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

Effective: July 1, 2015

System	Class	Preferred	
Allergy/Cold	Antihistamines, second generation	CETIRIZINE HCL	SOLUTION
		CETIRIZINE HCL	TABLET
		LORATADINE	SOLUTION
		LORATADINE	TAB RAPDIS ***
		LORATADINE	TABLET
Allergy/Cold	Cough and Cold	BENZONATATE	CAPSULE
		D-METHORPHAN/ACETAMIN/DOXYLAMN	LIQUID
		GUAIFENESIN	LIQUID
		GUAIFENESIN	SYRUP
		GUAIFENESIN	TAB ER 12H
		GUAIFENESIN/CODEINE PHOSPHATE	LIQUID
		GUAIFENESIN/CODEINE PHOSPHATE	SYRUP
		GUAIFENESIN/DEXTROMETHORPHAN	LIQUID
		GUAIFENESIN/DEXTROMETHORPHAN	SYRUP
		PSEUDOEPHEDRINE HCL	TABLET
Analgesics	Analgesics, Topical	CAPSAICIN	CREAM (G)
Analgesics	Gout	ALLOPURINOL	TABLET
		COLCHICINE/PROBENECID	TABLET
Analgesics	Muscle Relaxants, Oral	BACLOFEN	TABLET
		CYCLOBENZAPRINE HCL	TABLET ***
		TIZANIDINE HCL	TABLET
Analgesics	Non-Steroidal Anti-Inflammatory Drugs	DICLOFENAC POTASSIUM	TABLET
		DICLOFENAC SODIUM	TABLET DR
		ETODOLAC	TABLET
		FLURBIPROFEN	TABLET
		IBUPROFEN	CAPSULE
		IBUPROFEN	DROPS SUSP
		IBUPROFEN	ORAL SUSP
		IBUPROFEN	TAB CHEW
		IBUPROFEN	TABLET
		INDOMETHACIN	CAPSULE
		KETOPROFEN	CAPSULE
		KETOROLAC TROMETHAMINE **	TABLET
		MELOXICAM	TABLET
		NABUMETONE	TABLET
		NAPROXEN	TABLET
		NAPROXEN	TABLET DR
		NAPROXEN SODIUM	TABLET
		OXAPROZIN	TABLET
		SULINDAC	TABLET
Analgesics	Opioids, Long-Acting	FENTANYL **	PATCH TD72
		MORPHINE SULFATE **	TABLET ER

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

Effective: July 1, 2015

System	Class	Preferred	
Analgesics	Opioids, Short-Acting	BUTORPHANOL TARTRATE **	SPRAY
		CODEINE SULFATE **	TABLET
		HYDROCODONE/ACETAMINOPHEN **	TABLET
		HYDROMORPHONE HCL **	TABLET
		MORPHINE SULFATE **	SOLUTION
		MORPHINE SULFATE **	TABLET
		OXYCODONE HCL **	SOLUTION
		OXYCODONE HCL **	TABLET
		OXYCODONE HCL/ACETAMINOPHEN **	TABLET
		TRAMADOL HCL **	TABLET
Analgesics	Triptans, Nasal	IMITREX ™ - BRAND ONLY **	SPRAY
Analgesics	Triptans, Oral	NARATRIPTAN HCL **	TABLET
		SUMATRIPTAN SUCCINATE **	TABLET
Analgesics	Triptans, Subcutaneous	IMITREX ™ - BRAND ONLY **	CARTRIDGE
		IMITREX ™ - BRAND ONLY **	PEN INJCTR
		SUMATRIPTAN SUCCINATE **	VIAL
Antibiotics	Amoxicillin and Clavulanate, Oral	AMOXICILLIN/POTASSIUM CLAV	SUSP RECON
		AMOXICILLIN/POTASSIUM CLAV	TAB CHEW
		AMOXICILLIN/POTASSIUM CLAV	TABLET
Antibiotics	Cephalosporins (1st Gen), Oral	CEPHALEXIN	CAPSULE ***
		CEPHALEXIN	SUSP RECON
Antibiotics	Cephalosporins (2nd Gen), Oral	CEFPROZIL	SUSP RECON
		CEFPROZIL	TABLET
		CEFUROXIME AXETIL	SUSP RECON
		CEFUROXIME AXETIL	TABLET
Antibiotics	Cephalosporins (3rd Gen), Oral	CEFDINIR	CAPSULE
		CEFDINIR	SUSP RECON
Antibiotics	Clostridium Difficile Antibiotics	METRONIDAZOLE	CAPSULE
		METRONIDAZOLE	TABLET
		METRONIDAZOLE	TABLET ER
		VANCOMYCIN HCL	CAPSULE
		VANCOMYCIN HCL	VIAL
Antibiotics	Fluroquinolones, Oral	CIPROFLOXACIN	SUS MC REC
		CIPROFLOXACIN HCL	TABLET
		LEVOFLOXACIN	SOLUTION
		LEVOFLOXACIN	TABLET
Antibiotics	Macrolides, Oral	AZITHROMYCIN	SUSP RECON
		AZITHROMYCIN	TABLET
		CLARITHROMYCIN	TABLET

