

# Washington Preferred Drug List - 3rd Quarter 2024

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
<b>ADHD - Amphetamines</b>						
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
	DYANAVEL XR	CHER	No		Not participating	P&T Committee did not allow TIP
	DYANAVEL XR	SUER	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
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/DEXTROAMPHE TAMINE	CP24	No	Preferred	Not participating	P&T Committee did not allow TIP
	AMPHETAMINE/DEXTROAMPHE TAMINE	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
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
<b>ADHD - Methylphenidates</b>						
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	COTEMPLA XR-ODT	TBED	No		Not participating	P&T Committee did not allow TIP
	METHYLPHENIDATE	PTCH	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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
<b>ADHD - NonStimulant</b>						
ATOMOXETINE HCL	ATOMOXETINE	CAPS	No	Preferred	Not participating	
	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
<b>Anticoagulant</b>						
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	
<b>Antidepressant - Other</b>						
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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
BUPROPION HCL	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
	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
<b>Antidepressant - SNRI</b>						
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 BESYLATE	VENLAFAXINE BESYLATE 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
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
	VENLAFAXINE HCL ER	TB24	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
<b>Antidepressant - SSRI</b>						
CITALOPRAM HYDROBROMIDE	CELEXA	TABS	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	CITALOPRAM HYDROBROMIDE	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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
FLUVOXAMINE MALEATE	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
	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
<b>Antiemetic</b>						
AMISULPRIDE	BARHEMSYS	SOSY			Not participating	
APREPITANT	APONVIE	EMUL			Not participating	
	APREPITANT	CAPS			Not participating	
	CINVANTI	EMUL			Not participating	
	EMEND	CAPS			Not participating	
	EMEND	SUSR			Not participating	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
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	
	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	
<b>Antiplatelet</b>						
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	
CLOPIDOGREL-ASPIRIN	CLOPIDOGREL KIT	THPK	No		Not participating	
PRASUGREL HCL	EFFIENT	TABS	No		Not participating	
	PRASUGREL	TABS	No		Not participating	
TICAGRELOR	BRILINTA	TABS	No		Not participating	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
VORAPAXAR SULFATE	ZONTIVITY	TABS	No		Not participating	
<b>Asthma - Biologics</b>						
BENRALIZUMAB	FASENRA	SOSY			Not participating	
	FASENRA PEN	SOAJ			Not participating	
MEPOLIZUMAB	NUCALA	SOAJ		Preferred	Not participating	
	NUCALA	SOLR		Preferred	Not participating	
	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.
<b>Asthma - Inhaled Corticosteroid</b>						
BECLOMETHASONE DIPROPIONATE HFA	QVAR	AERS		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 PROPIONATE HFA	AERO				Change effective 10/1/2024 for L&I
FLUTICASONE PROPIONATE (INHALATION)	ARMONAIR DIGIHALER	AEPB			Not covered	
	FLOVENT DISKUS	AEPB				
	FLUTICASONE PROPIONATE	AEPB				Change effective 10/1/2024 for L&I
MOMETASONE FUROATE (INHALATION)	ASMANEX HFA	AERO		Preferred	Preferred, PA required	Change effective 10/1/2024 for L&I
	ASMANEX TWISTHALER	AEPB		Preferred	Preferred, PA required	Change effective 10/1/2024 for L&I
<b>Asthma - Leukotriene Modifier</b>						



Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
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	
ZILEUTON	ZILEUTON ER	TB12				
	ZYFLO	TABS				
	ZYFLO CR	TB12				
<b>Asthma - Quick Relief</b>						
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				
ALBUTEROL-BUDESONIDE	AIRSUPRA	AERO				
LEVALBUTEROL HCL	LEVALBUTEROL HCL	NEBU		Preferred	Preferred	
	XOPENEX	NEBU				
	XOPENEX CONCENTRATE	NEBU				
LEVALBUTEROL TARTRATE	LEVALBUTEROL TARTRATE HFA	AERO		Preferred	Preferred	
	XOPENEX HFA	AERO				
<b>Asthma or COPD - ICS - LABA - LAMA Combinations</b>						
BUDESONIDE-GLYCOPYRROLATE-FORMOTEROL FUMARATE	BREZTRI AEROSPHERE	AERO			Not covered	
FLUTICASON-UMECLIDINIUM-VILANTEROL	TRELEGY ELLIPTA	AEPB		Preferred	Preferred, PA required	Change effective 10/1/2024 for L&I
<b>Asthma or COPD - ICS - LABA Combinations</b>						

