



**COMMUNITY
HEALTH NETWORK**
of Washington™

Cascade Select

powered by



COMMUNITY HEALTH PLAN
of Washington™



2021

**Community Health Network of Washington
Cascade Select Prescription Drug Formulary**

Gold Silver Bronze

Community Health Network of Washington Cascade Select Formulary

This document includes a list of covered drugs (formulary) which is current as of 12/01/2020. For updated formulary or other questions, please contact Community Health Network of Washington at 1-866-907-1906 (TTY: Dial 711), Monday through Friday, from 8 a.m. to 5 p.m. PST, or visit cascadeselect.org. To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the Evidence of Coverage (EOC) and Community Health Network of Washington Cascade Select Pharmacy Directory.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Community Health Network of Washington. When it refers to “plan” or “our plan,” it means Community Health Network of Washington Cascade Select.

Community Health Network of Washington Cascade Select formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan Participating (Network) Pharmacy, and other plan rules are followed. The formulary is searchable on the website at <https://www.cascadeselect.org/member-center/member-resources/prescription-drug-coverage/>. Drugs that are not on our formulary may be covered through the formulary exception process. Please refer to the EOC or contact us for more information.

The formulary may change at any time. For updates regarding periodic changes to the formulary and other pharmaceutical management programs, please check our website at <https://www.cascadeselect.org/member-center/member-resources/prescription-drug-coverage/>

There are two ways to find your drug within the formulary. The drugs in this formulary are grouped by therapeutic class and an alphabetical index is included at the end of this document to assist in locating specific drugs.

Your Prescription Drugs benefit requires you to pay a cost-share of either a copay or coinsurance for each separate new prescription or refill you get from a Participating Pharmacy. Please check your benefit for coverage limitations and your share of cost for your drugs.

This Prescription Drug Benefit has four Tiers

<p>Tier 1 Generic Formulary Drugs</p>	<p>Generic drugs that are on CHNW’s current Formulary.</p>
<p>Tier 2 Preferred Brand-Name Formulary Drugs</p>	<p>Brand-Name Drugs that are on CHNW’s current Formulary, and are preferred by CHNW.</p>
<p>Tier 3 Non-Preferred Brand-Name Formulary Drugs</p>	<p>Brand-Name Drugs that are included on CHNW’s current Formulary, but are not preferred by CHNW.</p>
<p>Tier 4 Specialty Drugs</p>	<p>High-cost drugs that are used to treat complex, rare or chronic conditions and often require special handling, storage, administration or patient monitoring.</p>

Dispensing Limit

Tier 1 and Tier 2 drugs are available at up to a 90-day supply at participating retail pharmacies and our mail order pharmacy. Cost-shares are payable upon dispensing. This benefit provides up to a 30-day supply on Tier 3 and Tier 4 drugs. Cost-shares are payable upon dispensing.

Requirements or limits on coverage

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don’t get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for simvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at <https://www.cascadeselect.org/member-center/member-resources/prescription-drug-coverage/>.

Prior Authorization

To promote the most appropriate utilization, selected high-risk or high-cost medications require prior authorization to be eligible for coverage. Prior authorization criteria have been developed using current, published, peer-reviewed medical literature, as well as input from local providers. The formulary medications that require prior authorization are identified by a “PA” following their name. Most authorizations are good for one year; after that, the drugs listed here will need to be reauthorized. Drugs may be added or deleted from this list as deemed necessary.

Prior Authorization Requests:

Non-Formulary and Prior Authorization requests must be directed to:

Express Scripts

Attn: Prior Authorization

P.O. Box 66588

St. Louis, MO 63166-6588

Phone: 1-800-753-2851

Fax: 877-251-5896

Electronic Prior Authorization requests can be submitted through: www.express-scripts.com/PA

Anticancer prescription coverage:

Your cost-sharing amounts for orally administered and self-administered anticancer drugs or chemotherapy will be at least comparable to coverage for anticancer medication or chemotherapy that is administered intravenously or by injection by a health care provider or facility.

Insulin prescription coverage:

Prescription drug coverage of insulin drugs for the treatment of diabetes is capped at an amount not to exceed one hundred dollars per 30-day supply of the drug. Prescription insulin drugs are covered without being subject to a deductible, and any cost sharing paid by an enrollee will be applied toward the enrollee's deductible obligation.

OTC Medications

Drugs and medicines that may be lawfully obtained over-the-counter (“OTC”) without a prescription are excluded, unless otherwise stated in this benefit. Please check our website for more information on covered OTC products when prescribed by a practitioner with a valid prescription.

Prescription Eye Drop Refills

Based on the judgement of the dispensing pharmacist, this benefit will allow one early refill of a prescription eye drop after 70 percent of the predicted days of use from the last dispense date. The pharmacist authorization will be allowed without requiring consultation with a physician or obtaining a new prescription or refill from a physician provided that the refill is not in excess of the original number of refills prescribed by the physician.

Prescription Medication Synchronization

To facilitate appropriate coordination of medication refills for a patient taking two or more medications, this benefit allows for medication synchronization of new medications in quantities necessary to achieve medication synchronization with other medications. Medication synchronization allows for prescription fills of more or less than a one-month supply in order to

synchronize future refills with other routine medications. Applicable copays and coinsurance will be adjusted if less than a standard refill amount is provided during medication synchronization.

Preventive Medications under the Affordable Care Act (ACA)

The following medications are covered under the Affordable Care Act (ACA) without any cost sharing when prescribed in accordance with recommendations by the U.S. Preventive Services Task Force. Please note that age, dose, quantity and clinical restrictions may apply. Please check our website for more information.

- Aspirin
- Bowel Preparation Agents
- Breast Cancer Prevention:
 - Tamoxifen
 - Raloxifene
 - Anastrozole
 - Exemestane
- Contraceptives
- Fluoride
- Folic acid
- HIV Pre-exposure prophylaxis (PrEP):
 - Combined tenofovir disoproxil fumarate emtricitabine (Truvada)
 - Tenofovir disoproxil fumarate
- Immunizations when administered by a pharmacist
- Smoking Cessation:
 - Bupropion SR
 - Varenicline
 - Nicotine Replacement
- Cardiovascular disease prevention:
 - Atorvastatin
 - Fluvastatin
 - Lovastatin
 - Pravastatin
 - Rosuvastatin

If you were charged a cost share for any of the medications above while taking them for preventive reasons or reasons that are in accordance with the recommendations of the U.S. Preventive Services Task Force you may request a cost-share [copay] review and request reimbursement. A cost-share [copay] review may be required for certain preventive medications to qualify for zero copay. To request a cost-share [copay] review, you or your authorized representative must submit a request in writing and mail or fax it to:

Express Scripts
Attn: Benefit Coverage Review Department
PO Box-66588
St Louis, MO 63166- 6588
Fax: 877-251-5896

Specialty Drug Prescription Benefit

The Specialty Drug Prescription benefit only applies to Specialty Drugs in Tier 4, dispensed by Participating Specialty Pharmacies. Specialty Drugs are high-cost drugs that are used to treat complex, rare or chronic conditions and often require special handling, storage, administration or patient monitoring. Specialty Drugs can be oral or self-administered injectable drugs to treat conditions such as rheumatoid arthritis, hepatitis, multiple sclerosis, cancer or growth disorders (excluding idiopathic short stature without growth hormone deficiency).

Participating Specialty Pharmacies specialize in the delivery and clinical management of Specialty Drugs. You and your health care provider must work with our Participating Specialty Pharmacies to arrange ordering and delivery of these drugs

- **Participating Specialty Pharmacy:**

Specialty Drugs in Tier 4 must be dispensed through a Participating Specialty Pharmacy. Your Out-of-Pocket expenses for Specialty Drugs will count toward your calendar year Out-of-Pocket Maximum if dispensed by a Participating Specialty Pharmacy.

- **Non-Participating Specialty Pharmacy:**

You will pay full price if the prescription is filled by a Non-Participating Specialty Pharmacy. Your Out-of-Pocket expenses for Specialty Drugs will not count toward your calendar year Out-of-Pocket Maximum if dispensed by a Non-Participating Specialty Pharmacy.

Please note: Specialty Drugs that are administered under the supervision of a physician, through home infusion or within a medical facility, are part of your medical benefits. Specific prior authorization guidelines may apply. Please refer to your plan's Evidence of Coverage (EOC).

Please note: This plan will only cover Specialty Drugs that are dispensed by our Participating Specialty Pharmacies. If you need a list of Participating Specialty Pharmacies, covered under this Specialty Drug Prescription benefit, please call us at 1-866-907-1906 (TTY: Dial 711).

List of Abbreviations

ACA: Preventive medication under Affordable Care Act

PA: Prior Authorization

QL: Quantity Limit

ST: Step Therapy

Community Health Network of Washington Cascade Select Formulario

Este documento incluye una lista de medicamentos cubiertos (formulario) que rige a partir del 01/12/2020. Para obtener un formulario actualizado o por otras consultas, póngase en contacto con Community Health Network of Washington al 1-866-907-1906 (TTY: marque 711) de lunes a viernes, de 8:00 a. m. a 5:00 p. m. (hora del pacífico), o visite cascadeselect.org. Para obtener una descripción completa de su cobertura de medicamentos con receta, incluido cómo surtir sus recetas, consulte la Evidencia de cobertura (EOC) y el Directorio de Farmacias de Community Health Network of Washington Cascade Select.

Cuando esta lista de medicamentos (formulario) dice “nosotros” “nos” o “nuestro”, hace referencia a Community Health Network of Washington. Cuando menciona “plan” o “nuestro plan”, se refiere a Community Health Network of Washington Cascade Select.

Un formulario de Community Health Network of Washington Cascade Select es una lista de medicamentos cubiertos seleccionados por nuestro plan, en colaboración con un equipo de proveedores de atención médica, que representa las terapias con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Generalmente nuestro plan cubre los medicamentos que se mencionan en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la receta se presente en una Farmacia Participante y se cumpla con otras normas del plan. El formulario se puede buscar en el sitio web <https://www.cascadeselect.org/member-center/member-resources/prescription-drug-coverage/>. Los medicamentos que no están en nuestro formulario pueden estar cubiertos a través de un proceso de excepción del formulario. Consulte la EOC o comuníquese con nosotros para obtener más información.

El formulario puede variar en cualquier momento. Para ver las actualizaciones respecto de los cambios periódicos al formulario y otros programas de manejo farmacéutico, consulte nuestro sitio web <https://www.cascadeselect.org/member-center/member-resources/prescription-drug-coverage/>

Existen dos maneras de encontrar su medicamento dentro del formulario. Los medicamentos en este formulario están agrupados por clase terapéutica y se incluye un índice alfabético al final de este documento para ayudarle a encontrar medicamentos específicos.

Su beneficio de Medicamentos Recetados requiere que usted pague una parte del costo de un copago o coseguro por cada receta nueva separada o repetición que reciba de una Farmacia Participante. Por favor revise su beneficio para ver las limitaciones de cobertura y su parte del costo de sus medicamentos.

Este Beneficio de Medicamentos Recetados tiene cuatro Niveles

<p>Nivel 1 Medicamentos Genéricos del Formulario</p>	<p>Medicamentos genéricos que están en nuestro Formulario actual de CHNW.</p>
<p>Nivel 2 Medicamentos del Formulario de Marca Preferida.</p>	<p>Medicamentos de marca que están en el formulario actual de CHNW, y son preferidos por CHNW.</p>
<p>Nivel 3 Medicamentos de Marca No Preferida Medicamentos del Formulario</p>	<p>Medicamentos de marca que están incluidos en el formulario actual de CHNW, pero no son preferidos por CHNW.</p>
<p>Nivel 4 Medicamentos de Especialidad</p>	<p>Medicamentos de alto costo que se utilizan para tratar condiciones complejas, raras o crónicas y a menudo requieren un manejo, almacenamiento, administración o monitoreo especial del paciente.</p>

Límite de Suministro

Los medicamentos de nivel 1 y 2 están disponibles en un suministro de hasta 90 días en las farmacias minoristas participantes y en nuestra farmacia de pedidos por correo. Los costos compartidos se pagan en el momento de la entrega. Este beneficio proporciona hasta un suministro de 30 días en medicamentos de nivel 3 y 4. Los costos compartidos se pagan en el momento de la entrega.

Requisitos o límites de cobertura

Algunos medicamentos cubiertos tienen requisitos adicionales o límites en la cobertura. Estos requisitos pueden incluir lo siguiente:

- **Autorización previa:** Nuestro plan requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener nuestra aprobación antes de surtir sus recetas. Si usted no obtiene la aprobación, puede que nuestro plan no cubra el medicamento.
- **Límites de cantidades:** para ciertos medicamentos, nuestro plan limita la cantidad de medicamento que cubriremos. Por ejemplo, nuestro plan ofrece 30 comprimidos por receta de simvastatina. Esto puede ser adicional a un suministro estándar de uno o tres meses.
- **Tratamiento escalonado:** en algunos casos, nuestro plan requiere que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para su afección. Por ejemplo, si el medicamento A y el medicamento B tratan la misma afección médica, es posible que no cubramos el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento A no funciona para usted, entonces nuestro plan cubrirá el medicamento B.

Puede averiguar si su medicamento tiene límites o requisitos adicionales al consultar el formulario. También puede obtener más información sobre las restricciones que se aplican a medicamentos

cubiertos específicos si visita nuestro sitio web <https://www.cascadeselect.org/member-center/member-resources/prescription-drug-coverage/>

Autorización previa

Para promover la utilización más adecuada, los medicamentos seleccionados de alto riesgo o de alto costo requieren autorización previa para ser elegibles para la cobertura. Se han elaborado criterios de autorización previa utilizando literatura médica actual, publicada y revisada por pares, así como aportaciones de proveedores locales. Los medicamentos del formulario que requieren autorización previa se identifican mediante un "PA" después de su nombre. La mayoría de las autorizaciones tienen un año de validez; después de eso, los medicamentos de esta lista tendrán que ser reautorizados. Se pueden añadir o eliminar medicamentos de esta lista según se considere necesario.

Solicitudes de Autorización Previa:

Las solicitudes de autorización previa y de medicamentos que no están en el formulario deben dirigirse a:

Express Scripts

Attn: Autorización Previa

P.O. Box 66588

St. Louis, MO 63166-6588

Teléfono: 1-800-753-2851

Fax: 877-251-5896

Las solicitudes electrónicas de autorización previa pueden presentarse en: www.express-scripts.com/PA

Cobertura de recetas contra el cáncer:

Sus cantidades de costo compartido para medicamentos anticancerígenos administrados por vía oral y autoadministrados o quimioterapia serán al menos comparables a la cobertura de medicamentos anticancerígenos o quimioterapia que se administra por vía intravenosa o por inyección por un proveedor de atención médica o centro.

Cobertura de recetas de insulina:

La cobertura de medicamentos recetados de medicamentos de insulina para el tratamiento de la diabetes está limitada a una cantidad que no debe exceder de cien dólares por 30 días de suministro de la droga. Los medicamentos de insulina recetados están cubiertos sin estar sujetos a un deducible, y cualquier costo compartido pagado por un afiliado se aplicará a la obligación deducible del afiliado.

Medicamentos de venta libre (OTC)

Los medicamentos y medicamentos que se pueden obtener legalmente sin receta ("OTC") están excluidos, a menos que se indique lo contrario en este beneficio. Consulte nuestro sitio web para obtener más información.

Repetición de receta de gotas oftálmicas

Según el juicio del farmacéutico dispensador, este beneficio permitirá una repetición temprana de receta de gotas oftálmicas prescritas después del 70 por ciento de los días de uso previstos a partir de la última fecha de dispensación. Se permitirá la autorización del farmacéutico sin necesidad de consultar con un médico u obtener una nueva receta o repetición de receta de un médico siempre que la repetición no sea superior al número original de repeticiones prescritas por el médico.

Sincronización de Medicamentos Recetados

Para facilitar la coordinación adecuada de las repeticiones de medicamentos para un paciente que toma dos o más medicamentos, este beneficio permite la sincronización de nuevos medicamentos en cantidades necesarias para lograr la sincronización de unos medicamentos con otros. La sincronización de medicamentos permite repeticiones de recetas de más o menos de un suministro de un mes con el fin de sincronizar futuras repeticiones con otros medicamentos de rutina. Los copagos y coseguros aplicables se ajustarán si se proporciona menos de una cantidad de repetición estándar durante la sincronización de medicamentos.

Medicamentos Preventivos bajo la Affordable Care Act (ACA)

Los siguientes medicamentos están cubiertos por Affordable Care Act sin costo compartido cuando se prescribe de acuerdo con las recomendaciones del Grupo de Tareas de Servicios Preventivos de los Estados Unidos. Tenga en cuenta que pueden aplicarse restricciones de edad, dosis, cantidad y clínicas. Consulte nuestro sitio web para obtener más información.

- Aspirina
- Agentes de preparación intestinal.
- Prevención de cáncer de mama:
 - Tamoxifeno
 - Raloxifeno
 - Anastrozol
 - Exemestane
- Anticonceptivos
- Flúor
- Ácido fólico
- Profilaxis de la pre-exposición del VIH (PrEP):
 - Tenofovir disoproxil fumarato combinado emtricitabina (Truvada)
 - Tenofovir disoproxil fumarato
- Inmunizaciones cuando las aplica un farmacéutico
- Cesación Tabáquica
 - Bupropion SR
 - Vareniclina
 - Reemplazo de nicotina
- Prevención de enfermedades cardiovasculares:
 - Atorvastatina
 - Fluvastatina
 - Lovastatina
 - Pravastatina
 - Rosuvastatina

Si se le cobra un costo compartido por algún medicamento de los mencionados anteriormente mientras lo toma con fines preventivos o por motivos que están de acuerdo con las recomendaciones del Grupo de Tareas de Servicios Preventivos de los Estados Unidos, puede solicitar una revisión del costo compartido [copago] y solicitar el reembolso. Es posible que se requiera una revisión de costo compartido [copago] para que ciertos medicamentos preventivos califiquen para un copago cero. Para solicitar una revisión de costo compartido [copago], usted o

su representante autorizado deben componer una solicitud por escrito y enviarla por correo o por fax a:

Express Scripts
Attn: Benefit Coverage Review Department
PO Box 66588
St Louis, MO 63166-6588
Fax: 877-251-5896

Beneficio de Prescripción de Medicamentos de Especialidad

El beneficio de Prescripción de Medicamentos de Especialidad sólo se aplica a los Medicamentos de Especialidad de Nivel 4, dispensados por las Farmacias de Especialidad Participantes. Los Medicamentos de Especialidad son medicamentos de alto costo que se utilizan para tratar condiciones complejas, raras o crónicas y a menudo requieren un manejo, almacenamiento, administración o monitoreo especial del paciente. Los Medicamentos de Especialidad pueden ser medicamentos inyectables orales o autoadministrados para tratar afecciones como artritis reumatoide, hepatitis, esclerosis múltiple, cáncer o trastornos del crecimiento (excluyendo la estatura baja idiopática sin deficiencia de hormona de crecimiento).

Las Farmacias de Especialidad Participantes se especializan en la entrega y manejo clínico de Medicamentos de Especialidad. Usted y su proveedor de atención médica deben trabajar con nuestras Farmacias de Especialidad Participantes para organizar el pedido y la entrega de estos medicamentos.

- **Farmacia de Especialidad Participante:**

Los Medicamentos de Especialidad de Nivel 4 deben ser dispensados a través de una Farmacia de Especialidad Participante. Sus gastos de bolsillo para Medicamentos de Especialidad contarán para su máximo de bolsillo del año calendario si son dispensados por una Farmacia de Especialidad Participante.

- **Farmacia de Especialidad No Participante:**

Usted pagará el total del precio si presenta la receta en una Farmacia de Especialidad No Participante. Sus gastos de bolsillo para Medicamentos de Especialidad no contarán para su máximo de bolsillo del año calendario si son dispensados por una Farmacia de Especialidad No Participante.

Tenga en cuenta lo siguiente: Los Medicamentos de Especialidad que se administran bajo la supervisión de un médico, a través de una infusión en el hogar o dentro de un centro médico, son parte de sus beneficios médicos. Pueden aplicarse pautas específicas de autorización previa. Consulte la Evidencia de Cobertura (EOC) de su plan.

Tenga en cuenta lo siguiente: Este plan solo cubrirá los Medicamentos de Especialidad que son dispensados por nuestras Farmacias de Especialidad Participantes. Si necesita una lista de Farmacias de especialidad participantes, cubiertas por este beneficio de medicamentos de Especialidad, llámenos al 1-866-907-1906 (TTY: marque 711).

Lista de Abreviaturas

ACA: Medicamentos preventivos bajo Affordable Care Act

PA: Autorización Previa

QL: Límite de cantidades

ST: Tratamiento escalonado

**COMMUNITY HEALTH PLAN OF
WASHINGTON**

2021 Cascade Select Drug Formulary

CURRENT AS OF 12/1/2020

Community Health Plan of Washington	Drug Tier	Limits
ANALGESIC, ANTI- INFLAMMATOR Y OR ANTIPYRETIC		
ANALGESIC OPIOID AGONISTS		
codeine sulfate oral tablet	1	
DISKETS	1	ST
fentanyl	1	ST; QL (15 EA per 30 days)
fentanyl citrate buccal lozenge on a handle	1	ST; QL (90 EA per 90 days)
hydrocodone bitartrate	1	ST; QL (90 EA per 30 days)
hydromorphone oral liquid	1	
hydromorphone oral tablet	1	
hydromorphone oral tablet extended release 24 hr	1	ST; QL (60 EA per 30 days)
hydromorphone rectal	1	
levorphanol tartrate oral tablet 2 mg	1	
methadone oral concentrate	1	ST
methadone oral solution	1	ST
methadone oral tablet	1	ST
methadone oral tablet,soluble	1	ST
METHADOSE ORAL CONCENTRATE	1	ST

Community Health Plan of Washington	Drug Tier	Limits
METHADOSE ORAL TABLET,SOLUBLE	1	ST
morphine concentrate oral solution	1	
morphine oral capsule, er multiphase 24 hr	1	ST; QL (60 EA per 30 days)
morphine oral capsule,extend.release pellets	1	ST; QL (90 EA per 30 days)
morphine oral solution	1	
morphine oral tablet	1	
morphine oral tablet extended release	1	ST; QL (120 EA per 30 days)
morphine rectal	1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	3	ST; QL (60 EA per 30 days)
oxycodone oral capsule	1	
oxycodone oral concentrate	1	
oxycodone oral solution	1	
oxycodone oral tablet	1	
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG	3	ST; QL (90 EA per 30 days)
oxymorphone oral tablet	1	
oxymorphone oral tablet extended release 12 hr	1	ST; QL (90 EA per 30 days)
tramadol oral tablet 50 mg	1	QL (240 EA Max Qty Per Fill Retail)
tramadol oral tablet extended release 24 hr	1	ST; QL (30 EA Max Qty Per Fill Retail)
tramadol oral tablet, er multiphase 24 hr	1	ST; QL (30 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ANALGESIC OPIOID CODEINE COMBINATIONS		
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg/12.5 ml	1	
acetaminophen-codeine oral tablet	1	
ASCOMP WITH CODEINE	1	
BUTALBITAL COMPOUND W/CODEINE	1	
butalbital-acetaminop- caf-cod	1	
codeine-butalbital-asa- caff	1	
ANALGESIC OPIOID DIHYDROCODEINE COMBINATIONS		
acetaminophen-caff- dihydrocod oral capsule	1	
acetaminophen-caff- dihydrocod oral tablet 325-30-16 mg	1	
DVORAH	1	
ANALGESIC OPIOID DIHYDROCODEINE, NON-SALICYLATE ANALGESIC, XANTHINE		
acetaminophen-caff- dihydrocod oral capsule	1	
acetaminophen-caff- dihydrocod oral tablet 325-30-16 mg	1	

Community Health Plan of Washington	Drug Tier	Limits
DVORAH	1	
ANALGESIC OPIOID HYDROCODONE AND NON-SALICYLATE COMBINATIONS		
hydrocodone- acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	1	
hydrocodone- acetaminophen oral tablet 10-300 mg, 10- 325 mg, 5-300 mg, 5- 325 mg, 7.5-300 mg, 7.5-325 mg	1	
LORCET HD	1	
ANALGESIC OPIOID HYDROCODONE AND NSAID COMBINATIONS		
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
ANALGESIC OPIOID HYDROCODONE COMBINATIONS		
hydrocodone- acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	1	
hydrocodone- acetaminophen oral tablet 10-300 mg, 10- 325 mg, 5-300 mg, 5- 325 mg, 7.5-300 mg, 7.5-325 mg	1	

Community Health Plan of Washington	Drug Tier	Limits
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
LORCET HD	1	
ANALGESIC OPIOID OXYCODONE AND NON-SALICYLATE COMBINATIONS		
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
PROLATE	1	
ANALGESIC OPIOID OXYCODONE AND NSAID COMBINATIONS		
ibuprofen-oxycodone	1	
ANALGESIC OPIOID OXYCODONE AND SALICYLATE COMBINATIONS		
oxycodone-aspirin	1	
ANALGESIC OPIOID OXYCODONE COMBINATIONS		
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	
ibuprofen-oxycodone	1	

Community Health Plan of Washington	Drug Tier	Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
oxycodone-aspirin	1	
PROLATE	1	
ANALGESIC OPIOID PARTIAL-MIXED AGONISTS		
buprenorphine	1	ST
butorphanol injection	1	
butorphanol nasal	1	QL (5 ML per 28 days)
ANALGESIC OPIOID TRAMADOL AND NON-SALICYLATE COMBINATIONS		
tramadol-acetaminophen	1	QL (240 EA Max Qty Per Fill Retail)
ANALGESIC OPIOID TRAMADOL COMBINATIONS		
tramadol-acetaminophen	1	QL (240 EA Max Qty Per Fill Retail)
ANALGESIC OR ANTIPYRETIC NON-OPIOID/SEDATIVE COMBINATIONS		
butalbital-acetaminophen	1	
butalbital-acetaminophen-caff oral capsule	1	

Community Health Plan of Washington	Drug Tier	Limits
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
TENCON ORAL TABLET 50-325 MG	1	
VTOL LQ	1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	1	
ANTI-INFLAMMATORY - INTERLEUKIN-1 BETA BLOCKERS		
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, NON-SELECTIVE		
ENBREL MINI	4	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; QL (8 EA per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; QL (4 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
ENBREL SURECLICK	4	PA; QL (4 ML per 28 days)
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, TNF-ALPHA SEL		
HUMIRA	4	PA; QL (2 EA per 28 days)
HUMIRA PEN	4	PA; QL (2 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL (6 EA per 365 days)
HUMIRA PEN PSOR- UVEITS-ADOL HS	4	PA; QL (4 EA per 365 days)
HUMIRA(CF)	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (2 EA per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
INFLECTRA	4	PA

Community Health Plan of Washington	Drug Tier	Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 ML per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 ML per 30 days)
DMARD - ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS		
ENBREL MINI	4	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; QL (8 EA per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; QL (4 ML per 28 days)
ENBREL SURECLICK	4	PA; QL (4 ML per 28 days)
HUMIRA	4	PA; QL (2 EA per 28 days)
HUMIRA PEN	4	PA; QL (2 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL (6 EA per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	4	PA; QL (4 EA per 365 days)
HUMIRA(CF)	4	PA; QL (2 EA per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
INFLECTRA	4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 ML per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 ML per 30 days)
DMARD - ANTIMALARIALS		
hydroxychloroquine	1	QL (30 EA per 365 days)
DMARD - ANTIMETABOLITES		
methotrexate sodium oral	1	
DMARD - B CELL TARGETED AGENTS		
RITUXAN	4	PA
TRUXIMA	4	PA
DMARD - GOLD COMPOUNDS		
RIDAURA	2	

