Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective June 21, 2012

System	Class	Preferred	
Allergy/Cold	Antihistamines - 2nd Generation	CETIRIZINE HCL	SOLUTION
		CETIRIZINE HCL	TABLET
		LORATADINE	SOLUTION
		LORATADINE	TAB RAPDIS ***
		LORATADINE	TABLET
Analgesics	Gout	ALLOPURINOL	TABLET
		COLCHICINE/PROBENECID	TABLET
Analgesics	Long-Acting Opioids	FENTANYL	PATCH TD72
		METHADONE HCL (METHADONE INTENSOL®) **	ORAL CONC
		METHADONE HCL **	SOLUTION
		METHADONE HCL **	TABLET
		MORPHINE SULFATE	TABLET ER
Analgesics	NSAIDs	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
		SALSALATE	TABLET
		SULINDAC	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 Enforceable Physical Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Analgesics	Short-Acting Opioids	CODEINE SULF	TABLET
		HYDROCODONE BIT/ACETAMINOPHEN **	TABLET ***
		HYDROMORPHONE HCL	TABLET
		MORPHINE SULFATE	SOLUTION
		MORPHINE SULFATE	TABLET
		OXYCODONE HCL	SOLUTION
		OXYCODONE HCL	TABLET
		OXYCODONE HCL/ACETAMINOPHEN **	CAPSULE
		OXYCODONE HCL/ACETAMINOPHEN **	TABLET ***
		TRAMADOL HCL	TABLET
Analgesics	Skeletal Muscle Relaxants	BACLOFEN	TABLET
		CYCLOBENZAPRINE HCL	TABLET ***
		TIZANIDINE HCL	TABLET
Analgesics	Topical	CAPSAICIN	CREAM (G) ***
Analgesics	Triptans, Injection	IMITREX® - BRAND ONLY **	CARTRIDGE
		IMITREX® - BRAND ONLY **	PEN INJCTR
		IMITREX® - BRAND ONLY **	VIAL
Analgesics	Triptans, Nasal	IMITREX® - BRAND ONLY **	SPRAY
		ZOLMITRIPTAN (ZOMIG®) **	SPRAY
Analgesics	Triptans, Oral	NARATRIPTAN HCL **	TABLET
		SUMATRIPTAN SUCCINATE **	TABLET
Antibiotics	Amoxicillin-Clavulanate	AMOXICILLIN/POTASSIUM CLAV	SUSP RECON
		AMOXICILLIN/POTASSIUM CLAV	TAB CHEW
		AMOXICILLIN/POTASSIUM CLAV	TABLET
Antibiotics	Cephalosporin, 1st Gen	CEPHALEXIN	CAPSULE ***
		CEPHALEXIN	SUSP RECON ***
Antibiotics	Cephalosporin, 2nd Gen	CEFPROZIL	SUSP RECON
		CEFPROZIL	TABLET
		CEFUROXIME AXETIL	TABLET
Antibiotics	Cephalosporin, 3rd Gen	CEFDINIR	CAPSULE
		CEFDINIR	SUSP RECON
		CEFPODOXIME PROXETIL	TABLET