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

Effective: July 1, 2015

System	Class	Preferred	
Antibiotics	Tetracyclines, Oral	DOXYCYCLINE HYCLATE	CAPSULE
		DOXYCYCLINE HYCLATE	TABLET
		DOXYCYCLINE MONOHYDRATE	CAPSULE ***
		DOXYCYCLINE MONOHYDRATE	SUSP RECON
		TETRACYCLINE HCL	CAPSULE
Antifungal	Antifungals, Oral	CLOTRIMAZOLE	TROCHE
		FLUCONAZOLE	SUSP RECON
		FLUCONAZOLE	TABLET
		KETOCONAZOLE	TABLET
		NYSTATIN	ORAL SUSP
		NYSTATIN	TABLET
Antivirals	Hepatitis B	LAMIVUDINE *	SOLUTION
		LAMIVUDINE *	TABLET
		TENOFOVIR DISOPROXIL FUMARATE *	TABLET
Antivirals	Hepatitis C	LEDIPASVIR/SOFOSBUVIR (HARVONI ™)	TABLET
		OMBITA/PARITAP/RITON/DASABUVIR (VIEKIRA PAK ™)	TAB DS PK
		PEGINTERFERON ALFA-2A (PEGASYS ™) *	SYRINGE
		PEGINTERFERON ALFA-2A (PEGASYS ™) *	VIAL
		PEGINTERFERON ALFA-2A (PEGASYS PROCLICK ™) *	PEN INJCTR
		PEGINTERFERON ALFA-2B *	KIT
		PEGINTERFERON ALFA-2B *	PEN IJ KIT
		RIBAVIRIN *	CAPSULE
		RIBAVIRIN *	TABLET
		SIMEPREVIR SODIUM *	CAPSULE
		SOFOSBUVIR *	TABLET
Antivirals	Herpes Simplex	ACYCLOVIR	CAPSULE
		ACYCLOVIR	ORAL SUSP
		ACYCLOVIR	TABLET
Antivirals	Influenza	AMANTADINE HCL	CAPSULE
		AMANTADINE HCL	SOLUTION
		AMANTADINE HCL	TABLET
		OSELTAMIVIR PHOSPHATE **	CAPSULE
		OSELTAMIVIR PHOSPHATE **	SUSP RECON
		RIMANTADINE HCL	TABLET
Cardiovascular	ACEI-HCTZ, ARB-HCTZ & DRI-HCTZ	BENAZEPRIL/HYDROCHLOROTHIAZIDE	TABLET
		ENALAPRIL/HYDROCHLOROTHIAZIDE	TABLET
		LISINOPRIL/HYDROCHLOROTHIAZIDE	TABLET
		LOSARTAN/HYDROCHLOROTHIAZIDE	TABLET
		OLMESARTAN/HYDROCHLOROTHIAZIDE	TABLET
		TELMISARTAN/HYDROCHLOROTHIAZID	TABLET

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

Effective: July 1, 2015

System	Class	Preferred	
Cardiovascular	ACEIs, ARBs and DRIs	BENAZEPRIL HCL	TABLET
		ENALAPRIL MALEATE	TABLET
		LISINOPRIL	TABLET
		LOSARTAN POTASSIUM	TABLET
		OLMESARTAN MEDOXOMIL	TABLET
		RAMIPRIL	CAPSULE
		TELMISARTAN	TABLET
Cardiovascular	Anaphylaxis Rescue	EPINEPHRINE	AUTO INJCT
Cardiovascular	Antianginals	ISOSORBIDE DINITRATE	CAPSULE ER
		ISOSORBIDE DINITRATE	TABLET
		ISOSORBIDE MONONITRATE	TABLET
		NITROGLYCERIN	CAPSULE ER
		NITROGLYCERIN	PATCH TD24
		NITROGLYCERIN	TAB SUBL
Cardiovascular	Anticoagulants, Oral and SQ	LOVENOX ™ - BRAND ONLY	SYRINGE
		LOVENOX ™ - BRAND ONLY	VIAL ***
		WARFARIN SODIUM	TABLET
Cardiovascular	Beta-Blockers, Oral	ACEBUTOLOL HCL	CAPSULE
		ATENOLOL	TABLET
		CARVEDILOL	TABLET
		LABETALOL HCL	TABLET
		METOPROLOL TARTRATE	TABLET
		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	CAPSULE ER
		DILTIAZEM HCL	TABLET
		VERAPAMIL HCL	CAP24H PEL
		VERAPAMIL HCL	TABLET
		VERAPAMIL HCL	TABLET ER

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: July 1, 2015

System	Class	Preferred	
Cardiovascular	Diuretics, Oral	AMILORIDE HCL	TABLET
		AMILORIDE/HYDROCHLOROTHIAZIDE	TABLET
		BUMETANIDE	TABLET
		FUROSEMIDE	SOLUTION ***
		FUROSEMIDE	TABLET
		HYDROCHLOROTHIAZIDE	CAPSULE
		HYDROCHLOROTHIAZIDE	TABLET
		INDAPAMIDE	TABLET
		SPIRONOLACT/HYDROCHLOROTHIAZID	TABLET
		SPIRONOLACTONE	TABLET
		TORSEMIDE	TABLET
		TRIAMTERENE/HYDROCHLOROTHIAZID	CAPSULE
Cardiovascular	Other Lipotropics	CHOLESTYRAMINE (WITH SUGAR)	POWD PACK
		CHOLESTYRAMINE (WITH SUGAR)	POWDER
		CHOLESTYRAMINE/ASPARTAME	POWD PACK
		CHOLESTYRAMINE/ASPARTAME	POWDER
		FENOFIBRATE	TABLET
		GEMFIBROZIL	TABLET
Cardiovascular	Platelet Inhibitors	ASPIRIN	TAB CHEW
		ASPIRIN	TABLET
		ASPIRIN	TABLET DR
		ASPIRIN/DIPYRIDAMOLE	CPMP 12HR
		CLOPIDOGREL BISULFATE	TABLET
		DIPYRIDAMOLE	TABLET
Cardiovascular	Statins & Combos (High Potency)	ATORVASTATIN CALCIUM	TABLET
		SIMVASTATIN	TABLET
Cardiovascular	Statins & Combos (Low-Medium Potency)	LOVASTATIN	TABLET
		PRAVASTATIN SODIUM	TABLET
Dermatologicals	Antibiotics, Topical	BACITRACIN	OINT. (G) ***
		BACITRACIN ZINC	OINT. (G)
		BACITRACIN ZINC/POLYMYX B SULF	OINT. (G)
		BACITRACIN/POLYMYXIN B SULFATE	OINT. (G)
		GENTAMICIN SULFATE	CREAM (G)
		MUPIROCIN	OINT. (G)
		NEOMY SULF/BACITRAC ZN/POLY	OINT. (G)
Dermatologicals	Antifungals, Topical	MICONAZOLE NITRATE	CREAM (G)
		NYSTATIN	CREAM (G)
		NYSTATIN	OINT. (G)

