

Washington Preferred Drug List - 3rd Quarter 2018

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
ACE Inhibitor							
BENZAEPRI HCL	BENZAEPRI HCL	TABS		Preferred	Not covered	Preferred	Archived 2016
	LOTENSIN	TABS				Not covered	Archived 2016
CAPTAPRI	CAPTAPRI	TABS		Preferred	Not covered	Preferred	Archived 2016
ENALAPRI MALEATE	ENALAPRI MALEATE	TABS		Preferred	Not covered	Preferred	Archived 2016
	EPANED	SOLN	No TIP No DAW			Not covered	Archived 2016
	VASOTEC	TABS				Not covered	Archived 2016
FOSINOPRI SODIUM	FOSINOPRI SODIUM	TABS				Not covered	Archived 2016
LISINOPRI	LISINOPRI	TABS		Preferred	Not covered	Preferred	Archived 2016
	PRINIVIL	TABS				Not covered	Archived 2016
	QBRELIS	SOLN	No TIP No DAW			Not covered	Archived 2016
	ZESTRI	TABS				Not covered	Archived 2016
MOEXIPRI HCL	MOEXIPRI HCL	TABS				Not covered	Archived 2016
PERINDOPRI ERBUMINE	ACEON	TABS				Not covered	Archived 2016
	PERINDOPRI ERBUMINE	TABS				Not covered	Archived 2016
QUINAPRI HCL	ACCUPRI	TABS				Not covered	Archived 2016
	QUINAPRI HCL	TABS				Not covered	Archived 2016
RAMIPRI	ALTACE	CAPS				Not covered	Archived 2016
	RAMIPRI	CAPS		Preferred	Not covered	Preferred	Archived 2016
TRANDOLAPRI	MAVIK	TABS				Not covered	Archived 2016
	TRANDOLAPRI	TABS				Not covered	Archived 2016
ADHD - Amphetamines							
AMPHETAMINE	ADZENYS ER	SUER	No TIP No DAW			Not covered	Not included in OHSU review, therefore not part of the PDL program.
	ADZENYS XR-ODT	TBED	No			Not covered	P&T Committee did not allow TIP

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

ADHD - Methylphenidates

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
DEXMETHYLPHENIDATE HCL	COTEMPLA	TABS	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
	COTEMPLA XR-ODT	TBED	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
	DEXMETHYLPHENIDATE HCL	TABS	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	DEXMETHYLPHENIDATE HCL ER	CP24	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	FOCALIN	TABS	No		Not covered		P&T Committee did not allow TIP
	FOCALIN XR	CP24	No		Not covered		P&T Committee did not allow TIP
METHYLPHENIDATE HCL	APTENSIO XR	CP24	No		Not covered	Preferred	P&T Committee did not allow TIP
	CONCERTA	TBCR	No		Not covered		P&T Committee did not allow TIP
	DAYTRANA	PTCH	No		Not covered		P&T Committee did not allow TIP
	METADATE CD	CPCR	No		Not covered		P&T Committee did not allow TIP
	METADATE ER	TBCR	No		Not covered	Preferred	P&T Committee did not allow TIP
	METHYLIN	CHEW	No		Not covered	Preferred	P&T Committee did not allow TIP
	METHYLIN	SOLN	No		Not covered	Preferred	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL	CHEW	No		Not covered		P&T Committee did not allow TIP
	METHYLPHENIDATE HCL	SOLN	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL	TABS	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL CD	CPCR	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL CR	TBCR	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL ER	CP24	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL ER	TB24	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL ER	TBCR	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL LA	CAPS	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL SR	TBCR	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	QUILLICHEW ER	CHER	No		Not covered	Preferred	P&T Committee did not allow TIP
	QUILLIVANT XR	SUSR	No		Not covered	Preferred	P&T Committee did not allow TIP
	RITALIN	TABS	No		Not covered		P&T Committee did not allow TIP
	RITALIN LA	CP24	No		Not covered		P&T Committee did not allow TIP
	ADHD - NonStimulant						
ATOMOXETINE HCL	ATOMOXETINE	CAPS	No	Preferred	Not covered	Preferred	
	STRATTERA	CAPS	No		Not covered		
CLONIDINE HCL	CATAPRES	TABS			Not covered		
	CLONIDINE HCL	PTWK		Preferred	Not covered	Preferred	
	CLONIDINE HCL	TABS		Preferred	Not covered	Preferred	
	CLONIDINE HCL ER	TB12		Preferred	Not covered	Preferred	
	KAPVAY	TB12			Not covered		
GUANFACINE HCL	GUANFACINE ER	TB24		Preferred	Not covered	Preferred	
	GUANFACINE HCL	TABS		Preferred	Not covered	Preferred	
	INTUNIV	TB24			Not covered		
	TENEX	TABS			Not covered		
Alzheimers Drugs							
DONEPEZIL HYDROCHLORIDE	ARICEPT	TABS	No		Not covered		P&T Committee did not allow TIP, Archived 2016
	ARICEPT ODT	TBDP	No		Not covered		P&T Committee did not allow TIP, Archived 2016