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Antibiotics	Fluoroquinolones, Oral	CIPROFLOXACIN (CIPRO®)	SUS MC REC
		CIPROFLOXACIN HCL	TABLET
		LEVOFLOXACIN	SOLUTION
		LEVOFLOXACIN	TABLET
		NORFLOXACIN	TABLET
Antibiotics	Macrolide / Ketolide	AZITHROMYCIN	SUSP RECON
		AZITHROMYCIN	TABLET
		CLARITHROMYCIN	TABLET
		ERYTHROMYCIN BASE	CAPSULE DR
		ERYTHROMYCIN BASE (ERY-TAB®)	TABLET DR
		ERYTHROMYCIN ETHYLSUCCINATE	ORAL SUSP
		ERYTHROMYCIN ETHYLSUCCINATE	TABLET
		ERYTHROMYCIN ETHYLSUCCINATE (E.E.S. 200®)	ORAL SUSP
		ERYTHROMYCIN ETHYLSUCCINATE (E.E.S. 400®)	TABLET
		ERYTHROMYCIN ETHYLSUCCINATE (ERYPED 200®)	SUSP RECON
		ERYTHROMYCIN ETHYLSUCCINATE (ERYPED 400®)	SUSP RECON
		ERYTHROMYCIN STEARATE	TABLET
Antibiotics	Tetracyclines, Oral	DOXYCYCLINE HYCLATE	CAPSULE
		DOXYCYCLINE HYCLATE	TABLET
		DOXYCYCLINE MONOHYDRATE	CAPSULE ***
		DOXYCYCLINE MONOHYDRATE (VIBRAMYCIN®)	SUSP RECON
		TETRACYCLINE HCL	CAPSULE
Antifungal	Antifungal, Oral	CLOTRIMAZOLE	TROCHE
		FLUCONAZOLE	SUSP RECON
		FLUCONAZOLE	TABLET
		KETOCONAZOLE	TABLET
		NYSTATIN	ORAL SUSP
		NYSTATIN	TABLET
Antiviral	Hepatitis B	ENTECAVIR (BARACLUDE®)	SOLUTION
		ENTECAVIR (BARACLUDE®)	TABLET
		LAMIVUDINE (EPIVIR HBV®)	SOLUTION
		LAMIVUDINE (EPIVIR HBV®)	TABLET
		TENOFOVIR DISOPROXIL FUMARATE (VIREAD®)	TABLET

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Antiviral	Hepatitis C	BOCEPREVIR (VICTRELIS®) *	CAPSULE
		PEGINTERFERON ALFA-2A (PEGASYS®) *	KIT
		PEGINTERFERON ALFA-2B (PEGINTRON REDIPEN®) *	PEN IJ KIT
		PEGINTERFERON ALFA-2B (PEGINTRON®) *	KIT
		RIBAVIRIN	TABLET
		TELAPREVIR (INCIVEK®) *	TABLET
Antiviral	HSV, Oral	ACYCLOVIR	CAPSULE
		ACYCLOVIR	ORAL SUSP
		ACYCLOVIR	TABLET
Antiviral	Influenza	AMANTADINE HCL	CAPSULE
		AMANTADINE HCL	SYRUP
		AMANTADINE HCL	TABLET
		OSELTAMIVIR PHOSPHATE (TAMIFLU®) **	CAPSULE
		OSELTAMIVIR PHOSPHATE (TAMIFLU®) **	SUSP RECON
		RIMANTADINE HCL	TABLET
Cardiovascular	Anticoagulants, Oral	WARFARIN SODIUM	TABLET
Cardiovascular	Anticoagulants, Subcutaneous	DALTEPARIN SODIUM,PORCINE (FRAGMIN®)	DISP SYRIN
		LOVENOX® - BRAND ONLY	DISP SYRIN
Cardiovascular	Beta-Blockers	ACEBUTOLOL HCL	CAPSULE
		ATENOLOL	TABLET
		CARVEDILOL	TABLET
		LABETALOL HCL	TABLET
		METOPROLOL TARTRATE	TABLET
		NADOLOL	TABLET
		PROPRANOLOL HCL	TABLET
Cardiovascular	Calcium Channel Blockers - DH	AMLODIPINE BESYLATE	TABLET
		NICARDIPINE HCL	CAPSULE
		NIFEDIPINE	TAB ER 24
		NIFEDIPINE	TABLET ER