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

Effective: July 1, 2015

System	Class	Preferred	
Dermatologicals	Antiparasitics, Topical	PERMETHRIN	CREAM (G)
		PERMETHRIN	LIQUID
		PIP BUTOX/PYRETHRINS/PERMETH	KIT
		PIPERONYL BUTOXIDE/PYRETHRINS	GEL (GRAM)
		PIPERONYL BUTOXIDE/PYRETHRINS	KIT
		PIPERONYL BUTOXIDE/PYRETHRINS	LIQUID
		PIPERONYL BUTOXIDE/PYRETHRINS	SHAMPOO
Dermatologicals	Antipsoriatics, Topical	CALCIPOTRIENE *	CREAM (G)
		CALCIPOTRIENE *	SOLUTION
		CALCIPOTRIENE/BETAMETHASONE *	OINT. (G)
		TAZAROTENE *	CREAM (G)
		TAZAROTENE *	GEL (GRAM)
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)
		CLOBETASOL PROPIONATE	CREAM (G)
		CLOBETASOL PROPIONATE	OINT. (G)
		DESONIDE	CREAM (G)
		DESONIDE	OINT. (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)
Endocrine	Androgens, Topical & Parenteral	TESTOSTERONE (ANDROGEL ™) *	GEL MD PMP
		TESTOSTERONE (ANDROGEL ™) *	GEL PACKET
		TESTOSTERONE *	GEL (GRAM)
		TESTOSTERONE *	GEL MD PMP
		TESTOSTERONE *	GEL PACKET
		TESTOSTERONE CYPIONATE	VIAL
		TESTOSTERONE ENANTHATE	VIAL
Endocrine	Bone Metabolism Drugs	ALENDRONATE SODIUM	TABLET
		IBANDRONATE SODIUM	TABLET
		RISEDRONATE SODIUM	TABLET

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: July 1, 2015

System	Class	Preferred	
Endocrine	Diabetes, Incretin Enhancers	SITAGLIPTIN PHOS/METFORMIN HCL *	TABLET
		SITAGLIPTIN PHOSPHATE (JANUVIA ™) *	TABLET
Endocrine	Diabetes, Insulins	INSULIN ASPART	VIAL
		INSULIN ASPART *	CARTRIDGE
		INSULIN ASPART *	INSULN PEN
		INSULIN ASPART PROTAM & ASPART	VIAL
		INSULIN ASPART PROTAM & ASPART *	INSULN PEN
		INSULIN DETEMIR *	INSULN PEN
		INSULIN LISPRO (HUMALOG ™)	VIAL
		INSULIN NPH HUM/REG INSULIN HM	VIAL
		INSULIN NPH HUM/REG INSULIN HM (HUMULIN 70/30 KWIKPEN ™) *	INSULN PEN
		INSULIN NPH HUM/REG INSULIN HM (HUMULIN 70-30 ™)	VIAL
		INSULIN NPH HUM/REG INSULIN HM *	INSULN PEN
		INSULIN NPH HUMAN ISOPHANE	VIAL
		INSULIN NPH HUMAN ISOPHANE (HUMULIN N ™)	VIAL
		INSULIN NPL/INSULIN LISPRO (HUMALOG MIX 50-50 ™)	VIAL
		INSULIN NPL/INSULIN LISPRO (HUMALOG MIX 75-25 ™)	VIAL
		INSULIN REGULAR, HUMAN	VIAL
		INSULIN REGULAR, HUMAN (HUMULIN R ™)	VIAL
		INSULIN ZINC HUMAN REC	VIAL
		LANTUS ™ - BRAND ONLY	VIAL ***
		LANTUS SOLOSTAR ™ - BRAND ONLY *	INSULN PEN
Endocrine	Diabetes, Oral Hypoglycemic	GLIMEPIRIDE	TABLET
		GLIPIZIDE	TABLET
		GLYBURIDE	TABLET
		METFORMIN HCL	TAB ER 24H
		METFORMIN HCL	TABLET
Endocrine	Diabetes, Thiazolidinediones	PIOGLITAZONE HCL	TABLET
Endocrine	Estrogen Replacement, Oral	ESTRADIOL	TABLET
		ESTROPIPATE	TABLET
Endocrine	Estrogen Replacement, Topical	ESTRADIOL	PATCH TDSW
		ESTRADIOL	PATCH TDWK
Endocrine	Estrogen Replacement, Vaginal	ESTRADIOL	TABLET
		ESTROGENS, CONJUGATED	CREAM/APPL
Endocrine	Growth Hormones	OMNITROPE ™ - BRAND ONLY *	CARTRIDGE
		SAIZEN ™ - BRAND ONLY *	VIAL
		SOMATROPIN (NORDITROPIN FLEXPRO ™) *	PEN INJCTR
		SOMATROPIN (NORDITROPIN NORDIFLEX ™) *	PEN INJCTR
Endocrine	Progestational Agents	HYDROXYPROGESTERONE CAPROATE (MAKENA ™) *	VIAL

