

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

System	Class	Preferred
Allergy/Cold	Anaphylaxis Rescue	epinephrine AUTO INJCT
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 INJCT fremanezumab-vfrm (AJOVY AUTOINJECTOR™) * AUTO INJCT 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

* 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: July 1, 2023

System	Class	Preferred	
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)

* 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: July 1, 2023

System	Class	Preferred
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	Clostridioides difficile Drugs	metronidazole vancomycin HCl vancomycin HCl 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

* 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: July 1, 2023

System	Class	Preferred
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

* 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: July 1, 2023

System	Class	Preferred	
Antivirals	HIV	abacavir sulfate	SOLUTION
		abacavir sulfate	TABLET
		abacavir sulfate/lamivudine	TABLET
		abacavir/dolutegravir/lamivudine	TAB SUSP
		abacavir/dolutegravir/lamivudine (TRIUMEQ™)	TABLET
		abacavir/lamivudine/zidovudine	TABLET
		atazanavir sulfate	CAPSULE
		atazanavir sulfate	POWD PACK
		atazanavir sulfate/cobicistat (EVOTAZ™)	TABLET
		bictegravir/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 (SYM TUZA™)	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/tenofov 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/rilpivirine/tenof ala (ODEFSEY™)	TABLET
		emtricitabine	CAPSULE
		emtricitabine	SOLUTION
		emtricitabine/tenofov alafenam (DESCOVY™)	TABLET
		emtricitabine/tenofov (TDF)	TABLET
		enfuvirtide	VIAL
etravirine	TABLET		
fosamprenavir calcium	ORAL SUSP		
fosamprenavir calcium	TABLET		
fostemsavir tromethamine	TAB ER 12H		
ibalizumab-uiyk	VIAL		
lamivudine	SOLUTION		
lamivudine	TABLET		
lamivudine/tenofov disop fum (CIMDUO™)	TABLET		
lamivudine/zidovudine	TABLET		
lenacapavir sodium	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: July 1, 2023

System	Class	Preferred	
Antivirals	HIV	lenacapavir sodium	VIAL
		lopinavir/ritonavir	SOLUTION
		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	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

* 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: July 1, 2023

System	Class	Preferred	
Cardiovascular	Beta-Blockers, Oral	acebutolol HCl atenolol carvedilol labetalol HCl metoprolol succinate metoprolol tartrate nadolol propranolol HCl propranolol HCl propranolol HCl	CAPSULE TABLET TABLET TABLET TAB ER 24H TABLET TABLET CAP SA 24H SOLUTION TABLET
Cardiovascular	Calcium Channel Blockers - Dihydropyridine, Oral	amlodipine besylate nifedipine HCl nifedipine nifedipine	TABLET CAPSULE TAB ER 24 TABLET ER
Cardiovascular	Calcium Channel Blockers - Non-Dihydropyridine, Oral	diltiazem HCl diltiazem HCl diltiazem HCl diltiazem HCl diltiazem HCl verapamil HCl verapamil HCl verapamil HCl	CAP ER 12H CAP ER 24H CAP ER DEG CAP SA 24H TABLET CAP24H PEL TABLET TABLET ER
Cardiovascular	Combination Antihypertensives	amlodipine bes/olmesartan med benazepril/hydrochlorothiazide enalapril/hydrochlorothiazide lisinopril/hydrochlorothiazide losartan/hydrochlorothiazide olmesartan/amlodipin/hcthiazid olmesartan/hydrochlorothiazide telmisartan/hydrochlorothiazid	TABLET TABLET TABLET TABLET TABLET TABLET TABLET 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: July 1, 2023

System	Class	Preferred	
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
		toremide	TABLET
		triamterene	CAPSULE
		triamterene/hydrochlorothiazid	CAPSULE
triamterene/hydrochlorothiazid	TABLET		
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

