

Washington Preferred Drug List - 1st Quarter 2018

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|----------------------------|----------------------|-------------|----------------|------------|-------------|---------------------|---------------------------------|
| ACE Inhibitor | | | | | | | |
| BENZAEPRIIL HCL | BENZAEPRIIL HCL | TABS | | Preferred | Not covered | Preferred | Archived 2016 |
| | LOTENSIN | TABS | | | Not covered | | Archived 2016 |
| CAPTOPRIL | CAPTOPRIL | TABS | | Preferred | Not covered | Preferred | Archived 2016 |
| ENALAPRIL MALEATE | ENALAPRIL MALEATE | TABS | | Preferred | Not covered | Preferred | Archived 2016 |
| | EPANED | SOLN | No TIP No DAW | | Not covered | | Archived 2016 |
| FOSINOPRIL SODIUM | VASOTEC | TABS | | | Not covered | | Archived 2016 |
| | FOSINOPRIL SODIUM | TABS | | | Not covered | | Archived 2016 |
| LISINOPRIL | LISINOPRIL | TABS | | Preferred | Not covered | Preferred | Archived 2016 |
| | PRINIVIL | TABS | | | Not covered | | Archived 2016 |
| | QBRELIS | SOLN | No TIP No DAW | | Not covered | | Archived 2016 |
| | ZESTRIL | TABS | | | Not covered | | Archived 2016 |
| MOEXIPRIL HCL | MOEXIPRIL HCL | TABS | | | Not covered | | Archived 2016 |
| PERINDOPRIL ERBUMINE | ACEON | TABS | | | Not covered | | Archived 2016 |
| | PERINDOPRIL ERBUMINE | TABS | | | Not covered | | Archived 2016 |
| QUINAPRIL HCL | ACCUPRIL | TABS | | | Not covered | | Archived 2016 |
| | QUINAPRIL HCL | TABS | | | Not covered | | Archived 2016 |
| RAMIPRIL | ALTACE | CAPS | | | Not covered | | Archived 2016 |
| | RAMIPRIL | CAPS | | Preferred | Not covered | Preferred | Archived 2016 |
| TRANDOLAPRIL | MAVIK | TABS | | | Not covered | | Archived 2016 |
| | TRANDOLAPRIL | TABS | | | Not covered | | Archived 2016 |
| ADHD - Amphetamines | | | | | | | |
| AMPHETAMINE | ADZENYS XR-ODT | TBED | No | | Not covered | | P&T Committee did not allow TIP |
| | DYANAVEL XR | SUER | No | | Not covered | | P&T Committee did not allow TIP |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|---------------------------------------|-----------------------------------|-------------|----------------|------------|-------------|---------------------|---|
| AMPHETAMINE SULFATE | EVEKEO | TABS | No | | Not covered | | P&T Committee did not allow TIP |
| AMPHETAMINE/ DEXTROAMPHETAMINE | ADDERALL | TABS | No | | Not covered | | P&T Committee did not allow TIP |
| | ADDERALL XR | CP24 | No | | Not covered | | P&T Committee did not allow TIP |
| | AMPHETAMINE/ DEXTROAMPHETAMINE | CP24 | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | AMPHETAMINE/ DEXTROAMPHETAMINE | TABS | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| AMPHETAMINE/ DEXTROAMPHETAMINE 3-BEAD | MYDAYIS | CAPS | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| DEXTROAMPHETAMINE SULFATE | DEXEDRINE | CP24 | No | | Not covered | | P&T Committee did not allow TIP |
| | DEXEDRINE | TABS | No | | Not covered | | P&T Committee did not allow TIP |
| | DEXTROAMPHETAMINE SULFATE | SOLN | No | | Not covered | | P&T Committee did not allow TIP |
| | DEXTROAMPHETAMINE SULFATE | TABS | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | DEXTROAMPHETAMINE SULFATE ER | CP24 | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | PROCENTRA | SOLN | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| | ZENZEDI | TABS | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| LISDEXAMFETAMINE DIMESYLATE | VYVANSE | CAPS | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | VYVANSE | CHEW | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| ADHD - Methylphenidates | | | | | | | |
| DEXMETHYLPHENIDATE HCL | COTEMPLA | TABS | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| | COTEMPLA XR-ODT | TBED | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |

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|------------------------|---------------------------|-------------|----------------|------------|-------------|---------------------|---------------------------------|
| DEXMETHYLPHENIDATE HCL | DEXMETHYLPHENIDATE HCL | TABS | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | DEXMETHYLPHENIDATE HCL ER | CP24 | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | FOCALIN | TABS | No | | Not covered | | P&T Committee did not allow TIP |
| | FOCALIN XR | CP24 | No | | Not covered | | P&T Committee did not allow TIP |
| METHYLPHENIDATE | DAYTRANA | PTCH | No | | Not covered | | P&T Committee did not allow TIP |
| METHYLPHENIDATE HCL | APTENSIO XR | CP24 | No | | Not covered | | P&T Committee did not allow TIP |
| | CONCERTA | TBCR | No | | Not covered | | P&T Committee did not allow TIP |
| | METADATE CD | CPCR | No | | Not covered | | P&T Committee did not allow TIP |
| | METADATE ER | TBCR | No | | Not covered | | P&T Committee did not allow TIP |
| | METHYLIN | CHEW | No | | Not covered | | P&T Committee did not allow TIP |
| | METHYLIN | SOLN | No | | Not covered | | P&T Committee did not allow TIP |
| | METHYLPHENIDATE HCL | CHEW | No | | Not covered | | P&T Committee did not allow TIP |
| | METHYLPHENIDATE HCL | TABS | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | METHYLPHENIDATE HCL CD | CPCR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | METHYLPHENIDATE HCL CR | TBCR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | METHYLPHENIDATE HCL ER | CP24 | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | METHYLPHENIDATE HCL ER | TB24 | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | METHYLPHENIDATE HCL ER | TBCR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | METHYLPHENIDATE HCL LA | CAPS | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | METHYLPHENIDATE HCL SR | TBCR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |

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|----------------------------|-------------------------------|-------------|----------------|------------|-------------|---------------------|--|
| METHYLPHENIDATE HCL | METHYLPHENIDATE HYDROCHLORIDE | SOLN | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | QUILLICHEW ER | CHER | No | | Not covered | | P&T Committee did not allow TIP |
| | QUILLIVANT XR | SUSR | No | | Not covered | | P&T Committee did not allow TIP |
| | RITALIN | TABS | No | | Not covered | | P&T Committee did not allow TIP |
| | RITALIN LA | CP24 | No | | Not covered | | P&T Committee did not allow TIP |
| ADHD - NonStimulant | | | | | | | |
| ATOMOXETINE HCL | ATOMOXETINE | CAPS | No | Preferred | Not covered | Preferred | |
| | STRATTERA | CAPS | No | Preferred | Not covered | Preferred | |
| CLONIDINE HCL | CATAPRES | TABS | | | Not covered | | |
| | CLONIDINE HCL | PTWK | | Preferred | Not covered | Preferred | |
| | CLONIDINE HCL | TABS | | Preferred | Not covered | Preferred | |
| | CLONIDINE HCL ER | TB12 | | Preferred | Not covered | Preferred | |
| | KAPVAY | TB12 | | | Not covered | | |
| GUANFACINE HCL | GUANFACINE ER | TB24 | | Preferred | Not covered | Preferred | |
| | GUANFACINE HCL | TABS | | Preferred | Not covered | Preferred | |
| | INTUNIV | TB24 | | | Not covered | | |
| | TENEX | TABS | | | Not covered | | |
| Alzheimers Drugs | | | | | | | |
| DONEPEZIL HYDROCHLORIDE | ARICEPT | TABS | No | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| | ARICEPT ODT | TBDP | No | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| | DONEPEZIL HCL | TABS | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | DONEPEZIL HCL | TBDP | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |

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|--------------------------|-----------------------------|-------------|----------------|------------|-------------|---------------------|--|
| GALANTAMINE HYDROBROMIDE | GALANTAMINE | TABS | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | GALANTAMINE HYDROBROMIDE | CP24 | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | GALANTAMINE HYDROBROMIDE | SOLN | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | GALANTAMINE HYDROBROMIDE | TABS | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | GALANTAMINE HYDROBROMIDE ER | CP24 | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | RAZADYNE | SOLN | No | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| | RAZADYNE | TABS | No | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| | RAZADYNE ER | CP24 | No | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| MEMANTINE HCL | MEMANTINE HCL | SOLN | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | MEMANTINE HCL | TABS | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | MEMANTINE HCL TITRATION PAK | TABS | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | NAMENDA | SOLN | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | NAMENDA | TABS | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | NAMENDA TITRATION PAK | TABS | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |

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|---------------------------------|---------------------------------|-------------|----------------|------------|-------------|---------------------|---|
| MEMANTINE HCL | NAMENDA XR | CP24 | No TIP No DAW | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| | NAMENDA XR TITRATION PAK | CP24 | No TIP No DAW | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| MEMANTINE HCL-DONEPEZIL HCL | NAMZARIC | C4PK | No TIP No DAW | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| | NAMZARIC | CP24 | No TIP No DAW | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| RIVASTIGMINE TARTRATE | EXELON | CAPS | No | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| | EXELON | SOLN | No | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| | RIVASTIGMINE TARTRATE | CAPS | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| RIVASTIGMINE TRANSDERMAL SYSTEM | EXELON | PT24 | No | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| | RIVASTIGMINE TRANSDERMAL SYSTEM | PT24 | No | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| Anticoagulant | | | | | | | |
| APIXABAN | ELIQUIS | TABS | No | Preferred | Not covered | Preferred | |
| BETRIXABAN MALEATE | BEVYXXA | CAPS | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| DABIGATRAN ETEXILATE MESYLATE | PRADAXA | CAPS | No | Preferred | Not covered | Preferred | |
| EDOXABAN TOSYLATE | SAVAYSA | TABS | No | | Not covered | | |
| RIVAROXABAN | XARELTO | TABS | No | | Not covered | Preferred | |
| | XARELTO STARTER PACK | TBPK | No | | Not covered | | |
| Antidepressant - Other | | | | | | | |

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|------------------------|------------------|-------------|----------------|------------|-------------|---------------------|---|
| BUPROPION HCL | BUDEPRION SR | TB12 | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | BUDEPRION XL | TB24 | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| BUPROPION HCL | BUPROPION HCL | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | BUPROPION HCL ER | TB12 | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| BUPROPION HCL SR | BUPROPION HCL SR | TB12 | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | BUPROPION HCL XL | TB24 | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| FORFIVO XL | | TB24 | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| WELLBUTRIN | WELLBUTRIN | TABS | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | WELLBUTRIN SR | TB12 | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| WELLBUTRIN XL | WELLBUTRIN XL | TB24 | No | | | | 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 | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | MIRTAZAPINE | TBDP | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | MIRTAZAPINE ODT | TBDP | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |

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|------------------------------|--------------------------|-------------|----------------|------------|-------------|---------------------|---|
| MIRTAZAPINE | 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 |
| 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 | | Not covered | | 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 | DESVENLAFAXINE SUCCINATE | TB24 | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | PRISTIQ | TB24 | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| DULOXETINE HCL | CYMBALTA | CPEP | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | DULOXETINE HCL | CPEP | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | IRENKA | CPEP | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| LEVOMILNACIPRAN HCL | FETZIMA | CP24 | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| | FETZIMA TITRATION PACK | C4PK | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |