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
DONEPEZIL HYDROCHLORIDE	DONEPEZIL HCL	TABS	No	Preferred	Not covered	Preferred	Donepezil 23mg in non-preferred. P&T Committee did not allow TIP, Archived 2016
	DONEPEZIL HCL	TBDP	No	Preferred	Not covered	Preferred	Donepezil 23mg in non-preferred. P&T Committee did not allow TIP, Archived 2016
GALANTAMINE HYDROBROMIDE	GALANTAMINE HYDROBROMIDE	SOLN	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP, Archived 2016
	GALANTAMINE HYDROBROMIDE	TABS	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP, Archived 2016
	GALANTAMINE HYDROBROMIDE ER	CP24	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP, Archived 2016
	RAZADYNE	SOLN	No		Not covered		P&T Committee did not allow TIP, Archived 2016
	RAZADYNE	TABS	No		Not covered		P&T Committee did not allow TIP, Archived 2016
	RAZADYNE ER	CP24	No		Not covered		P&T Committee did not allow TIP, Archived 2016
MEMANTINE HCL	MEMANTINE HCL	SOLN	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP, Archived 2016
	MEMANTINE HCL	TABS	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP, Archived 2016
	MEMANTINE HCL ER	CP24	No	Preferred	Not covered		P&T Committee did not allow TIP, Archived 2016
	MEMANTINE HCL TITRATION PAK	TABS	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP, Archived 2016
	NAMENDA	SOLN	No		Not covered	Preferred	P&T Committee did not allow TIP, Archived 2016

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
MEMANTINE HCL	NAMENDA	TABS	No		Not covered	Preferred	P&T Committee did not allow TIP, Archived 2016
	NAMENDA TITRATION PAK	TABS	No		Not covered	Preferred	P&T Committee did not allow TIP, Archived 2016
	NAMENDA XR	CP24	No TIP No DAW		Not covered		P&T Committee did not allow TIP, Archived 2016
	NAMENDA XR TITRATION PAK	CP24	No TIP No DAW		Not covered		P&T Committee did not allow TIP, Archived 2016
MEMANTINE HCL-DONEPEZIL HCL	NAMZARIC	C4PK	No TIP No DAW		Not covered		P&T Committee did not allow TIP, Archived 2016
	NAMZARIC	CP24	No TIP No DAW		Not covered		P&T Committee did not allow TIP, Archived 2016
RIVASTIGMINE TARTRATE	EXELON	CAPS	No		Not covered		P&T Committee did not allow TIP, Archived 2016
	EXELON	SOLN	No		Not covered		P&T Committee did not allow TIP, Archived 2016
	RIVASTIGMINE TARTRATE	CAPS	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP, Archived 2016
	RIVASTIGMINE TRANSDERMAL SYSTEM	EXELON	PT24	No		Not covered	P&T Committee did not allow TIP, Archived 2016
	RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	No		Not covered		P&T Committee did not allow TIP, Archived 2016
Anticoagulant							
APIXABAN	ELIQUIS	TABS	No	Preferred	Not covered	Preferred	
	ELIQUIS STARTER PACK	TABS	No		Not covered	Preferred	
BETRIXABAN MALEATE	BEVYXXA	CAPS	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
DABIGATRAN ETEXILATE MESYLATE	PRADAXA	CAPS	No	Preferred	Not covered	Preferred	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
EDOXABAN TOSYLATE	SAVAYSA	TABS	No		Not covered		
RIVAROXABAN	XARELTO	TABS	No		Not covered	Preferred	
	XARELTO STARTER PACK	TBPK	No		Not covered	Preferred	
Antidepressant - Other							
BUPROPION HCL	BUDEPRION SR	TB12	No	Preferred	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	BUDEPRION XL	TB24	No	Preferred	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	BUPROPION HCL	TABS	No	Preferred	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	BUPROPION HCL ER	TB12	No	Preferred	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	BUPROPION HCL SR	TB12	No	Preferred	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	BUPROPION HCL XL	TB24	No	Preferred	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	FORFIVO XL	TB24	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
	WELLBUTRIN	TABS	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
	WELLBUTRIN SR	TB12	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
	WELLBUTRIN XL	TB24	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
BUPROPION HYDROBROMIDE	APLENZIN	TB24	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
MIRTAZAPINE	MIRTAZAPINE	TABS	No	Preferred	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
MIRTAZAPINE	MIRTAZAPINE ODT	TBDP	No	Preferred	Preferred	Preferred	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
Antidepressant - SNRI							
DESVENLAFAXINE	DESVENLAFAXINE ER	TB24	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
	KHEDEZLA	TB24	No TIP No DAW			Not covered	Not included in OHSU review, therefore not part of the PDL program.
DESVENLAFAXINE FUMARATE	DESVENLAFAXINE ER	TB24	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
DESVENLAFAXINE SUCCINATE	DESVENLAFAXINE ER	TB24	No TIP No DAW			Not covered	P&T Committee did not allow TIP; Refills exempt from TIP by law
	DESVENLAFAXINE SUCCINATE	TB24	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
	PRISTIQ	TB24	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
DULOXETINE HCL	CYMBALTA	CPEP	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
	DULOXETINE HCL	CPEP	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
LEVOMILNACIPRAN HCL	FETZIMA	CP24	No				P&T Committee did not allow TIP; Refills exempt from TIP by law

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
LEVOMILNACIPRAN HCL	FETZIMA TITRATION PACK	C4PK	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
VENLAFAXINE HCL	EFFEXOR XR	CP24	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
	VENLAFAXINE HCL	TABS	No	Preferred	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	VENLAFAXINE HCL ER	CP24	No	Preferred	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	VENLAFAXINE HCL ER	TB24	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
Antidepressant - SSRI							
CITALOPRAM HYDROBROMIDE	CELEXA	TABS	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
	CITALOPRAM HYDROBROMIDE	SOLN	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
	CITALOPRAM HYDROBROMIDE	TABS	No	Preferred	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
ESCITALOPRAM OXALATE	ESCITALOPRAM OXALATE	SOLN	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
	ESCITALOPRAM OXALATE	TABS	No	Preferred	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	LEXAPRO	SOLN	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
	LEXAPRO	TABS	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
FLUOXETINE HCL	FLUOXETINE DR	CPDR	No	Preferred	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law

