

Washington Preferred Drug List - 1st Quarter 2024

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
ADHD - Amphetamines						
AMPHETAMINE	ADZENYS XR-ODT	TBED	No		Not participating	P&T Committee did not allow TIP
	AMPHETAMINE ER	SUER	No		Not participating	P&T Committee did not allow TIP
	DYANA VEL XR	CHER	No		Not participating	P&T Committee did not allow TIP
	DYANA VEL XR	SUER	No		Not participating	P&T Committee did not allow TIP
AMPHETAMINE - DEXTROAMPHETAMINE	ADDERALL	TABS	No		Not participating	P&T Committee did not allow TIP
	ADDERALL XR	CP24	No		Not participating	P&T Committee did not allow TIP
	AMPHETAMINE - DEXTROAMPHETAMINE	CP24	No	Preferred	Not participating	P&T Committee did not allow TIP
	AMPHETAMINE - DEXTROAMPHETAMINE	TABS	No	Preferred	Not participating	P&T Committee did not allow TIP
AMPHETAMINE - DEXTROAMPHETAMINE 3-BEAD	MYDAYIS	CP24	No		Not participating	P&T Committee did not allow TIP
AMPHETAMINE SULFATE	AMPHETAMINE SULFATE	TABS	No		Not participating	P&T Committee did not allow TIP
	EVEKEO	TABS	No		Not participating	P&T Committee did not allow TIP
	EVEKEO ODT	TBDP	No		Not participating	P&T Committee did not allow TIP
DEXTROAMPHETAMINE	XELSTRYM	PTCH	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
DEXTROAMPHETAMINE SULFATE	DEXEDRINE	CP24	No		Not participating	P&T Committee did not allow TIP
	DEXTROAMPHETAMINE SULFATE	SOLN	No		Not participating	P&T Committee did not allow TIP
	DEXTROAMPHETAMINE SULFATE	TABS	No	Preferred	Not participating	P&T Committee did not allow TIP
	DEXTROAMPHETAMINE SULFATE ER	CP24	No	Preferred	Not participating	P&T Committee did not allow TIP
	PROCENTRA	SOLN	No		Not participating	P&T Committee did not allow TIP
	ZENZEDI	TABS	No		Not participating	P&T Committee did not allow TIP
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	CAPS	No	Preferred	Not participating	P&T Committee did not allow TIP
	VYVANSE	CHEW	No	Preferred	Not participating	P&T Committee did not allow TIP
METHAMPHETAMINE HCL	DESOXYN	TABS	No		Not participating	P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
METHAMPHETAMINE HCL	METHAMPHETAMINE HCL	TABS	No		Not participating	P&T Committee did not allow TIP
ADHD - Methylphenidates						
DEXMETHYLPHENIDATE HCL	COTEMPLA XR-ODT	TBED	No		Not participating	P&T Committee did not allow TIP
	DEXMETHYLPHENIDATE HCL	TABS	No	Preferred	Not participating	P&T Committee did not allow TIP
	DEXMETHYLPHENIDATE HCL ER	CP24	No	Preferred	Not participating	P&T Committee did not allow TIP
	FOCALIN	TABS	No		Not participating	P&T Committee did not allow TIP
	FOCALIN XR	CP24	No		Not participating	P&T Committee did not allow TIP
METHYLPHENIDATE HCL	ADHANSIA XR	CP24	No		Not participating	P&T Committee did not allow TIP
	APTENSIO XR	CP24	No		Not participating	P&T Committee did not allow TIP
	CONCERTA	TBCR	No		Not participating	P&T Committee did not allow TIP
	DAYTRANA	PTCH	No		Not participating	P&T Committee did not allow TIP
	JORNAY PM	CP24	No		Not participating	P&T Committee did not allow TIP
	METADATE ER	TBCR	No		Not participating	P&T Committee did not allow TIP
	METHYLIN	CHEW	No		Not participating	P&T Committee did not allow TIP
	METHYLIN	SOLN	No		Not participating	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL	CHEW	No		Not participating	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL	SOLN	No	Preferred	Not participating	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL	TABS	No	Preferred	Not participating	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL CD	CPCR	No	Preferred	Not participating	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL ER	CP24	No	Preferred	Not participating	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL ER	TB24	No	Preferred	Not participating	P&T Committee did not allow TIP
	METHYLPHENIDATE HCL LA	CAPS	No	Preferred	Not participating	P&T Committee did not allow TIP
	QUILLICHEW ER	CHER	No		Not participating	P&T Committee did not allow TIP
	QUILLIVANT XR	SUSR	No		Not participating	P&T Committee did not allow TIP
	RELEXXII	TBCR	No		Not participating	P&T Committee did not allow TIP
	RITALIN	TABS	No		Not participating	P&T Committee did not allow TIP
	RITALIN LA	CP24	No		Not participating	P&T Committee did not allow TIP
SERDEXMETHYLPHENIDATE CHLORIDE- DEXMETHYLPHENIDATE HCL	AZSTARYS	CAPS	No		Not participating	P&T Committee did not allow TIP
ADHD - NonStimulant						
ATOMOXETINE HCL	ATOMOXETINE	CAPS	No	Preferred	Not participating	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
ATOMOXETINE HCL	STRATTERA	CAPS	No		Not participating	
CLONIDINE HCL	CLONIDINE	PTWK		Preferred	Not participating	
	CLONIDINE HCL	TABS		Preferred	Not participating	
	CLONIDINE HCL ER	TB12		Preferred	Not participating	
	KAPVAY	TB12			Not participating	
GUANFACINE HCL	GUANFACINE ER	TB24		Preferred	Not participating	
	GUANFACINE HCL	TABS		Preferred	Not participating	
	INTUNIV	TB24			Not participating	
VILOXAZINE HCL	QELBREE	CP24	No		Not participating	P&T Committee did not allow TIP
Anticoagulant						
APIXABAN	ELIQUIS	TABS	No	Preferred	Not participating	
	ELIQUIS STARTER PACK	TABS	No	Preferred	Not participating	
BETRIXABAN MALEATE	BEVYXXA	CAPS	No		Not participating	
DABIGATRAN ETEXILATE MESYLATE	DABIGATRAN ETEXILATE	CAPS	No	Preferred	Not participating	
	PRADAXA	CAPS	No	Preferred	Not participating	
	PRADAXA	PACK	No		Not participating	
EDOXABAN TOSYLATE	SAVAYSA	TABS	No		Not participating	
RIVAROXABAN	XARELTO	SUSR	No	Preferred	Not participating	
	XARELTO	TABS	No	Preferred	Not participating	
	XARELTO STARTER PACK	TBPK	No	Preferred	Not participating	
Antidepressant - Other						
BUPROPION HCL	BUPROPION HCL	TABS	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	BUPROPION HCL ER	TB12	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	BUPROPION HCL SR	TB12	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	BUPROPION HCL XL	TB24	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	FORFIVO XL	TB24	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	WELLBUTRIN	TABS	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	Comments
BUPROPION HCL	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	P&T Committee did not allow TIP; Refills exempt from TIP by law
	MIRTAZAPINE ODT	TBDP	No	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	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
DESVENLAFAXINE SUCCINATE	DESVENLAFAXINE SUCCINATE	TB24	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	PRISTIQ	TB24	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
DULOXETINE HCL	CYMBALTA	CPEP	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	DRIZALMA SPRINKLE	CSDR	No			P&T Committee did not allow TIP
	DULOXETINE HCL	CPEP	No	Preferred	Preferred	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
	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	P&T Committee did not allow TIP; Refills exempt from TIP by law
	VENLAFAXINE HCL ER	CP24	No	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	Comments
VENLAFAXINE HCL	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	CAPS	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	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	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			P&T Committee did not allow TIP; Refills exempt from TIP by law
	FLUOXETINE HCL	CAPS	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	FLUOXETINE HCL	SOLN	No	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
FLUVOXAMINE MALEATE	FLUVOXAMINE MALEATE	TABS	No	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	TABS	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
PAROXETINE HCL	PAROXETINE HCL	TABS	No	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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
PAROXETINE HCL	PAXIL	SUSP	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	PAXIL	TABS	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	PAXIL CR	TB24	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
PAROXETINE MESYLATE	PEXEVA	TABS	No		Not covered	P&T Committee did not allow TIP; Refills exempt from TIP by law
SERTRALINE HCL	SERTRALINE HCL	CONC	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	SERTRALINE HCL	TABS	No	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	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
	VILAZODONE HYDROCHLORIDE	TABS	No	Preferred	Preferred	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	APONVIE	EMUL				Not participating
	APREPITANT	CAPS				Not participating
	CINVANTI	EMUL				Not participating
	EMEND	CAPS				Not participating
	EMEND	SUSR				Not participating
DOLASETRON MESYLATE	ANZEMET	TABS				Not participating
DOXYLAMINE - PYRIDOXINE	BONJESTA	TBER				Not participating
	DICLEGIS	TBEC				Not participating
	DOXYLAMINE SUCCINATE - PYRIDOXINE HYDROCHLORIDE	TBEC				Not participating
FOSAPREPITANT DIMEGLUMINE	EMEND	SOLR				Not participating