Community Health Plan of Washington	Drug Tier	Limits
DMARD - IMMUNOSUPPRESSIVES		
azathioprine	1	
cyclophosphamide oral capsule	1	
cyclosporine modified	1	
cyclosporine oral capsule	1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	
GENGRAF ORAL SOLUTION	1	
mycophenolate mofetil	1	
SANDIMMUNE ORAL SOLUTION	2	
DMARD - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS, MONOCLONAL ANTIBODY		
ACTEMRA ACTPEN	4	PA; QL (2 ML per 28 days)
ACTEMRA INTRAVENOUS	4	PA
ACTEMRA SUBCUTANEOUS	4	PA; QL (2 ML per 28 days)
DMARD - JANUS KINASE (JAK) INHIBITORS		
RINVOQ	4	PA; QL (30 EA Max Qty Per Fill Retail)
XELJANZ ORAL TABLET 5 MG	4	PA; QL (60 EA Max Qty Per Fill Retail)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
DMARD - OTHER		
minocycline oral capsule	1	
minocycline oral tablet	1	
penicillamine	1	PA
sulfasalazine	1	
DMARD - PHOSPHODIESTERASE-4 (PDE4) INHIBITORS		
OTEZLA	4	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL (55 EA per 365 days)
DMARD - PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide	1	QL (30 EA Max Qty Per Fill Retail)
IMMUNOMODULATOR B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITOR MCAB		
BENLYSTA INTRAVENOUS	4	PA
BENLYSTA SUBCUTANEOUS	4	PA; QL (4 ML per 28 days)
NSAID ANALGESIC AND PROSTAGLANDIN ANALOG COMBINATIONS		
diclofenac-misoprostol	1	

Community Health Plan of Washington	Drug Tier	Limits
NSAID ANALGESIC AND PROTON PUMP INHIBITOR COMBINATIONS		
naproxen-esomeprazole	1	ST
NSAID ANALGESIC, CYCLOOXYGEN ASE-2 (COX-2) SELECTIVE INHIBITORS		
celecoxib	1	ST
NSAID ANALGESICS (COX NON-SPECIFIC) - ANTHRANILIC ACID DERIVATIVES		
meclofenamate	1	
mefenamic acid	1	
NSAID ANALGESICS (COX NON-SPECIFIC) - OTHER		
ketorolac oral	1	QL (20 EA Max Qty Per Fill Retail)
nabumetone	1	
sulindac	1	
tolmetin oral capsule	1	ST
tolmetin oral tablet 200 mg	1	
tolmetin oral tablet 600 mg	1	ST

Community Health Plan of Washington	Drug Tier	Limits
NSAID ANALGESICS (COX NON-SPECIFIC) - OXICAM DERIVATIVES		
meloxicam oral tablet 15 mg	1	
meloxicam oral tablet 7.5 mg	1	QL (30 EA Max Qty Per Fill Retail)
piroxicam	1	
NSAID ANALGESICS (COX NON-SPECIFIC) - PHENYLACETIC ACID DERIVATIVES		
diclofenac potassium	1	
diclofenac sodium oral	1	
NSAID ANALGESICS (COX NON-SPECIFIC) - PROPIONIC ACID DERIVATIVES		
fenoprofen oral tablet	1	ST
flurbiprofen oral tablet 100 mg	1	
IBU	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ketoprofen oral capsule 25 mg	1	ST
ketoprofen oral capsule 50 mg, 75 mg	1	

Community Health Plan of Washington	Drug Tier	Limits
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	ST
naproxen oral suspension	1	ST
naproxen oral tablet	1	
naproxen oral tablet,delayed release (dr/ec)	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr	1	ST
oxaprozin	1	
NSAID ANALGESICS, (COX NON-SPECIFIC) - INDOLE ACETIC ACID DERIVATIVES		
etodolac	1	
indomethacin oral	1	
SALICYLATE ANALGESIC AND SEDATIVE COMBINATIONS		
butalbital-aspirin-caffeine	1	
SALICYLATE ANALGESIC COMBINATIONS		
choline,magnesium salicylate	1	
SALICYLATE ANALGESICS		
ASPIRIN LOW DOSE	1	ACA
aspirin oral tablet	1	ACA
aspirin oral tablet,chewable	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	1	ACA
ASPIR-TRIN	1	ACA
BAYER ASPIRIN	1	ACA
CHILDREN'S ASPIRIN	1	ACA
diflunisal	1	
E.C. PRIN	1	ACA
ECOTRIN	1	ACA
ECOTRIN LOW STRENGTH	1	ACA
LITE COAT ASPIRIN	1	ACA
salsalate	1	
ST JOSEPH ASPIRIN	1	ACA
ANESTHETICS		
LOCAL ANESTHETIC - AMIDES		
lidocaine hcl laryngotracheal	1	
lidocaine topical ointment	1	QL (50 GM per 28 days)
LTA PRE-ATTACHED	1	
ANORECTAL PREPARATIONS		
ANAL FISSURE PAIN/TREATMENT AGENTS - NITRATES		
RECTIV	2	
ANORECTAL - GLUCOCORTICOIDS		
ANUCORT-HC	1	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	1	
hydrocortisone acetate rectal	1	

Community Health Plan of Washington	Drug Tier	Limits
hydrocortisone topical cream with perineal applicator	1	
PROCTO-MED HC	1	
PROCTO-PAK	1	
PROCTOSOL HC TOPICAL	1	
PROCTOZONE-HC	1	
ANORECTAL - HEMORRHOIDAL RECTAL GLUCOCORTICOID-LOCAL ANESTHETIC COMB		
hydrocortisone-pramoxine rectal	1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1	
lidocaine hcl-hydrocortison ac rectal kit	1	
lidocaine-hydrocortisone-aloe rectal gel	1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	1	
ANTIDOTES AND OTHER REVERSAL AGENTS		
ANTIDOTE - ACETAMINOPHEN POISONING		
acetylcysteine	1	
CHELATING AGENTS - COPPER		
CLOVIQUE	1	PA

Community Health Plan of Washington	Drug Tier	Limits
penicillamine	1	PA
trientine	1	PA
CHELATING AGENTS - IRON		
deferasirox	4	PA
FERRIPROX	4	PA
CHELATING AGENTS - LEAD POISONING		
CHEMET	2	PA
MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING		
MOVANTIK	2	QL (30 EA Max Qty Per Fill Retail)
RELISTOR ORAL	2	ST
RELISTOR SUBCUTANEOUS SOLUTION	2	ST
RELISTOR SUBCUTANEOUS SYRINGE	2	ST
OPIOID REVERSAL AGENTS - OPIOID ANTAGONISTS		
naloxone injection solution	1	
naloxone injection syringe	1	
naltrexone	1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL (2 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ANTI- INFECTIVE AGENTS		
AMEBICIDES		
paromomycin	1	
AMINOGLYCOSIDE ANTIBIOTIC		
ARIKAYCE	4	PA
neomycin	1	
AMINOPENICILLIN ANTIBIOTIC - BETA-LACTAMASE INHIBITOR COMBINATIONS		
amoxicillin-pot clavulanate	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AMINOPENICILLIN ANTIBIOTIC		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet, chewable 125 mg, 250 mg	1	
ampicillin oral capsule 500 mg	1	
ANTHELMINTIC AGENTS - BENZIMIDAZOLE DERIVATIVES		
albendazole	1	QL (120 EA per 30 days)
EMVERM	2	QL (6 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
ANTHELMINTIC AGENTS - MACROCYCLIC LACTONES		
ivermectin oral	1	QL (20 EA per 30 days)
ANTHELMINTIC AGENTS OTHER		
ivermectin oral	1	QL (20 EA per 30 days)
praziquantel	1	
ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS		
sulfamethoxazole-trimethoprim oral	1	
SULFATRIM	1	
ANTIBACTERIAL FOLATE ANTAGONIST OTHERS		
trimethoprim	1	
ANTIBACTERIAL NITROFURAN DERIVATIVES		
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd/m-cryst	1	
ANTIFUNGAL - ALLYLAMINES		
terbinafine hcl oral	1	
ANTIFUNGAL - AMPHOTERIC POLYENE MACROLIDES		
nystatin oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
ANTIFUNGAL - FLUORINATED PYRIMIDINE-TYPE AGENTS		
flucytosine	1	
ANTIFUNGAL - IMIDAZOLES		
ketoconazole oral	1	
ANTIFUNGAL - TRIAZOLES		
CRESEMBA ORAL	2	PA
fluconazole oral suspension for reconstitution	1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	1	
fluconazole oral tablet 150 mg	1	QL (2 EA Max Qty Per Fill Retail)
itraconazole oral capsule	1	QL (30 EA Max Qty Per Fill Retail)
itraconazole oral solution	1	
NOXAFIL ORAL SUSPENSION	2	PA
posaconazole oral tablet, delayed release (dr/ec)	1	PA
voriconazole oral	1	PA
ANTIFUNGAL OTHER		
flucytosine	1	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
ANTI-INFECTIVE IMMUNOLOGIC ADJUVANTS - INTERFERONS		
ACTIMMUNE	4	

Community Health Plan of Washington	Drug Tier	Limits
ANTILEPTIC - IMMUNOMODULATORS		
THALOMID	4	PA
ANTILEPTIC - SULFONE AGENTS		
dapsone oral	1	
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil oral tablet 250-100 mg	1	QL (60 EA per 180 days)
atovaquone-proguanil oral tablet 62.5-25 mg	1	QL (180 EA per 180 days)
COARTEM	2	QL (24 EA per 30 days)
ANTIMALARIAL S		
chloroquine phosphate oral tablet 250 mg	1	QL (56 EA per 365 days)
chloroquine phosphate oral tablet 500 mg	1	QL (28 EA per 365 days)
hydroxychloroquine	1	QL (30 EA per 365 days)
mefloquine	1	QL (13 EA per 180 days)
primaquine	1	QL (120 EA per 180 days)
pyrimethamine	4	PA
quinine sulfate	1	QL (42 EA per 30 days)
ANTIPROTOZOAL AGENTS - NITROIMIDAZOLE DERIVATIVES		
benznidazole	2	QL (720 EA per 365 days)

Community Health Plan of Washington	Drug Tier	Limits
ANTIPROTOZOAL AGENTS - OTHER		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL (360 ML per 30 days)
ALINIA ORAL TABLET	2	QL (14 EA per 30 days)
atovaquone	1	
IMPAVIDO	2	QL (84 EA per 30 days)
ANTIPROTOZOAL AGENTS (ANTIPARASITIC) - 5-NITROTHIAZOLYL DERIVATIVES		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL (360 ML per 30 days)
ALINIA ORAL TABLET	2	QL (14 EA per 30 days)
ANTIPROTOZOAL-ANTIBACTERIAL 1ST GENERATION 2-METHYL-5-NITROIMIDAZOLE		
metronidazole oral	1	
ANTIPROTOZOAL-ANTIBACTERIAL 2ND GENERATION 2-METHYL-5-NITROIMIDAZOLE		
tinidazole oral tablet 250 mg	1	QL (40 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
tinidazole oral tablet 500 mg	1	QL (20 EA per 30 days)
ANTIRETROVIRAL - ANTI-CD4 DOMAIN 2 MONOCLONAL ANTIBODY		
TROGARZO	4	
ANTIRETROVIRAL - CCR5 CO-RECEPTOR ANTAGONIST		
SELZENTRY	2	
ANTIRETROVIRAL - HIV-1 FUSION INHIBITORS		
FUZEON SUBCUTANEOUS RECON SOLN	2	
ANTIRETROVIRAL - HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS		
ISENTRESS	2	
ISENTRESS HD	2	
TIVICAY	2	
TIVICAY PD	2	
ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMBINATIONS		
JULUCA	2	

Community Health Plan of Washington	Drug Tier	Limits
ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NRTI COMBINATIONS		
DOVATO	2	
ANTIRETROVIRAL - NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIB (NNRTI)		
EDURANT	2	
efavirenz	1	
INTELENCE	2	
nevirapine	1	
ANTIRETROVIRAL - NUCLEOSIDE AND NUCLEOTIDE ANALOG RTIS COMBINATIONS		
CIMDUO	2	
DESCOVY	2	
TEMIXYS	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	2	
TRUVADA ORAL TABLET 200-300 MG	2	ACA
ANTIRETROVIRAL - NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir	1	

Community Health Plan of Washington	Drug Tier	Limits
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	1	
EMTRIVA	2	
lamivudine oral solution	1	
lamivudine oral tablet 150 mg, 300 mg	1	
stavudine oral capsule	1	
zidovudine	1	
ANTIRETROVIRAL - NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS		
tenofovir disoproxil fumarate	1	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
ANTIRETROVIRAL COMBINATIONS - PROTEASE INHIBITORS		
KALETRA ORAL TABLET 100-25 MG	2	QL (112 EA per 365 days)
KALETRA ORAL TABLET 200-50 MG	2	QL (56 EA per 365 days)
lopinavir-ritonavir	1	QL (160 ML per 365 days)
ANTIRETROVIRAL-INTEGRASE INHIBITOR,NUCLEOSIDE AND NUCLEOTIDE RTIS COMB		
BIKTARVY	2	

Community Health Plan of Washington	Drug Tier	Limits
GENVOYA	2	
ANTIRETROVIRAL-NUCLEOSIDE ANALOGS AND INTEGRASE INHIBITOR COMBINATIONS		
TRIUMEQ	2	
ANTIRETROVIRAL-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) COMB		
abacavir-lamivudine	1	
abacavir-lamivudine-zidovudine	1	
lamivudine-zidovudine	1	
ANTIRETROVIRAL-NUCLEOSIDE, NUCLEOTIDE ANALOGS AND NON-NUCLEOSIDE RTI		
ODEFSEY	2	
SYMFI	2	
SYMFI LO	2	
ANTITUBERCULAR - D-ALANINE ANALOGS		
cycloserine	3	
ANTITUBERCULAR - DIARYLQUINOLINE ANTIBIOTICS		
SIRTURO	2	PA

Community Health Plan of Washington	Drug Tier	Limits
ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES		
isoniazid oral	1	
ANTITUBERCULAR - NIACINAMIDE DERIVATIVES		
pyrazinamide	1	
ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES		
PRIFTIN	2	
rifabutin	1	
rifampin oral	1	
ANTITUBERCULAR AGENTS OTHER		
ethambutol	1	
TRECTOR	3	
CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION		
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cephalexin	1	
CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION		
cefactor oral capsule	1	

Community Health Plan of Washington	Drug Tier	Limits
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION		
cefdinir	1	
cefditoren pivoxil	1	
cefixime	1	
cefepodoxime	1	
CMV ANTIVIRAL AGENT - NUCLEOSIDE ANALOGS		
valganciclovir	1	
CMV ANTIVIRAL AGENT - TERMINASE COMPLEX INHIBITORS		
PREVYMIS ORAL	2	QL (100 EA per 365 days)
FLUOROQUINOLONE ANTIBIOTICS		
ciprofloxacin	1	
ciprofloxacin hcl oral	1	
FACTIVE	3	
levofloxacin oral	1	
moxifloxacin oral	1	
ofloxacin oral tablet 300 mg, 400 mg	1	

Community Health Plan of Washington	Drug Tier	Limits
GLYCOPEPTIDE ANTIBIOTICS		
vancomycin oral capsule 125 mg	1	QL (40 EA Max Qty Per Fill Retail)
vancomycin oral capsule 250 mg	1	QL (80 EA Max Qty Per Fill Retail)
vancomycin oral recon soln	1	QL (450 ML Max Qty Per Fill Retail)
HEPATITIS B TREATMENT-NUCLEOSIDE ANALOGS (ANTIVIRAL)		
BARACLUDE ORAL SOLUTION	2	
entecavir	1	
EPIVIR HBV ORAL SOLUTION	2	
lamivudine oral tablet 100 mg	1	
HEPATITIS B TREATMENT-NUCLEOTIDE ANALOGS (ANTIVIRAL)		
adefovir	1	
tenofovir disoproxil fumarate	1	
VEMLIDY	2	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
HEPATITIS C - INTERFERONS		
PEGASYS SUBCUTANEOUS SOLUTION	4	PA; QL (4 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
PEGASYS SUBCUTANEOUS SYRINGE	4	PA; QL (2 ML per 28 days)
HEPATITIS C - NS5A INHIBITOR AND NS3/4A PROTEASE INHIBITOR COMBINATION		
ZEPATIER	4	PA; QL (84 EA per 365 days)
HEPATITIS C - NS5B POLYMERASE INHIBITOR COMBINATIONS		
EPCLUSA ORAL TABLET 400-100 MG	4	PA; QL (84 EA per 365 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; QL (56 EA per 365 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; QL (112 EA per 365 days)
HARVONI ORAL TABLET 45-200 MG	4	PA; QL (112 EA per 365 days)
HARVONI ORAL TABLET 90-400 MG	4	PA; QL (56 EA per 365 days)
HEPATITIS C - NUCLEOSIDE ANALOGS		
ribavirin oral capsule	4	
ribavirin oral tablet 200 mg	4	
HERPES ANTIVIRAL AGENT - PURINE ANALOGS		
acyclovir oral capsule	1	

Community Health Plan of Washington	Drug Tier	Limits
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
valacyclovir	1	QL (30 EA Max Qty Per Fill Retail)
HERPES ANTIVIRAL AGENT - THYMIDINE ANALOGS		
famciclovir oral tablet 125 mg, 500 mg	1	QL (21 EA Max Qty Per Fill Retail)
famciclovir oral tablet 250 mg	1	QL (60 EA Max Qty Per Fill Retail)
INFLUENZA ANTIVIRAL AGENTS - NEURAMINIDASE INHIBITORS		
oseltamivir oral capsule 30 mg	1	QL (40 EA per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	1	QL (20 EA per 365 days)
oseltamivir oral suspension for reconstitution	1	QL (360 ML per 365 days)
RELENZA DISKHALER	3	QL (40 EA per 365 days)
INFLUENZA-A ANTIVIRAL AGENTS		
rimantadine	1	
LINCOSAMIDE ANTIBIOTICS		
clindamycin hcl	1	
CLINDAMYCIN PEDIATRIC	1	

Community Health Plan of Washington	Drug Tier	Limits
MACROLIDE ANTIBIOTICS		
azithromycin oral packet	1	QL (2 EA per 90 days)
azithromycin oral suspension for reconstitution 100 mg/5 ml	1	QL (195 ML per 90 days)
azithromycin oral suspension for reconstitution 200 mg/5 ml	1	QL (105 ML per 90 days)
azithromycin oral tablet 250 mg, 500 mg	1	QL (15 EA per 90 days)
azithromycin oral tablet 600 mg	1	QL (24 EA per 90 days)
clarithromycin	1	
DIFICID	3	QL (20 EA Max Qty Per Fill Retail)
E.E.S. 400 ORAL TABLET	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	1	
erythromycin ethylsuccinate oral suspension for reconstitution	1	
erythromycin ethylsuccinate oral tablet	1	
erythromycin oral	1	
MISC ANTI-INFECTIVE COMBINATIONS		
HYOPHEN	1	
methen-sod phos-meth blue-hyos	1	

Community Health Plan of Washington	Drug Tier	Limits
PHOSPHASAL	1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	1	
URIMAR-T	1	
URIN DS	1	
URO-458	1	
UROGESIC-BLUE	1	
URO-MP	1	
URYL	1	
USTELL	1	
UTIRA-C	1	
MISC ANTI-INFECTIVE		
methenamine hippurate	1	
methenamine mandelate	1	
NEBUPENT	3	QL (1 EA per 28 days)
pentamidine inhalation	1	QL (1 EA per 28 days)
OXAZOLIDINONE ANTIBIOTICS		
linezolid	1	
PENICILLIN ANTIBIOTIC - NATURAL		
penicillin v potassium	1	
PENICILLIN ANTIBIOTIC - PENICILLINASE-RESISTANT		
dicloxacillin	1	
PROTEASE INHIBITORS (NON-PEPTIDIC) ANTIRETROVIRAL		
APTIVUS	2	

Community Health Plan of Washington	Drug Tier	Limits
APTIVUS (WITH VITAMIN E)	2	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
PROTEASE INHIBITORS (PEPTIDIC) ANTIRETROVIRAL		
atazanavir	1	
CRIXIVAN ORAL CAPSULE 200 MG	2	
fosamprenavir	1	
INVIRASE ORAL TABLET	2	
LEXIVA ORAL SUSPENSION	2	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL SOLUTION	2	
REYATAZ ORAL POWDER IN PACKET	2	
ritonavir	1	
VIRACEPT ORAL TABLET	2	
RESPIRATORY SYNCYTIAL VIRUS (RSV) ANTIVIRAL AGENTS		
ribavirin inhalation	1	
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS		
PRIFTIN	2	
rifabutin	1	

Community Health Plan of Washington	Drug Tier	Limits
rifampin oral	1	
XIFAXAN ORAL TABLET 200 MG	2	QL (9 EA Max Qty Per Fill Retail)
XIFAXAN ORAL TABLET 550 MG	2	QL (60 EA Max Qty Per Fill Retail)
SULFONAMIDE ANTIBIOTIC		
sulfadiazine	1	
TETRACYCLINE ANTIBIOTICS		
AVIDOXY	1	
COREMINO	1	
demeclocycline	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	
minocycline oral capsule	1	
minocycline oral tablet	1	
minocycline oral tablet extended release 24 hr	1	ST
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	1	
MORGIDOX ORAL CAPSULE 100 MG	1	

Community Health Plan of Washington	Drug Tier	Limits
tetracycline	1	
ANTINEOPLASTICS		
ANP - HUMAN VASCULAR ENDOTHELIAL GROWTH FACTOR INHIB REC-MC ANTIBODY		
AVASTIN	4	PA
MVASI	4	PA
ZIRABEV	4	PA
ANTINEOPLASTIC - EPIDERM.GROWTH FACTOR-EGFR (ERBB1),HER-2 (ERBB2)R.INHIB		
TYKERB	4	PA; QL (180 EA Max Qty Per Fill Retail)
ANTINEOPLASTIC - CYP17 (17 ALPHA-HYDROXYLASE/ C17,20-LYASE) INHIBITOR		
abiraterone	4	PA; QL (120 EA Max Qty Per Fill Retail)
YONSA	4	PA; QL (120 EA Max Qty Per Fill Retail)
ZYTIGA ORAL TABLET 500 MG	4	PA; QL (60 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - 1ST GENERATION EGFR TYROSINE KINASE INHIBITOR		
erlotinib oral tablet 100 mg, 150 mg	4	PA; QL (30 EA Max Qty Per Fill Retail)
erlotinib oral tablet 25 mg	4	PA; QL (60 EA Max Qty Per Fill Retail)
IRESSA	4	PA; QL (30 EA Max Qty Per Fill Retail)
ANTINEOPLASTIC - 2ND GENERATION EGFR TYROSINE KINASE INHIBITOR		
GILOTRIF	4	PA; QL (30 EA Max Qty Per Fill Retail)
NERLYNX	4	PA
VIZIMPRO	4	PA; QL (30 EA Max Qty Per Fill Retail)
ANTINEOPLASTIC - 3RD GENERATION EGFR TYROSINE KINASE INHIBITOR		
TAGRISO	4	PA; QL (30 EA Max Qty Per Fill Retail)
ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES		
MYLERAN	2	

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - ALKYLATING AGENT - METHYLHYDRAZINES		
MATULANE	4	
ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS		
cyclophosphamide oral capsule	1	
LEUKERAN	2	
melphalan	1	
ANTINEOPLASTIC - ALKYLATING AGENT - NITROSOUREAS		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	
ANTINEOPLASTIC - ALKYLATING AGENT - OTHER		
BENDEKA	4	PA
TREANDA INTRAVENOUS RECON SOLN	4	PA
ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES		
TEMODAR INTRAVENOUS	4	
temozolomide	4	PA

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - ANAPLASTIC LYMPHOMA KINASE (ALK) INHIBITORS		
ALECENSA	4	PA; QL (240 EA Max Qty Per Fill Retail)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (60 EA Max Qty Per Fill Retail)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL (30 EA Max Qty Per Fill Retail)
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
LORBRENA ORAL TABLET 25 MG	4	PA; QL (90 EA Max Qty Per Fill Retail)
XALKORI	4	PA; QL (60 EA Max Qty Per Fill Retail)
ZYKADIA ORAL TABLET	4	PA; QL (150 EA Max Qty Per Fill Retail)
ANTINEOPLASTIC - ANTIADRENALS		
LYSODREN	2	
ANTINEOPLASTIC - ANTIANDROGENS		
abiraterone	4	PA; QL (120 EA Max Qty Per Fill Retail)
bicalutamide	1	

Community Health Plan of Washington	Drug Tier	Limits
ERLEADA	4	PA; QL (120 EA Max Qty Per Fill Retail)
flutamide	1	
nilutamide	1	PA
NUBEQA	4	PA; QL (120 EA Max Qty Per Fill Retail)
YONSA	4	PA; QL (120 EA Max Qty Per Fill Retail)
ZYTIGA ORAL TABLET 500 MG	4	PA; QL (60 EA Max Qty Per Fill Retail)
ANTINEOPLASTIC - ANTIBIOTIC AND ANTIMETABOLITE COMBINATIONS		
VYXEOS	4	PA
ANTINEOPLASTIC - ANTIBODY-DRUG CONJUGATES (ADCS)		
ADCETRIS	4	PA
BESPONSA	4	PA
KADCYLA	4	PA
MYLOTARG	4	PA
ANTINEOPLASTIC - ANTI-GD2 GANGLIOSIDE MONOCLONAL ANTIBODY		
UNITUXIN	4	

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - ANTIMETABOLITE - FOLIC ACID ANALOGS		
FOLOTYN	4	PA
methotrexate sodium	1	
methotrexate sodium (pf)	1	
ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS		
ARRANON	4	
mercaptopurine	1	
PURIXAN	4	
ANTINEOPLASTIC - ANTIMETABOLITE - PYRIMIDINE ANALOGS		
azacitidine	4	
capecitabine	4	
decitabine	4	PA
ANTINEOPLASTIC - ANTIMETABOLITE - UREA DERIVATIVES		
hydroxyurea	1	
ANTINEOPLASTIC - ANTIMETABOLITES - PYRIMIDINE ANALOG COMBINATIONS		
LONSURF	4	PA

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - AROMATASE INHIBITORS		
anastrozole	1	ACA
exemestane	1	ACA
letrozole	1	
ANTINEOPLASTIC - B-CELL LYMPHOMA-2 (BCL-2) INHIBITORS		
VENCLEXTA	4	PA
VENCLEXTA STARTING PACK	4	PA; QL (42 EA Max Qty Per Fill Retail)
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
TAFINLAR	4	PA; QL (120 EA Max Qty Per Fill Retail)
ZELBORAF	4	PA; QL (240 EA Max Qty Per Fill Retail)
ANTINEOPLASTIC - BRUTON'S TYROSINE KINASE (BTK) INHIBITOR		
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 EA Max Qty Per Fill Retail)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
IMBRUVICA ORAL TABLET	4	PA; QL (30 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - CC CHEMOKINE RECEPTOR 4 (CCR4) ANTAGONIST, REC-MAB		
POTELIGEO	4	PA
ANTINEOPLASTIC - CD-19 DIRECTED CAR-T CELL IMMUNOTHERAPY		
KYMRIAH	4	PA
YESCARTA	4	PA
ANTINEOPLASTIC - CD20 SPECIFIC RECOMBINANT MONOCLONAL ANTIBODY AGENTS		
GAZYVA	4	PA
RITUXAN	4	PA
RITUXAN HYCELA	4	PA
RUXIENCE	4	PA
TRUXIMA	4	PA
ANTINEOPLASTIC - CD38 SPECIFIC RECOMBINANT MONOCLONAL ANTIBODY AGENTS		
DARZALEX	4	PA