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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
PAROXETINE MESYLATE	PEXEVA	TABS	No TIP No DAW			Not covered	Not included in OHSU review, therefore not part of the PDL program.
SERTRALINE HCL	SERTRALINE HCL	CONC	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
	SERTRALINE HCL	TABS	No	Preferred	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ZOLOFT	CONC	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
	ZOLOFT	TABS	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
VILAZODONE HCL	VIIBRYD	KIT	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
	VIIBRYD	TABS	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
	VIIBRYD STARTER PACK	KIT	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
VORTIOXETINE HBR	TRINTELLIX	TABS	No				P&T Committee did not allow TIP; Refills exempt from TIP by law
Antiemetic							
APREPITANT	APREPITANT	CAPS				Not covered	Preferred
	EMEND	CAPS				Not covered	
	EMEND	SUSR				Not covered	
	EMEND TRIPACK	CAPS				Not covered	
DOLASETRON MESYLATE	ANZEMET	SOLN				Not covered	
	ANZEMET	TABS				Not covered	
DOXYLAMINE/ PYRIDOXINE	DICLEGIS	TBEC				Not covered	Preferred
FOSAPREPITANT DIMEGLUMINE	EMEND	SOLR				Not covered	
GRANISETRON	SANCUSO	PTCH				Not covered	
	SUSTOL	PRSY				Not covered	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
GRANISETRON HCL	GRANISETRON HCL	SOLN		Preferred	Not covered	Preferred	
	GRANISETRON HCL	TABS		Preferred	Not covered	Preferred	
NETUPITANT/ PALONOSETRON	AKYNZEO	CAPS			Not covered		
ONDANSETRON	ONDANSETRON ODT	TBDP		Preferred	Not covered	Preferred	
	ZOFRAN ODT	TBDP			Not covered		
	ZUPLENZ	FILM			Not covered		
ONDANSETRON HCL	ONDANSETRON HCL	SOLN		Preferred	Not covered	Preferred	
	ONDANSETRON HCL	TABS		Preferred	Not covered	Preferred	
	ZOFRAN	SOLN			Not covered		
	ZOFRAN	TABS			Not covered		
PALONOSETRON HCL	ALOXI	SOLN			Not covered		
ROLAPITANT HCL	VARUBI	EMUL	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
	VARUBI	TABS			Not covered		
Antihistamines - Newer							
AZELASTINE HCL	ASTELIN	SOLN			Not covered		Archived 2015
	ASTEPRO	SOLN			Not covered		Archived 2015
	AZELASTINE HCL	SOLN			Not covered		Archived 2015
CETIRIZINE HCL	CETIRIZINE HCL	CHEW		Not covered	Not covered		Archived 2015
	CETIRIZINE HCL	SOLN		Not covered	Not covered	Preferred	Archived 2015
	CETIRIZINE HCL	SYRP		Not covered	Not covered	Preferred	Archived 2015
	CETIRIZINE HCL	TABS		Not covered	Not covered	Preferred	Archived 2015
	CETIRIZINE HCL ALLERGY CHILDRENS	SOLN		Not covered	Not covered	Preferred	Archived 2015
	CETIRIZINE HCL CHILDRENS	CHEW		Not covered	Not covered		Archived 2015
	CETIRIZINE HCL CHILDRENS	SOLN		Not covered	Not covered	Preferred	Archived 2015
	CETIRIZINE HCL CHILDRENS ALLERGY	SYRP		Not covered	Not covered	Preferred	Archived 2015
	CETIRIZINE HCL HIVES RELIEF CHILDRENS	SOLN		Not covered	Not covered	Preferred	Archived 2015
ZYRTEC ALLERGY	ZYRTEC ALLERGY	CAPS		Not covered			Archived 2015
	ZYRTEC ALLERGY	TABS		Not covered			Archived 2015

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

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

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

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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
FORMOTEROL FUMARATE	FORADIL AEROLIZER	CAPS			PA required		
	PERFOROMIST	NEBU			PA required		COPD Only
INDACATEROL MALEATE	ARCAPTA NEOHALER	CAPS			PA required		COPD Only
OLODATEROL HCL	STRIVERDI RESPIMAT	AERS			PA required		
SALMETEROL XINAFOATE	SEREVENT DISKUS	AEPB		Preferred	Preferred, PA required	Preferred	

Asthma or COPD - Long Acting Muscarinic Agents (LAMA)

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

Asthma or COPD - PD4I Phosphodiesterase - 4 Inhibitor

ROFLUMILAST	DALIRESP	TABS		Preferred	Preferred, PA required		COPD Only
-------------	----------	------	--	-----------	------------------------	--	-----------

Beta Blocker

ACEBUTOLOL HCL	ACEBUTOLOL HCL	CAPS		Preferred	Not covered	Preferred	Archived 2015
ATENOLOL	ATENOLOL	TABS		Preferred	Not covered	Preferred	Archived 2015
	TENORMIN	TABS			Not covered		Archived 2015
BETAXOLOL HCL	BETAXOLOL HCL	TABS		Preferred	Not covered	Preferred	Archived 2015
BISOPROLOL FUMARATE	BISOPROLOL FUMARATE	TABS		Preferred	Not covered	Preferred	Archived 2015
CARVEDILOL	CARVEDILOL	TABS		Preferred	Not covered	Preferred	Archived 2015
	COREG	TABS			Not covered		Archived 2015
CARVEDILOL PHOSPHATE	CARVEDILOL PHOSPHATE	CP24			Not covered		Archived 2015

