

# Washington Preferred Drug List - 2nd Quarter 2017

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

## ADHD - Amphetamines

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

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

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

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| GALANTAMINE HYDROBROMIDE        | GALANTAMINE HYDROBROMIDE        | SOLN        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                 | GALANTAMINE HYDROBROMIDE        | TABS        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                 | RAZADYNE                        | SOLN        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                 | RAZADYNE                        | TABS        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                 | RAZADYNE ER                     | CP24        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
| MEMANTINE HCL                   | MEMANTINE HCL                   | SOLN        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                 | MEMANTINE HCL                   | TABS        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                 | MEMANTINE HCL TITRATION PAK     | TABS        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                 | NAMENDA                         | SOLN        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                 | NAMENDA                         | TABS        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                 | NAMENDA TITRATION PAK           | TABS        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                 | NAMENDA XR                      | CP24        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
|                                 | NAMENDA XR TITRATION PAK        | CP24        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
| MEMANTINE HCL-DONEPEZIL HCL     | NAMZARIC                        | CP24        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
| RIVASTIGMINE TARTRATE           | EXELON                          | CAPS        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                 | EXELON                          | SOLN        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                 | RIVASTIGMINE TARTRATE           | CAPS        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP                                     |
| RIVASTIGMINE TRANSDERMAL SYSTEM | EXELON                          | PT24        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                 | RIVASTIGMINE TRANSDERMAL SYSTEM | PT24        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |

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| <b>Anticoagulant</b>          |                      |             |               |                |                |   |   |
| APIXABAN                      | ELIQUIS              | TABS        | Preferred     | No             | No             |   |   |
| DABIGATRAN ETEXILATE MESYLATE | PRADAXA              | CAPS        | Preferred     | No             | No             |   |   |
| EDOXABAN TOSYLATE             | SAVAYSA              | TABS        |               | No             | No             |   |   |
| RIVAROXABAN                   | XARELTO              | TABS        |               | No             | No             |   |   |
|                               | XARELTO STARTER PACK | TBPK        |               | No             | No             |   |   |
| <b>Antidepressant - Other</b> |                      |             |               |                |                |   |   |
| BUPROPION HCL                 | BUDEPRION SR         | TB12        | Preferred     | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                               | BUDEPRION XL         | TB24        | Preferred     | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                               | BUPROPION HCL        | TABS        | Preferred     | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                               | BUPROPION HCL ER     | TB12        | Preferred     | No             |                | Contact 1-800-QUIT-NOW for smoking cessation coverage | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                               | BUPROPION HCL SR     | TB12        | Preferred     | No             |                | Contact 1-800-QUIT-NOW for smoking cessation coverage | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                               | BUPROPION HCL XL     | TB24        | Preferred     | No             |                | Not covered for smoking cessation                     | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                               | FORFIVO XL           | TB24        |               | No TIP No DAW  | No             |   | Not included in OHSU review, therefore not part of the PDL program. |
|                               | WELLBUTRIN           | TABS        |               | No             |                | Not covered for smoking cessation                     | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                               | WELLBUTRIN SR        | TB12        |               | No             |                | Not covered for smoking cessation                     | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                               | WELLBUTRIN XL        | TB24        |               | No             |                | Not covered for smoking cessation                     | P&T Committee did not allow TIP; Refills exempt from TIP by law     |

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| BUPROPION HYDROBROMIDE       | APLENZIN                 | TB24        |               | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
| MIRTAZAPINE                  | MIRTAZAPINE              | TABS        | Preferred     | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                              | MIRTAZAPINE              | TBDP        | Preferred     | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                              | MIRTAZAPINE ODT          | TBDP        | Preferred     | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                              | REMERON                  | TABS        |               | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                              | REMERON SOLTAB           | TBDP        |               | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
| NEFAZODONE HCL               | NEFAZODONE HCL           | TABS        |               | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
| <b>Antidepressant - SNRI</b> |                          |             |               |                |                |   |   |
| DESVENLAFAXINE               | DESVENLAFAXINE ER        | TB24        |               | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                              | KHEDEZLA                 | TB24        |               | No TIP No DAW  | No             |   | Not included in OHSU review, therefore not part of the PDL program. |
| DESVENLAFAXINE FUMARATE      | DESVENLAFAXINE ER        | TB24        |               | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
| DESVENLAFAXINE SUCCINATE     | 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             |                | Max 60mg/day; Preferred by EPA for Diabetic Peripheral Neuropathy, Fibromyalgia, Chronic Musculoskeletal Pain | P&T Committee did not allow TIP; Refills exempt from TIP by law     |

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| DULOXETINE HCL               | DULOXETINE HCL          | CPEP        |               | No             |                | Max 60mg/day; Preferred by EPA for Diabetic Peripheral Neuropathy, Fibromyalgia, Chronic Musculoskeletal Pain | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
| LEVOMILNACIPRAN HCL          | FETZIMA                 | CP24        |               | No TIP No DAW  | No             |   | Not included in OHSU review, therefore not part of the PDL program. |
|                              | FETZIMA TITRATION PACK  | C4PK        |               | No TIP No DAW  | No             |   | Not included in OHSU review, therefore not part of the PDL program. |
| VENLAFAXINE HCL              | EFFEXOR XR              | CP24        |               | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                              | VENLAFAXINE HCL         | TABS        | Preferred     | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                              | VENLAFAXINE HCL ER      | CP24        | Preferred     | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                              | VENLAFAXINE HCL ER      | TB24        |               | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
| <b>Antidepressant - SSRI</b> |                         |             |               |                |                |   |   |
| CITALOPRAM HYDROBROMIDE      | CELEXA                  | TABS        |               | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                              | CITALOPRAM HYDROBROMIDE | SOLN        |               | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                              | CITALOPRAM HYDROBROMIDE | TABS        | Preferred     | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
| ESCITALOPRAM OXALATE         | ESCITALOPRAM OXALATE    | SOLN        |               | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                              | ESCITALOPRAM OXALATE    | TABS        | Preferred     | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                              | LEXAPRO                 | SOLN        |               | No             |                |   | P&T Committee did not allow TIP; Refills exempt from TIP by law     |



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| ESCITALOPRAM OXALATE | LEXAPRO                | TABS        |               | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law  |
| FLUOXETINE HCL       | FLUOXETINE             | CAPS        | Preferred     | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law  |
|                      | FLUOXETINE DR          | CPDR        | Preferred     | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law  |
|                      | FLUOXETINE HCL         | CAPS        | Preferred     | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law  |
|                      | FLUOXETINE HCL         | SOLN        | Preferred     | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law  |
|                      | FLUOXETINE HCL         | TABS        |               | No             |                |                      | 60mg dose is not a generic and is not preferred. P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                      | PROZAC                 | CAPS        |               | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law  |
|                      | PROZAC WEEKLY          | CPDR        |               | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law  |
| FLUVOXAMINE MALEATE  | FLUVOXAMINE MALEATE    | TABS        | Preferred     | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law  |
|                      | FLUVOXAMINE MALEATE ER | CP24        |               | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law  |
|                      | LUVOX CR               | CP24        |               | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law  |
| PAROXETINE HCL       | PAROXETINE HCL         | TABS        | Preferred     | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law  |
|                      | PAROXETINE HCL ER      | TB24        |               | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law  |

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| PAROXETINE HCL           | PAXIL                | SUSP        |               | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                          | PAXIL                | TABS        |               | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                          | PAXIL CR             | TB24        |               | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
| PAROXETINE MESYLATE      | BRISDELLE            | CAPS        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
|                          | PEXEVA               | TABS        |               | No TIP No DAW  |                |                      | 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        | Preferred     | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                          | ZOLOFT               | CONC        |               | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                          | ZOLOFT               | TABS        |               | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
| VILAZODONE HCL           | VIIBRYD              | KIT         |               | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                          | VIIBRYD              | TABS        |               | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
|                          | VIIBRYD STARTER PACK | KIT         |               | No             |                |                      | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
| VORTIOXETINE HBR         | TRINTELLIX           | TABS        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
| <b>Antiemetic (5HT3)</b> |                      |             |               |                |                |                      |   |
| APREPITANT               | EMEND                | CAPS        |               | No TIP No DAW  | No             |                      | P&T Committee Excluded from Class                                   |