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|------------------------------|-------------------------|-------------|----------------|------------|------------|---------------------|---|
| VENLAFAXINE HCL | EFFEXOR XR | CP24 | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | VENLAFAXINE HCL | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | VENLAFAXINE HCL ER | CP24 | No | Preferred | Preferred | Preferred | 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 | No | Preferred | Preferred | Preferred | 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 | No | Preferred | Preferred | Preferred | 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 |
| | LEXAPRO | TABS | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| FLUOXETINE HCL | FLUOXETINE | CAPS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | FLUOXETINE DR | CPDR | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |

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|---------------------|------------------------|-------------|----------------|------------|------------|---------------------|--|
| FLUOXETINE HCL | FLUOXETINE HCL | CAPS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | FLUOXETINE HCL | SOLN | No | Preferred | Preferred | Preferred | 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 | No | Preferred | Preferred | Preferred | 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 | No | Preferred | Preferred | Preferred | 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 |
| | 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 |

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| PAROXETINE MESYLATE | PEXEVA | TABS | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| SERTRALINE HCL | SERTRALINE HCL | CONC | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | SERTRALINE HCL | TABS | No | Preferred | Preferred | Preferred | 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 | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| Antiemetic | | | | | | | |
| APREPITANT | APREPITANT | CAPS | | | Not covered | Preferred | |
| | EMEND | CAPS | | | Not covered | | |
| | EMEND | SUSR | | | Not covered | | |
| | EMEND TRIPACK | CAPS | | | Not covered | | |
| DOLASETRON MESYLATE | ANZEMET | SOLN | | | Not covered | | |
| | ANZEMET | TABS | | | Not covered | | |
| DOXYLAMINE/ PYRIDOXINE | DICLEGIS | TBEC | | | Not covered | Preferred | |
| FOSAPREPITANT DIMEGLUMINE | EMEND | SOLR | | | Not covered | | |
| GRANISETRON | SANCUSO | PTCH | | | Not covered | | |
| | SUSTOL | PRSY | | | Not covered | | |

