

Washington Preferred Drug List - 1st Quarter 2017

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
ACE Inhibitor							
BENZAEPRI HCL	BENZAEPRI HCL	TABS	Preferred		No		
	LOTENSIN	TABS			No		
CAPTOPRIL	CAPTOPRIL	TABS	Preferred		No		
ENALAPRIL MALEATE	ENALAPRIL MALEATE	TABS	Preferred		No		
	EPANED	SOLN		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	EPANED	SOLR		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	VASOTEC	TABS			No		
FOSINOPRIL SODIUM	FOSINOPRIL SODIUM	TABS			No		
LISINOPRIL	LISINOPRIL	TABS	Preferred		No		
	PRINIVIL	TABS			No		
	QBRELIS	SOLN		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	ZESTRIL	TABS			No		
MOEXIPRIL HCL	MOEXIPRIL HCL	TABS			No		
PERINDOPRIL ERBUMINE	ACEON	TABS			No		
	PERINDOPRIL ERBUMINE	TABS			No		
QUINAPRIL HCL	ACCUPRIL	TABS			No		
	QUINAPRIL HCL	TABS			No		
RAMIPRIL	ALTACE	CAPS			No		
	RAMIPRIL	CAPS	Preferred		No		
TRANDOLAPRIL	MAVIK	TABS			No		
	TRANDOLAPRIL	TABS			No		
ADHD - Amphetamines							

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
AMPHETAMINE	ADZENYS XR-ODT	TBED		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	DYANAVEL XR	SUER		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
AMPHETAMINE SULFATE	EVEKEO	TABS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
AMPHETAMINE-DEXTROAMPHETAMINE	ADDERALL	TABS		No	No	Age and dose limits	P&T Committee did not allow TIP
	ADDERALL XR	CP24		No	No	Age and dose limits	P&T Committee did not allow TIP
	AMPHETAMINE/DEXTROAMPHETAMINE	CP24	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP
	AMPHETAMINE/DEXTROAMPHETAMINE	TABS	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP
DEXTROAMPHETAMINE SULFATE	DEXEDRINE	CP24		No	No	Age and dose limits	P&T Committee did not allow TIP
	DEXEDRINE	TABS		No	No	Age and dose limits	P&T Committee did not allow TIP
	DEXTROAMPHETAMINE SULFATE	SOLN		No	No	Age and dose limits	P&T Committee did not allow TIP
	DEXTROAMPHETAMINE SULFATE	TABS	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP
	DEXTROAMPHETAMINE SULFATE ER	CP24	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP
	PROCENTRA	SOLN		No	No	Age and dose limits	P&T Committee did not allow TIP
	ZENZEDI	TABS		No TIP No DAW	No	Age and dose limits	Not included in OHSU review, therefore not part of the PDL program.
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	CAPS	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP
ADHD - Methylphenidates							
DEXMETHYLPHENIDATE HCL	DEXMETHYLPHENIDATE HCL	TABS	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP
	DEXMETHYLPHENIDATE HCL ER	CP24	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
DEXMETHYLPHENIDATE HCL	FOCALIN	TABS		No	No	Age and dose limits	P&T Committee did not allow TIP
	FOCALIN XR	CP24		No	No	Age and dose limits	P&T Committee did not allow TIP
METHYLPHENIDATE	DAYTRANA	PTCH		No	No	Age and dose limits	P&T Committee did not allow TIP
METHYLPHENIDATE HCL	APTENSIO XR	CP24		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	CONCERTA	TBCR		No	No	Age and dose limits	P&T Committee did not allow TIP
	METADATE CD	CPCR		No	No	Age and dose limits	P&T Committee did not allow TIP
	METADATE ER	TBCR		No	No	Age and dose limits	P&T Committee did not allow TIP
	METHYLIN	CHEW		No	No	Age and dose limits	P&T Committee did not allow TIP
	METHYLIN	SOLN		No	No	Age and dose limits	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL	CHEW		No	No	Age and dose limits	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL	TABS	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL CD	CPCR	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL CR	TBCR	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL ER	CP24	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL ER	TB24	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL ER	TBCR	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL LA	CAPS	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL SR	TBCR	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP
METHYLPHENIDATE HYDROCHLORIDE	SOLN	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
METHYLPHENIDATE HCL	QUILLICHEW ER	CHER		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	QUILLIVANT XR	SUSR		No	No	Age and dose limits	P&T Committee did not allow TIP
	RITALIN	TABS		No	No	Age and dose limits	P&T Committee did not allow TIP
	RITALIN LA	CP24		No	No	Age and dose limits	P&T Committee did not allow TIP
ADHD - NonStimulant							
ATOMOXETINE HCL	STRATTERA	CAPS	Preferred	No	No	Age and dose limits	
CLONIDINE HCL	CATAPRES	TABS			No	Age and dose limits	
	CLONIDINE HCL	PTWK			No	Age and dose limits	
	CLONIDINE HCL	TABS			No	Age and dose limits	
	CLONIDINE HCL ER	TB12			No	Age and dose limits	
	KAPVAY	TB12			No	Age and dose limits	
GUANFACINE HCL	GUANFACINE ER	TB24	Preferred		No	Age and dose limits	
	GUANFACINE HCL	TABS	Preferred		No	Age and dose limits	
	INTUNIV	TB24			No	Age and dose limits	
	TENEX	TABS			No	Age and dose limits	
Alzheimers Drugs							
DONEPEZIL HYDROCHLORIDE	ARICEPT	TABS		No	No		P&T Committee did not allow TIP
	ARICEPT ODT	TBDP		No	No		P&T Committee did not allow TIP
	DONEPEZIL HCL	TABS	Preferred	No	No		P&T Committee did not allow TIP
	DONEPEZIL HCL	TBDP	Preferred	No	No		P&T Committee did not allow TIP
GALANTAMINE HYDROBROMIDE	GALANTAMINE	TABS	Preferred	No	No		P&T Committee did not allow TIP
	GALANTAMINE HYDROBROMIDE	CP24	Preferred	No	No		P&T Committee did not allow TIP
	GALANTAMINE HYDROBROMIDE	SOLN	Preferred	No	No		P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
GALANTAMINE HYDROBROMIDE	GALANTAMINE HYDROBROMIDE	TABS	Preferred	No	No		P&T Committee did not allow TIP
	RAZADYNE	SOLN		No	No		P&T Committee did not allow TIP
	RAZADYNE	TABS		No	No		P&T Committee did not allow TIP
	RAZADYNE ER	CP24		No	No		P&T Committee did not allow TIP
MEMANTINE HCL	MEMANTINE HCL	SOLN	Preferred	No	No		
	MEMANTINE HCL	TABS	Preferred	No	No		
	MEMANTINE HCL TITRATION PAK	TABS	Preferred	No	No		
MEMANTINE HCL-DONEPEZIL HCL	NAMENDA	SOLN	Preferred	No	No		P&T Committee did not allow TIP
	NAMENDA	TABS	Preferred	No	No		P&T Committee did not allow TIP
	NAMENDA TITRATION PAK	TABS	Preferred	No	No		P&T Committee did not allow TIP
	NAMENDA XR	CP24		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	NAMENDA XR TITRATION PAK	CP24		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	NAMZARIC	CP24		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
RIVASTIGMINE TARTRATE	EXELON	CAPS		No	No		P&T Committee did not allow TIP
	EXELON	SOLN		No	No		P&T Committee did not allow TIP
	RIVASTIGMINE TARTRATE	CAPS	Preferred	No	No		P&T Committee did not allow TIP
RIVASTIGMINE TRANSDERMAL SYSTEM	EXELON	PT24		No	No		P&T Committee did not allow TIP
	RIVASTIGMINE TRANSDERMAL SYSTEM	PT24		No	No		P&T Committee did not allow TIP
Anticoagulant							
APIXABAN	ELIQUIS	TABS	Preferred	No	No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
DABIGATRAN ETEXILATE MESYLATE	PRADAXA	CAPS	Preferred	No	No		
EDOXABAN TOSYLATE	SAVAYSA	TABS		No	No		
RIVAROXABAN	XARELTO	TABS		No	No		
	XARELTO STARTER PACK	TBPK		No	No		
Antidepressant - Other							
BUPROPION HCL	BUDEPRION SR	TB12	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	BUDEPRION XL	TB24	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	BUPROPION HCL	TABS	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	BUPROPION HCL ER	TB12	Preferred	No		Contact 1-800-QUIT-NOW for smoking cessation coverage	P&T Committee did not allow TIP; Refills exempt from TIP by law
	BUPROPION HCL SR	TB12	Preferred	No		Contact 1-800-QUIT-NOW for smoking cessation coverage	P&T Committee did not allow TIP; Refills exempt from TIP by law
	BUPROPION HCL XL	TB24	Preferred	No		Not covered for smoking cessation	P&T Committee did not allow TIP; Refills exempt from TIP by law
	FORFIVO XL	TB24		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	WELLBUTRIN	TABS		No		Not covered for smoking cessation	P&T Committee did not allow TIP; Refills exempt from TIP by law
	WELLBUTRIN SR	TB12		No		Not covered for smoking cessation	P&T Committee did not allow TIP; Refills exempt from TIP by law
	WELLBUTRIN XL	TB24		No		Not covered for smoking cessation	P&T Committee did not allow TIP; Refills exempt from TIP by law
BUPROPION HYDROBROMIDE	APLENZIN	TB24		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
MIRTAZAPINE	MIRTAZAPINE	TABS	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
MIRTAZAPINE	MIRTAZAPINE	TBDP	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	MIRTAZAPINE ODT	TBDP	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	REMERON	TABS		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	REMERON SOLTAB	TBDP		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
NEFAZODONE HCL	NEFAZODONE HCL	TABS		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
TRAZODONE	OLEPTRO	TB24		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
Antidepressant - SNRI							
DESVENLAFAXINE	DESVENLAFAXINE ER	TB24		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	KHEDEZLA	TB24		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
DESVENLAFAXINE FUMARATE	DESVENLAFAXINE ER	TB24		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
DESVENLAFAXINE SUCCINATE	PRISTIQ	TB24		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
DULOXETINE HCL	CYMBALTA	CPEP		No		Max 60mg/day; Preferred by EPA for Diabetic Peripheral Neuropathy, Fibromyalgia, Chronic Musculoskeletal Pain	P&T Committee did not allow TIP; Refills exempt from TIP by law
	DULOXETINE HCL	CPEP		No		Max 60mg/day; Preferred by EPA for Diabetic Peripheral Neuropathy, Fibromyalgia, Chronic Musculoskeletal Pain	P&T Committee did not allow TIP; Refills exempt from TIP by law