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

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

| Ingredient            | Trade Name                | Dosage Form          | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations                                | Comments |  |
|-----------------------|---------------------------|----------------------|---------------|----------------|----------------|---|----------|--|
| LORATADINE            | ALAVERT                   | TBDP                 |               |                |                |   |          |  |
|                       | ALLERGY                   | TABS                 | Preferred     |                |                |   |          |  |
|                       | ALLERGY                   | TBDP                 | Preferred     |                | No             |   |          |  |
|                       | ALLERGY RELIEF            | SYRP                 | Preferred     |                | No             |   |          |  |
|                       | ALLERGY RELIEF            | TABS                 | Preferred     |                |                |   |          |  |
|                       | ALLERGY RELIEF            | TBDP                 | Preferred     |                |                |   |          |  |
|                       | ALLERGY RELIEF CHILDRENS  | TBDP                 | Preferred     |                | No             |   |          |  |
|                       | ALLERGY RELIEF FOR KIDS   | SYRP                 | Preferred     |                | No             |   |          |  |
|                       | CHILDRENS LORATADINE      | SOLN                 | Preferred     |                | No             |   |          |  |
|                       | CHILDRENS LORATADINE      | SYRP                 | Preferred     |                | No             |   |          |  |
|                       | CLARITIN                  | CAPS                 |               |                |                |   |          |  |
|                       | CLARITIN                  | CHEW                 |               |                |                | No  |          |  |
|                       | CLARITIN                  | SYRP                 |               |                |                | No  |          |  |
|                       | CLARITIN                  | TABS                 |               |                |                |   |          |  |
|                       | CLARITIN REDITABS         | TBDP                 |               |                |                |   |          |  |
|                       | LORADAMED                 | TABS                 | Preferred     |                |                |   |          |  |
|                       | LORATADINE                | SOLN                 | Preferred     |                |                | No  |          |  |
|                       | LORATADINE                | TABS                 | Preferred     |                |                |   |          |  |
|                       | LORATADINE CHILDRENS      | SOLN                 | Preferred     |                |                | No  |          |  |
|                       | LORATADINE CHILDRENS      | SYRP                 | Preferred     |                |                | No  |          |  |
|                       | LORATADINE HIVES RELIEF   | SOLN                 | Preferred     |                |                | No  |          |  |
|                       | TH LORATADINE             | TABS                 | Preferred     |                |                |   |          |  |
|                       | TH LORATADINE             | TBDP                 | Preferred     |                |                |   |          |  |
|                       |                           | TRIAMINIC ALLERCHEWS | TBDP          |                |                |   | No       |  |
|                       | OLOPATADINE HYDROCHLORIDE | OLOPATADINE HCL      | SOLN          |                |                |   | No       |  |
|                       |                           | PATANASE             | SOLN          |                |                |   | No       |  |
| <b>Antiplatelet</b>   |                           |                      |               |                |                |   |          |  |
| ASPIRIN/ DIPYRIDAMOLE | AGGRENOX                  | CP12                 |               | No             | No             |   |          |  |
|                       | ASPIRIN/ DIPYRIDAMOLE     | CP12                 |               | No             | No             |   |          |  |
| CLOPIDOGREL BISULFATE | CLOPIDOGREL               | TABS                 | Preferred     | No             | No             | Prior authorization required for 300mg loading dose |          |  |

| Ingredient                             | Trade Name          | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations | Comments                          |
|--|---------------------|-------------|---------------|----------------|----------------|----------------------|-----------------------------------|
| CLOPIDOGREL BISULFATE                  | PLAVIX              | TABS        |               | No             | No             |                      |                                   |
| PRASUGREL HCL                          | EFFIENT             | TABS        |               | No             | No             |                      |                                   |
| TICAGRELOR                             | BRILINTA            | TABS        |               | No             | No             |                      |                                   |
| TICLOPIDINE HCL                        | TICLOPIDINE HCL     | TABS        |               | No TIP No DAW  | No             |                      | P&T Committee Excluded from Class |
| VORAPAXAR SULFATE                      | ZONTIVITY           | TABS        |               | No             | No             |                      |                                   |
| <b>Asthma - Inhaled Corticosteroid</b> |                     |             |               |                |                |                      |                                   |
| BECLOMETHASONE DIPROPIONATE            | QVAR                | AERS        | Preferred     |                |                |                      |                                   |
| BUDESONIDE (INHALATION)                | BUDESONIDE          | SUSP        | Preferred     |                |                |                      |                                   |
|  | PULMICORT           | SUSP        |               |                |                |                      |                                   |
|  | PULMICORT FLEXHALER | AEPB        |               |                |                |                      |                                   |
| CICLESONIDE                            | ALVESCO             | AERS        |               |                |                |                      |                                   |
| FLUNISOLIDE HFA                        | AEROSPAN            | AERS        |               |                |                |                      |                                   |
| FLUTICASONE FUROATE (INHALATION)       | ARNUITY ELLIPTA     | AEPB        |               |                |                |                      |                                   |
| FLUTICASONE PROPIONATE HFA             | FLOVENT HFA         | AERO        | Preferred     |                |                |                      |                                   |
| FLUTICASONE PROPIONATE (INHALATION)    | FLOVENT DISKUS      | AEPB        | Preferred     |                |                |                      |                                   |
| MOMETASONE FUROATE (INHALATION)        | ASMANEX HFA         | AERO        |               |                |                |                      |                                   |
|  | ASMANEX TWISTHALER  | AEPB        |               |                |                |                      |                                   |
| <b>Asthma - Leukotriene Modifier</b>   |                     |             |               |                |                |                      |                                   |
| MONTELUKAST SODIUM                     | MONTELUKAST SODIUM  | CHEW        | Preferred     |                | No             |                      |                                   |
|  | MONTELUKAST SODIUM  | PACK        | Preferred     |                |                |                      |                                   |
|  | MONTELUKAST SODIUM  | TABS        | Preferred     |                |                |                      |                                   |
|  | SINGULAIR           | CHEW        |               |                | No             |                      |                                   |
|  | SINGULAIR           | PACK        |               |                |                |                      |                                   |
|  | SINGULAIR           | TABS        |               |                |                |                      |                                   |
| ZAFIRLUKAST                            | ACCOLATE            | TABS        |               |                |                |                      |                                   |
|  | ZAFIRLUKAST         | TABS        | Preferred     |                |                |                      |                                   |
| ZILEUTON                               | ZYFLO               | TABS        |               |                |                |                      |                                   |
|  | ZYFLO CR            | TB12        |               |                |                |                      |                                   |
| <b>Asthma - Quick Relief</b>           |                     |             |               |                |                |                      |                                   |
| ALBUTEROL SULFATE                      | ALBUTEROL SULFATE   | NEBU        | Preferred     |                |                |                      |                                   |

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

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| SALMETEROL XINAFOATE   | SEREVENT DISKUS         | AEPB        | Preferred     |                | PA required    | EA required          |           |
| <b>Asthma or COPD - Long Acting Muscarinic Agents (LAMA)</b> |                         |             |               |                |                |                      |           |
| ACLIDINIUM   | TUDORZA PRESSAIR        | AEPB        |               |                | PA required    | EA required          | COPD Only |
|  | TUDORZA PRESSAIR        | AERS        |               |                | PA required    | EA required          | COPD Only |
| GLYCOPYRROLATE (INHALATION)                                  | SEEBRI NEOHALER         | CAPS        |               |                | PA required    | EA required          |           |
| TIOTROPIUM BROMIDE MONOHYDRATE                               | SPIRIVA HANDIHALER      | CAPS        | Preferred     |                | PA required    | EA required          | COPD Only |
|  | SPIRIVA RESPIMAT        | AERS        | Preferred     |                | PA required    | EA required          | COPD Only |
| UMECLIDIUM BROMIDE   | INCRUSE ELLIPTA         | AEPB        |               |                | PA required    | EA required          |           |
| <b>Asthma or COPD - PD4I Phosphodiesterase - 4 Inhibitor</b> |                         |             |               |                |                |                      |           |
| ROFLUMILAST  | DALIRESP                | TABS        | Preferred     |                | PA required    | EA required          | COPD Only |
| <b>Beta Blocker</b>  |                         |             |               |                |                |                      |           |
| ACEBUTOLOL HCL   | ACEBUTOLOL HCL          | CAPS        | Preferred     |                | No             |                      |           |
|  | SECTRAL                 | CAPS        |               |                | No             |                      |           |
| ATENOLOL   | ATENOLOL                | TABS        | Preferred     |                | No             |                      |           |
|  | TENORMIN                | TABS        |               |                | No             |                      |           |
| BETAXOLOL HCL  | BETAXOLOL HCL           | TABS        | Preferred     |                | No             |                      |           |
| BISOPROLOL FUMARATE  | BISOPROLOL FUMARATE     | TABS        | Preferred     |                | No             |                      |           |
|  | ZEBETA                  | TABS        |               |                | No             |                      |           |
| CARVEDILOL   | CARVEDILOL              | TABS        | Preferred     |                | No             |                      |           |
|  | COREG                   | TABS        |               |                | No             |                      |           |
| CARVEDILOL PHOSPHATE   | COREG CR                | CP24        |               |                | No             |                      |           |
| LABETALOL HCL  | LABETALOL HCL           | SOLN        | Preferred     |                | No             |                      |           |
|  | LABETALOL HCL           | TABS        | Preferred     |                | No             |                      |           |
|  | TRANDATE                | TABS        |               |                | No             |                      |           |
| METOPROLOL SUCCINATE   | METOPROLOL SUCCINATE ER | TB24        | Preferred     |                | No             |                      |           |
|  | TOPROL XL               | TB24        |               |                | No             |                      |           |
| METOPROLOL TARTRATE  | LOPRESSOR               | TABS        |               |                | No             |                      |           |
|  | METOPROLOL TARTRATE     | TABS        | Preferred     |                | No             |                      |           |
| NADOLOL  | CORGARD                 | TABS        |               |                | No             |                      |           |
|  | NADOLOL                 | TABS        | Preferred     |                | No             |                      |           |