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|-------------------------------|---------------------------------------|-------------|----------------|-------------|-------------|---------------------|---------------|
| GRANISETRON HCL | GRANISETRON HCL | SOLN | | Preferred | Not covered | Preferred | |
| | GRANISETRON HCL | TABS | | Preferred | Not covered | Preferred | |
| NETUPITANT/ PALONOSETRON | AKYNZEO | CAPS | | | Not covered | | |
| ONDANSETRON | ONDANSETRON ODT | TBDP | | Preferred | Not covered | Preferred | |
| | ZOFRAN ODT | TBDP | | | Not covered | | |
| | ZUPLENZ | FILM | | | Not covered | | |
| ONDANSETRON HCL | ONDANSETRON HCL | SOLN | | Preferred | Not covered | Preferred | |
| | ONDANSETRON HCL | TABS | | Preferred | Not covered | Preferred | |
| | ZOFRAN | SOLN | | | Not covered | | |
| | ZOFRAN | TABS | | | Not covered | | |
| PALONOSETRON HCL | ALOXI | SOLN | | | Not covered | | |
| ROLAPITANT HCL | VARUBI | TABS | | | Not covered | | |
| Antihistamines - Newer | | | | | | | |
| AZELASTINE HCL | ASTELIN | SOLN | | | Not covered | | Archived 2015 |
| | ASTEPRO | SOLN | | | Not covered | | Archived 2015 |
| | AZELASTINE HCL | SOLN | | | Not covered | | Archived 2015 |
| CETIRIZINE HCL | CETIRIZINE HCL | CHEW | | Not covered | Not covered | | Archived 2015 |
| | CETIRIZINE HCL | SOLN | | Not covered | Not covered | Preferred | Archived 2015 |
| | CETIRIZINE HCL | SYRP | | Not covered | Not covered | Preferred | Archived 2015 |
| | CETIRIZINE HCL | TABS | | Not covered | Not covered | Preferred | Archived 2015 |
| | CETIRIZINE HCL ALLERGY CHILDRENS | SOLN | | Not covered | Not covered | Preferred | Archived 2015 |
| | CETIRIZINE HCL CHILDRENS | CHEW | | Not covered | Not covered | | Archived 2015 |
| | CETIRIZINE HCL CHILDRENS | SOLN | | Not covered | Not covered | Preferred | Archived 2015 |
| | CETIRIZINE HCL CHILDRENS ALLERGY | SYRP | | Not covered | Not covered | Preferred | Archived 2015 |
| | CETIRIZINE HCL HIVES RELIEF CHILDRENS | SOLN | | Not covered | Not covered | Preferred | Archived 2015 |
| ZYRTEC ALLERGY | ZYRTEC ALLERGY | CAPS | | Not covered | | | Archived 2015 |
| | ZYRTEC ALLERGY | TABS | | Not covered | | | Archived 2015 |
| | ZYRTEC ALLERGY | TBDP | | Not covered | | | Archived 2015 |
| | ZYRTEC CHILDRENS ALLERGY | CHEW | | Not covered | Not covered | | Archived 2015 |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|--------------------------------|------------------------------------|-------------|----------------|-------------|-------------|---------------------|---------------|
| CETIRIZINE HCL | ZYRTEC CHILDRENS ALLERGY | SYRP | | Not covered | Not covered | | Archived 2015 |
| | ZYRTEC CHILDRENS HIVES RELIEF | SYRP | | Not covered | Not covered | | Archived 2015 |
| | ZYRTEC HIVES RELIEF | TABS | | Not covered | | | Archived 2015 |
| DES Loratadine | CLARINEX | SYRP | | Not covered | Not covered | | Archived 2015 |
| | CLARINEX | TABS | | Not covered | | | Archived 2015 |
| | CLARINEX REDITABS | TBDP | | Not covered | | | Archived 2015 |
| | DES Loratadine | TABS | | Not covered | | | Archived 2015 |
| | DES Loratadine ODT | TBDP | | Not covered | | | Archived 2015 |
| FEXOFENADINE HCL | ALLEGRA ALLERGY | TABS | | Not covered | | | Archived 2015 |
| | ALLEGRA ALLERGY CHILDRENS | SUSP | | Not covered | Not covered | | Archived 2015 |
| | ALLEGRA ALLERGY CHILDRENS | TABS | | Not covered | Not covered | | Archived 2015 |
| | ALLEGRA ALLERGY CHILDRENS | TBDP | | Not covered | Not covered | | Archived 2015 |
| | FEXOFENADINE HCL | TABS | | Not covered | | | Archived 2015 |
| LEVOCETIRIZINE DIHYDROCHLORIDE | FEXOFENADINE HCL CHILDRENS ALLERGY | SUSP | | Not covered | Not covered | | Archived 2015 |
| | LEVOCETIRIZINE DIHYDROCHLORIDE | SOLN | | Not covered | Not covered | | Archived 2015 |
| | LEVOCETIRIZINE DIHYDROCHLORIDE | TABS | | Not covered | | | Archived 2015 |
| | XYZAL | SOLN | | Not covered | Not covered | | Archived 2015 |
| | XYZAL | TABS | | Not covered | | | Archived 2015 |
| LORATADINE | ALAVERT | TABS | | Not covered | | | Archived 2015 |
| | ALAVERT | TBDP | | Not covered | | | Archived 2015 |
| | ALLERGY | TABS | | Not covered | Preferred | Preferred | Archived 2015 |
| | ALLERGY | TBDP | | Not covered | Not covered | Preferred | Archived 2015 |
| | ALLERGY RELIEF | SYRP | | Not covered | Not covered | Preferred | Archived 2015 |
| | ALLERGY RELIEF | TABS | | Not covered | Preferred | Preferred | Archived 2015 |
| | ALLERGY RELIEF | TBDP | | Not covered | Preferred | Preferred | Archived 2015 |
| | ALLERGY RELIEF CHILDRENS | TBDP | | Not covered | Not covered | Preferred | Archived 2015 |
| | ALLERGY RELIEF FOR KIDS | SYRP | | Not covered | Not covered | Preferred | Archived 2015 |
| | CHILDRENS LORATADINE | SOLN | | Not covered | Not covered | Preferred | Archived 2015 |
| CHILDRENS LORATADINE | SYRP | | Not covered | Not covered | Preferred | Archived 2015 | |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|--|-------------------------|-------------|----------------|-------------|-------------|---------------------|-----------------------------------|
| LORATADINE | CLARITIN | CAPS | | Not covered | | | Archived 2015 |
| | CLARITIN | CHEW | | Not covered | Not covered | | Archived 2015 |
| | CLARITIN | SYRP | | Not covered | Not covered | | Archived 2015 |
| | CLARITIN | TABS | | Not covered | | | Archived 2015 |
| | CLARITIN REDITABS | TBDP | | Not covered | | | Archived 2015 |
| | LORADAMED | TABS | | Not covered | Preferred | Preferred | Archived 2015 |
| | LORATADINE | SOLN | | Not covered | Not covered | Preferred | Archived 2015 |
| | LORATADINE | TABS | | Not covered | Preferred | Preferred | Archived 2015 |
| | LORATADINE CHILDRENS | SOLN | | Not covered | Not covered | Preferred | Archived 2015 |
| | LORATADINE CHILDRENS | SYRP | | Not covered | Not covered | Preferred | Archived 2015 |
| | LORATADINE HIVES RELIEF | SOLN | | Not covered | Not covered | Preferred | Archived 2015 |
| | TH LORATADINE | TABS | | Not covered | Preferred | Preferred | Archived 2015 |
| | TH LORATADINE | TBDP | | Not covered | Preferred | Preferred | Archived 2015 |
| | TRIAMINIC ALLERCHEWS | TBDP | | Not covered | Not covered | | Archived 2015 |
| OLOPATADINE HYDROCHLORIDE | OLOPATADINE HCL | SOLN | | | Not covered | | Archived 2015 |
| | PATANASE | SOLN | | | Not covered | | Archived 2015 |
| Antiplatelet | | | | | | | |
| ASPIRIN/ DIPYRIDAMOLE | AGGRENOX | CP12 | No | | Not covered | | |
| | ASPIRIN/ DIPYRIDAMOLE | CP12 | No | | Not covered | | |
| CLOPIDOGREL BISULFATE | CLOPIDOGREL | TABS | No | Preferred | Not covered | Preferred | |
| | PLAVIX | TABS | No | | Not covered | | |
| PRASUGREL HCL | EFFIENT | TABS | No | | Not covered | | |
| | PRASUGREL | TABS | No | | Not covered | | |
| TICAGRELOR | BRILINTA | TABS | No | | Not covered | | |
| TICLOPIDINE HCL | TICLOPIDINE HCL | TABS | No TIP No DAW | | Not covered | | P&T Committee Excluded from Class |
| VORAPAXAR SULFATE | ZONTIVITY | TABS | No | | Not covered | | |
| Asthma - Inhaled Corticosteroid | | | | | | | |
| BECLOMETHASONE DIPROPIONATE | QVAR | AERS | | Preferred | Preferred | | |
| BUDESONIDE (INHALATION) | BUDESONIDE | SUSP | | Preferred | Preferred | Preferred | |
| | PULMICORT | SUSP | | | | | |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|--------------------------------------|---------------------|-------------|----------------|------------|-------------|---------------------|---|
| BUDESONIDE (INHALATION) | PULMICORT FLEXHALER | AEPB | | | | | |
| CICLESONIDE | ALVESCO | AERS | | | | | |
| FLUNISOLIDE HFA | AEROSPAN | AERS | | | | | |
| FLUTICASONE FUROATE (INHALATION) | ARNUITY ELLIPTA | AEPB | | | | | |
| FLUTICASONE PROPIONATE HFA | FLOVENT HFA | AERO | | Preferred | Preferred | Preferred | |
| FLUTICASONE PROPIONATE (INHALATION) | ARMONAIR RESPICLICK | AEPB | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| | FLOVENT DISKUS | AEPB | | Preferred | Preferred | Preferred | |
| MOMETASONE FUROATE (INHALATION) | ASMANEX HFA | AERO | | | | | |
| | ASMANEX TWISTHALER | AEPB | | | | | |
| Asthma - Leukotriene Modifier | | | | | | | |
| MONTELUKAST SODIUM | MONTELUKAST SODIUM | CHEW | | Preferred | Not covered | Preferred | |
| | MONTELUKAST SODIUM | PACK | | Preferred | Preferred | Preferred | |
| | MONTELUKAST SODIUM | TABS | | Preferred | Preferred | Preferred | |
| | SINGULAIR | CHEW | | | Not covered | | |
| | SINGULAIR | PACK | | | | | |
| | SINGULAIR | TABS | | | | | |
| ZAFIRLUKAST | ACCOLATE | TABS | | | | | |
| | ZAFIRLUKAST | TABS | | Preferred | Preferred | Preferred | |
| ZILEUTON | ZILEUTON ER | TB12 | | | | | |
| | ZYFLO | TABS | | | | | |
| | ZYFLO CR | TB12 | | | | | |
| Asthma - Quick Relief | | | | | | | |
| ALBUTEROL SULFATE | ALBUTEROL SULFATE | NEBU | | Preferred | Preferred | Preferred | |
| | PROAIR HFA | AERS | | Preferred | Preferred | Preferred | |
| | PROAIR RESPICLICK | AEPB | | | | | |
| | PROVENTIL HFA | AERS | | | | Preferred | |
| | VENTOLIN HFA | AERS | | | | | |
| LEVALBUTEROL HCL | LEVALBUTEROL | NEBU | | | | | |
| | LEVALBUTEROL HCL | NEBU | | | | | |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|---|-----------------------------------|-------------|----------------|------------|------------------------|---------------------|---|
| LEVALBUTEROL HCL | 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 | Preferred | |
| FLUTICASONE FUROATE/ VILANTEROL | BREO ELLIPTA | AEPB | | | PA required | | |
| FLUTICASONE/ SALMETEROL | ADVAIR DISKUS | AEPB | | Preferred | Preferred, PA required | Preferred | |
| | ADVAIR HFA | AERO | | Preferred | Preferred, PA required | Preferred | |
| | AIRDUO | AERO | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| | AIRDUO RESPICLICK | AERO | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| | FLUTICASONE PROPIONATE/SALMETEROL | AERO | | | PA required | | |
| MOMETASONE FUROATE/ FORMOTEROL FUMARATE DIHYDRATE | DULERA | AERO | | | PA required | Preferred | |
| Asthma or COPD - LABA - LAMA | | | | | | | |
| GLYCOPYRROLATE/ FORMOTEROL FUMARATE | BEVESPI AEROSPHERE | AERO | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| INDACATEROL MALEATE/ GLYCOPYRROLATE | UTIBRON NEOHALER | CAPS | | | PA required | | |
| TIOTROPIUM BROMIDE/ OLODATEROL HCL | STIOLTO RESPIMAT | AERS | | Preferred | Preferred, PA required | Preferred | |
| UMECLIDINIUM-VILANTEROL | ANORO ELLIPTA | AEPB | | | PA required | | COPD Only |
| Asthma or COPD - Long Acting Beta Agonist (LABA) | | | | | | | |
| ARFORMOTEROL TARTRATE | BROVANA | NEBU | | | PA required | | COPD Only |