* 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: July 1, 2023

System	Class	Preferred
Cardiovascular	Platelet Inhibitors	aspirin aspirin aspirin aspirin/dipyridamole cilostazol clopidogrel bisulfate dipyridamole prasugrel HCl TAB CHEW TABLET TABLET DR CPMP 12HR TABLET TABLET TABLET TABLET
Cardiovascular	Statins & Combos	atorvastatin calcium lovastatin pravastatin sodium rosuvastatin calcium simvastatin TABLET TABLET TABLET TABLET TABLET
Dermatologicals	Acne	adapalene * adapalene * adapalene * adapalene/benzoyl peroxide * azelaic acid * benzoyl peroxide * benzoyl peroxide * benzoyl peroxide * benzoyl peroxide * clindamycin phos/benzoyl perox * clindamycin phos/benzoyl perox * clindamycin phosphate * clindamycin phosphate * clindamycin phosphate * clindamycin phosphate * clindamycin phosphate * clindamycin/tretinoin * dapsone * erythromycin base in ethanol * erythromycin base in ethanol * erythromycin base in ethanol * erythromycin/benzoyl peroxide * isotretinoin * sulfacetamide sodium * tretinoin * tretinoin * tretinoin microspheres * tretinoin microspheres * CREAM (G) GEL (GRAM) GEL W/PUMP GEL W/PUMP GEL (GRAM) CLEANSER FOAM GEL (GRAM) LOTION GEL (GRAM) GEL W/PUMP FOAM GEL (GRAM) LOTION MED. SWAB SOLUTION GEL (GRAM) GEL (GRAM) GEL (GRAM) MED. SWAB SOLUTION GEL (GRAM) CAPSULE SUSPENSION CREAM (G) GEL (GRAM) GEL (GRAM) GEL W/PUMP

* 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: July 1, 2023

System	Class	Preferred
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)
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)

* 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: July 1, 2023

System	Class	Preferred
Dermatologicals	Topical Products for Inflammatory Skin Diseases	calcipotriene ‡ calcipotriene ‡ calcipotriene/betamethasone ‡ pimecrolimus ‡ tacrolimus ‡ tazarotene ‡ CREAM (G) SOLUTION OINT. (G) CREAM (G) OINT. (G) CREAM (G)
Endocrine	Androgens, Topical & Parenteral	testosterone * testosterone * testosterone * testosterone cypionate * testosterone enanthate * GEL (GRAM) GEL MD PMP GEL PACKET VIAL VIAL
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 and GIP Therapies	dulaglutide (TRULICITY™) * exenatide * liraglutide * PEN INJCTR PEN INJCTR PEN INJCTR
Endocrine	Diabetes, Glucagon	glucagon glucagon (BAQSIMI™) VIAL SPRAY

* 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: July 1, 2023

System	Class	Preferred	
Endocrine	Diabetes, Insulins	HUMALOG™ - BRAND ONLY	VIAL
		HUMALOG KWIKPEN U-100™ - BRAND ONLY	INSULN PEN
		HUMALOG TEMPO PEN U-100™ - BRAND ONLY	INSULN PEN
		insulin aspart	CARTRIDGE
		insulin aspart	INSULN PEN
		insulin aspart	VIAL
		insulin aspart prot/insulin asp *	INSULN PEN
		insulin aspart prot/insulin asp *	VIAL
		insulin detemir	INSULN PEN
		insulin detemir	VIAL
		insulin glulisine	INSULN PEN
		insulin glulisine	VIAL
		insulin lispro	CARTRIDGE
		insulin lispro	INS PEN HF
		insulin lispro	INSULN PEN
		INSULIN LISPRO KWIKPEN U-100™ - BRAND ONLY	INSULN PEN
		insulin lispro protamin/lispro	INSULN PEN
		insulin lispro protamin/lispro	VIAL
		insulin NPH hum/reg insulin hm *	INSULN PEN
		insulin NPH hum/reg insulin hm *	VIAL
insulin NPH human isophane	VIAL		
insulin regular, human	INSULN PEN		
insulin regular, human	VIAL		
insulin zinc human recombinant	VIAL		
LANTUS™ - BRAND ONLY *	VIAL		
LANTUS SOLOSTAR™ - BRAND ONLY *	INSULN PEN		
Endocrine	Diabetes, Miscellaneous Antidiabetic Agents	metformin HCl	TAB ER 24H
		metformin HCl	TABLET
Endocrine	Diabetes, SGLT-2 Inhibitors	canagliflozin *	TABLET
		dapagliflozin propanediol *	TABLET
		empagliflozin *	TABLET
Endocrine	Diabetes, Sulfonylureas	glimepiride	TABLET
		glipizide	TABLET
		glyburide	TABLET
Endocrine	Diabetes, Thiazolidinediones	pioglitazone HCl	TABLET
Endocrine	Estrogen Replacement, Oral	drospirenone/estradiol ‡	TABLET
		estradiol ‡	TABLET
		estrogen,con/m-progest acet ‡	TABLET
		estrogens, conjugated ‡	TABLET
		estrogens,conj.,synthetic A ‡	TABLET
		estropipate ‡	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: July 1, 2023