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| NEBIVOLOL HCL  | BYSTOLIC            | TABS        |               |                | No             |                      |   |
| PENBUTOLOL SULFATE                                   | LEVATOL             | TABS        |               |                | No             |                      |   |
| PINDOLOL   | PINDOLOL            | TABS        | Preferred     |                | No             |                      |   |
| PROPRANOLOL HCL                                      | HEMANGEOL           | SOLN        |               |                | No             |                      |   |
|  | INDERAL LA          | CP24        |               |                | No             |                      |   |
|  | PROPRANOLOL HCL     | SOLN        | Preferred     |                | No             |                      |   |
|  | PROPRANOLOL HCL     | TABS        | Preferred     |                | No             |                      |   |
|  | PROPRANOLOL HCL ER  | CP24        | Preferred     |                | No             |                      |   |
| PROPRANOLOL HCL SUSTAINED-RELEASE BEADS              | INDERAL XL          | CP24        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
|  | INNOPRAN XL         | CP24        |               |                | No             |                      |   |
| TIMOLOL MALEATE                                      | TIMOLOL MALEATE     | TABS        | Preferred     |                | No             |                      |   |
| <b>Calcium Channel Blocker - Dihydropyridine</b>     |                     |             |               |                |                |                      |   |
| AMLODIPINE BESYLATE                                  | AMLODIPINE BESYLATE | TABS        | Preferred     |                | No             |                      |   |
|  | NORVASC             | TABS        |               |                | No             |                      |   |
| FELODIPINE   | FELODIPINE ER       | TB24        | Preferred     |                | No             |                      |   |
| ISRADIPINE   | ISRADIPINE          | CAPS        |               |                | No             |                      |   |
| NICARDIPINE HCL                                      | NICARDIPINE HCL     | CAPS        | Preferred     |                | No             |                      |   |
| NIFEDIPINE   | ADALAT CC           | TB24        |               |                | No             |                      |   |
|  | AFEDITAB CR         | TB24        | Preferred     |                | No             |                      |   |
|  | NIFEDIAC CC         | TB24        | Preferred     |                | No             |                      |   |
|  | NIFEDICAL XL        | TB24        | Preferred     |                | No             |                      |   |
|  | NIFEDIPINE          | CAPS        |               |                | No             |                      |   |
|  | NIFEDIPINE ER       | TB24        | Preferred     |                | No             |                      |   |
|  | PROCARDIA           | CAPS        |               |                | No             |                      |   |
|  | PROCARDIA XL        | TB24        |               |                | No             |                      |   |
| NISOLDIPINE  | NISOLDIPINE ER      | TB24        | Preferred     |                | No             |                      |   |
|  | SULAR               | TB24        |               |                | No             |                      |   |
| <b>Calcium Channel Blocker - Non-Dihydropyridine</b> |                     |             |               |                |                |                      |   |
| DILTIAZEM HCL  | CARDIZEM            | TABS        |               |                | No             |                      |   |
|  | DILTIAZEM HCL       | SOLN        | Preferred     |                | No             |                      |   |

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| DILTIAZEM HCL              | DILTIAZEM HCL                        | TABS          | Preferred     |                | No             |                      |          |
|                            | DILTIAZEM HCL ER                     | CP12          | Preferred     |                | No             |                      |          |
|                            | DILTIAZEM HCL ER                     | CP24          | Preferred     |                | No             |                      |          |
|                            | DILT-XR                              | CP24          | Preferred     |                | No             |                      |          |
| DILTIAZEM HCL COATED BEADS | CARDIZEM CD                          | CP24          |               |                | No             |                      |          |
|                            | CARDIZEM LA                          | TB24          |               |                | No             |                      |          |
|                            | CARTIA XT                            | CP24          |               |                | No             |                      |          |
|                            | DILTIAZEM CD                         | CP24          | Preferred     |                | No             |                      |          |
|                            | DILTIAZEM HCL CD                     | CP24          | Preferred     |                | No             |                      |          |
|                            | DILTIAZEM HCL ER                     | CP24          | Preferred     |                | No             |                      |          |
|                            | DILTIAZEM HCL ER                     | TB24          | Preferred     |                | No             |                      |          |
|                            | MATZIM LA                            | TB24          | Preferred     |                | No             |                      |          |
|                            | DILTIAZEM HCL EXTENDED RELEASE BEADS | DILTIAZEM HCL | CP24          | Preferred      |                | No                   |          |
|                            | DILTIAZEM HCL ER                     | CP24          | Preferred     |                | No             |                      |          |
|                            | TAZTIA XT                            | CP24          |               |                | No             |                      |          |
|                            | TIAZAC                               | CP24          |               |                | No             |                      |          |
| VERAPAMIL HCL              | CALAN                                | TABS          |               |                | No             |                      |          |
|                            | CALAN SR                             | TBCR          |               |                | No             |                      |          |
|                            | ISOPTIN SR                           | TBCR          |               |                | No             |                      |          |
|                            | VERAPAMIL HCL                        | SOLN          |               |                | No             |                      |          |
|                            | VERAPAMIL HCL                        | TABS          | Preferred     |                | No             |                      |          |
|                            | VERAPAMIL HCL CR                     | TBCR          | Preferred     |                | No             |                      |          |
|                            | VERAPAMIL HCL ER                     | CP24          | Preferred     |                | No             |                      |          |
|                            | VERAPAMIL HCL ER                     | TBCR          | Preferred     |                | No             |                      |          |
|                            | VERAPAMIL HCL SA                     | TBCR          | Preferred     |                | No             |                      |          |
|                            | VERAPAMIL HCL SR                     | CP24          | Preferred     |                | No             |                      |          |
|                            | VERAPAMIL HCL SR                     | TBCR          | Preferred     |                | No             |                      |          |
|                            | VERELAN                              | CP24          |               |                | No             |                      |          |
| VERELAN PM                 | CP24                                 |               |               | No             |                |                      |          |

## Diabetes Drugs - Amylin Agonist

| Ingredient          | Trade Name    | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations         | Comments |
|---------------------|---------------|-------------|---------------|----------------|----------------|------------------------------|----------|
| PRAMLINTIDE ACETATE | SYMLINPEN 120 | SOPN        |               | No             | No             | Prior Authorization Required |          |
|                     | SYMLINPEN 60  | SOPN        |               | No             | No             | Prior Authorization Required |          |

### Diabetes Drugs - DPP-4 Inhibitors

|                            |                           |      |           |  |    |  |  |
|----------------------------|---------------------------|------|-----------|--|----|--|--|
| ALOGLIPTIN BENZOATE        | ALOGLIPTIN                | TABS | Preferred |  | No |  |  |
|                            | NESINA                    | TABS |           |  | No |  |  |
| ALOGLIPTIN/ METFORMIN HCL  | ALOGLIPTIN/ METFORMIN HCL | TABS | Preferred |  | No |  |  |
|                            | KAZANO                    | TABS |           |  | No |  |  |
| ALOGLIPTIN/ PIOGLITAZONE   | ALOGLIPTIN/ PIOGLITAZONE  | TABS | Preferred |  | No |  |  |
|                            | OSENI                     | TABS |           |  | No |  |  |
| LINAGLIPTIN                | TRADJENTA                 | TABS | Preferred |  | No |  |  |
| LINAGLIPTIN/ METFORMIN HCL | JENTADUETO                | TABS | Preferred |  | No |  |  |
|                            | JENTADUETO XR             | TB24 |           |  | No |  |  |
| SAXAGLIPTIN HCL            | ONGLYZA                   | TABS |           |  | No |  |  |
| SAXAGLIPTIN/ METFORMIN HCL | JANUMET                   | TABS |           |  | No |  |  |
|                            | JANUMET XR                | TB24 |           |  | No |  |  |
|                            | KOMBIGLYZE XR             | TB24 |           |  | No |  |  |
| SITAGLIPTIN PHOSPHATE      | JANUVIA                   | TABS |           |  | No |  |  |