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Cardiovascular	Calcium Channel Blockers - NDH	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
Cardiovascular	DRIs, ACE-Is and ARBs	BENAZEPRIL HCL	TABLET
		CAPTOPRIL	TABLET
		ENALAPRIL MALEATE	TABLET
		FOSINOPRIL SODIUM	TABLET
		LISINOPRIL	TABLET
		LOSARTAN POTASSIUM	TABLET
		MOEXIPRIL HCL	TABLET
		OLMESARTAN MEDOXOMIL (BENICAR®)	TABLET
		QUINAPRIL HCL	TABLET
		RAMIPRIL	CAPSULE
		RAMIPRIL	TABLET
		TELMISARTAN (MICARDIS®)	TABLET
		TRANDOLAPRIL	TABLET
Cardiovascular	DRIs, ACE-Is and ARBs + HCT	BENAZEPRIL/HYDROCHLOROTHIAZIDE	TABLET
		CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABLET
		ENALAPRIL/HYDROCHLOROTHIAZIDE	TABLET
		FOSINOPRIL/HYDROCHLOROTHIAZIDE	TABLET
		LISINOPRIL/HYDROCHLOROTHIAZIDE	TABLET
		LOSARTAN/HYDROCHLOROTHIAZIDE	TABLET
		MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABLET
		OLMESARTAN/HYDROCHLOROTHIAZIDE (BENICAR HCT®)	TABLET
		QUINAPRIL/HYDROCHLOROTHIAZIDE	TABLET
		TELMISARTAN/HYDROCHLOROTHIAZID (MICARDIS HCT®)	TABLET
Cardiovascular	HP Statins & Combos	LIPITOR® - BRAND ONLY	TABLET
		SIMVASTATIN	TABLET
Cardiovascular	LMP Statins & Combos	LOVASTATIN	TABLET
		PRAVASTATIN SODIUM	TABLET

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Cardiovascular	Platelet Inhibitors	ASPIRIN	TABLET
		ASPIRIN/DIPYRIDAMOLE (AGGRENOX®)	CPMP 12HR
		CLOPIDOGREL BISULFATE (PLAVIX®)	TABLET
		DIPYRIDAMOLE	TABLET
Dermatologic	Antifungal, Topical	MICONAZOLE NITRATE	CREAM (G)
		NYSTATIN	CREAM (G)
		NYSTATIN	OINT. (G)
Dermatologic	Anti-Parasite	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
Dermatologic	Impetigo Agents	BACITRACIN	OINT. (G)
		BACITRACIN ZINC	OINT. (G)
		BACITRACIN/POLYMYXIN B SULFATE	OINT. (G)
		GENTAMICIN SULFATE	CREAM (G)
		MUPIROCIN	OINT. (G)
		NEOMY SULF/BACITRAC ZN/POLY	OINT. (G)
Dermatologic	Psoriasis, Topical	CALCIPOTRIENE (DOVONEX®) *	CREAM (G)
		CALCIPOTRIENE *	SOLUTION
		CALCIPOTRIENE/BETAMETHASONE (TACLONEX®) *	OINT. (G)
		TAZAROTENE (TAZORAC®) *	CREAM (G)
		TAZAROTENE (TAZORAC®) *	GEL (GRAM)

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Dermatologic	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	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	TESTOSTERONE (ANDRODERM®) *	PATCH TD24
		TESTOSTERONE (TESTIM®) *	GEL (GRAM)
		TESTOSTERONE CYPIONATE	VIAL
		TESTOSTERONE ENANTHATE	VIAL
Endocrine	Bone Metabolism Drugs	ALENDRONATE SODIUM	TABLET
		ALENDRONATE SODIUM/VITAMIN D3 (FOSAMAX PLUS D®)	TABLET
		IBANDRONATE SODIUM (BONIVA®)	TABLET
Endocrine	DM-GLP-1 agonists and analogs	PRAMLINTIDE ACETATE (SYMLINPEN 120®) *	PEN INJCTR
		PRAMLINTIDE ACETATE (SYMLINPEN 60®) *	PEN INJCTR

