

Washington Preferred Drug List - January 2009

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
ACE Inhibitor							
BENAZEPRIL HCL	BENAZEPRIL HCL	TABS	Preferred		No		
	LOTENSIN	TABS			No		
CAPTOPRIL	CAPOTEN	TABS			No		
	CAPTOPRIL	TABS	Preferred		No		
ENALAPRIL MALEATE	ENALAPRIL MALEATE	TABS	Preferred		No		
	VASOTEC	TABS			No		
FOSINOPRIL SODIUM	FOSINOPRIL SODIUM	TABS			No		
	MONOPRIL	TABS			No		
LISINOPRIL	LISINOPRIL	TABS	Preferred		No		
	PRINIVIL	TABS			No		
	ZESTRIL	TABS			No		
MOEXIPRIL HYDROCHLORIDE	MOEXIPRIL HCL	TABS			No		
	UNIVASC	TABS			No		
PERINDOPRIL ERBUMINE	ACEON	TABS			No		
QUINAPRIL HCL	ACCUPRIL	TABS			No		
	QUINAPRIL HCL	TABS			No		
RAMIPRIL	ALTACE	CAPS			No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
RAMIPRIL	ALTACE	TABS			No		
	RAMIPRIL	CAPS	Preferred		No	Must meet HOPE study criteria	
TRANDOLAPRIL	MAVIK	TABS			No		
	TRANDOLAPRIL	TABS			No		

ADHD - Intermediate Acting

DEXTROAMPHETAMINE SULFATE	DEXEDRINE	CP24		No	No		P&T Committee did not allow TIP
	DEXTROAMPHETAMINE SULFATE ER	CP24	Preferred	No	No		P&T Committee did not allow TIP
METHYLPHENIDATE HYDROCHLORIDE	METADATE ER	TBCR		No	No		P&T Committee did not allow TIP
	METHYLIN ER	TBCR	Preferred	No	No		Only Mallinckrodt products preferred; P&T Committee did not allow TIP
	METHYLPHENIDATE HCL ER	TBCR	Preferred	No	No		P&T Committee did not allow TIP
	METHYLPHENIDATE HCL SR	TBCR	Preferred	No	No		P&T Committee did not allow TIP
	RITALIN SR	TBCR		No	No		P&T Committee did not allow TIP

ADHD - Long Acting

AMPHETAMINE ASPARTATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE	ADDERALL XR	CP24	Preferred	No	No		P&T Committee did not allow TIP
DEXMETHYLPHENIDATE HYDROCHLORIDE	FOCALIN XR	CP24	Preferred	No	No		P&T Committee did not allow TIP
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	CAPS	Preferred	No	No		P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
METHYLPHENIDATE	DAYTRANA	PTCH	Preferred	No	No		P&T Committee did not allow TIP
METHYLPHENIDATE HYDROCHLORIDE	CONCERTA	TBCR	Preferred	No	No		P&T Committee did not allow TIP
	METADATE CD	CPCR	Preferred	No	No		P&T Committee did not allow TIP
	RITALIN LA	CP24		No	No		P&T Committee did not allow TIP
ADHD - NonStimulant							
ATOMOXETINE HYDROCHLORIDE	STRATTERA	CAPS	Preferred	No	No		P&T Committee did not allow TIP
ADHD - Short Acting							
AMPHETAMINE ASPARTATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE	ADDERALL	TABS		No	No		P&T Committee did not allow TIP
	AMPHETAMINE /DEXTROAMPHETAMINE	TABS	Preferred	No	No		P&T Committee did not allow TIP
	AMPHETAMINE SALT COMBO	TABS	Preferred	No	No		P&T Committee did not allow TIP
DEXMETHYLPHENIDATE HYDROCHLORIDE	DEXMETHYLPHENIDATE HCL	TABS	Preferred	No	No		P&T Committee did not allow TIP
	FOCALIN	TABS		No	No		P&T Committee did not allow TIP
DEXTROAMPHETAMINE SULFATE	DEXTROAMPHETAMINE SULFATE	TABS	Preferred	No	No		P&T Committee did not allow TIP
	LIQUADD	SOLN		No TIP DAW	No		Not included in OHSU Review
METHYLPHENIDATE HYDROCHLORIDE	METHYLIN	CHEW		No	No		Only Mallinckrodt products preferred; P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
METHYLPHENIDATE HYDROCHLORIDE	METHYLIN	SOLN		No	No		Only Mallinckrodt products preferred; P&T Committee did not allow TIP
	METHYLIN	TABS	Preferred	No	No		Only Mallinckrodt products preferred; P&T Committee did not allow TIP
	METHYLPHENIDATE HCL	TABS	Preferred	No	No		P&T Committee did not allow TIP
	RITALIN	TABS		No	No		P&T Committee did not allow TIP
Alzheimer's, Drugs to Treat							
DONEPEZIL HYDROCHLORIDE	ARICEPT	TABS	Preferred	No	No		P&T Committee did not allow TIP
	ARICEPT ODT	TBDP	Preferred	No	No		P&T Committee did not allow TIP
GALANTAMINE HYDROBROMIDE	GALANTAMINE HYDROBROMIDE	CP24		No	No		P&T Committee did not allow TIP
	GALANTAMINE HYDROBROMIDE	TABS		No	No		P&T Committe did not allow TIP
	GALANTAMINE HYDROBROMIDE	TABS		No	No		P&T Committee did not allow TIP
	RAZADYNE	SOLN		No	No		P&T Committee did not allow TIP
	RAZADYNE	TABS		No	No		P&T Committee did not allow TIP
	RAZADYNE ER	CP24		No	No		P&T Committee did not allow TIP
MEMANTINE HYDROCHLORIDE	NAMENDA	SOLN	Preferred	No	No		P&T Committee did not allow TIP
	NAMENDA	TABS	Preferred	No	No		P&T Committe did not allow TIP