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

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

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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
DULAGLUTIDE	TRULICITY	SOPN			Not covered		
EXENATIDE	BYDUREON	PEN			Not covered	Preferred	
	BYDUREON	SRER			Not covered	Preferred	
	BYDUREON	SUSR			Not covered	Preferred	
	BYDUREON BCISE	AUIJ			Not covered	Preferred	
	BYDUREON PEN	PEN			Not covered	Preferred	
	BYETTA	SOLN		Preferred	Not covered	Preferred	
	BYETTA	SOPN		Preferred	Not covered	Preferred	
INSULIN DEGLUDEC/ LIRAGLUTIDE	XULTOPHY	SOPN	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
	XULTOPHY 100/3.6	SOPN	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
INSULIN GLARGINE/ LIXISENATIDE	SOLIQUA 100/33	SOPN	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
LIRAGLUTIDE	VICTOZA	SOLN			Not covered	Preferred	
	VICTOZA	SOPN			Not covered	Preferred	
LIXISENATIDE	ADLYXIN	SOPN	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
	ADLYXIN STARTER PACK	PNKT	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
SEMAGLUTIDE	OZEMPIC	SOPN	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
Diabetes Drugs - Long-acting Insulins							
INSULIN DEGLUDEC	TRESIBA FLEXTOUCH	SOPN	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
INSULIN DETEMIR	LEVEMIR	SOLN			Not covered	Preferred	
	LEVEMIR FLEXPEN	SOPN			Not covered	Preferred	
	LEVEMIR FLEXTOUCH	SOPN			Not covered	Preferred	
INSULIN GLARGINE	BASAGLAR KWIKPEN	SOPN		Preferred	Not covered		
	LANTUS	SOLN			Not covered	Preferred	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
INSULIN GLARGINE	LANTUS SOLOSTAR	SOPN			Not covered	Preferred	
	TOUJEO MAX SOLOSTAR	SOPN			Not covered		
	TOUJEO SOLOSTAR	SOPN			Not covered		
Diabetes Drugs - SGLT2 Inhibitors							
CANAGLIFLOZIN	INVOKANA	TABS		Preferred	Not covered	Preferred	
CANAGLIFLOZIN/ METFORMIN HCL	INVOKAMET	TABS		Preferred	Not covered	Preferred	
	INVOKAMET XR	TB24			Not covered		
DAPAGLIFLOZIN PROPANEDIOL	FARXIGA	TABS		Preferred	Not covered	Preferred	
DAPAGLIFLOZIN/ METFORMIN HCL	XIGDUO XR	TB24		Preferred	Not covered	Preferred	
DAPAGLIFLOZIN/ SAXAGLIPTIN	QTERN	TABS			Not covered		
EMPAGLIFLOZIN	JARDIANCE	TABS			Not covered		
EMPAGLIFLOZIN/ LINAGLIPTIN	GLYXAMBI	TABS			Not covered		
EMPAGLIFLOZIN/ METFORMIN HCL	SYNJARDY	TABS			Not covered		
	SYNJARDY XR	TB24			Not covered		
ERTUGLIFLOZIN/ PYROGLUTAMIC ACID	STEGLATRO	TABS	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
Diabetes Drugs - Sulfonylureas							
CHLORPROPAMIDE	CHLORPROPAMIDE	TABS			Not covered		Archived 2015
GLIMEPIRIDE	AMARYL	TABS			Not covered		Archived 2015
	GLIMEPIRIDE	TABS		Preferred	Not covered	Preferred	Archived 2015
GLIPIZIDE	GLIPIZIDE	TABS		Preferred	Not covered	Preferred	Archived 2015
	GLIPIZIDE ER	TB24		Preferred	Not covered	Preferred	Archived 2015
	GLIPIZIDE XL	TB24		Preferred	Not covered	Preferred	Archived 2015
	GLUCOTROL	TABS			Not covered		Archived 2015
	GLUCOTROL XL	TB24			Not covered		Archived 2015
GLYBURIDE	GLYBURIDE	TABS		Preferred	Not covered	Preferred	Archived 2015
GLYBURIDE MICRONIZED	GLYBURIDE MICRONIZED	TABS		Preferred	Not covered	Preferred	Archived 2015
	GLYNASE	TABS			Not covered		Archived 2015
NATEGLINIDE	NATEGLINIDE	TABS		Preferred	Not covered	Preferred	Archived 2015
	STARLIX	TABS			Not covered		Archived 2015

