

Washington Preferred Drug List - 1st Quarter 2010

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	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		
	ALTACE	TABS			No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
RAMIPRIL	RAMIPRIL	CAPS	Preferred		No		
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 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		No	No		P&T Committee did not allow TIP
	AMPHETAMINE /DEXTROAMPHETAMINE	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
METHYLPHENIDATE	DAYTRANA	PTCH	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 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
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
	PROCENTRA	SOLN		No TIP DAW	No		Not included in OHSU review, therefore not part of the PDL program.
METHYLPHENIDATE HYDROCHLORIDE	METHYLIN	CHEW		No	No		Only Mallinckrodt products preferred; P&T Committee did not allow TIP
	METHYLIN	SOLN		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	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	Preferred	No	No		P&T Committee did not allow TIP
	GALANTAMINE HYDROBROMIDE	CP24	Preferred	No	No		P&T Committee did not allow TIP
	GALANTAMINE HYDROBROMIDE	SOLN	Preferred		No		P&T Committee did not allow TIP
	GALANTAMINE HYDROBROMIDE	TABS	Preferred	No	No		P&T Committee did not allow TIP
	GALANTAMINE HYDROBROMIDE	TABS	Preferred	No	No		P&T Committee did not allow TIP
	RAZADYNE	SOLN		No	No		P&T Committee did not allow TIP
	RAZADYNE	TABS		No	No		P&T Committee did not allow TIP
	RAZADYNE ER	CP24		No	No		P&T Committee did not allow TIP
MEMANTINE HYDROCHLORIDE	NAMENDA	SOLN	Preferred	No	No		P&T Committee did not allow TIP
	NAMENDA	TABS	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
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	BUDEPRION SR	TB12		No		Not for smoking cessation	P&T Committee did not allow TIP; Refill TIP exempt by law.
	BUDEPRION XL	TB24		No		Not for smoking cessation	P&T Committee did not allow TIP; Refill TIP exempt by law.
	BUPROBAN	TB12		No		Not for smoking cessation	P&T Committee did not allow TIP; Refill TIP exempt by law.
	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	Preferred	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.

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
BUPROPION HCL	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.
BUPROPION HYDROBROMIDE	APLENZIN	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.
	MIRTAZAPINE	TBDP	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	MIRTAZAPINE ODT	TBDP	Preferred	No			P&T Committee 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 included in OHSU review, therefore not part of the PDL program.
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.

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
VENLAFAXINE HCL	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

CITALOPRAM HYDROBROMIDE	CELEXA	TABS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	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.

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
FLUOXETINE HCL	PROZAC	CAPS		No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	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			P&T Committee did not allow TIP; Refill TIP exempt by law.
	LUVOX CR	CP24		No TIP DAW			Not included in OHSU review, therefore not part of the PDL program.
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	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
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 review, therefore not part of the PDL program.
GRANISETRON HCL	GRANISETRON HCL	SOLN			No	For Chemotherapy and Radiation Therapy	
	GRANISETRON HCL	TABS				For Chemotherapy and Radiation Therapy	
	GRANISETRON HCL	TABS				For Chemotherapy and Radiation Therapy	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
GRANISETRON HCL	GRANISOL	SOLN					For Chemotherapy and Radiation Therapy
	KYTRIL	SOLN			No		For Chemotherapy and Radiation Therapy
	KYTRIL	TABS					For Chemotherapy and Radiation Therapy
ONDANSETRON	ONDANSETRON HCL	TABS	Preferred				For Chemotherapy and Radiation Therapy
	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			No		For Chemotherapy and Radiation Therapy
	ZOFRAN	SOLN					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
Antihistamines - Newer							
CETIRIZINE HCL	CETIRIZINE HCL	CHEW	Preferred				
	CETIRIZINE HCL	SYRP	Preferred				