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	BREYNA	AERO			PA required	
	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	AERO		Preferred	Preferred	
	SYMBICORT	AERO			PA required	
FLUTICASONE FUROATE-VILANTEROL	BREO ELLIPTA	AEPB			PA required	
	FLUTICASONE FUROATE/VILANTEROL ELLIPTA	AEPB			PA required	
FLUTICASONE-SALMETEROL	ADVAIR DISKUS	AEPB			PA required	
	ADVAIR HFA	AERO			PA required	
	AIRDUO DIGIHALER	AERO			Not covered	
	AIRDUO RESPICLICK	AERO			Not covered	
	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	
MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE	DULERA	AERO		Preferred	Preferred, PA required	Change effective 10/1/2024 for L&I
<b>Atopic Dermatitis</b>						
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	
<b>Calcitonin Gene-Related Peptide Inhibitors (CGRP)</b>						

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
ATOGEPAANT	QULIPTA	TABS			Not participating	
EPTINEZUMAB	VYEPTI	SOLN			Not participating	
ERENUMAB-AOOE	AIMOVIG	SOAJ		Preferred	Not participating	Effective 8/1/2024
FREMANEZUMAB	AJOVY	SOSY		Preferred	Not participating	
FREMANEZUMAB-VFRM	AJOVY	SOAJ		Preferred	Not participating	
GALCANEZUMAB-GNLM	EMGALITY	SOAJ		Preferred	Not participating	Effective 8/1/2024
	EMGALITY	SOSY		Preferred	Not participating	Effective 8/1/2024
RIMEGEPANT SULFATE	NURTEC	TBDP			Not participating	
UBROGEPANT	UBRELVY	TABS		Preferred	Not participating	Effective 8/1/2024
ZAVEGEPANT HCL	ZAVZPRET SPRAY	SOSP			Not participating	

### 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	
UMECLIDIINIUM-VILANTEROL	ANORO ELLIPTA	AEPB		Preferred	Preferred, PA required	Change effective 10/1/2024 for L&I

### 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				Change effective 10/1/2024 for L&I

### Chronic Obstructive Pulmonary Disease (COPD) - Long Acting Muscarinic Agents (LAMA)

ACLIDINIUM	TUDORZA PRESSAIR	AEPB			PA required	
	TUDORZA PRESSAIR	AERS			PA required	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
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	
	TIOTROPIUM BROMIDE	CAPS		Preferred	Preferred, PA required	
UMECLIDIUM BROMIDE	INCRUSE ELLIPTA	AEPB		Preferred	Preferred, PA required	Change effective 10/1/2024 for L&I