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
REPAGLINIDE	PRANDIN	TABS			Not covered		Archived 2015
	REPAGLINIDE	TABS			Not covered		Archived 2015
TOLAZAMIDE	TOLAZAMIDE	TABS			Not covered		Archived 2015
TOLBUTAMIDE	TOLBUTAMIDE	TABS			Not covered		Archived 2015
Diabetes Drugs - TZD							
PIOGLITAZONE HCL	ACTOS	TABS			Not covered		Archived 2016
	PIOGLITAZONE HCL	TABS		Preferred	Not covered	Preferred	Archived 2016
ROSIGLITAZONE MALEATE	AVANDIA	TABS			Not covered		Archived 2016
Estrogen - Oral							
CONJUGATED ESTROGENS-BAZEDOXIFENE	DUAVEE	TABS	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
ESTERIFIED ESTROGENS	MENEST	TABS			Not covered		
ESTRADIOL	ESTRACE	TABS			Not covered		
	ESTRADIOL	PLLT	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
	ESTRADIOL	PTTW			Not covered		
	ESTRADIOL	TABS		Preferred	Not covered	Preferred	
ESTRADIOL ACETATE	FEMTRACE	TABS			Not covered		
ESTRADIOL VALERATE	ESTRADIOL VALERATE	OIL			Not covered		No longer included in OHSU review, therefore not part of the PDL program.
ESTROGENS, CONJUGATED	PREMARIN	TABS			Not covered		
ESTROGENS, CONJUGATED SYNTHETIC B	ENJUVIA	TABS			Not covered		
ESTROPIPATE	ESTROPIPATE	TABS		Preferred	Not covered	Preferred	
	ORTHO-EST	TABS			Not covered		
Estrogen - Oral Combination							
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE	PREMPHASE	TABS			Not covered		
	PREMPRO	TABS			Not covered		
DROSPIRENONE-ESTRADIOL	ANGELIQ	TABS			Not covered		

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
ESTRADIOL/ NORETHINDRONE ACETATE	ACTIVELLA	TABS			Not covered		
	AMABELZ	TABS		Preferred	Not covered	Preferred	
	ESTRADIOL/ NORETHINDRONE ACETATE	TABS		Preferred	Not covered	Preferred	
	LOPREEZA	TABS			Not covered		
	MIMVEY	TABS		Preferred	Not covered	Preferred	
	MIMVEY LO	TABS		Preferred	Not covered	Preferred	
ESTRADIOL/ NORGESTIMATE	PREFEST	TABS			Not covered		
NORETHINDRONE ACETATE/ ETHINYL ESTRADIOL	FEMHRT LOW DOSE	TABS			Not covered		
	FYAVOLV	TABS			Not covered		
	JEVANTIQUE LO	TABS		Preferred	Not covered	Preferred	
	JINTELI	TABS		Preferred	Not covered	Preferred	
	NORETHINDRONE ACETATE/ ETHINYL ESTRADIOL	TABS		Preferred	Not covered	Preferred	
Estrogen - Transdermal							
ESTRADIOL	ALORA	PTTW			Not covered		
	CLIMARA	PTWK			Not covered		
	DIVIGEL	GEL			Not covered		
	ELESTRIN	GEL			Not covered		
	ESTRADIOL	PTWK			Not covered		
	ESTROGEL	GEL			Not covered		
	EVAMIST	SOLN	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
	MENOSTAR	PTWK			Not covered		
	MINIVELLE	PTTW			Not covered		
VIVELLE-DOT	PTTW			Not covered			
Estrogen - Transdermal Combination							
ESTRADIOL/ LEVONORGESTREL	CLIMARA PRO	PTWK			Not covered		
ESTRADIOL/ NORETHINDRONE ACETATE	COMBIPATCH	PTTW			Not covered		
Estrogen - Vaginal							

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
ESTRADIOL ACETATE VAGINAL	FEMRING	RING			Not covered		
ESTRADIOL VAGINAL	ESTRACE	CREA			Not covered		
	ESTRADIOL	CREA			Not covered		
	ESTRING	RING		Preferred	Not covered	Preferred	
	VAGIFEM	TABS			Not covered		
	YUVAFEM	TABS			Not covered		
ESTROGENS, CONJUGATED VAGINAL	PREMARIN	CREA			Not covered		
Hepatitis C - Direct-Acting Antivirals							
DACLATASVIR DIHYDROCHLORIDE	DAKLINZA	TABS	No		PA required		Refill TIP exempt by
ELBASVIR/ GRAZOPREVIR	ZEPATIER	TABS	No		PA required		Refill TIP exempt by
GLECAPREVIR-PIBRENTASVIR	MAVYRET	TABS	No	Preferred	Preferred, PA required	Preferred	Refill TIP exempt by
LEDIPASVIR/ SOFOSBUVIR	HARVONI	TABS	No		PA required		Refill TIP exempt by
OMBITASVIR/ PARITAPREVIR/ RITONAVIR	TECHNIVIE	TABS	No		PA required		Refill TIP exempt by
OMBITASVIR/ PARITAPREVIR/ RITONAVIR/ DASABUVIR	VIEKIRA XR	TB24	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
PARITAPREVIR/ RITONAVIR/ OMBITASVIR/ DASABUVIR	VIEKIRA PAK	TABS	No		PA required		Refill TIP exempt by
SIMEPREVIR SODIUM	OLYSIO	CAPS	No		PA required		Refill TIP exempt by
SOFOSBUVIR	SOVALDI	TABS	No		PA required		Refill TIP exempt by
SOFOSBUVIR/ VELPATASVIR	EPCLUSA	TABS	No	Preferred	Preferred, PA required	Preferred	Refill TIP exempt by
SOFOSBUVIR/ VELPATASVIR/ VOXILAPREVIR	VOSEVI	TABS	No	Preferred	Preferred, PA required	Preferred	Refill TIP exempt by
Hepatitis C - Peg-Interferons							
PEGINTERFERON ALFA-2A	PEGASYS	KIT	No		Not covered		Refill TIP exempt by
	PEGASYS	SOLN	No		Not covered		Refill TIP exempt by
	PEGASYS PROCLICK	SOLN	No		Not covered		Refill TIP exempt by
PEGINTERFERON ALFA-2B	PEG-INTRON	KIT	No		Not covered		Refill TIP exempt by
	PEG-INTRON REDIPEN	KIT	No		Not covered		Refill TIP exempt by
	PEG-INTRON REDIPEN PAK 4	KIT	No		Not covered		Refill TIP exempt by
Insomnia							