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
DULOXETINE HCL	IRENKA	CAPS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
LEVOMILNACIPRAN HCL	FETZIMA	CP24		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	FETZIMA TITRATION PACK	C4PK		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
VENLAFAXINE HCL	EFFEXOR XR	CP24		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	VENLAFAXINE HCL	TABS	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	VENLAFAXINE HCL ER	CP24	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	VENLAFAXINE HCL ER	TB24		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
Antidepressant - SSRI							
CITALOPRAM HYDROBROMIDE	CELEXA	TABS		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	CITALOPRAM HYDROBROMIDE	SOLN		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	CITALOPRAM HYDROBROMIDE	TABS	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
ESCITALOPRAM OXALATE	ESCITALOPRAM OXALATE	SOLN		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	ESCITALOPRAM OXALATE	TABS	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	LEXAPRO	SOLN		No			P&T Committee did not allow TIP; Refills exempt from TIP by law

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
ESCITALOPRAM OXALATE	LEXAPRO	TABS		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
FLUOXETINE HCL	FLUOXETINE	CAPS	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	FLUOXETINE DR	CPDR	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	FLUOXETINE HCL	CAPS	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	FLUOXETINE HCL	SOLN	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	FLUOXETINE HCL	TABS		No			60mg dose is not a generic and is not preferred. P&T Committee did not allow TIP; Refills exempt from TIP by law
	PROZAC	CAPS		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	PROZAC WEEKLY	CPDR		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
FLUVOXAMINE MALEATE	FLUVOXAMINE MALEATE	TABS	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	FLUVOXAMINE MALEATE ER	CP24		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	LUVOX CR	CP24		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
PAROXETINE HCL	PAROXETINE HCL	TABS	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	PAROXETINE HCL ER	TB24		No			P&T Committee did not allow TIP; Refills exempt from TIP by law

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
PAROXETINE HCL	PAXIL	SUSP		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	PAXIL	TABS		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	PAXIL CR	TB24		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
PAROXETINE MESYLATE	BRISDELLE	CAPS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	PEXEVA	TABS		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
SERTRALINE HCL	SERTRALINE HCL	CONC		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	SERTRALINE HCL	TABS	Preferred	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	ZOLOFT	CONC		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	ZOLOFT	TABS		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
VILAZODONE HCL	VIIBRYD	KIT		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	VIIBRYD	TABS		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	VIIBRYD STARTER PACK	KIT		No			P&T Committee did not allow TIP; Refills exempt from TIP by law
VORTIOXETINE HBR	TRINTELLIX	TABS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
Antiemetic (5HT3)							
APREPITANT	EMEND	CAPS		No TIP No DAW	No		P&T Committee Excluded from Class

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
DOLASETRON MESYLATE	ANZEMET	SOLN			No	For Chemotherapy only	
	ANZEMET	TABS			No	For Chemotherapy only	
FOSAPREPITANT DIMEGLUMINE	EMEND	SOLR		No TIP No DAW	No		P&T Committee Excluded from Class
GRANISETRON	SANCUSO	PTCH		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
GRANISETRON HCL	GRANISETRON HCL	SOLN	Preferred		No		
	GRANISETRON HCL	TABS	Preferred		No		
ONDANSETRON	ONDANSETRON ODT	TBDP	Preferred		No	Limit of 24mg/day	
	ZOFRAN ODT	TBDP			No	Limit of 24mg/day	
	ZUPLENZ	FILM		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
ONDANSETRON HCL	ONDANSETRON HCL	SOLN	Preferred		No	Limit of 24mg/day	
	ONDANSETRON HCL	TABS	Preferred		No	Limit of 24mg/day	
	ZOFRAN	SOLN			No	Limit of 24mg/day	
	ZOFRAN	TABS			No	Limit of 24mg/day	
PALONOSETRON HCL	ALOXI	SOLN			No		
ROLAPITANT HCL	VARUBI	TABS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.

Antihistamines - Newer

AZELASTINE HCL	ASTELIN	SOLN			No		
	ASTEPRO	SOLN			No		
	AZELASTINE HCL	SOLN			No		
CETIRIZINE HCL	CETIRIZINE HCL	CHEW			No		
	CETIRIZINE HCL	SOLN	Preferred		No		
	CETIRIZINE HCL	SYRP	Preferred		No		
	CETIRIZINE HCL	TABS	Preferred				
	CETIRIZINE HCL ALLERGY CHILDRENS	SOLN	Preferred		No		
	CETIRIZINE HCL CHILDRENS	CHEW			No		
	CETIRIZINE HCL CHILDRENS	SOLN	Preferred		No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
CETIRIZINE HCL	CETIRIZINE HCL CHILDRENS ALLERGY	SYRP	Preferred		No		
	CETIRIZINE HCL HIVES RELIEF CHILDRENS	SOLN	Preferred		No		
	ZYRTEC ALLERGY	CAPS					
	ZYRTEC ALLERGY	TABS					
	ZYRTEC ALLERGY	TBDP					
	ZYRTEC CHILDRENS ALLERGY	CHEW			No		
	ZYRTEC CHILDRENS ALLERGY	SYRP			No		
	ZYRTEC CHILDRENS HIVES RELIEF	SYRP			No		
	ZYRTEC HIVES RELIEF	TABS					
DESLORATADINE	CLARINEX	SYRP			No		
	CLARINEX	TABS					
	CLARINEX REDITABS	TBDP					
	DESLORATADINE	TABS					
	DESLORATADINE ODT	TBDP					
FEXOFENADINE HCL	ALLEGRA ALLERGY	TABS					
	ALLEGRA ALLERGY CHILDRENS	SUSP			No		
	ALLEGRA ALLERGY CHILDRENS	TABS			No		
	ALLEGRA ALLERGY CHILDRENS	TBDP			No		
	FEXOFENADINE HCL	TABS					
LEVOCETIRIZINE DIHYDROCHLORIDE	FEXOFENADINE HCL CHILDRENS ALLERGY	SUSP			No		
	LEVOCETIRIZINE DIHYDROCHLORIDE	SOLN			No		
	LEVOCETIRIZINE DIHYDROCHLORIDE	TABS					
	XYZAL	SOLN			No		
LORATADINE	XYZAL	TABS					
	ALAVERT	TABS					
	ALAVERT	TBDP					
	ALLERGY	TABS	Preferred				
	ALLERGY	TBDP	Preferred		No		
	ALLERGY RELIEF	SYRP	Preferred		No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
LORATADINE	ALLERGY RELIEF	TABS	Preferred				
	ALLERGY RELIEF	TBDP	Preferred				
	ALLERGY RELIEF CHILDRENS	TBDP	Preferred		No		
	ALLERGY RELIEF FOR KIDS	SYRP	Preferred		No		
	CHILDRENS LORATADINE	SOLN	Preferred		No		
	CHILDRENS LORATADINE	SYRP	Preferred		No		
	CLARITIN	CAPS					
	CLARITIN	CHEW			No		
	CLARITIN	SYRP			No		
	CLARITIN	TABS					
	CLARITIN REDITABS	TBDP					
	LORADAMED	TABS	Preferred				
	LORATADINE	SOLN	Preferred				
	LORATADINE	TABS	Preferred				
	LORATADINE CHILDRENS	SOLN	Preferred		No		
	LORATADINE CHILDRENS	SYRP	Preferred		No		
	LORATADINE HIVES RELIEF	SOLN	Preferred		No		
	TH LORATADINE	TABS	Preferred				
	TH LORATADINE	TBDP	Preferred				
		TRIAMINIC ALLERCHEWS	TBDP			No	
OLOPATADINE HYDROCHLORIDE	OLOPATADINE HCL	SOLN			No		
	PATANASE	SOLN			No		
Antiplatelet							
ASPIRIN-DIPYRIDAMOLE	AGGRENOX	CP12		No	No	Stroke and Transient Ischemic Attacks	
	ASPIRIN/DIPYRIDAMOLE	CP12		No	No	Stroke and Transient Ischemic Attacks	
CLOPIDOGREL BISULFATE	CLOPIDOGREL	TABS	Preferred	No	No	Prior authorization required for 300mg loading dose	
	PLAVIX	TABS		No	No	Acute Coronary Syndrome & Percutaneous Coronary Interventions	
PRASUGREL HCL	EFFIENT	TABS		No	No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
TICAGRELOR	BRILINTA	TABS		No	No		
TICLOPIDINE HCL	TICLOPIDINE HCL	TABS		No TIP No DAW	No		P&T Committee Excluded from Class
VORAPAXAR SULFATE	ZONTIVITY	TABS		No	No		
Asthma - Inhaled Corticosteroid							
BECLOMETHASONE DIPROPIONATE	QVAR	AERS	Preferred				
BUDESONIDE (INHALATION)	BUDESONIDE	SUSP	Preferred				
	PULMICORT	SUSP					Only Pulmicort suspension 1mg/2ml is preferred.
	PULMICORT	SUSP	Preferred				Only Pulmicort suspension 1mg/2ml is preferred.
	PULMICORT FLEXHALER	AEPB					
CICLESONIDE	ALVESCO	AERS					
FLUNISOLIDE HFA	AEROSPAN	AERS					
FLUTICASONE FUROATE (INHALATION)	ARNUITY ELLIPTA	AEPB		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
FLUTICASONE PROPIONATE HFA	FLOVENT HFA	AERO	Preferred				
FLUTICASONE PROPIONATE (INHALATION)	FLOVENT DISKUS	AEPB	Preferred				
MOMETASONE FUROATE (INHALATION)	ASMANEX HFA	AERO					
	ASMANEX TWISTHALER	AEPB					
Asthma - Leukotriene Modifier							
MONTELUKAST SODIUM	MONTELUKAST SODIUM	CHEW	Preferred		No		
	MONTELUKAST SODIUM	PACK	Preferred				
	MONTELUKAST SODIUM	TABS	Preferred				
	SINGULAIR	CHEW			No		
	SINGULAIR	PACK					
	SINGULAIR	TABS					
ZAFIRLUKAST	ACCOLATE	TABS					
	ZAFIRLUKAST	TABS	Preferred				
ZILEUTON	ZYFLO	TABS					
	ZYFLO CR	TB12					