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
FOSAPREPITANT DIMEGLUMINE	FOSAPREPITANT DIMEGLUMINE	SOLR		Preferred	Not participating	
GRANISETRON	SANCUSO	PTCH			Not participating	
	SUSTOL	PRSY			Not participating	
GRANISETRON HCL	GRANISETRON HCL	SOLN		Preferred	Not participating	
	GRANISETRON HCL	TABS		Preferred	Not participating	
NETUPITANT - PALONOSETRON	AKYNZEO	CAPS			Not participating	
ONDANSETRON	ONDANSETRON ODT	TBDP		Preferred	Not participating	
	ZUPLENZ	FILM			Not participating	
ONDANSETRON HCL	ONDANSETRON HCL	SOLN		Preferred	Not participating	
	ONDANSETRON HCL	SOSY			Not participating	
	ONDANSETRON HCL	TABS		Preferred	Not participating	
	ZOFRAN	SOLN			Not participating	
PALONOSETRON HCL	PALONOSETRON HYDROCHLORIDE	SOLN			Not participating	
	PALONOSETRON HYDROCHLORIDE	SOSY			Not participating	
ROLAPITANT HCL	VARUBI	TABS			Not participating	
Antiplatelet						
ASPIRIN - DIPYRIDAMOLE	AGGRENOX	CP12	No		Not participating	
	ASPIRIN - DIPYRIDAMOLE	CP12	No		Not participating	
CLOPIDOGREL BISULFATE	CLOPIDOGREL	TABS	No	Preferred	Not participating	
	PLAVIX	TABS	No		Not participating	
PRASUGREL HCL	EFFIENT	TABS	No		Not participating	
	PRASUGREL	TABS	No		Not participating	
TICAGRELOR	BRILINTA	TABS	No		Not participating	
VORAPAXAR SULFATE	ZONTIVITY	TABS	No		Not participating	
Asthma - Biologics						
BENRALIZUMAB	FASENRA	SOSY			Not participating	
	FASENRA PEN	SOAJ			Not participating	
MEPOLIZUMAB	NUCALA	SOAJ		Preferred	Not participating	
	NUCALA	SOLR		Preferred	Not participating	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
MEPOLIZUMAB	NUCALA	SOSY		Preferred	Not participating	
OMALIZUMAB	XOLAIR	SOLR		Preferred	Not participating	
	XOLAIR	SOSY		Preferred	Not participating	
RESLIZUMAB	CINQAIR	SOLN			Not participating	
TEZEPELUMAB	TEZSPIRE	SOLN	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
TEZEPELUMAB-EKKO	TEZSPIRE	SOAJ	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.

Asthma - Inhaled Corticosteroid

BECLOMETHASONE DIPROPIONATE HFA	QVAR	AERB		Preferred	Preferred	
	QVAR REDHALER	AERB		Preferred	Preferred	
BUDESONIDE (INHALATION)	BUDESONIDE	SUSP		Preferred	Preferred	
	PULMICORT	SUSP				
	PULMICORT FLEXHALER	AEPB				
CICLESONIDE	ALVESCO	AERS				
FLUTICASONE FUROATE (INHALATION)	ARNUITY ELLIPTA	AEPB				
FLUTICASONE PROPIONATE HFA	FLOVENT HFA	AERO				
	FLUTICASONE HFA	AERO		Preferred	Preferred	
FLUTICASONE PROPIONATE (INHALATION)	ARMONAIR DIGIHALER	AEPB			Not covered	
	FLOVENT DISKUS	AEPB		Preferred	Preferred	
MOMETASONE FUROATE (INHALATION)	ASMANEX HFA	AERO				
	ASMANEX TWISTHALER	AEPB				