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

Effective: July 1, 2015

System	Class	Preferred	
Gastrointestinal	Antacid, H2 Antagonists	FAMOTIDINE	TABLET ***
		RANITIDINE HCL	SYRUP
		RANITIDINE HCL	TABLET ***
Gastrointestinal	Antacid, Proton Pump Inhibitors	OMEPRAZOLE	CAPSULE DR
		PANTOPRAZOLE SODIUM	TABLET DR
Gastrointestinal	Antiemetics, 5HT3 & Substance P Blockers	ONDANSETRON	TAB RAPDIS
		ONDANSETRON HCL	SOLUTION
		ONDANSETRON HCL	TABLET

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

Effective: July 1, 2015

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
		FOS/MALTODEXTRIN	LIQUID
		FRUCTOOLIGOSACCHARIDES/POLYDEX	LIQUID
		FRUCTOOLIGOSACCHARIDES/POLYDEX	LIQUID PKT
		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 ***
		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 HUSK/CA CARBONATE	CAPSULE
		PSYLLIUM HUSK/INULIN/ASPARTAME	POWDER
		PSYLLIUM SEED	POWDER
		PSYLLIUM SEED (WITH DEXTROSE)	PACKET
		PSYLLIUM SEED (WITH DEXTROSE)	POWDER
		PSYLLIUM SEED (WITH SUGAR)	POWDER
		PSYLLIUM SEED (WITH SUGAR)	WAFER
		PSYLLIUM SEED/ASPARTAME	POWDER
		PSYLLIUM SEED/SOD BICARB	PACKET
		SENNA LEAF	TEA (GRAM)
		SENNA LEAF EXTRACT	SYRUP
		SENNOSIDES	SYRUP
		SENNOSIDES	TAB CHEW
		SENNOSIDES	TABLET
		SENNOSIDES/DOCUSATE SODIUM	TABLET
		SENNOSIDES/PSYLLIUM HUSK	CAPSULE
		WHEAT DEXTRIN	POWD PACK
		WHEAT DEXTRIN	POWDER
Gastrointestinal	Pancreatic Enzymes	LIPASE/PROTEASE/AMYLASE (CREON ™)	CAPSULE DR

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
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System	Class	Preferred	
Gastrointestinal	Ulcerative Colitis Drugs	BALSALAZIDE DISODIUM	CAPSULE
		MESALAMINE (APRISO ™)	CAP ER 24H
		MESALAMINE (CANASA ™)	SUPP.RECT
		MESALAMINE (LIALDA ™)	TABLET DR
		SULFASALAZINE	TABLET
		SULFASALAZINE	TABLET DR
Genito-Urinary	Benign Prostate Hypertrophy Drugs	DOXAZOSIN MESYLATE	TABLET
		FINASTERIDE	TABLET
		TAMSULOSIN HCL	CAP ER 24H
		TERAZOSIN HCL	CAPSULE
Genito-Urinary	Overactive Bladder Drugs	FESOTERODINE FUMARATE (TOVIAZ ™)	TAB ER 24H
		HYOSCYAMINE SULFATE	ELIXIR
		HYOSCYAMINE SULFATE	TAB RAPDIS
		OXYBUTYNIN	PATCH TDSW
		OXYBUTYNIN CHLORIDE	SYRUP
		OXYBUTYNIN CHLORIDE	TAB ER 24
		OXYBUTYNIN CHLORIDE	TABLET
Hematology-Oncology	Colony Stimulating Factors	FILGRASTIM	SYRINGE
		FILGRASTIM	VIAL
		PEGFILGRASTIM	SYR W/ INJ
		PEGFILGRASTIM	SYRINGE
		SARGRAMOSTIM	VIAL
		TBO-FILGRASTIM	SYRINGE
Hematology-Oncology	Erythropoetic Stimulating Agents	ARANESP ™ - BRAND ONLY *	SYRINGE
		DARBEPOETIN ALFA IN POLYSORBAT (ARANESP ™) *	VIAL
		PROCRIT ™ - BRAND ONLY *	VIAL
Hematology-Oncology	Iron Chelators	DEFEROXAMINE MESYLATE	VIAL
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	CAPSULE

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
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System	Class	Preferred	
Immunological	Targeted Immune Modulators	ADALIMUMAB (HUMIRA ™) *	PEN IJ KIT
		ADALIMUMAB (HUMIRA ™) *	SYRINGEKIT
		ADALIMUMAB (HUMIRA PEDIATRIC CROHN'S ™) *	SYRINGEKIT
		ETANERCEPT (ENBREL ™) *	PEN INJCTR
		ETANERCEPT (ENBREL ™) *	SYRINGE
		ETANERCEPT (ENBREL ™) *	VIAL
Neurology	Alzheimer's Disease Drugs	DONEPEZIL HCL	TABLET ***
		GALANTAMINE HBR	CAP24H PEL
		GALANTAMINE HBR	TABLET
		MEMANTINE HCL	SOLUTION
		MEMANTINE HCL	TAB DS PK
		MEMANTINE HCL	TABLET
		RIVASTIGMINE (EXELON ™)	PATCH TD24
Neurology	Antiepileptics (oral & rectal)	CARBAMAZEPINE	ORAL SUSP
		CARBAMAZEPINE	TAB CHEW
		CARBAMAZEPINE	TAB ER 12H
		CARBAMAZEPINE	TABLET
		DIASTAT ™ - BRAND ONLY	KIT
		DIASTAT ACUDIAL ™ - BRAND ONLY	KIT
		ETHOSUXIMIDE	CAPSULE
		ETHOSUXIMIDE	SOLUTION
		ETHOTOIN	TABLET
		GABAPENTIN	CAPSULE
		LACOSAMIDE (VIMPAT ™)	TABLET
		LEVETIRACETAM	SOLUTION
		LEVETIRACETAM	TABLET
		METHSUXIMIDE	CAPSULE
		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