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
Asthma - Quick Relief							
ALBUTEROL SULFATE	ALBUTEROL SULFATE	NEBU	Preferred				
	PROAIR HFA	AERS	Preferred				
	PROAIR RESPICLICK	AEPB					
	PROVENTIL HFA	AERS					
	VENTOLIN HFA	AERS					
LEVALBUTEROL HCL	LEVALBUTEROL	NEBU					
	LEVALBUTEROL HCL	NEBU					
	XOPENEX	NEBU					
	XOPENEX CONCENTRATE	NEBU					
LEVALBUTEROL TARTRATE	LEVALBUTEROL TARTRATE HFA	AERO					
	XOPENEX HFA	AERO					
Asthma or COPD - ICS - LABA Combinations							
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	SYMBICORT	AERO			PA required		
FLUTICASONE FUROATE-VILANTEROL	BREO ELLIPTA	AEPB	Preferred		PA required		
FLUTICASONE-SALMETEROL	ADVAIR DISKUS	AEPB	Preferred		PA required		
	ADVAIR HFA	AERO	Preferred		PA required		
MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE	DULERA	AERO			PA required	EA required	
Asthma or COPD - LABA - LAMA							
GLYCOPYRROLATE-FORMOTEROL FUMARATE	BEVESPI AEROSPHERE	AERO		No TIP No DAW	PA required	EA required	Not included in OHSU review, therefore not part of the PDL program.
INDACATEROL MALEATE-GLYCOPYRROLATE	UTIBRON NEOHALER	CAPS		No TIP No DAW	PA required	EA required	Not included in OHSU review, therefore not part of the PDL program.
TIOTROPIUM BROMIDE-OLODATEROL HCL	STIOLTO RESPIMAT	AERS		No TIP No DAW	PA required	EA required	Not included in OHSU review, therefore not part of the PDL program.
UMECLIDINIUM-VILANTEROL	ANORO ELLIPTA	AEPB	Preferred		PA required	EA required	COPD Only
Asthma or COPD - Long Acting Beta Agonist (LABA)							
ARFORMOTEROL TARTRATE	BROVANA	NEBU			PA required	EA required	COPD Only

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
FORMOTEROL FUMARATE	FORADIL AEROLIZER	CAPS			PA required	EA required	
	PERFOROMIST	NEBU			PA required	EA required	COPD Only
INDACATEROL MALEATE	ARCAPTA NEOHALER	CAPS			PA required	EA required	COPD Only
OLODATEROL HCL	STRIVERDI RESPIMAT	AERS		No TIP No DAW	PA required	EA required	Not included in OHSU review, therefore not part of the PDL program.
SALMETEROL XINAFOATE	SEREVENT DISKUS	AEPB	Preferred		PA required	EA required	

Asthma or COPD - Long Acting Muscarinic Agents (LAMA)

ACLIDINIUM	TUDORZA PRESSAIR	AEPB			PA required	EA required	COPD Only
	TUDORZA PRESSAIR	AERS			PA required	EA required	COPD Only
GLYCOPYRROLATE (INHALATION)	SEEBRI NEOHALER	CAPS		No TIP No DAW	PA required	EA required	Not included in OHSU review, therefore not part of the PDL program.
TIOTROPIUM BROMIDE MONOHYDRATE	SPIRIVA HANDIHALER	CAPS	Preferred		PA required	EA required	COPD Only
	SPIRIVA RESPIMAT	AERS	Preferred		PA required	EA required	COPD Only
UMECLIDIUM BROMIDE	INCRUSE ELLIPTA	AEPB		No TIP No DAW	PA required	EA required	Not included in OHSU review, therefore not part of the PDL program.

Asthma or COPD - PD4I Phosphodiesterase - 4 Inhibitor

ROFLUMILAST	DALIRESP	TABS	Preferred		PA required	EA required	COPD Only
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Beta Blocker

ACEBUTOLOL HCL	ACEBUTOLOL HCL	CAPS	Preferred		No		
	SECTRAL	CAPS			No		
ATENOLOL	ATENOLOL	TABS	Preferred		No		
	TENORMIN	TABS			No		
BETAXOLOL HCL	BETAXOLOL HCL	TABS	Preferred		No		
	KERLONE	TABS			No		
BISOPROLOL FUMARATE	BISOPROLOL FUMARATE	TABS	Preferred		No		
	ZEBETA	TABS			No		
CARVEDILOL	CARVEDILOL	TABS	Preferred		No		
	COREG	TABS			No		
CARVEDILOL PHOSPHATE	COREG CR	CP24			No		
LABETALOL HCL	LABETALOL HCL	SOLN	Preferred		No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
LABETALOL HCL	LABETALOL HCL	TABS	Preferred		No		
	TRANDATE	TABS			No		
METOPROLOL SUCCINATE	METOPROLOL SUCCINATE ER	TB24	Preferred		No		
	TOPROL XL	TB24			No		
METOPROLOL TARTRATE	LOPRESSOR	TABS			No		
	METOPROLOL TARTRATE	TABS	Preferred		No		
NADOLOL	CORGARD	TABS			No		
	NADOLOL	TABS	Preferred		No		
NEBIVOLOL HCL	BYSTOLIC	TABS			No		
PENBUTOLOL SULFATE	LEVATOL	TABS			No		
PINDOLOL	PINDOLOL	TABS	Preferred		No		
PROPRANOLOL HCL	HEMANGEOL	SOLN			No		
	INDERAL LA	CP24			No		
	PROPRANOLOL HCL	SOLN	Preferred		No		
	PROPRANOLOL HCL	TABS	Preferred		No		
	PROPRANOLOL HCL ER	CP24	Preferred		No		
PROPRANOLOL HCL SUSTAINED-RELEASE BEADS	INDERAL XL	CP24		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	INNOPRAN XL	CP24			No		
TIMOLOL MALEATE	TIMOLOL MALEATE	TABS	Preferred		No		
Calcium Channel Blocker - Dihydropyridine							
AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	TABS	Preferred		No		
	NORVASC	TABS			No		
FELODIPINE	FELODIPINE ER	TB24	Preferred		No		
ISRADIPINE	ISRADIPINE	CAPS			No		
NICARDIPINE HCL	NICARDIPINE HCL	CAPS	Preferred		No		
NIFEDIPINE	ADALAT CC	TB24			No		
	AFEDITAB CR	TB24	Preferred		No		
	NIFEDIAC CC	TB24	Preferred		No		
	NIFEDICAL XL	TB24	Preferred		No		
	NIFEDIPINE	CAPS			No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments	
NIFEDIPINE	NIFEDIPINE ER	TB24	Preferred		No			
	PROCARDIA	CAPS			No			
	PROCARDIA XL	TB24			No			
NISOLDIPINE	NISOLDIPINE ER	TB24	Preferred		No			
	SULAR	TB24			No			
Calcium Channel Blocker - Non-Dihydropyridine								
DILTIAZEM HCL	CARDIZEM	TABS			No			
	DILTIAZEM HCL	SOLN	Preferred		No			
	DILTIAZEM HCL	TABS	Preferred		No			
	DILTIAZEM HCL ER	CP12	Preferred		No			
	DILTIAZEM HCL ER	CP24	Preferred		No			
	DILT-XR	CP24	Preferred		No			
DILTIAZEM HCL COATED BEADS	CARDIZEM CD	CP24			No			
	CARDIZEM LA	TB24			No			
	CARTIA XT	CP24			No			
	DILTIAZEM CD	CP24	Preferred		No			
	DILTIAZEM HCL CD	CP24	Preferred		No			
	DILTIAZEM HCL ER	CP24	Preferred		No			
	DILTIAZEM HCL ER	TB24	Preferred		No			
	MATZIM LA	TB24	Preferred		No			
	DILTIAZEM HCL EXTENDED RELEASE BEADS	DILTIAZEM HCL	CP24	Preferred		No		
		DILTIAZEM HCL ER	CP24	Preferred		No		
TAZTIA XT		CP24			No			
TIAZAC		CP24			No			
VERAPAMIL HCL	CALAN	TABS			No			
	CALAN SR	TBCR			No			
	ISOPTIN SR	TBCR			No			
	VERAPAMIL HCL	SOLN			No			
	VERAPAMIL HCL	TABS	Preferred		No			
	VERAPAMIL HCL CR	TBCR	Preferred		No			
	VERAPAMIL HCL ER	CP24	Preferred		No			