Asthma - Leukotriene Modifier

MONTELUKAST SODIUM	MONTELUKAST SODIUM	CHEW		Preferred	Not covered	
	MONTELUKAST SODIUM	PACK		Preferred	Preferred	
	MONTELUKAST SODIUM	TABS		Preferred	Preferred	
	SINGULAIR	CHEW			Not covered	
	SINGULAIR	PACK				
	SINGULAIR	TABS				
ZAFIRLUKAST	ACCOLATE	TABS				
	ZAFIRLUKAST	TABS		Preferred	Preferred	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
ZILEUTON	ZILEUTON ER	TB12				
	ZYFLO	TABS				
	ZYFLO CR	TB12				
Asthma - Quick Relief						
ALBUTEROL SULFATE	ALBUTEROL SULFATE	NEBU		Preferred	Preferred	
	ALBUTEROL SULFATE HFA	AERS		Preferred	Preferred	
	PROAIR DIGIHALER	AEPB				
	PROAIR HFA	AERS				
	PROAIR RESPICLICK	AEPB				
	PROVENTIL HFA	AERS				
	VENTOLIN HFA	AERS				
LEVALBUTEROL HCL	LEVALBUTEROL HCL	NEBU		Preferred	Preferred	
	XOPENEX	NEBU				
	XOPENEX CONCENTRATE	NEBU				
LEVALBUTEROL TARTRATE	LEVALBUTEROL TARTRATE HFA	AERO		Preferred	Preferred	
	XOPENEX HFA	AERO				
Asthma or COPD - ICS - LABA - LAMA Combinations						
BUDESONIDE - GLYCOPYRROLATE - FORMOTEROL FUMARATE DIHYDRATE	BREZTRI AEROSPHERE	AERO	No TIP No DAW		Not covered	Not included in OHSU review, therefore not part of the PDL program.
FLUTICASONE - UMECLIDINIUM - VILANTEROL	TRELEGY ELLIPTA	AEPB	No TIP No DAW		Not covered	Not included in OHSU review, therefore not part of the PDL program.
Asthma or COPD - ICS - LABA Combinations						
BUDESONIDE - FORMOTEROL FUMARATE DIHYDRATE	BREYNA	AERO			PA required	
	BUDESONIDE - FORMOTEROL FUMARATE DIHYDRATE	AERO		Preferred	Preferred	
	SYMBICORT	AERO			PA required	
FLUTICASONE - SALMETEROL	ADVAIR DISKUS	AEPB			PA required	
	ADVAIR HFA	AERO			PA required	
	AIRDUO DIGIHALER	AERO			Not covered	
	AIRDUO RESPICLICK	AERO			Not covered	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
FLUTICASONE - SALMETEROL	FLUTICASONE PROPIONATE - SALMETEROL	AEPB			PA required	
	FLUTICASONE PROPIONATE - SALMETEROL DISKUS	AEPB		Preferred	Preferred, PA required	
	FLUTICASONE PROPIONATE - SALMETEROL HFA	AERO		Preferred	Preferred, PA required	
	WIXELA INHUB	AEPB		Preferred	Preferred, PA required	
FLUTICASONE FUROATE - VILANTEROL	BREO ELLIPTA	AEPB			PA required	
	FLUTICASONE FUROATE - VILANTEROL	AEPB			PA required	
MOMETASONE FUROATE - FORMOTEROL FUMARATE DIHYDRATE	DULERA	AERO			PA required	
Atopic Dermatitis						
ABROCITINIB	CIBINQO	TABS			Not participating	
CRISABOROLE	EUCRISA	OINT			Not participating	
DUPIUMAB	DUPIXENT	SOSY		Preferred	Not participating	
PIMECROLIMUS	ELIDEL	CREA			Not participating	
	PIMECROLIMUS	CREA		Preferred	Not participating	
RUXOLITINIB	OPZELURA	CREA			Not participating	
TACROLIMUS (TOPICAL)	PROTOPIC	OINT			Not participating	
	TACROLIMUS	OINT		Preferred	Not participating	
TRALOKINUMAB	ADBRY	SOLN			Not participating	
Calcitonin Gene-Related Peptide Inhibitors (CGRP)						
ATOGEANT	QULIPTA	TABS			Not participating	
EPTINEZUMAB	VYEPTI	SOLN			Not participating	
ERENUMAB	AIMOVIG	SOAJ			Not participating	
FREMANEZUMAB	AJOVY	SOSY		Preferred	Not participating	
FREMANEZUMAB-VFRM	AJOVY	SOAJ		Preferred	Not participating	
GALCANEZUMAB	EMGALITY	SOAJ			Not participating	
	EMGALITY	SOSY			Not participating	
RIMEGEPANT SULFATE	NURTEC	TBDP			Not participating	
UBROGEPANT	UBRELVY	TABS			Not participating	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
ZAVEGEPANT HCL	ZAVZPRET SPRAY	SOSP	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
Chronic Obstructive Pulmonary Disease (COPD) - LABA - LAMA Combinations						
ACLIDINIUM BROMIDE - FORMOTEROL FUMARATE	DUAKLIR PRESSAIR	AEPB	No TIP No DAW		Not covered	Not included in OHSU review, therefore not part of the PDL program.
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	
UMECLIDIUM - VILANTEROL	ANORO ELLIPTA	AEPB			PA required	
Chronic Obstructive Pulmonary Disease (COPD) - Long Acting Beta Agonist (LABA)						
ARFORMOTEROL TARTRATE	ARFORMOTEROL TARTRATE	NEBU			PA required	
	BROVANA	NEBU			PA required	
FORMOTEROL FUMARATE	FORMOTEROL FUMARATE	NEBU		Preferred	PA required	
	PERFOROMIST	NEBU			PA required	
INDACATEROL MALEATE	ARCAPTA NEOHALER	CAPS			PA required	
OLODATEROL HCL	STRIVERDI RESPIMAT	AERS		Preferred	Preferred, PA required	
SALMETEROL XINAFOATE	SEREVENT DISKUS	AEPB		Preferred	Preferred, PA required	
Chronic Obstructive Pulmonary Disease (COPD) - Long Acting Muscarinic Agents (LAMA)						
ACLIDINIUM	TUDORZA PRESSAIR	AEPB			PA required	
	TUDORZA PRESSAIR	AERS			PA required	
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.
REVEFENACIN	YUPELRI	SOLN	No TIP No DAW		Not covered	Not included in OHSU review, therefore not part of the PDL program.
TIOTROPIUM BROMIDE MONOHYDRATE	SPIRIVA HANDIHALER	CAPS				
	SPIRIVA RESPIMAT	AERS		Preferred	Preferred, PA required	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
TIOTROPIUM BROMIDE MONOHYDRATE	TIOTROPIUM BROMIDE	CAPS		Preferred	Preferred, PA required	
UMECLIDINIUM BROMIDE	INCRUSE ELLIPTA	AEPB			PA required	
Chronic Obstructive Pulmonary Disease (COPD) - PD4I Phosphodiesterase - 4 Inhibitor						
ROFLUMILAST	DALIRESP	TABS			PA required	
	ROFLUMILAST	TABS		Preferred	Preferred, PA required	
Diabetes Drugs - Amylin Agonist						
PRAMLINTIDE ACETATE	SYMLINPEN 120	SOPN	No		Not participating	
	SYMLINPEN 60	SOPN	No		Not participating	
Diabetes Drugs - DPP-4 Inhibitors						
ALOGLIPTIN - METFORMIN HCL	ALOGLIPTIN - METFORMIN HCL	TABS		Preferred	Not participating	
	KAZANO	TABS			Not participating	
ALOGLIPTIN - PIOGLITAZONE	ALOGLIPTIN - PIOGLITAZONE	TABS		Preferred	Not participating	
	OSENI	TABS			Not participating	
ALOGLIPTIN BENZOATE	ALOGLIPTIN	TABS		Preferred	Not participating	
	NESINA	TABS			Not participating	
LINAGLIPTIN	TRADJENTA	TABS		Preferred	Not participating	
LINAGLIPTIN - METFORMIN HCL	JENTADUETO	TABS		Preferred	Not participating	
	JENTADUETO XR	TB24		Preferred	Not participating	
SAXAGLIPTIN - METFORMIN HCL	KOMBIGLYZE XR	TB24			Not participating	
SAXAGLIPTIN HCL	ONGLYZA	TABS			Not participating	
	SAXAGLIPTIN HYDROCHLORIDE	TABS			Not participating	
SITAGLIPTIN - METFORMIN HCL	JANUMET	TABS			Not participating	
	JANUMET XR	TB24			Not participating	
SITAGLIPTIN PHOSPHATE	JANUVIA	TABS			Not participating	
Diabetes Drugs - GLP-1 Agonists						
DULAGLUTIDE	TRULICITY	SOPN		Preferred	Not participating	
EXENATIDE	BYDUREON	SRER			Not participating	
	BYDUREON BCISE	AUIJ			Not participating	
	BYETTA	SOLN		Preferred	Not participating	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
EXENATIDE	BYETTA	SOPN		Preferred	Not participating	
INSULIN DEGLUDEC - LIRAGLUTIDE	XULTOPHY 100/3.6	SOPN			Not participating	
INSULIN GLARGINE - LIXISENATIDE	SOLIQUA 100/33	SOPN			Not participating	
LIRAGLUTIDE	VICTOZA	SOPN		Preferred	Not participating	
LIXISENATIDE	ADLYXIN	SOPN			Not participating	
	ADLYXIN STARTER PACK	PNKT			Not participating	
SEMAGLUTIDE	OZEMPIC	SOPN		Preferred	Not participating	
	RYBELSUS	TABS		Preferred	Not participating	
TIRZEPATIDE	MOUNJARO	SOPN	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.