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Endocrine	DM-Insulin	HUM INSULIN NPH/REG INSULIN HM (HUMULIN 50-50®)	VIAL
		HUM INSULIN NPH/REG INSULIN HM (HUMULIN 70-30®)	VIAL
		HUM INSULIN NPH/REG INSULIN HM (HUMULIN 70-30®) *	INSULN PEN
		HUM INSULIN NPH/REG INSULIN HM (NOVOLIN 70/30®)	VIAL
		HUM INSULIN NPH/REG INSULIN HM (NOVOLIN 70-30 INNOLET®) *	INSULN PEN
		INSULIN ASPART (NOVOLOG®)	VIAL
		INSULIN ASPART (NOVOLOG®) *	CARTRIDGE
		INSULIN ASPART (NOVOLOG®) *	INSULN PEN
		INSULIN GLARGINE,HUM.REC.ANLOG (LANTUS SOLOSTAR®) *	INSULN PEN
		INSULIN GLARGINE,HUM.REC.ANLOG (LANTUS®)	VIAL
		INSULIN GLARGINE,HUM.REC.ANLOG (LANTUS®) *	CARTRIDGE
		INSULIN LISPRO (HUMALOG®)	VIAL
		INSULIN LISPRO (HUMALOG®) *	CARTRIDGE
		INSULIN LISPRO (HUMALOG®) *	INSULN PEN
		INSULIN NPL/INSULIN LISPRO (HUMALOG MIX 50/50®) *	INSULN PEN
		INSULIN NPL/INSULIN LISPRO (HUMALOG MIX 50-50®)	VIAL
		INSULIN NPL/INSULIN LISPRO (HUMALOG MIX 75-25®)	VIAL
		INSULIN NPL/INSULIN LISPRO (HUMALOG MIX 75-25®) *	INSULN PEN
		INSULIN REGULAR, HUMAN (HUMULIN R®)	VIAL
		INSULIN REGULAR, HUMAN (NOVOLIN R®)	VIAL
		INSULIN ZINC HUMAN REC (NOVOLIN L®)	VIAL
		INSULN ASP PRT/INSULIN ASPART (NOVOLOG MIX 70-30®)	VIAL
		INSULN ASP PRT/INSULIN ASPART (NOVOLOG MIX 70-30®) *	INSULN PEN
		NPH, HUMAN INSULIN ISOPHANE (HUMULIN N®)	VIAL
		NPH, HUMAN INSULIN ISOPHANE (HUMULIN N®) *	INSULN PEN
		NPH, HUMAN INSULIN ISOPHANE (NOVOLIN N INNOLET®) *	INSULN PEN
		NPH, HUMAN INSULIN ISOPHANE (NOVOLIN N®)	VIAL
Endocrine	DM-Oral Hypoglycemics	GLIMEPIRIDE	TABLET
		GLIPIZIDE	TABLET
		GLYBURIDE	TABLET
		METFORMIN HCL	TAB ER 24
		METFORMIN HCL	TAB ER 24H
		METFORMIN HCL	TABLET
Endocrine	DM-Thiazolidinediones	PIOGLITAZONE HCL (ACTOS®)	TABLET