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
VERAPAMIL HCL	VERAPAMIL HCL ER	TBCR	Preferred		No		
	VERAPAMIL HCL SA	TBCR	Preferred		No		
	VERAPAMIL HCL SR	CP24	Preferred		No		
	VERAPAMIL HCL SR	TBCR	Preferred		No		
	VERELAN	CP24			No		
	VERELAN PM	CP24			No		
Diabetes Drugs - Amylin Agonist							
PRAMLINTIDE ACETATE	SYMLINPEN 120	SOPN		No	No	Prior Authorization Required	
	SYMLINPEN 60	SOPN		No	No	Prior Authorization Required	
Diabetes Drugs - DPP-4 Inhibitors							
ALOGLIPTIN BENZOATE	ALOGLIPTIN	TABS			No	Prior authorization required	
	NESINA	TABS			No	Prior Authorization Required	
LINAGLIPTIN	TRADJENTA	TABS	Preferred		No	Prior Authorization Required	
SAXAGLIPTIN HCL	ONGLYZA	TABS			No	Prior Authorization Required	
SITAGLIPTIN PHOSPHATE	JANUVIA	TABS			No	Prior Authorization Required	
Diabetes Drugs - GLP-1 Agonists							
ALBIGLUTIDE	TANZEUM	PEN		No TIP No DAW	No	Prior Authorization Required	Not included in OHSU review, therefore not part of the PDL program.
	TANZEUM	SUSR		No TIP No DAW	No	Prior Authorization Required	Not included in OHSU review, therefore not part of the PDL program.
DULAGLUTIDE	TRULICITY	SOPN		No TIP No DAW	No	Prior Authorization Required	Not included in OHSU review, therefore not part of the PDL program.
EXENATIDE	BYDUREON	PEN			No	Prior Authorization Required	
	BYDUREON	SRER			No	Prior authorization required	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
EXENATIDE	BYDUREON	SUSR			No	Prior Authorization Required	
	BYETTA	SOLN	Preferred		No	Prior Authorization Required	
	BYETTA	SOPN	Preferred		No	Prior Authorization Required	
LIRAGLUTIDE	VICTOZA	SOLN			No	Prior Authorization Required	
	VICTOZA	SOPN			No	Prior Authorization Required	
Diabetes Drugs - Long-acting Insulins							
INSULIN DEGLUDEC	TRESIBA FLEXTOUCH	SOPN		No TIP No DAW	No	EA Required	Not included in OHSU review, therefore not part of the PDL program.
INSULIN DETEMIR	LEVEMIR	SOLN			No	EA Required	
	LEVEMIR FLEXPEN	SOPN			No	EA Required	
	LEVEMIR FLEXTOUCH	SOPN			No	EA Required	
INSULIN GLARGINE	BASAGLAR KWIKPEN	SOPN	Preferred		No	EA Required	
	LANTUS	SOLN	Preferred		No	EA Required	
	LANTUS SOLOSTAR	SOPN	Preferred		No	EA Required	
	TOUJEO SOLOSTAR	SOPN			No	EA Required	
Diabetes Drugs - SGLT2 Inhibitors							
CANAGLIFLOZIN	INVOKANA	TABS			No	Prior Authorization Required	
DAPAGLIFLOZIN PROPANEDIOL	FARXIGA	TABS	Preferred		No	Prior Authorization Required	
EMPAGLIFLOZIN	JARDIANCE	TABS		No TIP No DAW	No	Prior Authorization Required	Not included in OHSU review, therefore not part of the PDL program.
Diabetes Drugs - Sulfonylureas							
CHLORPROPAMIDE	CHLORPROPAMIDE	TABS			No		
GLIMEPIRIDE	AMARYL	TABS			No		
	GLIMEPIRIDE	TABS	Preferred		No		
GLIPIZIDE	GLIPIZIDE	TABS	Preferred		No		
	GLIPIZIDE ER	TB24	Preferred		No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
GLIPIZIDE	GLIPIZIDE XL	TB24	Preferred		No		
	GLUCOTROL	TABS			No		
	GLUCOTROL XL	TB24			No		
GLYBURIDE	DIABETA	TABS			No		
	GLYBURIDE	TABS	Preferred		No		
GLYBURIDE MICRONIZED	GLYBURIDE MICRONIZED	TABS	Preferred		No		
	GLYNASE	TABS			No		
NATEGLINIDE	NATEGLINIDE	TABS	Preferred		No		
	STARLIX	TABS			No		
REPAGLINIDE	PRANDIN	TABS			No		
	REPAGLINIDE	TABS			No		
TOLAZAMIDE	TOLAZAMIDE	TABS			No		
TOLBUTAMIDE	TOLBUTAMIDE	TABS			No		
Diabetes Drugs - TZD							
PIOGLITAZONE HCL	ACTOS	TABS			No		
	PIOGLITAZONE HCL	TABS	Preferred		No		
ROSIGLITAZONE MALEATE	AVANDIA	TABS			No	PA required	
Estrogen - Oral							
CONJUGATED ESTROGENS-BAZEDOXIFENE	DUAVEE	TABS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
ESTERIFIED ESTROGENS	MENEST	TABS			No		
ESTRADIOL	ESTRACE	TABS			No		
	ESTRADIOL	PLLT		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	ESTRADIOL	PTTW			No		
	ESTRADIOL	TABS	Preferred		No		
ESTRADIOL VALERATE	ESTRADIOL VALERATE	OIL			No		No longer included in OHSU review, therefore not part of the PDL program.
ESTROGENS, CONJUGATED	PREMARIN	TABS			No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
ESTROGENS, CONJUGATED SYNTHETIC A	CENESTIN	TABS			No		
ESTROGENS, CONJUGATED SYNTHETIC B	ENJUVIA	TABS			No		
ESTROPIPATE	ESTROPIPATE	TABS	Preferred		No		
	ORTHO-EST	TABS			No		
Estrogen - Oral Combination							
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE	PREMPHASE	TABS			No		
	PREMPRO	TABS			No		
DROSPIRENONE-ESTRADIOL	ANGELIQ	TABS			No		
ESTRADIOL; NORETHINDRONE ACETATE	ACTIVELLA	TABS			No		
	AMABELZ	TABS			No		
	ESTRADIOL/NORETHINDRONE ACETATE	TABS	Preferred		No		
	LOPREEZA	TABS			No		
	MIMVEY	TABS	Preferred		No		
	MIMVEY LO	TABS			No		
ESTRADIOL-NORGESTIMATE	PREFEST	TABS			No		
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL	FEMHRT LOW DOSE	TABS			No		
	FYAVOLV	TABS			No		
	JEVANTIQUE LO	TABS			No		
	JINTELI	TABS	Preferred		No		
	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	TABS			No		
Estrogen - Transdermal							
ESTRADIOL	ALORA	PTTW			No		
	CLIMARA	PTWK			No		
	DIVIGEL	GEL			No		
	ELESTRIN	GEL			No		
	ESTRADIOL	PTWK			No		
	ESTROGEL	GEL			No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
ESTRADIOL	EVAMIST	SOLN		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	MENOSTAR	PTWK			No		
	MINIVELLE	PTTW			No		
	VIVELLE-DOT	PTTW			No		
Estrogen - Transdermal Combination							
ESTRADIOL; NORETHINDRONE ACETATE	COMBIPATCH	PTTW			No		
ESTRADIOL-LEVONORGESTREL	CLIMARA PRO	PTWK			No		
Estrogen - Vaginal							
ESTRADIOL ACETATE VAGINAL	FEMRING	RING			No		
ESTRADIOL VAGINAL	ESTRACE	CREA			No		
	ESTRING	RING	Preferred		No		
	VAGIFEM	TABS			No		
	YUVAFEM	TABS			No		
ESTROGENS, CONJUGATED VAGINAL	PREMARIN	CREA			No		
Hepatitis C - Direct-Acting Antivirals							
DACLATASVIR DIHYDROCHLORIDE	DAKLINZA	TABS		No	PA required	Prior Authorization Required	Refill TIP exempt by law.
ELBASVIR; GRAZOPREVIR	ZEPATIER	TABS		No	PA required	Prior Authorization Required	Refill TIP exempt by law.
LEDIPASVIR; SOFOSBUVIR	HARVONI	TABS	Preferred	No	PA required	Prior Authorization Required	Refill TIP exempt by law.
OMBITASVIR; PARITAPREVIR; RITONAVIR	TECHNIVIE	TABS		No	PA required	Prior Authorization Required	Refill TIP exempt by law.
OMBITASVIR-PARITAPREVIR-RITONAVIR & DASABUVIR	VIEKIRA XR	TB24		No TIP No DAW	PA required	Prior Authorization Required	Not included in OHSU review, therefore not part of the PDL program.
PARITAPREVIR; RITONAVIR; OMBITASVIR; DASABUVIR	VIEKIRA PAK	TABS		No	PA required	Prior Authorization Required	Refill TIP exempt by law.
SIMEPREVIR SODIUM	OLYSIO	CAPS		No	PA required	Prior Authorization Required	Refill TIP exempt by law.
SOFOSBUVIR	SOVALDI	TABS	Preferred	No	PA required	Prior Authorization Required	Refill TIP exempt by law.

