

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List  
Effective: January 1, 2024

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 * AUTO INJECT fremanezumab-vfrm (AJOVY AUTOINJECTOR™) * AUTO INJECT fremanezumab-vfrm (AJOVY SYRINGE™) * SYRINGE ubrogepant (UBRELVY™) * TABLET
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	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

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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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System	Class	Preferred	
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		
fostemsavir tromethamine	TAB ER 12H		
ibalizumab-uiyk	VIAL		
lamivudine	SOLUTION		
lamivudine	TABLET		
lamivudine/tenofovir disop fum (CIMDUO™)	TABLET		
lamivudine/zidovudine	TABLET		
lenacapavir sodium	TABLET		

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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		

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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
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

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Cardiovascular	Diuretics, Oral	amiloride HCl amiloride/hydrochlorothiazide bumetanide chlorthalidone furosemide furosemide hydrochlorothiazide hydrochlorothiazide hydrochlorothiazide indapamide spironolact/hydrochlorothiazid spironolactone torsemide triamterene triamterene/hydrochlorothiazid triamterene/hydrochlorothiazid	TABLET TABLET TABLET TABLET SOLUTION *** TABLET CAPSULE SOLUTION TABLET TABLET TABLET TABLET TABLET CAPSULE CAPSULE TABLET
Cardiovascular	Inhibitors of the Renin-Angiotensin-Aldosterone System (RAAS)	benazepril HCl candesartan cilexetil enalapril maleate fosinopril sodium irbesartan lisinopril losartan potassium olmesartan medoxomil quinapril HCl ramipril telmisartan valsartan	TABLET TABLET TABLET TABLET TABLET TABLET TABLET TABLET TABLET CAPSULE TABLET TABLET
Cardiovascular	Other Dyslipidemia Drugs	cholestyramine (with sugar) cholestyramine (with sugar) cholestyramine/aspartame cholestyramine/aspartame evolocumab (REPATHA PUSHTRONEX™) * evolocumab (REPATHA SURECLICK™) * evolocumab (REPATHA SYRINGE™) * ezetimibe fenofibrate fenofibrate nanocrystallized fenofibrate,micronized fenofibric acid (choline) omega-3 acid ethyl esters *	POWD PACK POWDER POWD PACK POWDER WEAR INJECT PEN INJECTR SYRINGE TABLET TABLET *** TABLET CAPSULE CAPSULE DR CAPSULE

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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) MED. SWAB SOLUTION GEL (GRAM) CAPSULE SUSPENSION CREAM (G) GEL (GRAM) GEL (GRAM) GEL W/PUMP

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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)		

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Dermatologicals	Topical Products for Inflammatory Skin Diseases	calcipotriene ‡ calcipotriene/betamethasone ‡ pimecrolimus ‡ tacrolimus ‡ tazarotene ‡ CREAM (G) 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

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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 (INSULIN ASPART™)	VIAL
		insulin aspart (INSULIN ASPART FLEXPEN™)	INSULN PEN
		insulin aspart (INSULIN ASPART PENFILL™)	CARTRIDGE
		insulin aspart prot/insulin asp (INSULIN ASPART PROT MIX 70-30™) *	INSULN PEN
		insulin aspart prot/insulin asp (INSULIN ASPART PROT MIX 70-30™) *	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

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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
Endocrine	Estrogen Replacement, Topical	estradiol GEL MD PMP estradiol PATCH TDSW estradiol PATCH TDWK
Endocrine	Estrogen Replacement, Vaginal	estradiol CREAM/APPL estradiol TABLET estradiol VAG RING estradiol acetate VAG RING estrogens, conjugated CREAM/APPL
Endocrine	Glucocorticoids, Oral	cortisone acetate TABLET dexamethasone DROPS dexamethasone ELIXIR dexamethasone SOLUTION dexamethasone TAB DS PK dexamethasone TABLET hydrocortisone TABLET methylprednisolone TAB DS PK methylprednisolone TABLET prednisolone SOLUTION prednisone ORAL CONC prednisone SOLUTION prednisone TAB DS PK prednisone TABLET prednisone TABLET DR
Endocrine	GnRH Agonists	leuprolide acetate * KIT
Endocrine	Growth Hormones	somatropin (GENOTROPIN™) * CARTRIDGE somatropin (GENOTROPIN™) * SYRINGE somatropin (NORDITROPIN FLEXPRO™) * PEN INJCTR
Endocrine	Progestational Agents	hydroxyprogesterone caproat/PF AUTO INJCT medroxyprogesterone acetate TABLET norethindrone acetate TABLET progesterone, micronized CAPSULE
Endocrine	Thyroid Hormone, Oral	levothyroxine sodium TABLET
Endocrine	Vitamin D Analogs	calcitriol CAPSULE calcitriol SOLUTION

\* 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, 2024

System	Class	Preferred
Gastrointestinal	Antacid, H. Pylori	bismuth/metronid/tetracycline lansoprazole/amoxicilin/clarith CAPSULE COMBO. PKG
Gastrointestinal	Antacid, H2 Antagonists	famotidine famotidine/Ca carb/mag hydrox ranitidine HCl ranitidine HCl TABLET TAB CHEW 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
Gastrointestinal	Inflammatory Bowel Disease	balsalazide disodium budesonide mesalamine mesalamine mesalamine olsalazine sodium sulfasalazine sulfasalazine CAPSULE CAPDR - ER CAP ER 24H SUPP.RECT TABLET DR *** CAPSULE TABLET 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, 2024