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
MEMANTINE HYDROCHLORIDE	NAMENDA	TABS	Preferred	No	No		P&T Committee did not allow TIP
	NAMENDA TITRATION PAK	TABS	Preferred	No	No		P&T Committee did not allow TIP
RIVASTIGMINE	EXELON	PT24		No	No		P&T Committee did not allow TIP
RIVASTIGMINE TARTRATE	EXELON	CAPS		No	No		P&T Committee did not allow TIP
	EXELON	SOLN		No	No		P&T Committee did not allow TIP
TACRINE HYDROCHLORIDE	COGNEX	CAPS		No	No		P&T Committee did not allow TIP

Antidepressant - Other

BUPROPION HCL	BUPROPION HCL	TABS	Preferred	No		Not for smoking cessation	P&T Committee did not allow TIP; Refill TIP exempt by law.
	BUPROPION HCL SR	TB12	Preferred	No		Not for smoking cessation	P&T Committee did not allow TIP; Refill TIP exempt by law.
	BUPROPION HCL XL	TB24		No		Not for smoking cessation	P&T Committee did not allow TIP; Refill TIP exempt by law.
	WELLBUTRIN	TABS		No		Not for smoking cessation	P&T Committee did not allow TIP; Refill TIP exempt by law.
	WELLBUTRIN SR	TB12		No		Not for smoking cessation	P&T Committee did not allow TIP; Refill TIP exempt by law.
	WELLBUTRIN XL	TB24		No		Not for smoking cessation	P&T Committee did not allow TIP; Refill TIP exempt by law.
MIRTAZAPINE	MIRTAZAPINE	TABS	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
MIRTAZAPINE	MIRTAZAPINE	TBDP	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law
	MIRTAZAPINE ODT	TBDP	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law
	REMERON	TABS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	REMERON SOLTAB	TBDP		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
NEFAZODONE HYDROCHLORIDE	NEFAZODONE HCL	TABS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.

Antidepressant - SNRI

DESVENLAFAXINE SUCCINATE MONOHYDRATE	PRISTIQ	TB24		No TIP DAW			Not in OHSU Review
DULOXETINE HYDROCHLORIDE	CYMBALTA	CPEP		No		Diabetic peripheral neuropathy & Fibromyalgia	P&T Committee did not allow TIP; Refill TIP exempt by law.
VENLAFAXINE HCL	EFFEXOR	TABS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	EFFEXOR XR	CP24	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	VENLAFAXINE HCL	TABS	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	VENLAFAXINE HCL ER	TB24		Excludes Refill			P&T Committee did not allow TIP; Refill TIP exempt by law.

Antidepressant - SSRI

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
CITALOPRAM HYDROBROMIDE	CELEXA	SOLN		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	CELEXA	TABS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
CITALOPRAM HYDROBROMIDE	CITALOPRAM HYDROBROMIDE	SOLN	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	CITALOPRAM HYDROBROMIDE	TABS	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
ESCITALOPRAM OXALATE	LEXAPRO	SOLN		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	LEXAPRO	TABS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
FLUOXETINE HCL	FLUOXETINE	CAPS	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	FLUOXETINE HCL	CAPS	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	FLUOXETINE HCL	SOLN	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	FLUOXETINE HCL	TABS	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
PROZAC	PROZAC	CAPS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	PROZAC	SOLN		No			P&T Committee did not allow TIP; Refill TIP exempt by law.

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
FLUOXETINE HCL	PROZAC	TABS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	PROZAC WEEKLY	CPDR		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	RAPIFLUX	TABS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	SELFEMRA	CAPS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
FLUVOXAMINE MALEATE	FLUVOXAMINE MALEATE	TABS		No			Not in WA-PDL Class
	FLUVOXAMINE MALEATE	TABS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	LUVOX CR	CP24		No TIP DAW			Not in OHSU Review
PAROXETINE HYDROCHLORIDE	PAROXETINE HCL	SUSP	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	PAROXETINE HCL	TABS	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	PAROXETINE HCL ER	TB24		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	PAROXETINE HCL ER	TB24	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	PAXIL	SUSP		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	PAXIL	TABS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
PAROXETINE HYDROCHLORIDE	PAXIL CR	TB24		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
PAROXETINE MESYLATE	PEXEVA	TABS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
SERTRALINE HYDROCHLORIDE	SERTRALINE HCL	CONC	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	SERTRALINE HCL	TABS	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	ZOLOFT	CONC		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	ZOLOFT	TABS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
Antiemetic (5HT3)							
APREPITANT	EMEND	CAPS		No TIP DAW			P&T Committee Excluded from Class
	EMEND	MISC		No TIP DAW			P&T Committee Excluded from Class
DEXTROSE (ANHYDROUS); ONDANSETRON HCL	ONDANSETRON HCL	SOLN	Preferred				For chemotherapy and Radiation therapy
	ONDANSETRON HCL/DEXTROSE	SOLN	Preferred				For chemotherapy and radiation therapy
DOLASETRON MESYLATE	ANZEMET	SOLN			No		For Chemotherapy only
	ANZEMET	TABS			No		For Chemotherapy only
FOSAPREPITANT DIMEGLUMINE	EMEND	SOLR		No TIP DAW			P&T Committee Excluded from Class
GRANISETRON	SANCUSO	PTCH		No TIP DAW		PA required	Not included in OHSU