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - CYCLIN-DEPENDENT KINASE (CDK) 4/6 INHIBITORS		
IBRANCE	4	PA; QL (21 EA Max Qty Per Fill Retail)
VERZENIO	4	PA; QL (60 EA Max Qty Per Fill Retail)
ANTINEOPLASTIC - CYTOTOXIC T-LYMPHOCYTE ANTIGEN (CTLA-4),R-MC ANTIBODY		
YERVOY	4	PA
ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS		
etoposide oral	1	
ANTINEOPLASTIC - EPOTHILONES AND ANALOGS		
IXEMPRA	4	PA
ANTINEOPLASTIC - ESTROGENS		
EMCYT	2	
ANTINEOPLASTIC - FIBROBLAST GROWTH FACTOR RECEPTOR (FGFR) KINASE INHIB		
BALVERSA	4	PA

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - FMS-LIKE TYROSINE KINASE 3 (FLT3) INHIBITORS		
XOSPATA	4	PA
ANTINEOPLASTIC - HALICHONDRIAN ANALOGS, MICROTUBULE INHIBITORS		
HALAVEN	4	PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR		
ERIVEDGE	4	PA; QL (30 EA Max Qty Per Fill Retail)
ODOMZO	4	PA; QL (30 EA Max Qty Per Fill Retail)
ANTINEOPLASTIC - HISTONE DEACETYLASE (HDAC) INHIBITORS		
ISTODAX	4	PA
ZOLINZA	4	PA
ANTINEOPLASTIC - IMMUNOTHERAPY, THERAPEUTIC VACCINES		
PROVENGE	4	

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - INTERFERONS		
INTRON A INJECTION	4	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	4	PA
ANTINEOPLASTIC - INTERLEUKIN-6 (IL-6) INHIBITORS, MONOCLONAL ANTIBODY		
SYLVANT	4	PA
ANTINEOPLASTIC - INTERLEUKINS		
PROLEUKIN	4	PA
ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS		
JAKAFI	4	PA; QL (60 EA Max Qty Per Fill Retail)
ANTINEOPLASTIC - LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS		
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
leuprolide subcutaneous kit	4	PA
VANTAS	4	
ZOLADEX	4	

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - MAST CELL STABILIZERS		
cromolyn oral	1	
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS		
COTELLIC	4	PA; QL (63 EA Max Qty Per Fill Retail)
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90 EA Max Qty Per Fill Retail)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
ANTINEOPLASTIC - MTOR KINASE INHIBITORS		
AFINITOR DISPERZ	4	PA
AFINITOR ORAL TABLET 10 MG	4	PA
everolimus (antineoplastic)	4	PA
temsirolimus	4	PA
ANTINEOPLASTIC - MULTIKINASE INHIBITORS		
CABOMETYX	4	PA; QL (30 EA Max Qty Per Fill Retail)
COMETRIQ	4	PA
ICLUSIG ORAL TABLET 15 MG	4	PA; QL (60 EA Max Qty Per Fill Retail)
ICLUSIG ORAL TABLET 45 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
NEXAVAR	4	PA; QL (120 EA Max Qty Per Fill Retail)
STIVARGA	4	PA; QL (84 EA Max Qty Per Fill Retail)
ANTINEOPLASTI C - MUTANT ISOCITRATE DEHYDROGENASE 1 (MIDH1) INHIBITORS		
TIBSOVO	4	PA
ANTINEOPLASTI C - MUTANT ISOCITRATE DEHYDROGENASE 2 (MIDH2) INHIBITORS		
IDHIFA	4	PA; QL (30 EA Max Qty Per Fill Retail)
ANTINEOPLASTI C - PAN-CLASS I PI3K INHIBITORS		
ALIQOPA	4	PA
ANTINEOPLASTI C - PHOSPHATIDYLI NOSITOL 3-KINASE (PI3K) INHIBITORS		
ALIQOPA	4	PA
ZYDELIG	4	PA; QL (60 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTI C - PI3K-DELTA INHIBITORS		
ZYDELIG	4	PA; QL (60 EA Max Qty Per Fill Retail)
ANTINEOPLASTI C - POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
LYNPARZA ORAL TABLET	4	PA; QL (120 EA Max Qty Per Fill Retail)
RUBRACA	4	PA; QL (120 EA Max Qty Per Fill Retail)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; QL (90 EA Max Qty Per Fill Retail)
TALZENNA ORAL CAPSULE 1 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
ZEJULA	4	PA; QL (90 EA Max Qty Per Fill Retail)
ANTINEOPLASTI C - PROGESTINS		
megestrol oral tablet	1	
ANTINEOPLASTI C - PROTEASOME ENZYME INHIBITORS		
KYPROLIS	4	PA
NINLARO	4	PA; QL (3 EA Max Qty Per Fill Retail)
VELCADE	4	

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - PROTEIN-TYROSINE KINASE INHIBITORS		
BOSULIF ORAL TABLET 100 MG	4	PA; QL (90 EA Max Qty Per Fill Retail)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (60 EA Max Qty Per Fill Retail)
CAPRELSA ORAL TABLET 300 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
imatinib oral tablet 100 mg	4	PA; QL (180 EA Max Qty Per Fill Retail)
imatinib oral tablet 400 mg	4	PA; QL (60 EA Max Qty Per Fill Retail)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 EA Max Qty Per Fill Retail)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
IMBRUVICA ORAL TABLET	4	PA; QL (30 EA Max Qty Per Fill Retail)
INLYTA ORAL TABLET 1 MG	4	PA; QL (180 EA Max Qty Per Fill Retail)
INLYTA ORAL TABLET 5 MG	4	PA; QL (120 EA Max Qty Per Fill Retail)
LENVIMA	4	PA
OFEV	4	PA; QL (60 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 EA Max Qty Per Fill Retail)
RYDAPT	4	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
SPRYCEL ORAL TABLET 20 MG	4	PA; QL (90 EA Max Qty Per Fill Retail)
SPRYCEL ORAL TABLET 70 MG	4	PA; QL (60 EA Max Qty Per Fill Retail)
SUTENT ORAL CAPSULE 12.5 MG	4	PA; QL (90 EA Max Qty Per Fill Retail)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (112 EA Max Qty Per Fill Retail)
TASIGNA ORAL CAPSULE 50 MG	4	PA; QL (120 EA Max Qty Per Fill Retail)
VOTRIENT	4	PA; QL (120 EA Max Qty Per Fill Retail)
ANTINEOPLASTIC - RETINOIDS		
tretinoin (antineoplastic)	1	
ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
tamoxifen	1	ACA
toremifene	1	

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS		
bexarotene	4	PA
ANTINEOPLASTIC - TAXANES		
ABRAXANE	4	
ANTINEOPLASTIC - THALIDOMIDE ANALOGS		
POMALYST	4	PA
REVLIMID	4	PA
THALOMID	4	PA
ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS		
HYCAMTIN ORAL	4	PA
ONIVYDE	4	PA
topotecan intravenous recon soln	4	PA
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	4	PA
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE (TRK) INHIBITOR		
VITRAKVI	4	PA

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - VASC ENDOTHELIAL GROWTH FACTOR RECEPTOR (VEGFR) ANTAG		
CYRAMZA	4	PA
ANTINEOPLASTIC - VINCA ALKALOIDS AND ANALOGS		
MARQIBO	4	
ANTINEOPLASTIC ANTIBIOTIC - ANTHRACYCLINES		
mitoxantrone	4	
ANTINEOPLASTIC-ALKYLATING AGENT-TETRAHYDROIS QUINOLINE AND DERIVATIVES		
YONDELIS	4	
ANTINEOPLASTIC-ANTI-PROGRAMMED CELL DEATH LIGAND-1 (PD-L1) MC ANTIB.		
BAVENCIO	4	PA
IMFINZI	4	PA
TECENTRIQ	4	PA

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC-ANTI-PROGRAMMED CELL DEATH RECEPTOR-1 (PD-1) MC ANTIB.		
KEYTRUDA INTRAVENOUS SOLUTION	4	PA
LIBTAYO	4	PA
OPDIVO	4	PA
ANTINEOPLASTIC-CD123-DIRECTED CYTOTOXIN (IL-3 AND DIPHTH.) CONJUGATE		
ELZONRIS	4	PA
ANTINEOPLASTIC-CD22 SPECIFIC ANTIBODY / CYTOTOXIC ANTIBIOTIC CONJUGATE		
BESPONSA	4	PA
ANTINEOPLASTIC-CD30 DIRECTED ANTIBODY-MICROTUBULE DISRUPTING CONJUGATE		
ADCETRIS	4	PA
ANTINEOPLASTIC-CD33 SPECIFIC ANTIBODY AND CYTOXIC ANTIBIOTIC CONJUGATE		
MYLOTARG	4	PA

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC-HER2 TARGETED ANTIBODY-MICROTUBULE INHIBITOR CONJUGATE		
KADCYLA	4	PA
BISPECIFIC CD19-DIRECTED CD3 T-CELL ENGAGER, MONOCLONAL ANTIBODY		
BLINCYTO INTRAVENOUS KIT	4	PA
EPIDERMAL GROWTH FACTOR RECEPT (HER-2) SUBDOMAIN II BLOCKER, REC-MC AB		
PERJETA	4	PA
EPIDERMAL GROWTH FACTOR RECEPT BLOCKER (HER-1 TYPE), REC-MC ANTIBODY		
ERBITUX	4	PA
VECTIBIX	4	PA

Community Health Plan of Washington	Drug Tier	Limits
EPIDERMAL GROWTH FACTOR RECEPT BLOCKER (HER-2 TYPE), REC-MC ANTIBODY		
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	4	PA
KANJINTI	4	PA
OGIVRI	4	PA
TRAZIMERA	4	PA
FLUOROURACIL AND RELATED RESCUE AGENTS		
VISTOGARD	4	PA
METHOTREXATE RESCUE AGENTS - FOLIC ACID ANTAGONIST TYPE		
leucovorin calcium oral	1	
METHOTREXATE RESCUE AGENTS		
leucovorin calcium oral	1	
URINARY TRACT PROTECTIVE AGENTS USED IN CONJUNCTION WITH CHEMOTHERAPY		
MESNEX ORAL	2	

Community Health Plan of Washington	Drug Tier	Limits
ANTISEPTICS AND DISINFECTANTS		
ANTISEPTIC - IODINE/IODOPHORES		
iodine-sodium iodide topical tincture 2 %	1	
LUGOLS TOPICAL	1	
STRONG IODINE TOPICAL	1	
BIOLOGICALS		
ALLERGENIC EXTRACTS - GRASS POLLEN		
GRASTEK	2	PA
ALLERGENIC EXTRACTS - MITE EXTRACTS		
ODACTRA	2	PA
ALLERGENIC EXTRACTS - WEED POLLEN		
RAGWITEK	2	PA
ANTIVIRAL MONOCLONAL ANTIBODIES - RESPIRATORY SYNCYTIAL VIRUS (RSV)		
SYNAGIS	4	
ANTIVIRAL MONOCLONAL ANTIBODIES		
SYNAGIS	4	

Community Health Plan of Washington	Drug Tier	Limits
HEPATITIS A AND HEPATITIS B VACCINE COMBINATIONS		
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	ACA
HEPATITIS A VACCINE - SINGLE AGENTS		
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE	2	ACA
HEPATITIS B VACCINES - SINGLE AGENTS		
ENGERIX-B (PF)	2	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	
RECOMBIVAX HB (PF)	2	
IMMUNE GLOBULIN - GAMMA GLOBULIN (IGG), HUMAN		
GAMASTAN	4	
GAMASTAN S/D	4	
GAMMAGARD LIQUID	4	
GAMMAGARD S-D (IGA < 1 MCG/ML)	4	
GAMUNEX-C	4	
HIZENTRA SUBCUTANEOUS SOLUTION	4	

Community Health Plan of Washington	Drug Tier	Limits
PRIVIGEN	4	
XEMBIFY	4	
IMMUNE GLOBULIN - VARICELLA-ZOSTER		
VARIZIG INTRAMUSCULAR SOLUTION	2	
LIVE VACCINE AND LIVE VIRUS FORMULATIONS		
M-M-R II (PF)	2	ACA
PROQUAD (PF)	2	ACA
ROTATEQ VACCINE	2	ACA
STAMARIL (PF)	2	
VARIVAX (PF)	2	ACA
VAXCHORA VACCINE	2	
VIVOTIF	2	
YF-VAX (PF)	2	
TOXOID VACCINE COMBINATIONS		
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	ACA
BOOSTRIX TDAP	2	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	2	ACA
INFANRIX (DTAP) (PF)	2	ACA
QUADRACEL (PF)	2	ACA
TDVAX	2	ACA
tetanus,diphtheria tox ped(pf)	2	ACA

Community Health Plan of Washington	Drug Tier	Limits
VACCINE BACTERIAL - GRAM NEGATIVE BACILLI (NON-ENTERIC)		
HIBERIX (PF)	2	ACA
PEDVAX HIB (PF)	2	ACA
TYPHIM VI	2	
VIVOTIF	2	
VACCINE BACTERIAL - GRAM NEGATIVE COCCI		
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	ACA
VACCINE BACTERIAL - GRAM POSITIVE COCCI		
PNEUMOVAX-23	2	ACA
PREVNAR 13 (PF)	2	ACA
VACCINE BACTERIAL - MENINGOCOCCAL GROUP B VACCINES		
BEXSERO	2	ACA
TRUMENBA	2	ACA
VACCINE BACTERIAL - TOXIN-PRODUCING BACILLI		
BIOTHRAX	2	
VAXCHORA VACCINE	2	

Community Health Plan of Washington	Drug Tier	Limits
VACCINE VIRAL - HUMAN PAPILOMAVIRUS (HPV) VACCINES		
GARDASIL 9 (PF)	2	ACA
VACCINE VIRAL - INFLUENZA A AND B		
AFLURIA QD 2020-21(3YR UP)(PF)	2	ACA
AFLURIA QD 2020-21(6-35MO)(PF)	2	ACA
AFLURIA QUAD 2020-2021(6MO UP)	2	ACA
FLUAD 2020-2021 (65 YR UP)(PF)	2	ACA
FLUAD QUAD 2020-21(65Y UP)(PF)	2	ACA
FLUARIX QUAD 2020-2021 (PF)	2	ACA
FLUBLOK QUAD 2020-2021 (PF)	2	ACA
FLUCELVAX QUAD 2020-2021	2	ACA
FLUCELVAX QUAD 2020-2021 (PF)	2	ACA
FLULAVAL QUAD 2020-2021 (PF)	2	ACA
FLUZONE HIGHDOSE QUAD 20-21 PF	2	ACA
FLUZONE QUAD 2020-2021	2	ACA
FLUZONE QUAD 2020-2021 (PF)	2	ACA
VACCINE VIRAL - JAPANESE ENCEPHALITIS		
IXIARO (PF)	2	

Community Health Plan of Washington	Drug Tier	Limits
VACCINE VIRAL - MEASLES		
M-M-R II (PF)	2	ACA
PROQUAD (PF)	2	ACA
VACCINE VIRAL - MUMPS AND RELATED		
M-M-R II (PF)	2	ACA
PROQUAD (PF)	2	ACA
VACCINE VIRAL - POLIOMYELITIS		
IPOL	2	
VACCINE VIRAL - RABIES		
IMOVAX RABIES VACCINE (PF)	2	
RABAERT (PF)	2	
VACCINE VIRAL - ROTAVIRUS		
ROTATEQ VACCINE	2	ACA
VACCINE VIRAL - RUBELLA		
M-M-R II (PF)	2	ACA
PROQUAD (PF)	2	ACA
VACCINE VIRAL - VARICELLA		
PROQUAD (PF)	2	ACA
SHINGRIX (PF)	2	ACA
VARIVAX (PF)	2	ACA
VACCINE VIRAL - YELLOW FEVER		
STAMARIL (PF)	2	
YF-VAX (PF)	2	
VACCINE VIRAL COMBINATIONS		
M-M-R II (PF)	2	ACA

Community Health Plan of Washington	Drug Tier	Limits
PROQUAD (PF)	2	ACA
CARDIOVASCULAR THERAPY AGENTS		
ACE INHIBITOR AND CALCIUM CHANNEL BLOCKER COMBINATIONS		
amlodipine-benazepril	1	
trandolapril-verapamil	1	
ACE INHIBITOR AND DIURETIC COMBINATIONS		
benazepril-hydrochlorothiazide	1	
captopril-hydrochlorothiazide	1	
enalapril-hydrochlorothiazide	1	
fosinopril-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	1	
quinapril-hydrochlorothiazide	1	
ACE INHIBITORS		
benazepril	1	
captopril	1	
enalapril maleate	1	
fosinopril	1	
lisinopril	1	
moexipril	1	
perindopril erbumine	1	
quinapril	1	
ramipril	1	
trandolapril	1	

Community Health Plan of Washington	Drug Tier	Limits
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	1	
spironolactone	1	
ALPHA-BETA BLOCKERS		
carvedilol	1	
carvedilol phosphate	1	
labetalol oral	1	
ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER COMB.		
amlodipine-olmesartan	1	
amlodipine-valsartan	1	
telmisartan-amlodipine	1	
ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER-DIURETIC		
amlodipine-valsartan-hcthiazid	1	
olmesartan-amlodipin-hcthiazid	1	
ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-DIURETIC COMBINATIONS		
candesartan-hydrochlorothiazid	1	
irbesartan-hydrochlorothiazide	1	

Community Health Plan of Washington	Drug Tier	Limits
losartan-hydrochlorothiazide	1	
olmesartan-hydrochlorothiazide	1	
telmisartan-hydrochlorothiazid	1	
valsartan-hydrochlorothiazide	1	
ANGIOTENSIN II RECEPTOR BLOCKER-NEPRILYSIN INHIBITOR COMB. (ARNI)		
ENTRESTO	2	QL (60 EA Max Qty Per Fill Retail)
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBS)		
candesartan	1	
EDARBI ORAL TABLET 40 MG	3	ST
eprosartan	1	
irbesartan	1	
losartan	1	
olmesartan	1	
telmisartan	1	
valsartan	1	
ANTIANGINAL - CORONARY VASODILATORS (NITRATES)		
isosorbide dinitrate oral tablet	1	
isosorbide mononitrate	1	
NITRO-BID	1	
nitroglycerin oral	1	
nitroglycerin sublingual	1	

Community Health Plan of Washington	Drug Tier	Limits
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual spray, non-aerosol	1	
NITRO-TIME	1	
ANTIANGINAL AND ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC		
ranolazine	1	
ANTIARRHYTHMIC - CLASS IA		
disopyramide phosphate oral capsule	3	
quinidine gluconate oral	1	
quinidine sulfate oral tablet	1	
ANTIARRHYTHMIC - CLASS IB		
mexiletine	1	
ANTIARRHYTHMIC - CLASS IC		
flecainide	1	
propafenone	1	
ANTIARRHYTHMIC - CLASS II		
SOTALOL AF	1	
sotalol oral	1	
SOTYLIZE	2	
ANTIARRHYTHMIC - CLASS III		
amiodarone oral	1	
dofetilide	1	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	

Community Health Plan of Washington	Drug Tier	Limits
ANTIARRHYTHMIC - CLASS IV		
verapamil oral tablet	1	
ANTIHYPERLIPIDEMIC - BILE ACID SEQUESTRANTS		
cholestyramine (with sugar)	1	
CHOLESTYRAMINE LIGHT	1	
colesevelam	1	
colestipol	1	
PREVALITE	1	
ANTIHYPERLIPIDEMIC - FIBRIC ACID DERIVATIVES		
fenofibrate micronized	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
fenofibrate oral tablet 120 mg, 40 mg	1	ST
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid	1	
fenofibric acid (choline)	1	
gemfibrozil	1	
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS (STATINS)		
atorvastatin oral tablet 10 mg, 20 mg	1	ACA; QL (30 EA Max Qty Per Fill Retail)
atorvastatin oral tablet 40 mg, 80 mg	1	QL (30 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
fluvastatin oral capsule 20 mg	1	ACA; QL (30 EA Max Qty Per Fill Retail)
fluvastatin oral capsule 40 mg	1	ACA; QL (60 EA Max Qty Per Fill Retail)
fluvastatin oral tablet extended release 24 hr	1	ACA; QL (30 EA Max Qty Per Fill Retail)
lovastatin oral tablet 10 mg	1	ACA; QL (30 EA Max Qty Per Fill Retail)
lovastatin oral tablet 20 mg, 40 mg	1	ACA; QL (60 EA Max Qty Per Fill Retail)
pravastatin	1	ACA; QL (30 EA Max Qty Per Fill Retail)
rosuvastatin oral tablet 10 mg, 5 mg	1	ACA; QL (30 EA Max Qty Per Fill Retail)
rosuvastatin oral tablet 20 mg, 40 mg	1	QL (30 EA Max Qty Per Fill Retail)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; QL (30 EA Max Qty Per Fill Retail)
simvastatin oral tablet 80 mg	1	QL (30 EA Max Qty Per Fill Retail)
ANTIHYPERLIPI DEMIC - NICOTINIC ACID DERIVATIVES		
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr	1	
ANTIHYPERLIPI DEMIC - OMEGA-3 FATTY ACID TYPE		
omega-3 acid ethyl esters	1	PA

Community Health Plan of Washington	Drug Tier	Limits
VASCEPA	2	PA
ANTIHYPERLIPI DEMIC - SELECTIVE CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe	1	
ANTIHYPERLIPI DEMIC AGENTS - DIETARY SOURCE		
omega-3 acid ethyl esters	1	PA
VASCEPA	2	PA
ANTIHYPERLIPI DEMIC HMG COA REDUCT INHIB AND CALCIUM CHANNEL BLOCKER		
amlodipine-atorvastatin	1	QL (30 EA Max Qty Per Fill Retail)
ANTIHYPERLIPI DEMIC-HMG COA REDUCT INHIB AND CHOLESTEROL ABSORP INHIBIT		
ezetimibe-simvastatin	1	QL (30 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ANTIHYPERLIPI DEMIC- MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP)INHIB		
JUXTAPID	4	
ANTI-PCSK9 MONOCLONAL ANTIBODIES		
PRALUENT PEN	2	
BETA BLOCKERS CARDIAC SELECTIVE, INTRINSIC SYMPATHOMIM ETIC ACTIVITY		
acebutolol	1	
BETA BLOCKERS CARDIAC SELECTIVE		
atenolol	1	
betaxolol oral	1	
bisoprolol fumarate	1	
metoprolol succinate	1	
metoprolol tartrate oral	1	
BETA BLOCKERS NON- CARDIAC SELECT., INTRINSIC SYMPATHOMIM ETIC ACTIVITY		
pindolol	1	

Community Health Plan of Washington	Drug Tier	Limits
BETA BLOCKERS NON- CARDIAC SELECTIVE		
nadolol	1	
propranolol oral	1	
SOTALOL AF	1	
sotalol oral	1	
SOTYLIZE	2	
timolol maleate oral	1	
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant	4	PA
CALCIUM CHANNEL BLOCKERS - BENZOTHAZEPI NES		
CARTIA XT	1	
diltiazem hcl oral capsule,extended release 12 hr	1	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr	1	
diltiazem hcl oral tablet	1	
diltiazem hcl oral tablet extended release 24 hr	1	
DILT-XR	1	
MATZIM LA	1	
TAZTIA XT	1	
TIADYLT ER	1	

Community Health Plan of Washington	Drug Tier	Limits
CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES - CEREBROVASCULAR SPECIFIC		
nimodipine	1	
CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES		
amlodipine	1	
felodipine	1	
isradipine	1	
nicardipine oral	1	
nifedipine oral tablet extended release	1	
nifedipine oral tablet extended release 24hr	1	
nisoldipine	1	
CALCIUM CHANNEL BLOCKERS - PHENYLALKYLAMINES		
verapamil oral	1	
CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.		
atenolol-chlorthalidone	1	
bisoprolol-hydrochlorothiazide	1	
metoprolol ta-hydrochlorothiaz	1	

Community Health Plan of Washington	Drug Tier	Limits
CARDIOVASCULAR SYMPATHOMIMETIC - ANAPHYLAXIS THERAPY SINGLE AGENTS		
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL (2 EA Max Qty Per Fill Retail)
EPIPEN 2-PAK	2	QL (2 EA Max Qty Per Fill Retail)
EPIPEN JR 2-PAK	2	QL (2 EA Max Qty Per Fill Retail)
CARDIOVASCULAR SYMPATHOMIMETICS		
midodrine	1	
CENTRAL ALPHA-2 AGONISTS-THIAZIDE DIURETIC AND RELATED COMB.		
methyldopa-hydrochlorothiazide	1	
CENTRAL ALPHA-2 RECEPTOR AGONISTS		
clonidine	1	QL (4 EA per 28 days)
clonidine hcl oral tablet	1	
guanfacine oral tablet	1	
methyldopa	1	

Community Health Plan of Washington	Drug Tier	Limits
DIGITALIS GLYCOSIDES		
DIGITEK	1	
DIGOX	1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	
digoxin oral tablet	1	
DIRECT ACTING VASODILATORS		
hydralazine oral	1	
minoxidil oral	1	
DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON-SELECTIVE		
spironolactone	1	
DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, SELECTIVE		
eplerenone	1	
DIURETIC - CARBONIC ANHYDRASE INHIBITORS		
acetazolamide	1	
methazolamide	1	
DIURETIC - LOOP		
bumetanide oral	1	
ethacrynic acid	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet	1	
torseamide oral	1	

Community Health Plan of Washington	Drug Tier	Limits
DIURETIC - POTASSIUM SPARING		
amiloride	1	
triamterene	1	
DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS		
amiloride-hydrochlorothiazide	1	
spironolacton-hydrochlorothiaz	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet	1	
DIURETIC - SELECTIVE ARGININE VASOPRESSIN V2 RECEPTOR ANTAGONISTS		
SAMSCA ORAL TABLET 15 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
tolvaptan oral tablet 30 mg	4	PA; QL (60 EA Max Qty Per Fill Retail)
DIURETIC - THIAZIDES AND RELATED		
chlorothiazide oral tablet 500 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
hydrochlorothiazide	1	
indapamide	1	

Community Health Plan of Washington	Drug Tier	Limits
metolazone	1	
HYPERPOLARIZATION-ACTIVATED CYCLIC NUCLEOTIDE-GATED CHANNEL INHIBITORS		
CORLANOR	2	PA
NON-CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.		
nadolol-bendroflumethiazide oral tablet 80-5 mg	1	
propranolol-hydrochlorothiazid	1	
PAH AGENTS - SELECTIVE PROSTACYCLIN RECEPTOR (IP) AGONISTS		
UPTRAVI	4	PA
PERIPHERAL ALPHA-1 RECEPTOR BLOCKERS		
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	QL (30 EA Max Qty Per Fill Retail)
doxazosin oral tablet 8 mg	1	QL (60 EA Max Qty Per Fill Retail)
phenoxybenzamine	1	PA
prazosin	1	
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	QL (30 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
terazosin oral capsule 10 mg	1	QL (60 EA Max Qty Per Fill Retail)
PERIPHERAL VASODILATORS, SINGLE AGENTS		
isoxsuprine	1	
PHEOCHROMOCYTOMA, AGENTS TO TREAT		
metyrosine	1	PA
PULMONARY ANTIHYPERTENSIVE AGENTS - PROSTACYCLIN-TYPE		
epoprostenol (glycine)	4	PA
treprostinil sodium	4	PA
TYVASO	4	PA
TYVASO REFILL KIT	4	PA
TYVASO STARTER KIT	4	PA
VELETRI	4	PA
PULMONARY ANTIHYPERTENSIVE AGENTS-SOLUBLE GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	4	PA
PULMONARY ARTERIAL HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan	4	PA
bosentan	4	PA
OPSUMIT	4	PA