### Diabetes Drugs - GLP-1 Agonists

|                               |           |      |           |               |    |  |   |
|-------------------------------|-----------|------|-----------|---------------|----|--|---|
| ALBIGLUTIDE                   | TANZEUM   | PEN  |           |               | No |  |   |
|                               | TANZEUM   | SUSR |           |               | No |  |   |
| DULAGLUTIDE                   | TRULICITY | SOPN |           |               | No |  |   |
| EXENATIDE                     | BYDUREON  | PEN  |           |               | No |  |   |
|                               | BYDUREON  | SRER |           |               | No |  |   |
|                               | BYDUREON  | SUSR |           |               | No |  |   |
|                               | BYETTA    | SOLN | Preferred |               | No |  |   |
|                               | BYETTA    | SOPN | Preferred |               | No |  |   |
| INSULIN DEGLUDEC/ LIRAGLUTIDE | XULTOPHY  | SOPN |           | No TIP No DAW | No |  | Not included in OHSU review, therefore not part of the PDL program. |

| Ingredient                     | Trade Name           | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations | Comments  |
|--------------------------------|----------------------|-------------|---------------|----------------|----------------|----------------------|---|
| INSULIN GLARGINE/ LIXISENATIDE | SOLIQUA 100/33       | SOPN        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
| LIRAGLUTIDE                    | VICTOZA              | SOLN        |               |                | No             |                      |   |
|                                | VICTOZA              | SOPN        |               |                | No             |                      |   |
| LIXISENATIDE                   | ADLYXIN              | SOPN        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
|                                | ADLYXIN STARTER PACK | PNKT        |               | No TIP No DAW  | No             |                      | 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 | No | EA Required | Not included in OHSU review, therefore not part of the PDL program. |
| INSULIN DETEMIR  | LEVEMIR           | SOLN |           |               | No | EA Required |   |
|                  | LEVEMIR FLEXPEN   | SOPN |           |               | No | EA Required |   |
|                  | LEVEMIR FLEXTOUCH | SOPN |           |               | No | EA Required |   |
| INSULIN GLARGINE | BASAGLAR KWIKPEN  | SOPN |           |               | No | EA Required |   |
|                  | LANTUS            | SOLN | Preferred |               | No | EA Required |   |
|                  | LANTUS SOLOSTAR   | SOPN | Preferred |               | No | EA Required |   |
|                  | TOUJEO SOLOSTAR   | SOPN |           |               | No | EA Required |   |

### Diabetes Drugs - SGLT2 Inhibitors

|                              |              |      |           |  |    |  |  |
|------------------------------|--------------|------|-----------|--|----|--|--|
| CANAGLIFLOZIN                | INVOKANA     | TABS | Preferred |  | No |  |  |
| CANAGLIFLOZIN/ METFORMIN HCL | INVOKAMET    | TABS | Preferred |  | No |  |  |
|                              | INVOKAMET XR | TB24 |           |  | No |  |  |
| DAPAGLIFLOZIN PROPANEDIOL    | FARXIGA      | TABS | Preferred |  | No |  |  |
| DAPAGLIFLOZIN/ METFORMIN HCL | XIGDUO XR    | TB24 | Preferred |  | No |  |  |
| EMPAGLIFLOZIN                | JARDIANCE    | TABS |           |  | No |  |  |
| EMPAGLIFLOZIN/ LINAGLIPTIN   | GLYXAMBI     | TABS |           |  | No |  |  |
| EMPAGLIFLOZIN/ METFORMIN HCL | SYNJARDY     | TABS |           |  | No |  |  |

### Diabetes Drugs - Sulfonylureas

|                |                |      |  |  |    |  |  |
|----------------|----------------|------|--|--|----|--|--|
| CHLORPROPAMIDE | CHLORPROPAMIDE | TABS |  |  | No |  |  |
|----------------|----------------|------|--|--|----|--|--|

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

| Ingredient                                       | Trade Name                               | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations | Comments  |
|--|--|-------------|---------------|----------------|----------------|----------------------|---|
| ESTRADIOL VALERATE                               | ESTRADIOL VALERATE                       | OIL         |               |                | No             |                      | No longer included in OHSU review, therefore not part of the PDL program. |
| ESTROGENS, CONJUGATED                            | PREMARIN                                 | TABS        |               |                | No             |                      |   |
| ESTROGENS, CONJUGATED SYNTHETIC B                | ENJUVIA                                  | TABS        |               |                | No             |                      |   |
| ESTROPIPATE                                      | ESTROPIPATE                              | TABS        | Preferred     |                | No             |                      |   |
|  | ORTHO-EST                                | TABS        |               |                | No             |                      |   |
| <b>Estrogen - Oral Combination</b>               |  |             |               |                |                |                      |   |
| CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE | PREMPHASE                                | TABS        |               |                | No             |                      |   |
|  | PREMPRO                                  | TABS        |               |                | No             |                      |   |
| DROSPIRENONE-ESTRADIOL                           | ANGELIQ                                  | TABS        |               |                | No             |                      |   |
| ESTRADIOL/ NORETHINDRONE ACETATE                 | ACTIVELLA                                | TABS        |               |                | No             |                      |   |
|  | AMABELZ                                  | TABS        |               |                | No             |                      |   |
|  | ESTRADIOL/ NORETHINDRONE ACETATE         | TABS        | Preferred     |                | No             |                      |   |
|  | LOPREEZA                                 | TABS        |               |                | No             |                      |   |
|  | MIMVEY                                   | TABS        | Preferred     |                | No             |                      |   |
|  | MIMVEY LO                                | TABS        |               |                | No             |                      |   |
| ESTRADIOL/ NORGESTIMATE                          | PREFEST                                  | TABS        |               |                | No             |                      |   |
| NORETHINDRONE ACETATE/ ETHINYL ESTRADIOL         | FEMHRT LOW DOSE                          | TABS        |               |                | No             |                      |   |
|  | FYAVOLV                                  | TABS        |               |                | No             |                      |   |
|  | JEVANTIQUE LO                            | TABS        |               |                | No             |                      |   |
|  | JINTELI                                  | TABS        | Preferred     |                | No             |                      |   |
|  | NORETHINDRONE ACETATE/ ETHINYL ESTRADIOL | TABS        |               |                | No             |                      |   |
| <b>Estrogen - Transdermal</b>                    |  |             |               |                |                |                      |   |
| ESTRADIOL  | ALORA                                    | PTTW        |               |                | No             |                      |   |
|  | CLIMARA                                  | PTWK        |               |                | No             |                      |   |
|  | DIVIGEL                                  | GEL         |               |                | No             |                      |   |
|  | ELESTRIN                                 | GEL         |               |                | No             |                      |   |
|  | ESTRADIOL                                | PTWK        |               |                | No             |                      |   |

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

| Ingredient                           | Trade Name               | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations  | Comments  |
|--------------------------------------|--------------------------|-------------|---------------|----------------|----------------|---|---|
| SOFOSBUVIR/ VELPATASVIR              | EPCLUSA                  | TABS        | Preferred     | No             | PA required    | Prior Authorization Required  | Refill TIP exempt by law.   |
| <b>Hepatitis C - Peg-Interferons</b> |                          |             |               |                |                |   |   |
| PEGINTERFERON ALFA-2A                | PEGASYS                  | KIT         |               | No             | No             | Prior Authorization Required  | Refill TIP exempt by law.   |
|                                      | PEGASYS                  | SOLN        |               | No             | No             | Prior Authorization Required  | Refill TIP exempt by law.   |
|                                      | PEGASYS PROCLICK         | SOLN        |               | No             | No             | Prior Authorization Required  | Refill TIP exempt by law.   |
| PEGINTERFERON ALFA-2B                | PEG-INTRON               | KIT         |               | No             | No             | Prior Authorization Required  | Refill TIP exempt by law.   |
|                                      | PEG-INTRON REDIPEN       | KIT         |               | No             | No             | Prior Authorization Required  | Refill TIP exempt by law.   |
|                                      | PEG-INTRON REDIPEN PAK 4 | KIT         |               | No             | No             | Prior Authorization Required  | Refill TIP exempt by law.   |
| <b>Insomnia</b>                      |                          |             |               |                |                |   |   |
| DOXEPIN HCL                          | SILENOR                  | TABS        |               |                | No             | Prior Authorization Required  | Did not meet DERP's inclusion criteria.                             |
| ESZOPICLONE                          | ESZOPICLONE              | TABS        |               |                | Acute Use Only | maximum 1 tablet/day  |   |
|                                      | LUNESTA                  | TABS        |               |                | Acute Use Only | maximum 1 tablet/day  |   |
| RAMELTEON                            | ROZEREM                  | TABS        | Preferred     | No             |                | Limited to a single course of therapy for 90 days' supply per year. |   |
| SUVOREXANT                           | BELSOMRA                 | TABS        |               | No TIP No DAW  | No             |   | Not included in OHSU review, therefore not part of the PDL program. |
| ZALEPLON                             | SONATA                   | CAPS        |               |                | Acute Use Only | maximum 1 tablet/day  |   |
|                                      | ZALEPLON                 | CAPS        | Preferred     |                | Acute Use Only | maximum 1 tablet/day  |   |
| ZOLPIDEM TARTRATE                    | AMBIEN                   | TABS        |               |                | Acute Use Only | maximum 1 tablet/day  |   |
|                                      | AMBIEN CR                | TBCR        |               |                | Acute Use Only | maximum 1 tablet/day  |   |
|                                      | EDLUAR                   | SUBL        |               | No TIP No DAW  | No             |   | Not included in OHSU review, therefore not part of the PDL program. |