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
GRANISETRON HCL	GRANISETRON HCL	SOLN	Preferred		No	For Chemotherapy and Radiation Therapy	
	GRANISETRON HCL	TABS	Preferred			For Chemotherapy and Radiation Therapy	
	GRANISOL	SOLN				For Chemotherapy and Radiation Therapy	
	KYTRIL	SOLN			No	For Chemotherapy and Radiation Therapy	
	KYTRIL	TABS				For Chemotherapy and Radiation Therapy	
ONDANSETRON	ONDANSETRON ODT	TBDP	Preferred			For Chemotherapy and Radiation Therapy	
	ZOFRAN	TABS				For Chemotherapy and Radiation Therapy	
	ZOFRAN ODT	TBDP				For Chemotherapy and Radiation Therapy	
ONDANSETRON HCL	ONDANSETRON HCL	SOLN	Preferred			For Chemotherapy and Radiation Therapy	
	ONDANSETRON HCL	SOLN	Preferred		No	For Chemotherapy and Radiation Therapy	
	ONDANSETRON HCL	TABS	Preferred			For Chemotherapy and Radiation Therapy	
	ZOFRAN	SOLN				For Chemotherapy and Radiation Therapy	
	ZOFRAN	SOLN			No	For Chemotherapy and Radiation Therapy	
ONDANSETRON HCL; SODIUM CHLORIDE	ONDANSETRON HCL	SOLN	Preferred		No	For Chemotherapy and Radiation Therapy	
PALONOSETRON HYDROCHLORIDE	ALOXI	SOLN			No	For Chemotherapy only	
Antiplatelet							
ASPIRIN; DIPYRIDAMOLE	AGGRENOX	CP12	Preferred	No	No	Stroke and Transient Ischemic Attacks	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
CLOPIDOGREL BISULFATE	PLAVIX	TABS	Preferred	No	No	Acute Coronary Syndrome & Percutaneous Coronary Interventions	
TICLOPIDINE HYDROCHLORIDE	TICLID	TABS		No	No		
	TICLOPIDINE HCL	TABS		No	No		
Atypical Antipsychotics							
ARIPIRAZOLE	ABILIFY	SOLN	Preferred	Excludes Refill			P&T Committee did not allow TIP
	ABILIFY	SOLN	Preferred	Excludes Refill		New patients requiring injectable forms	P&T Committee did not allow TIP
	ABILIFY	TABS	Preferred	Excludes Refill			P&T Committee did not allow TIP
	ABILIFY DISCMELT	TBDP	Preferred	Excludes Refill			P&T Committee did not allow TIP
CLOZAPINE	CLOZAPINE	TABS	Preferred	Excludes Refill			P&T Committee did not allow TIP
	CLOZARIL	TABS		Excludes Refill			P&T Committee did not allow TIP
	FAZACLO	TBDP	Preferred	Excludes Refill			P&T Committee did not allow TIP
OLANZAPINE	ZYPREXA	SOLR	Preferred	Excludes Refill	No	New patients requiring injectable forms	P&T Committee did not allow TIP
	ZYPREXA	TABS	Preferred	Excludes Refill			P&T Committee did not allow TIP
	ZYPREXA ZYDIS	TBDP	Preferred	Excludes Refill			P&T Committee did not allow TIP
PALIPERIDONE	INVEGA	TB24	Preferred	Excludes Refill			P&T Committee did not allow TIP.
QUETIAPINE FUMARATE	SEROQUEL	TABS	Preferred	Excludes Refill			P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
QUETIAPINE FUMARATE	SEROQUEL XR	TB24	Preferred	Excludes Refill			P&T Committee did not allow TIP
RISPERIDONE	RISPERDAL	SOLN	Preferred	Excludes Refill			P&T Committee did not allow TIP
	RISPERDAL	TABS		Excludes Refill			P&T Committee did not allow TIP
	RISPERDAL CONSTA	SUSR	Preferred	Excludes Refill	No	New patients requiring injectable forms	P&T Committee did not allow TIP
	RISPERDAL M-TAB	TBDP	Preferred	Excludes Refill			P&T Committee did not allow TIP
	RISPERIDONE	SOLN	Preferred	Excludes Refill			P&T Committee did not allow TIP
	RISPERIDONE	TABS	Preferred	Excludes Refill			P&T Committee did not allow TIP
	RISPERIDONE	TABS	Preferred	Excludes Refill			P&T Committee did not allow TIP
	RISPERIDONE	TABS	Preferred	Excludes Refill	No		P&T Committee did not allow TIP
ZIPRASIDONE HYDROCHLORIDE	GEODON	CAPS	Preferred	Excludes Refill			P&T Committee did not allow TIP
ZIPRASIDONE MESYLATE	GEODON	SOLR	Preferred	Excludes Refill	No	New patients requiring injectable forms	P&T Committee did not allow TIP

Beta Agonist - Long Acting

FORMOTEROL FUMARATE	FORADIL AEROLIZER	CAPS	Preferred				
SALMETEROL XINAFOATE	SEREVENT DISKUS	AEPB	Preferred				

Beta Agonist - Nebulized Solution

ALBUTEROL SULFATE	ACCUNEB	NEBU					
	ALBUTEROL SULFATE	NEBU	Preferred				
ARFORMOTEROL TARTRATE	BROVANA	NEBU		No TIP DAW			Not in OHSU Review