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
SOFOSBUVIR; VELPATASVIR	EPCLUSA	TABS	Preferred	No	PA required	Prior Authorization Required	Refill TIP exempt by law.
Hepatitis C - Peg-Interferons							
PEGINTERFERON ALFA-2A	PEGASYS	KIT		No	No	Prior Authorization Required	Refill TIP exempt by law.
	PEGASYS	SOLN		No	No	Prior Authorization Required	Refill TIP exempt by law.
	PEGASYS PROCLICK	SOLN		No	No	Prior Authorization Required	Refill TIP exempt by law.
PEGINTERFERON ALFA-2B	PEG-INTRON	KIT		No	No	Prior Authorization Required	Refill TIP exempt by law.
	PEG-INTRON REDIPEN	KIT		No	No	Prior Authorization Required	Refill TIP exempt by law.
	PEG-INTRON REDIPEN PAK 4	KIT		No	No	Prior Authorization Required	Refill TIP exempt by law.
Insomnia							
DOXEPIN HCL	SILENOR	TABS			No	Prior Authorization Required	Did not meet DERP's inclusion criteria.
ESZOPICLONE	ESZOPICLONE	TABS			Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
	LUNESTA	TABS			Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
RAMELTEON	ROZEREM	TABS	Preferred	No		Limited to a single course of therapy for 90 days' supply per year.	
SUVOREXANT	BELSOMRA	TABS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
ZALEPLON	SONATA	CAPS			Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
	ZALEPLON	CAPS	Preferred		Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
ZOLPIDEM TARTRATE	AMBIEN	TABS			Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
ZOLPIDEM TARTRATE	AMBIEN CR	TBCR			Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
	EDLUAR	SUBL			No		
	INTERMEZZO	SUBL			No		
	ZOLPIDEM TARTRATE	SUBL			No		
	ZOLPIDEM TARTRATE	TABS	Preferred		Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
	ZOLPIDEM TARTRATE ER	TBCR			Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
	ZOLPIMIST	SOLN			No		
Macrolide							
AZITHROMYCIN	AZITHROMYCIN	PACK	Preferred	No	No		P&T Committee did not allow TIP
	AZITHROMYCIN	SUSR	Preferred	No	No		P&T Committee did not allow TIP
	AZITHROMYCIN	TABS	Preferred	No			P&T Committee did not allow TIP
	ZITHROMAX	PACK		No	No		P&T Committee did not allow TIP
	ZITHROMAX	SUSR		No	No		P&T Committee did not allow TIP
	ZITHROMAX	TABS		No			P&T Committee did not allow TIP
	ZITHROMAX TRI-PAK	TABS		No			P&T Committee did not allow TIP
	ZITHROMAX Z-PAK	TABS		No			P&T Committee did not allow TIP
	ZMAX	SUSR		No	No		P&T Committee did not allow TIP
CLARITHROMYCIN	BIAXIN	SUSR		No	No		P&T Committee did not allow TIP
	BIAXIN	TABS		No			P&T Committee did not allow TIP
	BIAXIN XL	TB24		No			P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
CLARITHROMYCIN	BIAXIN XL PAC	TB24		No			P&T Committee did not allow TIP
	CLARITHROMYCIN	SUSR	Preferred	No	No		P&T Committee did not allow TIP
	CLARITHROMYCIN	TABS	Preferred	No			P&T Committee did not allow TIP
	CLARITHROMYCIN ER	TB24	Preferred	No			P&T Committee did not allow TIP
ERYTHROMYCIN BASE	ERY-TAB	TBEC	Preferred	No			P&T Committee did not allow TIP
	ERYTHROMYCIN	CPEP	Preferred	No			P&T Committee did not allow TIP
	ERYTHROMYCIN BASE	TABS	Preferred	No			P&T Committee did not allow TIP
ERYTHROMYCIN BASE (COATED)	PCE	TBEC		No	No		P&T Committee did not allow TIP
ERYTHROMYCIN ETHYLSUCCINATE	E.E.S. 400	TABS		No			P&T Committee did not allow TIP
	E.E.S. GRANULES	SUSR	Preferred	No	No		P&T Committee did not allow TIP
	ERYPED 200	SUSR	Preferred	No	No		P&T Committee did not allow TIP
	ERYPED 400	SUSR	Preferred	No	No		P&T Committee did not allow TIP
	ERYTHROMYCIN ETHYLSUCCINATE	SUSR	Preferred	No			P&T Committee did not allow TIP
	ERYTHROMYCIN ETHYLSUCCINATE	TABS	Preferred	No			P&T Committee did not allow TIP
ERYTHROMYCIN STEARATE	ERYTHROCIN STEARATE	TABS	Preferred	No			P&T Committee did not allow TIP
	ERYTHROMYCIN STEARATE	TABS	Preferred	No			P&T Committee did not allow TIP
MS Drugs							
ALEMTUZUMAB	LEMTRADA	SOLN		No	No		P&T Committee did not allow TIP
DACLIZUMAB HYP	ZINBRYTA	SOLN		No	No		P&T Committee did not allow TIP
DIMETHYL FUMARATE	TECFIDERA	CPDR	Preferred	No	No		P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
DIMETHYL FUMARATE	TECFIDERA STARTER PACK	MISC	Preferred	No	No		P&T Committee did not allow TIP
FINGOLIMOD HCL	GILENYA	CAPS	Preferred	No	No		P&T Committee did not allow TIP
GLATIRAMER ACETATE	COPAXONE	KIT	Preferred	No	No		Only 40mg Copaxone is preferred. P&T Committee did not allow TIP
	COPAXONE	SOSY	Preferred	No	No		Only 40mg Copaxone is preferred. P&T Committee did not allow TIP
	GLATOPA	SOLN	Preferred	No	No		P&T Committee did not allow TIP
	GLATOPA	SOSY	Preferred	No	No		P&T Committee did not allow TIP
INTERFERON BETA-1A	AVONEX	KIT	Preferred	No	No		P&T Committee did not allow TIP
	AVONEX	PSKT	Preferred	No	No		P&T Committee did not allow TIP
	AVONEX PEN	KIT	Preferred	No	No		P&T Committee did not allow TIP
	AVONEX PEN	PSKT	Preferred	No	No		P&T Committee did not allow TIP
	REBIF	SOLN		No	No		P&T Committee did not allow TIP
	REBIF	SOSY		No	No		P&T Committee did not allow TIP
	REBIF REBIDOSE	SOAJ		No	No		P&T Committee did not allow TIP
	REBIF REBIDOSE	SOLN		No	No		P&T Committee did not allow TIP
	REBIF REBIDOSE TITRATION PACK	SOAJ		No	No		P&T Committee did not allow TIP
	REBIF REBIDOSE TITRATION PACK	SOLN		No	No		P&T Committee did not allow TIP
	REBIF TITRATION PACK	SOLN		No	No		P&T Committee did not allow TIP
	REBIF TITRATION PACK	SOSY		No	No		P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
INTERFERON BETA-1B	BETASERON	KIT	Preferred	No	No		P&T Committee did not allow TIP
	BETASERON	SOLR	Preferred	No	No		P&T Committee did not allow TIP
	EXTAVIA	KIT		No	No		P&T Committee did not allow TIP
	EXTAVIA	SOLR		No	No		P&T Committee did not allow TIP
MITOXANTRONE HYDROCHLORIDE	MITOXANTRONE HCL	CONC		No	No		P&T Committee did not allow TIP
NATALIZUMAB	TYSABRI	CONC		No	No	PA required	P&T Committee did not allow TIP
PEGINTERFERON BETA-1A	PLEGRIDY	SOLN		No	No		P&T Committee did not allow TIP
	PLEGRIDY PEN	PEN		No	No		P&T Committee did not allow TIP
	PLEGRIDY STARTER PACK	SOSY		No	No		P&T Committee did not allow TIP
TERIFLUNOMIDE	AUBAGIO	TABS		No	No		P&T Committee did not allow TIP
Nasal Corticosteroid							
BECLOMETHASONE DIPROPIONATE	BECONASE AQ	SUSP					
	QNASL	AERS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	QNASL CHILDRENS	AERS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
BUDESONIDE (NASAL)	BUDESONIDE	SUSP					
	BUDESONIDE NASAL SPRAY	SUSP	Preferred				OTC
	RHINOCORT ALLERGY	SUSP					OTC
	RHINOCORT AQUA	SUSP					
CICLESONIDE (NASAL)	OMNARIS	SUSP					
	ZETONNA	AERS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
FLUNISOLIDE (NASAL)	FLUNISOLIDE	SOLN					DISCONTINUED?
FLUTICASONE FUROATE	VERAMYST	SUSP					