| Ingredient        | Trade Name           | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations | Comments  |
|-------------------|----------------------|-------------|---------------|----------------|----------------|----------------------|---|
| ZOLPIDEM TARTRATE | INTERMEZZO           | SUBL        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
|                   | ZOLPIDEM TARTRATE    | SUBL        |               |                | No             |                      |   |
|                   | ZOLPIDEM TARTRATE    | TABS        | Preferred     |                | Acute Use Only | maximum 1 tablet/day |   |
|                   | ZOLPIDEM TARTRATE ER | TBCR        |               |                | Acute Use Only | maximum 1 tablet/day |   |
|                   | ZOLPIMIST            | SOLN        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
| <b>Macrolide</b>  |                      |             |               |                |                |                      |   |
| AZITHROMYCIN      | AZITHROMYCIN         | PACK        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                   | AZITHROMYCIN         | SUSR        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                   | AZITHROMYCIN         | TABS        | Preferred     | No             |                |                      | P&T Committee did not allow TIP                                     |
|                   | ZITHROMAX            | PACK        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                   | ZITHROMAX            | SUSR        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                   | ZITHROMAX            | TABS        |               | No             |                |                      | P&T Committee did not allow TIP                                     |
|                   | ZITHROMAX TRI-PAK    | TABS        |               | No             |                |                      | P&T Committee did not allow TIP                                     |
|                   | ZITHROMAX Z-PAK      | TABS        |               | No             |                |                      | P&T Committee did not allow TIP                                     |
|                   | ZMAX                 | SUSR        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
| CLARITHROMYCIN    | BIAXIN               | SUSR        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                   | BIAXIN               | TABS        |               | No             |                |                      | P&T Committee did not allow TIP                                     |
|                   | BIAXIN XL            | TB24        |               | No             |                |                      | P&T Committee did not allow TIP                                     |
|                   | BIAXIN XL PAC        | TB24        |               | No             |                |                      | P&T Committee did not allow TIP                                     |

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

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

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|--------------------------------|------------------------|-------------|---------------|----------------|----------------|----------------------|---|
| INTERFERON BETA-1B             | BETASERON              | SOLR        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                | EXTAVIA                | KIT         |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                | EXTAVIA                | SOLR        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
| MITOXANTRONE HYDROCHLORIDE     | MITOXANTRONE HCL       | CONC        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
| NATALIZUMAB                    | TYSABRI                | CONC        |               | No             | No             | PA required          | P&T Committee did not allow TIP                                     |
| PEGINTERFERON BETA-1A          | PLEGRIDY               | SOLN        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                | PLEGRIDY PEN           | PEN         |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                | PLEGRIDY STARTER PACK  | SOSY        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
| TERIFLUNOMIDE                  | AUBAGIO                | TABS        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
| <b>Nasal Corticosteroid</b>    |                        |             |               |                |                |                      |   |
| BECLOMETHASONE DIPROPIONATE    | BECONASE AQ            | SUSP        |               |                |                |                      |   |
|                                | QNASL                  | AERS        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
|                                | QNASL CHILDRENS        | AERS        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
| BUDESONIDE (NASAL)             | BUDESONIDE             | SUSP        |               |                |                |                      |   |
|                                | BUDESONIDE NASAL SPRAY | SUSP        | Preferred     |                |                |                      | OTC   |
|                                | RHINOCORT ALLERGY      | SUSP        |               |                |                |                      | OTC   |
|                                | RHINOCORT AQUA         | SUSP        |               |                |                |                      |   |
| CICLESONIDE (NASAL)            | OMNARIS                | SUSP        |               |                |                |                      |   |
|                                | ZETONNA                | AERS        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
| FLUNISOLIDE (NASAL)            | FLUNISOLIDE            | SOLN        |               |                |                |                      | DISCONTINUED?   |
| FLUTICASONE FUROATE            | VERAMYST               | SUSP        |               |                |                |                      |   |
| FLUTICASONE PROPIONATE (NASAL) | FLOMASE                | SUSP        |               |                |                |                      |   |

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

| Ingredient                            | Trade Name         | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations         | Comments  |
|---------------------------------------|--------------------|-------------|---------------|----------------|----------------|------------------------------|---|
| DICLOFENAC SODIUM (ACTINIC KERATOSIS) | DICLOFENAC SODIUM  | GEL         |               |                | No             | Prior authorization required |   |
|                                       | SOLARAZE           | GEL         |               |                | No             | Prior authorization required |   |
| DICLOFENAC SODIUM (TOPICAL)           | DICLOFENAC SODIUM  | CREA        |               | No TIP No DAW  | No             |                              | Not included in OHSU review, therefore not part of the PDL program. |
|                                       | DICLOFENAC SODIUM  | GEL         |               |                | No             | Prior authorization required |   |
|                                       | DICLOFENAC SODIUM  | SOLN        |               | No TIP No DAW  | No             |                              | Not included in OHSU review, therefore not part of the PDL program. |
|                                       | KLOFENSAID II      | SOLN        |               | No TIP No DAW  | No             | Prior authorization required | Not included in OHSU review, therefore not part of the PDL program. |
|                                       | PENNSAID           | SOLN        |               | No             | No             | Prior authorization required |   |
|                                       | REXAPHENAC         | CREA        |               | No TIP No DAW  | No             | Prior authorization required | Not included in OHSU review, therefore not part of the PDL program. |
|                                       | VOLTAREN           | GEL         |               | No             | No             | Prior authorization required |   |
|                                       | VOPAC MDS          | KIT         |               | No TIP No DAW  | No             | Prior authorization required | Not included in OHSU review, therefore not part of the PDL program. |
| DIFLUNISAL                            | DIFLUNISAL         | TABS        | Preferred     |                |                |                              |   |
| ETODOLAC                              | ETODOLAC           | CAPS        | Preferred     |                |                |                              |   |
|                                       | ETODOLAC           | TABS        | Preferred     |                |                |                              |   |
|                                       | ETODOLAC ER        | TB24        | Preferred     |                |                |                              |   |
|                                       | LODINE             | TABS        |               |                |                |                              |   |
| FENOPROFEN CALCIUM                    | FENOPROFEN CALCIUM | TABS        | Preferred     |                |                |                              |   |
|                                       | NALFON             | CAPS        |               |                |                |                              |   |
| FLURBIPROFEN                          | FLURBIPROFEN       | TABS        | Preferred     |                |                |                              |   |
| IBUPROFEN                             | IBUPROFEN          | TABS        | Preferred     |                |                |                              |   |
| INDOMETHACIN                          | INDOCIN            | SUPP        |               |                |                |                              |   |
|                                       | INDOCIN            | SUSP        |               |                |                |                              |   |
|                                       | INDOMETHACIN       | CAPS        | Preferred     |                |                |                              |   |
|                                       | INDOMETHACIN CR    | CPCR        | Preferred     |                |                |                              |   |

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| INDOMETHACIN           | INDOMETHACIN ER        | CPCR        | Preferred     |                |                |                      |   |
|                        | INDOMETHACIN SA        | CPCR        | Preferred     |                |                |                      |   |
|                        | INDOMETHACIN SR        | CPCR        | Preferred     |                |                |                      |   |
|                        | TIVORBEX               | CAPS        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
| KETOPROFEN             | KETOPROFEN             | CAPS        | Preferred     |                |                |                      |   |
|                        | KETOPROFEN ER          | CP24        | Preferred     |                |                |                      |   |
| KETOROLAC TROMETHAMINE | KETOROLAC TROMETHAMINE | TABS        | Preferred     |                |                |                      |   |
| MECLOFENAMATE SODIUM   | MECLOFENAMATE SODIUM   | CAPS        |               |                |                |                      |   |
| MEFENAMIC ACID         | MEFENAMIC ACID         | CAPS        | Preferred     |                |                |                      |   |
|                        | PONSTEL                | CAPS        |               |                |                |                      |   |
| MELOXICAM              | MELOXICAM              | SUSP        | Preferred     |                |                |                      |   |
|                        | MELOXICAM              | TABS        | Preferred     |                |                |                      |   |
|                        | MOBIC                  | SUSP        |               |                |                |                      |   |
|                        | MOBIC                  | TABS        |               |                |                |                      |   |
|                        | VIVLODEX               | CAPS        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
| NABUMETONE             | NABUMETONE             | TABS        | Preferred     |                |                |                      |   |
| NAPROXEN               | EC-NAPROSYN            | TBEC        |               |                |                |                      |   |
|                        | MEDIPROXEN             | TABS        |               |                |                |                      |   |
|                        | NAPROSYN               | SUSP        |               |                |                |                      |   |
|                        | NAPROSYN               | TABS        |               |                |                |                      |   |
|                        | NAPROXEN               | SUSP        | Preferred     |                |                |                      |   |
|                        | NAPROXEN               | TABS        | Preferred     |                |                |                      |   |
|                        | NAPROXEN DR            | TBEC        | Preferred     |                |                |                      |   |
|                        | NAPROXEN EC            | TBEC        | Preferred     |                |                |                      |   |
|                        | NAPROXEN KIT           | TABS        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
| NAPROXEN SODIUM        | ANAPROX                | TABS        |               |                |                |                      |   |
|                        | ANAPROX DS             | TABS        |               |                |                |                      |   |
|                        | NAPRELAN               | TB24        |               |                |                |                      |   |