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: July 1, 2015

System	Class	Preferred	
Neurology	Multiple Sclerosis	GLATIRAMER ACETATE (COPAXONE ™)	SYRINGE ***
		INTERFERON BETA-1A	SYRINGE
		INTERFERON BETA-1A (AVONEX ™)	SYRINGEKIT
		INTERFERON BETA-1A (AVONEX PEN ™)	PEN IJ KIT
		INTERFERON BETA-1A/ALBUMIN	PEN INJCTR
		INTERFERON BETA-1A/ALBUMIN	SYRINGE
		INTERFERON BETA-1A/ALBUMIN (AVONEX ADMINISTRATION PACK ™)	KIT
		INTERFERON BETA-1B	KIT
		INTERFERON BETA-1B (BETASERON ™)	KIT
Neurology	Parkinson's Disease Drugs, Oral & Topical	BENZTROPINE MESYLATE	TABLET
		CARBIDOPA/LEVODOPA	TABLET
		CARBIDOPA/LEVODOPA	TABLET ER
		CARBIDOPA/LEVODOPA/ENTACAPONE	TABLET
		CARBIDOPA/LEVODOPA/ENTACAPONE (STALEVO 100 ™)	TABLET
		CARBIDOPA/LEVODOPA/ENTACAPONE (STALEVO 125 ™)	TABLET
		CARBIDOPA/LEVODOPA/ENTACAPONE (STALEVO 150 ™)	TABLET
		CARBIDOPA/LEVODOPA/ENTACAPONE (STALEVO 200 ™)	TABLET
		CARBIDOPA/LEVODOPA/ENTACAPONE (STALEVO 50 ™)	TABLET
		CARBIDOPA/LEVODOPA/ENTACAPONE (STALEVO 75 ™)	TABLET
		ENTACAPONE	TABLET
		PRAMIPEXOLE DI-HCL	TABLET
		SELEGILINE HCL	CAPSULE
		TRIHEXYPHENIDYL HCL	ELIXIR
		TRIHEXYPHENIDYL HCL	TABLET
Nutritional	B-vitamins, Oral	CYANOCOBALAMIN (VITAMIN B-12)	DROPS
		CYANOCOBALAMIN (VITAMIN B-12)	LOZENGE
		CYANOCOBALAMIN (VITAMIN B-12)	TAB RAPDIS ***
		CYANOCOBALAMIN (VITAMIN B-12)	TAB SUBL ***
		CYANOCOBALAMIN (VITAMIN B-12)	TABLET
		CYANOCOBALAMIN (VITAMIN B-12)	TABLET ER ***
		FOLIC ACID	CAPSULE
		FOLIC ACID	TABLET
		PYRIDOXINE HCL	TABLET
		THIAMINE HCL	TABLET ***
		THIAMINE MONONITRATE	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

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

Effective: July 1, 2015

System	Class	Preferred	
Nutritional	Calcium/Vit D Replacement, Oral	CALCITRIOL	CAPSULE
		CALCITRIOL	SOLUTION
		CALCIUM CARBONATE	CAPSULE
		CALCIUM CARBONATE	ORAL SUSP
		CALCIUM CARBONATE	TAB CHEW
		CALCIUM CARBONATE	TABLET
		CALCIUM CARBONATE/VITAMIN D3	CAPSULE
		CALCIUM CARBONATE/VITAMIN D3	LIQUID
		CALCIUM CARBONATE/VITAMIN D3	TAB CHEW
		CALCIUM CARBONATE/VITAMIN D3	TABLET ***
		CALCIUM CITRATE	TABLET ***
		CHOLECALCIFEROL (VITAMIN D3)	CAPSULE ***
		CHOLECALCIFEROL (VITAMIN D3)	TABLET ***
		ERGOCALCIFEROL (VITAMIN D2)	CAPSULE
		ERGOCALCIFEROL (VITAMIN D2)	TABLET
Nutritional	Iron Replacement, Oral	FERROUS GLUCONATE	TABLET ***
		FERROUS SULFATE	LIQUID
		FERROUS SULFATE	SOLUTION ***
		FERROUS SULFATE	TABLET
		FERROUS SULFATE	TABLET DR
		FERROUS SULFATE	TABLET ER ***
Nutritional	Magnesium Replacement, Oral	MAGNESIUM	TABLET
		MAGNESIUM AMINO ACID CHELATE	TABLET
		MAGNESIUM CARBONATE	LIQUID
		MAGNESIUM CITRATE	TABLET
		MAGNESIUM GLUCONATE	TABLET
		MAGNESIUM OXIDE	CAPSULE
		MAGNESIUM OXIDE	TABLET ***
		MAGNESIUM OXIDE/MAG AA CHELATE	TABLET
		MAGNESIUM OXIDE/PYRIDOXINE HCL	TABLET
Nutritional	Potassium and K-Phos, Oral	NA PHOS,M-B/K PHOS,MONOB	TABLET
		PHOSPHORUS #1	TABLET
		POT CHLORIDE/CAL PHOS/MAG	TABLET
		POTASSIUM	TABLET
		POTASSIUM BICARBONATE/CIT AC	TABLET EFF ***
		POTASSIUM CHLORIDE	TAB ER PRT
		POTASSIUM CHLORIDE	TABLET ER
		POTASSIUM PHOSPHATE,MONOBASIC	TABLET SOL