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
FLUTICASONE PROPIONATE (NASAL)	FLONASE	SUSP					
	FLONASE ALLERGY RELIEF	SUSP					OTC
	FLONASE ALLERGY RELIEF CHILDRENS	SUSP			No		OTC
	FLUTICASONE PROPIONATE	SUSP	Preferred				OTC
MOMETASONE FUROATE (NASAL)	MOMETASONE FUROATE	SUSP			No	Prior Authorization Required	
	NASONEX	SUSP					
TRIAMCINOLONE ACETONIDE (NASAL)	NASACORT ALLERGY 24HR	AERO					OTC
	NASACORT ALLERGY 24HR CHILDRENS	AERO			No		OTC
	NASACORT AQ	AERO			No		
	NASACORT AQ	AERS			No		
	TRIAMCINOLONE ACETONIDE	AERO			No		DISCONTINUED?
	TRIAMCINOLONE ACETONIDE	AERO	Preferred				OTC
NSAID / Cox-II Inhibitor							
CELECOXIB	CELEBREX	CAPS		No			P&T Committee removed from TIP
	CELECOXIB	CAPS		No			P&T Committee removed from TIP
DICLOFENAC	ZORVOLEX	CAPS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
DICLOFENAC EPOLAMINE	FLECTOR	PTCH			No	Prior authorization required	Excluded from class. Studies did not meet OHSU's inclusion criteria.
DICLOFENAC POTASSIUM	DICLOFENAC POTASSIUM	TABS	Preferred				
	ZIPSOR	CAPS			No		
DICLOFENAC POTASSIUM (MIGRAINE)	CAMBIA	PACK		No TIP No DAW	No	Prior authorization required	Not included in OHSU review, therefore not part of the PDL program.
DICLOFENAC SODIUM	DICLOFENAC SODIUM DR	TBEC	Preferred				
	DICLOFENAC SODIUM EC	TBEC	Preferred				
	DICLOFENAC SODIUM ER	TB24	Preferred				
	DICLOFENAC SODIUM SR	TB24	Preferred				

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
DICLOFENAC SODIUM	DICLOFENAC SODIUM XR	TB24	Preferred				
	VOLTAREN-XR	TB24					
DICLOFENAC SODIUM (ACTINIC KERATOSIS)	DICLOFENAC SODIUM	GEL		No TIP No DAW	No	Prior authorization required	Excluded from class. Studies did not meet OHSU's inclusion criteria.
	SOLARAZE	GEL		No TIP No DAW	No	Prior authorization required	Excluded from class. Studies did not meet OHSU's inclusion criteria.
DICLOFENAC SODIUM (TOPICAL)	DICLOFENAC SODIUM	CREA		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	DICLOFENAC SODIUM	GEL			No	Prior authorization required	
	DICLOFENAC SODIUM	SOLN		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	KLOFENSAID II	SOLN			No	Prior authorization required	
	PENNSAID	SOLN		No	No	Prior authorization required	
	REXAPHENAC	CREA		No TIP No DAW	No	Prior authorization required	Not included in OHSU review, therefore not part of the PDL program.
	VOLTAREN	GEL		No	No	Prior authorization required	
	VOPAC MDS	KIT		No TIP No DAW	No	Prior authorization required	Not included in OHSU review, therefore not part of the PDL program.
DIFLUNISAL	DIFLUNISAL	TABS	Preferred				
ETODOLAC	ETODOLAC	CAPS	Preferred				
	ETODOLAC	TABS	Preferred				
	ETODOLAC ER	TB24	Preferred				
	LODINE	TABS					
FENOPROFEN CALCIUM	FENOPROFEN CALCIUM	TABS	Preferred				
	NALFON	CAPS					
FLURBIPROFEN	FLURBIPROFEN	TABS	Preferred				
IBUPROFEN	IBUPROFEN	TABS	Preferred				

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
INDOMETHACIN	INDOCIN	SUPP					
	INDOCIN	SUSP					
	INDOMETHACIN	CAPS	Preferred				
	INDOMETHACIN CR	CPCR	Preferred				
	INDOMETHACIN ER	CPCR	Preferred				
	INDOMETHACIN SA	CPCR	Preferred				
	INDOMETHACIN SR	CPCR	Preferred				
	TIVORBEX	CAPS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
KETOPROFEN	KETOPROFEN	CAPS	Preferred				
	KETOPROFEN ER	CP24	Preferred				
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	TABS	Preferred				
MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM	CAPS					
MEFENAMIC ACID	MEFENAMIC ACID	CAPS	Preferred				
	PONSTEL	CAPS					
MELOXICAM	MELOXICAM	SUSP	Preferred				
	MELOXICAM	TABS	Preferred				
	MOBIC	SUSP					
	MOBIC	TABS					
	VIVLODEX	CAPS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
NABUMETONE	NABUMETONE	TABS	Preferred				
NAPROXEN	EC-NAPROSYN	TBEC					
	MEDIPOXEN	TABS					
	NAPROSYN	SUSP					
	NAPROSYN	TABS					
	NAPROXEN	SUSP	Preferred				
	NAPROXEN	TABS	Preferred				
	NAPROXEN DR	TBEC	Preferred				
	NAPROXEN EC	TBEC	Preferred				