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

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

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

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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments	
MITOXANTRONE HYDROCHLORIDE	MITOXANTRONE HCL	CONC	No		Not covered		P&T Committee did not allow TIP	
NATALIZUMAB	TYSABRI	CONC	No		Not covered		P&T Committee did not allow TIP	
OCRELIZUMAB	OCREVUS	SOLN	No		Not covered		P&T Committee did not allow TIP	
PEGINTERFERON BETA-1A	PLEGRIDY	SOLN	No		Not covered		P&T Committee did not allow TIP	
	PLEGRIDY PEN	PEN	No		Not covered		P&T Committee did not allow TIP	
	PLEGRIDY STARTER PACK	SOPN	No		Not covered		P&T Committee did not allow TIP	
	PLEGRIDY STARTER PACK	SOSY	No		Not covered		P&T Committee did not allow TIP	
TERIFLUNOMIDE	AUBAGIO	TABS	No		Not covered		P&T Committee did not allow TIP	
Nasal Corticosteroid								
BECLOMETHASONE DIPROPIONATE	BECONASE AQ	SUSP			Not covered		Archived 2016	
	QNASL	AERS	No TIP No DAW		Not covered	Not covered	Archived 2016	
	QNASL CHILDRENS	AERS	No TIP No DAW		Not covered	Not covered	Archived 2016	
BUDESONIDE (NASAL)	BUDESONIDE	SUSP			Not covered		Archived 2016	
	BUDESONIDE NASAL SPRAY	SUSP			Not covered	Preferred	Preferred	OTC, Archived 2016
	RHINOCORT ALLERGY	SUSP			Not covered		OTC, Archived 2016	
CICLESONIDE (NASAL)	RHINOCORT AQUA	SUSP			Not covered		Archived 2016	
	OMNARIS	SUSP			Not covered		Archived 2016	
	ZETONNA	AERS	No TIP No DAW		Not covered	Not covered	Archived 2016	
FLUNISOLIDE (NASAL)	FLUNISOLIDE	SOLN			Not covered		Archived 2016	
FLUTICASONE FUROATE	VERAMYST	SUSP			Not covered		Archived 2016	
FLUTICASONE PROPIONATE (NASAL)	FLONASE	SUSP			Not covered		Archived 2016	
	FLONASE ALLERGY RELIEF	SUSP			Not covered		OTC, Archived 2016	
	FLONASE ALLERGY RELIEF CHILDRENS	SUSP			Not covered	Not covered	OTC, Archived 2016	
	FLUTICASONE PROPIONATE	SUSP			Not covered	Preferred	Preferred	OTC, Archived 2016

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
FLUTICASONE PROPIONATE (NASAL)	XHANCE	EXHU	No TIP No DAW	Not covered	Not covered		Archived 2016. Not included in OHSU review, therefore not part of the PDL program.
MOMETASONE FUROATE (NASAL)	MOMETASONE FUROATE	SUSP		Not covered	Not covered		Archived 2016
	NASONEX	SUSP		Not covered			Archived 2016
TRIAMCINOLONE ACETONIDE (NASAL)	NASACORT ALLERGY 24HR	AERO		Not covered			OTC, Archived 2016
	NASACORT ALLERGY 24HR CHILDRENS	AERO		Not covered	Not covered		OTC, Archived 2016
	NASACORT AQ	AERO		Not covered	Not covered		Archived 2016
	NASACORT AQ	AERS		Not covered	Not covered		Archived 2016
	TRIAMCINOLONE ACETONIDE	AERO		Not covered	Preferred	Preferred	OTC, Archived 2016
NSAID / Cox-II Inhibitor							
CELECOXIB	CELEBREX	CAPS	No				P&T Committee removed from TIP, Archived 2015
	CELECOXIB	CAPS	No				P&T Committee removed from TIP, Archived 2015
DICLOFENAC	ZORVOLEX	CAPS	No TIP No DAW			Not covered	Archived 2015
DICLOFENAC EPOLAMINE	FLECTOR	PTCH				Not covered	Archived 2015
DICLOFENAC POTASSIUM	CATAFLAM	TABS				Not covered	Archived 2015
	DICLOFENAC POTASSIUM	TABS		Preferred	Preferred	Preferred	Archived 2015
	ZIPSOR	CAPS				Not covered	Archived 2015
DICLOFENAC POTASSIUM (MIGRAINE)	CAMBIA	PACK	No TIP No DAW			Not covered	Archived 2015
DICLOFENAC SODIUM	DICLOFENAC SODIUM DR	TBEC		Preferred	Preferred	Preferred	Archived 2015
	DICLOFENAC SODIUM EC	TBEC		Preferred	Preferred	Preferred	Archived 2015
	DICLOFENAC SODIUM ER	TB24		Preferred	Preferred	Preferred	Archived 2015
	DICLOFENAC SODIUM SR	TB24		Preferred	Preferred	Preferred	Archived 2015
	DICLOFENAC SODIUM XR	TB24		Preferred	Preferred	Preferred	Archived 2015
	VOLTAREN-XR	TB24					Archived 2015
DICLOFENAC SODIUM (ACTINIC KERATOSIS)	DICLOFENAC SODIUM	GEL				Not covered	Archived 2015