### 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 BENZOATE	ALOGLIPTIN	TABS		Preferred	Not participating	
	NESINA	TABS			Not participating	
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	
LINAGLIPTIN	TRADJENTA	TABS		Preferred	Not participating	
	LINAGLIPTIN-METFORMIN HCL	JENTADUETO	TABS	Preferred	Not participating	
	JENTADUETO XR	TB24		Preferred	Not participating	
SAXAGLIPTIN HCL	ONGLYZA	TABS			Not participating	
	SAXAGLIPTIN HYDROCHLORIDE	TABS			Not participating	
SAXAGLIPTIN-METFORMIN HCL	KOMBIGLYZE XR	TB24			Not participating	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
SITAGLIPTIN	ZITUVIO	TABS			Not participating	
SITAGLIPTIN PHOSPHATE	JANUVIA	TABS			Not participating	
SITAGLIPTIN-METFORMIN HCL	JANUMET	TABS			Not participating	
	JANUMET XR	TB24			Not participating	
<b>Diabetes Drugs - GLP-1 Agonists</b>						
DULAGLUTIDE	TRULICITY	SOPN		Preferred	Not participating	
EXENATIDE	BYDUREON	SRER			Not participating	
	BYDUREON BCISE	AUIJ			Not participating	
	BYETTA	SOLN			Not participating	
	BYETTA	SOPN			Not participating	Change effective 10/1/2024 for L&I
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			Not participating	
<b>Diabetes Drugs - Long-acting Insulins</b>						
INSULIN DEGLUDEC	INSULIN DEGLUDEC	SOLN			Not participating	Archived 2021
	INSULIN DEGLUDEC FLEXTOUCH PEN	SOPN			Not participating	Archived 2021
	TRESIBA	SOLN			Not participating	Archived 2021
	TRESIBA FLEXTOUCH	SOPN			Not participating	Archived 2021
INSULIN DETEMIR	LEVEMIR	SOLN			Not participating	Archived 2021
	LEVEMIR FLEXPEN	SOPN			Not participating	Archived 2021
	LEVEMIR FLEXTOUCH	SOPN			Not participating	Archived 2021
INSULIN GLARGINE	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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
INSULIN GLARGINE	INSULIN GLARGINE U-300	SOLN		Preferred	Not participating	Archived 2021
	INSULIN GLARGINE U-300 Max	SOLN		Preferred	Not participating	Archived 2021
	LANTUS	SOLN			Not participating	Archived 2021
	LANTUS SOLOSTAR	SOPN			Not participating	Archived 2021
	SEMGLEE	SOLN			Not participating	Archived 2021
	SEMGLEE	SOPN			Not participating	Archived 2021
	TOUJEO MAX SOLOSTAR	SOPN			Not participating	Archived 2021
	TOUJEO SOLOSTAR	SOPN			Not participating	Archived 2021
INSULIN GLARGINE-AGLR SOLN	REZVOGLAR	SOPN			Not participating	Archived 2021
INSULIN GLARGINE-YFGN	INSULIN GLARGINE-YFGN	SOLN			Not participating	Archived 2021
	INSULIN GLARGINE-YFGN	SOPN			Not participating	Archived 2021

### Diabetes Drugs - SGLT2 Inhibitors

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 PROPANEDIOL	DAPAGLIFLOZIN PROPANEDIOL	TABS			Not participating	
	FARXIGA	TABS		Preferred	Not participating	
DAPAGLIFLOZIN-METFORMIN HCL	XIGDUO XR	TB24		Preferred	Not participating	
DAPAGLIFLOZIN-SAXAGLIPTIN	QTERN	TABS			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 L-PYROGLUTAMIC ACID	STEGLATRO	TABS	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
ERTUGLIFLOZIN-METFORMIN HCL	SEGLUOMET	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.

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
SOTAGLIFLOZIN	INPEFA	TABS	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
<b>Hepatitis C - Direct-Acting Antivirals</b>						
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.
SOFOSBUVIR	SOVALDI	PACK	No		PA required	Refill TIP exempt by law.
	SOVALDI	TABS	No		PA required	Refill TIP exempt by law.
SOFOSBUVIR-VELPATASVIR	EPCLUSA	TABS	No		PA required	Refill TIP exempt by law.
	EPCLUSA PELLETS	TABS	No		PA required	Refill TIP exempt by law.
SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR	VOSEVI	TABS	No		PA required	Refill TIP exempt by law.
<b>Hepatitis C - Peg-Interferons</b>						
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.
<b>Insomnia</b>						
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			Not covered	
	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	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
RAMELTEON	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			Not covered	
	EDLUAR	SUBL				
	INTERMEZZO	SUBL				
	ZOLPIDEM TARTRATE	CAPS			Not covered	
	ZOLPIDEM TARTRATE	SUBL		Preferred	PA required, acute use only	
	ZOLPIDEM TARTRATE	TABS		Preferred	Preferred, acute use only	
	ZOLPIDEM TARTRATE ER	TBCR		Preferred	Not covered	
	ZOLPIMIST	SOLN			Not covered	

## MS Drugs

ALEMTUZUMAB	LEMRADA	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



Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
GLATIRAMER ACETATE	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
	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 HCL	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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
TERIFLUNOMIDE	TERIFLUNOMIDE	TABS	No	Preferred	Not participating	P&T Committee did not allow TIP
UBLITUXIMAB-XIY	BRIUMVI	SOLN	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
<b>Opioids - Long Acting</b>						
BUPRENORPHINE	BUPRENORPHINE TD PATCH	PTWK	No		Not participating	
	BUTRANS	PTWK	No		Not participating	
BUPRENORPHINE BUCCAL FILM	BELBUCA	FILM			Not participating	
FENTANYL	DURAGESIC	PT72	No		Not participating	
	FENTANYL	PT72	No	Preferred	Not participating	
HYDROCODONE BITARTRATE	HYDROCODONE BITARTRATE ER	CP12	No		Not participating	
	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	