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
FORMOTEROL FUMARATE DIHYDRATE	PERFOROMIST	NEBU		No TIP DAW			Not in OHSU Review
LEVALBUTEROL HYDROCHLORIDE	XOPENEX	NEBU	Preferred				
	XOPENEX CONCENTRATE	NEBU	Preferred				
Beta Agonist - Short Acting							
ALBUTEROL SULFATE	ALBUTEROL SULFATE	NEBU	Preferred				
	PROAIR HFA	AERS					
	PROVENTIL HFA	AERS					
	VENTOLIN HFA	AERS	Preferred				
LEVALBUTEROL TARTRATE	XOPENEX HFA	AERO	Preferred				
PIRBUTEROL ACETATE	MAXAIR AUTOHALER	AERB					
Beta Blocker							
ACEBUTOLOL HYDROCHLORIDE	ACEBUTOLOL HCL	CAPS	Preferred		No		
	SECTRAL	CAPS			No		
ATENOLOL	ATENOLOL	TABS	Preferred		No		
	TENORMIN	TABS			No		
BETAXOLOL HYDROCHLORIDE	BETAXOLOL HCL	TABS			No		
	KERLONE	TABS	Preferred		No		
BISOPROLOL FUMARATE	BISOPROLOL FUMARATE	TABS	Preferred		No		
	ZEBETA	TABS			No		
CARTEOLOL HCL	CARTROL	TABS			No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
CARVEDILOL	CARVEDILOL	TABS	Preferred		No		
	COREG	TABS			No		
CARVEDILOL PHOSPHATE	COREG CR	CP24		No TIP DAW	No		
LABETALOL HYDROCHLORIDE	LABETALOL HCL	TABS	Preferred		No		
	TRANDATE	TABS			No		
METOPROLOL SUCCINATE	METOPROLOL SUCCINATE ER	TB24	Preferred		No		
	TOPROL XL	TB24			No		
METOPROLOL TARTRATE	LOPRESSOR	TABS			No		
	METOPROLOL TARTRATE	TABS	Preferred		No		
NADOLOL	CORGARD	TABS			No		
	NADOLOL	TABS	Preferred		No		
NEBIVOLOL HYDROCHLORIDE	BYSTOLIC	TABS		No TIP DAW	No		Not in OHSU Review
PENBUTOLOL SULFATE	LEVATOL	TABS			No		
PINDOLOL	PINDOLOL	TABS	Preferred		No		
PROPRANOLOL HYDROCHLORIDE	INDERAL LA	CP24			No		
	INNOPRAN XL	CP24			No		
	PROPRANOLOL HCL	SOLN	Preferred		No		
	PROPRANOLOL HCL	TABS	Preferred		No		
	PROPRANOLOL HCL CR	CP24	Preferred		No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
PROPRANOLOL HYDROCHLORIDE	PROPRANOLOL HCL ER	CP24	Preferred		No		
TIMOLOL MALEATE	TIMOLOL MALEATE	TABS	Preferred		No		
Calcium Channel Blocker - Dihydropyridine							
AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	TABS	Preferred		No		
	NORVASC	TABS			No		
FELODIPINE	FELODIPINE ER	TB24	Preferred		No		
ISRADIPINE	DYNACIRC CR	TB24			No		
	DYNACIRC-CR	TB24			No		
	ISRADIPINE	CAPS			No		
NICARDIPINE HCL	CARDENE SR	CP12			No		
	NICARDIPINE HCL	CAPS	Preferred		No		
NIFEDIPINE	ADALAT CC	TB24			No		
	AFEDITAB CR	TB24			No		
	NIFEDIAC CC	TB24			No		
	NIFEDICAL XL	TB24			No		
	NIFEDIPINE ER	TB24	Preferred		No		
	PROCARDIA XL	TB24			No		
NISOLDIPINE	SULAR	TB24			No		
Calcium Channel Blocker - Other							
DILTIAZEM HYDROCHLORIDE	CARDIZEM	TABS			No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
DILTIAZEM HYDROCHLORIDE	CARDIZEM CD	CP24			No		
	CARDIZEM LA	TB24			No		
	CARTIA XT	CP24			No		
	DILACOR XR	CP24			No		
	DILT-CD	CP24			No		
	DILTIAZEM CD	CP24	Preferred		No		
	DILTIAZEM HCL	CP24	Preferred		No		
	DILTIAZEM HCL	TABS	Preferred		No		
	DILTIAZEM HCL ER	CP12	Preferred		No		
	DILTIAZEM HCL ER	CP24	Preferred		No		
	DILTIAZEM XR	CP24	Preferred		No		
	DILT-XR	CP24			No		
	TAZTIA XT	CP24			No		
	TIAZAC	CP24			No		
VERAPAMIL HYDROCHLORIDE	CALAN	TABS			No		
	CALAN SR	TBCR			No		
	COVERA-HS	TB24			No		
	ISOPTIN SR	TBCR			No		
	VERAPAMIL HCL	TABS	Preferred		No		
	VERAPAMIL HCL ER	CP24	Preferred		No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
VERAPAMIL HYDROCHLORIDE	VERAPAMIL HCL ER	TBCR	Preferred		No		
	VERAPAMIL HCL SR	CP24	Preferred		No		
	VERAPAMIL HCL SR	TBCR	Preferred		No		
	VERELAN	CP24			No		
	VERELAN PM	CP24			No		

Drugs to Treat Diabetes - Newer

EXENATIDE	BYETTA	SOLN		No	No	PA required	
PRAMLINTIDE ACETATE	SYMLIN	SOLN		No	No	PA required	
	SYMLINPEN 120	SOLN		No	No	PA required	
	SYMLINPEN 60	SOLN		No	No	PA required	
SITAGLIPTIN PHOSPHATE	JANUVIA	TABS		No	No		

Estrogen - Oral

ESTRADIOL	ESTRACE	TABS			No		
	ESTRADIOL	TABS	Preferred		No		
	GYNODIOL	TABS			No		
ESTRADIOL ACETATE	FEMTRACE	TABS			No		
ESTROGENS, CONJUGATED	PREMARIN	TABS			No		
ESTROGENS, CONJUGATED SYNTHETIC A	CENESTIN	TABS			No		
ESTROGENS, CONJUGATED SYNTHETIC B	ENJUVA	TABS			No		
ESTROGENS, ESTERIFIED	MENEST	TABS	Preferred		No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
ESTROPIPATE	ESTROPIPATE	TABS			No		
	OGEN	TABS			No		
	ORTHO-EST	TABS			No		

Estrogen - Oral Combination

DROSPIRENONE; ESTRADIOL	ANGELIQ	TABS			No		
ESTRADIOL; NORETHINDRONE ACETATE	ACTIVELLA	TABS	Preferred		No		
	ESTRADIOL/NORETHINDRONE ACETATE	TABS	Preferred		No		
ESTRADIOL; NORGESTIMATE	PREFEST	TABS			No		
ESTROGENS, CONJUGATED; MEDROXYPROGESTERONE ACETATE	PREMPHASE	TABS	Preferred		No		
	PREMPRO	TABS	Preferred		No		
ETHINYL ESTRADIOL; NORETHINDRONE ACETATE	FEMHRT 1/5	TABS			No		
	FEMHRT LOW DOSE	TABS			No		