| FORMOTEROL FUMARATE | FORADIL AEROLIZER | CAPS | | | PA required | | |
| | PERFOROMIST | NEBU | | | PA required | | COPD Only |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|--|----------------------|-------------|----------------|------------|------------------------|---------------------|---------------|
| INDACATEROL MALEATE | ARCAPTA NEOHALER | CAPS | | | PA required | | COPD Only |
| OLODATEROL HCL | STRIVERDI RESPIMAT | AERS | | | PA required | | |
| SALMETEROL XINAFOATE | SEREVENT DISKUS | AEPB | | Preferred | Preferred, PA required | Preferred | |
| Asthma or COPD - Long Acting Muscarinic Agents (LAMA) | | | | | | | |
| ACLIDINIUM | TUDORZA PRESSAIR | AEPB | | | PA required | | COPD Only |
| | TUDORZA PRESSAIR | AERS | | | PA required | | COPD Only |
| GLYCOPYRROLATE (INHALATION) | SEEBRI NEOHALER | CAPS | | | PA required | | |
| TIOTROPIUM BROMIDE MONOHYDRATE | SPIRIVA HANDIHALER | CAPS | | Preferred | Preferred, PA required | Preferred | COPD Only |
| | SPIRIVA RESPIMAT | AERS | | Preferred | Preferred, PA required | | COPD Only |
| UMECLIDIUM BROMIDE | INCRUSE ELLIPTA | AEPB | | | PA required | | |
| Asthma or COPD - PD4I Phosphodiesterase - 4 Inhibitor | | | | | | | |
| ROFLUMILAST | DALIRESP | TABS | | Preferred | Preferred, PA required | | COPD Only |
| Beta Blocker | | | | | | | |
| ACEBUTOLOL HCL | ACEBUTOLOL HCL | CAPS | | Preferred | Not covered | Preferred | Archived 2015 |
| | SECTRAL | CAPS | | | Not covered | | Archived 2015 |
| ATENOLOL | ATENOLOL | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| | TENORMIN | TABS | | | Not covered | | Archived 2015 |
| BETAXOLOL HCL | BETAXOLOL HCL | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| | KERLONE | TABS | | | Not covered | | Archived 2015 |
| BISOPROLOL FUMARATE | BISOPROLOL FUMARATE | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| | ZEBETA | TABS | | | Not covered | | Archived 2015 |
| CARVEDILOL | CARVEDILOL | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| | COREG | TABS | | | Not covered | | Archived 2015 |
| CARVEDILOL PHOSPHATE | CARVEDILOL PHOSPHATE | CP24 | | | Not covered | | Archived 2015 |
| | COREG CR | CP24 | | | Not covered | | Archived 2015 |
| LABETALOL HCL | LABETALOL HCL | SOLN | | Preferred | Not covered | Preferred | Archived 2015 |
| | LABETALOL HCL | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| | TRANDATE | TABS | | | Not covered | | Archived 2015 |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|--|-------------------------|-------------|----------------|------------|-------------|---------------------|---------------|
| METOPROLOL SUCCINATE | METOPROLOL SUCCINATE ER | TB24 | | Preferred | Not covered | Preferred | Archived 2015 |
| | TOPROL XL | TB24 | | | Not covered | | Archived 2015 |
| METOPROLOL TARTRATE | LOPRESSOR | TABS | | | Not covered | | Archived 2015 |
| | METOPROLOL TARTRATE | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| NADOLOL | CORGARD | TABS | | | Not covered | | Archived 2015 |
| | NADOLOL | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| NEBIVOLOL HCL | BYSTOLIC | TABS | | | Not covered | | Archived 2015 |
| PENBUTOLOL SULFATE | LEVATOL | TABS | | | Not covered | | Archived 2015 |
| PINDOLOL | PINDOLOL | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| PROPRANOLOL HCL | HEMANGEOL | SOLN | | | Not covered | | Archived 2015 |
| | INDERAL LA | CP24 | | | Not covered | | Archived 2015 |
| | PROPRANOLOL HCL | SOLN | | Preferred | Not covered | Preferred | Archived 2015 |
| | PROPRANOLOL HCL | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| | PROPRANOLOL HCL ER | CP24 | | Preferred | Not covered | Preferred | Archived 2015 |
| PROPRANOLOL HCL SUSTAINED-RELEASE BEADS | INDERAL XL | CP24 | | | Not covered | | Archived 2015 |
| | INNOPRAN XL | CP24 | | | Not covered | | Archived 2015 |
| TIMOLOL MALEATE | TIMOLOL MALEATE | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| Calcium Channel Blocker - Dihydropyridine | | | | | | | |
| AMLODIPINE BESYLATE | AMLODIPINE BESYLATE | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| | NORVASC | TABS | | | Not covered | | Archived 2015 |
| FELODIPINE | FELODIPINE ER | TB24 | | Preferred | Not covered | Preferred | Archived 2015 |
| ISRADIPINE | ISRADIPINE | CAPS | | | Not covered | | Archived 2015 |
| NICARDIPINE HCL | NICARDIPINE HCL | CAPS | | Preferred | Not covered | Preferred | Archived 2015 |
| NIFEDIPINE | ADALAT CC | TB24 | | | Not covered | | Archived 2015 |
| | AFEDITAB CR | TB24 | | Preferred | Not covered | Preferred | Archived 2015 |
| | NIFEDIAC CC | TB24 | | Preferred | Not covered | Preferred | Archived 2015 |
| | NIFEDICAL XL | TB24 | | Preferred | Not covered | Preferred | Archived 2015 |
| | NIFEDIPINE | CAPS | | | Not covered | | Archived 2015 |
| | NIFEDIPINE ER | TB24 | | Preferred | Not covered | Preferred | Archived 2015 |
| | PROCARDIA | CAPS | | | Not covered | | Archived 2015 |
| | PROCARDIA XL | TB24 | | | Not covered | | Archived 2015 |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments | |
|--|--------------------------------------|------------------|----------------|-------------|-------------|---------------------|---------------|---------------|
| NISOLDIPINE | NISOLDIPINE ER | TB24 | | Preferred | Not covered | Preferred | Archived 2015 | |
| | SULAR | TB24 | | | Not covered | | Archived 2015 | |
| Calcium Channel Blocker - Non-Dihydropyridine | | | | | | | | |
| DILTIAZEM HCL | CARDIZEM | TABS | | | Not covered | | Archived 2015 | |
| | DILTIAZEM HCL | SOLN | | Preferred | Not covered | Preferred | Archived 2015 | |
| | DILTIAZEM HCL | TABS | | Preferred | Not covered | Preferred | Archived 2015 | |
| | DILTIAZEM HCL ER | CP12 | | Preferred | Not covered | Preferred | Archived 2015 | |
| | DILTIAZEM HCL ER | CP24 | | Preferred | Not covered | Preferred | Archived 2015 | |
| | DILT-XR | CP24 | | Preferred | Not covered | Preferred | Archived 2015 | |
| DILTIAZEM HCL COATED BEADS | CARDIZEM CD | CP24 | | | Not covered | | Archived 2015 | |
| | CARDIZEM LA | TB24 | | | Not covered | | Archived 2015 | |
| | CARTIA XT | CP24 | | | Not covered | | Archived 2015 | |
| | DILTIAZEM CD | CP24 | | Preferred | Not covered | Preferred | Archived 2015 | |
| | DILTIAZEM HCL CD | CP24 | | Preferred | Not covered | Preferred | Archived 2015 | |
| | DILTIAZEM HCL ER | CP24 | | Preferred | Not covered | Preferred | Archived 2015 | |
| | DILTIAZEM HCL ER | TB24 | | Preferred | Not covered | Preferred | Archived 2015 | |
| | MATZIM LA | TB24 | | Preferred | Not covered | Preferred | Archived 2015 | |
| | DILTIAZEM HCL EXTENDED RELEASE BEADS | DILTIAZEM HCL | CP24 | | Preferred | Not covered | Preferred | Archived 2015 |
| | | DILTIAZEM HCL ER | CP24 | | Preferred | Not covered | Preferred | Archived 2015 |
| TAZTIA XT | | CP24 | | | Not covered | | Archived 2015 | |
| TIAZAC | | CP24 | | | Not covered | | Archived 2015 | |
| VERAPAMIL HCL | CALAN | TABS | | | Not covered | | Archived 2015 | |
| | CALAN SR | TBCR | | | Not covered | | Archived 2015 | |
| | ISOPTIN SR | TBCR | | | Not covered | | Archived 2015 | |
| | VERAPAMIL HCL | SOLN | | | Not covered | | Archived 2015 | |
| | VERAPAMIL HCL | TABS | | Preferred | Not covered | Preferred | Archived 2015 | |
| | VERAPAMIL HCL CR | TBCR | | Preferred | Not covered | Preferred | Archived 2015 | |
| | VERAPAMIL HCL ER | CP24 | | Preferred | Not covered | Preferred | Archived 2015 | |
| | VERAPAMIL HCL ER | TBCR | | Preferred | Not covered | Preferred | Archived 2015 | |
| | VERAPAMIL HCL SA | TBCR | | Preferred | Not covered | Preferred | Archived 2015 | |
| VERAPAMIL HCL SR | CP24 | | Preferred | Not covered | Preferred | Archived 2015 | | |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|--|---------------------------|-------------|----------------|------------|-------------|---------------------|---|
| VERAPAMIL HCL | VERAPAMIL HCL SR | TBCR | | Preferred | Not covered | Preferred | Archived 2015 |
| | VERELAN | CP24 | | | Not covered | | Archived 2015 |
| | VERELAN PM | CP24 | | | Not covered | | Archived 2015 |
| Diabetes Drugs - Amylin Agonist | | | | | | | |
| PRAMLINTIDE ACETATE | SYMLINPEN 120 | SOPN | No | | Not covered | | |
| | SYMLINPEN 60 | SOPN | No | | Not covered | | |
| Diabetes Drugs - DPP-4 Inhibitors | | | | | | | |
| ALOGLIPTIN BENZOATE | ALOGLIPTIN | TABS | | Preferred | Not covered | Preferred | |
| | NESINA | TABS | | | Not covered | | |
| ALOGLIPTIN/ METFORMIN HCL | ALOGLIPTIN/ METFORMIN HCL | TABS | | Preferred | Not covered | Preferred | |
| | KAZANO | TABS | | | Not covered | | |
| ALOGLIPTIN/ PIOGLITAZONE | ALOGLIPTIN/ PIOGLITAZONE | TABS | | Preferred | Not covered | Preferred | |
| | OSENI | TABS | | | Not covered | | |
| LINAGLIPTIN | TRADJENTA | TABS | | Preferred | Not covered | Preferred | |
| LINAGLIPTIN/ METFORMIN HCL | JENTADUETO | TABS | | Preferred | Not covered | Preferred | |
| | JENTADUETO XR | TB24 | | | Not covered | | |
| | SAXAGLIPTIN HCL | ONGLYZA | TABS | | Not covered | | |
| SAXAGLIPTIN/ METFORMIN HCL | JANUMET | TABS | | | Not covered | | |
| | JANUMET XR | TB24 | | | Not covered | | |
| | JANUMET XR | TB24 | | | Not covered | | |
| | KOMBIGLYZE XR | TB24 | | | Not covered | | |
| SITAGLIPTIN PHOSPHATE | JANUVIA | TABS | | | Not covered | | |
| SITAGLIPTIN/ SIMVASTATIN | JUVISYNC | TABS | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| Diabetes Drugs - GLP-1 Agonists | | | | | | | |
| ALBIGLUTIDE | TANZEUM | PEN | | | Not covered | | |
| | TANZEUM | SUSR | | | Not covered | | |
| DULAGLUTIDE | TRULICITY | SOPN | | | Not covered | | |
| EXENATIDE | BYDUREON | PEN | | | Not covered | | |
| | BYDUREON | SRER | | | Not covered | | |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|--------------------------------|----------------------|-------------|----------------|------------|-------------|---------------------|---|
| EXENATIDE | BYDUREON | SUSR | | | Not covered | | |
| | BYDUREON BCISE | AUIJ | | | Not covered | | |
| | BYDUREON PEN | PEN | | | Not covered | | |
| | BYETTA | SOLN | | Preferred | Not covered | Preferred | |
| | BYETTA | SOPN | | Preferred | Not covered | Preferred | |
| INSULIN DEGLUDEC/ LIRAGLUTIDE | XULTOPHY | SOPN | | | Not covered | | |
| INSULIN GLARGINE/ LIXISENATIDE | SOLIQUA 100/33 | SOPN | | | Not covered | | |
| LIRAGLUTIDE | VICTOZA | SOLN | | | Not covered | | |
| | VICTOZA | SOPN | | | Not covered | | |
| LIXISENATIDE | ADLYXIN | SOPN | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| | ADLYXIN STARTER PACK | PNKT | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |