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
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

DARIFENACIN HYDROBROMIDE	DARIFENACIN HYDROBROMIDE ER	TB24		Preferred	Preferred	
	ENABLEX	TB24				
FESOTERODINE FUMARATE	FESOTERODINE FUMARATE ER	TB24				
	TOVIAZ	TB24				
MIRABEGRON	MIRABEGRON ER	TB24				
	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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
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				
<b>PCSK-9 Inhibitors</b>						
ALIROCUMAB	PRALUENT	SOPN			Not participating	
	PRALUENT	SOSY			Not participating	
EVOLOCUMAB	REPATHA	SOSY		Preferred	Not participating	
	REPATHA PUSHTRONEX SYSTEM	SOCT		Preferred	Not participating	
	REPATHA SURECLICK	SOAJ		Preferred	Not participating	
<b>Second Generation Antipsychotics - Injectable</b>						
ARIPIPRAZOLE	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
ARIPIPRAZOLE 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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
RISPERIDONE	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		Not participating	P&T Committee did not allow TIP
	RISPERIDONE ER	SRER	No	Preferred	Not participating	P&T Committee did not allow TIP
	RISPERIDONE MICROSPHERES ER	SUSP	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

ARIPIRAZOLE	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	TBPK	No		Not covered	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ABILIFY MYCITE STARTER KIT	TBPK	No		Not covered	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ARIPIRAZOLE	SOLN	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
ARIPIRAZOLE	ARIPIRAZOLE	TABS	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ARIPIRAZOLE ODT	TBDP	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
	ASENAPINE	SECUADO	PT24	No		Not covered
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
BREXPIRAZOLE	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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
CARIPRAZINE HCL	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.
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
PALIPERIDONE	INVEGA	TB24	No			P&T Committee did not allow TIP; Refills exempt from TIP by law
	PALIPERIDONE ER	TB24	No	Preferred	Preferred	P&T Committee did not allow TIP; Refills exempt from TIP by law
QUETIAPINE FUMARATE	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	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

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
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	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

### Statin (HMG-CoA Reductase Inhibitor)

ATORVASTATIN CALCIUM	ATORVALIQ	SUSP				Not participating
	ATORVASTATIN CALCIUM	TABS		Preferred		Not participating
	LIPITOR	TABS				Not participating
FLUVASTATIN SODIUM	FLUVASTATIN	CAPS				Not participating
	FLUVASTATIN SODIUM ER	TB24				Not participating
	LESCOL	CAPS				Not participating
	LESCOL XL	TB24				Not participating
LOVASTATIN	ALTOPREV	TB24				Not participating
	LOVASTATIN	TABS		Preferred		Not participating
PITAVASTATIN CALCIUM	LIVALO	TABS				Not participating
	PITAVASTATIN CALCIUM	TABS				Not participating
PITAVASTATIN MAGNESIUM	ZYPITAMAG	TABS				Not participating
PRAVASTATIN SODIUM	PRAVASTATIN SODIUM	TABS		Preferred		Not participating
ROSUVASTATIN CALCIUM	CRESTOR	TABS				Not participating
	EZALLOR SPRINKLE	CPSP				Not participating
	ROSUVASTATIN CALCIUM	TABS		Preferred		Not participating
SIMVASTATIN	FLOLIPID	SUSP				Not participating