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

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

Effective: July 1, 2015

System	Class	Preferred	
Nutritional	Prenatal Vitamins	FA#7/PC,PE DHA/NAC/PAP/IF/MV46	TAB CH BPH
		FE/FA/DHA/EPA/FAD/NADH/BE/MV47	CAP IR DR
		IRON,CARBONYL/FA/MULTIVIT-MIN	TABLET
		LEVOMEFOLATE CALCIUM	TABLET
		PN85/IRON CB&ASP G/FA/DHA/FISH	CAPSULE
		PNV #14/FERROUS FUM/FOLIC ACID	TAB CHEW
		PNV #19/IRON PS&HEME/FOLIC/DHA	CAPSULE
		PNV #30/IRON CARB&ASPG/FA/OM3	CAPSULE
		PNV #56/IRON CARB&ASPG/FA/DHA	CAPSULE
		PNV #78/IRON ASP GLY/FA#1/DHA	CAPSULE
		PNV #8/IRON PS CMP&ASPG/FA/DHA	COMBO. PKG
		PNV #86/IRON POLY/FA/DHA/EPA	COMBO. PKG
		PNV #87/IRON BISGLY/FA/DHA	COMBO. PKG
		PNV 11-IRON FUM-FOLIC ACID-OM3	CAPSULE
		PNV 18/FE,CARB/FA/DSS/UBI/DHA	TABLET
		PNV COMBO #22/IRON/FA/OM3/DHA	COMBO. PKG
		PNV COMBO#47/IRON/FA #1/DHA	CAPSULE
		PNV NO.118/IRON FUMARATE/FA	TAB CHEW
		PNV NO.15/IRON FUM & PS CMP/FA	CAPSULE
		PNV NO.66/IRON,CARBONYL/FA/DHA	CAPSULE
		PNV NO.81/IRON CBN&GLUC/FA/DSS	TABLET
		PNV NO10/IRON FUM&P/FA/OMEGA-3	CAPSULE
		PNV W-CA #40/IRON FUM/FA CMB#1	TABLET
		PNV W-CA NO.37/IRON/FA/OMEGA-3	CAPSULE
		PNV WITH CA #68/IRON/FA#1/DHA	CAPSULE
		PNV WITH CA NO.65/IRON POLY/FA	CAPSULE
		PNV WITH CA,NO.71/IRON/FA	TABLET
		PNV WITH CA,NO.72/IRON/FA	TABLET
		PNV WITH CA,NO63/IRON/FA/B6	TABLET SEQ
		PNV#16/IRON FUM & PS/FA/OM-3	CAPSULE
		PNV#20/IRON/FA/DS/FISH/DHA/EPA	CAPSULE
		PNV#21/IRON PS& HEME POLYP/FA	TABLET
		PNV#26/IRON POLY/FA/DHA	CAPSULE
		PNV#67/IRON PS/FA CMB#1/DHA	CAPSULE
		PNV,CA,NO.35/IRON/FA/DS/OMEG-3	CAPSULE
		PNV/FA/B6/CALCIUM PHOS/GINGER	TABLET
		PNV100/IRON EDTA&PS/FA/OMEGA3	CMBPKGDRCP
		PNV115/IRON FUMARATE/FA/DSS	TABLET
		PNV123/IRON CAR/FA/OM3/DHA/EPA	CAPSULE
		PNV19/IRON BG HC&SUCC-P/FA/OM3	CMBPKGDRCP
		PNV2/IRON B-G SUC-P/FA/OMEGA-3	COMBO. PKG
		PNV22/IRON CBN&GLUC/FA/DSS/DHA	COMBO. PKG
		PNV34/IRON,CARBONYL/FA/DSS/DHA	CAPSULE
		PNV39/IRON FUMARATE/FA/DSS/DHA	CAPSULE
		PNV53/IRON B-G HCL-P/FA/OMEGA3	COMBO. PKG
		PNV53/IRON FUM/FA/DOCUSATE/DHA	CAPSULE
		PNV55/IRON BG HC&SUCC-P/FA/OM3	CMBPKGDRCP
		PNV59/IRON,CARB&FUM/FA/DSS/DHA	CAPSULE
		PNV66/IRON FUMARATE/FA/DSS/DHA	CAPSULE
		PNV69/IRON,CARBONYL/FA/DSS/DHA	CAPSULE
		PNV72/IRON,CARB&GLU/FA/DSS/DHA	COMBO. PKG