Estrogen - Transdermal

ESTRADIOL	ALORA	PTTW			No		
	CLIMARA	PTWK			No		
	DIVIGEL	GEL			No		
	ELESTRIN	GEL			No		
	ESTRADERM	PTTW			No		
	ESTRADIOL	PTWK	Preferred			No	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
ESTRADIOL	ESTROGEL	GEL			No		
	EVAMIST	SOLN		No TIP DAW	No		Not in OHSU Review
	MENOSTAR	PTWK			No		
	VIVELLE-DOT	PTTW			No		
ESTRADIOL HEMIHYDRATE	ESTRASORB	EMUL			No		
Estrogen - Transdermal Combination							
ESTRADIOL; LEVONORGESTREL	CLIMARA PRO	PTWK	Preferred		No		
ESTRADIOL; NORETHINDRONE ACETATE	COMBIPATCH	PTTW			No		
Estrogen - Vaginal							
ESTRADIOL	ESTRACE	CREA			No		
	ESTRING	RING			No		
	VAGIFEM	TABS	Preferred		No		
ESTRADIOL ACETATE	FEMRING	RING			No		
ESTROGENS, CONJUGATED	PREMARIN W/APPLICATOR	CREA			No		
Hepatitis C							
PEGINTERFERON ALFA-2A	PEGASYS	KIT	Preferred	Excludes Refill	No		Refill TIP exempt by law.
	PEGASYS	SOLN	Preferred	Excludes Refill	No		Refill TIP exempt by law.
PEGINTERFERON ALFA-2B	PEG-INTRON	KIT		Excludes Refill	No		Refill TIP exempt by law.
	PEG-INTRON REDIPEN	KIT		Excludes Refill	No		Refill TIP exempt by law.

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
PEGINTERFERON ALFA-2B	PEG-INTRON REDIPEN PAK 4	KIT		Excludes Refill	No		Refill TIP exempt by law.
RIBAVIRIN	COPEGUS	TABS		Excludes Refill	No		Refill TIP exempt by law.
	REBETOL	CAPS		Excludes Refill	No		Refill TIP exempt by law.
	REBETOL	SOLN		Excludes Refill	No		Refill TIP exempt by law.
	RIBAVIRIN	CAPS	Preferred	Excludes Refill	No		Refill TIP exempt by law.
	RIBAVIRIN	TABS	Preferred	Excludes Refill	No		Refill TIP exempt by law.

Inhaled Corticosteroid

BECLOMETHASONE DIPROPIONATE	QVAR	AERS	Preferred				
BUDESONIDE	PULMICORT	SUSP	Preferred				
	PULMICORT FLEXHALER	INHA	Preferred				
CICLESONIDE	ALVESCO	AERS		No TIP DAW			Not in OHSU Review
FLUNISOLIDE	AEROBID	AERS	Preferred				
	AEROBID-M	AERS	Preferred				
FLUTICASONE PROPIONATE	FLOVENT DISKUS	AEPB	Preferred				
	FLOVENT HFA	AERO	Preferred				
MOMETASONE FUROATE	ASMANEX 120 METERED DOSES	AEPB	Preferred				All Asmanex products preferred
	ASMANEX 14 METERED DOSES	AEPB	Preferred				All Asmanex products preferred
	ASMANEX 30 METERED DOSES	AEPB	Preferred				All Asmanex products preferred

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
MOMETASONE FUROATE	ASMANEX 60 METERED DOSES	AEPB	Preferred				All Asmanex products preferred
TRIAMCINOLONE ACETONIDE	AZMACORT	AERS	Preferred				
Long Acting Opioid							
FENTANYL	DURAGESIC	PT72			No		
	FENTANYL	PT72			No		
LEVORPHANOL TARTRATE	LEVO DROMORAN	SOLN					
	LEVORPHANOL TARTRATE	TABS					
METHADONE HYDROCHLORIDE	DOLOPHINE	TABS					
	DOLOPHINE HCL	TABS					
	METHADONE HCL	CONC	Preferred				
	METHADONE HCL	SOLN	Preferred				
	METHADONE HCL	TABS	Preferred				
	METHADONE HCL	TBSO	Preferred				
	METHADONE HCL DISKETS	TBSO	Preferred				
	METHADONE HCL INTENSOL	CONC	Preferred				
	METHADOSE	CONC					
	METHADOSE	TABS					
	METHADOSE	TBSO					
	METHADOSE SUGAR-FREE	CONC					
MORPHINE SULFATE	AVINZA	CP24					

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
MORPHINE SULFATE	KADIAN	CP24					
	MORPHINE SULFATE CR	TB12	Preferred				
	MORPHINE SULFATE ER	TB12	Preferred				
	MS CONTIN	TB12					
	ORAMORPH SR	TB12					
OXYCODONE HYDROCHLORIDE	OXYCODONE HCL ER	TB12					
	OXYCONTIN	TB12					
OXYMORPHONE HYDROCHLORIDE	OPANA ER	TB12					