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
SIMVASTATIN	SIMVASTATIN	SUSP			Not participating	
	SIMVASTATIN	TABS		Preferred	Not participating	
	ZOCOR	TABS			Not participating	
<b>Targeted Immune Modulator (TIM)</b>						
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		Not participating	P&T Committee did not allow TIP
	HUMIRA	PSKT	No		Not participating	P&T Committee did not allow TIP
	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	PSKT	No		Not participating	P&T Committee did not allow TIP
	HUMIRA PEN	KIT	No		Not participating	P&T Committee did not allow TIP
	HUMIRA PEN-CROHNS DISEASE STARTER	KIT	No		Not participating	P&T Committee did not allow TIP
	HUMIRA PEN-PEDIATRIC UC STARTER PACK	PNKT	No		Not participating	P&T Committee did not allow TIP
	HUMIRA PEN-PSORIASIS STARTER	KIT	No		Not participating	P&T Committee did not allow TIP
ADALIMUMAB-AACF	ADALIMUMAB-AACF (2 PEN)	AJKT	No		Not participating	P&T Committee did not allow TIP
	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	ADALIMUMAB-AATY 1-PEN KIT	AJKT	No		Not participating	P&T Committee did not allow TIP
	ADALIMUMAB-AATY 2-PEN KIT	AJKT	No		Not participating	P&T Committee did not allow TIP
	ADALIMUMAB-AATY 2-SYRINGE KIT	PSKT	No		Not participating	P&T Committee did not allow TIP
	YUFLYMA	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	YUFLYMA CD/UC/HS STARTER	AJKT	No		Not participating	P&T Committee did not allow TIP
	ADALIMUMAB-ADAZ	SOAJ	No		Not participating	P&T Committee did not allow TIP
	ADALIMUMAB-ADAZ	SOAJ	No	Preferred	Not participating	P&T Committee did not allow TIP
	ADALIMUMAB-ADAZ	SOSY	No		Not participating	P&T Committee did not allow TIP



Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
ADALIMUMAB-ADAZ	HYRIMOZ	SOAJ	No		Not participating	P&T Committee did not allow TIP
	HYRIMOZ	SOSY	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-ADBM	ADALIMUMAB-ADBM	AJKT	No		Not participating	P&T Committee did not allow TIP
	ADALIMUMAB-ADBM	PSKT	No		Not participating	P&T Committee did not allow TIP
	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	AJKT	No		Not participating	P&T Committee did not allow TIP
	ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER	AJKT	No		Not participating	P&T Committee did not allow TIP
	ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	AJKT	No		Not participating	P&T Committee did not allow TIP
	ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEVITIS	AJKT	No		Not participating	P&T Committee did not allow TIP
	CYLTEZO	PSKT	No		Not participating	P&T Committee did not allow TIP
ADALIMUMAB-AFZB	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
	ABRILADA	AJKT	No		Not participating	P&T Committee did not allow TIP
ADALIMUMAB-AQVH	ABRILADA 1-PEN KIT	AJKT	No		Not participating	P&T Committee did not allow TIP
	ABRILADA 2-PEN KIT	AJKT	No		Not participating	P&T Committee did not allow TIP
	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	Preferred	Not participating	P&T Committee did not allow TIP
	HADLIMA PUSH TOUCH	SOAJ	No	Preferred	Not participating	P&T Committee did not allow TIP
ADALIMUMAB-FKJP	ADALIMUMAB-FKJP	AJKT	No		Not participating	P&T Committee did not allow TIP
	ADALIMUMAB-FKJP	PSKT	No		Not participating	P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
ADALIMUMAB-FKJP	HULIO	AJKT	No		Not participating	P&T Committee did not allow TIP
	HULIO	PSKT	No		Not participating	P&T Committee did not allow TIP
ADALIMUMAB-RYVK	ADALIMUMAB-RYVK (2 PEN)	AJKT	No		Not participating	P&T Committee did not allow TIP
	SIMLANDI 1-PEN KIT	AJKT	No		Not participating	P&T Committee did not allow TIP
	SIMLANDI 2-PEN KIT	AJKT	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
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	Preferred	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 TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
	OMVOH	SOLN	No TIP No DAW		Not participating	Not included in OHSU review, therefore not part of the PDL program.
RISANKIZUMAB-RZAA	SKYRIZI	SOSY	No	Preferred	Not participating	P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	Subject to TIP	UMP Status	LNI Status	Comments
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
TOCILIZUMAB-AAZG	TYENNE	SOLN	No		Not participating	P&T Committee did not allow TIP
TOCILIZUMAB-BAVI	TOFIDENCE	SOLN	No		Not participating	P&T Committee did not allow TIP
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	SOLN	No	Preferred	Not participating	P&T Committee did not allow TIP
	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 SQ	SOPN	No		Not participating	P&T Committee did not allow TIP