Community Health Plan of Washington	Drug Tier	Limits
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA
PULMONARY ARTERIAL HYPERTENSION AGENTS- SELECTIVE CGMP-PDE5 INHIBITORS		
ALYQ	4	PA; QL (60 EA Max Qty Per Fill Retail)
sildenafil (pulm.hypertension) intravenous	4	PA
sildenafil (pulm.hypertension) oral suspension for reconstitution	4	PA; QL (112 ML Max Qty Per Fill Retail)
sildenafil (pulm.hypertension) oral tablet	4	PA; QL (90 EA Max Qty Per Fill Retail)
tadalafil (pulm. hypertension)	4	PA; QL (60 EA Max Qty Per Fill Retail)
RENIN INHIBITOR, DIRECT		
aliskiren	1	
CENTRAL NERVOUS SYSTEM AGENTS		
ANTIANKXIETY AGENT - ANTIHISTAMINE TYPE		
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
hydroxyzine pamoate	1	
ANTIANKXIETY AGENT - BENZODIAZEPINES		
alprazolam	1	
ALPRAZOLAM INTENSOL	1	
chlordiazepoxide hcl	1	
clonazepam	1	
clorazepate dipotassium	1	
DIAZEPAM INTENSOL	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet	1	
LORAZEPAM INTENSOL	1	
lorazepam oral concentrate	1	
lorazepam oral tablet	1	
ANTIANKXIETY AGENT - NON-BENZODIAZEPINE		
bupirone	1	
ANTICONVULSANT - BARBITURATES AND DERIVATIVES		
phenobarbital	1	
primidone	1	
ANTICONVULSANT - BENZODIAZEPINES		
clobazam	1	PA
clonazepam	1	
diazepam rectal	1	

Community Health Plan of Washington	Drug Tier	Limits
NAYZILAM	2	PA; QL (2 EA Max Qty Per Fill Retail)
ANTICONVULSANT - CANNABINOID TYPE		
EPIDIOLEX	4	PA
ANTICONVULSANT - CARBAMATES		
felbamate	1	
ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES		
divalproex	1	
valproic acid	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	
ANTICONVULSANT - FUNCTIONALIZED AMINO ACID		
VIMPAT ORAL SOLUTION	2	
VIMPAT ORAL TABLET	2	
ANTICONVULSANT - GABA ANALOGS		
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1	
gabapentin oral tablet 600 mg, 800 mg	1	
pregabalin	1	

Community Health Plan of Washington	Drug Tier	Limits
ANTICONVULSANT - GABA RE-UPTAKE INHIBITOR, NIPECOTIC ACID DERIVATIVES		
tiagabine	1	
ANTICONVULSANT - GABA TRANSAMINASE (GABA-T) INHIBITOR		
vigabatrin	4	PA
VIGADRONE	4	PA
ANTICONVULSANT - HYDANTOINS		
DILANTIN	2	
PEGANONE	2	
phenytoin oral suspension	1	
phenytoin oral tablet, chewable	1	
phenytoin sodium extended	1	
ANTICONVULSANT - IMINOSTILBENE DERIVATIVES		
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet, chewable	1	

Community Health Plan of Washington	Drug Tier	Limits
EPITOL	1	
oxcarbazepine	1	
ANTICONVULSANT - MONOSACCHARIDE DERIVATIVES		
topiramate oral capsule, sprinkle	1	
topiramate oral tablet	1	
ANTICONVULSANT - PHENYLTRIAZINE DERIVATIVES		
lamotrigine	1	
SUBVENITE	1	
SUBVENITE STARTER (BLUE) KIT	1	
SUBVENITE STARTER (GREEN) KIT	1	
SUBVENITE STARTER (ORANGE) KIT	1	
ANTICONVULSANT - PYRROLIDINE DERIVATIVES		
levetiracetam oral	1	
ROWEEPRA	1	
ANTICONVULSANT - SUCCINIMIDES		
CELONTIN ORAL CAPSULE 300 MG	2	
ethosuximide	1	

Community Health Plan of Washington	Drug Tier	Limits
ANTICONVULSANT - SULFONAMIDE DERIVATIVES		
zonisamide	1	
ANTICONVULSANT - TRIAZOLE DERIVATIVES		
BANZEL	2	PA
ANTICONVULSANT OTHERS		
DIACOMIT	4	PA
ANTIDEPRESSANT - ALPHA-2 RECEPTOR ANTAGONISTS (NASSA)		
mirtazapine	1	
ANTIDEPRESSANT - MAO INHIBITOR NONSELECTIVE AND IRREVERSIBLE-TYPES A,B		
EMSAM	3	
phenelzine	1	
tranylcypromine	1	
ANTIDEPRESSANT - NEUROACTIVE STEROID GABA-A RECEPTOR MODULATOR		
ZULRESSO	4	PA

Community Health Plan of Washington	Drug Tier	Limits
ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram oral solution	1	
citalopram oral tablet	1	QL (30 EA Max Qty Per Fill Retail)
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	QL (30 EA Max Qty Per Fill Retail)
fluoxetine oral capsule 10 mg	1	QL (30 EA Max Qty Per Fill Retail)
fluoxetine oral capsule 20 mg	1	
fluoxetine oral capsule 40 mg	1	QL (60 EA Max Qty Per Fill Retail)
fluoxetine oral capsule, delayed release(dr/ec)	1	QL (4 EA Max Qty Per Fill Retail)
fluoxetine oral solution	1	
fluoxetine oral tablet 10 mg	1	ST; QL (30 EA Max Qty Per Fill Retail)
fluoxetine oral tablet 20 mg, 60 mg	1	ST
fluvoxamine oral capsule, extended release 24hr	1	ST; QL (60 EA Max Qty Per Fill Retail)
fluvoxamine oral tablet 100 mg	1	QL (90 EA Max Qty Per Fill Retail)
fluvoxamine oral tablet 25 mg	1	QL (30 EA Max Qty Per Fill Retail)
fluvoxamine oral tablet 50 mg	1	QL (60 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (30 EA Max Qty Per Fill Retail)
paroxetine hcl oral tablet 20 mg, 30 mg	1	QL (60 EA Max Qty Per Fill Retail)
paroxetine hcl oral tablet extended release 24 hr	1	ST; QL (60 EA Max Qty Per Fill Retail)
sertraline oral concentrate	1	
sertraline oral tablet 100 mg, 50 mg	1	QL (60 EA Max Qty Per Fill Retail)
sertraline oral tablet 25 mg	1	QL (135 EA Max Qty Per Fill Retail)
ANTIDEPRESSANT - SEROTONIN-2 ANTAGONIST-REUPTAKE INHIBITORS (SARIS)		
nefazodone	3	
trazodone	1	
ANTIDEPRESSANT - SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate	1	ST; QL (30 EA Max Qty Per Fill Retail)
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg	1	QL (60 EA Max Qty Per Fill Retail)
duloxetine oral capsule, delayed release(dr/ec) 30 mg	1	QL (30 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	ST; QL (30 EA Max Qty Per Fill Retail)
SAVELLA ORAL TABLET	2	ST; QL (60 EA Max Qty Per Fill Retail)
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL (55 EA Max Qty Per Fill Retail)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (30 EA Max Qty Per Fill Retail)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (90 EA Max Qty Per Fill Retail)
venlafaxine oral tablet	1	QL (90 EA Max Qty Per Fill Retail)
venlafaxine oral tablet extended release 24hr	1	ST; QL (30 EA Max Qty Per Fill Retail)
ANTIDEPRESSANT - SSRI AND 5HT1A PARTIAL AGONIST		
VIIBRYD ORAL TABLET	3	ST; QL (30 EA Max Qty Per Fill Retail)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; QL (30 EA Max Qty Per Fill Retail)
ANTIDEPRESSANT - SSRI AND SEROTONIN (5-HT) RECEPTOR MODULATOR		
TRINTELLIX	3	ST; QL (30 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ANTIDEPRESSANT - TRICYCLIC AND ANTIPSYCHOTIC , PHENOTHIAZINE COMB		
perphenazine-amitriptyline	1	
ANTIDEPRESSANT - TRICYCLIC-BENZODIAZEPINE COMBINATIONS		
amitriptyline-chlordiazepoxide	1	
ANTIDEPRESSANT - SSRI AND ATYPICAL ANTIPSYCHOTIC,DOPAMINE,SEROTONIN ANTAGON		
olanzapine-fluoxetine	1	
ANTIDEPRESSANT - NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)		
bupropion hcl oral tablet	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	QL (30 EA Max Qty Per Fill Retail)
bupropion hcl oral tablet sustained-release 12 hr	1	QL (60 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ANTIDEPRESSANT-TRICYCLICS AND RELATED (NON-SELECT REUPTAKE INHIBITORS)		
amitriptyline	1	
amoxapine	1	
clomipramine	1	
desipramine	1	
doxepin oral capsule	1	
doxepin oral concentrate	1	
imipramine hcl	1	
imipramine pamoate	1	
maprotiline	1	
nortriptyline	1	
protriptyline	1	
trimipramine	1	
ANTIPARKINSON - DOPAMINERGIC-PERIPH COMT-DOPA-DECARBOXYLASE INHIB COMB		
carbidopa-levodopa-entacapone	1	
ANTIPARKINSON - DOPAMINERG-PERIPHERAL DOPA-DECARBOXYLASE INHIBIT COMB		
carbidopa-levodopa	1	
ANTIPARKINSON ADJUVANT - CENTRAL/PERIPHERAL COMT INHIBITORS		
tolcapone	1	

Community Health Plan of Washington	Drug Tier	Limits
ANTIPARKINSON ADJUVANT - PERIPHERAL COMT INHIBITORS		
entacapone	1	
ANTIPARKINSON ADJUVANT - PERIPHERAL DOPA-DECARBOXYLASE INHIBITORS		
carbidopa	1	
ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS		
benztropine oral	1	
trihexyphenidyl	1	
ANTIPARKINSON THERAPY - DOPAMINE PRECURSORS		
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA
ANTIPARKINSON THERAPY - ERGOT ALKALOIDS AND DERIVATIVES		
bromocriptine	1	
ANTIPARKINSON THERAPY - MONOAMINE OXIDASE INHIBITOR(MAO -B)		
rasagiline	1	

Community Health Plan of Washington	Drug Tier	Limits
selegiline hcl	1	
ANTIPARKINSON THERAPY - NON-ERGOT DOPAMINE AGONIST AGENTS		
amantadine hcl	1	
APOKYN	4	
pramipexole	1	
ropinirole	1	
ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BENZISOTHIAZOLONES		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 EA Max Qty Per Fill Retail)
LATUDA ORAL TABLET 80 MG	3	QL (60 EA Max Qty Per Fill Retail)
ziprasidone hcl	1	QL (60 EA Max Qty Per Fill Retail)
ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BENZISOXAZOLE DERIV		
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	QL (30 EA Max Qty Per Fill Retail)
paliperidone oral tablet extended release 24hr 6 mg	1	QL (60 EA Max Qty Per Fill Retail)
risperidone oral solution	1	

Community Health Plan of Washington	Drug Tier	Limits
risperidone oral tablet	1	QL (60 EA Max Qty Per Fill Retail)
risperidone oral tablet, disintegrating	1	QL (60 EA Max Qty Per Fill Retail)
ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZODIAZEPINE DER		
clozapine	1	
ANTIPSYCHOTIC - BUTYROPHENONE DERIVATIVES		
haloperidol	1	
haloperidol lactate oral	1	
ANTIPSYCHOTIC - DIBENZOXAZEPINE DERIVATIVES		
loxapine succinate	1	
ANTIPSYCHOTIC - DIHYDROINDOLONES		
molindone	1	
ANTIPSYCHOTIC - DIPHENYLBUTYLPIPERIDINE DERIVATIVES		
pimozide	1	

Community Health Plan of Washington	Drug Tier	Limits
ANTIPSYCHOTIC - PHENOTHIAZINES, ALIPHATIC		
chlorpromazine oral	1	
ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERAZINE		
fluphenazine hcl oral	1	
perphenazine	1	
prochlorperazine maleate	1	
trifluoperazine	1	
ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERIDINE		
thioridazine	1	
ANTIPSYCHOTIC - THIOXANTHENS		
thiothixene	1	
ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZOTHAZEPINES		
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 EA Max Qty Per Fill Retail)
quetiapine oral tablet 300 mg, 400 mg	1	QL (60 EA Max Qty Per Fill Retail)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	QL (30 EA Max Qty Per Fill Retail)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	QL (60 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-THIENOBENZODIAZEPINES		
olanzapine oral	1	QL (30 EA Max Qty Per Fill Retail)
olanzapine-fluoxetine	1	
ANTIPSYCHOTIC -ATYPICAL,D2 RECEPTOR PARTIAL AGONIST-5HT SEROTONIN MIXED		
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL (30 EA Max Qty Per Fill Retail)
aripiprazole oral tablet,disintegrating	1	QL (60 EA Max Qty Per Fill Retail)
REXULTI	3	QL (30 EA Max Qty Per Fill Retail)
ANTIPSYCHOTIC - ATYPICAL,D3/D2 RECEPTOR PARTIAL AGONIST-SEROTONIN MIXED		
VRAYLAR ORAL CAPSULE	3	QL (30 EA Max Qty Per Fill Retail)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	QL (7 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ATTENTION DEFICIT-HYPERACT. DISORDER (ADHD)- ALPHA-2 RECEPTOR AGONIST		
clonidine hcl oral tablet extended release 12 hr	1	
guanfacine oral tablet extended release 24 hr	1	
ATTENTION DEFICIT-HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE		
amphetamine sulfate	1	
dexmethylphenidate	1	
dextroamphetamine oral capsule, extended release	1	
dextroamphetamine oral tablet	1	
dextroamphetamine-amphetamine	1	
methamphetamine	1	
methylphenidate hcl oral capsule, er biphasic 30-70	1	
methylphenidate hcl oral capsule,er biphasic 50-50	1	
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet extended release	1	

Community Health Plan of Washington	Drug Tier	Limits
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl oral tablet,chewable	1	
VYVANSE	2	ST
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	
ATTENTION DEFICIT-HYPERACTIVITY DISORDER (ADHD) THERAPY, NRI-TYPE		
atomoxetine	1	
BENZODIAZEPIN ES		
alprazolam	1	
ALPRAZOLAM INTENSOL	1	
amitriptyline-chlordiazepoxide	1	
chlordiazepoxide hcl	1	
chlordiazepoxide-clidinium	1	
clobazam	1	PA
clonazepam	1	
clorazepate dipotassium	1	
DIAZEPAM INTENSOL	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet	1	
diazepam rectal	1	
estazolam	1	QL (15 EA per 30 days)
flurazepam	1	QL (15 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
LORAZEPAM INTENSOL	1	
lorazepam oral concentrate	1	
lorazepam oral tablet	1	
midazolam oral syrup 2 mg/ml	1	
NAYZILAM	2	PA; QL (2 EA Max Qty Per Fill Retail)
triazolam	1	QL (15 EA per 30 days)
BIPOLAR THERAPY AGENTS - ANTICONVULSANT TYPE		
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg	1	
carbamazepine oral tablet, chewable	1	
divalproex	1	
EPITOL	1	
lamotrigine oral tablet disintegrating, dose pk	1	
lamotrigine oral tablet, disintegrating	1	
lamotrigine oral tablets, dose pack	1	
SUBVENITE STARTER (BLUE) KIT	1	
SUBVENITE STARTER (GREEN) KIT	1	

Community Health Plan of Washington	Drug Tier	Limits
SUBVENITE STARTER (ORANGE) KIT	1	
valproic acid	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	
BIPOLAR THERAPY AGENTS - ATYPICAL ANTIPSYCHOTICS		
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL (30 EA Max Qty Per Fill Retail)
aripiprazole oral tablet, disintegrating	1	QL (60 EA Max Qty Per Fill Retail)
olanzapine oral	1	QL (30 EA Max Qty Per Fill Retail)
olanzapine-fluoxetine	1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 EA Max Qty Per Fill Retail)
quetiapine oral tablet 300 mg, 400 mg	1	QL (60 EA Max Qty Per Fill Retail)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	QL (30 EA Max Qty Per Fill Retail)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	QL (60 EA Max Qty Per Fill Retail)
risperidone oral solution	1	
risperidone oral tablet	1	QL (60 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
risperidone oral tablet,disintegrating	1	QL (60 EA Max Qty Per Fill Retail)
VRAYLAR ORAL CAPSULE	3	QL (30 EA Max Qty Per Fill Retail)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	QL (7 EA Max Qty Per Fill Retail)
ziprasidone hcl	1	QL (60 EA Max Qty Per Fill Retail)
BIPOLAR THERAPY AGENTS - LITHIUM		
lithium carbonate	1	
lithium citrate oral solution 8 meq/5 ml	1	
CANNABIS AND CANNABINOID RECEPTOR AGONISTS		
dronabinol	1	PA
CNS STIMULANT - AMPHETAMINE COMBINATIONS		
dextroamphetamine-amphetamine	1	
CNS STIMULANT - AMPHETAMINES		
amphetamine sulfate	1	
dextroamphetamine	1	
methamphetamine	1	
PROCENTRA	1	
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	

Community Health Plan of Washington	Drug Tier	Limits
CNS STIMULANT - ANALEPTICS, METHYLXANTHINE-TYPE		
caffeine citrate oral	1	
CNS STIMULANT - ANALEPTICS		
caffeine citrate oral	1	
FIBROMYALGIA AGENTS - GABA ANALOGS		
pregabalin	1	
FIBROMYALGIA AGENTS - SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)		
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	1	QL (60 EA Max Qty Per Fill Retail)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	QL (30 EA Max Qty Per Fill Retail)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	ST; QL (30 EA Max Qty Per Fill Retail)
SAVELLA ORAL TABLET	2	ST; QL (60 EA Max Qty Per Fill Retail)
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL (55 EA Max Qty Per Fill Retail)
HYPNOTICS - MELATONIN M1/M2 RECEPTOR AGONISTS		
ramelteon	1	QL (15 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
MIGRAINE THERAPY - CARBOXYLIC ACID DERIVATIVES		
divalproex oral tablet extended release 24 hr	1	
MIGRAINE THERAPY - ERGOT ALKALOIDS AND DERIVATIVES		
dihydroergotamine injection	1	
dihydroergotamine nasal	1	ST; QL (8 ML per 28 days)
MIGRAINE THERAPY - ERGOT COMBINATIONS		
ergotamine-caffeine	1	
MIGERGOT	1	
MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
almotriptan malate oral tablet 12.5 mg	1	QL (24 EA per 28 days)
almotriptan malate oral tablet 6.25 mg	1	QL (18 EA per 28 days)
eletriptan	1	QL (18 EA per 28 days)
frovatriptan	1	QL (27 EA per 28 days)
naratriptan	1	QL (18 EA per 28 days)
rizatriptan	1	QL (36 EA per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	QL (18 EA per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	QL (36 EA per 28 days)
sumatriptan succinate oral	1	QL (18 EA per 28 days)
sumatriptan succinate subcutaneous cartridge	1	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous pen injector	1	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous solution	1	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1	QL (8 ML per 28 days)
zolmitriptan	1	QL (18 EA per 28 days)
MIGRAINE THERAPY - SEROTONIN AGONIST 5-HT(1) AND NSAID COMB.		
sumatriptan-naproxen	1	ST; QL (18 EA per 28 days)
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine oral tablet 12.5 mg	4	PA; QL (120 EA Max Qty Per Fill Retail)
tetrabenazine oral tablet 25 mg	4	PA; QL (60 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
MOVEMENT DISORDER THERAPY - HUNTINGTON'S DISEASE		
tetrabenazine oral tablet 12.5 mg	4	PA; QL (120 EA Max Qty Per Fill Retail)
tetrabenazine oral tablet 25 mg	4	PA; QL (60 EA Max Qty Per Fill Retail)
NARCOLEPSY AND CATAPLEXY THERAPY AGENTS - SEDATIVE-TYPE		
XYREM	4	
NARCOLEPSY THERAPY AGENTS - DOPAMINE AND NE REUPTAKE INHIBITOR (DNRI)		
SUNOSI	2	PA; QL (30 EA Max Qty Per Fill Retail)
NARCOLEPSY THERAPY AGENTS - NON-SYMPATHOMIMETIC		
armodafinil	1	PA; QL (30 EA Max Qty Per Fill Retail)
modafinil oral tablet 100 mg	1	PA; QL (30 EA Max Qty Per Fill Retail)
modafinil oral tablet 200 mg	1	PA; QL (60 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
NARCOLEPSY THERAPY AGENTS - STIMULANT-TYPE, PIPERADINE DERIVATIVE		
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet, chewable	1	
NARCOLEPSY THERAPY AGENTS- STIMULANT-TYPE, SYMPATHOMIMETIC, AMPHETAMINES		
amphetamine sulfate	1	
dextroamphetamine oral capsule, extended release	1	
dextroamphetamine oral tablet	1	
dextroamphetamine-amphetamine oral tablet	1	
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	
PSEUDOBLBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE		
NUEDEXTA	2	
SEDATIVE-HYPNOTIC - BARBITURATES		
phenobarbital	1	

Community Health Plan of Washington	Drug Tier	Limits
SECONAL SODIUM	1	QL (30 EA Max Qty Per Fill Retail)
SEDATIVE-HYPNOTIC - BENZODIAZEPINES		
estazolam	1	QL (15 EA per 30 days)
flurazepam	1	QL (15 EA per 30 days)
midazolam oral syrup 2 mg/ml	1	
triazolam	1	QL (15 EA per 30 days)
SEDATIVE-HYPNOTIC - GABA-RECEPTOR MODULATORS		
eszopiclone	1	QL (15 EA per 30 days)
zaleplon	1	QL (15 EA per 30 days)
zolpidem	1	QL (15 EA per 30 days)
SEDATIVE-HYPNOTIC - TRICYCLIC ANTIDEPRESSANT TYPE		
doxepin oral tablet	1	ST; QL (15 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
CHEMICAL DEPENDENCY, AGENTS TO TREAT		
AGENTS FOR OPIOID WITHDRAWAL, OPIOID-TYPE		
buprenorphine hcl sublingual	1	
buprenorphine-naloxone sublingual film 12-3 mg	1	
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	1	QL (90 EA Max Qty Per Fill Retail)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	QL (90 EA Max Qty Per Fill Retail)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	
SUBLOCADE	4	
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	3	QL (90 EA Max Qty Per Fill Retail)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 2.9-0.71 MG	2	QL (30 EA Max Qty Per Fill Retail)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL (60 EA Max Qty Per Fill Retail)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	

Community Health Plan of Washington	Drug Tier	Limits
ALCOHOL ABSTINENCE THERAPY - GLUTAMATE AND GABA SYSTEM TYPE		
acamprosate	1	
ALCOHOL ABSTINENCE THERAPY - OPIOID RECEPTOR ANTAGONIST-TYPE		
VIVITROL	4	
ALCOHOL DETERRENTS		
disulfiram	1	
SMOKING DETERRENTS - NE AND DOPAMINE REUPTAKE INHIBITOR (NDRI)-TYPE		
bupropion hcl (smoking deter)	1	ACA
bupropion hcl oral tablet sustained-release 12 hr 150 mg	1	QL (60 EA Max Qty Per Fill Retail)
SMOKING DETERRENTS - NICOTINE-TYPE		
NICODERM CQ	2	ACA
NICORETTE BUCCAL GUM 2 MG	2	ACA
NICORETTE BUCCAL GUM 4 MG	1	ACA
NICORETTE BUCCAL LOZENGE	2	ACA

Community Health Plan of Washington	Drug Tier	Limits
NICORETTE BUCCAL MINI LOZENGE	2	ACA
nicotine (polacrilex)	1	ACA
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	1	ACA
nicotine transdermal patch, td daily, sequential	1	ACA
QUIT 2	1	ACA
QUIT 4	1	ACA
STOP SMOKING AID	1	ACA
SMOKING DETERRENTS - NICOTINIC RECEPTOR PARTIAL AGONIST, ALPHA4BETA2		
CHANTIX	2	ACA
CHANTIX CONTINUING MONTH BOX	2	ACA
CHANTIX STARTING MONTH BOX	2	ACA
CHEMICALS-PHARMACEUTICAL ADJUVANTS		
PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	1	
PULMOSAL	1	
sodium chloride inhalation	1	

Community Health Plan of Washington	Drug Tier	Limits
COGNITIVE DISORDER THERAPY		
ALZHEIMER'S DISEASE THERAPY - CHOLINESTERASE INHIBITORS		
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	PA
donepezil oral tablet, disintegrating	1	
galantamine	1	
rivastigmine	1	
rivastigmine tartrate	1	
ALZHEIMER'S DISEASE THERAPY - NMDA RECEPTOR ANTAGONISTS		
memantine oral capsule, sprinkle, er 24hr	1	
memantine oral solution	1	
memantine oral tablet	1	
COGNITIVE DISORDER THERAPY - CEREBRAL VASODILATORS		
ergoloid	1	
CONTRACEPTIVES		
CONTRACEPTIVE IMPLANT - PROGESTIN		
NEXPLANON	4	

Community Health Plan of Washington	Drug Tier	Limits
CONTRACEPTIVE INJECTABLE - PROGESTIN		
medroxyprogesterone intramuscular	1	QL (1 ML per 90 days)
CONTRACEPTIVE INTRAUTERINE - COPPER IUD		
PARAGARD T 380A	4	
CONTRACEPTIVE INTRAUTERINE - PROGESTERONE IUD		
MIRENA	4	
CONTRACEPTIVE ORAL - BIPHASIC		
AMETHIA	1	
AMETHIA LO	1	
ASHLYNA	1	
AZURETTE (28)	1	
BEKYREE (28)	1	
CAMRESE	1	
CAMRESE LO	1	
DAYSEE	1	
desog-e.estradiol/e.estradiol	1	
JAIMIESS	1	
KARIVA (28)	1	
l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1	
LOJAIMIESS	1	
PIMTREA (28)	1	
SIMLIYA (28)	1	

Community Health Plan of Washington	Drug Tier	Limits
SIMPESSE	1	
VIORELE (28)	1	
VOLNEA (28)	1	
CONTRACEPTIV E ORAL - MONOPHASIC		
AFIRMELLE	1	
ALTAVERA (28)	1	
ALYACEN 1/35 (28)	1	
AMETHYST (28)	1	
APRI	1	
AUBRA	1	
AUBRA EQ	1	
AUROVELA 1.5/30 (21)	1	
AUROVELA 1/20 (21)	1	
AUROVELA 24 FE	1	
AUROVELA FE 1.5/30 (28)	1	
AUROVELA FE 1-20 (28)	1	
AVIANE	1	
AYUNA	1	
BALZIVA (28)	1	
BLISOVI 24 FE	1	
BLISOVI FE 1.5/30 (28)	1	
BLISOVI FE 1/20 (28)	1	
BRIELLYN	1	
CHARLOTTE 24 FE	1	
CHATEAL (28)	1	
CHATEAL EQ (28)	1	
CRYSSELLE (28)	1	
CYCLAFEM 1/35 (28)	1	
CYRED	1	
CYRED EQ	1	
DASETTA 1/35 (28)	1	
drospirenone- e.estradiol-lm.fa	1	