Macrolide

AZITHROMYCIN	AZITHROMYCIN	PACK	Preferred	No			P&T Committee did not allow TIP
	AZITHROMYCIN	SUSR	Preferred	No			P&T Committee did not allow TIP
	AZITHROMYCIN	TABS	Preferred	No			P&T Committee did not allow TIP
	ZITHROMAX	PACK		No			P&T Committee did not allow TIP
	ZITHROMAX	SUSR		No			P&T Committee did not allow TIP
	ZITHROMAX	TABS		No			P&T Committee did not allow TIP
	ZITHROMAX TRI-PAK	TABS		No			P&T Committee did not allow TIP
	ZITHROMAX Z-PAK	TABS		No			P&T Committee did not allow TIP
AZITHROMYCIN DIHYDRATE	ZMAX	SUSR		No			P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
AZITHROMYCIN DIHYDRATE	ZMAX PEDIATRIC	SUSR		No			P&T Committee did not allow TIP
CLARITHROMYCIN	BIAXIN	SUSR		No			P&T Committee did not allow TIP
	BIAXIN	TABS		No			P&T Committee did not allow TIP
	BIAXIN XL	TB24		No			P&T Committee did not allow TIP
	BIAXIN XL PAC	TB24		No			P&T Committee did not allow TIP
CLARITHROMYCIN	CLARITHROMYCIN	SUSR	Preferred	No			P&T Committee did not allow TIP
	CLARITHROMYCIN	TABS	Preferred	No			P&T Committee did not allow TIP
	CLARITHROMYCIN ER	TB24		No			P&T Committee did not allow TIP
ERYTHROMYCIN	ERY-TAB	TBEC		No			P&T Committee did not allow TIP
	ERY-TAB	TBEC	Preferred	No			P&T Committee did not allow TIP
	ERYTHROMYCIN	CPEP	Preferred	No			P&T Committee did not allow TIP
	ERYTHROMYCIN BASE	TABS	Preferred	No			P&T Committee did not allow TIP
ERYTHROMYCIN ETHYLSUCCINATE	PCE	TBEC		No			P&T Committee did not allow TIP
	E.E.S. 400	TABS		No			P&T Committee did not allow TIP
	E.E.S. GRANULES	SUSR		No			P&T Committee did not allow TIP
	ERYPED 200	SUSR		No			P&T Committee did not allow TIP
	ERYPED 400	SUSR		No			P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
ERYTHROMYCIN ETHYLSUCCINATE	ERYTHROMYCIN ETHYLSUCCINATE	TABS	Preferred	No			P&T Committee did not allow TIP
ERYTHROMYCIN STEARATE	ERYTHROCIN STEARATE	TABS	Preferred	No			P&T Committee did not allow TIP

MS Drugs

GLATIRAMER ACETATE	COPAXONE	KIT	Preferred	No	No		P&T Committee did not allow TIP
INTERFERON BETA-1A	AVONEX	KIT	Preferred	No	No		P&T Committee did not allow TIP
	REBIF	SOLN	Preferred	No	No		P&T Committee did not allow TIP
	REBIF TITRATION PACK	SOLN	Preferred	No	No		P&T Committee did not allow TIP
INTERFERON BETA-1B	BETASERON	SOLR	Preferred	No	No		P&T Committee did not allow TIP
MITOXANTRONE HYDROCHLORIDE	MITOXANTRONE HCL	CONC	Preferred	No	No		P&T Committee did not allow TIP
	NOVANTRONE	CONC	Preferred	No	No		P&T Committee did not allow TIP
NATALIZUMAB	TYSABRI	CONC	Preferred	No	No	PA required	P&T Committee did not allow TIP

Nasal Corticosteroid

BECLOMETHASONE DIPROPIONATE	BECONASE AQ	SUSP					
BUDESONIDE	RHINOCORT AQUA	SUSP					
FLUNISOLIDE	FLUNISOLIDE	SOLN	Preferred				
	NASAREL	SOLN					
FLUTICASONE FUROATE	VERAMYST	SUSP		No TIP DAW			Not in OHSU Review
FLUTICASONE PROPIONATE	FLOXONASE	SUSP					

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
FLUTICASONE PROPIONATE	FLUTICASONE PROPIONATE	SUSP					
	FLUTICASONE PROPIONATE	SUSP	Preferred				
MOMETASONE FUROATE MONOHYDRATE	NASONEX	SUSP	Preferred				For patients 2-6 years old
TRIAMCINOLONE ACETONIDE	NASACORT AQ	AERS	Preferred				

New Antihistamines

CETIRIZINE HCL	CETIRIZINE HCL	CHEW					
	CETIRIZINE HCL	SYRP				No	
	CETIRIZINE HCL	TABS					
	CETIRIZINE HCL CHILDREN'S	SOLN				No	
	CETIRIZINE HCL CHILDREN'S ALLERGY	SYRP				No	
	ZYRTEC ALLERGY	TABS					
	ZYRTEC CHILDRENS ALLERGY	CHEW					
	ZYRTEC CHILDRENS ALLERGY	SYRP				No	
	ZYRTEC CHILDRENS HIVES RELIEF	SYRP				No	
	ZYRTEC HIVES RELIEF	TABS					
DESLORATADINE	CLARINEX	SYRP	Preferred			No	For patients 6 months to 2 years old
	CLARINEX	TABS					
	CLARINEX REDITABS	TBDP					
FEXOFENADINE HYDROCHLORIDE	ALLEGRA	SUSP					