System	Class	Preferred
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 TAB DS PK TABLET SOLUTION ORAL CONC SOLUTION TAB DS PK TABLET TABLET DR
Endocrine	Growth Hormones	somatropin (GENOTROPIN™) * somatropin (GENOTROPIN™) * somatropin (NORDITROPIN FLEXPRO™) * CARTRIDGE SYRINGE PEN INJCTR
Endocrine	Progestational Agents	hydroxyprogesterone caproat/PF (MAKENA™) medroxyprogesterone acetate norethindrone acetate progesterone, micronized AUTO INJCT TABLET TABLET CAPSULE
Endocrine	Thyroid Hormone, Oral	levothyroxine sodium TABLET
Endocrine	Vitamin D Analogs	calcitriol calcitriol calcitriol AMPUL CAPSULE SOLUTION
Gastrointestinal	Antacid, H. Pylori	bismuth/metronid/tetracycline lansoprazole/amoxiciln/clarith CAPSULE COMBO. PKG
Gastrointestinal	Antacid, H2 Antagonists	famotidine famotidine/Ca carb/mag hydrox ranitidine HCl ranitidine HCl TABLET TAB CHEW SYRUP 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: July 1, 2023

System	Class	Preferred
Gastrointestinal	Antacid, Proton Pump Inhibitors	dexlansoprazole ** CAP DR BP lansoprazole ** CAPSULE DR omeprazole ** CAPSULE DR pantoprazole sodium ** TABLET DR rabeprazole sodium ** TABLET DR
Gastrointestinal	Antidiarrheals	loperamide HCl CAPSULE loperamide HCl LIQUID loperamide HCl TABLET
Gastrointestinal	Antiemetics, Conventional	metoclopramide HCl ORAL CONC metoclopramide HCl SOLUTION metoclopramide HCl TABLET phosphorated carbo(dext-fruct) SOLUTION prochlorperazine SUPP.RECT prochlorperazine edisylate SYRUP prochlorperazine maleate TABLET promethazine HCl SUPP.RECT promethazine HCl SYRUP promethazine HCl TABLET
Gastrointestinal	Antiemetics, Newer	ondansetron TAB RAPDIS ondansetron HCl SOLUTION ondansetron HCl TABLET
Gastrointestinal	Bile Therapy	ursodiol CAPSULE *** ursodiol TABLET
Gastrointestinal	Hyoscyamine	hyoscyamine sulfate ELIXIR hyoscyamine sulfate TAB RAPDIS
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: July 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		
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: July 1, 2023

System	Class	Preferred
Genito-Urinary	Benign Prostate Hypertrophy Drugs	doxazosin mesylate finasteride tamsulosin HCl terazosin HCl TABLET TABLET CAPSULE CAPSULE
Genito-Urinary	Overactive Bladder Drugs	fesoterodine fumarate oxybutynin oxybutynin chloride oxybutynin chloride oxybutynin chloride solifenacin succinate TAB ER 24H PATCH TDSW SYRUP TAB ER 24 TABLET *** TABLET
Hematology-Oncology	Colony Stimulating Factors	filgrastim (NEUPOGEN™) filgrastim (NEUPOGEN™) pegfilgrastim-apgf sargramostim SYRINGE VIAL SYRINGE VIAL
Hematology-Oncology	Erythropoetic Stimulating Agents	darbepoetin alfa in polysorbate (ARANESP™) * darbepoetin alfa in polysorbate (ARANESP™) * SYRINGE VIAL
Hematology-Oncology	Iron Chelators	deferoxamine mesylate VIAL
Hematology-Oncology	Sickle Cell Disease	hydroxyurea CAPSULE
Hematology-Oncology	Thrombocytopenia Drugs	eltrombopag olamine eltrombopag olamine romiplostim POWD PACK TABLET VIAL
Immunological	Biologics for Rare Conditions	inebilizumab-cdon * ravulizumab-cwvz * satralizumab-mwge * VIAL VIAL SYRINGE
Immunological	Immunoglobulins	GAMUNEX-C™ - BRAND ONLY 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: July 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: July 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	Amyotrophic Lateral Sclerosis
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: July 1, 2023