Diabetes Drugs - Long-acting Insulins

INSULIN DEGLUDEC	INSULIN DEGLUDEC	SOLN			Not participating	Archived 2021
	INSULIN DEGLUDEC FLEXTOUCH PEN	SOPN			Not participating	Archived 2021
	TRESIBA	SOLN			Not participating	Archived 2021
INSULIN DETEMIR	TRESIBA FLEXTOUCH	SOPN			Not participating	Archived 2021
	LEVEMIR	SOLN			Not participating	Archived 2021
	LEVEMIR FLEXPEN	SOPN			Not participating	Archived 2021
INSULIN GLARGINE	LEVEMIR FLEXTOUCH	SOPN			Not participating	Archived 2021
	BASAGLAR KWIKPEN	SOPN		Preferred	Not participating	Archived 2021
	BASAGLAR TEMPO PEN	SOPN			Not participating	Archived 2021
	INSULIN GLARGINE	SOLN			Not participating	Archived 2021
	INSULIN GLARGINE	SOPN			Not participating	Archived 2021
	LANTUS	SOLN			Not participating	Archived 2021
	LANTUS SOLOSTAR	SOPN			Not participating	Archived 2021
	SEMGLEE	SOLN			Not participating	Archived 2021
INSULIN GLARGINE-AGLR SOLN	SEMGLEE	SOPN			Not participating	Archived 2021
	TOUJEO MAX SOLOSTAR	SOPN			Not participating	Archived 2021
	TOUJEO SOLOSTAR	SOPN			Not participating	Archived 2021
	REZVOGLAR	SOPN			Not participating	Archived 2021

Diabetes Drugs - SGLT2 Inhibitors

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
BEXAGLIFLOZIN	BRENZAVVY	TABS	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
CANAGLIFLOZIN	INVOKANA	TABS			Not participating	
CANAGLIFLOZIN - METFORMIN HCL	INVOKAMET	TABS			Not participating	
	INVOKAMET XR	TB24			Not participating	
DAPAGLIFLOZIN - METFORMIN HCL	XIGDUO XR	TB24		Preferred	Not participating	
DAPAGLIFLOZIN - SAXAGLIPTIN	QTERN	TABS			Not participating	
DAPAGLIFLOZIN PROPANEDIOL	FARXIGA	TABS		Preferred	Not participating	
EMPAGLIFLOZIN	JARDIANCE	TABS		Preferred	Not participating	
EMPAGLIFLOZIN - LINAGLIPTIN	GLYXAMBI	TABS			Not participating	
EMPAGLIFLOZIN - LINAGLIPTIN - METFORMIN	TRIJARDY XR	TB24	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
EMPAGLIFLOZIN - METFORMIN HCL	SYNJARDY	TABS		Preferred	Not participating	
	SYNJARDY XR	TB24		Preferred	Not participating	
ERTUGLIFLOZIN	STEGLATRO	TABS	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
ERTUGLIFLOZIN - METFORMIN HCL	SEGLUROMET	TABS	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
ERTUGLIFLOZIN - SITAGLIPTIN	STEGLUJAN	TABS	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
SOTAGLIFLOZIN	INPEFA	TABS	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.