Community Health Plan of Washington	Drug Tier	Limits
drospirenone-ethinyl estradiol	1	
ELINEST	1	
EMOQUETTE	1	
ENSKYCE	1	
ESTARYLLA	1	
ethynodiol diac-eth estradiol	1	
FALMINA (28)	1	
FEMYNOR	1	
GIANVI (28)	1	
HAILEY	1	
HAILEY 24 FE	1	
HAILEY FE 1.5/30 (28)	1	
HAILEY FE 1/20 (28)	1	
INTROVALE	1	
ISIBLOOM	1	
JASMIEL (28)	1	
JOLESSA	1	
JULEBER	1	
JUNEL 1.5/30 (21)	1	
JUNEL 1/20 (21)	1	
JUNEL FE 1.5/30 (28)	1	
JUNEL FE 1/20 (28)	1	
JUNEL FE 24	1	
KAITLIB FE	1	
KALLIGA	1	
KELNOR 1/35 (28)	1	
KELNOR 1-50 (28)	1	
KURVELO (28)	1	
LARIN 1.5/30 (21)	1	
LARIN 1/20 (21)	1	
LARIN 24 FE	1	
LARIN FE 1.5/30 (28)	1	
LARIN FE 1/20 (28)	1	
LARISSIA	1	
LAYOLIS FE	1	
LESSINA	1	

Community Health Plan of Washington	Drug Tier	Limits
levonorgestrel-ethinyl estrad	1	
LEVORA-28	1	
LILLOW (28)	1	
LORYNA (28)	1	
LOW-OGESTREL (28)	1	
LO-ZUMANDIMINE (28)	1	
LUTERA (28)	1	
MARLISSA (28)	1	
MELODETTA 24 FE	1	
MIBELAS 24 FE	1	
MICROGESTIN 1.5/30 (21)	1	
MICROGESTIN 1/20 (21)	1	
MICROGESTIN FE 1.5/30 (28)	1	
MICROGESTIN FE 1/20 (28)	1	
MILI	1	
MONO-LINYAH	1	
NECON 0.5/35 (28)	1	
NIKKI (28)	1	
noreth-ethinyl estradiol-iron	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	1	
norethindrone-e.estradiol-iron oral tablet,chewable	1	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	1	
NORTREL 0.5/35 (28)	1	

Community Health Plan of Washington	Drug Tier	Limits
NORTREL 1/35 (21)	1	
NORTREL 1/35 (28)	1	
OCELLA	1	
ORSYTHIA	1	
PHILITH	1	
PIRMELLA ORAL TABLET 1-35 MG-MCG	1	
PORTIA 28	1	
PREVIFEM	1	
RECLIPSEN (28)	1	
SETLAKIN	1	
SPRINTEC (28)	1	
SRONYX	1	
SYEDA	1	
TARINA 24 FE	1	
TARINA FE 1/20 (28)	1	
TYDEMY	1	
VIENVA	1	
VYFEMLA (28)	1	
VYLIBRA	1	
WERA (28)	1	
WYMZYA FE	1	
ZARAH	1	
ZOVIA 1/35E (28)	1	
ZUMANDIMINE (28)	1	
CONTRACEPTIVE ORAL - PROGESTIN		
CAMILA	1	
DEBLITANE	1	
ERRIN	1	
HEATHER	1	
INCASSIA	1	
JENCYCLA	1	
LYZA	1	
NORA-BE	1	

Community Health Plan of Washington	Drug Tier	Limits
norethindrone (contraceptive)	1	
NORLYDA	1	
SHAROBEL	1	
TULANA	1	
CONTRACEPTIVE ORAL - QUADRAPHASIC		
FAYOSIM	1	
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	
RIVELSA	1	
CONTRACEPTIVE ORAL - TRIPHASIC		
ALYACEN 7/7/7 (28)	1	
ARANELLE (28)	1	
CAZIAN (28)	1	
CYCLAFEM 7/7/7 (28)	1	
DASETTA 7/7/7 (28)	1	
ENPRESSE	1	
LEENA 28	1	
LEVONEST (28)	1	
levonorg-eth estradiol triphasic	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)	1	
NORTREL 7/7/7 (28)	1	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1	
TILIA FE	1	
TRI FEMYNOR	1	
TRI-ESTARYLLA	1	
TRI-LEGEST FE	1	

Community Health Plan of Washington	Drug Tier	Limits
TRI-LINYAH	1	
TRI-LO-ESTARYLLA	1	
TRI-LO-MARZIA	1	
TRI-LO-MILI	1	
TRI-LO-SPRINTEC	1	
TRI-MILI	1	
TRI-PREVIFEM (28)	1	
TRI-SPRINTEC (28)	1	
TRIVORA (28)	1	
TRI-VYLIBRA	1	
TRI-VYLIBRA LO	1	
VELIVET TRIPHASIC REGIMEN (28)	1	
CONTRACEPTIVE TRANSDERMAL COMBINATIONS - ESTROGEN AND PROGESTIN COMB.		
XULANE	1	
CONTRACEPTIVE TRANSDERMAL COMBINATIONS		
XULANE	1	
CONTRACEPTIVES - INTRAVAGINAL, SYSTEMIC - ESTROGEN AND PROGESTIN COMB.		
ELURYNG	1	
etonogestrel-ethinyl estradiol	1	

Community Health Plan of Washington	Drug Tier	Limits
CONTRACEPTIVES - INTRAVAGINAL, SYSTEMIC		
etonogestrel-ethinyl estradiol	1	
EMERGENCY CONTRACEPTIVES - PROGESTERONE AGONIST/ANTAGONIST TYPE		
ELLA	2	QL (1 EA Max Qty Per Fill Retail)
EMERGENCY CONTRACEPTIVES - PROGESTIN TYPE		
ECONTRA EZ	1	QL (1 EA Max Qty Per Fill Retail)
ECONTRA ONE-STEP	1	QL (1 EA Max Qty Per Fill Retail)
levonorgestrel oral tablet 1.5 mg	1	QL (1 EA Max Qty Per Fill Retail)
MY CHOICE	1	QL (1 EA Max Qty Per Fill Retail)
MY WAY	1	QL (1 EA Max Qty Per Fill Retail)
NEW DAY	1	QL (1 EA Max Qty Per Fill Retail)
OPCICON ONE-STEP	1	QL (1 EA Max Qty Per Fill Retail)
OPTION-2	1	QL (1 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
PLAN B ONE-STEP	2	PA; ACA; QL (1 EA Max Qty Per Fill Retail)
EMERGENCY CONTRACEPTIVES		
ECONTRA EZ	1	QL (1 EA Max Qty Per Fill Retail)
ECONTRA ONE-STEP	1	QL (1 EA Max Qty Per Fill Retail)
ELLA	2	QL (1 EA Max Qty Per Fill Retail)
levonorgestrel oral tablet 1.5 mg	1	QL (1 EA Max Qty Per Fill Retail)
MY CHOICE	1	QL (1 EA Max Qty Per Fill Retail)
MY WAY	1	QL (1 EA Max Qty Per Fill Retail)
NEW DAY	1	QL (1 EA Max Qty Per Fill Retail)
OPCICON ONE-STEP	1	QL (1 EA Max Qty Per Fill Retail)
OPTION-2	1	QL (1 EA Max Qty Per Fill Retail)
PLAN B ONE-STEP	2	PA; ACA; QL (1 EA Max Qty Per Fill Retail)
SPERMICIDES		
GYNOL II	1	
TODAY CONTRACEPTIVE SPONGE	2	
VAGINAL CONTRACEPTIVE FOAM	1	

Community Health Plan of Washington	Drug Tier	Limits
VCF CONTRACEPTIVE FILM	2	
VCF CONTRACEPTIVE GEL	2	
DERMATOLOGICAL		
ACNE THERAPY SYSTEMIC - RETINOIDS AND DERIVATIVES		
AMNESTEEM	1	
CLARAVIS	1	
isotretinoin	1	
MYORISAN	1	
ZENATANE	1	
ACNE THERAPY SYSTEMIC - TETRACYCLINE ANTIBIOTIC		
COREMINO	1	
minocycline oral tablet extended release 24 hr	1	ST
ACNE THERAPY TOPICAL - ANTI-INFECTIVE		
azelaic acid	1	
CLINDACIN P	1	
clindamycin phosphate topical foam	1	QL (100 GM per 30 days)
clindamycin phosphate topical gel	1	QL (120 GM per 30 days)
clindamycin phosphate topical lotion	1	QL (120 ML per 30 days)
clindamycin phosphate topical solution	1	QL (120 ML per 30 days)
clindamycin phosphate topical swab	1	
dapsone topical	1	

Community Health Plan of Washington	Drug Tier	Limits
ERY PADS	1	
ERYGEL	1	
erythromycin with ethanol topical gel	1	
erythromycin with ethanol topical solution	1	
metronidazole topical cream	1	
metronidazole topical lotion	1	
ROSADAN TOPICAL CREAM	1	
sulfacetamide sodium (acne)	1	
ACNE THERAPY TOPICAL - ANTI-INFECTIVE-KERATOLYTIC COMBINATIONS		
AVAR TOPICAL CLEANSER	1	
BP 10-1	1	ST
clindamycin-benzoyl peroxide	1	
erythromycin-benzoyl peroxide	1	
NEUAC	1	
ROSULA CLEANSING CLOTHS	1	
SSS 10-5 TOPICAL FOAM	1	
sulfacetamide sodium- sulfur topical cleanser	1	
sulfacetamide sodium- sulfur topical cream 10- 2 %, 9.8-4.8 %	1	
sulfacetamide sodium- sulfur topical lotion	1	
sulfacetamide sodium- sulfur topical pads, medicated 10-4 %	1	

Community Health Plan of Washington	Drug Tier	Limits
sulfacetamide sodium-sulfur topical suspension	1	
sulfacetamide-sulfur-cleanser23	1	
SULFACLEANSE 8-4	1	ST
ACNE THERAPY TOPICAL - ANTI-INFECTIVE-RETINOID COMBINATIONS		
clindamycin-tretinoin	1	PA; ACA
ACNE THERAPY TOPICAL - KERATOLYTIC		
BENZEPRO TOPICAL TOWELETTE	1	
benzoyl peroxide topical cleanser 7 %	1	
benzoyl peroxide topical foam 9.8 %	1	
ACNE THERAPY TOPICAL - RETINOID COMBINATIONS OTHER		
adapalene-benzoyl peroxide	1	
ACNE THERAPY TOPICAL - RETINOIDS AND DERIVATIVES		
adapalene topical cream	1	
adapalene topical gel	1	
adapalene topical gel with pump	1	
adapalene topical solution	1	
adapalene topical swab	1	
AVITA TOPICAL CREAM	1	PA; ACA

Community Health Plan of Washington	Drug Tier	Limits
tretinoin	1	PA; ACA
tretinoin microspheres	1	PA; ACA
ANTIPSORIATIC - VITAMIN D ANALOG - GLUCOCORTICOID COMBINATIONS		
calcipotriene-betamethasone	1	QL (60 GM per 30 days)
ANTIPSORIATIC AGENTS - INTERLEUKIN 12 AND IL-23 INHIBITORS,MC ANTIBODY		
STELARA SUBCUTANEOUS SOLUTION	4	PA; QL (0.5 ML per 90 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 ML per 90 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (2 ML per 90 days)
ANTIPSORIATIC AGENTS - INTERLEUKIN-23 (IL-23) ANTAGONIST, MC ANTIBODY		
SKYRIZI SUBCUTANEOUS SYRINGE KIT	4	PA; QL (1 EA per 90 days)
TREMFYA	4	PA; QL (1 ML per 56 days)

Community Health Plan of Washington	Drug Tier	Limits
ANTIPSORIATIC AGENTS- INTERLEUKIN-17 (IL-17) ANTAGONIST, MC ANTIBODY		
COSENTYX	4	PA; QL (2 ML per 28 days)
COSENTYX (2 SYRINGES)	4	PA; QL (2 ML per 28 days)
COSENTYX PEN	4	PA; QL (2 ML per 28 days)
COSENTYX PEN (2 PENS)	4	PA; QL (2 ML per 28 days)
DERMATITIS OR ECZEMA AGENTS, SYSTEMIC- INTERLEUKIN-4 (IL-4RA) ANTAG.MAB		
DUPIXENT PEN	4	PA; QL (2 ML per 28 days)
DUPIXENT SYRINGE	4	PA; QL (2 ML per 28 days)
DERMATOLOGICAL - ANTIBACTERIAL AMINOGLYCOSIDES		
gentamicin topical	1	
DERMATOLOGICAL - ANTIBACTERIAL OTHER		
mupirocin	1	QL (44 GM Max Qty Per Fill Retail)
mupirocin calcium	1	ST; QL (30 GM Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
DERMATOLOGICAL - ANTIBACTERIAL SULFONAMIDES		
SSS 10-5 TOPICAL CREAM	1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	1	
DERMATOLOGICAL - ANTIFUNGAL ALLYLAMINES		
naftifine	1	QL (60 GM per 28 days)
DERMATOLOGICAL - ANTIFUNGAL AMPHOTERIC POLYENE MACROLIDES		
NYAMYC	1	QL (180 GM Max Qty Per Fill Retail)
nystatin topical cream	1	QL (30 GM per 28 days)
nystatin topical ointment	1	QL (30 GM per 28 days)
nystatin topical powder	1	QL (180 GM Max Qty Per Fill Retail)
NYSTOP	1	QL (180 GM Max Qty Per Fill Retail)
DERMATOLOGICAL - ANTIFUNGAL HYDROXYPYRIDINONE		
CICLODAN TOPICAL CREAM	1	QL (90 GM per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
CICLODAN TOPICAL SOLUTION	1	
ciclopirox topical cream	1	QL (90 GM per 28 days)
ciclopirox topical gel	1	QL (45 GM per 28 days)
ciclopirox topical shampoo	1	QL (120 ML per 30 days)
ciclopirox topical solution	1	
ciclopirox topical suspension	1	QL (60 ML per 28 days)
ciclopirox-ure-camph-menth-euc	1	
DERMATOLOGICAL - ANTIFUNGAL IMIDAZOLE AND RELATED AGENTS		
clotrimazole topical cream	1	QL (45 GM per 28 days)
clotrimazole topical solution	1	QL (30 ML per 28 days)
econazole	1	QL (85 GM per 28 days)
ketoconazole topical cream	1	QL (60 GM per 28 days)
ketoconazole topical foam	1	QL (100 GM per 28 days)
ketoconazole topical shampoo	1	QL (120 ML per 28 days)
KETODAN	1	QL (100 GM per 28 days)
KETODAN KIT	1	
oxiconazole	1	QL (60 GM per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
DERMATOLOGICAL - ANTIFUNGAL-GLUCOCORTICOID COMBINATIONS		
clotrimazole-betamethasone topical cream	1	QL (45 GM per 28 days)
clotrimazole-betamethasone topical lotion	1	QL (60 ML per 28 days)
nystatin-triamcinolone	1	QL (60 GM per 28 days)
DERMATOLOGICAL - ANTINEOPLASTIC ALKYLATING AGENTS		
VALCHLOR	4	PA
DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES		
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	
DERMATOLOGICAL - ANTINEOPLASTIC OR PREMALIGNANT LESIONS - NSAID'S		
diclofenac sodium topical gel 3 %	1	PA; QL (100 GM per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
DERMATOLOGICAL - ANTINEOPLASTIC SELECTIVE RETINOID X RECEPTOR AGONIST		
TARGRETIN TOPICAL	4	PA
DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, PHOTSENSITIZING		
methoxsalen	1	
DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, VITAMIN A DERIVATIVES		
acitretin	1	
DERMATOLOGICAL - ANTIPSORIATIC AGENTS TOPICAL		
calcipotriene scalp	1	QL (120 ML per 30 days)
calcipotriene topical cream	1	QL (120 GM per 30 days)
calcipotriene topical ointment	1	QL (120 GM per 30 days)
calcitriol topical	1	
tazarotene	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA

Community Health Plan of Washington	Drug Tier	Limits
TAZORAC TOPICAL GEL	2	PA
DERMATOLOGICAL - ANTIPSORIATIC SYSTEMIC, PHOSPHODIESTERASE 4 INHIB.		
OTEZLA	4	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL (55 EA per 365 days)
DERMATOLOGICAL - ANTISEBORRHEIC		
selenium sulfide topical lotion	1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	1	
sulfacetamide sodium topical	1	
DERMATOLOGICAL - ANTIVIRAL, HERPES		
acyclovir topical cream	1	PA; QL (5 GM Max Qty Per Fill Retail)
acyclovir topical ointment	1	PA; QL (30 GM Max Qty Per Fill Retail)
DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE		
mafenide acetate	1	
silver sulfadiazine	1	
SSD	1	

Community Health Plan of Washington	Drug Tier	Limits
SULFAMYLON TOPICAL CREAM	2	
DERMATOLOGICAL - CALCINEURIN INHIBITORS		
pimecrolimus	1	ST; QL (100 GM per 30 days)
tacrolimus topical	1	ST; QL (100 GM per 30 days)
DERMATOLOGICAL - EMOLLIENTS		
ammonium lactate	1	
DERMATOLOGICAL - ENZYMES		
SANTYL	2	QL (180 GM Max Qty Per Fill Retail)
DERMATOLOGICAL - GLUCOCORTICOID		
ALA-CORT TOPICAL CREAM 1 %	1	
alclometasone	1	
amcinonide topical cream	1	ST
amcinonide topical lotion	1	ST
APEXICON E	1	ST
BESER	1	ST
betamethasone dipropionate	1	
betamethasone valerate topical cream	1	
betamethasone valerate topical foam	1	ST
betamethasone valerate topical lotion	1	

Community Health Plan of Washington	Drug Tier	Limits
betamethasone valerate topical ointment	1	
betamethasone, augmented	1	
clobetasol scalp	1	QL (100 ML per 30 days)
clobetasol topical cream	1	QL (120 GM per 30 days)
clobetasol topical foam	1	ST; QL (100 GM per 30 days)
clobetasol topical gel	1	QL (120 GM per 30 days)
clobetasol topical lotion	1	ST; QL (118 ML per 30 days)
clobetasol topical ointment	1	QL (120 GM per 30 days)
clobetasol topical shampoo	1	ST; QL (236 ML per 30 days)
clobetasol topical spray, non-aerosol	1	ST; QL (125 ML per 30 days)
clobetasol-emollient topical cream	1	QL (120 GM per 30 days)
clobetasol-emollient topical foam	1	ST; QL (100 GM per 30 days)
CLODAN	1	ST; QL (236 ML per 30 days)
desonide topical cream	1	
desonide topical gel	1	ST
desonide topical lotion	1	ST
desonide topical ointment	1	
desoximetasone	1	ST
diflorasone	1	ST; QL (120 GM per 30 days)
fluocinolone	1	

Community Health Plan of Washington	Drug Tier	Limits
fluocinolone and shower cap	1	
fluocinonide topical cream 0.05 %	1	QL (120 GM per 30 days)
fluocinonide topical cream 0.1 %	1	ST; QL (120 GM per 30 days)
fluocinonide topical gel	1	QL (120 GM per 30 days)
fluocinonide topical ointment	1	QL (120 GM per 30 days)
fluocinonide topical solution	1	QL (120 ML per 30 days)
FLUOCINONIDE-E	1	QL (120 GM per 30 days)
flurandrenolide	1	ST; QL (120 ML per 30 days)
fluticasone propionate topical cream	1	
fluticasone propionate topical lotion	1	ST
fluticasone propionate topical ointment	1	
halcinonide	1	ST
halobetasol propionate topical cream	1	
halobetasol propionate topical ointment	1	
hydrocortisone butyrate topical cream	1	QL (120 GM per 30 days)
hydrocortisone butyrate topical lotion	1	ST; QL (118 ML per 30 days)
hydrocortisone butyrate topical ointment	1	ST
hydrocortisone butyrate topical solution	1	ST; QL (120 ML per 30 days)
hydrocortisone butyr-emollient	1	QL (120 GM per 30 days)
hydrocortisone topical cream 1 %, 2.5 %	1	

Community Health Plan of Washington	Drug Tier	Limits
hydrocortisone topical cream with perineal applicator	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
hydrocortisone-pramoxine topical	1	ST
mometasone topical	1	
NOLIX	1	ST; QL (120 ML per 30 days)
prednicarbate	1	
PROCTO-MED HC	1	
PROCTO-PAK	1	
PROCTOSOL HC TOPICAL	1	
PROCTOZONE-HC	1	
SCALACORT	1	
TOVET EMOLLIENT	1	ST; QL (100 GM per 30 days)
triamcinolone acetonide topical aerosol	1	ST; QL (126 GM per 30 days)
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical ointment 0.05 %	1	ST
TRIANEX	1	ST
TRIDERM TOPICAL CREAM 0.1 %	1	
TRIDERM TOPICAL CREAM 0.5 %	1	ST

Community Health Plan of Washington	Drug Tier	Limits
DERMATOLOGICAL - GLUCOCORTICOID-LOCAL ANESTHETIC COMBINATIONS		
hydrocortisone-pramoxine topical	1	ST
lidocaine hcl-hydrocortison ac topical	1	
DERMATOLOGICAL - IMMUNOMODULATOR - IMIDAZOQUINOLINAMINES		
imiquimod topical cream in packet	1	
DERMATOLOGICAL - IMMUNOMODULATOR - INTERFERONS		
ALFERON N	2	
DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS		
podofilox	1	
DERMATOLOGICAL - LOCAL ANESTHETIC COMBINATIONS		
lidocaine-prilocaine topical cream	1	QL (30 GM per 30 days)
lidocaine-prilocaine topical kit	1	

Community Health Plan of Washington	Drug Tier	Limits
DERMATOLOGICAL - NSAID SINGLE AGENTS		
diclofenac sodium topical drops	1	QL (150 ML per 28 days)
diclofenac sodium topical gel 1 %	1	ST; QL (500 GM per 28 days)
DERMATOLOGICAL - RETINIDS (VITAMIN A DERIVATIVES) - TOPICAL COSMETIC		
tazarotene	1	PA
DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL		
azelaic acid	1	
metronidazole topical	1	
ROSADAN TOPICAL CREAM	1	
ROSADAN TOPICAL GEL	1	
DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES		
GLYDO	1	QL (60 ML per 30 days)
lidocaine hcl mucous membrane jelly	1	QL (60 ML per 30 days)
lidocaine hcl mucous membrane jelly in applicator	1	QL (60 ML per 30 days)
lidocaine topical adhesive patch,medicated 5 %	1	PA

Community Health Plan of Washington	Drug Tier	Limits
lidocaine topical ointment	1	QL (50 GM per 28 days)
ZTLIDO	2	PA
DERMATOLOGICAL ANTIPRURITICS - ANTIHISTAMINES		
doxepin topical	1	ST; QL (45 GM per 30 days)
PRUDOXIN	1	ST; QL (45 GM per 30 days)
DERMATOLOGICAL IRRITANTS-COUNTER-IRRITANT SINGLE AGENTS		
methyl salicylate	1	
methyl salicylate topical liquid	1	
WINTERGREEN OIL	1	
SCABICIDE AND PEDICULICIDE SINGLE AGENTS		
CROTAN	1	
lindane topical shampoo	1	
malathion	1	
permethrin topical cream	1	
spinosad	1	
WOUND CARE - GROWTH FACTOR AGENTS		
REGRANEX	2	QL (15 GM Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
DIAGNOSTIC AGENTS		
DIAGNOSTIC DRUGS - GASTROINTESTINAL RADIOLOGICAL ADJUNCT		
GLUCAGEN DIAGNOSTIC KIT	2	
DRUGS TO TREAT ERECTILE DYSFUNCTION		
ERECTILE DYSFUNCTION (ED) DRUGS-SEL.CGMP PHOSPHODIESTERASE TYPE5 INHIB		
tadalafil oral tablet 2.5 mg	1	PA; QL (30 EA Max Qty Per Fill Retail)
tadalafil oral tablet 5 mg	1	PA; QL (6 EA per 30 days)
EATING DISORDER THERAPY		
APPETITE STIMULANTS - CANNABINOIDS		
dronabinol	1	PA

Community Health Plan of Washington	Drug Tier	Limits
APPETITE STIMULANTS - PROGESTIN HORMONE TYPE		
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	
ELECTROLYTE BALANCE- NUTRITIONAL PRODUCTS		
AMINO ACID - CARNITINE DERIVATIVES		
levocarnitine oral tablet	1	
B-COMPLEX VITAMIN COMBINATIONS		
B COMPLEX 1 (WITH FOLIC ACID)	1	ACA
b complex-vitamin c-folic acid oral tablet	1	ACA
BALANCED B-100 COMPLEX ORAL TABLET EXTENDED RELEASE 100 MG	1	ACA
BALANCED B-100 ORAL TABLET 0.4 MG	1	ACA
b-complex with vitamin c oral tablet	1	ACA
B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG	1	ACA
DIALYVITE 800 ORAL TABLET	1	ACA
FULL SPECTRUM B-VITAMIN C	1	ACA
KOBEE	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
NATURAL B-100 COMPLEX	1	ACA
RENA-VITE	1	ACA
STRESS FORMULA	1	ACA
STRESS FORMULA WITH IRON	1	ACA
STRESS FORMULA WITH IRON(SULF)	1	ACA
SUPER B COMPLEX-VITAMIN C	1	ACA
SUPER B MAXI COMPLEX	1	ACA
SUPER QUINTS	1	ACA
vitamin b complex-folic acid oral tablet	1	ACA
B-COMPLEX VITAMINS		
B COMPLEX-VITAMIN B12	1	ACA
BALANCED B-50 ORAL TABLET	1	ACA
COMPLEX B-100 ORAL TABLET EXTENDED RELEASE	1	ACA
STRESS FORMULA	1	ACA
SUPER QUINTS B-50	1	ACA
vitamin b complex oral tablet	1	ACA
DILUENTS - SODIUM CHLORIDE		
sodium chloride 0.9 % (flush) injection syringe	1	
sodium chloride 0.9 % injection	1	
sodium chloride injection	1	

Community Health Plan of Washington	Drug Tier	Limits
ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN		
KIONEX (WITH SORBITOL)	1	
LOKELMA	2	QL (30 EA Max Qty Per Fill Retail)
SODIUM POLYSTYRENE (SORB FREE)	1	
sodium polystyrene sulfonate oral powder	1	
SPS (WITH SORBITOL)	1	
IRRIGATION SOLUTIONS		
AQUA CARE SODIUM CHLORIDE	1	
AQUA CARE STERILE WATER	1	
lactated ringers irrigation	1	
ringer's irrigation	1	
sodium chloride irrigation	1	
TIS-U-SOL PENTALYTE	1	
water for irrigation, sterile	1	
MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT		
calcium acetate(phosphat bind) oral tablet	1	
MINERALS AND ELECTROLYTES - IODINE		
LUGOLS ORAL	1	