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

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: July 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: July 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	neomycin/polymyxin B/dexametha DROPS SUSP neomycin/polymyxin B/dexametha 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 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
Otics	Otic Antibiotics	neomyc/colist/hydrocort/thonzn DROPS SUSP neomycin/polymyxin B/hydrocort DROPS SUSP *** ofloxacin DROPS

* 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: July 1, 2023

System	Class	Preferred
Psychiatric	ADHD Drugs	CONCERTA™ - BRAND ONLY ** ‡ dexamethylphenidate HCl ** ‡ dexamethylphenidate HCl ** ‡ dextroamphetamine/amphetamine ** ‡ dextroamphetamine/amphetamine ** ‡ lisdexamfetamine dimesylate ** ‡ lisdexamfetamine dimesylate ** ‡ methylphenidate ** ‡ METHYLPHENIDATE ER™ - BRAND ONLY ** ‡ methylphenidate HCl ** ‡ methylphenidate HCl ** ‡ TAB ER 24 CPBP 50-50 TABLET CAP ER 24H TABLET CAPSULE TAB CHEW PATCH TD24 TAB ER 24 CPBP 30-70 TABLET
Psychiatric	Benzodiazepines	clonazepam ** TABLET
Psychiatric	Opioid Reversal Agents	naloxone HCl naloxone HCl naloxone HCl naloxone HCl AMPUL SPRAY SYRINGE VIAL
Psychiatric	Sedatives	melatonin * ramelteon * zolpidem tartrate * TABLET TABLET TABLET
Psychiatric	Substance Use Disorders, Opioid & Alcohol	acamprosate calcium buprenorphine (SUBLOCADE™) buprenorphine HCl/naloxone HCl (ZUBSOLV™) ** buprenorphine HCl/naloxone HCl ** buprenorphine HCl/naloxone HCl ** naltrexone HCl naltrexone microspheres (VIVITROL™) TABLET DR SOLER SYR TAB SUBL FILM TAB SUBL TABLET SUS ER REC
Psychiatric	Tobacco Smoking Cessation	bupropion HCl nicotine nicotine nicotine polacrilex nicotine polacrilex nicotine polacrilex varenicline tartrate ‡ varenicline tartrate ‡ TAB ER 12H PATCH DYSQ PATCH TD24 GUM LOZENGE LOZNG MINI TAB DS PK TABLET
Pulmonary	Anticholinergics, Inhaled	ipratropium bromide ipratropium bromide ipratropium/albuterol sulfate ipratropium/albuterol sulfate (COMBIVENT RESPIMAT™) tiotropium bromide tiotropium bromide umeclidinium bromide HFA AER AD SOLUTION AMPUL-NEB MIST INHAL CAP W/DEV MIST INHAL BLST W/DEV
Pulmonary	Beta-Agonists, Inhaled Long Acting	salmeterol xinafoate 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: July 1, 2023

System	Class	Preferred
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 brm/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 Drugs	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: July 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
		nefazodone HCl	TABLET
		nortriptyline HCl ‡	CAPSULE
		nortriptyline HCl ‡	SOLUTION
		paroxetine HCl	TABLET
sertraline HCl	ORAL CONC		
sertraline HCl	TABLET		
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: July 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
		lurasidone HCl ‡	TABLET
		olanzapine ‡	TABLET
		quetiapine fumarate ** ‡	TAB ER 24H
		quetiapine fumarate ** ‡	TAB24HDSPK
		quetiapine fumarate ** ‡	TABLET
		risperidone ‡	SOLUTION
		risperidone ‡	TABLET
ziprasidone HCl ‡	CAPSULE		
Psychiatric	Antipsychotics, Parenteral	aripiprazole (ABILIFY ASIMTUFI™)	SUSER SYR
		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		

* 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).