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
NAPROXEN	NAPROXEN KIT	TABS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
NAPROXEN SODIUM	ANAPROX	TABS					
	ANAPROX DS	TABS					
	NAPRELAN	TB24					
	NAPROXEN SODIUM	CAPS	Preferred				
	NAPROXEN SODIUM	TABS	Preferred				
	NAPROXEN SODIUM	TB24	Preferred				
	NAPROXEN SODIUM CR	TB24	Preferred				
	NAPROXEN SODIUM ER	TB24	Preferred				
OXAPROZIN	DAYPRO	TABS					
	OXAPROZIN	TABS	Preferred				
PIROXICAM	FELDENE	CAPS					
	PIROXICAM	CAPS	Preferred				
SALSALATE	DISALCID	TABS					
	SALSALATE	TABS	Preferred				
SULINDAC	SULINDAC	TABS	Preferred				
TOLMETIN SODIUM	TOLMETIN SODIUM	CAPS	Preferred				
	TOLMETIN SODIUM	TABS	Preferred				
Opioids - Long Acting							
BUPRENORPHINE	BUTRANS	PTWK			No		
BUPRENORPHINE BUCCAL FILM	BELBUCA	FILM		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
FENTANYL	DURAGESIC	PT72			No		
	FENTANYL	PT72	Preferred		No		
HYDROCODONE BITARTRATE	ZOHYDRO ER	CP12			No		
HYDROCODONE BITARTRATE T24A	HYSINGLA ER	TABS			No		
HYDROMORPHONE HCL	EXALGO	TB24			No		
	HYDROMORPHONE HCL ER	T24A	Preferred		No		
LEVORPHANOL TARTRATE	LEVORPHANOL TARTRATE	TABS			No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
METHADONE HCL	DOLOPHINE	TABS			No	Prior authorization required	
	DOLOPHINE HCL	TABS			No	Prior authorization required	
	METHADONE HCL	CONC			No	Prior authorization required	
	METHADONE HCL	SOLN			No	Prior authorization required	
	METHADONE HCL	TABS			No	Prior authorization required	
	METHADONE HCL	TBSO			No	Prior authorization required	
	METHADONE HCL INTENSOL	CONC			No	Prior authorization required	
	METHADOSE	CONC			No	Prior authorization required	
	METHADOSE	TABS			No	Prior authorization required	
	METHADOSE	TBSO			No	Prior authorization required	
	METHADOSE SUGAR-FREE	CONC			No	Prior authorization required	
MORPHINE SULFATE	KADIAN	CP24			No		
	MORPHINE SULFATE CR	TBCR	Preferred		No		
	MORPHINE SULFATE ER	CP24	Preferred		No		
	MORPHINE SULFATE ER	TBCR	Preferred		No		
	MS CONTIN	TB12			No		
	MS CONTIN	TBCR			No		
MORPHINE SULFATE BEADS	AVINZA	CP24			No		
	MORPHINE SULFATE ER	CP24	Preferred		No		
MORPHINE-NALTREXONE	EMBEDA	CPCR			No		
OXYCODONE HCL	OXYCODONE HCL ER	T12A	Preferred		No		
	OXYCONTIN	TB12			No		
OXYMORPHONE HCL	OPANA ER	TB12			No		
	OPANA ER (CRUSH RESISTANT)	T12A			No		
	OXYMORPHONE HYDROCHLORIDE ER	TB12			No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
TAPENTADOL HCL	NUCYNTA ER	TB12			No		
Overactive Bladder - Long Acting							
DARIFENACIN HYDROBROMIDE	DARIFENACIN HYDROBROMIDE ER	TB24					
	ENABLEX	TB24					
FESOTERODINE FUMARATE	TOVIAZ	TB24					
MIRABEGRON	MYRBETRIQ	TB24					
OXYBUTYNIN	OXYTROL	PTTW					
	OXYTROL FOR WOMEN	PTTW					
OXYBUTYNIN CHLORIDE	DITROPAN XL	TB24					
	GELNIQUE	GEL					
	OXYBUTYNIN CHLORIDE ER	TB24	Preferred				
SOLIFENACIN SUCCINATE	VESICARE	TABS					
TOLTERODINE TARTRATE	DETROL LA	CP24					
	TOLTERODINE TARTRATE ER	CP24	Preferred				
TROSPIUM CHLORIDE	SANCTURA XR	CP24					
	TROSPIUM CHLORIDE ER	CP24	Preferred				
Overactive Bladder - Short Acting							
FLAVOXATE HCL	FLAVOXATE HCL	TABS					
OXYBUTYNIN CHLORIDE	OXYBUTYNIN CHLORIDE	SYRP	Preferred				
	OXYBUTYNIN CHLORIDE	TABS	Preferred				
TOLTERODINE TARTRATE	DETROL	TABS					
	TOLTERODINE TARTRATE	TABS	Preferred				
TROSPIUM CHLORIDE	SANCTURA	TABS					
	TROSPIUM CHLORIDE	TABS	Preferred				
PCSK-9 Inhibitors							
ALIROCUMAB	PRALUENT	SOPN			No	Prior authorization required	
	PRALUENT	SOSY			No	Prior authorization required	
EVOLOCUMAB	REPATHA	SOSY	Preferred		No	Prior authorization required	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
EVOLOCUMAB	REPATHA PUSHTRONEX SYSTEM	SOCT	Preferred		No	Prior authorization required	
	REPATHA SURECLICK	SOAJ	Preferred		No	Prior authorization required	
Proton Pump Inhibitors							
DEXLANSOPRAZOLE	DEXILANT	CPDR				Maximum 90 days continuous use	
ESOMEPRAZOLE MAGNESIUM	ESOMEPRAZOLE MAGNESIUM	CPDR				Maximum 90 days continuous use	
	NEXIUM	CPDR				Maximum 90 days continuous use	
	NEXIUM	PACK			No	Maximum 90 days continuous use	
	NEXIUM 24HR	CPDR				Maximum 90 days continuous use	
ESOMEPRAZOLE STRONTIUM	ESOMEPRAZOLE STRONTIUM	CPDR		No TIP No DAW	No	Maximum 90 days continuous use	Not included in OHSU review, therefore not part of the PDL program.
LANSOPRAZOLE	FIRST-LANSOPRAZOLE	SUSP			No	Not covered	
	LANSOPRAZOLE	CPDR				Maximum 90 days continuous use	
	PREVACID	CPDR				Maximum 90 days continuous use	
	PREVACID 24HR	CPDR				Maximum 90 days continuous use	
	PREVACID SOLUTAB	TBDP			No	For children & unable to swallow only. Maximum 90 days continuous use	
OMEPRAZOLE	FIRST-OMEPRAZOLE	SUSP			No	Not covered	
	OMEPRAZOLE	CPDR	Preferred			Maximum 90 days continuous use	
	OMEPRAZOLE	TBEC	Preferred			Maximum 90 days continuous use	
	OMEPRAZOLE	TBEC	Preferred			Maximum 90 days continuous use	OTC
	OMEPRAZOLE + SYRSPEND SF ALKA	SUSP			No	Maximum 90 days continuous use	
	PRILOSEC	CPDR				Maximum 90 days continuous use	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
OMEPRAZOLE MAGNESIUM	OMEPRAZOLE MAGNESIUM	CPDR	Preferred			Maximum 90 days continuous use	
	PRILOSEC	PACK			No	Maximum 90 days continuous use	
	PRILOSEC OTC	TBEC				Maximum 90 days continuous use	
OMEPRAZOLE-SODIUM BICARBONATE	OMEPRAZOLE/SODIUM BICARBONATE	CAPS				Maximum 90 days continuous use	
	ZEGERID	CAPS				Maximum 90 days continuous use	
	ZEGERID	PACK			No	Maximum 90 days continuous use	
	ZEGERID OTC	CAPS				Maximum 90 days continuous use	
PANTOPRAZOLE SODIUM	PANTOPRAZOLE SODIUM	SOLR			No	Maximum 90 days continuous use	
	PANTOPRAZOLE SODIUM	TBEC	Preferred			Maximum 90 days continuous use	
	PROTONIX	PACK	Preferred		No	For children & unable to swallow only. Maximum 90 days continuous use	
	PROTONIX	SOLR			No	Maximum 90 days continuous use	
	PROTONIX	TBEC				Maximum 90 days continuous use	
RABEPRAZOLE SODIUM	ACIPHEX	TBEC				Maximum 90 days continuous use	
	ACIPHEX SPRINKLE	CPSP				Maximum 90 days continuous use	
	RABEPRAZOLE SODIUM	TBEC				Maximum 90 days continuous use	
Second Generation Antipsychotics							
ARIPIPRAZOLE	ABILIFY	SOLN		No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ABILIFY	SOLN	Preferred	No	No	Age and dose limits	IM injectable only. P&T Committee did not allow TIP; Refills exempt from TIP by law

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
ARIPIRAZOLE	ABILIFY	TABS	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ABILIFY DISCMELT	TBDP		No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ABILIFY MAINTENA	SUSR	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ARIPIRAZOLE	SOLN	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ARIPIRAZOLE	TABS	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ARIPIRAZOLE ODT	TBDP	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
ARIPIRAZOLE LAUROXIL	ARISTADA	PRSY		No TIP No DAW	No	Age and dose limits	Not included in OHSU review, therefore not part of the PDL program.
ASENAPINE MALEATE	SAPHRIS	SUBL	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
BREXPIRAZOLE	REXULTI	TABS		No TIP No DAW	No	Age and dose limits	Not included in OHSU review, therefore not part of the PDL program.
CARIPRAZINE HCL	VRAYLAR	CAPS		No TIP No DAW	No	Age and dose limits	Not included in OHSU review, therefore not part of the PDL program.
	VRAYLAR	CPPK		No TIP No DAW	No	Age and dose limits	Not included in OHSU review, therefore not part of the PDL program.
CLOZAPINE	CLOZAPINE	TABS	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	CLOZAPINE ODT	TBDP	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	CLOZARIL	TABS		No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
CLOZAPINE	FAZACLO	TBDP		No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	VERSACLOZ	SUSP		No TIP No DAW	No	Age and dose limits	Not included in OHSU review, therefore not part of the PDL program.
ILOPERIDONE	FANAPT	TABS	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	FANAPT TITRATION PACK	TABS	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
LURASIDONE HCL	LATUDA	TABS	Preferred	No		Age and dose limits	Preferred effective February 1, 2015. P&T Committee did not allow TIP; Refills exempt from TIP by law
OLANZAPINE	OLANZAPINE	SOLR	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	OLANZAPINE	TABS	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	OLANZAPINE ODT	TBDP	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ZYPREXA	SOLR	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
OLANZAPINE PAMOATE	ZYPREXA	TABS		No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ZYPREXA ZYDIS	TBDP		No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ZYPREXA RELPREVV	SUSR	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
PALIPERIDONE	INVEGA	TB24		No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
PALIPERIDONE	PALIPERIDONE ER	TB24	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
PALIPERIDONE PALMITATE	INVEGA SUSTENNA	SUSP	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	INVEGA TRINZA	SUSP		No TIP No DAW	No	Age and dose limits	Not included in OHSU review, therefore not part of the PDL program.
PIMAVANSERIN TARTRATE	NUPLAZID	TABS		No TIP No DAW	No	Age and dose limits	Not included in OHSU review, therefore not part of the PDL program.
QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	TABS	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	QUETIAPINE FUMARATE ER	TB24	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	SEROQUEL	TABS		No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	SEROQUEL XR	TB24	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
RISPERIDONE	RISPERDAL	SOLN		No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	RISPERDAL	TABS		No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	RISPERDAL M-TAB	TBDP		No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	RISPERIDONE	SOLN	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	RISPERIDONE	TABS	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	RISPERIDONE M-TAB	TBDP	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
RISPERIDONE	RISPERIDONE ODT	TBDP	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
RISPERIDONE MICROSPHERES	RISPERDAL CONSTA	SUSR	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
ZIPRASIDONE HCL	GEODON	CAPS		No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ZIPRASIDONE HCL	CAPS	Preferred	No		Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law
ZIPRASIDONE MESYLATE	GEODON	SOLR	Preferred	No	No	Age and dose limits	P&T Committee did not allow TIP; Refills exempt from TIP by law