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
FEXOFENADINE HYDROCHLORIDE	ALLEGRA	TABS					
	FEXOFENADINE HCL	TABS					
LEVOCETIRIZINE DIHYDROCHLORIDE	XYZAL	SOLN		No TIP DAW			Not in OHSU Review
	XYZAL	TABS		No TIP DAW			Not in OHSU Review
LORATADINE	CHILDREN'S LORATADINE	SYRP	Preferred				
	CLARITIN	CAPS					
	CLARITIN	CHEW					
	CLARITIN	SYRP					
	CLARITIN	TABS					
	CLARITIN REDITABS	TBDP					
	LORATADINE	TABS	Preferred				
	LORATADINE HIVES RELIEF	SOLN	Preferred				
NSAID / Cox-II Inhibitor							
CELECOXIB	CELEBREX	CAPS		No		No Hx of GI bleed/Ulcer or CAD; DAW1 does not override EPA	P&T Committee removed from TIP
DICLOFENAC POTASSIUM	CATAFLAM	TABS				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	DICLOFENAC POTASSIUM	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
DICLOFENAC SODIUM	DICLOFENAC SODIUM	TBEC	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
DICLOFENAC SODIUM	DICLOFENAC SODIUM DR	TBEC	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	DICLOFENAC SODIUM EC	TBEC	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	DICLOFENAC SODIUM ER	TB24	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	DICLOFENAC SODIUM XR	TB24	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	VOLTAREN	TBEC				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	VOLTAREN-XR	TB24				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
DIFLUNISAL	DIFLUNISAL	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
ETODOLAC	ETODOLAC	CAPS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	ETODOLAC	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	ETODOLAC ER	TB24	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
FENOPROFEN CALCIUM	FENOPROFEN CALCIUM	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	NALFON	CAPS				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
FLURBIPROFEN	FLURBIPROFEN	TABS				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	Generics only preferred
	FLURBIPROFEN	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	Generics only preferred
IBUPROFEN	IBUPROFEN	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
INDOMETHACIN	INDOCIN	SUPP	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	INDOCIN	SUSP	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	INDOCIN SR	CPCR				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	INDOMETHACIN	CAPS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	INDOMETHACIN ER	CPCR	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
KETOPROFEN	KETOPROFEN	CAPS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	KETOPROFEN ER	CP24	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM	CAPS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
MEFENAMIC ACID	PONSTEL	CAPS				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
MELOXICAM	MELOXICAM	SUSP	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	MELOXICAM	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	MOBIC	SUSP				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	MOBIC	TABS				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
NABUMETONE	NABUMETONE	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
NAPROXEN	NAPROSYN	SUSP				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	NAPROSYN	TABS				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	NAPROXEN	SUSP	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	NAPROXEN	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	NAPROXEN DR	TBEC	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
NAPROXEN SODIUM	ANAPROX	TABS				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
NAPROXEN SODIUM	ANAPROX DS	TABS				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	NAPRELAN	TB24				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	NAPROXEN SODIUM	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
OXAPROZIN	DAYPRO	TABS				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	OXAPROZIN	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
PIROXICAM	FELDENE	CAPS				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	PIROXICAM	CAPS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
SALSALATE	SALFLEX	TABS				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	SALSALATE	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
SULINDAC	CLINORIL	TABS				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	SULINDAC	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
TOLMETIN SODIUM	TOLMETIN SODIUM	CAPS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
TOLMETIN SODIUM	TOLMETIN SODIUM	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
Oral Hypoglycemic (Sulfonylurea / Meglitinide)							
CHLORPROPAMIDE	CHLORPROPAMIDE	TABS			No		
GLIMEPIRIDE	AMARYL	TABS			No		
	GLIMEPIRIDE	TABS			No		
GLIPIZIDE	GLIPIZIDE	TABS	Preferred		No		
	GLIPIZIDE ER	TB24	Preferred				
	GLIPIZIDE ER	TB24	Preferred		No		
	GLIPIZIDE XL	TB24	Preferred		No		
	GLUCOTROL	TABS			No		
	GLUCOTROL XL	TB24			No		
GLYBURIDE	DIABETA	TABS			No		
	GLYBURIDE	TABS	Preferred		No		
	GLYBURIDE MICRONIZED	TABS	Preferred		No		
	GLYCRON	TABS			No		
	GLYNASE	TABS			No		
NATEGLINIDE	STARLIX	TABS			No		
REPAGLINIDE	PRANDIN	TABS			No		
TOLAZAMIDE	TOLAZAMIDE	TABS			No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
TOLBUTAMIDE	TOLBUTAMIDE	TABS			No		

Overactive Bladder - Long Acting

DARIFENACIN HYDROBROMIDE	ENABLEX	TB24					
OXYBUTYNIN	OXYTROL	PTTW	Preferred				
OXYBUTYNIN CHLORIDE	DITROPAN XL	TB24					
	OXYBUTYNIN CHLORIDE ER	TB24	Preferred				
SOLIFENACIN SUCCINATE	VESICARE	TABS	Preferred				
TOLTERODINE TARTRATE	DETROL LA	CP24					
TROSPIUM CHLORIDE	SANCTURA XR	CP24					

Overactive Bladder - Short Acting

FLAVOXATE HYDROCHLORIDE	FLAVOXATE HCL	TABS					
OXYBUTYNIN CHLORIDE	OXYBUTYNIN CHLORIDE	SYRP	Preferred				
	OXYBUTYNIN CHLORIDE	TABS	Preferred				
TOLTERODINE TARTRATE	DETROL	TABS					
TROSPIUM CHLORIDE	SANCTURA	TABS					

Proton Pump Inhibitors

ESOMEPRAZOLE MAGNESIUM	NEXIUM	PACK					
ESOMEPRAZOLE MAGNESIUM TRIHYDRATE	NEXIUM	CPDR					
	NEXIUM	PACK					

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
LANSOPRAZOLE	PREVACID	CPDR	Preferred				
	PREVACID SOLUTAB	TBDP	Preferred				
OMEPRAZOLE	OMEPRAZOLE	CPDR	Preferred				
	OMEPRAZOLE	TBEC	Preferred				otc omeprazole
	PRILOSEC	CPDR					
OMEPRAZOLE MAGNESIUM	PRILOSEC OTC	TBEC	Preferred				
OMEPRAZOLE; SODIUM BICARBONATE	ZEGERID	CAPS	Preferred				
	ZEGERID	PACK	Preferred				
PANTOPRAZOLE SODIUM SESQUIHYDRATE	PANTOPRAZOLE SODIUM	TBEC	Preferred				
	PROTONIX	PACK					
	PROTONIX	TBEC					
RABEPRAZOLE SODIUM	ACIPHEX	TBEC					
Sedative Hypnotic - Benzodiazepine Receptor Antagonist							
ESZOPICLONE	LUNESTA	TABS					For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days
ZALEPLON	SONATA	CAPS					For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days
	ZALEPLON	CAPS					For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
ZOLPIDEM TARTRATE	AMBIEN	TABS				For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
	AMBIEN CR	TBCR				For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
	ZOLPIDEM TARTRATE	TABS	Preferred			For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	

Sedative Hypnotic - Nonbenzodiazepine receptor antagonist

RAMELTEON	ROZEREM	TABS		No			P&T Committee Excluded from Class
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Skeletal Muscle Relaxant