Diabetes Drugs - Long-acting Insulins

| | | | | | | | |
|------------------|-------------------|------|---------------|-----------|-------------|-----------|---|
| INSULIN DEGLUDEC | TRESIBA FLEXTOUCH | SOPN | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| INSULIN DETEMIR | LEVEMIR | SOLN | | | Not covered | Preferred | |
| | LEVEMIR FLEXPEN | SOPN | | | Not covered | | |
| | LEVEMIR FLEXTOUCH | SOPN | | | Not covered | | |
| INSULIN GLARGINE | BASAGLAR KWIKPEN | SOPN | | | Not covered | | |
| | LANTUS | SOLN | | Preferred | Not covered | Preferred | |
| | LANTUS SOLOSTAR | SOPN | | Preferred | Not covered | Preferred | |
| | TOUJEO SOLOSTAR | SOPN | | | Not covered | | |

Diabetes Drugs - SGLT2 Inhibitors

| | | | | | | | |
|------------------------------|--------------|------|--|-----------|-------------|-----------|--|
| CANAGLIFLOZIN | INVOKANA | TABS | | Preferred | Not covered | Preferred | |
| CANAGLIFLOZIN/ METFORMIN HCL | INVOKAMET | TABS | | Preferred | Not covered | Preferred | |
| | INVOKAMET XR | TB24 | | | Not covered | | |
| DAPAGLIFLOZIN PROPANEDIOL | FARXIGA | TABS | | Preferred | Not covered | Preferred | |
| DAPAGLIFLOZIN/ METFORMIN HCL | XIGDUO XR | TB24 | | Preferred | Not covered | Preferred | |
| EMPAGLIFLOZIN | JARDIANCE | TABS | | | Not covered | | |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|---------------------------------------|-------------------------------|-------------|----------------|------------|-------------|---------------------|--|
| EMPAGLIFLOZIN/ LINAGLIPTIN | GLYXAMBI | TABS | | | Not covered | | |
| EMPAGLIFLOZIN/ METFORMIN HCL | SYNJARDY | TABS | | | Not covered | | |
| | SYNJARDY XR | TB24 | | | Not covered | | |
| Diabetes Drugs - Sulfonylureas | | | | | | | |
| CHLORPROPAMIDE | CHLORPROPAMIDE | TABS | | | Not covered | | Archived 2015 |
| GLIMEPIRIDE | AMARYL | TABS | | | Not covered | | Archived 2015 |
| | GLIMEPIRIDE | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| GLIPIZIDE | GLIPIZIDE | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| | GLIPIZIDE ER | TB24 | | Preferred | Not covered | Preferred | Archived 2015 |
| | GLIPIZIDE XL | TB24 | | Preferred | Not covered | Preferred | Archived 2015 |
| | GLUCOTROL | TABS | | | Not covered | | Archived 2015 |
| | GLUCOTROL XL | TB24 | | | Not covered | | Archived 2015 |
| GLYBURIDE | DIABETA | TABS | | | Not covered | | Archived 2015 |
| | GLYBURIDE | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| GLYBURIDE MICRONIZED | GLYBURIDE MICRONIZED | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| | GLYNASE | TABS | | | Not covered | | Archived 2015 |
| NATEGLINIDE | NATEGLINIDE | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| | STARLIX | TABS | | | Not covered | | Archived 2015 |
| REPAGLINIDE | PRANDIN | TABS | | | Not covered | | Archived 2015 |
| | REPAGLINIDE | TABS | | | Not covered | | Archived 2015 |
| TOLAZAMIDE | TOLAZAMIDE | TABS | | | Not covered | | Archived 2015 |
| TOLBUTAMIDE | TOLBUTAMIDE | TABS | | | Not covered | | Archived 2015 |
| Diabetes Drugs - TZD | | | | | | | |
| PIOGLITAZONE HCL | ACTOS | TABS | | | Not covered | | Archived 2016 |
| | PIOGLITAZONE HCL | TABS | | Preferred | Not covered | Preferred | Archived 2016 |
| PIOGLITAZONE HCL/ GLIMEPIRIDE | DUETACT | TABS | No TIP No DAW | | Not covered | | Archived 2016. Not included in OHSU review, therefore not part of the PDL program. |
| | PIOGLITAZONE HCL/ GLIMEPIRIDE | TABS | No TIP No DAW | | Not covered | | Archived 2016. Not included in OHSU review, therefore not part of the PDL program. |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|--|----------------------------------|-------------|----------------|------------|-------------|---------------------|---|
| ROSIGLITAZONE MALEATE | AVANDIA | TABS | | | Not covered | | Archived 2016 |
| Estrogen - Oral | | | | | | | |
| CONJUGATED ESTROGENS-BAZEDOXIFENE | DUAVEE | TABS | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| ESTERIFIED ESTROGENS | MENEST | TABS | | | Not covered | | |
| ESTRADIOL | ESTRACE | TABS | | | Not covered | | |
| | ESTRADIOL | PLLT | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| | ESTRADIOL | PTTW | | | Not covered | | |
| | ESTRADIOL | TABS | | Preferred | Not covered | Preferred | |
| ESTRADIOL ACETATE | FEMTRACE | TABS | | | Not covered | | |
| ESTRADIOL VALERATE | ESTRADIOL VALERATE | OIL | | | Not covered | | No longer included in OHSU review, therefore not part of the PDL program. |
| ESTROGENS, CONJUGATED | PREMARIN | TABS | | | Not covered | | |
| ESTROGENS, CONJUGATED SYNTHETIC B | ENJUVIA | TABS | | | Not covered | | |
| ESTROPIPATE | ESTROPIPATE | TABS | | Preferred | Not covered | Preferred | |
| | ORTHO-EST | TABS | | | Not covered | | |
| Estrogen - Oral Combination | | | | | | | |
| CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE | PREMPHASE | TABS | | | Not covered | | |
| | PREMPRO | TABS | | | Not covered | | |
| DROSPIRENONE-ESTRADIOL | ANGELIQ | TABS | | | Not covered | | |
| ESTRADIOL/ NORETHINDRONE ACETATE | ACTIVELLA | TABS | | | Not covered | | |
| | AMABELZ | TABS | | Preferred | Not covered | Preferred | |
| | ESTRADIOL/ NORETHINDRONE ACETATE | TABS | | Preferred | Not covered | Preferred | |
| | LOPREEZA | TABS | | | Not covered | | |
| | MIMVEY | TABS | | Preferred | Not covered | Preferred | |
| | MIMVEY LO | TABS | | Preferred | Not covered | Preferred | |
| ESTRADIOL/ NORGESTIMATE | PREFEST | TABS | | | Not covered | | |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|---|--|-------------|----------------|------------|-------------|---------------------|---|
| NORETHINDRONE ACETATE/ ETHINYL ESTRADIOL | FEMHRT LOW DOSE | TABS | | | Not covered | | |
| | FYAVOLV | TABS | | | Not covered | | |
| | JEVANTIQUE LO | TABS | | Preferred | Not covered | Preferred | |
| | JINTELI | TABS | | Preferred | Not covered | Preferred | |
| | NORETHINDRONE ACETATE/ ETHINYL ESTRADIOL | TABS | | Preferred | Not covered | Preferred | |
| Estrogen - Transdermal | | | | | | | |
| ESTRADIOL | ALORA | PTTW | | | Not covered | | |
| | CLIMARA | PTWK | | | Not covered | | |
| | DIVIGEL | GEL | | | Not covered | | |
| | ELESTRIN | GEL | | | Not covered | | |
| | ESTRADIOL | PTWK | | | Not covered | | |
| | ESTROGEL | GEL | | | Not covered | | |
| | EVAMIST | SOLN | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| | MENOSTAR | PTWK | | | Not covered | | |
| | MINIVELLE | PTTW | | | Not covered | | |
| | VIVELLE-DOT | PTTW | | | Not covered | | |
| Estrogen - Transdermal Combination | | | | | | | |
| ESTRADIOL/ LEVONORGESTREL | CLIMARA PRO | PTWK | | | Not covered | | |
| ESTRADIOL/ NORETHINDRONE ACETATE | COMBIPATCH | PTTW | | | Not covered | | |
| Estrogen - Vaginal | | | | | | | |
| ESTRADIOL ACETATE VAGINAL | FEMRING | RING | | | Not covered | | |
| ESTRADIOL VAGINAL | ESTRACE | CREA | | | Not covered | | |
| | ESTRING | RING | | Preferred | Not covered | Preferred | |
| | VAGIFEM | TABS | | | Not covered | | |
| | YUVAFEM | TABS | | | Not covered | | |
| ESTROGENS, CONJUGATED VAGINAL | PREMARIN | CREA | | | Not covered | | |
| Hepatitis C - Direct-Acting Antivirals | | | | | | | |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|---|--------------------------|-------------|----------------|------------|------------------------|---------------------|---|
| DACLATASVIR DIHYDROCHLORIDE | DAKLINZA | TABS | No | | PA required | | Refill TIP exempt by law. |
| ELBASVIR/ GRAZOPRE VIR | ZEPATIER | TABS | No | | PA required | | Refill TIP exempt by law. |
| GLECAPRE VIR-PIBRENTASVIR | MAVYRET | TABS | No | Preferred | Preferred, PA required | Preferred | Refill TIP exempt by law. |
| LEDIPASVIR/ SOFOSBUVIR | HARVONI | TABS | No | | PA required | | Refill TIP exempt by law. |
| OMBITASVIR/ PARITAPRE VIR/ RITONAVIR | TECHNIVIE | TABS | No | | PA required | | Refill TIP exempt by law. |
| OMBITASVIR/ PARITAPRE VIR/ RITONAVIR/ DASABUVIR | VIEKIRA XR | TB24 | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| PARITAPRE VIR/ RITONAVIR/ OMBITASVIR/ DASABUVIR | VIEKIRA PAK | TABS | No | | PA required | | Refill TIP exempt by law. |
| SIMEPRE VIR SODIUM | OLYSIO | CAPS | No | | PA required | | Refill TIP exempt by law. |
| SOFO SBUVIR | SOVALDI | TABS | No | | PA required | | Refill TIP exempt by law. |
| SOFO SBUVIR/ VELPATASVIR | EPCLUSA | TABS | No | Preferred | Preferred, PA required | Preferred | Refill TIP exempt by law. |
| SOFO SBUVIR/ VELPATASVIR/ VOXILAPRE VIR | VOSEVI | TABS | No | Preferred | Preferred, PA required | Preferred | Refill TIP exempt by law. |
| Hepatitis C - Peg-Interferons | | | | | | | |
| PEGINTERFERON ALFA-2A | PEGASYS | KIT | No | | Not covered | | Refill TIP exempt by law. |
| | PEGASYS | SOLN | No | | Not covered | | Refill TIP exempt by law. |
| | PEGASYS PROCLICK | SOLN | No | | Not covered | | Refill TIP exempt by law. |
| PEGINTERFERON ALFA-2B | PEG-INTRON | KIT | No | | Not covered | | Refill TIP exempt by law. |
| | PEG-INTRON REDIPEN | KIT | No | | Not covered | | Refill TIP exempt by law. |
| | PEG-INTRON REDIPEN PAK 4 | KIT | No | | Not covered | | Refill TIP exempt by law. |