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

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

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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
MORPHINE SULFATE	KADIAN	CP24	No		Not covered		
	MORPHINE SULFATE CR	TBCR	No	Preferred	Not covered	Preferred	
	MORPHINE SULFATE ER	CP24	No	Preferred	Not covered	Preferred	
	MORPHINE SULFATE ER	TBCR	No	Preferred	Not covered	Preferred	
	MS CONTIN	TB12	No		Not covered		
	MS CONTIN	TBCR	No		Not covered		
MORPHINE SULFATE BEADS	AVINZA	CP24	No		Not covered		
	MORPHINE SULFATE ER	CP24	No	Preferred	Not covered	Preferred	
MORPHINE-NALTREXONE	EMBEDA	CPCR	No		Not covered		
OXYCODONE HCL	OXYCODONE HCL ER	T12A	No	Preferred	Not covered		
	OXYCONTIN	T12A	No		Not covered		
	XTAMPZA ER	CAPS	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
OXYMORPHONE HCL	OPANA ER	TB12	No		Not covered		
	OPANA ER (CRUSH RESISTANT)	T12A	No		Not covered		
	OXYMORPHONE HYDROCHLORIDE ER	TB12	No		Not covered		
TAPENTADOL HCL	NUCYNTA ER	TB12	No		Not covered		
Overactive Bladder - Long Acting							
DARIFENACIN HYDROBROMIDE	DARIFENACIN HYDROBROMIDE ER	TB24					
	ENABLEX	TB24					
FESOTERODINE FUMARATE	TOVIAZ	TB24					
MIRABEGRON	MYRBETRIQ	TB24					
OXYBUTYNIN	GELNIQUE	GEL					
	OXYTROL	PTTW					
	OXYTROL FOR WOMEN	PTTW					
OXYBUTYNIN CHLORIDE	DITROPAN XL	TB24					
	GELNIQUE PUMP	GEL					
	OXYBUTYNIN CHLORIDE ER	TB24		Preferred	Preferred	Preferred	
SOLIFENACIN SUCCINATE	VESICARE	TABS					
TOLTERODINE TARTRATE	DETROL LA	CP24					

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

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

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

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

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

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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
METHOCARBAMOL	METHOCARBAMOL	TABS		Preferred	Preferred	Preferred	Archived 2016
	ROBAXIN	SOLN					Archived 2016
	ROBAXIN	TABS					Archived 2016
	ROBAXIN-750	TABS					Archived 2016
ORPHENADRINE CITRATE	NORFLEX	SOLN					Archived 2016
	ORPHENADRINE CITRATE	SOLN					Archived 2016
	ORPHENADRINE CITRATE CR	TB12					Archived 2016
	ORPHENADRINE CITRATE ER	TB12					Archived 2016
Skeletal Muscle Relaxant - Antispasticity							
BACLOFEN	BACLOFEN	TABS		Preferred	Preferred	Preferred	Archived 2016
TIZANIDINE HCL	TIZANIDINE HCL	CAPS		Preferred	Preferred	Preferred	Archived 2016
	TIZANIDINE HCL	TABS		Preferred	Preferred	Preferred	Archived 2016
	ZANAFLEX	CAPS					Archived 2016
	ZANAFLEX	TABS					Archived 2016
Statin (HMG-CoA Reductase Inhibitor)							
ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	TABS		Preferred	Not covered	Preferred	
	LIPITOR	TABS			Not covered		
FLUVASTATIN SODIUM	FLUVASTATIN	CAPS			Not covered		
	FLUVASTATIN SODIUM ER	TB24			Not covered		
	LESCOL	CAPS			Not covered		
	LESCOL XL	TB24			Not covered		
LOVASTATIN	ALTOPREV	TB24			Not covered		
	LOVASTATIN	TABS		Preferred	Not covered	Preferred	
	MEVACOR	TABS			Not covered		
PITAVASTATIN CALCIUM	LIVALO	TABS	No TIP No DAW		Not covered	Not included in OHSU review, therefore not part of the PDL program.	
PRAVASTATIN SODIUM	PRAVACHOL	TABS			Not covered		
	PRAVASTATIN SODIUM	TABS		Preferred	Not covered	Preferred	
ROSUVASTATIN CALCIUM	CRESTOR	TABS			Not covered		
	ROSUVASTATIN CALCIUM	TABS		Preferred	Not covered		

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
SIMVASTATIN	FLOLIPID	SUSP			Not covered		
	SIMVASTATIN	TABS		Preferred	Not covered	Preferred	
	ZOCOR	TABS			Not covered		
Targeted Immune Modulator (TIM)							
ABATACEPT	ORENCIA	SOLN	No		Not covered		P&T Committee did not allow TIP
	ORENCIA	SOLR	No		Not covered		P&T Committee did not allow TIP
	ORENCIA	SOSY	No		Not covered		P&T Committee did not allow TIP
	ORENCIA CLICKJECT	SOAJ	No		Not covered		P&T Committee did not allow TIP
ADALIMUMAB	HUMIRA	KIT	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	HUMIRA	PSKT	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	PSKT	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	HUMIRA PEN	KIT	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	HUMIRA PEN	PNKT	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	HUMIRA PEN-CROHNS DISEASESTARTER	KIT	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	HUMIRA PEN-CROHNS DISEASESTARTER	PNKT	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
	HUMIRA PEN-PSORIASIS STARTER	KIT	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP
HUMIRA PEN-PSORIASIS STARTER	PNKT	No	Preferred	Not covered	Preferred	P&T Committee did not allow TIP	
ANAKINRA	KINERET	SOLN	No		Not covered		P&T Committee did not allow TIP
	KINERET	SOSY	No		Not covered		P&T Committee did not allow TIP
APREMILAST	OTEZLA	TABS	No		Not covered		P&T Committee did not allow TIP
	OTEZLA	TBPK	No		Not covered		P&T Committee did not allow TIP