Hepatitis C - Direct-Acting Antivirals

ELBASVIR - GRAZOPREVIR	ZEPATIER	TABS	No		PA required	Refill TIP exempt by law.
GLECAPREVIR - PIBRENTASVIR	MAVYRET	TABS	No	Preferred	Preferred, PA required	Refill TIP exempt by law.
	MAVYRET PELLETS	TABS	No	Preferred	Preferred, PA required	Refill TIP exempt by law.
LEDIPASVIR - SOFOSBUVIR	HARVONI	TABS	No		PA required	Refill TIP exempt by law.
	HARVONI PELLETS	TABS	No		PA required	Refill TIP exempt by law.
SOFOBUVIR	SOVALDI	PACK	No		PA required	Refill TIP exempt by law.
	SOVALDI	TABS	No		PA required	Refill TIP exempt by law.
SOFOBUVIR - VELPATASVIR	EPCLUSA	TABS	No		PA required	Refill TIP exempt by law.
	EPCLUSA PELLETS	TABS	No		PA required	Refill TIP exempt by law.

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
SOFOSBUVIR - VELPATASVIR - VOXILAPREVIR	VOSEVI	TABS	No		PA required	Refill TIP exempt by law.
Hepatitis C - Peg-Interferons						
PEGINTERFERON ALFA-2A	PEGASYS	KIT	No		Not participating	Refill TIP exempt by law.
	PEGASYS	SOLN	No		Not participating	Refill TIP exempt by law.
	PEGASYS PROCLICK	SOLN	No		Not participating	Refill TIP exempt by law.
PEGINTERFERON ALFA-2B	PEGINTRON	KIT	No		Not participating	Refill TIP exempt by law.
	SYLATRON	SOLN	No		Not participating	Refill TIP exempt by law.
Insomnia						
DARIDOREXANT	QUVIVIQ	TABS	No TIP No DAW		Not covered	Not included in OHSU review, therefore not part of the PDL program.
DOXEPIN HCL	DOXEPIN HYDROCHLORIDE	TABS	No TIP No DAW		Not covered	Not included in OHSU review, therefore not part of the PDL program.
	SILENOR	TABS	No TIP No DAW		Not covered	Not included in OHSU review, therefore not part of the PDL program.
ESZOPICLONE	ESZOPICLONE	TABS			Preferred, Acute Use Only	
	LUNESTA	TABS				
LEMBOREXANT	DAYVIGO	TABS	No TIP No DAW		Not covered	Not included in OHSU review, therefore not part of the PDL program.
RAMELTEON	RAMELTEON	TABS	No	Preferred	Preferred	
	ROZEREM	TABS	No			
SUVOREXANT	BELSOMRA	TABS	No TIP No DAW		Not covered	Not included in OHSU review, therefore not part of the PDL program.
ZALEPLON	SONATA	CAPS				
	ZALEPLON	CAPS		Preferred	Preferred, Acute Use Only	
ZOLPIDEM TARTRATE	AMBIEN	TABS				
	AMBIEN CR	TBCR				
	EDLUAR	SUBL			Not covered	
	INTERMEZZO	SUBL			Not covered	
	ZOLPIDEM TARTRATE	CAPS			Not covered	
ZOLPIDEM TARTRATE	SUBL			Preferred	Not covered	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
ZOLPIDEM TARTRATE	ZOLPIDEM TARTRATE	TABS		Preferred	Preferred, Acute Use Only	
	ZOLPIDEM TARTRATE ER	TBCR		Preferred	Preferred, Acute Use Only	
	ZOLPIMIST	SOLN			Not covered	
MS Drugs						
ALEMTUZUMAB	LEMTRADA	SOLN	No		Not participating	P&T Committee did not allow TIP
CLADRIBINE	MAVENCLAD	TBPK	No		Not participating	P&T Committee did not allow TIP
DACLIZUMAB HYP	ZINBRYTA	SOLN	No		Not participating	P&T Committee did not allow TIP
	ZINBRYTA	SOSY	No		Not participating	P&T Committee did not allow TIP
DIMETHYL FUMARATE	DIMETHYL FUMARATE	CPDR	No	Preferred	Not participating	P&T Committee did not allow TIP
	DIMETHYL FUMARATE STARTERPACK	MISC	No	Preferred	Not participating	P&T Committee did not allow TIP
	TECFIDERA	CPDR	No		Not participating	P&T Committee did not allow TIP
	TECFIDERA STARTER PACK	MISC	No		Not participating	P&T Committee did not allow TIP
DIROXIMEL FUMARATE	VUMERITY	CPDR	No	Preferred	Not participating	P&T Committee did not allow TIP
FINGOLIMOD HCL	FINGOLIMOD	CAPS	No	Preferred	Not participating	P&T Committee did not allow TIP
	GILENYA	CAPS	No		Not participating	P&T Committee did not allow TIP
FINGOLIMOD LAURYL SULFATE	TASCENSO ODT	TBDP	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
GLATIRAMER ACETATE	COPAXONE	KIT	No		Not participating	P&T Committee did not allow TIP
	COPAXONE	SOSY	No		Not participating	P&T Committee did not allow TIP
	GLATIRAMER ACETATE	SOSY	No	Preferred	Not participating	P&T Committee did not allow TIP
	GLATOPA	SOSY	No	Preferred	Not participating	P&T Committee did not allow TIP
INTERFERON BETA-1A	AVONEX	KIT	No	Preferred	Not participating	P&T Committee did not allow TIP
	AVONEX	PSKT	No	Preferred	Not participating	P&T Committee did not allow TIP
	AVONEX PEN	AJKT	No	Preferred	Not participating	P&T Committee did not allow TIP
	REBIF	SOSY	No		Not participating	P&T Committee did not allow TIP
	REBIF REBIDOSE	SOAJ	No		Not participating	P&T Committee did not allow TIP
	REBIF REBIDOSE TITRATION PACK	SOAJ	No		Not participating	P&T Committee did not allow TIP
	REBIF TITRATION PACK	SOSY	No		Not participating	P&T Committee did not allow TIP
INTERFERON BETA-1B	BETASERON	KIT	No		Not participating	P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
INTERFERON BETA-1B	BETASERON	SOLR	No		Not participating	P&T Committee did not allow TIP
	EXTAVIA	KIT	No		Not participating	P&T Committee did not allow TIP
MITOXANTRONE HYDROCHLORIDE	MITOXANTRONE HCL	CONC	No		Not participating	P&T Committee did not allow TIP
MONOMETHYL FUMARATE	BAFIERTAM	CPDR	No		Not participating	P&T Committee did not allow TIP
NATALIZUMAB	TYSABRI	CONC	No		Not participating	P&T Committee did not allow TIP
OCRELIZUMAB	OCREVUS	SOLN	No		Not participating	P&T Committee did not allow TIP
OFATUMUMAB (MS)	KESIMPTA	SOAJ	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
OZANIMOD HCL	ZEPOSIA	CAPS	No		Not participating	P&T Committee did not allow TIP
	ZEPOSIA 7-DAY STARTER PACK	CPPK	No		Not participating	P&T Committee did not allow TIP
	ZEPOSIA STARTER KIT	CPPK	No		Not participating	P&T Committee did not allow TIP
PEGINTERFERON BETA-1A	PLEGRIDY	SOLN	No		Not participating	P&T Committee did not allow TIP
	PLEGRIDY PEN	PEN	No		Not participating	P&T Committee did not allow TIP
	PLEGRIDY STARTER PACK	SOPN	No		Not participating	P&T Committee did not allow TIP
	PLEGRIDY STARTER PACK	SOSY	No		Not participating	P&T Committee did not allow TIP
PONESIMOD	PONVORY	TABS	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
	PONVORY 14-DAY STARTER PACK	TBPK	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
SIPONIMOD FUMARATE	MAYZENT	TABS	No		Not participating	P&T Committee did not allow TIP
	MAYZENT STARTER PACK	TBPK	No		Not participating	P&T Committee did not allow TIP
TERIFLUNOMIDE	AUBAGIO	TABS	No		Not participating	P&T Committee did not allow TIP
	TERIFLUNOMIDE	TABS	No	Preferred	Not participating	P&T Committee did not allow TIP
UBLITUXIMAB-XIIY	BRIUMVI	SOLN	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
Opioids - Long Acting						
BUPRENORPHINE	BUPRENORPHINE TD PATCH	PTWK	No		Not participating	
	BUTRANS	PTWK	No		Not participating	
BUPRENORPHINE BUCCAL FILM	BELBUCA	FILM	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
FENTANYL	DURAGESIC	PT72	No		Not participating	
	FENTANYL	PT72	No	Preferred	Not participating	
HYDROCODONE BITARTRATE	HYDROCODONE BITARTRATE ER	CP12	No		Not participating	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments	
HYDROCODONE BITARTRATE	HYDROCODONE BITARTRATE ER	T24A	No		Not participating		
	HYSINGLA ER	T24A	No		Not participating		
	ZOHYDRO ER	CP12	No		Not participating		
HYDROMORPHONE HCL	HYDROMORPHONE HCL ER	T24A	No	Preferred	Not participating		
LEVORPHANOL TARTRATE	LEVORPHANOL TARTRATE	TABS	No		Not participating		
METHADONE HCL	METHADONE HCL	CONC	No		Not participating		
	METHADONE HCL	SOLN	No		Not participating		
	METHADONE HCL	TABS	No		Not participating		
	METHADONE HCL	TBSO	No		Not participating		
	METHADONE HCL INTENSOL	CONC	No		Not participating		
	METHADOSE	CONC	No		Not participating		
	METHADOSE	TBSO	No		Not participating		
	METHADOSE SUGAR-FREE	CONC	No		Not participating		
	METHADONE HCL - SODIUM CHLORIDE	METHADONE HYDROCHLORIDE - SODIUM CHLORIDE	SOSY	No		Not participating	
	MORPHINE SULFATE	ARYMO ER	TBEA	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
KADIAN		CP24	No		Not participating		
MORPHINE SULFATE ER		CP24	No	Preferred	Not participating		
MORPHINE SULFATE ER		TBCR	No	Preferred	Not participating		
MS CONTIN		TBCR	No		Not participating		
MORPHINE SULFATE BEADS	MORPHINE SULFATE ER	CP24	No	Preferred	Not participating		
OXYCODONE HCL	OXYCODONE HCL ER	T12A	No	Preferred	Not participating		
	OXYCONTIN	T12A	No		Not participating		
	XTAMPZA ER	CAPS	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.	
OXYMORPHONE HCL	OPANA ER	TB12	No		Not participating		
	OXYMORPHONE HYDROCHLORIDE ER	TB12	No	Preferred	Not participating		
TAPENTADOL HCL	NUCYNTA ER	TB12	No		Not participating		