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
CETIRIZINE HCL	CETIRIZINE HCL	TABS	Preferred				
	CETIRIZINE HCL CHILDRENS	SOLN	Preferred				
	CETIRIZINE HCL CHILDRENS ALLERGY	SYRP	Preferred				
	ZYRTEC ALLERGY	TABS					
	ZYRTEC CHILDRENS ALLERGY	CHEW					
	ZYRTEC CHILDRENS ALLERGY	SYRP					
	ZYRTEC CHILDRENS HIVES RELIEF	SYRP					
	ZYRTEC HIVES RELIEF	TABS					
DESLORATADINE	CLARINEX	SYRP					
	CLARINEX	TABS					
	CLARINEX REDITABS	TBDP					
FEXOFENADINE HYDROCHLORIDE	ALLEGRA	SUSP					
	ALLEGRA	TABS					
	ALLEGRA ODT	TBDP					
	FEXOFENADINE HCL	TABS	Preferred				
LEVOCETIRIZINE DIHYDROCHLORIDE	XYZAL	SOLN		No TIP DAW			Not included in OHSU review, therefore not part of the PDL program.
	XYZAL	TABS		No TIP DAW			Not included in OHSU review, therefore not part of the PDL program.
LORATADINE	CHILDRENS LORATADINE	SYRP	Preferred				

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
LORATADINE	CLARITIN	CAPS					
	CLARITIN	CHEW					
	CLARITIN	SYRP					
	CLARITIN	TABS					
	CLARITIN REDITABS	TBDP					
	LORATADINE	TABS	Preferred				
	LORATADINE HIVES RELIEF	SOLN	Preferred				

Antiplatelet

ASPIRIN; DIPYRIDAMOLE	AGGRENOX	CP12	Preferred	No	No	Stroke and Transient Ischemic Attacks	
CLOPIDOGREL BISULFATE	PLAVIX	TABS	Preferred	No	No	Acute Coronary Syndrome & Percutaneous Coronary Interventions	
TICLOPIDINE HYDROCHLORIDE	TICLOPIDINE HCL	TABS		No	No		

Asthma Controller - Inhaled Corticosteroid

BECLOMETHASONE DIPROPIONATE	QVAR	AERS	Preferred				
BUDESONIDE	PULMICORT	SUSP	Preferred				
	PULMICORT FLEXHALER	AEPB	Preferred				
CICLESONIDE	ALVESCO	AERS		No TIP DAW			Not included in OHSU review, therefore not part of the PDL program.
FLUNISOLIDE	AEROBID	AERS	Preferred				
	AEROBID-M	AERS	Preferred				

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
FLUTICASONE PROPIONATE	FLOVENT DISKUS	AEPB	Preferred				
	FLOVENT HFA	AERO	Preferred				
MOMETASONE FUROATE	ASMANEX 120 METERED DOSES	AEPB					
	ASMANEX 14 METERED DOSES	AEPB					
	ASMANEX 30 METERED DOSES	AEPB					
	ASMANEX 60 METERED DOSES	AEPB					
TRIAMCINOLONE ACETONIDE	AZMACORT	AERS	Preferred				

Asthma Controller - Inhaled Corticosteroid Combinations

BUDESONIDE; FORMOTEROL FUMARATE DIHYDRATE	SYMBICORT	AERO	Preferred				
FLUTICASONE PROPIONATE; SALMETEROL XINAFOATE	ADVAIR DISKUS	MISC	Preferred				
	ADVAIR HFA	AERO	Preferred				

Asthma Controller - Leukotriene Modifier

MONTELUKAST SODIUM	SINGULAIR	CHEW	Preferred				
	SINGULAIR	PACK	Preferred				
	SINGULAIR	TABS	Preferred				
ZAFIRLUKAST	ACCOLATE	TABS					
ZILEUTON	ZYFLO	TABS					
	ZYFLO CR	TB12					

Asthma Controller - Long Acting Beta Agonist

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
FORMOTEROL FUMARATE	FORADIL AEROLIZER	CAPS	Preferred				
SALMETEROL XINAFOATE	SEREVENT DISKUS	AEPB	Preferred				

Asthma Quick Relief - Inhaler

ALBUTEROL SULFATE	PROAIR HFA	AERS	Preferred				
	PROVENTIL HFA	AERS	Preferred				
	VENTOLIN HFA	AERS	Preferred				
	VENTOLIN HFA	AERS	Preferred				
LEVAlBUTEROL TARTRATE	XOPENEX HFA	AERO					
PIRBUTEROL ACETATE	MAXAIR AUTOHALER	AERB					