Insomnia

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|-------------------|----------------------|-------------|----------------|------------|---------------------------|---------------------|---|
| DOXEPIN HCL | SILENOR | TABS | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| ESZOPICLONE | ESZOPICLONE | TABS | | | Acute Use Only | | |
| | LUNESTA | TABS | | | Acute Use Only | | |
| RAMELTEON | ROZEREM | TABS | No | Preferred | Preferred | Preferred | |
| SUVOREXANT | BELSOMRA | TABS | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| ZALEPLON | SONATA | CAPS | | | Acute Use Only | | |
| | ZALEPLON | CAPS | | Preferred | Preferred, Acute Use Only | Preferred | |
| ZOLPIDEM TARTRATE | AMBIEN | TABS | | | Acute Use Only | | |
| | AMBIEN CR | TBCR | | | Acute Use Only | | |
| | EDLUAR | SUBL | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| | INTERMEZZO | SUBL | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| | ZOLPIDEM TARTRATE | SUBL | | | Not covered | | |
| | ZOLPIDEM TARTRATE | TABS | | Preferred | Preferred, Acute Use Only | Preferred | |
| | ZOLPIDEM TARTRATE ER | TBCR | | | Acute Use Only | | |
| | ZOLPIMIST | SOLN | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| Macrolide | | | | | | | |
| AZITHROMYCIN | AZITHROMYCIN | PACK | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | AZITHROMYCIN | SUSR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | AZITHROMYCIN | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP, Archived 2016 |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|-------------------|-------------------|-------------|----------------|------------|-------------|---------------------|--|
| AZITHROMYCIN | ZITHROMAX | PACK | No | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| | ZITHROMAX | SUSR | No | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| | ZITHROMAX | TABS | No | | | | P&T Committee did not allow TIP, Archived 2016 |
| | ZITHROMAX TRI-PAK | TABS | No | | | | P&T Committee did not allow TIP, Archived 2016 |
| | ZITHROMAX Z-PAK | TABS | No | | | | P&T Committee did not allow TIP, Archived 2016 |
| | ZMAX | SUSR | No | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| CLARITHROMYCIN | BIAXIN | SUSR | No | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| | BIAXIN | TABS | No | | | | P&T Committee did not allow TIP, Archived 2016 |
| | BIAXIN XL | TB24 | No | | | | P&T Committee did not allow TIP, Archived 2016 |
| | BIAXIN XL PAC | TB24 | No | | | | P&T Committee did not allow TIP, Archived 2016 |
| | CLARITHROMYCIN | SUSR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | CLARITHROMYCIN | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | CLARITHROMYCIN ER | TB24 | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| ERYTHROMYCIN BASE | ERY-TAB | TBEC | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP, Archived 2016 |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|-----------------------------|-----------------------------|-------------|----------------|------------|-------------|---------------------|--|
| ERYTHROMYCIN BASE | ERYTHROMYCIN | CPEP | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | ERYTHROMYCIN BASE | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| ERYTHROMYCIN BASE (COATED) | PCE | TBEC | No | | Not covered | | P&T Committee did not allow TIP, Archived 2016 |
| ERYTHROMYCIN ETHYLSUCCINATE | E.E.S. 400 | TABS | No | | | | P&T Committee did not allow TIP, Archived 2016 |
| | E.E.S. GRANULES | SUSR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | ERYPED 200 | SUSR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | ERYPED 400 | SUSR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | ERYTHROMYCIN ETHYLSUCCINATE | SUSR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | ERYTHROMYCIN ETHYLSUCCINATE | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| ERYTHROMYCIN STEARATE | ERYTHROCIN STEARATE | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| | ERYTHROMYCIN STEARATE | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP, Archived 2016 |
| MS Drugs | | | | | | | |
| ALEMTUZUMAB | LEMTRADA | SOLN | No | | Not covered | | P&T Committee did not allow TIP |
| DACLIZUMAB HYP | ZINBRYTA | SOLN | No | | Not covered | | P&T Committee did not allow TIP |
| | ZINBRYTA | SOSY | No | | Not covered | | P&T Committee did not allow TIP |

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

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|----------------------------|-----------------------|-------------|----------------|------------|-------------|---------------------|---------------------------------|
| INTERFERON BETA-1A | REBIF TITRATION PACK | SOSY | No | | Not covered | Preferred | P&T Committee did not allow TIP |
| INTERFERON BETA-1B | BETASERON | KIT | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | BETASERON | SOLR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | EXTAVIA | KIT | No | | Not covered | | P&T Committee did not allow TIP |
| | EXTAVIA | SOLR | No | | Not covered | | P&T Committee did not allow TIP |
| MITOXANTRONE HYDROCHLORIDE | MITOXANTRONE HCL | CONC | No | | Not covered | | P&T Committee did not allow TIP |
| NATALIZUMAB | TYSABRI | CONC | No | | Not covered | | P&T Committee did not allow TIP |
| OCRELIZUMAB | OCREVUS | SOLN | No | | Not covered | | P&T Committee did not allow TIP |
| PEGINTERFERON BETA-1A | PLEGRIDY | SOLN | No | | Not covered | | P&T Committee did not allow TIP |
| | PLEGRIDY PEN | PEN | No | | Not covered | | P&T Committee did not allow TIP |
| | PLEGRIDY STARTER PACK | SOPN | No | | Not covered | | P&T Committee did not allow TIP |
| | PLEGRIDY STARTER PACK | SOSY | No | | Not covered | | P&T Committee did not allow TIP |
| TERIFLUNOMIDE | AUBAGIO | TABS | No | | Not covered | | P&T Committee did not allow TIP |