Overactive Bladder - Long Acting

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
DARIFENACIN HYDROBROMIDE	DARIFENACIN HYDROBROMIDE ER	TB24		Preferred	Preferred	
	ENABLEX	TB24				
FESOTERODINE FUMARATE	FESOTERODINE FUMARATE ER	TB24				
	TOVIAZ	TB24				
MIRABEGRON	MYRBETRIQ	SRER				
	MYRBETRIQ	TB24				
OXYBUTYNIN	OXYTROL	PTTW				
	OXYTROL FOR WOMEN	PTTW				
OXYBUTYNIN CHLORIDE	DITROPAN XL	TB24				
	GELNIQUE PUMP	GEL				
	OXYBUTYNIN CHLORIDE	SOLN				
	OXYBUTYNIN CHLORIDE ER	TB24		Preferred	Preferred	
SOLIFENACIN SUCCINATE	SOLIFENACIN SUCCINATE	TABS		Preferred	Preferred	
	VESICARE	TABS				
	VESICARE LS	SUSP				
TOLTERODINE TARTRATE	DETROL	TABS				
	DETROL LA	CP24				
	TOLTERODINE TARTRATE ER	CP24		Preferred	Preferred	
TROSPIUM CHLORIDE	TROSPIUM CHLORIDE ER	CP24		Preferred	Preferred	
Overactive Bladder - Short Acting						
FLAVOXATE HCL	FLAVOXATE HCL	TABS				
OXYBUTYNIN CHLORIDE	OXYBUTYNIN CHLORIDE	SYRP		Preferred	Preferred	
	OXYBUTYNIN CHLORIDE	TABS		Preferred	Preferred	
TOLTERODINE TARTRATE	TOLTERODINE TARTRATE	TABS		Preferred	Preferred	
TROSPIUM CHLORIDE	TROSPIUM CHLORIDE	TABS		Preferred	Preferred	
VIBEGRON	GEMTESA	TABS	No TIP No DAW			Not included in OHSU review, therefore not part of the PDL program.
PCSK-9 Inhibitors						
ALIROCUMAB	PRALUENT	SOPN			Not participating	
	PRALUENT	SOSY			Not participating	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
EVOLOCUMAB	REPATHA	SOSY		Preferred	Not participating	
	REPATHA PUSHTRONEX SYSTEM	SOCT		Preferred	Not participating	
	REPATHA SURECLICK	SOAJ		Preferred	Not participating	
Second Generation Antipsychotics - Injectable						
ARIPIRAZOLE	ABILIFY ASIMTUFII	PRSY	No	Preferred	Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ABILIFY MAINTENA	SRER	No	Preferred	Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
ARIPIRAZOLE LAUROXIL	ARISTADA	PRSY	No	Preferred	Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ARISTADA INITIO	PRSY	No	Preferred	Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
OLANZAPINE	OLANZAPINE	SOLR	No	Preferred	Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ZYPREXA	SOLR	No		Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
OLANZAPINE PAMOATE	ZYPREXA RELPREVV	SUSR	No	Preferred	Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
PALIPERIDONE PALMITATE	INVEGA HAFYERA	SUSY	No	Preferred	Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
	INVEGA SUSTENNA	SUSY	No	Preferred	Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
	INVEGA TRINZA	SUSY	No	Preferred	Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
RISPERIDONE	PERSERIS	PRSY	No	Preferred	Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
	RYKINDO	SRER	No	Preferred	Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
	UZEDY	SUSY	No	Preferred	Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
RISPERIDONE MICROSPHERES	RISPERDAL CONSTA	SRER	No	Preferred	Not participating	P&T Committee did not allow TIP
ZIPRASIDONE MESYLATE	GEODON	SOLR	No		Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ZIPRASIDONE MESYLATE	SOLR	No	Preferred	Not participating	P&T Committee did not allow TIP; Refills exempt from TIP by law
Second Generation Antipsychotics - Oral						