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

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

Effective: July 1, 2015

System	Class	Preferred	
Nutritional	Prenatal Vitamins	PNV73/IRON,CARB&GLU/FA/DSS/DHA	COMBO. PKG
		PNV76/IRON,CARB&GLU/FA/DSS/DHA	COMBO. PKG
		PNV80/IRON FUMARATE/FA/DSS/DHA	CAPSULE
		PNV81/SOD IRON EDTA& PS/FA/OM3	CMBPKGDRCP
		PNV83/IRON,CARB/IRON ASP GL/FA	TABLET
		PRENAT VIT COMB.10/IRON/FA/DHA	COMBO. PKG
		PRENATAL #103/IRON FUMARATE/FA	TABLET
		PRENATAL #57/IRON/FA/DSS/DHA	CAPSULE
		PRENATAL #79/IRON ASP GLY/FA#1	TABLET
		PRENATAL NO.13/IRON PS/FA CB#1	TAB CHEW
		PRENATAL NO.52/IRON/FA/DHA	CAPSULE
		PRENATAL NO.75/IRON/FOLATE #1	TABLET
		PRENATAL NO.77/IRON ASP GLY/FA	TABLET
		PRENATAL NO.82/IRON/FOLATE #2	TABLET
		PRENATAL VIT #68/IRON/FA#6/DHA	CAPSULE
		PRENATAL VIT #69/IRON/FA#6/DHA	CAPSULE
		PRENATAL VIT #76/IRON,CARB/FA	TABLET
		PRENATAL VIT 15/IRON CB/FA/DSS	TABLET
		PRENATAL VIT 16/IRON CB/FA/DSS	TABLET
		PRENATAL VIT 18/IRON CB/FA/DSS	TABLET
		PRENATAL VIT COMB.10/IRON/FA	TABLET
		PRENATAL VIT NO.112/FOLIC ACID	TAB CHEW
		PRENATAL VIT NO.114/FA/GINGER	TABLET
		PRENATAL VIT NO.73/IRON/FA	TABLET
		PRENATAL VIT NO.87/IRON/FA/DHA	CAPSULE
		PRENATAL VIT#4/IRON FUM &PS/FA	CAPSULE
		PRENATAL VIT#65/IRON FUM&PS/FA	CAPSULE
		PRENATAL VIT#84/IRON/FA#1/DHA	CAPSULE
		PRENATAL VIT#85/IRON/FA#1/DHA	CAPSULE
		PRENATAL VIT#86/IRON BISGLY/FA	TABLET
		PRENATAL VIT/IRON FUMARATE/FA	TABLET
		PRENATAL VIT27&CALCIUM/IRON/FA	TABLET
		PRENATAL VIT37/IRON/FOLIC ACID	TAB CHEW
		PRENATAL VITS #33/IRON/FA/DHA	COMBO. PKG
		PRENATAL VITS#4/IRON FUM/FA	CAPSULE
		PV W-O CAL/IRON PS CPLX/FA	TAB CHEW

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: July 1, 2015

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
		GENTAMICIN SULFATE	OINT. (G) ***
		MOXIFLOXACIN HCL (VIGAMOX ™)	DROPS
		NATAMYCIN	DROPS SUSP
		NEOMYCIN/POLYMYXN B/GRAMICIDIN	DROPS
		OFLOXACIN	DROPS
		POLYMYXIN B SULF/TRIMETHOPRIM	DROPS
		SULFACETAMIDE SODIUM	DROPS
		TOBRAMYCIN	DROPS
		TOBRAMYCIN	OINT. (G)
Ophthalmics	Antibiotic-Steroids, Ophthalmic	GENTAMICIN/PREDNISOL AC	DROPS SUSP
		GENTAMICIN/PREDNISOL AC	OINT. (G)
		NEO/POLYMYX B SULF/DEXAMETH	DROPS SUSP
		NEO/POLYMYX B SULF/DEXAMETH	OINT. (G)
		SULFACETM NA/PREDNISOL AC	DROPS SUSP
		SULFACETM NA/PREDNISOL AC	OINT. (G)
		TOBRAMYCIN/DEXAMETHASONE	DROPS SUSP
		TOBRAMYCIN/DEXAMETHASONE	OINT. (G)
Ophthalmics	Anti-Inflammatory Drugs, Ophthalmic	DEXAMETHASONE	DROPS SUSP
		DEXAMETHASONE SOD 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 MALEAT	DROPS
		DORZOLAMIDE/TIMOLOL/PF	DROPERETTE
		LATANOPROST	DROPS
		PILOCARPINE HCL	DROPS
		TIMOLOL MALEATE	DROPS
		TRAVOPROST (TRAVATAN Z ™)	DROPS
Ophthalmics	Vascular Endothelial Growth Factors	BEVACIZUMAB	VIAL
Otics	Otic Antibiotics	NEOMY SULF/COLIST SUL/HC/THONZ	DROPS SUSP
		NEOMYCIN/POLYMYXIN B SULF/HC	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