Nasal Corticosteroid

| | | | | | | | |
|-----------------------------|------------------------|------|---------------|--|-------------|-------------|--------------------|
| BECLOMETHASONE DIPROPIONATE | BECONASE AQ | SUSP | | | Not covered | | Archived 2016 |
| | QNASL | AERS | No TIP No DAW | | Not covered | Not covered | Archived 2016 |
| | QNASL CHILDRENS | AERS | No TIP No DAW | | Not covered | Not covered | Archived 2016 |
| BUDESONIDE (NASAL) | BUDESONIDE | SUSP | | | Not covered | | Archived 2016 |
| | BUDESONIDE NASAL SPRAY | SUSP | | | Not covered | Preferred | OTC, Archived 2016 |
| | RHINOCORT ALLERGY | SUSP | | | Not covered | | OTC, Archived 2016 |
| | RHINOCORT AQUA | SUSP | | | Not covered | | Archived 2016 |
| CICLESONIDE (NASAL) | OMNARIS | SUSP | | | Not covered | | Archived 2016 |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|---------------------------------|----------------------------------|-------------|----------------|-------------|-------------|---------------------|---|
| CICLESONIDE (NASAL) | ZETONNA | AERS | No TIP No DAW | Not covered | Not covered | | Archived 2016 |
| FLUNISOLIDE (NASAL) | FLUNISOLIDE | SOLN | | Not covered | | | Archived 2016 |
| FLUTICASONE FUROATE | VERAMYST | SUSP | | Not covered | | | Archived 2016 |
| FLUTICASONE PROPIONATE (NASAL) | FLONASE | SUSP | | Not covered | | | Archived 2016 |
| | FLONASE ALLERGY RELIEF | SUSP | | Not covered | | | OTC, Archived 2016 |
| | FLONASE ALLERGY RELIEF CHILDRENS | SUSP | | Not covered | Not covered | | OTC, Archived 2016 |
| | FLUTICASONE PROPIONATE | SUSP | | Not covered | Preferred | Preferred | OTC, Archived 2016 |
| MOMETASONE FUROATE (NASAL) | MOMETASONE FUROATE | SUSP | | Not covered | Not covered | | Archived 2016 |
| | NASONEX | SUSP | | Not covered | | | Archived 2016 |
| TRIAMCINOLONE ACETONIDE (NASAL) | NASACORT ALLERGY 24HR | AERO | | Not covered | | | OTC, Archived 2016 |
| | NASACORT ALLERGY 24HR CHILDRENS | AERO | | Not covered | Not covered | | OTC, Archived 2016 |
| | NASACORT AQ | AERO | | Not covered | Not covered | | Archived 2016 |
| | NASACORT AQ | AERS | | Not covered | Not covered | | Archived 2016 |
| | TRIAMCINOLONE ACETONIDE | AERO | | Not covered | Preferred | Preferred | OTC, Archived 2016 |
| NSAID / Cox-II Inhibitor | | | | | | | |
| CELECOXIB | CELEBREX | CAPS | No | | | | P&T Committee removed from TIP, Archived 2015 |
| | CELECOXIB | CAPS | No | | | | P&T Committee removed from TIP, Archived 2015 |
| DICLOFENAC | ZORVOLEX | CAPS | No TIP No DAW | | Not covered | | Archived 2015 |
| DICLOFENAC EPOLAMINE | FLECTOR | PTCH | | | Not covered | | Archived 2015 |
| DICLOFENAC POTASSIUM | CATAFLAM | TABS | | | Not covered | | Archived 2015 |
| | DICLOFENAC POTASSIUM | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| | ZIPSOR | CAPS | | | Not covered | | Archived 2015 |
| DICLOFENAC POTASSIUM (MIGRAINE) | CAMBIA | PACK | No TIP No DAW | | Not covered | | Archived 2015 |
| DICLOFENAC SODIUM | DICLOFENAC SODIUM DR | TBEC | | Preferred | Preferred | Preferred | Archived 2015 |
| | DICLOFENAC SODIUM EC | TBEC | | Preferred | Preferred | Preferred | Archived 2015 |
| | DICLOFENAC SODIUM ER | TB24 | | Preferred | Preferred | Preferred | Archived 2015 |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|---------------------------------------|----------------------|-------------|----------------|------------|-------------|---------------------|---------------|
| DICLOFENAC SODIUM | DICLOFENAC SODIUM SR | TB24 | | Preferred | Preferred | Preferred | Archived 2015 |
| | DICLOFENAC SODIUM XR | TB24 | | Preferred | Preferred | Preferred | Archived 2015 |
| | VOLTAREN-XR | TB24 | | | | | Archived 2015 |
| DICLOFENAC SODIUM (ACTINIC KERATOSIS) | DICLOFENAC SODIUM | GEL | | | Not covered | | Archived 2015 |
| | SOLARAZE | GEL | | | Not covered | | Archived 2015 |
| DICLOFENAC SODIUM (TOPICAL) | DICLOFENAC SODIUM | CREA | No TIP No DAW | | Not covered | | Archived 2015 |
| | DICLOFENAC SODIUM | GEL | | | Not covered | | Archived 2015 |
| | DICLOFENAC SODIUM | SOLN | No TIP No DAW | | Not covered | | Archived 2015 |
| | KLOFENSAID II | SOLN | No TIP No DAW | | Not covered | | Archived 2015 |
| | PENNSAID | SOLN | No | | Not covered | | Archived 2015 |
| | REXAPHENAC | CREA | No TIP No DAW | | Not covered | | Archived 2015 |
| | VOLTAREN | GEL | No | | Not covered | | Archived 2015 |
| | VOPAC MDS | KIT | No TIP No DAW | | Not covered | | Archived 2015 |
| DIFLUNISAL | DIFLUNISAL | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| ETODOLAC | ETODOLAC | CAPS | | Preferred | Preferred | Preferred | Archived 2015 |
| | ETODOLAC | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| | ETODOLAC ER | TB24 | | Preferred | Preferred | Preferred | Archived 2015 |
| | LODINE | TABS | | | | | Archived 2015 |
| FENOPROFEN CALCIUM | FENOPROFEN CALCIUM | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| | NALFON | CAPS | | | | | Archived 2015 |
| FLURBIPROFEN | FLURBIPROFEN | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| IBUPROFEN | IBUPROFEN | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| INDOMETHACIN | INDOCIN | SUPP | | | | | Archived 2015 |
| | INDOCIN | SUSP | | | | | Archived 2015 |
| | INDOMETHACIN | CAPS | | Preferred | Preferred | Preferred | Archived 2015 |
| | INDOMETHACIN CR | CPCR | | Preferred | Preferred | Preferred | Archived 2015 |
| | INDOMETHACIN ER | CPCR | | Preferred | Preferred | Preferred | Archived 2015 |
| | INDOMETHACIN SA | CPCR | | Preferred | Preferred | Preferred | Archived 2015 |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|------------------------|------------------------|-------------|----------------|------------|-------------|---------------------|---------------|
| INDOMETHACIN | INDOMETHACIN SR | CPCR | | Preferred | Preferred | Preferred | Archived 2015 |
| | TIVORBEX | CAPS | No TIP No DAW | | Not covered | | Archived 2015 |
| KETOPROFEN | KETOPROFEN | CAPS | | Preferred | Preferred | Preferred | Archived 2015 |
| | KETOPROFEN ER | CP24 | | Preferred | Preferred | Preferred | Archived 2015 |
| KETOROLAC TROMETHAMINE | KETOROLAC TROMETHAMINE | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| MECLOFENAMATE SODIUM | MECLOFENAMATE SODIUM | CAPS | | | | | Archived 2015 |
| MEFENAMIC ACID | MEFENAMIC ACID | CAPS | | Preferred | Preferred | Preferred | Archived 2015 |
| | PONSTEL | CAPS | | | | | Archived 2015 |
| MELOXICAM | MELOXICAM | SUSP | | Preferred | Preferred | Preferred | Archived 2015 |
| | MELOXICAM | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| | MOBIC | SUSP | | | | | Archived 2015 |
| | MOBIC | TABS | | | | | Archived 2015 |
| | VIVLODEX | CAPS | No TIP No DAW | | Not covered | | Archived 2015 |
| NABUMETONE | NABUMETONE | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| NAPROXEN | EC-NAPROSYN | TBEC | | | | | Archived 2015 |
| | MEDIPROXEN | TABS | | | | | Archived 2015 |
| | NAPROSYN | SUSP | | | | | Archived 2015 |
| | NAPROSYN | TABS | | | | | Archived 2015 |
| | NAPROXEN | SUSP | | Preferred | Preferred | Preferred | Archived 2015 |
| | NAPROXEN | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| | NAPROXEN DR | TBEC | | Preferred | Preferred | Preferred | Archived 2015 |
| | NAPROXEN EC | TBEC | | Preferred | Preferred | Preferred | Archived 2015 |
| | NAPROXEN KIT | TABS | No TIP No DAW | | Not covered | | Archived 2015 |
| NAPROXEN SODIUM | ANAPROX | TABS | | | | | Archived 2015 |
| | ANAPROX DS | TABS | | | | | Archived 2015 |
| | NAPRELAN | TB24 | | | | | Archived 2015 |
| | NAPROXEN SODIUM | CAPS | | Preferred | Preferred | Preferred | Archived 2015 |
| | NAPROXEN SODIUM | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| | NAPROXEN SODIUM | TB24 | | Preferred | Preferred | Preferred | Archived 2015 |
| | NAPROXEN SODIUM CR | TB24 | | Preferred | Preferred | Preferred | Archived 2015 |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|------------------------------|------------------------|-------------|----------------|------------|------------|---------------------|---|
| NAPROXEN SODIUM | NAPROXEN SODIUM ER | TB24 | | Preferred | Preferred | Preferred | Archived 2015 |
| OXAPROZIN | DAYPRO | TABS | | | | | Archived 2015 |
| | OXAPROZIN | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| PIROXICAM | FELDENE | CAPS | | | | | Archived 2015 |
| | PIROXICAM | CAPS | | Preferred | Preferred | Preferred | Archived 2015 |
| SALSALATE | DISALCID | TABS | | | | | Archived 2015 |
| | SALSALATE | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| SULINDAC | SULINDAC | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| TOLMETIN SODIUM | TOLMETIN SODIUM | CAPS | | Preferred | Preferred | Preferred | Archived 2015 |
| | TOLMETIN SODIUM | TABS | | Preferred | Preferred | Preferred | Archived 2015 |
| Opioids - Long Acting | | | | | | | |
| BUPRENORPHINE | BUTRANS | PTWK | No | | | Not covered | |
| BUPRENORPHINE BUCCAL FILM | BELBUCA | FILM | No TIP No DAW | | | Not covered | Not included in OHSU review, therefore not part of the PDL program. |
| FENTANYL | DURAGESIC | PT72 | No | | | Not covered | |
| | FENTANYL | PT72 | No | Preferred | | Not covered | Preferred |
| HYDROCODONE BITARTRATE | HYSINGLA ER | TABS | No | | | Not covered | |
| | ZOXYDOL ER | CP12 | No | | | Not covered | |
| HYDROMORPHONE HCL | EXALGO | TB24 | No | | | Not covered | |
| | HYDROMORPHONE HCL ER | T24A | No | Preferred | | Not covered | Preferred |
| LEVORPHANOL TARTRATE | LEVORPHANOL TARTRATE | TABS | No | | | Not covered | |
| METHADONE HCL | DOLOPHINE | TABS | No | | | Not covered | |
| | DOLOPHINE HCL | TABS | No | | | Not covered | |
| | METHADONE HCL | CONC | No | | | Not covered | |
| | METHADONE HCL | SOLN | No | | | Not covered | |
| | METHADONE HCL | TABS | No | | | Not covered | |
| | METHADONE HCL | TBSO | No | | | Not covered | |
| | METHADONE HCL INTENSOL | CONC | No | | | Not covered | |
| | METHADOSE | CONC | No | | | Not covered | |
| | METHADOSE | TABS | No | | | Not covered | |
| | METHADOSE | TBSO | No | | | Not covered | |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|---|------------------------------|-------------|----------------|------------|-------------|---------------------|---|
| METHADONE HCL | METHADOSE SUGAR-FREE | CONC | No | | Not covered | | |
| MORPHINE SULFATE | ARYMO ER | TABS | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| | KADIAN | CP24 | No | | Not covered | | |
| | MORPHINE SULFATE CR | TBCR | No | Preferred | Not covered | Preferred | |
| | MORPHINE SULFATE ER | CP24 | No | Preferred | Not covered | Preferred | |
| | MORPHINE SULFATE ER | TBCR | No | Preferred | Not covered | Preferred | |
| | MS CONTIN | TB12 | No | | Not covered | | |
| | MS CONTIN | TBCR | No | | Not covered | | |
| MORPHINE SULFATE BEADS | AVINZA | CP24 | No | | Not covered | | |
| | MORPHINE SULFATE ER | CP24 | No | Preferred | Not covered | Preferred | |
| MORPHINE-NALTREXONE | EMBEDA | CPCR | No | | Not covered | | |
| OXYCODONE HCL | OXYCODONE HCL ER | T12A | No | Preferred | Not covered | Preferred | |
| | OXYCONTIN | TB12 | No | | Not covered | | |
| | XTAMPZA ER | CAPS | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| OXYMORPHONE HCL | OPANA ER | TB12 | No | | Not covered | | |
| | OPANA ER (CRUSH RESISTANT) | T12A | No | | Not covered | | |
| | OXYMORPHONE HYDROCHLORIDE ER | TB12 | No | | Not covered | | |
| TAPENTADOL HCL | NUCYNTA ER | TB12 | No | | Not covered | | |
| 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 | | | | | |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|--|---------------------------|-------------|----------------|-------------|-------------|---------------------|---------------|
| OXYBUTYNIN CHLORIDE | GELNIQUE PUMP | GEL | | | | | |
| | OXYBUTYNIN CHLORIDE ER | TB24 | | Preferred | Preferred | Preferred | |
| SOLIFENACIN SUCCINATE | VESICARE | TABS | | | | | |
| TOLTERODINE TARTRATE | DETROL LA | CP24 | | | | | |
| | TOLTERODINE TARTRATE ER | CP24 | | Preferred | Preferred | Preferred | |
| TROSPIUM CHLORIDE | SANCTURA XR | CP24 | | | | | |
| | TROSPIUM CHLORIDE ER | CP24 | | Preferred | Preferred | Preferred | |
| Overactive Bladder - Short Acting | | | | | | | |
| FLAVOXATE HCL | FLAVOXATE HCL | TABS | | | | | |
| OXYBUTYNIN CHLORIDE | OXYBUTYNIN CHLORIDE | SYRP | | Preferred | Preferred | Preferred | |
| | OXYBUTYNIN CHLORIDE | TABS | | Preferred | Preferred | Preferred | |
| TOLTERODINE TARTRATE | DETROL | TABS | | | | | |
| | TOLTERODINE TARTRATE | TABS | | Preferred | Preferred | Preferred | |
| TROSPIUM CHLORIDE | SANCTURA | TABS | | | | | |
| | TROSPIUM CHLORIDE | TABS | | Preferred | Preferred | Preferred | |
| PCSK-9 Inhibitors | | | | | | | |
| ALIROCUMAB | PRALUENT | SOPN | | | Not covered | | |
| | PRALUENT | SOSY | | | Not covered | | |
| EVOLOCUMAB | REPATHA | SOSY | | Preferred | Not covered | Preferred | |
| | REPATHA PUSHTRONEX SYSTEM | SOCT | | Preferred | Not covered | Preferred | |
| | REPATHA SURECLICK | SOAJ | | Preferred | Not covered | Preferred | |
| Proton Pump Inhibitors | | | | | | | |
| DEXLANSOPRAZOLE | DEXILANT | CPDR | | Not covered | | | Archived 2015 |
| ESOMEPRAZOLE MAGNESIUM | ESOMEPRAZOLE MAGNESIUM | CPDR | | Not covered | | | Archived 2015 |
| | NEXIUM | CPDR | | Not covered | | | Archived 2015 |
| | NEXIUM | PACK | | Not covered | Not covered | | Archived 2015 |
| | NEXIUM 24HR | CPDR | | Not covered | | | Archived 2015 |
| ESOMEPRAZOLE STRONTIUM | ESOMEPRAZOLE STRONTIUM | CPDR | No TIP No DAW | Not covered | Not covered | | Archived 2015 |
| LANSOPRAZOLE | FIRST-LANSOPRAZOLE | SUSP | | Not covered | Not covered | | Archived 2015 |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|---|--------------------------------|---------------------|----------------|-------------|-------------|---------------------|---|
| LANSOPRAZOLE | LANSOPRAZOLE | CPDR | | Not covered | | | Archived 2015 |
| | PREVACID | CPDR | | Not covered | | | Archived 2015 |
| | PREVACID 24HR | CPDR | | Not covered | | | Archived 2015 |
| | PREVACID SOLUTAB | TBDP | | Not covered | Not covered | | Archived 2015 |
| OMEPRAZOLE | FIRST-OMEPRAZOLE | SUSP | | Not covered | Not covered | | Archived 2015 |
| | OMEPRAZOLE | CPDR | | Not covered | Preferred | Preferred | Archived 2015 |
| | OMEPRAZOLE | TBEC | | Not covered | Preferred | Preferred | Archived 2015 |
| | OMEPRAZOLE | TBEC | | Not covered | Preferred | Preferred | Archived 2015 |
| | OMEPRAZOLE/ SYRSPEND SF ALKA | SUSP | | Not covered | Not covered | | Archived 2015 |
| | PRILOSEC | CPDR | | Not covered | | | Archived 2015 |
| OMEPRAZOLE MAGNESIUM | OMEPRAZOLE MAGNESIUM | CPDR | | Not covered | Preferred | Preferred | Archived 2015 |
| | PRILOSEC | PACK | | Not covered | Not covered | | Archived 2015 |
| | PRILOSEC OTC | TBEC | | Not covered | | | Archived 2015 |
| OMEPRAZOLE/ SODIUM BICARBONATE | OMEPRAZOLE/ SODIUM BICARBONATE | CAPS | | Not covered | | | Archived 2015 |
| | ZEGERID | CAPS | | Not covered | | | Archived 2015 |
| | ZEGERID | PACK | | Not covered | Not covered | | Archived 2015 |
| | ZEGERID OTC | CAPS | | Not covered | | | Archived 2015 |
| | PANTOPRAZOLE SODIUM | PANTOPRAZOLE SODIUM | SOLR | | Not covered | Not covered | Archived 2015 |
| PANTOPRAZOLE SODIUM | PANTOPRAZOLE SODIUM | TBEC | | Not covered | Preferred | Preferred | Archived 2015 |
| | PROTONIX | PACK | | Not covered | Not covered | Preferred | Archived 2015 |
| | PROTONIX | SOLR | | Not covered | Not covered | | Archived 2015 |
| | PROTONIX | TBEC | | Not covered | | | Archived 2015 |
| RABEPRAZOLE SODIUM | ACIPHEX | TBEC | | Not covered | | | Archived 2015 |
| | ACIPHEX SPRINKLE | CPSP | | Not covered | | | Archived 2015 |
| | RABEPRAZOLE SODIUM | TBEC | | Not covered | | | Archived 2015 |
| Second Generation Antipsychotics | | | | | | | |
| ARIPIRAZOLE | ABILIFY | SOLN | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|------------------------|-------------------|-------------|----------------|------------|-------------|---------------------|---|