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
ARIPIPRAZOLE	ABILIFY	TABS	No		Not covered	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ABILIFY MYCITE	TABS	No		Not covered	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ABILIFY MYCITE MAINTENANCE KIT	TABS	No		Not covered	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ABILIFY MYCITE STARTER KIT	TABS	No		Not covered	P&T Committee did not allow TIP; Refills exempt from TIP by law
ARIPIPRAZOLE	ARIPIPRAZOLE	SOLN	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ARIPIPRAZOLE	TABS	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ARIPIPRAZOLE ODT	TBDP	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
ASENAPINE	SECUADO	PT24	No		Not covered	P&T Committee did not allow TIP; Refills exempt from TIP by law
ASENAPINE MALEATE	ASENAPINE MALEATE SL	SUBL	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	SAPHRIS	SUBL	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
BREXPIPRAZOLE	REXULTI	TABS	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
CARIPRAZINE HCL	VRAYLAR	CAPS	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	VRAYLAR	CPPK	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
CLOZAPINE	CLOZAPINE	TABS	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	CLOZAPINE ODT	TBDP	No	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
	VERSACLOZ	SUSP	No		Not covered	P&T Committee did not allow TIP; Refills exempt from TIP by law
ILOPERIDONE	FANAPT	TABS	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	FANAPT TITRATION PACK	TABS	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
LUMATEPERONE TOSYLATE	CAPLYTA	CAPS	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	Comments
LURASIDONE HCL	LATUDA	TABS	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	LURASIDONE HYDROCHLORIDE	TABS	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
OLANZAPINE	OLANZAPINE	TABS	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	OLANZAPINE ODT	TBDP	No	Preferred	Preferred	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
	INVEGA	TB24	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
PALIPERIDONE	PALIPERIDONE ER	TB24	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	QUETIAPINE FUMARATE	TABS	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	QUETIAPINE FUMARATE ER	TB24	No	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	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
RISPERIDONE	RISPERDAL M-TAB	TBDP	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	RISPERIDONE	SOLN	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	RISPERIDONE	TABS	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	RISPERIDONE M-TAB	TBDP	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ZIPRASIDONE HCL	GEODON	CAPS	No		
	ZIPRASIDONE HCL	CAPS	No	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	Comments
Statin (HMG-CoA Reductase Inhibitor)						
ATORVASTATIN CALCIUM	ATORVALIQ	SUSP			Not participating	
	ATORVASTATIN CALCIUM	TABS		Preferred	Not participating	
FLUVASTATIN SODIUM	LIPITOR	TABS			Not participating	
	FLUVASTATIN	CAPS			Not participating	
	FLUVASTATIN SODIUM ER	TB24			Not participating	
	LESCOL	CAPS			Not participating	
LOVASTATIN	LESCOL XL	TB24			Not participating	
	ALTOPREV	TB24			Not participating	
PITAVASTATIN CALCIUM	LOVASTATIN	TABS		Preferred	Not participating	
	LIVALO	TABS			Not participating	
PRAVASTATIN SODIUM	PITAVASTATIN CALCIUM	TABS			Not participating	
	PRAVASTATIN SODIUM	TABS		Preferred	Not participating	
ROSUVASTATIN CALCIUM	CRESTOR	TABS			Not participating	
	EZALLOR SPRINKLE	CPSP			Not participating	
SIMVASTATIN	ROSUVASTATIN CALCIUM	TABS		Preferred	Not participating	
	FLOLIPID	SUSP			Not participating	
	SIMVASTATIN	SUSP			Not participating	
	SIMVASTATIN	TABS		Preferred	Not participating	
	ZOCOR	TABS			Not participating	
Targeted Immune Modulator (TIM)						
ABATACEPT	ORENCIA	SOLN	No		Not participating	P&T Committee did not allow TIP
	ORENCIA	SOSY	No		Not participating	P&T Committee did not allow TIP
	ORENCIA CLICKJECT	SOAJ	No		Not participating	P&T Committee did not allow TIP
ADALIMUMAB	HUMIRA	KIT	No	Preferred	Not participating	P&T Committee did not allow TIP
	HUMIRA	PSKT	No	Preferred	Not participating	P&T Committee did not allow TIP
	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	PSKT	No	Preferred	Not participating	P&T Committee did not allow TIP
	HUMIRA PEN	KIT	No	Preferred	Not participating	P&T Committee did not allow TIP
	HUMIRA PEN-CROHNS DISEASE STARTER	KIT	No	Preferred	Not participating	P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
ADALIMUMAB	HUMIRA PEN-PEDIATRIC UC STARTER PACK	PNKT	No	Preferred	Not participating	P&T Committee did not allow TIP
	HUMIRA PEN-PSORIASIS STARTER	KIT	No	Preferred	Not participating	P&T Committee did not allow TIP
	HUMIRA PEN-PSORIASIS STARTER	PNKT	No	Preferred	Not participating	P&T Committee did not allow TIP
ADALIMUMAB-AACF	IDACIO	PSKT	No		Not participating	P&T Committee did not allow TIP
	IDACIO STARTER PACKAGE FOR CROHNS DISEASE	AJKT	No		Not participating	P&T Committee did not allow TIP
	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	AJKT	No		Not participating	P&T Committee did not allow TIP
ADALIMUMAB-AATY	YUFLYMA 1-PEN KIT	AJKT	No		Not participating	P&T Committee did not allow TIP
	YUFLYMA 2-SYRINGE KIT	PSKT	No		Not participating	P&T Committee did not allow TIP
ADALIMUMAB-ADAZ	ADALIMUMAB-ADAZ	SOAJ	No		Not participating	P&T Committee did not allow TIP
	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK	SOAJ	No		Not participating	P&T Committee did not allow TIP
	HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK	SOSY	No		Not participating	P&T Committee did not allow TIP
	HYRIMOZ PLAQUE PSORIASIS STARTER PACK	SOAJ	No		Not participating	P&T Committee did not allow TIP
ADALIMUMAB-ADBIM	CYLTEZO	PSKT	No		Not participating	P&T Committee did not allow TIP
	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	AJKT	No		Not participating	P&T Committee did not allow TIP
	CYLTEZO STARTER PACKAGE FOR PSORIASIS	AJKT	No		Not participating	P&T Committee did not allow TIP
ADALIMUMAB-AFZB	ABRILADA	AJKT	No		Not participating	P&T Committee did not allow TIP
ADALIMUMAB-AQVH	YUSIMRY	SOPN	No		Not participating	P&T Committee did not allow TIP
ADALIMUMAB-ATTO	AMJEVITA	SOAJ	No		Not participating	P&T Committee did not allow TIP
	AMJEVITA	SOSY	No		Not participating	P&T Committee did not allow TIP
ADALIMUMAB-BWWD	HADLIMA	SOSY	No		Not participating	P&T Committee did not allow TIP
	HADLIMA PUSHTOUCH	SOAJ	No		Not participating	P&T Committee did not allow TIP
ANAKINRA	KINERET	SOSY	No		Not participating	P&T Committee did not allow TIP
APREMILAST	OTEZLA	TABS	No	Preferred	Not participating	P&T Committee did not allow TIP
	OTEZLA	TBPK	No	Preferred	Not participating	P&T Committee did not allow TIP
BARICITINIB	OLUMIANT	TABS	No		Not participating	P&T Committee did not allow TIP