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Endocrine	Growth Hormone	GENOTROPIN® - BRAND ONLY *	CARTRIDGE
		GENOTROPIN® - BRAND ONLY *	DISP SYRIN
		NUTROPIN® - BRAND ONLY *	VIAL
		SAIZEN® - BRAND ONLY *	CARTRIDGE
		SAIZEN® - BRAND ONLY *	VIAL
Endocrine	HRT - Estrogen, Oral	ESTRADIOL	TABLET
		ESTROGENS,CONJ.,SYNTHETIC A (CENESTIN®)	TABLET
		ESTROPIPATE	TABLET
		NORETHIND AC/ETHINYL ESTRADIOL (FEMHRT®)	TABLET
Endocrine	HRT - Estrogen, Topical	ESTRADIOL	PATCH TDWK ***
		ESTRADIOL (ALORA®)	PATCH TDSW ***
		ESTRADIOL (CLIMARA®)	PATCH TDWK ***
Endocrine	HRT - Estrogen, Vaginal	ESTRADIOL (ESTRING®)	VAG RING
		ESTRADIOL (VAGIFEM®)	TABLET
		ESTROGENS,CONJUGATED (PREMARIN®)	CREAM (G)
Gastrointestinal	Antiemetics, Newer	ONDANSETRON **	TAB RAPDIS
		ONDANSETRON HCL **	SOLUTION
		ONDANSETRON HCL **	TABLET
Gastrointestinal	Digestive Enzymes	CREON®	CAPSULE DR
		PANCRELIPASE®	CAPSULE DR
		ZENPEP®	CAPSULE DR
Gastrointestinal	H2-Antagonists	CIMETIDINE	TABLET
		CIMETIDINE HCL	SOLUTION
		FAMOTIDINE	TABLET
		RANITIDINE HCL	SYRUP
		RANITIDINE HCL	TABLET
Gastrointestinal	Inflammatory Bowel	MESALAMINE (APRISO®)	CAP ER 24H
		MESALAMINE (ASACOL®)	TABLET DR ***
		MESALAMINE (ROWASA®)	ENEMA
		MESALAMINE W/CLEANSING WIPES	KIT
		OLSALAZINE SODIUM (DIPENTUM®)	CAPSULE
		SULFASALAZINE (SULFAZINE EC®)	TABLET DR
		SULFASALAZINE (SULFAZINE®)	TABLET

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Gastrointestinal	PPIs	OMEPRAZOLE	CAPSULE DR
		OMEPRAZOLE	TABLET DR
		PANTOPRAZOLE SODIUM	TABLET DR
Genitourinary	BPH	DOXAZOSIN MESYLATE	TABLET
		FINASTERIDE	TABLET
		TAMSULOSIN HCL	CAP ER 24H
		TERAZOSIN HCL	CAPSULE
Genitourinary	Overactive Bladder Drugs	FESOTERODINE FUMARATE (TOVIAZ®)	TAB ER 24H
		HYOSCYAMINE SULFATE	DROPS
		HYOSCYAMINE SULFATE (HYOMAX-SR®)	TAB ER 12H
		HYOSCYAMINE SULFATE (HYOSYNE®)	ELIXIR
		OXYBUTYNIN (OXYTROL®)	PATCH TDSW
		OXYBUTYNIN CHLORIDE	SYRUP
		OXYBUTYNIN CHLORIDE	TAB ER 24
		OXYBUTYNIN CHLORIDE	TABLET
		TOLTERODINE TARTRATE (DETROL®)	TABLET
Hematology	Colony Stimulating Factors	FILGRASTIM (NEUPOGEN®)	DISP SYRIN
		FILGRASTIM (NEUPOGEN®)	VIAL
		PEGFILGRASTIM (NEULASTA®)	DISP SYRIN
		SARGRAMOSTIM (LEUKINE®)	VIAL
Hematology	Hematopoietic Agents	DARBEPOETIN ALFA IN POLYSORBAT (ARANESP®) *	VIAL
		EPOGEN® - BRAND ONLY *	VIAL
Immunologics	Immunosuppressants	AZATHIOPRINE	TABLET ***
		CYCLOSPORINE	CAPSULE
		CYCLOSPORINE (SANDIMMUNE®)	CAPSULE
		CYCLOSPORINE, MODIFIED (GENGRAF®)	CAPSULE
		CYCLOSPORINE, MODIFIED (GENGRAF®)	SOLUTION
		CYCLOSPORINE, MODIFIED (NEORAL®)	CAPSULE
		EVEROLIMUS (ZORTRESS®)	TABLET
		MYCOPHENOLATE MOFETIL	CAPSULE
		MYCOPHENOLATE MOFETIL	TABLET
		MYCOPHENOLATE MOFETIL (CELLCEPT®)	SUSP RECON
		SIROLIMUS (RAPAMUNE®)	SOLUTION
		SIROLIMUS (RAPAMUNE®)	TABLET
		TACROLIMUS (PROGRAF®)	CAPSULE