| ARIPIPIRAZOLE | ABILIFY | SOLN | No | | Not covered | | IM injectable only. P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | ABILIFY | TABS | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | ABILIFY DISCMELT | TBDP | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | ABILIFY MAINTENA | SUSR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | ARIPIPIRAZOLE | SOLN | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | ARIPIPIRAZOLE | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | ARIPIPIRAZOLE ODT | TBDP | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| ARIPIPIRAZOLE LAUROXIL | ARISTADA | PRSY | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| ASENAPINE MALEATE | SAPHRIS | SUBL | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| BREXPIPIRAZOLE | REXULTI | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| CARIPRAZINE HCL | VRAYLAR | CAPS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | VRAYLAR | CPPK | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| CLOZAPINE | CLOZAPINE | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | CLOZAPINE ODT | TBDP | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|----------------|-----------------------|-------------|----------------|------------|-------------|---------------------|---|
| CLOZAPINE | CLOZARIL | TABS | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | FAZACLO | TBDP | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | VERSACLOZ | SUSP | No | | Not covered | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| ILOPERIDONE | FANAPT | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | FANAPT TITRATION PACK | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| LURASIDONE HCL | LATUDA | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| OLANZAPINE | OLANZAPINE | SOLR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | OLANZAPINE | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | OLANZAPINE ODT | TBDP | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | ZYPREXA | SOLR | No | | Not covered | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | ZYPREXA | TABS | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | ZYPREXA ZYDIS | TBDP | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | ZYPREXA RELPREVV | SUSR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| PALIPERIDONE | INVEGA | TB24 | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|------------------------|------------------------|-------------|----------------|------------|-------------|---------------------|---|
| PALIPERIDONE | PALIPERIDONE ER | TB24 | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| PALIPERIDONE PALMITATE | INVEGA SUSTENNA | SUSP | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | INVEGA TRINZA | SUSP | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| QUETIAPINE FUMARATE | QUETIAPINE FUMARATE | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | QUETIAPINE FUMARATE ER | TB24 | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | SEROQUEL | TABS | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | SEROQUEL XR | TB24 | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| RISPERIDONE | RISPERDAL | SOLN | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | RISPERDAL | TABS | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | RISPERDAL M-TAB | TBDP | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | RISPERIDONE | SOLN | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | RISPERIDONE | TABS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | RISPERIDONE M-TAB | TBDP | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | RISPERIDONE ODT | TBDP | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|---------------------------------|---------------------|-------------|----------------|------------|-------------|---------------------|---|
| RISPERIDONE MICROSPHERES | RISPERDAL CONSTA | SUSR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| ZIPRASIDONE HCL | GEODON | CAPS | No | | | | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| | ZIPRASIDONE HCL | CAPS | No | Preferred | Preferred | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| ZIPRASIDONE MESYLATE | GEODON | SOLR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| Skeletal Muscle Relaxant | | | | | | | |
| CARISOPRODOL | CARISOPRODOL | TABS | No TIP No DAW | | | Not covered | P&T Committee Recommended Not Covered, Archived 2016 |
| | SOMA | TABS | No TIP No DAW | | | Not covered | P&T Committee Recommended Not Covered, Archived 2016 |
| CHLORZOXAZONE | CHLORZOXAZONE | TABS | | | | | Archived 2016 |
| | LORZONE | TABS | | | | | Archived 2016 |
| | PARAFON FORTE DSC | TABS | | | | | Archived 2016 |
| CYCLOBENZAPRINE HCL | AMRIX | CP24 | No TIP No DAW | | | Not covered | Archived 2016 |
| | CYCLOBENZAPRINE HCL | TABS | | Preferred | Preferred | Preferred | Archived 2016 |
| | FEXMID | TABS | | | | | Archived 2016 |
| DANTROLENE SODIUM | DANTRIUM | CAPS | | | | | Archived 2016 |
| | DANTROLENE SODIUM | CAPS | | | | | Archived 2016 |
| METAXALONE | METAXALL | TABS | | | | | Archived 2016 |
| | METAXALONE | TABS | | | | | Archived 2016 |
| | SKELAXIN | TABS | | | | | Archived 2016 |
| METHOCARBAMOL | METHOCARBAMOL | SOLN | | Preferred | Preferred | Preferred | Archived 2016 |
| | METHOCARBAMOL | TABS | | Preferred | Preferred | Preferred | Archived 2016 |
| | ROBAXIN | SOLN | | | | | Archived 2016 |
| | ROBAXIN | TABS | | | | | Archived 2016 |
| | ROBAXIN-750 | TABS | | | | | Archived 2016 |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|--|-------------------------|-------------|----------------|------------|-------------|---|---------------|
| ORPHENADRINE CITRATE | NORFLEX | SOLN | | | | | Archived 2016 |
| | ORPHENADRINE CITRATE | SOLN | | | | | Archived 2016 |
| | ORPHENADRINE CITRATE CR | TB12 | | | | | Archived 2016 |
| | ORPHENADRINE CITRATE ER | TB12 | | | | | Archived 2016 |
| Skeletal Muscle Relaxant - Antispasticity | | | | | | | |
| BACLOFEN | BACLOFEN | TABS | | Preferred | Preferred | Preferred | Archived 2016 |
| TIZANIDINE HCL | TIZANIDINE HCL | CAPS | | Preferred | Preferred | Preferred | Archived 2016 |
| | TIZANIDINE HCL | TABS | | Preferred | Preferred | Preferred | Archived 2016 |
| | ZANAFLEX | CAPS | | | | | Archived 2016 |
| | ZANAFLEX | TABS | | | | | Archived 2016 |
| Statin (HMG-CoA Reductase Inhibitor) | | | | | | | |
| ATORVASTATIN CALCIUM | ATORVASTATIN CALCIUM | TABS | | Preferred | Not covered | Preferred | |
| | LIPITOR | TABS | | | Not covered | | |
| FLUVASTATIN SODIUM | FLUVASTATIN | CAPS | | | Not covered | | |
| | FLUVASTATIN SODIUM ER | TB24 | | | Not covered | | |
| | LESCOL | CAPS | | | Not covered | | |
| | LESCOL XL | TB24 | | | Not covered | | |
| LOVASTATIN | ALTOPREV | TB24 | | | Not covered | | |
| | LOVASTATIN | TABS | | Preferred | Not covered | Preferred | |
| | MEVACOR | TABS | | | Not covered | | |
| PITAVASTATIN CALCIUM | LIVALO | TABS | No TIP No DAW | | Not covered | Not included in OHSU review, therefore not part of the PDL program. | |
| PRAVASTATIN SODIUM | PRAVACHOL | TABS | | | Not covered | | |
| | PRAVASTATIN SODIUM | TABS | | Preferred | Not covered | Preferred | |
| ROSUVASTATIN CALCIUM | CRESTOR | TABS | | | Not covered | | |
| | ROSUVASTATIN CALCIUM | TABS | | Preferred | Not covered | Preferred | |
| SIMVASTATIN | FLOLIPID | SUSP | | | Not covered | | |
| | SIMVASTATIN | TABS | | Preferred | Not covered | Preferred | |
| | ZOCOR | TABS | | | Not covered | | |
| Targeted Immune Modulator (TIM) | | | | | | | |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|-------------|--|-------------|----------------|------------|-------------|---------------------|---|
| ABATACEPT | ORENCIA | SOLN | No | | Not covered | | P&T Committee did not allow TIP |
| | ORENCIA | SOLR | No | | Not covered | | P&T Committee did not allow TIP |
| | ORENCIA | SOSY | No | | Not covered | | P&T Committee did not allow TIP |
| | ORENCIA CLICKJECT | SOAJ | No | | Not covered | | P&T Committee did not allow TIP |
| ADALIMUMAB | HUMIRA | KIT | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | HUMIRA | PSKT | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK | PSKT | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | HUMIRA PEN | KIT | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | HUMIRA PEN | PNKT | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | HUMIRA PEN-CROHNS DISEASESTARTER | KIT | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | HUMIRA PEN-CROHNS DISEASESTARTER | PNKT | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | HUMIRA PEN-PSORIASIS STARTER | KIT | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| ANAKINRA | KINERET | SOLN | No | | Not covered | | P&T Committee did not allow TIP |
| | KINERET | SOSY | No | | Not covered | | P&T Committee did not allow TIP |
| APREMILAST | OTEZLA | TABS | No | | Not covered | | P&T Committee did not allow TIP |
| | OTEZLA | TBPK | No | | Not covered | | P&T Committee did not allow TIP |
| BRODALUMAB | SILIQ | SOSY | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| CANAKINUMAB | ILARIS | SOLR | No | | Not covered | | P&T Committee did not allow TIP |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|--------------------|--------------------|-------------|----------------|------------|-------------|---------------------|---|
| CERTOLIZUMAB PEGOL | CIMZIA | KIT | No | | Not covered | | P&T Committee did not allow TIP |
| | CIMZIA STARTER KIT | KIT | No | | Not covered | | P&T Committee did not allow TIP |
| ETANERCEPT | ENBREL | KIT | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | ENBREL | SOLN | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | ENBREL | SOLR | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | ENBREL | SOSY | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | ENBREL SURECLICK | SOAJ | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| | ENBREL SURECLICK | SOLN | No | Preferred | Not covered | Preferred | P&T Committee did not allow TIP |
| GOLIMUMAB | SIMPONI | SOAJ | No | | Not covered | | P&T Committee did not allow TIP |
| | SIMPONI | SOLN | No | | Not covered | | P&T Committee did not allow TIP |
| | SIMPONI | SOSY | No | | Not covered | | P&T Committee did not allow TIP |
| | SIMPONI ARIA | SOLN | No | | Not covered | | P&T Committee did not allow TIP |
| GUSELKUMAB | TREMFYA | SOSY | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| INFLIXIMAB | REMICADE | SOLR | No | | Not covered | | P&T Committee did not allow TIP |
| INFLIXIMAB-ABDA | RENFLEXIS | SOLR | No | | Not covered | | P&T Committee did not allow TIP |
| INFLIXIMAB-DYYB | INFLECTRA | SOLR | No | | Not covered | | P&T Committee did not allow TIP |
| IXEKIZUMAB | TALTZ | SOAJ | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| | TALTZ | SOSY | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|------------------------------------|--------------------------|-------------|----------------|------------|-------------|---------------------|---|
| RITUXIMAB | RITUXAN | SOLN | No | | Not covered | | P&T Committee did not allow TIP |
| SARILUMAB | KEVZARA | SOLN | No | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| | KEVZARA | SOSY | No | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| SECUKINUMAB | COSENTYX | SOLN | No | | Not covered | | P&T Committee did not allow TIP |
| | COSENTYX | SOSY | No | | Not covered | | P&T Committee did not allow TIP |
| | COSENTYX SENSOREADY PEN | SOAJ | No | | Not covered | | P&T Committee did not allow TIP |
| TOCILIZUMAB | ACTEMRA | SOLN | No | | Not covered | | P&T Committee did not allow TIP |
| | ACTEMRA | SOSY | No | | Not covered | | P&T Committee did not allow TIP |
| TOFACITINIB CITRATE | XELJANZ | TABS | No | | Not covered | | P&T Committee did not allow TIP |
| | XELJANZ XR | TB24 | No TIP No DAW | | Not covered | | Not included in OHSU review, therefore not part of the PDL program. |
| USTEKINUMAB | STELARA | SOLN | No | | Not covered | | P&T Committee did not allow TIP |
| | STELARA | SOSY | No | | Not covered | | P&T Committee did not allow TIP |
| VEDOLIZUMAB | ENTYVIO | SOLR | No | | Not covered | | P&T Committee did not allow TIP |
| Triptan (Migraine Headache) | | | | | | | |
| ALMOTRIPTAN MALATE | ALMOTRIPTAN | TABS | | | Not covered | | Archived 2015 |
| | ALMOTRIPTAN MALATE | TABS | | | Not covered | | Archived 2015 |
| | AXERT | TABS | | | Not covered | | Archived 2015 |
| ELETRIPATAN HYDROBROMIDE | ELETRIPATAN HYDROBROMIDE | TABS | | | Not covered | | Archived 2015 |
| | RELPAX | TABS | | | Not covered | | Archived 2015 |
| FROVATRIPTAN SUCCINATE | FROVA | TABS | | | Not covered | | Archived 2015 |
| | FROVATRIPTAN SUCCINATE | TABS | | | Not covered | | Archived 2015 |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|-----------------------|------------------------------|-------------|----------------|------------|-------------|---------------------|---------------|
| NARATRIPTAN HCL | AMERGE | TABS | | | Not covered | | Archived 2015 |
| | NARATRIPTAN HCL | TABS | | | Not covered | | Archived 2015 |
| RIZATRIPTAN BENZOATE | MAXALT | TABS | | | Not covered | | Archived 2015 |
| | MAXALT-MLT | TBDP | | | Not covered | | Archived 2015 |
| | RIZATRIPTAN BENZOATE | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| | RIZATRIPTAN BENZOATE | TBDP | | Preferred | Not covered | Preferred | Archived 2015 |
| | RIZATRIPTAN BENZOATE ODT | TBDP | | Preferred | Not covered | Preferred | Archived 2015 |
| SUMATRIPTAN | IMITREX | SOLN | | | Not covered | | Archived 2015 |
| | SUMATRIPTAN | SOLN | | Preferred | Not covered | Preferred | Archived 2015 |
| SUMATRIPTAN SUCCINATE | ALSUMA | SOAJ | | | Not covered | | Archived 2015 |
| | ALSUMA | SOLN | | | Not covered | | Archived 2015 |
| | IMITREX | SOLN | | | Not covered | | Archived 2015 |
| | IMITREX | TABS | | | Not covered | | Archived 2015 |
| | IMITREX STATDOSE REFILL | SOCT | | | Not covered | | Archived 2015 |
| | IMITREX STATDOSE REFILL | SOLN | | | Not covered | | Archived 2015 |
| | IMITREX STATDOSE SYSTEM | SOAJ | | | Not covered | | Archived 2015 |
| | IMITREX STATDOSE SYSTEM | SOLN | | | Not covered | | Archived 2015 |
| | ONZETRA XSAIL | EXHP | No TIP No DAW | | Not covered | | Archived 2015 |
| | SUMATRIPTAN SUCCINATE | SOAJ | | Preferred | Not covered | Preferred | Archived 2015 |
| | SUMATRIPTAN SUCCINATE | SOLN | | Preferred | Not covered | Preferred | Archived 2015 |
| | SUMATRIPTAN SUCCINATE | SOSY | | Preferred | Not covered | Preferred | Archived 2015 |
| | SUMATRIPTAN SUCCINATE | TABS | | Preferred | Not covered | Preferred | Archived 2015 |
| | SUMATRIPTAN SUCCINATE REFILL | SOCT | | Preferred | Not covered | Preferred | Archived 2015 |
| | SUMATRIPTAN SUCCINATE REFILL | SOLN | | Preferred | Not covered | Preferred | Archived 2015 |
| | SUMAVEL DOSEPRO | DEVI | | | Not covered | | Archived 2015 |
| | SUMAVEL DOSEPRO | SOTJ | | | Not covered | | Archived 2015 |
| | ZECUITY | PTCH | No TIP No DAW | | Not covered | | Archived 2015 |
| | ZEMBRACE SYMTOUCH | SOAJ | No TIP No DAW | | Not covered | | Archived 2015 |
| ZOLMITRIPTAN | ZOLMITRIPTAN | TABS | | | Not covered | | Archived 2015 |

| Ingredient | Trade Name | Dosage Form | Subject to TIP | UMP Status | LNI Status | Medicaid FFS Status | Comments |
|--------------|-------------------|-------------|----------------|------------|-------------|---------------------|---------------|
| ZOLMITRIPTAN | ZOLMITRIPTAN | TBDP | | | Not covered | | Archived 2015 |
| | ZOLMITRIPTAN ODT | TBDP | | | Not covered | | Archived 2015 |
| | ZOMIG | SOLN | | | Not covered | | Archived 2015 |
| | ZOMIG | TABS | | | Not covered | | Archived 2015 |
| | ZOMIG NASAL SPRAY | SOLN | | | Not covered | | Archived 2015 |
| | ZOMIG ZMT | TBDP | | | Not covered | | Archived 2015 |