Asthma Quick Relief - Nebulized

ALBUTEROL SULFATE	ACCUNEB	NEBU					
	ALBUTEROL SULFATE	NEBU	Preferred				
ARFORMOTEROL TARTRATE	BROVANA	NEBU					
FORMOTEROL FUMARATE DIHYDRATE	PERFOROMIST	NEBU					
LEVAlBUTEROL HYDROCHLORIDE	LEVAlBUTEROL	NEBU					
	XOPENEX	NEBU					
	XOPENEX CONCENTRATE	NEBU					

Atypical Antipsychotics

ARIPIRAZOLE	ABILIFY	SOLN	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
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Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
ARIPIPIRAZOLE	ABILIFY	SOLN	Preferred	No	No	New patients requiring injectable forms	P&T Committe did not allow TIP; Refill TIP exempt by law.
	ABILIFY	TABS	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
	ABILIFY DISCMELT	TBDP	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
CLOZAPINE	CLOZAPINE	TABS	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
	CLOZAPINE	TABS	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	CLOZARIL	TABS		No			P&T Committe did not allow TIP; Refill TIP exempt by law.
	FAZACLO	TBDP	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
OLANZAPINE	ZYPREXA	SOLR	Preferred	No	No	New patients requiring injectable forms	P&T Committe did not allow TIP; Refill TIP exempt by law.
	ZYPREXA	TABS	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
	ZYPREXA ZYDIS	TBDP	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
PALIPERIDONE	INVEGA	TB24	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
	INVEGA	TB24	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
PALIPERIDONE PALMITATE	INVEGA SUSTENNA	SUSP		No TIP DAW			Not included in OHSU review, therefore not part of the PDL program.
QUETIAPINE FUMARATE	SEROQUEL	TABS	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
	SEROQUEL XR	TB24	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
RISPERIDONE	RISPERDAL	SOLN		No			P&T Committe did not allow TIP; Refill TIP exempt by law.
	RISPERDAL	TABS		No			P&T Committe did not allow TIP; Refill TIP exempt by law.
	RISPERDAL CONSTA	SUSR	Preferred	No	No	New patients requiring injectable forms	P&T Committe did not allow TIP; Refill TIP exempt by law.
	RISPERDAL M-TAB	TBDP		No			P&T Committe did not allow TIP; Refill TIP exempt by law.
	RISPERIDONE	SOLN	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
	RISPERIDONE	SOLN	Preferred	No			P&T Committee did not allow TIP; Refill TIP exempt by law.
	RISPERIDONE	TABS	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
	RISPERIDONE M-TAB	TBDP	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
	RISPERIDONE ODT	TBDP	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
RISPERIDONE	RISPERIDONE ODT	TBDP	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
ZIPRASIDONE HYDROCHLORIDE	GEODON	CAPS	Preferred	No			P&T Committe did not allow TIP; Refill TIP exempt by law.
ZIPRASIDONE MESYLATE	GEODON	SOLR	Preferred	No	No	New patients requiring injectable forms	P&T Committe did not allow TIP; Refill TIP exempt by law.

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	Preferred		No		
	KERLONE	TABS			No		
BISOPROLOL FUMARATE	BISOPROLOL FUMARATE	TABS			No		
	ZEBETA	TABS			No		
CARTEOLOL HCL	CARTROL	TABS			No		
CARVEDILOL	CARVEDILOL	TABS	Preferred		No		
	COREG	TABS			No		
CARVEDILOL PHOSPHATE	COREG CR	CP24			No		
LABETALOL HYDROCHLORIDE	LABETALOL HCL	TABS	Preferred		No		
	TRANDATE	TABS			No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
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 included in OHSU review, therefore not part of the PDL program.
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 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		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments	
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			
	NIFEDIAC CC	TB24	Preferred		No			
	NIFEDICAL XL	TB24			No			
	NIFEDIPINE ER	TB24	Preferred		No			
	PROCARDIA XL	TB24			No			
	NISOLDIPINE	NISOLDIPINE	TB24	Preferred		No		
		SULAR	TB24			No		