Community Health Plan of Washington	Drug Tier	Limits
STRONG IODINE ORAL	1	
MINERALS AND ELECTROLYTES - IRON COMBINATIONS		
ELITE-OB	1	
STRESS FORMULA	1	ACA
MINERALS AND ELECTROLYTES - IRON		
INFED	2	PA
sodium ferric gluconat-sucrose	1	PA
VENOFER	2	PA
MINERALS AND ELECTROLYTES - POTASSIUM, ORAL		
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	1	
KLOR-CON	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
KLOR-CON/EF	1	
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
potassium chloride oral	1	
MULTIVITAMIN AND MINERAL COMBINATIONS		
ELITE-OB	1	
FOLIVANE-OB	1	
PNV-OMEGA	1	

Community Health Plan of Washington	Drug Tier	Limits
TARON-C DHA	1	
VIRT-C DHA	1	
VIRT-PN PLUS	1	
ZATEAN-PN PLUS	1	
MULTIVITAMINS		
PNV-DHA	1	
PRENATAL-U	1	
VIRT-PN DHA	1	
ZATEAN-PN DHA	1	
PEDIATRIC VITAMINS WITH FLUORIDE COMBINATIONS		
MULTI-VITAMIN WITH FLUORIDE	1	ACA
MULTIVITAMINS WITH FLUORIDE	1	ACA
MVC-FLUORIDE	1	ACA
TRI-VITAMIN WITH FLUORIDE	1	ACA
VITAMINS A,C,D AND FLUORIDE	1	ACA
PRENATAL VITAMINS AND MINERALS		
BAL-CARE DHA	1	
CLASSIC PRENATAL	1	ACA
C-NATE DHA	1	
COMPLETE NATAL DHA	1	
ELITE-OB	1	
FOLIVANE-OB	1	
KPN ORAL TABLET	1	ACA
M-NATAL PLUS	1	
MYNATAL ORAL CAPSULE	1	
MYNATAL PLUS	1	
MYNATAL-Z	1	
NEWGEN	1	

Community Health Plan of Washington	Drug Tier	Limits
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	1	ACA
PERRY PRENATAL	1	ACA
PNV 29-1	1	
PNV-DHA	1	
PNV-OMEGA	1	
PNV-SELECT	1	
PR NATAL 400	1	
PR NATAL 400 EC	1	
PR NATAL 430	1	
PR NATAL 430 EC	1	
PRENA1 CHEW	1	
PRENA1 PEARL	1	
PRENA1 TRUE	1	
PRENATABS FA	1	
PRENATABS RX	1	
PRENATAL COMPLETE	1	ACA
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG	1	ACA
PRENATAL MULTI-DHA (ALGAL OIL)	1	ACA
PRENATAL ONE DAILY	1	ACA
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1	ACA
PRENATAL PLUS	1	
PRENATAL PLUS (CALCIUM CARB)	1	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	1	ACA
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL VITAMIN WITH MINERALS	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
prenatal vits96-iron fum-folic	1	ACA
PRENATAL-U	1	
PREPLUS	1	
PRETAB	1	
SE-NATAL 19 CHEWABLE	1	
SE-NATAL-19	1	
TARON-C DHA	1	
TRINATAL RX 1	1	
TRINATE	1	
TRIVEEN-DUO DHA	1	
VIRT-C DHA	1	
VIRT-NATE DHA	1	
VIRT-PN DHA	1	
VIRT-PN PLUS	1	
VP-CH-PNV	1	
ZATEAN-PN DHA	1	
ZATEAN-PN PLUS	1	
PRENATAL VITAMINS WITH LOW OR NO IRON (LESS THAN 27 MG)		
ZINGIBER	1	
SODIUM CHLORIDE FLUSHES		
sodium chloride 0.9 % (flush) injection syringe	1	
sodium chloride 0.9 % injection	1	
SODIUM CHLORIDE, PARENTERAL		
sodium chloride 0.9 % (flush) injection syringe	1	
sodium chloride 0.9 % intravenous	1	

Community Health Plan of Washington	Drug Tier	Limits
VITAMINS - B PREPARATION COMBINATIONS		
FOLTABS 800	1	ACA
ZINGIBER	1	
VITAMINS - B-12, CYANOCOBALAMIN AND DERIVATIVES		
cyanocobalamin (vitamin b-12) injection	1	
hydroxocobalamin	1	
VITAMINS - B-3, NIACIN AND DERIVATIVES		
niacin oral tablet 500 mg	1	
VITAMINS - D DERIVATIVES		
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral	1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
VITAMINS - FOLIC ACID AND DERIVATIVES		
folic acid injection	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA
VITAMINS - K, PHYTONADIONE AND DERIVATIVES		
phytonadione (vitamin k1) injection solution	1	

Community Health Plan of Washington	Drug Tier	Limits
phytonadione (vitamin k1) oral tablet 5 mg	1	QL (10 EA Max Qty Per Fill Retail)
VITAMIN K	1	
VITAMIN K1 INJECTION	1	
ENDOCRINE		
AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)		
BAQSIMI	2	QL (2 EA Max Qty Per Fill Retail)
diazoxide	1	
GLUCAGEN HYPOKIT	2	QL (2 EA Max Qty Per Fill Retail)
GLUCAGON (HCL) EMERGENCY KIT	2	QL (2 EA Max Qty Per Fill Retail)
GLUCAGON EMERGENCY KIT (HUMAN)	2	QL (2 EA Max Qty Per Fill Retail)
GVOKE HYPOPEN 2-PACK	2	QL (2 ML Max Qty Per Fill Retail)
GVOKE PFS 2-PACK SYRINGE	2	QL (2 ML Max Qty Per Fill Retail)
AMYLOIDOSIS AGENTS-TRANSTHYRETIN (TTR) STABILIZER		
VYNDAMAX	4	PA
VYNDAQEL	4	PA

Community Health Plan of Washington	Drug Tier	Limits
AMYLOIDOSIS AGENTS-TTR SUPPRESSION, ANTISENSE OLIGONUCLEOTIDE-BASED		
TEGSEDI	4	PA
ANABOLIC STEROID - SINGLE AGENTS		
ANADROL-50	3	
oxandrolone	1	
ANDROGEN - SINGLE AGENTS		
METHITEST	2	
methyltestosterone oral capsule	1	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate	1	PA
testosterone transdermal gel	1	PA; QL (60 GM Max Qty Per Fill Retail)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; QL (120 GM Max Qty Per Fill Retail)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; QL (300 GM Max Qty Per Fill Retail)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; QL (150 GM Max Qty Per Fill Retail)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1	PA; QL (75 GM Max Qty Per Fill Retail)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	1	PA; QL (300 GM Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; QL (30 GM Max Qty Per Fill Retail)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; QL (60 GM Max Qty Per Fill Retail)
testosterone transdermal solution in metered pump w/app	1	PA; QL (180 ML Max Qty Per Fill Retail)
ANTIDIURETIC AND VASOPRESSOR HORMONES		
DDAVP NASAL SOLUTION	2	
desmopressin nasal spray, non-aerosol	1	
desmopressin oral	1	
ANTIHYPERGLYCEMIC - ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	1	
miglitol	1	
ANTIHYPERGLYCEMIC - DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	2	QL (30 EA Max Qty Per Fill Retail)
TRADJENTA	2	QL (30 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ANTIHYPERGLYCEMIC - MEGLITINIDE ANALOG AND BIGUANIDE COMBINATIONS		
repaglinide-metformin	1	QL (150 EA Max Qty Per Fill Retail)
ANTIHYPERGLYCEMIC - MEGLITINIDE ANALOGS		
nateglinide	1	
repaglinide	1	
ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND BIGUANIDE COMBINATIONS		
SYNJARDY	2	ST; QL (60 EA Max Qty Per Fill Retail)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 EA Max Qty Per Fill Retail)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	ST; QL (30 EA Max Qty Per Fill Retail)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	ST; QL (30 EA Max Qty Per Fill Retail)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI	2	ST; QL (30 EA Max Qty Per Fill Retail)
ANTIHYPERGLYCEMIC - SODIUM GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
FARXIGA	2	ST; QL (30 EA Max Qty Per Fill Retail)
JARDIANCE	2	ST; QL (30 EA Max Qty Per Fill Retail)
ANTIHYPERGLYCEMIC - SULFONYLUREA AND BIGUANIDE COMBINATIONS		
glipizide-metformin	1	
glyburide-metformin	1	
ANTIHYPERGLYCEMIC - SULFONYLUREA DERIVATIVES		
glimepiride	1	
glipizide	1	
glyburide	1	
glyburide micronized	1	

Community Health Plan of Washington	Drug Tier	Limits
ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND BIGUANIDE COMBINATIONS		
pioglitazone-metformin	1	QL (90 EA Max Qty Per Fill Retail)
ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND SULFONYLUREA COMBINATIONS		
pioglitazone-glimepiride	1	QL (30 EA Max Qty Per Fill Retail)
ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE		
SYMLINPEN 120	2	ST; QL (19 ML Max Qty Per Fill Retail)
SYMLINPEN 60	2	ST; QL (11 ML Max Qty Per Fill Retail)
ANTIHYPERGLYCEMIC, INCRETIN MIMETIC, GLP-1 RECEPTOR AGONIST ANALOG-TYPE		
BYDUREON BCISE	2	PA; QL (4 ML Max Qty Per Fill Retail)
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	PA; QL (4 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; QL (3 ML Max Qty Per Fill Retail)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; QL (2 ML Max Qty Per Fill Retail)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	PA; QL (2 ML Max Qty Per Fill Retail)
ANTIHYPERGLYCEMIC-DIPEPTIDYL PEPTIDASE-4(DPP-4)INHIBITOR AND BIGUANIDE		
JANUMET	2	QL (60 EA Max Qty Per Fill Retail)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 EA Max Qty Per Fill Retail)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 EA Max Qty Per Fill Retail)
JENTADUETO	2	QL (60 EA Max Qty Per Fill Retail)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (60 EA Max Qty Per Fill Retail)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (30 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ANTIHYPERGLYCEMIC-SGLT-2 INHIBITOR, DPP-4 INHIBITOR AND BIGUANIDE COMB		
TRIJARDY XR	2	ST
ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES		
methimazole oral tablet 10 mg, 5 mg	1	
ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES		
propylthiouracil	1	
BONE FORMATION STIMULATING AGENTS - PARATHYROID HORMONE RELATED PEPTIDES		
TYMLOS	4	PA; QL (1 ML Max Qty Per Fill Retail)
BONE RESORPTION INHIBITORS - BISPHOSPHONATES		
alendronate oral solution	1	QL (300 ML per 28 days)
alendronate oral tablet 10 mg, 5 mg	1	QL (30 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
alendronate oral tablet 35 mg, 70 mg	1	QL (4 EA per 28 days)
ibandronate intravenous	4	
ibandronate oral	1	QL (1 EA per 30 days)
risedronate oral tablet 150 mg	1	QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg	1	QL (30 EA Max Qty Per Fill Retail)
risedronate oral tablet 35 mg	1	QL (4 EA per 28 days)
risedronate oral tablet, delayed release (dr/ec)	1	QL (4 EA per 28 days)
zoledronic acid	4	
zoledronic acid-mannitol-water	4	
CALCIMIMETIC, PARATHYROID CALCIUM RECEPTOR SENSITIVITY ENHANCER		
cinacalcet	1	
CALCITONINS		
calcitonin (salmon)	1	
ESTROGEN-ANDROGEN		
COVARYX	1	
COVARYX H.S.	1	
EEMT	1	
EEMT HS	1	
estrogens-methyltestosterone	1	
ESTROGEN-PROGESTIN		
AMABELZ	1	
estradiol-norethindrone acet	1	
FYAVOLV	1	

Community Health Plan of Washington	Drug Tier	Limits
JINTELI	1	
MIMVEY	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
ESTROGENS		
DOTTI	1	QL (8 EA per 28 days)
estradiol oral	1	
estradiol transdermal patch semiweekly	1	QL (8 EA per 28 days)
estradiol transdermal patch weekly	1	QL (4 EA per 28 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	
MENEST	2	
FERTILITY ENHANCER - PRETERM BIRTH PREVENTION, PROGESTERONE -TYPE		
hydroxyprogesterone (pf)(preg presv)	4	PA
hydroxyprogesterone cap(ppres)	4	PA
FIBROBLAST GROWTH FACTOR 23 (FGF23) INHIBITORS, MONOCLONAL ANTIBODY		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; QL (7 ML per 28 days)
CRYSVITA SUBCUTANEOUS SOLUTION 20 MG/ML	4	PA; QL (4 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML	4	PA; QL (3 ML per 28 days)
GLUCOCORTICOIDS		
cortisone	1	
DECADRON ORAL TABLET	1	
DEXABLISS	1	PA
DEXAMETHASONE INTENSOL	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablets,dose pack	1	PA
HIDEX	1	PA
hydrocortisone oral	1	
methylprednisolone	1	
MILLIPRED DP	1	
MILLIPRED ORAL TABLET	1	
prednisolone oral solution 15 mg/5 ml	1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral tablet,disintegrating	1	
prednisone	1	
PREDNISONE INTENSOL	1	

Community Health Plan of Washington	Drug Tier	Limits
GONADOTROPIN INHIBITOR PITUITARY SUPPRESSANTS		
danazol	1	
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	4	
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV	4	PA
GROWTH HORMONES		
OMNITROPE	4	PA
HUMAN INSULINS - FIXED COMBINATIONS		
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	
HUMAN INSULINS - INTERMEDIATE ACTING		
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	

Community Health Plan of Washington	Drug Tier	Limits
HUMAN INSULINS - SHORT ACTING		
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
INSULIN ANALOGS - FIXED COMBINATIONS		
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
NOVOLOG MIX 70-30 U-100 INSULN	3	
NOVOLOG MIX 70-30FLEXPEN U-100	3	
INSULIN ANALOGS - LONG ACTING		
LANTUS SOLOSTAR U-100 INSULIN	2	
LANTUS U-100 INSULIN	2	
LEVEMIR FLEXTOUCH U-100 INSULN	3	
LEVEMIR U-100 INSULIN	3	
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	

Community Health Plan of Washington	Drug Tier	Limits
TRESIBA FLEXTOUCH U-100	3	
TRESIBA FLEXTOUCH U-200	3	
TRESIBA U-100 INSULIN	3	
INSULIN ANALOGS - RAPID ACTING		
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG U-100 INSULIN	2	
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	2	
LYUMJEV U-100 INSULIN	2	
NOVOLOG FLEXPEN U-100 INSULIN	3	
NOVOLOG PENFILL U-100 INSULIN	3	
NOVOLOG U-100 INSULIN ASPART	3	
INSULIN RESPONSE ENHANCERS - BIGUANIDES		
metformin oral solution	1	
metformin oral tablet	1	
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 EA Max Qty Per Fill Retail)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 EA Max Qty Per Fill Retail)
metformin oral tablet extended release 24hr 1,000 mg	1	PA; QL (60 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
metformin oral tablet extended release 24hr 500 mg	1	PA; QL (30 EA Max Qty Per Fill Retail)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	1	PA; QL (60 EA Max Qty Per Fill Retail)
metformin oral tablet,er gast.retention 24 hr 500 mg	1	PA; QL (120 EA Max Qty Per Fill Retail)
INSULIN RESPONSE ENHANCERS - THIAZOLIDINEDIONES (PPAR-GAMMA AGONISTS)		
pioglitazone	1	QL (30 EA Max Qty Per Fill Retail)
INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)		
INCRELEX	4	PA
LEPTIN HORMONE ANALOGS		
MYALEPT	4	PA
LHRH (GNRH) AGONIST ANALOG PIT SUPPRES - CENTRAL PRECOCIOUS PUBERTY		
LUPRON DEPOT-PED	4	
LUPRON DEPOT-PED (3 MONTH)	4	
TRIPTODUR	4	

Community Health Plan of Washington	Drug Tier	Limits
LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	
LHRH (GNRH) ANTAGONISTS		
ORILISSA ORAL TABLET 150 MG	2	ST; QL (180 EA per 365 days)
ORILISSA ORAL TABLET 200 MG	2	ST; QL (360 EA per 365 days)
MENOPAUSAL SYMPTOMS SUPPRESSANT-SSRI ANTIDEPRESSANT TYPE		
paroxetine mesylate(menop.sym)	1	ST; QL (30 EA Max Qty Per Fill Retail)
MENOPAUSAL SYMPTOMS SUPPRESSANT - HORMONAL AGENTS		
INTRAROSA	3	
MINERALOCORTICOIDS		
fludrocortisone	1	

Community Health Plan of Washington	Drug Tier	Limits
OXYTOCIC - ERGOT ALKALOIDS		
METHERGINE	1	QL (28 EA per 30 days)
methylergonovine oral	1	QL (28 EA per 30 days)
PARATHYROID HORMONES		
NATPARA	4	PA
PROGESTINS		
hydroxyprogesterone (pf)(preg presv)	4	PA
hydroxyprogesterone cap(ppres)	4	PA
medroxyprogesterone oral	1	
norethindrone acetate	1	
progesterone	4	
progesterone micronized	1	
PROLACTIN INHIBITOR - ERGOT DERIVATIVE DOPAMINE RECEPTOR AGONISTS		
cabergoline	1	QL (8 EA per 28 days)
RANK LIGAND (RANKL) INHIBITOR, MC ANTIBODY		
XGEVA	4	PA
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
raloxifene	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
SOMATOSTATIC AGENTS		
octreotide acetate	4	
SIGNIFOR	4	PA
SOMATULINE DEPOT	4	PA
THYROID HORMONE COMBINATIONS - SYNTHETIC T3 AND T4		
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
THYROID HORMONES - ANIMAL SOURCE (PORCINE)		
ARMOUR THYROID	2	
NP THYROID	1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	1	
THYROID HORMONES - SYNTHETIC T3 (TRIODOETHYRONE)		
liothyronine oral	1	
THYROID HORMONES - SYNTHETIC T4 (THYROXINE)		
EUTHYROX	1	
LEVO-T	1	
levothyroxine oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
UNITHROID	1	
FDB CLASS OBSOLETE- NOT USED		
ARGININE VASOPRESSIN (AVP) V2 RECEPTOR ANTAGONIST, SELECTIVE		
SAMSCA ORAL TABLET 15 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
tolvaptan oral tablet 30 mg	4	PA; QL (60 EA Max Qty Per Fill Retail)
GASTROINTESTINAL THERAPY AGENTS		
ANTIDIARRHEAL - ANTIPERISTALTIC AGENTS		
loperamide oral capsule	1	
opium tincture	1	
ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR		
XERMELO	4	PA; QL (90 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ANTIDIARRHEAL - ANTIPERISTALTIC - ANTICHOLINERGIC COMBINATIONS		
diphenoxylate-atropine	1	
ANTIDIARRHEAL OPIOID AGENTS		
opium tincture	1	
ANTIEMETIC - ANTICHOLINERGICS		
scopolamine base	1	
ANTIEMETIC - ANTIHISTAMINES		
meclizine oral tablet 12.5 mg, 25 mg	1	
ANTIEMETIC - ANTIHISTAMINE -VITAMIN COMBINATIONS		
doxylamine-pyridoxine (vit b6)	1	QL (720 EA per 365 days)
ANTIEMETIC - CANNABINOID TYPE		
dronabinol	1	PA
ANTIEMETIC - DOPAMINE (D2)/5-HT3 ANTAGONISTS		
trimethobenzamide oral	1	
ANTIEMETIC - PHENOTHIAZINES		
COMPRO	1	

Community Health Plan of Washington	Drug Tier	Limits
prochlorperazine	1	
prochlorperazine maleate	1	
promethazine oral	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
PROMETHEGAN	1	
ANTIEMETIC - SELECTIVE SEROTONIN 5-HT3 ANTAGONISTS		
granisetron hcl oral	1	QL (6 EA Max Qty Per Fill Retail)
ondansetron	1	QL (9 EA Max Qty Per Fill Retail)
ondansetron hcl oral solution	1	QL (100 ML Max Qty Per Fill Retail)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (9 EA Max Qty Per Fill Retail)
ANTIEMETIC - SUBSTANCE P-NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant oral capsule 125 mg, 40 mg	1	QL (1 EA Max Qty Per Fill Retail)
aprepitant oral capsule 80 mg	1	QL (2 EA Max Qty Per Fill Retail)
aprepitant oral capsule,dose pack	1	QL (3 EA Max Qty Per Fill Retail)
VARUBI ORAL	2	QL (2 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
BILE ACIDS		
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (120 EA Max Qty Per Fill Retail)
CHRONIC IDIOPATHIC CONST. AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
TRULANCE	2	
COLONIC ACIDIFIER (AMMONIA INHIBITOR)		
ENULOSE	1	
GENERLAC	1	
lactulose oral solution 10 gram/15 ml	1	
DIGESTIVE ENZYME MIXTURES		
CREON	2	
VIOKACE	2	
DIGESTIVE ENZYMES		
SUCRAID	4	
GALLSTONE SOLUBILIZING (LITHOLYSIS) AGENTS		
CHENODAL	4	PA
ursodiol	1	

Community Health Plan of Washington	Drug Tier	Limits
GASTRIC ACID SECRETION REDUCERS - HISTAMINE H2-RECEPTOR ANTAGONISTS		
cimetidine	1	
cimetidine hcl oral	1	
famotidine oral suspension	1	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
GASTRIC ACID SECRETION REDUCING AGENTS - PROTON PUMP INHIBITORS (PPIS)		
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	ST; QL (30 EA Max Qty Per Fill Retail)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	QL (30 EA Max Qty Per Fill Retail)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	ST; QL (30 EA Max Qty Per Fill Retail)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	ST

Community Health Plan of Washington	Drug Tier	Limits
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	QL (30 EA Max Qty Per Fill Retail)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	QL (30 EA Max Qty Per Fill Retail)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg	1	QL (30 EA Max Qty Per Fill Retail)
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg	1	
pantoprazole oral granules dr for susp in packet	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (30 EA Max Qty Per Fill Retail)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	
rabeprazole oral tablet,delayed release (dr/ec)	1	
GASTRIC ACID SECRETION REDUCING- PROTON PUMP INHIBITOR AND ANTACID COMB		
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	1	PA; QL (30 EA Max Qty Per Fill Retail)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	PA

Community Health Plan of Washington	Drug Tier	Limits
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	PA; QL (30 EA Max Qty Per Fill Retail)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	PA
GASTRIC MUCOSA - CYTOPROTECTIVE PROSTAGLANDIN ANALOGS		
misoprostol	1	
GASTROINTESTINAL PROKINETIC AGENTS - D2 ANTAGONIST/5-HT4 AGONISTS		
metoclopramide hcl oral	1	
GI ANTISPASMODIC - BELLADONNA ALKALOIDS		
ANASPAZ	1	
ED-SPAZ	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sublingual	1	
HYOSYNE	1	
methscopolamine	3	
OSCIMIN ORAL TABLET	1	
OSCIMIN SL	1	
OSCIMIN SR	1	
SYMAX FASTABS	1	
SYMAX-SL	1	
SYMAX-SR	1	

Community Health Plan of Washington	Drug Tier	Limits
GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS		
glycopyrrolate oral	1	
GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES		
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet	1	
GI ANTISPASMODIC AND BENZODIAZEPINE COMBINATIONS		
chlordiazepoxide-clidinium	1	
GI ANTISPASMODIC AND OPIOID COMBINATIONS		
belladonna alkaloids-opium	1	
GI ANTISPASMODIC COMBINATIONS OTHER		
belladonna alkaloids-opium	1	
chlordiazepoxide-clidinium	1	

Community Health Plan of Washington	Drug Tier	Limits
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	1	
phenobarb-hyoscy-atropine-scop oral tablet	1	
PHENOHYTRO ORAL ELIXIR 16.2-0.1037 - 0.0194 MG/5 ML	1	
PHENOHYTRO ORAL TABLET	1	
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
TRULANCE	2	
IBS AGENT - MIXED OPIOID RECEPTOR AGONIST AND ANTAGONIST		
VIBERZI	2	
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS		
alosetron	1	
INFLAMMATOR Y BOWEL AGENT - INTERLEUKIN-12 AND IL-23 INHIBITORS, MC AB		
STELARA SUBCUTANEOUS SOLUTION	4	PA; QL (0.5 ML per 90 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (2 ML per 90 days)

Community Health Plan of Washington	Drug Tier	Limits
INFLAMMATOR Y BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS		
balsalazide	1	
DIPENTUM	3	
mesalamine	1	
mesalamine with cleansing wipe	1	
PENTASA	2	
sulfasalazine	1	
INFLAMMATOR Y BOWEL AGENT - GLUCOCORTICOIDS		
budesonide oral	1	
hydrocortisone rectal	1	
UCERIS RECTAL	2	
INFLAMMATOR Y BOWEL AGENT - INTEGRIN RECEPTOR ANTAGONIST, MC ANTIBODY		
ENTYVIO	4	PA
INFLAMMATOR Y BOWEL AGENT - JANUS KINASE (JAK) INHIBITORS		
XELJANZ	4	PA; QL (60 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
INFLAMMATORY BOWEL AGENT - TUMOR NECROSIS FACTOR ALPHA BLOCKERS		
HUMIRA	4	PA; QL (2 EA per 28 days)
HUMIRA PEN	4	PA; QL (2 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL (6 EA per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	4	PA; QL (4 EA per 365 days)
HUMIRA(CF)	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (2 EA per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
INFLECTRA	4	PA

Community Health Plan of Washington	Drug Tier	Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 ML per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 ML per 30 days)
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron	1	
VIBERZI	2	
KERATINOCYTE GROWTH FACTOR (KGF)		
KEPIVANCE	4	
LAXATIVE - SALINE AND OSMOTIC		
CITRATE OF MAGNESIA	1	ACA
CITROMA	1	ACA
CLEARLAX	1	ACA
CONSTULOSE	1	
GAVILAX ORAL POWDER	1	ACA
GENTLELAX	1	ACA
GLYCOLAX ORAL POWDER	1	ACA
HEALTHYLAX	1	ACA
lactulose oral packet	1	
lactulose oral solution 10 gram/15 ml, 20 gram/30 ml	1	
LAXACLEAR	1	ACA
LAXATIVE PEG 3350 ORAL POWDER	1	ACA
magnesium citrate oral solution	1	ACA
MILK OF MAGNESIA	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
MILK OF MAGNESIA CONCENTRATED	1	ACA
MIRALAX ORAL POWDER IN PACKET	1	ACA
NATURA-LAX	1	ACA
polyethylene glycol 3350	1	ACA
POWDERLAX	1	ACA
PURELAX	1	ACA
SMOOTHLAX	1	ACA
LAXATIVE - SALINE/OSMOTIC MIXTURES		
GAVILYTE-C	1	ACA
GAVILYTE-G	1	ACA
GAVILYTE-N	1	ACA
ORAL SALINE LAXATIVE ORAL LIQUID	1	ACA
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	ACA
peg-electrolyte soln	1	ACA
PHOSPHATE LAXATIVE ORAL LIQUID	1	ACA
TRILYTE WITH FLAVOR PACKETS	1	ACA
LAXATIVE - STIMULANT AND SALINE/OSMOTIC COMBINATIONS		
PEG-PREP	1	ACA
LAXATIVE - STIMULANT		
ALOPHEN (BISACODYL)	1	ACA
bisacodyl oral	1	ACA
BISA-LAX (BISACODYL)	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
DUCODYL (BISACODYL)	1	ACA
GENTLE LAXATIVE (BISACODYL) ORAL	1	ACA
LAXATIVE (BISACODYL) ORAL	1	ACA
WOMEN'S GENTLE LAXATIVE(BISAC)	1	ACA
WOMEN'S LAXATIVE (BISACODYL)	1	ACA
PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES		
sucralfate	1	
PEPTIC ULCER-TREATMENT H. PYLORI-PROTON PUMP INHIBITOR AND ANTIBIOTICS		
amoxicil-clarithromy-lansopraz	1	QL (112 EA Max Qty Per Fill Retail)
SHORT BOWEL SYNDROME (SBS) AGENTS		
octreotide acetate	4	
GENITOURINARY THERAPY		
BPH AGENT- 5-ALPHA REDUCTASE INHIB AND ALPHA-1 ADRENOCEPTOR ANTAG COMB		
dutasteride-tamsulosin	1	ST

