PF DROPERETTE latanoprost DROPS latanoprost DRPS EMULS pilocarpine HCl DROPS timolol maleate DROPS travoprost DROPS
Ophthalmics	Vascular Endothelial Growth Factors	bevacizumab VIAL

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

† Age restrictions apply

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List

Effective: January 1, 2023

System	Class	Preferred
Otics	Otic Antibiotics	neomyc/colist/hydrocort/thonzn DROPS SUSP neomycin/polymyxin B/hydrocort DROPS SUSP *** ofloxacin DROPS
Psychiatric	ADHD Drugs	CONCERTA™ - BRAND ONLY ** ‡ TAB ER 24 dexamethylphenidate HCl ** ‡ CPBP 50-50 dexamethylphenidate HCl ** ‡ TABLET dextroamphetamine/amphetamine ** ‡ CAP ER 24H dextroamphetamine/amphetamine ** ‡ TABLET lisdexamfetamine dimesylate ** ‡ CAPSULE lisdexamfetamine dimesylate ** ‡ TAB CHEW methylphenidate ** ‡ PATCH TD24 METHYLPHENIDATE ER™ - BRAND ONLY ** ‡ TAB ER 24 methylphenidate HCl ** ‡ CPBP 30-70 methylphenidate HCl ** ‡ TABLET
Psychiatric	Benzodiazepines	clonazepam ** TABLET
Psychiatric	Opioid Reversal Agents	naloxone HCl AMPUL naloxone HCl SPRAY naloxone HCl SYRINGE naloxone HCl VIAL
Psychiatric	Sedatives	melatonin * TABLET zolpidem tartrate * TABLET
Psychiatric	Substance Use Disorders, Opioid & Alcohol	acamprosate calcium TABLET DR buprenorphine (SUBLOCADE™) SOLER SYR buprenorphine HCl/naloxone HCl (ZUBSOLV™) ** TAB SUBL buprenorphine HCl/naloxone HCl ** FILM buprenorphine HCl/naloxone HCl ** TAB SUBL naltrexone HCl TABLET naltrexone microspheres (VIVITROL™) SUS ER REC
Psychiatric	Tobacco Smoking Cessation	bupropion HCl TAB ER 12H nicotine PATCH DYSQ nicotine PATCH TD24 nicotine polacrilex GUM nicotine polacrilex LOZENGE nicotine polacrilex LOZNG MINI varenicline tartrate ‡ TAB DS PK varenicline tartrate ‡ TABLET
Pulmonary	Anticholinergics, Inhaled	ipratropium bromide HFA AER AD ipratropium bromide SOLUTION ipratropium/albuterol sulfate AMPUL-NEB ipratropium/albuterol sulfate (COMBIVENT RESPIMAT™) MIST INHAL tiotropium bromide CAP W/DEV tiotropium bromide MIST INHAL umeclidinium bromide BLST W/DEV

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age restrictions apply

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: January 1, 2023

System	Class	Preferred
Pulmonary	Beta-Agonists, Inhaled Long Acting	salmeterol xinafoate BLST W/DEV
Pulmonary	Beta-Agonists, Inhaled Short-Acting	albuterol sulfate HFA AER AD albuterol sulfate SOLUTION albuterol sulfate VIAL-NEB
Pulmonary	Corticosteroids, Inhaled	budesonide AER POW BA fluticasone propionate AER W/ADAP fluticasone propionate BLST W/DEV mometasone furoate AER POW BA
Pulmonary	Corticosteroids/LABA Combination, Inhaled	budesonide/formoterol fumarate HFA AER AD fluticasone propion/salmeterol AER POW BA fluticasone propion/salmeterol BLST W/DEV fluticasone propion/salmeterol HFA AER AD mometasone/formoterol HFA AER AD
Pulmonary	Cystic Fibrosis	dornase alfa SOLUTION sodium chloride for inhalation VIAL-NEB tobramycin in 0.225% sod chlor AMPUL-NEB
Pulmonary	LAMA/LABA Combination, Inhalers	tiotropium Br/olodaterol HCl (STIOLTO RESPIMAT™) * MIST INHAL umeclidinium brom/vilanterol tr * BLST W/DEV
Pulmonary	Miscellaneous Pulmonary Agents	montelukast sodium TAB CHEW montelukast sodium TABLET
Pulmonary	Pulmonary Arterial Hypertension Oral and Inhaled Drugs	bosentan TABLET sildenafil citrate TABLET ***
Pulmonary	Pulmonary Arterial Hypertension Parenteral	epoprostenol sodium (glycine) VIAL
Renal	Phosphate Binders	calcium acetate CAPSULE calcium acetate TABLET *** sevelamer carbonate TABLET sevelamer HCl TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