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|------------------------------|----------------------|-------------|---------------|----------------|----------------|------------------------------|---|
| NAPROXEN SODIUM              | NAPROXEN SODIUM      | CAPS        | Preferred     |                |                |                              |   |
|                              | NAPROXEN SODIUM      | TABS        | Preferred     |                |                |                              |   |
|                              | NAPROXEN SODIUM      | TB24        | Preferred     |                |                |                              |   |
|                              | NAPROXEN SODIUM CR   | TB24        | Preferred     |                |                |                              |   |
|                              | NAPROXEN SODIUM ER   | TB24        | Preferred     |                |                |                              |   |
| OXAPROZIN                    | DAYPRO               | TABS        |               |                |                |                              |   |
|                              | OXAPROZIN            | TABS        | Preferred     |                |                |                              |   |
| PIROXICAM                    | FELDENE              | CAPS        |               |                |                |                              |   |
|                              | PIROXICAM            | CAPS        | Preferred     |                |                |                              |   |
| SALSALATE                    | DISALCID             | TABS        |               |                |                |                              |   |
|                              | SALSALATE            | TABS        | Preferred     |                |                |                              |   |
| SULINDAC                     | SULINDAC             | TABS        | Preferred     |                |                |                              |   |
| TOLMETIN SODIUM              | TOLMETIN SODIUM      | CAPS        | Preferred     |                |                |                              |   |
|                              | TOLMETIN SODIUM      | TABS        | Preferred     |                |                |                              |   |
| <b>Opioids - Long Acting</b> |                      |             |               |                |                |                              |   |
| BUPRENORPHINE                | BUTRANS              | PTWK        |               |                | No             |                              |   |
| BUPRENORPHINE BUCCAL FILM    | BELBUCA              | FILM        |               | No TIP No DAW  | No             |                              | Not included in OHSU review, therefore not part of the PDL program. |
| FENTANYL                     | DURAGESIC            | PT72        |               |                | No             |                              |   |
|                              | FENTANYL             | PT72        | Preferred     |                | No             |                              |   |
| HYDROCODONE BITARTRATE       | HYSINGLA ER          | TABS        |               |                | No             |                              |   |
|                              | ZOHYDRO ER           | CP12        |               |                | No             |                              |   |
| HYDROMORPHONE HCL            | EXALGO               | TB24        |               |                | No             |                              |   |
|                              | HYDROMORPHONE HCL ER | T24A        | Preferred     |                | No             |                              |   |
| LEVORPHANOL TARTRATE         | LEVORPHANOL TARTRATE | TABS        |               |                | No             |                              |   |
| METHADONE HCL                | DOLOPHINE            | TABS        |               |                | No             | Prior authorization required |   |
|                              | DOLOPHINE HCL        | TABS        |               |                | No             | Prior authorization required |   |
|                              | METHADONE HCL        | CONC        |               |                | No             | Prior authorization required |   |
|                              | METHADONE HCL        | SOLN        |               |                | No             | Prior authorization required |   |



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| METHADONE HCL          | METHADONE HCL                | TABS        |               |                | No             | Prior authorization required |   |
|                        | METHADONE HCL                | TBSO        |               |                | No             | Prior authorization required |   |
|                        | METHADONE HCL INTENSOL       | CONC        |               |                | No             | Prior authorization required |   |
|                        | METHADOSE                    | CONC        |               |                | No             | Prior authorization required |   |
|                        | METHADOSE                    | TABS        |               |                | No             | Prior authorization required |   |
|                        | METHADOSE                    | TBSO        |               |                | No             | Prior authorization required |   |
|                        | METHADOSE SUGAR-FREE         | CONC        |               |                | No             | Prior authorization required |   |
| MORPHINE SULFATE       | ARYMO ER                     | TABS        |               | No TIP No DAW  | No             |                              | Not included in OHSU review, therefore not part of the PDL program. |
|                        | KADIAN                       | CP24        |               |                | No             |                              |   |
|                        | MORPHINE SULFATE CR          | TBCR        | Preferred     |                | No             |                              |   |
|                        | MORPHINE SULFATE ER          | CP24        | Preferred     |                | No             |                              |   |
|                        | MORPHINE SULFATE ER          | TBCR        | Preferred     |                | No             |                              |   |
|                        | MS CONTIN                    | TB12        |               |                | No             |                              |   |
|                        | MS CONTIN                    | TBCR        |               |                | No             |                              |   |
| MORPHINE SULFATE BEADS | AVINZA                       | CP24        |               |                | No             |                              |   |
|                        | MORPHINE SULFATE ER          | CP24        | Preferred     |                | No             |                              |   |
| MORPHINE-NALTREXONE    | EMBEDA                       | CPCR        |               |                | No             |                              |   |
| OXYCODONE HCL          | OXYCODONE HCL ER             | T12A        | Preferred     |                | No             |                              |   |
|                        | OXYCONTIN                    | TB12        |               |                | No             |                              |   |
|                        | XTAMPZA ER                   | CAPS        |               | No TIP No DAW  | No             |                              | Not included in OHSU review, therefore not part of the PDL program. |
| OXYMORPHONE HCL        | OPANA ER                     | TB12        |               |                | No             |                              |   |
|                        | OPANA ER (CRUSH RESISTANT)   | T12A        |               |                | No             |                              |   |
|                        | OXYMORPHONE HYDROCHLORIDE ER | TB12        |               |                | No             |                              |   |
| TAPENTADOL HCL         | NUCYNTA ER                   | TB12        |               |                | No             |                              |   |

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|--|-----------------------------|-------------|---------------|----------------|----------------|------------------------------|----------|
| <b>Overactive Bladder - Long Acting</b>  |                             |             |               |                |                |                              |          |
| DARIFENACIN HYDROBROMIDE                 | DARIFENACIN HYDROBROMIDE ER | TB24        |               |                |                |                              |          |
|  | ENABLEX                     | TB24        |               |                |                |                              |          |
| FESOTERODINE FUMARATE                    | TOVIAZ                      | TB24        |               |                |                |                              |          |
| MIRABEGRON                               | MYRBETRIQ                   | TB24        |               |                |                |                              |          |
| OXYBUTYNIN                               | OXYTROL                     | PTTW        |               |                |                |                              |          |
|  | OXYTROL FOR WOMEN           | PTTW        |               |                |                |                              |          |
| OXYBUTYNIN CHLORIDE                      | DITROPAN XL                 | TB24        |               |                |                |                              |          |
|  | GELNIQUE                    | GEL         |               |                |                |                              |          |
|  | OXYBUTYNIN CHLORIDE ER      | TB24        | Preferred     |                |                |                              |          |
| SOLIFENACIN SUCCINATE                    | VESICARE                    | TABS        |               |                |                |                              |          |
| TOLTERODINE TARTRATE                     | DETROL LA                   | CP24        |               |                |                |                              |          |
|  | TOLTERODINE TARTRATE ER     | CP24        | Preferred     |                |                |                              |          |
| TROSPIUM CHLORIDE                        | SANCTURA XR                 | CP24        |               |                |                |                              |          |
|  | TROSPIUM CHLORIDE ER        | CP24        | Preferred     |                |                |                              |          |
| <b>Overactive Bladder - Short Acting</b> |                             |             |               |                |                |                              |          |
| FLAVOXATE HCL                            | FLAVOXATE HCL               | TABS        |               |                |                |                              |          |
| OXYBUTYNIN CHLORIDE                      | OXYBUTYNIN CHLORIDE         | SYRP        | Preferred     |                |                |                              |          |
|  | OXYBUTYNIN CHLORIDE         | TABS        | Preferred     |                |                |                              |          |
| TOLTERODINE TARTRATE                     | DETROL                      | TABS        |               |                |                |                              |          |
|  | TOLTERODINE TARTRATE        | TABS        | Preferred     |                |                |                              |          |
| TROSPIUM CHLORIDE                        | SANCTURA                    | TABS        |               |                |                |                              |          |
|  | TROSPIUM CHLORIDE           | TABS        | Preferred     |                |                |                              |          |
| <b>PCSK-9 Inhibitors</b>                 |                             |             |               |                |                |                              |          |
| ALIROCUMAB                               | PRALUENT                    | SOPN        |               |                | No             | Prior authorization required |          |
|  | PRALUENT                    | SOSY        |               |                | No             | Prior authorization required |          |
| EVOLOCUMAB                               | REPATHA                     | SOSY        | Preferred     |                | No             | Prior authorization required |          |
|  | REPATHA PUSHTRONEX SYSTEM   | SOCT        | Preferred     |                | No             | Prior authorization required |          |