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Immunologics	Targeted Immune Modulators	ADALIMUMAB (HUMIRA®)	KIT
		ADALIMUMAB (HUMIRA®)	PEN IJ KIT
		ETANERCEPT (ENBREL®)	DISP SYRIN
		ETANERCEPT (ENBREL®)	KIT
		ETANERCEPT (ENBREL®)	PEN INJCTR
		INFLIXIMAB (REMICADE®)	VIAL
Neurologic	Alzheimer's Dx	DONEPEZIL HCL (ARICEPT®)	TABLET ***
		GALANTAMINE HBR	TABLET
		MEMANTINE HCL (NAMENDA®)	TABLET

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Neurologic	Anticonvulsants	CARBAMAZEPINE	ORAL SUSP
		CARBAMAZEPINE	TAB CHEW
		CARBAMAZEPINE	TABLET
		CARBAMAZEPINE (TEGRETOL XR®)	TAB ER 12H
		CLONAZEPAM	TABLET
		DIASTAT ACUDIAL® - BRAND ONLY	KIT
		DIASTAT® - BRAND ONLY	KIT
		DIVALPROEX SODIUM	TAB ER 24H
		DIVALPROEX SODIUM	TABLET DR
		DIVALPROEX SODIUM (DEPAKOTE SPRINKLE®)	CAP SPRINK
		ETHOSUXIMIDE	CAPSULE
		ETHOSUXIMIDE	SYRUP
		ETHOTOIN (PEGANONE®)	TABLET
		GABAPENTIN	CAPSULE
		LACOSAMIDE (VIMPAT®)	TABLET
		LAMOTRIGINE	TABLET
		LEVETIRACETAM	TABLET
		LEVETIRACETAM (KEPPRA®)	SOLUTION
		MEPHOBARBITAL (MEBARAL®)	TABLET
		METHSUXIMIDE (CELONTIN®)	CAPSULE
		OXCARBAZEPINE	TABLET
		OXCARBAZEPINE (TRILEPTAL®)	ORAL SUSP
		PHENOBARBITAL	ELIXIR
		PHENOBARBITAL	TABLET
		PHENYTOIN	ORAL SUSP
		PHENYTOIN (DILANTIN®)	TAB CHEW
		PHENYTOIN SODIUM EXTENDED	CAPSULE
		PHENYTOIN SODIUM EXTENDED (DILANTIN®)	CAPSULE
		PHENYTOIN SODIUM EXTENDED (PHENYTEK®)	CAPSULE
		PRIMIDONE	TABLET
		RUFINAMIDE (BANZEL®)	TABLET
		TIAGABINE HCL (GABITRIL®)	TABLET
		TOPIRAMATE *	TABLET
		VALPROIC ACID	CAPSULE
		ZONISAMIDE	CAPSULE
Neurologic	MS Drugs	GLATIRAMER ACETATE (COPAXONE®)	KIT
		INTERFERON BETA-1A (AVONEX®)	KIT
		INTERFERON BETA-1A/ALBUMIN (AVONEX ADMINISTRATION PACK®)	KIT