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: January 1, 2024

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
		sargramostim	VIAL
Hematology-Oncology	Erythropoiesis 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
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		

\* 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, 2024

System	Class	Preferred	
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 *	PEN INJCTR		
secukinumab *	SYRINGE		
Metabolic Disorders	Lysosomal Storage Disorders	taliglucerase alfa *	VIAL
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	riluzole	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, 2024

System	Class	Preferred	
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		
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		

\* 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, 2024

System	Class	Preferred
Neurology	Spinal Muscular Atrophy	onasemnogene abeparovvec-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
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

\* 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, 2024

System	Class	Preferred	
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: January 1, 2024

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 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 no.164/iron/folate no.6	TABLET
		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.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/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
		prenatal71/iron/folic acid/dha	CAP IR DR
		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, 2024

System	Class	Preferred
Ophthalmics	Antibiotics, Ophthalmic	bacitracin/polymyxin B sulfate OINT. (G) ciprofloxacin HCl DROPS ciprofloxacin HCl OINT. (G) erythromycin base OINT. (G) gentamicin sulfate DROPS 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 maleat 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: January 1, 2024

System	Class	Preferred
Psychiatric	ADHD Drugs	dexamethylphenidate HCl ** ‡ dexamethylphenidate HCl ** ‡ dextroamphetamine/amphetamine ** ‡ dextroamphetamine/amphetamine ** ‡ lisdexamfetamine dimesylate ** ‡ lisdexamfetamine dimesylate ** ‡ methylphenidate ** ‡ methylphenidate HCl ** ‡ methylphenidate HCl ** ‡ methylphenidate HCl ** ‡ CPBP 50-50 TABLET CAP ER 24H TABLET CAPSULE TAB CHEW PATCH TD24 CPBP 30-70 TAB ER 24 TABLET
Psychiatric	Benzodiazepines	clonazepam ** TABLET
Psychiatric	Opioid Reversal Agents	nalmefene HCl naloxone HCl naloxone HCl naloxone HCl naloxone HCl naloxone HCl SPRAY AMPUL CARTRIDGE SPRAY SYRINGE VIAL
Psychiatric	Sedatives	melatonin * ramelteon * zolpidem tartrate * TABLET TABLET TABLET
Psychiatric	Substance Use Disorders, Opioid & Alcohol	acamprosate calcium buprenorphine (BRIXADI™) buprenorphine (SUBLOCADE™) buprenorphine HCl/naloxone HCl (ZUBSOLV™) ** buprenorphine HCl/naloxone HCl ** buprenorphine HCl/naloxone HCl ** naltrexone HCl naltrexone microspheres (VIVITROL™) TABLET DR SOLER SYR 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	Beta-Agonists, Inhaled Long Acting	salmeterol xinafoate BLST W/DEV
Pulmonary	Beta-Agonists, Inhaled Short-Acting	albuterol sulfate albuterol sulfate HFA AER AD VIAL-NEB

\* 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, 2024

System	Class	Preferred
Pulmonary	Corticosteroids, Inhaled	budesonide AER POW BA fluticasone propionate AER W/ADAP fluticasone propionate BLST W/DEV mometasone furoate AER POW BA
Pulmonary	Corticosteroids/Beta-Agonist 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	Muscarinic Antagonists, 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 (SPIRIVA RESPIMAT™) MIST INHAL umeclidinium bromide BLST W/DEV
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, 2024

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: January 1, 2024

System	Class	Preferred
Psychiatric	Antipsychotics, 1st Gen	chlorpromazine HCl ‡ fluphenazine HCl ‡ fluphenazine HCl ‡ fluphenazine HCl ‡ haloperidol ‡ haloperidol lactate ‡ loxapine succinate ‡ perphenazine ‡ thioridazine HCl ‡ thioridazine HCl ‡ thiothixene ‡ thiothixene HCl ‡ trifluoperazine HCl ‡
Psychiatric	Antipsychotics, 2nd Gen	aripiprazole ‡ asenapine maleate ‡ cariprazine HCl (VRAYLAR™) ‡ cariprazine HCl (VRAYLAR™) ‡ clozapine ‡ lurasidone HCl ‡ olanzapine ‡ quetiapine fumarate ** ‡ quetiapine fumarate ** ‡ quetiapine fumarate ** ‡ risperidone ‡ risperidone ‡ ziprasidone HCl ‡
Psychiatric	Antipsychotics, Parenteral	aripiprazole (ABILIFY ASIMTUFIL™) aripiprazole (ABILIFY MAINTENA™) aripiprazole (ABILIFY MAINTENA™) aripiprazole lauroxil (ARISTADA™) aripiprazole lauroxil, submicr. (ARISTADA INITIO™) chlorpromazine HCl fluphenazine decanoate fluphenazine HCl haloperidol decanoate haloperidol decanoate haloperidol lactate haloperidol lactate paliperidone palmitate (INVEGA HAFYERA™) paliperidone palmitate (INVEGA SUSTENNA™) paliperidone palmitate (INVEGA TRINZA™) risperidone (PERSERIS™) risperidone (UZEDY™) risperidone microspheres (RYKINDO™) ** risperidone microspheres **

\* 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).