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|-------------------------------|------------------------------|-------------|---------------|----------------|----------------|---|---|
| EVOLOCUMAB                    | REPATHA SURECLICK            | SOAJ        | Preferred     |                | No             | Prior authorization required  |   |
| <b>Proton Pump Inhibitors</b> |                              |             |               |                |                |   |   |
| DEXLANSOPRAZOLE               | DEXILANT                     | CPDR        |               |                |                | Maximum 90 days continuous use  |   |
| ESOMEPRAZOLE MAGNESIUM        | ESOMEPRAZOLE MAGNESIUM       | CPDR        |               |                |                | Maximum 90 days continuous use  |   |
|                               | NEXIUM                       | CPDR        |               |                |                | Maximum 90 days continuous use  |   |
|                               | NEXIUM                       | PACK        |               |                | No             | Maximum 90 days continuous use  |   |
|                               | NEXIUM 24HR                  | CPDR        |               |                |                | Maximum 90 days continuous use  |   |
| ESOMEPRAZOLE STRONTIUM        | ESOMEPRAZOLE STRONTIUM       | CPDR        |               | No TIP No DAW  | No             | Maximum 90 days continuous use  | Not included in OHSU review, therefore not part of the PDL program. |
| LANSOPRAZOLE                  | FIRST-LANSOPRAZOLE           | SUSP        |               |                | No             | Not covered   |   |
|                               | LANSOPRAZOLE                 | CPDR        |               |                |                | Maximum 90 days continuous use  |   |
|                               | PREVACID                     | CPDR        |               |                |                | Maximum 90 days continuous use  |   |
|                               | PREVACID 24HR                | CPDR        |               |                |                | Maximum 90 days continuous use  |   |
|                               | PREVACID SOLUTAB             | TBDP        |               |                | No             | For children & unable to swallow only. Maximum 90 days continuous use |   |
| OMEPRAZOLE                    | FIRST-OMEPRAZOLE             | SUSP        |               |                | No             | Not covered   |   |
|                               | OMEPRAZOLE                   | CPDR        | Preferred     |                |                | Maximum 90 days continuous use  |   |
|                               | OMEPRAZOLE                   | TBEC        | Preferred     |                |                | Maximum 90 days continuous use  |   |
|                               | OMEPRAZOLE                   | TBEC        | Preferred     |                |                | Maximum 90 days continuous use  | OTC   |
|                               | OMEPRAZOLE/ SYRSPEND SF ALKA | SUSP        |               |                | No             | Maximum 90 days continuous use  |   |
|                               | PRILOSEC                     | CPDR        |               |                |                | Maximum 90 days continuous use  |   |
| OMEPRAZOLE MAGNESIUM          | OMEPRAZOLE MAGNESIUM         | CPDR        | Preferred     |                |                | Maximum 90 days continuous use  |   |

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

| Ingredient           | Trade Name       | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations | Comments  |
|----------------------|------------------|-------------|---------------|----------------|----------------|----------------------|---|
| ARIPIRAZOLE          | ABILIFY DISCMELT | TBDP        |               | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                      | ABILIFY MAINTENA | SUSR        | Preferred     | No             | No             | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                      | ARIPIRAZOLE      | SOLN        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                      | ARIPIRAZOLE      | TABS        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                      | ARIPIRAZOLE ODT  | TBDP        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| ARIPIRAZOLE LAUROXIL | ARISTADA         | PRSY        | Preferred     | No             | No             | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| ASENAPINE MALEATE    | SAPHRIS          | SUBL        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| BREXPIRAZOLE         | REXULTI          | TABS        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| CARIPRAZINE HCL      | VRAYLAR          | CAPS        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                      | VRAYLAR          | CPPK        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| CLOZAPINE            | CLOZAPINE        | TABS        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                      | CLOZAPINE ODT    | TBDP        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                      | CLOZARIL         | TABS        |               | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                      | FAZACLO          | TBDP        |               | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |

| Ingredient             | Trade Name            | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations | Comments  |
|------------------------|-----------------------|-------------|---------------|----------------|----------------|----------------------|---|
| CLOZAPINE              | VERSACLOZ             | SUSP        |               | No             | No             | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| ILOPERIDONE            | FANAPT                | TABS        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                        | FANAPT TITRATION PACK | TABS        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| LURASIDONE HCL         | LATUDA                | TABS        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| OLANZAPINE             | OLANZAPINE            | SOLR        | Preferred     | No             | No             | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                        | OLANZAPINE            | TABS        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                        | OLANZAPINE ODT        | TBDP        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                        | ZYPREXA               | SOLR        |               | No             | No             | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                        | ZYPREXA               | TABS        |               | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                        | ZYPREXA ZYDIS         | TBDP        |               | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| OLANZAPINE PAMOATE     | ZYPREXA RELPREVV      | SUSR        | Preferred     | No             | No             | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| PALIPERIDONE           | INVEGA                | TB24        |               | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                        | PALIPERIDONE ER       | TB24        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| PALIPERIDONE PALMITATE | INVEGA SUSTENNA       | SUSP        | Preferred     | No             | No             | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |

| Ingredient               | Trade Name             | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations | Comments  |
|--------------------------|------------------------|-------------|---------------|----------------|----------------|----------------------|---|
| PALIPERIDONE PALMITATE   | INVEGA TRINZA          | SUSP        | Preferred     | No             | No             | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| QUETIAPINE FUMARATE      | QUETIAPINE FUMARATE    | TABS        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                          | QUETIAPINE FUMARATE ER | TB24        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                          | SEROQUEL               | TABS        |               | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                          | SEROQUEL XR            | TB24        |               | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| RISPERIDONE              | RISPERDAL              | SOLN        |               | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                          | RISPERDAL              | TABS        |               | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                          | RISPERDAL M-TAB        | TBDP        |               | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                          | RISPERIDONE            | SOLN        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                          | RISPERIDONE            | TABS        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                          | RISPERIDONE M-TAB      | TBDP        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
|                          | RISPERIDONE ODT        | TBDP        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| RISPERIDONE MICROSPHERES | RISPERDAL CONSTA       | SUSR        | Preferred     | No             | No             | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |
| ZIPRASIDONE HCL          | GEODON                 | CAPS        |               | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law |

| Ingredient                      | Trade Name              | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations | Comments  |
|---------------------------------|-------------------------|-------------|---------------|----------------|----------------|----------------------|---|
| ZIPRASIDONE HCL                 | ZIPRASIDONE HCL         | CAPS        | Preferred     | No             |                | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
| ZIPRASIDONE MESYLATE            | GEODON                  | SOLR        | Preferred     | No             | No             | Age and dose limits  | P&T Committee did not allow TIP; Refills exempt from TIP by law     |
| <b>Skeletal Muscle Relaxant</b> |                         |             |               |                |                |                      |   |
| CARISOPRODOL                    | CARISOPRODOL            | TABS        |               | No TIP No DAW  | No             | PA required          | P&T Committee Recommended Not Covered                               |
|                                 | SOMA                    | TABS        |               | No TIP No DAW  | No             | PA required          | P&T Committee Recommended Not Covered                               |
| CHLORZOXAZONE                   | CHLORZOXAZONE           | TABS        |               |                |                |                      |   |
|                                 | LORZONE                 | TABS        |               |                |                |                      |   |
|                                 | PARAFON FORTE DSC       | TABS        |               |                |                |                      |   |
| CYCLOBENZAPRINE HCL             | AMRIX                   | CP24        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
|                                 | CYCLOBENZAPRINE HCL     | TABS        | Preferred     |                |                |                      |   |
|                                 | FEXMID                  | TABS        |               |                |                |                      |   |
| DANTROLENE SODIUM               | DANTRIUM                | CAPS        |               |                |                |                      |   |
|                                 | DANTROLENE SODIUM       | CAPS        |               |                |                |                      |   |
| METAXALONE                      | METAXALL                | TABS        |               |                |                |                      |   |
|                                 | METAXALONE              | TABS        |               |                |                |                      |   |
|                                 | SKELAXIN                | TABS        |               |                |                |                      |   |
| METHOCARBAMOL                   | METHOCARBAMOL           | SOLN        | Preferred     |                |                |                      |   |
|                                 | METHOCARBAMOL           | TABS        | Preferred     |                |                |                      |   |
|                                 | ROBAXIN                 | SOLN        |               |                |                |                      |   |
|                                 | ROBAXIN                 | TABS        |               |                |                |                      |   |
|                                 | ROBAXIN-750             | TABS        |               |                |                |                      |   |
| ORPHENADRINE CITRATE            | NORFLEX                 | SOLN        |               |                |                |                      |   |
|                                 | ORPHENADRINE CITRATE    | SOLN        |               |                |                |                      |   |
|                                 | ORPHENADRINE CITRATE CR | TB12        |               |                |                |                      |   |
|                                 | ORPHENADRINE CITRATE ER | TB12        |               |                |                |                      |   |