CARISOPRODOL	CARISOPRODOL	TABS			No		P&T Committee Excluded from Class
	SOMA	TABS			No		P&T Committee Excluded from Class
CHLORZOXAZONE	CHLORZOXAZONE	TABS					
	PARAFON FORTE DSC	TABS					
CYCLOBENZAPRINE HYDROCHLORIDE	AMRIX	CP24					
	CYCLOBENZAPRINE HCL	TABS	Preferred				
	FEXMID	TABS					
	FLEXERIL	TABS					
DANTROLENE SODIUM	DANTRium	CAPS					
	DANTROLENE SODIUM	CAPS					

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
METAXALONE	SKELAXIN	TABS					
METHOCARBAMOL	METHOCARBAMOL	TABS	Preferred				
	ROBAXIN	TABS					
	ROBAXIN-750	TABS					
ORPHENADRINE CITRATE	NORFLEX	SOLN					
	ORPHENADRINE CITRATE ER	TB12					

Skeletal Muscle Relaxant - Antispasticity

BACLOFEN	BACLOFEN	TABS	Preferred				
TIZANIDINE HYDROCHLORIDE	TIZANIDINE HCL	TABS	Preferred				
	ZANAFLEX	CAPS					
	ZANAFLEX	TABS					

Statin (HMG-CoA Reductase Inhibitor)

ATORVASTATIN CALCIUM	LIPITOR	TABS			No		
FLUVASTATIN SODIUM	LESCOL	CAPS			No		
	LESCOL XL	TB24			No		
LOVASTATIN	ALTOPREV	TB24			No		
	LOVASTATIN	TABS	Preferred		No		
	MEVACOR	TABS			No		
PRAVASTATIN SODIUM	PRAVACHOL	TABS			No		
	PRAVASTATIN SODIUM	TABS	Preferred		No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
ROSUVASTATIN CALCIUM	CRESTOR	TABS	Preferred		No		
SIMVASTATIN	SIMVASTATIN	TABS	Preferred		No		
	ZOCOR	TABS			No		
Targeted Immune Modulator (TIM)							
ABATACEPT	ORENCIA	SOLR		No	No		P&T Committee did not allow TIP
ADALIMUMAB	HUMIRA	KIT	Preferred	No	No	Rheumatoid Arthritis, JRA, Ankylosing Spondylitis, Psoriatic Arthritis, & Plaque Psoriasis, Crohn's	P&T Committee did not allow TIP
	HUMIRA PEN	KIT	Preferred	No	No	Rheumatoid Arthritis, JRA, Ankylosing Spondylitis, Psoriatic Arthritis, & Plaque Psoriasis, Crohn's	P&T Committee did not allow TIP
	HUMIRA PEN-CROHNS DISEASESTARTER	KIT	Preferred	No	No	Rheumatoid Arthritis, JRA, Ankylosing Spondylitis, Psoriatic Arthritis, & Plaque Psoriasis, Crohn's	P&T Committee did not allow TIP
ALEFACEPT	AMEVIVE	SOLR		No	No		P&T Committee did not allow TIP
ANAKINRA	KINERET	SOLN		No	No		P&T Committee did not allow TIP
EFALIZUMAB	RAPTIVA	KIT		No	No		P&T Committee did not allow TIP
ETANERCEPT	ENBREL	KIT	Preferred	No	No	Rheumatoid Arthritis, JRA, Ankylosing Spondylitis, Psoriatic Arthritis, & Plaque Psoriasis	P&T Committee did not allow TIP

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
ETANERCEPT	ENBREL	SOLN	Preferred	No	No	Rheumatoid Arthritis, JRA, Ankylosing Spondylitis, Psoriatic Arthritis, & Plaque Psoriasis	P&T Committee did not allow TIP
	ENBREL SURECLICK	SOLN	Preferred	No	No	Rheumatoid Arthritis, JRA, Ankylosing Spondylitis, Psoriatic Arthritis, & Plaque Psoriasis	P&T Committee did not allow TIP
INFLIXIMAB	REMICADE	SOLR	Preferred	No	No	For Ulcerative Colitis	P&T Committee did not allow TIP
RITUXIMAB	RITUXAN	CONC		No	No		P&T Committee did not allow TIP

Thiazolidinedione (TZD)

PIOGLITAZONE HYDROCHLORIDE	ACTOS	TABS			No		
ROSIGLITAZONE MALEATE	AVANDIA	TABS	Preferred		No		

Triptan (Migraine Headache)

ALMOTRIPTAN MALATE	AXERT	TABS			No		
ELETRIPTAN HYDROBROMIDE	RELPAX	TABS	Preferred		No		
FROVATRIPTAN SUCCINATE MONOHYDRATE	FROVA	TABS			No		
NARATRIPTAN HYDROCHLORIDE	AMERGE	TABS			No		
RIZATRIPTAN BENZOATE	MAXALT	TABS			No		
	MAXALT-MLT	TBDP			No		
SUMATRIPTAN	IMITREX	SOLN	Preferred		No		
	SUMATRIPTAN	SOLN	Preferred		No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
SUMATRIPTAN SUCCINATE	IMITREX	SOLN	Preferred		No		
	IMITREX	TABS	Preferred		No		
	IMITREX STATDOSE REFILL	KIT	Preferred		No		
	IMITREX STATDOSE SYSTEM	KIT	Preferred		No		
	SUMATRIPTAN SUCCINATE	KIT	Preferred		No		
	SUMATRIPTAN SUCCINATE	SOLN	Preferred		No		
	SUMATRIPTAN SUCCINATE	TABS	Preferred		No		
	SUMATRIPTAN SUCCINATE REFILL	KIT	Preferred		No		
ZOLMITRIPTAN	ZOMIG	SOLN	Preferred		No		
	ZOMIG	TABS	Preferred		No		
	ZOMIG ZMT	TBDP	Preferred		No		