Calcium Channel Blocker - Other

DILTIAZEM HYDROCHLORIDE	CARDIZEM	TABS			No		
	CARDIZEM CD	CP24			No		
	CARDIZEM LA	TB24			No		
	CARTIA XT	CP24			No		
	DILACOR XR	CP24			No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
DILTIAZEM HYDROCHLORIDE	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		
	DILTZAC	CP24			No		
	TAZTIA XT	CP24			No		
VERAPAMIL HYDROCHLORIDE	TIAZAC	CP24			No		
	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		
	VERAPAMIL HCL ER	TBCR	Preferred		No		
	VERAPAMIL HCL SR	CP24	Preferred		No		
VERAPAMIL HCL SR	TBCR	Preferred		No			

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
VERAPAMIL HYDROCHLORIDE	VERELAN	CP24			No		
	VERELAN PM	CP24			No		
Diabetes Drugs - Oral Hypoglycemics							
CHLORPROPAMIDE	CHLORPROPAMIDE	TABS			No		
GLIMEPIRIDE	AMARYL	TABS			No		
	GLIMEPIRIDE	TABS	Preferred		No		
GLIPIZIDE	GLIPIZIDE	TABS	Preferred		No		
	GLIPIZIDE ER	TB24	Preferred		No		
	GLIPIZIDE XL	TB24	Preferred		No		
	GLUCOTROL	TABS			No		
	GLUCOTROL XL	TB24			No		
GLYBURIDE	DIABETA	TABS			No		
	GLYBURIDE	TABS	Preferred		No		
	GLYBURIDE MICRONIZED	TABS	Preferred		No		
	GLYCRON	TABS			No		
	GLYNASE	TABS			No		
NATEGLINIDE	NATEGLINIDE	TABS			No		
	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		
Diabetes Drugs - Other							
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		
Diabetes Drugs - TZD							
PIOGLITAZONE HYDROCHLORIDE	ACTOS	TABS	Preferred		No		
ROSIGLITAZONE MALEATE	AVANDIA	TABS	Preferred		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		
ESTROPIPATE	ESTROPIPATE	TABS	Preferred		No		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
ESTROPIPATE	OGEN	TABS			No		
	ORTHO-EST	TABS			No		
Estrogen - Oral Combination							
DROSPIRENONE; ESTRADIOL	ANGELIQ	TABS			No		
ESTRADIOL; NORETHINDRONE ACETATE	ACTIVELLA	TABS			No		Activella 0.5mg/0.1mg only preferred
	ACTIVELLA	TABS	Preferred		No		Activella 0.5mg/0.1mg only preferred
	ESTRADIOL/NORETHINDRONE ACETATE	TABS	Preferred		No		
ESTRADIOL; NORGESTIMATE	PREFEST	TABS			No		
ESTROGENS, CONJUGATED; MEDROXYPROGESTERONE ACETATE	PREMPHASE	TABS			No		
	PREMPRO	TABS			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		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
ESTRADIOL	ESTRADIOL	PTWK			No		
	ESTROGEL	GEL			No		
	EVAMIST	SOLN		No TIP DAW	No		Not included in OHSU review, therefore not part of the PDL program.
	MENOSTAR	PTWK			No		
	VIVELLE-DOT	PTTW			No		
ESTRADIOL HEMIHYDRATE	ESTRASORB	EMUL			No		

Estrogen - Transdermal Combination

ESTRADIOL; LEVONORGESTREL	CLIMARA PRO	PTWK			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		No	No		Refill TIP exempt by law.
	PEGASYS	SOLN		No	No		Refill TIP exempt by law.
PEGINTERFERON ALFA-2B	PEG-INTRON	KIT	Preferred	No	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	KIT	Preferred	No	No		Refill TIP exempt by law.
	PEG-INTRON REDIPEN PAK 4	KIT	Preferred	No	No		Refill TIP exempt by law.
RIBAVIRIN	COPEGUS	TABS		No	No		Refill TIP exempt by law.
	REBETOL	CAPS		No	No		Refill TIP exempt by law.
	REBETOL	SOLN		No	No		Refill TIP exempt by law.
	RIBAPAK	TABS		No	No		Refill TIP exempt by law.
	RIBASPHERE	CAPS	Preferred	No	No		Refill TIP exempt by law.
	RIBASPHERE	TABS	Preferred	No	No		Refill TIP exempt by law.
	RIBAVIRIN	CAPS	Preferred	No	No		Refill TIP exempt by law.
	RIBAVIRIN	TABS	Preferred	No	No		Refill TIP exempt by law.
	VIRAZOLE	SOLR		No	No		Refill TIP exempt by law.