| Ingredient                                       | Trade Name            | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations    | Comments  |
|--|-----------------------|-------------|---------------|----------------|----------------|-------------------------|---|
| <b>Skeletal Muscle Relaxant - Antispasticity</b> |                       |             |               |                |                |                         |   |
| BACLOFEN   | BACLOFEN              | TABS        | Preferred     |                |                |                         |   |
| TIZANIDINE HCL                                   | TIZANIDINE HCL        | CAPS        | Preferred     |                |                |                         |   |
|  | TIZANIDINE HCL        | TABS        | Preferred     |                |                |                         |   |
|  | ZANAFLEX              | CAPS        |               |                |                |                         |   |
|  | ZANAFLEX              | TABS        |               |                |                |                         |   |
| <b>Statin (HMG-CoA Reductase Inhibitor)</b>      |                       |             |               |                |                |                         |   |
| ATORVASTATIN CALCIUM                             | ATORVASTATIN CALCIUM  | TABS        | Preferred     |                | No             |                         |   |
|  | LIPITOR               | TABS        |               |                | No             |                         |   |
| FLUVASTATIN SODIUM                               | FLUVASTATIN           | CAPS        | Preferred     |                | No             |                         |   |
|  | FLUVASTATIN SODIUM ER | TB24        |               |                | No             |                         |   |
|  | LESCOL                | CAPS        |               |                | No             |                         |   |
|  | LESCOL XL             | TB24        |               |                | No             |                         |   |
| LOVASTATIN                                       | ALTOPREV              | TB24        |               |                | No             |                         |   |
|  | LOVASTATIN            | TABS        | Preferred     |                | No             |                         |   |
|  | MEVACOR               | TABS        |               |                | No             |                         |   |
| PITAVASTATIN CALCIUM                             | LIVALO                | TABS        |               | No TIP No DAW  | No             |                         | Not included in OHSU review, therefore not part of the PDL program. |
| PRAVASTATIN SODIUM                               | PRAVACHOL             | TABS        |               |                | No             |                         |   |
|  | PRAVASTATIN SODIUM    | TABS        | Preferred     |                | No             |                         |   |
| ROSUVASTATIN CALCIUM                             | CRESTOR               | TABS        |               |                | No             |                         |   |
|  | ROSUVASTATIN CALCIUM  | TABS        |               |                | No             |                         |   |
| SIMVASTATIN                                      | SIMVASTATIN           | TABS        | Preferred     |                | No             | PA required for => 80mg |   |
|  | ZOCOR                 | TABS        |               |                | No             |                         |   |
| <b>Targeted Immune Modulator (TIM)</b>           |                       |             |               |                |                |                         |   |
| ABATACEPT  | ORENCIA               | SOLN        |               | No             | No             |                         | P&T Committee did not allow TIP                                     |
|  | ORENCIA               | SOLR        |               | No             | No             |                         | P&T Committee did not allow TIP                                     |
|  | ORENCIA               | SOSY        |               | No             | No             |                         | P&T Committee did not allow TIP                                     |

| Ingredient         | Trade Name                                   | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations | Comments                        |
|--------------------|--|-------------|---------------|----------------|----------------|----------------------|---------------------------------|
| ABATACEPT          | ORENCIA CLICKJECT                            | SOAJ        |               | No             | No             |                      | P&T Committee did not allow TIP |
| ADALIMUMAB         | HUMIRA                                       | KIT         | Preferred     | No             | No             |                      | P&T Committee did not allow TIP |
|                    | HUMIRA                                       | PSKT        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP |
|                    | HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK | PSKT        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP |
|                    | HUMIRA PEN                                   | KIT         | Preferred     | No             | No             |                      | P&T Committee did not allow TIP |
|                    | HUMIRA PEN                                   | PNKT        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP |
|                    | HUMIRA PEN-CROHNS DISEASESTARTER             | KIT         | Preferred     | No             | No             |                      | P&T Committee did not allow TIP |
|                    | HUMIRA PEN-CROHNS DISEASESTARTER             | PNKT        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP |
|                    | HUMIRA PEN-PSORIASIS STARTER                 | KIT         | Preferred     | No             | No             |                      | P&T Committee did not allow TIP |
|                    | HUMIRA PEN-PSORIASIS STARTER                 | PNKT        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP |
| ANAKINRA           | KINERET                                      | SOLN        |               | No             | No             |                      | P&T Committee did not allow TIP |
|                    | KINERET                                      | SOSY        |               | No             | No             |                      | P&T Committee did not allow TIP |
| APREMILAST         | OTEZLA                                       | TABS        |               | No             | No             |                      | P&T Committee did not allow TIP |
| CANAKINUMAB        | ILARIS                                       | SOLR        |               | No             | No             |                      | P&T Committee did not allow TIP |
| CERTOLIZUMAB PEGOL | CIMZIA                                       | KIT         |               | No             | No             |                      | P&T Committee did not allow TIP |
|                    | CIMZIA STARTER KIT                           | KIT         |               | No             | No             |                      | P&T Committee did not allow TIP |
| ETANERCEPT         | ENBREL                                       | KIT         | Preferred     | No             | No             |                      | P&T Committee did not allow TIP |
|                    | ENBREL                                       | SOLN        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP |
|                    | ENBREL                                       | SOLR        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP |
|                    | ENBREL                                       | SOSY        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP |

| Ingredient          | Trade Name              | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations | Comments  |
|---------------------|-------------------------|-------------|---------------|----------------|----------------|----------------------|---|
| ETANERCEPT          | ENBREL SURECLICK        | SOAJ        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                     | ENBREL SURECLICK        | SOLN        | Preferred     | No             | No             |                      | P&T Committee did not allow TIP                                     |
| GOLIMUMAB           | SIMPONI                 | SOAJ        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                     | SIMPONI                 | SOLN        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                     | SIMPONI                 | SOSY        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                     | SIMPONI ARIA            | SOLN        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
| INFLIXIMAB          | REMICADE                | SOLR        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
| INFLIXIMAB-DYYB     | INFLECTRA               | SOLR        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
| IXEKIZUMAB          | TALTZ                   | SOAJ        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
|                     | TALTZ                   | SOSY        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
| RITUXIMAB           | RITUXAN                 | CONC        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                     | RITUXAN                 | SOLN        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
| SECUKINUMAB         | COSENTYX                | SOLN        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                     | COSENTYX                | SOSY        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                     | COSENTYX SENSOREADY PEN | SOAJ        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
| TOCILIZUMAB         | ACTEMRA                 | SOLN        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                     | ACTEMRA                 | SOSY        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
| TOFACITINIB CITRATE | XELJANZ                 | TABS        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                     | XELJANZ XR              | TB24        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |

| Ingredient                         | Trade Name               | Dosage Form | WA PDL Status | Subject to TIP | Covered by LNI | Medicaid Limitations | Comments  |
|------------------------------------|--------------------------|-------------|---------------|----------------|----------------|----------------------|---|
| USTEKINUMAB                        | STELARA                  | SOLN        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
|                                    | STELARA                  | SOSY        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
| VEDOLIZUMAB                        | ENTYVIO                  | SOLR        |               | No             | No             |                      | P&T Committee did not allow TIP                                     |
| <b>Triptan (Migraine Headache)</b> |                          |             |               |                |                |                      |   |
| ALMOTRIPTAN MALATE                 | ALMOTRIPTAN MALATE       | TABS        |               |                | No             | Quantity Limits      |   |
|                                    | AXERT                    | TABS        |               |                | No             | Quantity Limits      |   |
| ELETRIPTAN HYDROBROMIDE            | RELPAX                   | TABS        |               |                | No             | Quantity Limits      |   |
| FROVATRIPTAN SUCCINATE             | FROVA                    | TABS        |               |                | No             | Quantity Limits      |   |
|                                    | FROVATRIPTAN SUCCINATE   | TABS        |               |                | No             | Quantity Limits      |   |
| NARATRIPTAN HCL                    | AMERGE                   | TABS        |               |                | No             | Quantity Limits      |   |
|                                    | NARATRIPTAN HCL          | TABS        |               |                | No             | Quantity Limits      |   |
| RIZATRIPTAN BENZOATE               | MAXALT                   | TABS        |               |                | No             | Quantity Limits      |   |
|                                    | MAXALT-MLT               | TBDP        |               |                | No             | Quantity Limits      |   |
|                                    | RIZATRIPTAN BENZOATE     | TABS        | Preferred     |                | No             | Quantity Limits      |   |
|                                    | RIZATRIPTAN BENZOATE     | TBDP        | Preferred     |                | No             | Quantity Limits      |   |
|                                    | RIZATRIPTAN BENZOATE ODT | TBDP        | Preferred     |                | No             | Quantity Limits      |   |
| SUMATRIPTAN                        | IMITREX                  | SOLN        |               |                | No             | Quantity Limits      |   |
|                                    | SUMATRIPTAN              | SOLN        | Preferred     |                | No             | Quantity Limits      |   |
| SUMATRIPTAN SUCCINATE              | ALSUMA                   | SOAJ        |               |                | No             | Quantity Limits      |   |
|                                    | ALSUMA                   | SOLN        |               |                | No             | Quantity Limits      |   |
|                                    | IMITREX                  | SOLN        |               |                | No             | Quantity Limits      |   |
|                                    | IMITREX                  | TABS        |               |                | No             | Quantity Limits      |   |
|                                    | IMITREX STATDOSE REFILL  | SOCT        |               |                | No             | Quantity Limits      |   |
|                                    | IMITREX STATDOSE REFILL  | SOLN        |               |                | No             | Quantity Limits      |   |
|                                    | IMITREX STATDOSE SYSTEM  | SOAJ        |               |                | No             | Quantity Limits      |   |
|                                    | IMITREX STATDOSE SYSTEM  | SOLN        |               |                | No             | Quantity Limits      |   |
|                                    | ONZETRA XSAIL            | EXHP        |               | No TIP No DAW  | No             |                      | Not included in OHSU review, therefore not part of the PDL program. |
|                                    | SUMATRIPTAN SUCCINATE    | SOAJ        | Preferred     |                | No             | Quantity Limits      |   |

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