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Neurologic	Parkinson's Drugs	AMANTADINE HCL	CAPSULE
		AMANTADINE HCL	SYRUP
		AMANTADINE HCL	TABLET
		BENZTROPINE MESYLATE	TABLET
		CARBIDOPA/LEVODOPA	TABLET
		CARBIDOPA/LEVODOPA/ENTACAPONE	TABLET
		ENTACAPONE	TABLET
		PRAMIPEXOLE DI-HCL *	TABLET
		SELEGILINE HCL	CAPSULE
		TRIHEXYPHENIDYL HCL	ELIXIR
		TRIHEXYPHENIDYL HCL	TABLET
Opthalmic	Antibiotic/Steroid	NEO/POLYMYX B SULF/DEXAMETH	DROPS SUSP
		NEOMY SULF/BACITRAC ZN/POLY/HC	OINT. (G)
		SULFACETM NA/PREDNISOL AC (BLEPHAMIDE S.O.P.®)	OINT. (G)
		SULFACETM NA/PREDNISOL AC (BLEPHAMIDE®)	DROPS SUSP
		TOBRAMYCIN SULF/DEXAMETHASONE	DROPS SUSP
		TOBRAMYCIN SULF/DEXAMETHASONE (TOBRADEX®)	OINT. (G)
Opthalmic	Antibiotics	BACITRACIN/POLYMYXIN B SULFATE	OINT. (G)
		CIPROFLOXACIN HCL	DROPS
		ERYTHROMYCIN BASE	OINT. (G)
		GATIFLOXACIN (ZYMAR®)	DROPS ***
		GENTAMICIN SULFATE	DROPS
		GENTAMICIN SULFATE (GENTAK®)	OINT. (G)
		LEVOFLOXACIN (QUIXIN®)	DROPS ***
		MOXIFLOXACIN HCL (VIGAMOX®)	DROPS
		NATAMYCIN (NATACYN®)	DROPS SUSP
		NEOMYCIN/POLYMYXN B/GRAMICIDIN	DROPS
		OFLOXACIN	DROPS
		POLYMYXIN B SULFATE/TMP	DROPS
		SULFACETAMIDE SODIUM	DROPS ***
		TOBRAMYCIN SULFATE	DROPS
		TOBRAMYCIN SULFATE (TOBREX®)	OINT. (G)

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Opthalmic	Anti-Inflammatory Drugs	DEXAMETHASONE (MAXIDEX®)	DROPS SUSP
		DEXAMETHASONE SOD PHOSPHATE	DROPS
		DICLOFENAC SODIUM	DROPS
		FLUOROMETHOLONE	DROPS SUSP ***
		FLUOROMETHOLONE (FML S.O.P®)	OINT. (G)
		FLURBIPROFEN SODIUM	DROPS
		KETOROLAC TROMETHAMINE	DROPS
		LOTEPREDNOL ETABONATE (LOTEMAX®)	DROPS SUSP ***
		PREDNISOLONE ACETATE	DROPS SUSP ***
Opthalmic	Glaucoma	APRACLONIDINE HCL (IOPIDINE®)	DROPS
		BETAXOLOL HCL	DROPS
		BRIMONIDINE TARTRATE	DROPS ***
		BRINZOLAMIDE (AZOPT®)	DROPS SUSP
		CARTEOLOL HCL	DROPS
		DORZOLAMIDE HCL/TIMOLOL MALEAT	DROPS
		PILOCARPINE HCL (ISOPTO CARPINE®)	DROPS
		PILOCARPINE HCL (PILOPINE HS®)	GEL (GRAM)
		TIMOLOL MALEATE	DROPS
		TRAVOPROST (TRAVATAN Z®)	DROPS
Otic	Antibiotic	CIPROFLOXACIN HCL/DEXAMETH (CIPRODEX®)	DROPS SUSP
		NEOMY SULF/COLIST SUL/HC/THONZ (CORTISPORIN-TC®)	DROPS SUSP
		OFLOXACIN	DROPS
Psychiatric	ADHD	AMPHET ASP/AMPHET/D-AMPHET **	TABLET
		DEXMETHYLPHENIDATE HCL **	TABLET
		DEXTROAMPHETAMINE SULFATE **	TABLET
		LISDEXAMFETAMINE DIMESYLATE (VYVANSE®) **	CAPSULE
		METHYLPHENIDATE HCL (RITALIN LA®)	CPMP 50-50 ***
		METHYLPHENIDATE HCL **	TAB ER 24
		METHYLPHENIDATE HCL **	TABLET
		METHYLPHENIDATE HCL **	TABLET ER
Psychiatric	Sedatives	ZOLPIDEM TARTRATE	TABLET