Insomnia

ESZOPICLONE	LUNESTA	TABS			Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
RAMELTEON	ROZEREM	TABS		No	Acute Use Only		P&T Committee Excluded from Class
ZALEPLON	SONATA	CAPS			Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
	ZALEPLON	CAPS	Preferred		Acute Use Only	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
ZALEPLON	ZALEPLON	CAPS	Preferred		Acute Use Only	For Insomnia, Limited to 30 days initial month, then 10 tab/30 days	
	ZALEPLON	CAPS	Preferred		Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
ZOLPIDEM TARTRATE	AMBIEN	TABS			Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
	AMBIEN CR	TBCR			Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
	EDLUAR	SUBL			Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	
	ZOLPIDEM TARTRATE	TABS	Preferred		Acute Use Only	For Insomnia, Limited to 30 tab/30 days initial month, then 10 tab/30 days	

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

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
AZITHROMYCIN DIHYDRATE	ZMAX	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	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
	ERYTHROMYCIN	CPEP	Preferred	No			P&T Committee did not allow TIP
	ERYTHROMYCIN BASE	TABS	Preferred	No			P&T Committee did not allow TIP
	PCE	TBEC		No			P&T Committee did not allow TIP
ERYTHROMYCIN ETHYLSUCCINATE	E.E.S. 400	TABS	Preferred	No			P&T Committee did not allow TIP
	E.E.S. GRANULES	SUSR	Preferred	No			P&T Committee did not allow TIP
	ERYPED 200	SUSR	Preferred	No			P&T Committee did not allow TIP
	ERYPED 400	SUSR	Preferred	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
	EXTAVIA	SOLR		No TIP DAW	No		Not included in OHSU review, therefore not part of the PDL program.
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					
CICLESONIDE	OMNARIS	SUSP		No TIP DAW			Not included in OHSU review, therefore not part of the PDL program.
FLUNISOLIDE	FLUNISOLIDE	SOLN	Preferred				

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
FLUTICASONE FUROATE	VERAMYST	SUSP		No TIP DAW			Not included in OHSU review, therefore not part of the PDL program.
FLUTICASONE PROPIONATE	FLONASE	SUSP					
	FLUTICASONE PROPIONATE	SUSP	Preferred				
MOMETASONE FUROATE MONOHYDRATE	NASONEX	SUSP				For patients 2-6 years old	
TRIAMCINOLONE ACETONIDE	NASACORT AQ	AERS	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	
	ZIPSOR	CAPS				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	
	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	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
DICLOFENAC SODIUM	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	
FLURBIPROFEN	FLURBIPROFEN	TABS				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	FLURBIPROFEN	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
IBUPROFEN	IBU	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	IBUPROFEN	TABS	Preferred				

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
IBUPROFEN	IBUPROFEN	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
INDOMETHACIN	INDOCIN	SUSP	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	INDOCIN SR	CPCR	Preferred			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 CR	CPCR	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	
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	

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
MELOXICAM	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	EC-NAPROSYN	TBEC				No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	EC-NAPROSYN	TBEC	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	
	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	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	
	TOLMETIN SODIUM	TABS	Preferred			No Hx of GI bleed or Ulcer; DAW1 does not override EPA	

Opioids - Long Acting

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
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 INTENSOL	CONC	Preferred				
	METHADOSE	CONC					
	METHADOSE	TABS					
	METHADOSE	TBSO					
	METHADOSE SUGAR-FREE	CONC					
MORPHINE SULFATE	AVINZA	CP24					
	KADIAN	CP24					
	MORPHINE SULFATE CR	TB12	Preferred				
	MORPHINE SULFATE ER	TB12	Preferred				
	MS CONTIN	TB12					