Community Health Plan of Washington	Drug Tier	Limits
CYSTINOSIS THERAPY (CYSTINE DEPLETING AGENTS)		
CYSTAGON	4	
G.U. IRRIGANTS - ANTI-INFECTIVE		
neomycin-polymyxin b gu	1	
G.U. IRRIGANTS		
acetic acid irrigation	1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	2	
PHOSPHATE BINDERS - CALCIUM-BASED		
calcium acetate(phosphat bind)	1	
PHOSPHATE BINDERS		
calcium acetate(phosphat bind)	1	
lanthanum	1	
sevelamer carbonate	1	
sevelamer hcl	1	

Community Health Plan of Washington	Drug Tier	Limits
POLYCYSTIC KIDNEY DISEASE - VASOPRESSIN V2 RECEPTOR ANTAGONISTS		
SAMSCA ORAL TABLET 15 MG	4	PA; QL (30 EA Max Qty Per Fill Retail)
tolvaptan oral tablet 30 mg	4	PA; QL (60 EA Max Qty Per Fill Retail)
PROSTATIC HYPERTROPHY AGENT - ALPHA-1-ADRENOCEPTOR ANTAGONISTS		
alfuzosin	1	
silodosin	1	
tamsulosin	1	
PROSTATIC HYPERTROPHY AGENT - TYPE II 5-ALPHA REDUCTASE INHIBITORS		
finasteride oral tablet 5 mg	1	
PROSTATIC HYPERTROPHY AGENT-SEL.CGMP PHOSPHODIESTERASE TYPE5 INHIBITOR		
tadalafil oral tablet 2.5 mg	1	PA; QL (30 EA Max Qty Per Fill Retail)
tadalafil oral tablet 5 mg	1	PA; QL (6 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
PROSTATIC HYPERTROPHY AGENT-TYPE I AND II 5-ALPHA REDUCTASE INHIBITORS		
dutasteride	1	ST
URINARY ACIDIFIER - PHOSPHATES		
K-PHOS ORIGINAL	2	
URINARY ALKALINIZER - CITRATES		
potassium citrate	1	
URINARY ANALGESICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
URINARY ANTIBACTERIAL - METHENAMINE AND SALTS		
methenamine hippurate	1	
methenamine mandelate	1	
URINARY ANTIBACTERIAL - NITROFURAN DERIVATIVES		
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd/m-cryst	1	

Community Health Plan of Washington	Drug Tier	Limits
URINARY ANTI-INFECTIVE METHENAMINE-ANTISPAS-ANALG COMBINATIONS		
HYOPHEN	1	
PHOSPHASAL	1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	1	
URIMAR-T	1	
URIN DS	1	
URO-458	1	
URO-MP	1	
USTELL	1	
UTIRA-C	1	
URINARY ANTI-INFECTIVE METHENAMINE-ANTISPASMODIC COMBINATIONS		
methen-sod phos-meth blue-hyos	1	
UROGESIC-BLUE	1	
URYL	1	
URINARY ANTISPASMODIC - ANTICHOL., M(3) MUSCARINIC SELECTIVE (BLADDER)		
darifenacin	1	
solifenacin	1	

Community Health Plan of Washington	Drug Tier	Limits
URINARY ANTISPASMODIC - ANTICHOLINER GICS, NON-SELECTIVE		
ANASPAZ	1	
ED-SPAZ	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sublingual	1	
HYOSYNE	1	
OSCIMIN ORAL TABLET	1	
OSCIMIN SL	1	
OSCIMIN SR	1	
SYMAX FASTABS	1	
SYMAX-SL	1	
SYMAX-SR	1	
URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS		
flavoxate	1	
oxybutynin chloride	1	
tolterodine	1	
TOVIAZ	3	ST
tropium	1	
URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS		
bethanechol chloride	1	

Community Health Plan of Washington	Drug Tier	Limits
GOUT AND HYPERURICEMIA THERAPY		
GOUT ACUTE THERAPY - ANTIMITOTICS		
colchicine oral tablet	1	
MITIGARE	2	
GOUT AND HYPERURICEMIA - ANTIMITOTIC-URICOSURIC COMBINATIONS		
probenecid-colchicine	1	
HYPERURICEMIA THERAPY - URATE-OXIDASE ENZYME-TYPE		
KRYSTEXXA	4	PA
HYPERURICEMIA THERAPY - URICOSURICS		
probenecid	1	
HYPERURICEMIA THERAPY - XANTHINE OXIDASE INHIBITORS		
allopurinol	1	
febuxostat	1	ST

Community Health Plan of Washington	Drug Tier	Limits
HEMATOLOGIC AGENTS		
AGENTS TO TREAT ATTP-ANTI VON WILLEBRAND FACTOR (VWF) A1 DOMAIN		
CABLIVI INJECTION KIT	4	PA
ANTICOAGULANTS - COUMARIN		
JANTOVEN	1	
warfarin	1	
C1 ESTERASE INHIBITOR AGENTS		
CINRYZE	4	PA
RUCONEST	4	PA
CXCR4 CHEMOKINE RECEPTOR ANTAGONISTS		
MOZOBIL	4	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	2	PA
ELIQUIS DVT-PE TREAT 30D START	2	PA
XARELTO	2	PA
XARELTO DVT-PE TREAT 30D START	2	PA

Community Health Plan of Washington	Drug Tier	Limits
ERYTHROPOIETINS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA
PROCRIT	4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA
FACTOR X PREPARATIONS		
COAGADEX	4	PA
FACTOR XIII PREPARATIONS		
CORIFACT	4	PA
TRETTEN	4	PA
GRANULOCYTE COLONY-STIMULATING FACTOR (G-CSF)		
FULPHILA	4	PA; QL (2 ML per 30 days)
NEULASTA	4	PA; QL (2 ML per 30 days)
NEULASTA ONPRO	4	PA; QL (2 ML per 30 days)
NIVESTYM	4	PA
UDENYCA	4	PA; QL (2 ML per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
ZARXIO	4	PA
ZIEXTENZO	4	PA
GRANULOCYTE-MACROPHAGE COLONY-STIMULATING FACTOR (GM-CSF)		
LEUKINE INJECTION RECON SOLN	4	
HEMATORHEOLOGIC AGENTS		
pentoxifylline	1	
HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS		
aminocaproic acid oral	1	
RIASTAP	4	
tranexamic acid oral	1	
HEMOSTATIC SYSTEMIC- VON WILLEBRAND FACTOR (VWF) PREPARATIONS		
VONVENDI	4	PA
HEPARIN FLUSH FORMULATIONS		
HEP FLUSH-10 (PF)	1	
heparin (porcine) in nacl (pf)	1	
heparin flush(porcine)-0.9nacl	1	
HEPARIN LOCK FLUSH	1	
heparin lock flush (porcine) intravenous solution 100 unit/ml	1	
HEPARIN LOCKFLUSH(PORCINE)(PF)	1	

Community Health Plan of Washington	Drug Tier	Limits
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	1	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	1	
HEPARINS		
HEP FLUSH-10 (PF)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	
heparin (porcine) in nacl (pf)	1	
heparin (porcine) injection cartridge	1	
heparin (porcine) injection solution	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin flush(porcine)-0.9nacl	1	
HEPARIN LOCK FLUSH	1	
heparin lock flush (porcine) intravenous solution 100 unit/ml	1	
HEPARIN LOCKFLUSH(PORCINE)(PF)	1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	
heparin, porcine (pf) injection solution	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	

Community Health Plan of Washington	Drug Tier	Limits
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	1	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	1	
HUMAN MONOCLONAL ANTIBODY COMPLEMENT (C5) INHIBITORS		
SOLIRIS	4	PA
INDIRECT FACTOR XA INHIBITORS		
fondaparinux	4	
LOW MOLECULAR WEIGHT HEPARINS		
enoxaparin	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
MONOCLONAL ANTIBODY - P-SELECTIN INHIBITORS		
ADAKVEO	4	PA
PLATELET AGGREGATION INHIB - CYCLOPENTYL-TRIAZOLO-PYRIMIDINES (CPTPS)		
BRILINTA	2	

Community Health Plan of Washington	Drug Tier	Limits
PLATELET AGGREGATION INHIBITOR COMBINATIONS		
aspirin-dipyridamole	1	
PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERASE III INHIBITORS		
cilostazol	1	
PLATELET AGGREGATION INHIBITORS - QUINAZOLINE AGENTS		
anagrelide	1	
PLATELET AGGREGATION INHIBITORS - SALICYLATES		
ASPIRIN LOW DOSE	1	ACA
aspirin oral tablet	1	ACA
aspirin oral tablet, chewable	1	ACA
aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg	1	ACA
ASPIR-TRIN	1	ACA
BAYER ASPIRIN	1	ACA
CHILDREN'S ASPIRIN	1	ACA
E.C. PRIN	1	ACA
ECOTRIN	1	ACA
ECOTRIN LOW STRENGTH	1	ACA
LITE COAT ASPIRIN	1	ACA
ST JOSEPH ASPIRIN	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
PLATELET AGGREGATION INHIBITORS - THIENOPYRIDINE AGENTS		
clopidogrel	1	
prasugrel	1	
PLATELET AGGREGATION INHIBITORS - PDESTERASE AND ADENOSINE DEAMINASE INHIBITORS		
dipyridamole oral	1	
PROTEIN C PREPARATIONS		
CEPROTIN (BLUE BAR)	4	
CEPROTIN (GREEN BAR)	4	
SICKLE CELL ANEMIA AGENTS, OTHERS		
DROXIA	2	
SICKLE CELL ANEMIA AGENTS		
DROXIA	2	
THROMBIN INHIBITOR - SELECTIVE DIRECT AND REVERSIBLE		
PRADAXA	3	PA

Community Health Plan of Washington	Drug Tier	Limits
THROMBOPOIETIN RECEPTOR AGONISTS		
DOPTELET (15 TAB PACK)	4	PA; QL (15 EA Max Qty Per Fill Retail)
NPLATE	4	PA
PROMACTA	4	PA
HEPATOBIILIARY SYSTEM TREATMENT AGENTS		
FARNESOID X RECEPTOR (FXR) AGONIST, BILE ACID ANALOG		
OCALIVA	4	PA; QL (30 EA Max Qty Per Fill Retail)
IMMUNOSUPPRESSIVE AGENTS		
IMMUNOSUPPRESSIVE - INTERFERON GAMMA INHIBITOR, MONOCLONAL ANTIBODY		
GAMIFANT	4	PA
IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS		
cyclosporine modified	1	
cyclosporine oral capsule	1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	

Community Health Plan of Washington	Drug Tier	Limits
GENGRAF ORAL SOLUTION	1	
PROGRAF ORAL GRANULES IN PACKET	2	
SANDIMMUNE ORAL SOLUTION	2	
tacrolimus oral	1	
IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
mycophenolate mofetil	1	
mycophenolate sodium	1	
IMMUNOSUPPRESSIVE - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS		
everolimus (immunosuppressive)	1	
sirolimus	1	
ZORTRESS ORAL TABLET 1 MG	2	
IMMUNOSUPPRESSIVE - PURINE ANALOGS		
azathioprine	1	
LOCOMOTOR SYSTEM		
ALS AGENTS - ANTIOXIDANTS/ ANTI-INFLAMMATORIES		
RADICAVA	4	

Community Health Plan of Washington	Drug Tier	Limits
ALS AGENTS - BENZATHIAZOLES		
riluzole	1	PA
ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS		
pyridostigmine bromide oral syrup	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release	1	
ANTIMYASTHENIC AGENTS OTHER		
guanidine	1	
MUSCULOSKELETAL THERAPY AGENT - VISCOSUPPLEMENTS		
EUFLEXXA	4	PA
NEUROMUSCULAR BLOCKER - NEUROTOXINS		
BOTOX	4	PA
SKELETAL MUSCLE RELAXANT - ANALGESIC SALICYLATE COMBINATIONS		
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	1	
ORPHENGESIC FORTE	1	

Community Health Plan of Washington	Drug Tier	Limits
SKELETAL MUSCLE RELAXANT - CENTRAL MUSCLE RELAXANTS		
baclofen oral tablet 10 mg, 20 mg	1	
chlorzoxazone	1	
cyclobenzaprine	1	
METAXALL	1	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate oral	1	
tizanidine	1	
SKELETAL MUSCLE RELAXANT - DIRECT MUSCLE RELAXANTS		
dantrolene oral	1	
MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME)		
MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE TESTS		
FREESTYLE INSULINX STRIP	2	
FREESTYLE INSULINX TEST STRIPS	2	
FREESTYLE LITE STRIPS	2	
FREESTYLE TEST	2	

Community Health Plan of Washington	Drug Tier	Limits
PRECISION XTRA TEST	2	
MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE-KETONE COMB. TEST SUPPLIES		
PRECISION XTRA KETONE-GLUCOSE	2	
MEDICAL SUPPLIES AND DME - CERVICAL CAPS		
FEMCAP VAGINAL DEVICE 22 MM	2	
MEDICAL SUPPLIES AND DME - DIAPHRAGMS		
CAYA CONTOURED	2	
MEDICAL SUPPLIES AND DME - FEMALE CONDOMS		
FC2 FEMALE CONDOM	2	
MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES		
BD MICROTAINER LANCET 30 GAUGE	2	
BD ULTRA FINE LANCETS	2	
FREESTYLE CONTROL	2	
FREESTYLE FLASH SYSTEM	2	

Community Health Plan of Washington	Drug Tier	Limits
FREESTYLE FREEDOM	2	
FREESTYLE FREEDOM LITE	2	
FREESTYLE INSULINX	2	
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	QL (2 EA per 28 days)
FREESTYLE LITE METER	2	
FREESTYLE SIDEKICK II	2	
FREESTYLE SYSTEM KIT	2	
lancets 33 gauge	2	
lancing device	2	
MEDISENSE	2	
MEDISENSE GLUCOSE KETONE	2	
PRECISION XTRA KETONE-GLUCOSE	2	
PRECISION XTRA MONITOR	2	
MEDICAL SUPPLIES AND DME - INSULIN NEEDLES- SYRINGES AND ADMIN SUPPLIES		
AUTOJECT 2 INJECTION DEVICE	2	
AUTOPEN 1 TO 21 UNITS	2	
BD ULTRA-FINE NANO PEN NEEDLE	2	

Community Health Plan of Washington	Drug Tier	Limits
MEDICAL SUPPLIES AND DME - IV SETS-TUBING		
SILHOUETTE INFUSION SET	2	
MEDICAL SUPPLIES AND DME - MISCELLANEOUS OTHER		
OMNIPOD DASH 5 PACK POD	2	
SAFE-CLIP BY MAIL	2	
T:SLIM	2	
T:SLIM G4	2	
MEDICAL SUPPLIES AND DME - NEEDLES AND SYRINGES		
BD INTEGRA NEEDLE	2	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
MEDICAL SUPPLIES AND DME - RESPIRATORY THERAPY SUPPLIES		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	

Community Health Plan of Washington	Drug Tier	Limits
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
INSPIRACHAMBER	2	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
MEDICAL SUPPLIES AND DME - SUBCUTANEOUS INSULIN DELIVERY DEVICES		
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
MEDICAL SUPPLIES AND DME - SUBCUTANEOUS INSULIN PUMP		
OMNIPOD INSULIN MANAGEMENT	2	
REVEL PROGRAMMABLE PUMP	2	

Community Health Plan of Washington	Drug Tier	Limits
MEDICAL SUPPLIES AND DME-GLUCOSE MONITORING AND INSULIN ADMIN SUPPLIES		
ACCU-CHEK COMBO SYSTEM	2	
AUTOSOFT 30	2	
AUTOSOFT 90	2	
AUTOSOFT XC INFUSION SET 23"	2	
CLEO 90 INFUSION SET 24"	2	
COMFORT INFUSION SET 43"	2	
COMFORT SHORT INSULIN PUMP 23"	2	
CONTACT DETACH INFUS SET 23"	2	
MINIMED INFUSION SET-MMT 390	2	
MINIMED MIO 32"	2	
MINIMED MIO ADVANCE INF SET23"	2	
MINIMED QUICK SET 43"	2	
MINIMED SILHOUETTE 23"	2	
MINIMED SURE T 32"	2	
MIO INFUSION SET	2	
QUICK-SET PARADIGM	2	
SILHOUETTE INFUSION SET	2	
SURE-T PARADIGM	2	
T:30 INFUSION SET	2	
T:90 INFUSION SET 23"	2	

Community Health Plan of Washington	Drug Tier	Limits
TRUSTEEL INFUSION SET 32"	2	
VARISOFT INFUSION SET 43"	2	
MEDICAL SUPPLY, FDB SUPERSET		
MEDICAL SUPPLY, FDB SUPERSET		
ACCU-CHEK COMBO SYSTEM	2	
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
AUTOJECT 2 INJECTION DEVICE	2	
AUTOPEN 1 TO 21 UNITS	2	
AUTOSOFT 30	2	
AUTOSOFT 90	2	
AUTOSOFT XC INFUSION SET 23"	2	
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS	2	
BD ULTRA-FINE NANO PEN NEEDLE	2	

Community Health Plan of Washington	Drug Tier	Limits
BREATHERITE MDI SPACER	2	
CAYA CONTOURED	2	
CLEO 90 INFUSION SET 24"	2	
COMFORT INFUSION SET 43"	2	
COMFORT SHORT INSULIN PUMP 23"	2	
COMPACT SPACE CHAMBER	2	
CONTACT DETACH INFUS SET 23"	2	
EASIVENT HOLDING CHAMBER	2	
FC2 FEMALE CONDOM	2	
FEMCAP VAGINAL DEVICE 22 MM	2	
FLEXICHAMBER	2	
FREESTYLE CONTROL	2	
FREESTYLE FLASH SYSTEM	2	
FREESTYLE FREEDOM	2	
FREESTYLE FREEDOM LITE	2	
FREESTYLE INSULINX	2	
FREESTYLE INSULINX TEST STRIPS	2	
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	QL (2 EA per 28 days)
FREESTYLE LITE METER	2	
FREESTYLE LITE STRIPS	2	
FREESTYLE SIDEKICK II	2	

Community Health Plan of Washington	Drug Tier	Limits
FREESTYLE SYSTEM KIT	2	
FREESTYLE TEST	2	
INSPIRACHAMBER	2	
lancets 33 gauge	2	
lancing device	2	
LITEAIRE MDI CHAMBER	2	
MEDISENSE	2	
MEDISENSE GLUCOSE KETONE	2	
MICROCHAMBER	2	
MICROSPACER	2	
MINIMED INFUSION SET-MMT 390	2	
MINIMED MIO 32"	2	
MINIMED MIO ADVANCE INF SET23"	2	
MINIMED QUICK SET 43"	2	
MINIMED SILHOUETTE 23"	2	
MINIMED SURE T 32"	2	
MIO INFUSION SET	2	
OMNIPOD DASH 5 PACK POD	2	
OMNIPOD INSULIN MANAGEMENT	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRECISION XTRA KETONE-GLUCOSE	2	
PRECISION XTRA MONITOR	2	
PRECISION XTRA TEST	2	
PRIMEAIRE	2	
PROCHAMBER	2	

Community Health Plan of Washington	Drug Tier	Limits
QUICK-SET PARADIGM	2	
REVEL PROGRAMMABLE PUMP	2	
RITEFLO AEROCHAMBER	2	
SAFE-CLIP BY MAIL	2	
SILHOUETTE INFUSION SET	2	
SURE-T PARADIGM	2	
T:30 INFUSION SET	2	
T:90 INFUSION SET 23"	2	
T:SLIM	2	
T:SLIM G4	2	
TRUSTEEL INFUSION SET 32"	2	
VARISOFT INFUSION SET 43"	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
METABOLIC DISEASE ENZYME REPLACEMENT AGENTS		
DRUGS TO TREAT NEURONAL CEROID LIPOFUSCINOSIS TYPE 2 (CLN2)		
BRINEURA INTRAVENTRICULAR KIT	4	

Community Health Plan of Washington	Drug Tier	Limits
METABOLIC DISEASE ENZYME REPLACEMENT, BATTEN DISEASE		
BRINEURA INTRAVENTRICULAR KIT	4	
METABOLIC DISEASE ENZYME REPLACEMENT, FABRY'S DISEASE		
FABRAZYME	4	
METABOLIC DISEASE ENZYME REPLACEMENT, GAUCHER'S DISEASE		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA
METABOLIC DISEASE ENZYME REPLACEMENT, HYPOPHOSPHATASIA		
STRENSIQ	4	PA
METABOLIC DISEASE ENZYME REPLACEMENT, LYSOSOMAL ACID LIPASE DEFICIENCY		
KANUMA	4	

Community Health Plan of Washington	Drug Tier	Limits
METABOLIC DISEASE ENZYME REPLACEMENT, MUCOPOLYSACCHARIDOSIS		
ALDURAZYME	4	
ELAPRASE	4	
MEPSEVII	4	
NAGLAZYME	4	
VIMIZIM	4	
METABOLIC DISEASE ENZYME REPLACEMENT, POMPE DISEASE		
LUMIZYME	4	
METABOLIC DX ENZYME REPLACEMENT, SEVERE COMBINED IMMUNE DEFICIENCY		
REVCOVI	4	
METABOLIC MODIFIERS		
HYPERPARATHYROID TREATMENT AGENTS - VITAMIN D ANALOG-TYPE		
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral	1	
doxercalciferol oral	1	
paricalcitol intravenous	1	
paricalcitol oral	1	

Community Health Plan of Washington	Drug Tier	Limits
METABOLIC MODIFIER - CARNITINE REPLENISHER AGENTS		
levocarnitine (with sugar)	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet	1	
METABOLIC MODIFIER - GAUCHER'S DISEASE, TYPE-1, SUBSTRATE REDUCTION TX		
CERDELGA	4	PA
miglustat	4	PA
METABOLIC MODIFIER - HEREDITARY OROTIC ACIDURIA TREATMENT AGENTS		
XURIDEN	4	
METABOLIC MODIFIER - HEREDITARY TYROSINEMIA TREATMENT AGENTS		
nitisinone	4	PA
NITYR	4	PA
METABOLIC MODIFIER - HOMOCYSTINURIA TREATMENT AGENTS		
CYSTADANE	4	

Community Health Plan of Washington	Drug Tier	Limits
METABOLIC MODIFIER - UREA CYCLE DISORDER AGENTS- CONJUGATING AGENTS		
RAVICTI	4	
sodium phenylbutyrate	1	
METABOLIC MODIFIER- CARBAMOYL PHOSPHATE SYNTHETASE 1 (CPS 1) ACTIVATOR		
CARBAGLU	4	
PHENYLKETONURIA(PKU) TX AGENTS - COFACTOR OF PHENYLALANINE HYDROXYLASE		
KUVAN	4	PA
PHENYLKETONURIA(PKU) TX AGENTS - PHENYLALANINE AMMONIA LYASE		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; QL (30 ML Max Qty Per Fill Retail)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; QL (8 ML Max Qty Per Fill Retail)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; QL (60 ML Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
MOUTH-THROAT-DENTAL - PREPARATIONS		
DENTAL PRODUCT - FLUORIDE PREPARATIONS		
DENTA 5000 PLUS	1	
DENTAGEL	1	
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	
fluoride (sodium) oral drops	1	ACA
fluoride (sodium) oral tablet, chewable	1	ACA
FLUORITAB ORAL TABLET, CHEWABLE	1	ACA
LUDENT FLUORIDE	1	ACA
SF	1	
SF 5000 PLUS	1	
SODIUM FLUORIDE 5000 PLUS	1	
sodium fluoride-pot nitrate	1	
MOUTH AND THROAT - ANTIFUNGALS		
clotrimazole mucous membrane	1	
nystatin oral suspension	1	
MOUTH AND THROAT - ANTISEPTICS		
chlorhexidine gluconate mucous membrane	1	

Community Health Plan of Washington	Drug Tier	Limits
PAROEX ORAL RINSE	1	
PERIOGARD	1	
MOUTH AND THROAT - GLUCOCORTICIDS		
ORALONE	1	
triamcinolone acetonide dental	1	
MOUTH AND THROAT - LOCAL ANESTHETIC AMIDES		
lidocaine hcl mucous membrane jelly	1	QL (60 ML per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
LIDOCAINE VISCOUS	1	
MOUTH AND THROAT - SALIVA STIMULANTS		
cevimeline	1	
pilocarpine hcl oral	1	
PERIODONTAL PRODUCT - TETRACYCLINE-TYPE, COLLAGENASE INHIBITORS		
doxycycline hyclate oral tablet 20 mg	1	

Community Health Plan of Washington	Drug Tier	Limits
MULTIPLE SCLEROSIS AGENTS		
LEUKOCYTE ADHESION INHIBITORS, ALPHA4-MEDIATED, IGG4K MC ANTIBODY		
TYSABRI	4	PA
MULTIPLE SCLEROSIS AGENT - CD20 SPECIFIC MONOCLONAL ANTIBODY		
OCREVUS	4	PA
MULTIPLE SCLEROSIS AGENT - INTERFERONS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	4	PA; QL (14 EA per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; QL (1 ML per 365 days)

Community Health Plan of Washington	Drug Tier	Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; QL (1 ML per 365 days)
REBIF (WITH ALBUMIN)	4	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (5 ML per 28 days)
REBIF TITRATION PACK	4	PA; QL (5 ML per 28 days)
MULTIPLE SCLEROSIS AGENT - OTHERS		
dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg	4	PA
glatiramer subcutaneous syringe 20 mg/ml	4	PA; QL (30 ML per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	4	PA; QL (12 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; QL (12 ML per 30 days)
TECFIDERA	4	PA
VUMERITY	4	PA

Community Health Plan of Washington	Drug Tier	Limits
MULTIPLE SCLEROSIS AGENT - POTASSIUM CHANNEL BLOCKER		
dalfampridine	4	PA
RUZURGI	4	PA
MULTIPLE SCLEROSIS AGENT - SPHINGOSINE 1-PHOSPHATE RECEPTOR MODULATOR		
GILENYA ORAL CAPSULE 0.5 MG	4	PA
MAYZENT	4	PA; QL (30 EA Max Qty Per Fill Retail)
ZEPOSIA	4	PA
ZEPOSIA STARTER KIT	4	PA
ZEPOSIA STARTER PACK	4	PA
OPHTHALMIC AGENTS		
MIOTICS - CHOLINESTERASE INHIBITORS		
PHOSPHOLINE IODIDE	2	
MIOTICS - DIRECT ACTING		
MIOSTAT	1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	