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Table 121-0030-1 Oregon Fee-for-Service Enforceable Physical Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Pulmonary	Anticholinergic Inhalers	IPRATROPIUM BROMIDE	SOLUTION
		IPRATROPIUM BROMIDE (ATROVENT HFA®)	HFA AER AD
		IPRATROPIUM/ALBUTEROL SULFATE	AMPUL-NEB
		IPRATROPIUM/ALBUTEROL SULFATE (COMBIVENT®)	AER W/ADAP
		TIOTROPIUM BROMIDE (SPIRIVA®)	CAP W/DEV
Pulmonary	Asthma Controllers	BECLOMETHASONE DIPROPIONATE (QVAR®)	AER W/ADAP
		BUDESONIDE (PULMICORT FLEXHALER®)	AER POW BA
		FLUNISOLIDE (AEROBID®)	AER W/ADAP
		FLUTICASONE PROPIONATE (FLOVENT DISKUS®)	DISK W/DEV
		FLUTICASONE PROPIONATE (FLOVENT HFA®)	AER W/ADAP
		FORMOTEROL FUMARATE (FORADIL®)	CAP W/DEV
		MOMETASONE FUROATE (ASMANEX®)	AER POW BA
		MONTELUKAST SODIUM (SINGULAIR®) *	GRAN PACK
		MONTELUKAST SODIUM (SINGULAIR®) *	TAB CHEW
		MONTELUKAST SODIUM (SINGULAIR®) *	TABLET
		SALMETEROL XINAFOATE (SEREVENT DISKUS®)	DISK W/DEV
		ZAFIRLUKAST (ACCOLATE®)	TABLET
Pulmonary	Asthma Rescue	ALBUTEROL SULFATE	SOLUTION
		ALBUTEROL SULFATE	VIAL-NEB
		PIRBUTEROL ACETATE (MAXAIR AUTOHALER®)	AER BR.ACT
		PROAIR HFA® - BRAND ONLY	HFA AER AD
		PROVENTIL HFA® - BRAND ONLY	HFA AER AD
Pulmonary	PAH	BOSENTAN (TRACLEER®)	TABLET
		SILDENAFIL CITRATE (REVATIO®)	TABLET ***
		TADALAFIL (ADCIRCA®)	TABLET ***
Renal	Phosphate Binders	CALCIUM ACETATE	CAPSULE

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Table 121-0030-1 Oregon Fee-for-Service Voluntary Mental Health Preferred Drug List
Effective June 15, 2012

System	Class	Preferred	
Psychiatric	Antidepressants	AMITRIPTYLINE HCL	TABLET
		BUPROPION HCL	TABLET
		BUPROPION HCL	TABLET ER
		CITALOPRAM HYDROBROMIDE	SOLUTION
		CITALOPRAM HYDROBROMIDE	TABLET
		CLOMIPRAMINE HCL	CAPSULE
		DOXEPIN HCL	CAPSULE
		FLUOXETINE HCL	CAPSULE
		FLUOXETINE HCL	SOLUTION
		FLUOXETINE HCL	TABLET
		FLUVOXAMINE MALEATE	TABLET
		MIRTAZAPINE	TAB RAPDIS
		MIRTAZAPINE	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
Psychiatric	Antipsychotics - 2nd Generation	CLOZAPINE	TABLET
		QUETIAPINE FUMARATE (SEROQUEL®) **	TABLET
		RISPERIDONE	SOLUTION
		RISPERIDONE	TAB RAPDIS
		RISPERIDONE	TABLET
		ZIPRASIDONE HCL (GEODON®)	CAPSULE

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