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BIMEKIZUMAB-BKZX	BIMZELX	SOAJ	No		Not participating	P&T Committee did not allow TIP
BRODALUMAB	SILIQ	SOSY	No		Not participating	P&T Committee did not allow TIP
CANAKINUMAB	ILARIS	SOLN	No		Not participating	P&T Committee did not allow TIP
CERTOLIZUMAB PEGOL	CIMZIA STARTER KIT	KIT	No		Not participating	P&T Committee did not allow TIP
ETANERCEPT	ENBREL	SOSY	No	Preferred	Not participating	P&T Committee did not allow TIP
	ENBREL MINI	SOCT	No	Preferred	Not participating	P&T Committee did not allow TIP
	ENBREL SURECLICK	SOAJ	No	Preferred	Not participating	P&T Committee did not allow TIP
ETRASIMOD ARGININE	VELSIPITY	TABS	No		Not participating	P&T Committee did not allow TIP
GOLIMUMAB	SIMPONI	SOAJ	No		Not participating	P&T Committee did not allow TIP
	SIMPONI	SOSY	No		Not participating	P&T Committee did not allow TIP
	SIMPONI ARIA	SOLN	No		Not participating	P&T Committee did not allow TIP
GUSELKUMAB	TREMFYA	SOSY	No		Not participating	P&T Committee did not allow TIP
INFLIXIMAB	REMICADE	SOLR	No		Not participating	P&T Committee did not allow TIP
INFLIXIMAB-ABDA	RENFLEXIS	SOLR	No		Not participating	P&T Committee did not allow TIP
INFLIXIMAB-AXXQ	AVSOLA	SOLR	No		Not participating	P&T Committee did not allow TIP
INFLIXIMAB-DYYB	INFLECTRA	SOLR	No		Not participating	P&T Committee did not allow TIP
IXEKIZUMAB	TALTZ	SOAJ	No		Not participating	P&T Committee did not allow TIP
	TALTZ	SOSY	No		Not participating	P&T Committee did not allow TIP
MIRIKIZUMAB-MRKZ	OMVOH	SOAJ	No		Not participating	P&T Committee did not allow TIP
RISANKIZUMAB-RZAA	SKYRIZI	SOSY	No	Preferred	Not participating	P&T Committee did not allow TIP
RITUXIMAB	RITUXAN	SOLN	No		Not participating	P&T Committee did not allow TIP
RITUXIMAB-ABBS	TRUXIMA	SOLN	No		Not participating	P&T Committee did not allow TIP
RITUXIMAB-ARRX	RIABNI	SOLN	No		Not participating	P&T Committee did not allow TIP
RITUXIMAB-PVVR	RUXIENCE	SOLN	No		Not participating	P&T Committee did not allow TIP
SARILUMAB	KEVZARA	SOAJ	No		Not participating	P&T Committee did not allow TIP
	KEVZARA	SOSY	No		Not participating	P&T Committee did not allow TIP
SECUKINUMAB	COSENTYX	SOLN	No	Preferred	Not participating	P&T Committee did not allow TIP
	COSENTYX	SOSY	No	Preferred	Not participating	P&T Committee did not allow TIP
	COSENTYX SENSOREADY PEN	SOAJ	No	Preferred	Not participating	P&T Committee did not allow TIP
TOCILIZUMAB	ACTEMRA	SOLN	No		Not participating	P&T Committee did not allow TIP
	ACTEMRA	SOSY	No		Not participating	P&T Committee did not allow TIP
	ACTEMRA ACTPEN	SOAJ	No		Not participating	P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
TOFACITINIB CITRATE	XELJANZ	SOLN	No	Preferred	Not participating	P&T Committee did not allow TIP
	XELJANZ	TABS	No	Preferred	Not participating	P&T Committee did not allow TIP
	XELJANZ XR	TB24	No	Preferred	Not participating	P&T Committee did not allow TIP
UPADACITINIB	RINVOQ	TB24	No	Preferred	Not participating	P&T Committee did not allow TIP
USTEKINUMAB	STELARA	SOLN	No	Preferred	Not participating	P&T Committee did not allow TIP
	STELARA	SOSY	No	Preferred	Not participating	P&T Committee did not allow TIP
VEDOLIZUMAB	ENTYVIO	SOLR	No		Not participating	P&T Committee did not allow TIP
	ENTYVIO	SOPN	No		Not participating	P&T Committee did not allow TIP