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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
INFLIXIMAB-DYYB	INFLECTRA	SOLR	No		Not covered		P&T Committee did not allow TIP
IXEKIZUMAB	TALTZ	SOAJ	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
	TALTZ	SOSY	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
RITUXIMAB	RITUXAN	SOLN	No		Not covered		P&T Committee did not allow TIP
SARILUMAB	KEVZARA	SOAJ	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
	KEVZARA	SOLN	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
	KEVZARA	SOSY	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
SECUKINUMAB	COSENTYX	SOLN	No		Not covered		P&T Committee did not allow TIP
	COSENTYX	SOSY	No		Not covered		P&T Committee did not allow TIP
	COSENTYX SENSOREADY PEN	SOAJ	No		Not covered		P&T Committee did not allow TIP
TOCILIZUMAB	ACTEMRA	SOLN	No		Not covered		P&T Committee did not allow TIP
	ACTEMRA	SOSY	No		Not covered		P&T Committee did not allow TIP
TOFACITINIB CITRATE	XELJANZ	TABS	No		Not covered		P&T Committee did not allow TIP
	XELJANZ XR	TB24	No TIP No DAW		Not covered		Not included in OHSU review, therefore not part of the PDL program.
USTEKINUMAB	STELARA	SOLN	No		Not covered		P&T Committee did not allow TIP
	STELARA	SOSY	No		Not covered		P&T Committee did not allow TIP
VEDOLIZUMAB	ENTYVIO	SOLR	No		Not covered		P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments
Triptan (Migraine Headache)							
ALMOTRIPTAN MALATE	ALMOTRIPTAN	TABS			Not covered		Archived 2015
	ALMOTRIPTAN MALATE	TABS			Not covered		Archived 2015
	AXERT	TABS			Not covered		Archived 2015
ELETRIPTAN HYDROBROMIDE	ELETRIPTAN HYDROBROMIDE	TABS			Not covered		Archived 2015
	RELPAK	TABS			Not covered		Archived 2015
FROVATRIPTAN SUCCINATE	FROVA	TABS			Not covered		Archived 2015
	FROVATRIPTAN SUCCINATE	TABS			Not covered		Archived 2015
NARATRIPTAN HCL	AMERGE	TABS			Not covered		Archived 2015
	NARATRIPTAN HCL	TABS			Not covered	Preferred	Archived 2015
RIZATRIPTAN BENZOATE	MAXALT	TABS			Not covered		Archived 2015
	MAXALT-MLT	TBDP			Not covered		Archived 2015
	RIZATRIPTAN BENZOATE	TABS		Preferred	Not covered	Preferred	Archived 2015
	RIZATRIPTAN BENZOATE	TBDP		Preferred	Not covered	Preferred	Archived 2015
	RIZATRIPTAN BENZOATE ODT	TBDP		Preferred	Not covered	Preferred	Archived 2015
SUMATRIPTAN	IMITREX	SOLN			Not covered		Archived 2015
	SUMATRIPTAN	SOLN		Preferred	Not covered	Preferred	Archived 2015
SUMATRIPTAN SUCCINATE	ALSUMA	SOAJ			Not covered		Archived 2015
	ALSUMA	SOLN			Not covered		Archived 2015
	IMITREX	SOLN			Not covered		Archived 2015
	IMITREX	TABS			Not covered		Archived 2015
	IMITREX STATDOSE REFILL	SOCT			Not covered		Archived 2015
	IMITREX STATDOSE REFILL	SOLN			Not covered		Archived 2015
	IMITREX STATDOSE SYSTEM	SOAJ			Not covered		Archived 2015
	IMITREX STATDOSE SYSTEM	SOLN			Not covered		Archived 2015
	ONZETRA XSAIL	EXHP	No TIP No DAW		Not covered		Archived 2015
	SUMATRIPTAN SUCCINATE	SOAJ		Preferred	Not covered	Preferred	Archived 2015
	SUMATRIPTAN SUCCINATE	SOLN		Preferred	Not covered	Preferred	Archived 2015
	SUMATRIPTAN SUCCINATE	SOSY		Preferred	Not covered	Preferred	Archived 2015
	SUMATRIPTAN SUCCINATE	TABS		Preferred	Not covered	Preferred	Archived 2015

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Medicaid FFS Status	Comments	
SUMATRIPTAN SUCCINATE	SUMATRIPTAN SUCCINATE REFILL	SOCT		Preferred	Not covered	Preferred	Archived 2015	
	SUMATRIPTAN SUCCINATE REFILL	SOLN		Preferred	Not covered	Preferred	Archived 2015	
	SUMAVEL DOSEPRO	DEVI			Not covered		Archived 2015	
	SUMAVEL DOSEPRO	SOTJ			Not covered		Archived 2015	
	ZECUITY	PTCH	No TIP No DAW		Not covered		Archived 2015	
	ZEMBRACE SYMTOUCH	SOAJ	No TIP No DAW		Not covered		Archived 2015	
	ZOLMITRIPTAN	ZOLMITRIPTAN	TABS			Not covered		Archived 2015
		ZOLMITRIPTAN	TBDP			Not covered		Archived 2015
		ZOLMITRIPTAN ODT	TBDP			Not covered		Archived 2015
		ZOMIG	SOLN			Not covered		Archived 2015
ZOMIG		TABS			Not covered		Archived 2015	
ZOMIG NASAL SPRAY		SOLN			Not covered		Archived 2015	
	ZOMIG ZMT	TBDP			Not covered		Archived 2015	