Skeletal Muscle Relaxant

CARISOPRODOL	CARISOPRODOL	TABS			No	PA required	P&T Committee Recommended Not Covered
	SOMA	TABS			No	PA required	P&T Committee Recommended Not Covered
CHLORZOXAZONE	CHLORZOXAZONE	TABS					
	LORZONE	TABS					
	PARAFON FORTE DSC	TABS					
CYCLOBENZAPRINE HCL	AMRIX	CP24		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	CYCLOBENZAPRINE HCL	TABS	Preferred				
	FEXMID	TABS					
DANTROLENE SODIUM	DANTRIUM	CAPS					
	DANTROLENE SODIUM	CAPS					
METAXALONE	METAXALL	TABS					
	METAXALONE	TABS					
	SKELAXIN	TABS					
METHOCARBAMOL	METHOCARBAMOL	SOLN	Preferred				
	METHOCARBAMOL	TABS	Preferred				

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
METHOCARBAMOL	ROBAXIN	SOLN					
	ROBAXIN	TABS					
	ROBAXIN-750	TABS					
ORPHENADRINE CITRATE	NORFLEX	SOLN					
	ORPHENADRINE CITRATE	SOLN					
	ORPHENADRINE CITRATE CR	TB12					
	ORPHENADRINE CITRATE ER	TB12					
Skeletal Muscle Relaxant - Antispasticity							
BACLOFEN	BACLOFEN	TABS	Preferred				
TIZANIDINE HCL	TIZANIDINE HCL	CAPS	Preferred				
	TIZANIDINE HCL	TABS	Preferred				
	ZANAFLEX	CAPS					
	ZANAFLEX	TABS					
Statin (HMG-CoA Reductase Inhibitor)							
ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	TABS	Preferred		No		
	LIPITOR	TABS			No		
FLUVASTATIN SODIUM	FLUVASTATIN	CAPS	Preferred		No		
	FLUVASTATIN SODIUM ER	TB24			No		
	LESCOL	CAPS			No		
	LESCOL XL	TB24			No		
LOVASTATIN	ALTOPREV	TB24			No		
	LOVASTATIN	TABS	Preferred		No		
	MEVACOR	TABS			No		
PITAVASTATIN CALCIUM	LIVALO	TABS			No		
PRAVASTATIN SODIUM	PRAVACHOL	TABS			No		
	PRAVASTATIN SODIUM	TABS	Preferred		No		
ROSUVASTATIN CALCIUM	CRESTOR	TABS			No		
	ROSUVASTATIN CALCIUM	TABS			No		
SIMVASTATIN	SIMVASTATIN	TABS	Preferred		No	PA required for => 80mg	
	ZOCOR	TABS			No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
Targeted Immune Modulator (TIM)							
ABATACEPT	ORENCIA	SOLN		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	ORENCIA	SOLR		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	ORENCIA	SOSY		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	ORENCIA CLICKJECT	SOAJ		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
ADALIMUMAB	HUMIRA	KIT	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	HUMIRA	PSKT	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	PSKT	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	HUMIRA PEN	KIT	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	HUMIRA PEN	PNKT	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	HUMIRA PEN-CROHNS DISEASESTARTER	KIT	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	HUMIRA PEN-CROHNS DISEASESTARTER	PNKT	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	HUMIRA PEN-PSORIASIS STARTER	KIT	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	HUMIRA PEN-PSORIASIS STARTER	PNKT	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
ANAKINRA	KINERET	SOLN		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	KINERET	SOSY		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
APREMILAST	OTEZLA	TABS		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
CANAKINUMAB	ILARIS	SOLR		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
CERTOLIZUMAB PEGOL	CIMZIA	KIT		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
CERTOLIZUMAB PEGOL	CIMZIA STARTER KIT	KIT		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
ETANERCEPT	ENBREL	KIT	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	ENBREL	SOLN	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	ENBREL	SOLR	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	ENBREL	SOSY	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	ENBREL SURECLICK	SOAJ	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	ENBREL SURECLICK	SOLN	Preferred	No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
GOLIMUMAB	SIMPONI	SOAJ		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	SIMPONI	SOLN		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	SIMPONI	SOSY		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	SIMPONI ARIA	SOLN		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
INFLIXIMAB	REMICADE	SOLR		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
INFLIXIMAB-DYYB	INFLECTRA	SOLR		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
IXEKIZUMAB	TALTZ	SOAJ		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	TALTZ	SOSY		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
RITUXIMAB	RITUXAN	CONC		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	RITUXAN	SOLN		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
SECUKINUMAB	COSENTYX	SOLN		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
SECUKINUMAB	COSENTYX	SOSY		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	COSENTYX SENSOREADY PEN	SOAJ		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
TOCILIZUMAB	ACTEMRA	SOLN		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	ACTEMRA	SOSY		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
TOFACITINIB CITRATE	XELJANZ	TABS		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	XELJANZ XR	TB24		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
USTEKINUMAB	STELARA	SOLN		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
	STELARA	SOSY		No	No	EPA limited to FDA indications and dosing.	P&T Committee did not allow TIP
VEDOLIZUMAB	ENTYVIO	SOLR		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
Triptan (Migraine Headache)							
ALMOTRIPTAN MALATE	ALMOTRIPTAN MALATE	TABS			No	Quantity Limits	
	AXERT	TABS			No	Quantity Limits	
ELETRIPTAN HYDROBROMIDE	RELPAK	TABS			No	Quantity Limits	
FROVATRIPTAN SUCCINATE	FROVA	TABS			No	Quantity Limits	
	FROVATRIPTAN SUCCINATE	TABS			No	Quantity Limits	
NARATRIPTAN HCL	AMERGE	TABS			No	Quantity Limits	
	NARATRIPTAN HCL	TABS			No	Quantity Limits	
RIZATRIPTAN BENZOATE	MAXALT	TABS			No	Quantity Limits	
	MAXALT-MLT	TBDP			No	Quantity Limits	
	RIZATRIPTAN BENZOATE	TABS	Preferred		No	Quantity Limits	
	RIZATRIPTAN BENZOATE	TBDP	Preferred		No	Quantity Limits	
	RIZATRIPTAN BENZOATE ODT	TBDP	Preferred		No	Quantity Limits	
SUMATRIPTAN	IMITREX	SOLN			No	Quantity Limits	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	Medicaid Limitations	Comments
SUMATRIPTAN	SUMATRIPTAN	SOLN	Preferred		No	Quantity Limits	
SUMATRIPTAN SUCCINATE	ALSUMA	SOAJ			No	Quantity Limits	
	ALSUMA	SOLN			No	Quantity Limits	
	IMITREX	SOLN			No	Quantity Limits	
	IMITREX	TABS			No	Quantity Limits	
	IMITREX STATDOSE REFILL	SOCT			No	Quantity Limits	
	IMITREX STATDOSE REFILL	SOLN			No	Quantity Limits	
	IMITREX STATDOSE SYSTEM	SOAJ			No	Quantity Limits	
	IMITREX STATDOSE SYSTEM	SOLN			No	Quantity Limits	
	ONZETRA XSAIL	EXHP		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	SUMATRIPTAN SUCCINATE	SOAJ	Preferred		No	Quantity Limits	
	SUMATRIPTAN SUCCINATE	SOLN	Preferred		No	Quantity Limits	
	SUMATRIPTAN SUCCINATE	SOSY	Preferred		No	Quantity Limits	
	SUMATRIPTAN SUCCINATE	TABS	Preferred		No	Quantity Limits	
	SUMATRIPTAN SUCCINATE REFILL	SOCT	Preferred		No	Quantity Limits	
	SUMATRIPTAN SUCCINATE REFILL	SOLN	Preferred		No	Quantity Limits	
	SUMAVEL DOSEPRO	DEVI			No	Quantity Limits	
	SUMAVEL DOSEPRO	SOTJ			No	Quantity Limits	
	ZECUITY	PTCH			No	Quantity Limits	
	ZEMBRACE SYMTOUCH	SOAJ		No TIP No DAW	No		Not included in OHSU review, therefore not part of the PDL program.
ZOLMITRIPTAN	ZOLMITRIPTAN	TABS			No	Quantity Limits	
	ZOLMITRIPTAN	TBDP			No	Quantity Limits	
	ZOLMITRIPTAN ODT	TBDP			No	Quantity Limits	
	ZOMIG	SOLN			No	Quantity Limits	
	ZOMIG	TABS			No	Quantity Limits	
	ZOMIG NASAL SPRAY	SOLN			No	Quantity Limits	
	ZOMIG ZMT	TBDP			No	Quantity Limits	