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: July 1, 2015

System	Class	Preferred	
Psychiatric	Addiction, Opioid & Alcohol	ACAMPROSATE CALCIUM	TABLET DR
		BUPRENORPHINE HCL *	TAB SUBL
		BUPRENORPHINE HCL/NALOXONE HCL (SUBOXONE ™) *	FILM
		BUPRENORPHINE HCL/NALOXONE HCL (ZUBSOLV ™) *	TAB SUBL
		BUPRENORPHINE HCL/NALOXONE HCL *	TAB SUBL
		NALTREXONE HCL	TABLET
Psychiatric	Addiction, Tobacco Cessation	BUPROPION HCL	TABLET ER
		NICOTINE	PATCH DYSQ
		NICOTINE	PATCH TD24
		NICOTINE POLACRILEX	GUM
		NICOTINE POLACRILEX	LOZENGE
		VARENICLINE TARTRATE **	TAB DS PK
		VARENICLINE TARTRATE **	TABLET
Psychiatric	ADHD Drugs	DEXMETHYLPHENIDATE HCL (FOCALIN XR ™) **	CPBP 50-50
		DEXMETHYLPHENIDATE HCL **	CPBP 50-50
		DEXTROAMPHETAMINE/AMPHETAMINE **	TABLET
		FOCALIN ™ - BRAND ONLY **	TABLET
		LISDEXAMFETAMINE DIMESYLATE (VYVANSE ™) **	CAPSULE
		METADATE CD ™ - BRAND ONLY **	CPBP 30-70
		METHYLPHENIDATE (DAYTRANA ™) **	PATCH TD24
		METHYLPHENIDATE HCL **	TABLET
Psychiatric	Benzodiazepine Anxiolytics	CLONAZEPAM	TABLET
Psychiatric	Sedatives	ZOLPIDEM 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 (SPIRIVA ™)	CAP W/DEV
Pulmonary	Beta-Agonists, Inhaled Long Acting	FORMOTEROL FUMARATE	CAP W/DEV
		SALMETEROL XINAFOATE	BLST W/DEV
Pulmonary	Beta-Agonists, Inhaled Short-Acting	ALBUTEROL SULFATE	SOLUTION
		ALBUTEROL SULFATE	VIAL-NEB
		PROAIR HFA ™ - BRAND ONLY	HFA AER AD ***
		PROVENTIL HFA ™ - BRAND ONLY	HFA AER AD
Pulmonary	Corticosteroids, Inhaled	BECLOMETHASONE DIPROPIONATE	AER W/ADAP
		BUDESONIDE (PULMICORT FLEXHALER ™)	AER POW BA
		FLUTICASONE PROPIONATE (FLOVENT DISKUS ™)	BLST W/DEV
		FLUTICASONE PROPIONATE (FLOVENT HFA ™)	AER W/ADAP
Pulmonary	Corticosteroids/LABA Combination, Inhaled	BUDESONIDE/FORMOTEROL FUMARATE (SYMBICORT ™) *	HFA AER AD
		FLUTICASONE/SALMETEROL *	BLST W/DEV
		FLUTICASONE/SALMETEROL *	HFA AER AD

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective: July 1, 2015

System	Class	Preferred	
Pulmonary	Cystic Fibrosis	DORNASE ALFA	SOLUTION
		SODIUM CHLORIDE FOR INHALATION	VIAL-NEB
		TOBI ™ - BRAND ONLY **	AMPUL-NEB
		TOBRAMYCIN (BETHKIS ™) **	AMPUL-NEB
Pulmonary	Miscellaneous Pulmonary Agents	MONTELUKAST SODIUM *	TAB CHEW
		MONTELUKAST SODIUM *	TABLET
Pulmonary	Pulmonary Arterial Hypertension Drugs	BOSENTAN (TRACLEER ™)	TABLET
		SILDENAFIL CITRATE *	TABLET
Renal	Phosphate Binders	CALCIUM ACETATE	CAPSULE
		CALCIUM ACETATE	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

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

Effective: July 1, 2015

System	Class	Preferred	
Neurology	Antiepileptics (oral & rectal)	DIVALPROEX SODIUM	CAP SPRINK
		DIVALPROEX SODIUM	TAB ER 24H
		DIVALPROEX SODIUM	TABLET DR
		LAMOTRIGINE	TABLET
		VALPROIC ACID	CAPSULE
		VALPROIC ACID (AS SODIUM SALT)	SOLUTION
Psychiatric	ADHD Drugs	ATOMOXETINE HCL (STRATTERA ™) *	CAPSULE
Psychiatric	Antidepressants	AMITRIPTYLINE HCL	TABLET
		ANAFRANIL ™ - BRAND ONLY	CAPSULE
		BUPROPION HCL	TAB ER 24H
		BUPROPION HCL	TABLET
		BUPROPION HCL	TABLET ER
		CITALOPRAM HYDROBROMIDE	SOLUTION
		CITALOPRAM HYDROBROMIDE	TABLET
		DOXEPIN HCL	CAPSULE
		ESCITALOPRAM OXALATE	SOLUTION
		ESCITALOPRAM OXALATE	TABLET
		FLUOXETINE HCL	CAPSULE
		FLUOXETINE HCL	SOLUTION
		FLUOXETINE HCL	TABLET
		FLUVOXAMINE MALEATE	TABLET
		IMIPRAMINE HCL	TABLET
		MAPROTILINE 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
Psychiatric	Antipsychotics, 1st Gen	CHLORPROMAZINE HCL	TABLET
		FLUPHENAZINE HCL	ELIXIR
		FLUPHENAZINE HCL	ORAL CONC
		FLUPHENAZINE HCL	TABLET
		HALOPERIDOL	TABLET
		HALOPERIDOL LACTATE	ORAL CONC
		LOXAPINE SUCCINATE	CAPSULE
		PERPHENAZINE	TABLET
		THIORIDAZINE HCL	TABLET
		THIOTHIXENE	CAPSULE
		TRIFLUOPERAZINE HCL	TABLET

* Drug coverage subject to meeting clinical prior authorization criteria

** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization

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

Effective: July 1, 2015

System	Class	Preferred	
Psychiatric	Antipsychotics, 2nd Gen	CLOZAPINE	TABLET
		OLANZAPINE	TABLET
		QUETIAPINE FUMARATE **	TABLET
		RISPERIDONE	SOLUTION
		RISPERIDONE	TABLET
Psychiatric	Antipsychotics, Parenteral	CHLORPROMAZINE HCL	AMPUL
		FLUPHENAZINE DECANOATE	VIAL
		FLUPHENAZINE HCL	VIAL
		HALOPERIDOL DECANOATE	AMPUL
		HALOPERIDOL DECANOATE	VIAL
		HALOPERIDOL LACTATE	AMPUL
		HALOPERIDOL LACTATE	VIAL
		RISPERIDONE MICROSPHERES **	SYRINGE

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** Drug coverage subject to quantity limits

*** Certain strengths may require Prior Authorization