† Age restrictions apply

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

Table 121-0030-1 Oregon Fee-for-Service Voluntary Mental Health Preferred Drug List

Effective: January 1, 2023

System	Class	Preferred	
Neurology	Antiepileptics, Outpatient	divalproex sodium	CAP DR SPR
		divalproex sodium	TAB ER 24H
		divalproex sodium	TABLET DR
		lamotrigine	TABLET
		valproic acid	CAPSULE
		valproic acid (as sodium salt)	SOLUTION
Neurology	Other Stimulants	armodafinil *	TABLET
		modafinil *	TABLET
Psychiatric	ADHD Drugs	atomoxetine HCl ** ‡	CAPSULE
		viloxazine HCl (QELBREE™) ** ‡	CAP ER 24H
Psychiatric	Antidepressants	amitriptyline HCl ‡	TABLET
		bupropion HCl	TAB ER 24H
		bupropion HCl	TAB SR 12H
		bupropion HCl	TABLET
		citalopram hydrobromide	SOLUTION
		citalopram hydrobromide	TABLET
		desipramine HCl ‡	TABLET
		desvenlafaxine succinate	TAB ER 24H
		doxepin HCl ‡	CAPSULE
		doxepin HCl ‡	ORAL CONC
		duloxetine HCl	CAPSULE DR
		escitalopram oxalate	TABLET
		fluoxetine HCl	CAPSULE
		fluoxetine HCl	SOLUTION
		fluoxetine HCl	TABLET
		fluvoxamine maleate	TABLET
		imipramine HCl ‡	TABLET
		mirtazapine	TAB RAPDIS
		mirtazapine	TABLET
		nortriptyline HCl ‡	CAPSULE
		nortriptyline HCl ‡	SOLUTION
		paroxetine HCl	TABLET
		protriptyline HCl ‡	TABLET
		sertraline HCl	ORAL CONC
sertraline HCl	TABLET		
trimipramine maleate ‡	CAPSULE		
venlafaxine HCl	CAP ER 24H		
venlafaxine HCl	TABLET		

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

‡ Age restrictions apply

Note: New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T (see OAR 410-121-0030).

Table 121-0030-1 Oregon Fee-for-Service Voluntary Mental Health Preferred Drug List

Effective: January 1, 2023

System	Class	Preferred	
Psychiatric	Antipsychotics, 1st Gen	chlorpromazine HCl ‡	ORAL CONC
		fluphenazine HCl ‡	ELIXIR
		fluphenazine HCl ‡	ORAL CONC
		fluphenazine HCl ‡	TABLET
		haloperidol ‡	TABLET
		haloperidol lactate ‡	ORAL CONC
		loxapine succinate ‡	CAPSULE
		perphenazine ‡	TABLET
		thioridazine HCl ‡	ORAL CONC
		thioridazine HCl ‡	TABLET
		thiothixene ‡	CAPSULE
		thiothixene HCl ‡	ORAL CONC
trifluoperazine HCl ‡	TABLET		
Psychiatric	Antipsychotics, 2nd Gen	aripiprazole ‡	TABLET
		asenapine maleate ‡	TAB SUBL
		cariprazine HCl (VRAYLAR™) ‡	CAP DS PK
		cariprazine HCl (VRAYLAR™) ‡	CAPSULE
		clozapine ‡	TABLET
		lurasidone HCl (LATUDA™) ‡	TABLET
		olanzapine ‡	TABLET
		quetiapine fumarate ** ‡	TABLET
		risperidone ‡	SOLUTION
		risperidone ‡	TABLET
ziprasidone HCl ‡	CAPSULE		
Psychiatric	Antipsychotics, Parenteral	aripiprazole (ABILIFY MAINTENA™)	SUSER SYR
		aripiprazole (ABILIFY MAINTENA™)	SUSER VIAL
		aripiprazole lauroxil (ARISTADA™)	SUSER SYR
		aripiprazole lauroxil, submicr. (ARISTADA INITIO™)	SUSER SYR
		chlorpromazine HCl	AMPUL
		fluphenazine decanoate	VIAL
		fluphenazine HCl	VIAL
		haloperidol decanoate	AMPUL
		haloperidol decanoate	VIAL
		haloperidol lactate	SYRINGE
		haloperidol lactate	VIAL
		paliperidone palmitate (INVEGA HAFYERA™)	SYRINGE
		paliperidone palmitate (INVEGA SUSTENNA™)	SYRINGE
		paliperidone palmitate (INVEGA TRINZA™)	SYRINGE
		risperidone (PERSERIS™)	SUSER SYR
		risperidone microspheres **	VIAL

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