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
MORPHINE SULFATE	ORAMORPH SR	TB12					
MORPHINE SULFATE; NALTREXONE HYDROCHLORIDE	EMBEDA	CPCR		No TIP DAW			Not included in OHSU review, therefore not part of the PDL program.
OXYCODONE HYDROCHLORIDE	OXYCODONE HCL ER	TB12					
	OXYCONTIN	TB12					
OXYMORPHONE HYDROCHLORIDE	OPANA ER	TB12					

Overactive Bladder - Long Acting

DARIFENACIN HYDROBROMIDE	ENABLEX	TB24					
FESOTERODINE FUMARATE	TOVIAZ	TB24		No TIP DAW			Not included in OHSU review, therefore not part of the PDL program.
OXYBUTYNIN	OXYTROL	PTTW					
OXYBUTYNIN CHLORIDE	DITROPAN XL	TB24					
	GELNIQUE	GEL		No TIP DAW			Not included in OHSU review, therefore not part of the PDL program.
	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				

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
OXYBUTYNIN CHLORIDE	OXYBUTYNIN CHLORIDE	TABS	Preferred				
TOLTERODINE TARTRATE	DETROL	TABS					
Proton Pump Inhibitors							
DEXLANSOPRAZOLE	KAPIDEX	CPDR		No TIP DAW			Not included in OHSU review, therefore not part of the PDL program.
ESOMEPRAZOLE MAGNESIUM	NEXIUM	PACK					
ESOMEPRAZOLE MAGNESIUM TRIHYDRATE	NEXIUM	CPDR					
	NEXIUM	PACK					
LANSOPRAZOLE	LANSOPRAZOLE	CPDR	Preferred				
	PREVACID	CPDR					
	PREVACID 24HR	CPDR					
	PREVACID SOLUTAB	TBDP	Preferred			Unable to swallow oral tablets/capsules	
OMEPRAZOLE	OMEPRAZOLE	CPDR	Preferred				
	OMEPRAZOLE	TBEC	Preferred				
	OMEPRAZOLE	TBEC	Preferred				otc omeprazole
	PRILOSEC	CPDR					
OMEPRAZOLE MAGNESIUM	PRILOSEC	PACK					
	PRILOSEC OTC	TBEC	Preferred				
OMEPRAZOLE; SODIUM BICARBONATE	ZEGERID	CAPS					
	ZEGERID	PACK					

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
PANTOPRAZOLE SODIUM SESQUIHYDRATE	PANTOPRAZOLE SODIUM	TBEC					
	PROTONIX	PACK					
	PROTONIX	TBEC					
RABEPRAZOLE SODIUM	ACIPHEX	TBEC					
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					
METAXALONE	SKELAXIN	TABS					
METHOCARBAMOL	METHOCARBAMOL	TABS	Preferred				
	ROBAXIN	TABS					
	ROBAXIN-750	TABS					

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
ORPHENADRINE CITRATE	ORPHENADRINE CITRATE ER	TB12					

Skeletal Muscle Relaxant - Antispasticity

BACLOFEN	BACLOFEN	TABS	Preferred				
	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		
ROSUVASTATIN CALCIUM	CRESTOR	TABS	Preferred		No		
SIMVASTATIN	SIMVASTATIN	TABS	Preferred		No		
	ZOCOR	TABS			No		

Targeted Immune Modulator (TIM)

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
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
	HUMIRA PEN-PSORIASIS STARTER	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
ETANERCEPT	ENBREL	KIT	Preferred	No	No	Rheumatoid Arthritis, JRA, Ankylosing Spondylitis, Psoriatic Arthritis, & Plaque Psoriasis	P&T Committee did not allow TIP
	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

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
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
Triptan (Migraine Headache)							
ALMOTRIPTAN MALATE	AXERT	TABS			No		
ELETRIPTAN HYDROBROMIDE	RELPAK	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		
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		

Ingredient	Trade Name	Dosage Form	WA PDL Status	Subject to TIP	Covered by LNI	EPA	Comments
ZOLMITRIPTAN	ZOMIG	SOLN	Preferred		No		
	ZOMIG	TABS	Preferred		No		
	ZOMIG ZMT	TBDP	Preferred		No		