Community Health Plan of Washington	Drug Tier	Limits
MYDRIATIC AND CYCLOPLEGIC COMBINATIONS		
lidocaine-phenylephrn in water	1	
OPHTHALMIC - ANTIBACTERIAL - GLUCOCORTICOID COMBINATIONS		
neomycin-bacitracin-poly-hc	1	
neomycin-polymyxin b-dexameth	1	
neomycin-polymyxin-hc ophthalmic (eye)	1	
NEO-POLYCIN HC	1	
sulfacetamide-prednisolone	1	
tobramycin-dexamethasone	1	
OPHTHALMIC - ANTICHOLINERGICS		
atropine ophthalmic (eye) drops	1	
atropine ophthalmic (eye) ointment	1	
cyclopentolate	1	
HOMATROPAIRE	1	
tropicamide	1	
OPHTHALMIC - ANTIHISTAMINES		
azelastine ophthalmic (eye)	1	
BEPREVE	3	ST
epinastine	1	
LASTACRAFT	3	ST

Community Health Plan of Washington	Drug Tier	Limits
olopatadine ophthalmic (eye)	1	
OPHTHALMIC - ANTI-INFLAMMATORY, GLUCOCORTICOIDS		
dexamethasone sodium phosphate ophthalmic (eye)	1	
DUREZOL	3	
fluorometholone	1	
loteprednol etabonate	1	
OZURDEX	4	
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic (eye)	1	
OPHTHALMIC - ANTI-INFLAMMATORY, IMMUNOMODULATORS		
RESTASIS	2	PA; QL (60 EA Max Qty Per Fill Retail)
RESTASIS MULTIDOSE	2	PA; QL (6 ML Max Qty Per Fill Retail)
OPHTHALMIC - ANTI-INFLAMMATORY, NSAIDS		
bromfenac	1	
diclofenac sodium ophthalmic (eye)	1	
flurbiprofen sodium	1	
ketorolac ophthalmic (eye)	1	

Community Health Plan of Washington	Drug Tier	Limits
NEVANAC	3	
OPHTHALMIC - BETA BLOCKERS-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS		
dorzolamide-timolol	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	
OPHTHALMIC - CARBONIC ANHYDRASE INHIBITORS		
AZOPT	3	
dorzolamide	1	
OPHTHALMIC - CYSTINE DEPLETING AGENTS		
CYSTARAN	4	
OPHTHALMIC - DECONGESTANTS		
phenylephrine hcl ophthalmic (eye)	1	
OPHTHALMIC - DIAGNOSTIC AGENTS		
fluorescein-proparacaine	1	
OPHTHALMIC - HUMAN NERVE GROWTH FACTOR (HNGF)		
OXERVATE	4	PA

Community Health Plan of Washington	Drug Tier	Limits
OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	
carteolol	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate ophthalmic (eye)	1	
OPHTHALMIC - LOCAL ANESTHETIC ESTERS		
ALTACAINE	1	
proparacaine	1	
tetracaine hcl	1	
OPHTHALMIC - MACULAR DEGENERATION, AGE-RELATED, THERAPY AGENTS		
EYLEA	4	PA
OPHTHALMIC - MAST CELL STABILIZERS		
ALOCRIAL	3	ST
ALOMIDE	3	ST
cromolyn ophthalmic (eye)	1	
OPHTHALMIC ANTIBACTERIAL MIXTURES		
AK-POLY-BAC	1	
bacitracin-polymyxin b ophthalmic (eye)	1	

Community Health Plan of Washington	Drug Tier	Limits
neomycin-bacitracin-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
NEO-POLYCIN	1	
POLYCIN	1	
polymyxin b sulf-trimethoprim	1	
OPHTHALMIC ANTIBIOTIC - AMINOGLYCOSIDES		
GENTAK OPHTHALMIC (EYE) OINTMENT	1	
gentamicin ophthalmic (eye) drops	1	
tobramycin ophthalmic (eye)	1	
OPHTHALMIC ANTIBIOTIC - DEHYDROPEPTIDASE INHIBITORS		
bacitracin ophthalmic (eye)	1	
OPHTHALMIC ANTIBIOTIC - FLUOROQUINOLONES		
ciprofloxacin hcl ophthalmic (eye)	1	
gatifloxacin	1	
levofloxacin ophthalmic (eye)	1	
moxifloxacin ophthalmic (eye)	1	
ofloxacin ophthalmic (eye)	1	

Community Health Plan of Washington	Drug Tier	Limits
OPHTHALMIC ANTIBIOTIC - MACROLIDES		
erythromycin ophthalmic (eye)	1	
OPHTHALMIC ANTIBIOTIC - SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye)	1	
OPHTHALMIC ANTIFUNGALS - TETRAENE POLYENE-TYPE		
NATACYN	2	
OPHTHALMIC ANTIFUNGALS		
NATACYN	2	
OPHTHALMIC ANTIVIRALS		
trifluridine	1	
OPHTHALMIC-INTRAOCULAR PRESS. REDUCING, SEL. ALPHA ADRENERGIC AGONISTS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
apraclonidine	1	
brimonidine	1	

Community Health Plan of Washington	Drug Tier	Limits
OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, PROSTAGLANDIN ANALOGS		
bimatoprost ophthalmic (eye)	1	ST
latanoprost	1	ST
travoprost	1	ST
ZIOPTAN (PF)	3	ST
RETINAL PIGMENT EPITHELIAL 65 KDA PROTEIN (RPE65) GENE THERAPY		
LUXTURNA	4	PA
VASCULAR ENDOTHELIAL GROWTH FACTOR(VEGF-A AND PLGF)RECEPTOR INHIBITORS		
EYLEA	4	PA
OTIC (EAR)		
OTIC (EAR) - ANTI- INFECTIVE- GLUCOCORTICOID COMBINATIONS		
CIPRO HC	3	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic (ear)	1	

Community Health Plan of Washington	Drug Tier	Limits
OTIC (EAR) - ANTI-INFECTIVES OTHER		
acetic acid otic (ear)	1	
OTIC (EAR) - FLUOROQUINOLONES		
ciprofloxacin hcl otic (ear)	1	
ofloxacin otic (ear)	1	
OTIC (EAR) - GLUCOCORTICOIDS		
FLAC OTIC OIL	1	
fluocinolone acetonide oil	1	
hydrocortisone-acetic acid	1	
RESPIRATORY THERAPY AGENTS		
1ST GENERATION ANTIHISTAMINE - DECONGESTANT COMBINATIONS		
promethazine-phenylephrine	1	
ANTI HISTAMINE - 1ST GENERATION - ALKYLAMINES		
dexchlorpheniramine maleate oral solution	1	

Community Health Plan of Washington	Drug Tier	Limits
ANTI HISTAMINE - 1ST GENERATION - ETHANOLAMINES		
carbinoxamine maleate oral liquid	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	ST
clemastine oral tablet 2.68 mg	1	
ANTI HISTAMINE - 1ST GENERATION - PHENOTHIAZINES		
promethazine oral	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
PROMETHEGAN	1	
ANTI HISTAMINE - 1ST GENERATION - PIPERIDINES		
cyproheptadine oral tablet	1	
ANTI HISTAMINE S - 1ST GENERATION		
carbinoxamine maleate oral liquid	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	ST
clemastine oral tablet 2.68 mg	1	
cyproheptadine oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
dexchlorpheniramine maleate oral solution	1	
promethazine oral	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
PROMETHEGAN	1	
ANTI-HISTAMINE S - 2ND GENERATION - PIPERAZINES		
cetirizine oral solution 1 mg/ml	1	
levocetirizine oral solution	1	
levocetirizine oral tablet	1	QL (30 EA Max Qty Per Fill Retail)
ANTI-HISTAMINE S - 2ND GENERATION - PIPERIDINES		
desloratadine	1	QL (30 EA Max Qty Per Fill Retail)
ANTI-HISTAMINE S - 2ND GENERATION		
cetirizine oral solution 1 mg/ml	1	
desloratadine	1	QL (30 EA Max Qty Per Fill Retail)
levocetirizine oral solution	1	
levocetirizine oral tablet	1	QL (30 EA Max Qty Per Fill Retail)
ANTITUSSIVES - NON-OPIOID		
benzonatate	1	

Community Health Plan of Washington	Drug Tier	Limits
ASTHMA THERAPY - 5-LIPOXYGENASE INHIBITORS		
zileuton	1	PA
ASTHMA THERAPY - INHALED CORTICOSTEROIDS (GLUCOCORTIC OIDS)		
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	QL (120 ML Max Qty Per Fill Retail)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	QL (60 ML Max Qty Per Fill Retail)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (11 GM Max Qty Per Fill Retail)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (22 GM Max Qty Per Fill Retail)
ASTHMA THERAPY - INTERLEUKIN-4 (IL-4) RECEPTOR ALPHA ANTAGONISTS, MAB		
DUPIXENT PEN	4	PA; QL (2 ML per 28 days)
DUPIXENT SYRINGE	4	PA; QL (2 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
ASTHMA THERAPY - INTERLEUKIN-5 (IL-5) RECEPTOR ALPHA ANTAGONISTS, MAB		
FASENRA	4	PA
FASENRA PEN	4	PA
ASTHMA THERAPY - LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast	1	
zafirlukast	1	
ASTHMA THERAPY - MAST CELL STABILIZERS		
cromolyn inhalation	1	
ASTHMA THERAPY - MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)		
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; QL (6 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (4 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; QL (2 ML per 28 days)
ASTHMA THERAPY - XANTHINES		
theophylline oral elixir	1	

Community Health Plan of Washington	Drug Tier	Limits
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr	1	
ASTHMA THERAPY- MONOCLONAL ANTIBODY - INTERLEUKIN-5 (IL-5) ANTAGONISTS		
NUCALA	4	PA; QL (1 EA per 28 days)
ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED LONG ACTING		
INCRUSE ELLIPTA	2	QL (1 EA Max Qty Per Fill Retail)
ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED SHORT ACTING		
ipratropium bromide inhalation	1	
ASTHMA/COPD - BETA 2-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING		
STRIVERDI RESPIMAT	2	QL (4 GM Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, LONG ACTING		
PERFORMIST	2	QL (120 ML Max Qty Per Fill Retail)
ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, SHORT ACTING		
albuterol sulfate inhalation hfa aerosol inhaler	1	QL (17 GM per 30 days)
albuterol sulfate inhalation solution for nebulization	1	
levalbuterol hcl	1	
PROAIR HFA	2	QL (17 GM per 30 days)
PROAIR RESPICLICK	2	QL (2 EA per 30 days)
ASTHMA/COPD THERAPY - BETA ADRENERGIC AGENTS		
albuterol sulfate oral	1	
metaproterenol oral syrup	1	
terbutaline oral	1	

Community Health Plan of Washington	Drug Tier	Limits
ASTHMA/COPD THERAPY - BETA ADRENERGIC-ANTICHOLINERGIC COMBINATIONS		
BEVESPI AEROSPHERE	2	QL (11 GM Max Qty Per Fill Retail)
COMBIVENT RESPIMAT	2	QL (8 GM Max Qty Per Fill Retail)
ipratropium-albuterol	1	QL (540 ML Max Qty Per Fill Retail)
UTIBRON NEOHALER	2	QL (6 EA Max Qty Per Fill Retail)
ASTHMA/COPD THERAPY - BETA ADRENERGIC-GLUCOCORTICOID COMBINATIONS		
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	2	PA; QL (1 GM Max Qty Per Fill Retail)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	2	PA; QL (9 GM Max Qty Per Fill Retail)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	2	PA; QL (13 GM Max Qty Per Fill Retail)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated	2	PA; QL (1 EA Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
fluticasone propion-salmeterol inhalation blister with device	1	PA; QL (1 EA Max Qty Per Fill Retail)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	2	PA; QL (6 GM Max Qty Per Fill Retail)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	2	PA; QL (7 GM Max Qty Per Fill Retail)
WIXELA INHUB	1	PA; QL (1 EA Max Qty Per Fill Retail)
ASTHMA/COPD TX - BETA-ADRENERGIC-ANTICHOLINER GIC-GLUCOCORTICOID COMB,		
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	QL (28 EA Max Qty Per Fill Retail)
CYSTIC FIBROSIS - INHALED AMINOGLYCOSIDES		
KITABIS PAK	4	PA; QL (280 ML Max Qty Per Fill Retail)
tobramycin in 0.225 % nacl	4	PA; QL (280 ML Max Qty Per Fill Retail)
tobramycin with nebulizer	4	PA; QL (280 ML Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
CYSTIC FIBROSIS - INHALED MONOBACTAMS		
CAYSTON	4	QL (84 ML Max Qty Per Fill Retail)
CYSTIC FIBROSIS-TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR		
KALYDECO ORAL GRANULES IN PACKET 25 MG	4	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	4	PA; QL (56 EA Max Qty Per Fill Retail)
KALYDECO ORAL TABLET	4	PA; QL (60 EA Max Qty Per Fill Retail)
CYSTIC FIB-TRANSMEMB CONDUCT. REG.(CFTR) POTENTIATOR AND CORRECTOR CMB		
ORKAMBI ORAL GRANULES IN PACKET	4	PA; QL (56 EA Max Qty Per Fill Retail)
ORKAMBI ORAL TABLET	4	PA; QL (112 EA Max Qty Per Fill Retail)
SYMDEKO	4	PA; QL (56 EA Max Qty Per Fill Retail)
TRIKAFTA	4	PA

Community Health Plan of Washington	Drug Tier	Limits
ELASTASE INHIBITORS		
ARALAST NP	4	PA
GLASSIA	4	PA
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA
ZEMAIRA	4	PA
MUCOLYTICS		
acetylcysteine	1	
PULMOZYME	4	
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal	1	QL (30 ML Max Qty Per Fill Retail)
NASAL ANTIHISTAMINE AND ANTI-INFLAMMATORY STEROID COMBINATIONS		
azelastine-fluticasone	1	ST; QL (23 GM Max Qty Per Fill Retail)
NASAL ANTIHISTAMINES		
azelastine nasal aerosol,spray	1	QL (60 ML Max Qty Per Fill Retail)
azelastine nasal spray,non-aerosol	1	
olopatadine nasal	1	QL (31 GM Max Qty Per Fill Retail)

Community Health Plan of Washington	Drug Tier	Limits
NASAL CORTICOSTEROIDS		
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	ST; QL (50 ML Max Qty Per Fill Retail)
fluticasone propionate nasal	1	QL (16 GM Max Qty Per Fill Retail)
mometasone nasal	1	ST; QL (17 GM Max Qty Per Fill Retail)
NON-OPIOID ANTITUSSIVE-1ST GEN.ANTIHISTAMINE-DECONGESTANT COMBINATIONS		
brompheniramine-pseudoeph-dm oral syrup	1	
NON-OPIOID ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS		
promethazine-dm	1	
OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS		
hydrocodone-chlorpheniramine	1	
promethazine-codeine	1	

Community Health Plan of Washington	Drug Tier	Limits
OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE - DECONGESTANT COMB.		
promethazine-phenyleph-codeine	1	
OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS		
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet	1	
HYDROMET	1	
OPIOID ANTITUSSIVE-DECONGESTANT-EXPECTORANT COMBINATIONS		
VIRTUSSIN DAC	1	
OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS		
codeine-guaifenesin	1	
G TUSSIN AC	1	
GUAIATUSSIN AC	1	
GUAIFENESIN AC	1	
MAXI-TUSS AC	1	
M-CLEAR WC	1	
VIRTUSSIN AC	1	

Community Health Plan of Washington	Drug Tier	Limits
PULMONARY FIBROSIS TREATMENT AGENTS - ANTIFIBROTIC THERAPY		
ESBRIET ORAL CAPSULE	4	PA; QL (270 EA Max Qty Per Fill Retail)
ESBRIET ORAL TABLET 267 MG	4	PA; QL (270 EA Max Qty Per Fill Retail)
ESBRIET ORAL TABLET 801 MG	4	PA
PULMONARY FIBROSIS TREATMENT AGENTS - MULTIKINASE INHIBITORS		
OFEV	4	PA; QL (60 EA Max Qty Per Fill Retail)
VAGINAL PRODUCTS		
VAGINAL ANTIBACTERIAL - LINCOSAMIDES		
clindamycin phosphate vaginal	1	
VAGINAL ANTIFUNGAL - IMIDAZOLES		
GYNAZOLE-1	3	
MICONAZOLE-3 VAGINAL SUPPOSITORY	1	
VAGINAL ANTIFUNGAL - TRIAZOLES		
terconazole	1	

Community Health Plan of Washington	Drug Tier	Limits
VAGINAL ANTIPROTOZOA L-ANTIBACTERIAL - NITROIMIDAZOLE DERIVATIVES		
metronidazole vaginal	1	
VANDAZOLE	1	
VAGINAL ANTISEPTIC MIXTURES		
FEM PH	1	
TRIMO-SAN JELLY	2	
VAGINAL ESTROGENS		
estradiol vaginal	1	
YUVAFEM	1	
VAGINAL PROGESTINS		
CRINONE VAGINAL GEL 4 %	2	

Index					
abacavir.....	23	ALDURAZYME.....	112	ampicillin.....	20
abacavir-lamivudine.....	24	ALECENSA.....	30	ANADROL-50.....	83
abacavir-lamivudine-zidovudine	24	alendronate.....	86, 87	anagrelide.....	104
abiraterone.....	29, 30	ALFERON N.....	77	ANASPAZ.....	95, 101
ABRAXANE.....	37	alfuzosin.....	99	anastrozole.....	32
acamprosate.....	64	ALINIA.....	22	ANUCORT-HC.....	18
acarbose.....	84	ALIQOPA.....	35	APEXICON E.....	75
ACCU-CHEK COMBO		aliskiren.....	50	APOKYN.....	56
SYSTEM.....	109, 110	allopurinol.....	101	apraclonidine.....	119
ACE AEROSOL CLOUD		almotriptan malate.....	61	aprepitant.....	93
ENHANCER.....	108, 110	ALOCRIAL.....	118	APRI.....	66
acebutolol.....	46	ALOMIDE.....	118	APTIVUS.....	27
acetaminophen-caff-dihydrocod.	12	ALOPHEN (BISACODYL).....	98	APTIVUS (WITH VITAMIN	
acetaminophen-codeine.....	12	alosetron.....	96, 97	E).....	28
acetazolamide.....	48	ALPHAGAN P.....	119	AQUA CARE SODIUM	
acetic acid.....	99, 120	alprazolam.....	50, 58	CHLORIDE.....	80
acetylcysteine.....	19, 125	ALPRAZOLAM INTENSOL		AQUA CARE STERILE	
acitretin.....	74	.....	50, 58	WATER.....	80
ACTEMRA.....	16	ALTACAINE.....	118	ARALAST NP.....	125
ACTEMRA ACTPEN.....	16	ALTAVERA (28).....	66	ARANELLE (28).....	68
ACTIMMUNE.....	21	ALUNBRIG.....	30	ARANESP (IN	
acyclovir.....	26, 74	ALYACEN 1/35 (28).....	66	POLYSORBATE).....	102
ADACEL(TDAP		ALYACEN 7/7/7 (28).....	68	ARIKAYCE.....	20
ADOLESN/ADULT)(PF).....	40	ALYQ.....	50	aripiprazole.....	57, 59
ADAKVEO.....	104	AMABELZ.....	87	armodafinil.....	62
adapalene.....	71	amantadine hcl.....	56	ARMOUR THYROID.....	91
adapalene-benzoyl peroxide.....	71	ambrisentan.....	49	ARRANON.....	31
ADCETRIS.....	31, 38	amcinonide.....	75	ASCOMP WITH CODEINE.....	12
adefovir.....	25	AMETHIA.....	65	ASHLYNA.....	65
ADEMPAS.....	49	AMETHIA LO.....	65	aspirin.....	18, 104
AEROCHAMBER MINI..	108, 110	AMETHYST (28).....	66	ASPIRIN LOW DOSE.....	18, 104
AEROCHAMBER PLUS		amiloride.....	48	aspirin-dipyridamole.....	104
FLOW-VU.....	108, 110	amiloride-hydrochlorothiazide...48		ASPIR-TRIN.....	18, 104
AEROCHAMBER PLUS Z		aminocaproic acid.....	103	atazanavir.....	28
STAT.....	108, 110	amiodarone.....	44	atenolol.....	46
AEROTRACH PLUS.....	108, 110	amitriptyline.....	55	atenolol-chlorthalidone.....	47
AEROVENT PLUS.....	108, 110	amitriptyline-chlordiazepoxide		atomoxetine.....	58
AFINITOR.....	34	.....	54, 58	atorvastatin.....	44
AFINITOR DISPERZ.....	34	amlodipine.....	47	atovaquone.....	22
AFIRMELLE.....	66	amlodipine-atorvastatin.....	45	atovaquone-proguanil.....	21
AFLURIA QD 2020-21(3YR		amlodipine-benazepril.....	42	atropine.....	116
UP)(PF).....	41	amlodipine-olmesartan.....	43	AUBRA.....	66
AFLURIA QD 2020-21(6-		amlodipine-valsartan.....	43	AUBRA EQ.....	66
35MO)(PF).....	41	amlodipine-valsartan-hcthiazid...43		AUGMENTIN.....	20
AFLURIA QUAD 2020-		ammonium lactate.....	75	AUROVELA 1.5/30 (21).....	66
2021(6MO UP).....	41	AMNESTEEM.....	70	AUROVELA 1/20 (21).....	66
AK-POLY-BAC.....	118	amoxapine.....	55	AUROVELA 24 FE.....	66
ALA-CORT.....	75	amoxicil-clarithromy-lansopraz..98		AUROVELA FE 1.5/30 (28).....	66
albendazole.....	20	amoxicillin.....	20	AUROVELA FE 1-20 (28).....	66
albuterol sulfate.....	123	amoxicillin-pot clavulanate.....20		AUTOJECT 2 INJECTION	
alclometasone.....	75	amphetamine sulfate.....	58, 60, 62	DEVICE.....	108, 110

AUTOPEN 1 TO 21 UNITS 108, 110	BD ULTRA-FINE NANO PEN NEEDLE..... 108, 110	budesonide..... 96, 121
AUTOSOFT 30..... 109, 110	BEKYREE (28)..... 65	bumetanide.....48
AUTOSOFT 90..... 109, 110	belladonna alkaloids-opium.....95	buprenorphine..... 13
AUTOSOFT XC INFUSION SET 23"..... 109, 110	benazepril.....42	buprenorphine hcl..... 63
AVAR..... 70	benazepril-hydrochlorothiazide.. 42	buprenorphine-naloxone..... 63
AVASTIN.....29	BENDEKA..... 30	bupropion hcl..... 54, 64
AVIANE..... 66	BENLYSTA..... 16	bupropion hcl (smoking deter)....64
AVIDOXY.....28	BENZEPRO..... 71	buspirone.....50
AVITA..... 71	benznidazole..... 21	BUTALBITAL COMPOUND W/CODEINE..... 12
AVONEX.....115	benzonatate..... 121	butalbital-acetaminop-caf-cod... 12
AYUNA..... 66	benzoyl peroxide..... 71	butalbital-acetaminophen.....13
azacitidine..... 31	benztropine.....55	butalbital-acetaminophen-caff 13, 14
azathioprine..... 16, 106	BEPREVE.....116	butalbital-aspirin-caffeine..... 18
azelaic acid..... 70, 77	BESER..... 75	butorphanol..... 13
azelastine.....116, 125	BESPONSA..... 31, 38	BYDUREON..... 85
azelastine-fluticasone..... 125	betamethasone dipropionate..... 75	BYDUREON BCISE.....85
azithromycin..... 27	betamethasone valerate..... 75	BYETTA.....86
AZOPT..... 117	betamethasone, augmented..... 75	cabergoline.....91
AZURETTE (28)..... 65	BETASERON..... 115	CABLIVI..... 102
B COMPLEX 1 (WITH FOLIC ACID)..... 79	betaxolol..... 46, 118	CABOMETYX..... 34
B COMPLEX-VITAMIN B12... 79	bethanechol chloride..... 101	caffeine citrate.....60
b complex-vitamin c-folic acid... 79	BEVESPI AEROSPHERE..... 123	calcipotriene.....74
bacitracin.....118	bexarotene.....37	calcipotriene-betamethasone.....71
bacitracin-polymyxin b..... 118	BEXSERO..... 41	calcitonin (salmon)..... 87
baclofen.....107	bicalutamide.....30	calcitriol..... 74, 82, 112
BALANCED B-100..... 79	BIKTARVY.....23	calcium acetate(phosphat bind) 80, 99
BALANCED B-100 COMPLEX..... 79	bimatoprost..... 119	CAMILA.....67
BALANCED B-50..... 79	BIOTHRAX.....41	CAMRESE..... 65
BAL-CARE DHA.....81	bisacodyl..... 98	CAMRESE LO..... 65
balsalazide.....96	BISA-LAX (BISACODYL)..... 98	candesartan.....43
BALVERSA..... 33	bisoprolol fumarate.....46	candesartan-hydrochlorothiazid..43
BALZIVA (28)..... 66	bisoprolol-hydrochlorothiazide...47	capecitabine..... 31
BANZEL.....52	BLINCYTO..... 38	CAPRELSA.....36
BAQSIMI..... 83	BLISOVI 24 FE..... 66	captopril..... 42
BARACLUDGE.....25	BLISOVI FE 1.5/30 (28)..... 66	captopril-hydrochlorothiazide....42
BAVENCIO.....37	BLISOVI FE 1/20 (28)..... 66	CARBAGLU..... 113
BAYER ASPIRIN..... 18, 104	BOOSTRIX TDAP..... 40	carbamazepine..... 51, 59
b-complex with vitamin c..... 79	bosentan..... 49	carbidopa.....55
B-COMPLEX WITH VITAMIN C..... 79	BOSULIF.....36	carbidopa-levodopa.....55
BD INTEGRA NEEDLE.. 108, 110	BOTOX.....106	carbidopa-levodopa-entacapone. 55
BD MICROTAINER LANCET 107, 110	BP 10-1..... 70	carbinoxamine maleate..... 120
BD SPECIALTY USE NEEDLES.....108, 110	BREATHERITE MDI SPACER..... 109, 110	carteolol..... 118
BD ULTRA FINE LANCETS.....107, 110	BRIELLYN.....66	CARTIA XT..... 46
	BRILINTA.....104	carvedilol..... 43
	brimonidine..... 119	carvedilol phosphate..... 43
	BRINEURA..... 111, 112	CAYA CONTOURED..... 107, 110
	bromfenac..... 117	CAYSTON..... 124
	bromocriptine.....55	CAZIENT (28)..... 68
	brompheniramine-pseudoeph- dm..... 125	cefaclor.....24, 25

cefadroxil.....	24	ciprofloxacin-dexamethasone ...	119	CONTACT DETACH INFUS	
cefdinir.....	25	citalopram.....	53	SET 23".....	109, 110
cefditoren pivoxil.....	25	CITRATE OF MAGNESIA.....	97	COREMINO.....	28, 70
cefixime.....	25	CITROMA.....	97	CORIFACT.....	102
cefpodoxime.....	25	CLARAVIS.....	70	CORLANOR.....	49
cefprozil.....	25	clarithromycin.....	27	cortisone.....	88
cefuroxime axetil.....	25	CLASSIC PRENATAL.....	81	COSENTYX.....	72
celecoxib.....	17	CLEARLAX.....	97	COSENTYX (2 SYRINGES).....	72
CELONTIN.....	52	clemastine.....	120	COSENTYX PEN.....	72
cephalexin.....	24	CLEO 90 INFUSION SET 24"		COSENTYX PEN (2 PENS).....	72
CEPROTIN (BLUE BAR).....	105	.....	109, 110	COTELLIC.....	34
CEPROTIN (GREEN BAR).....	105	CLINDACIN P.....	70	COVARYX.....	87
CERDELGA.....	113	clindamycin hcl.....	26	COVARYX H.S.....	87
CEREZYME.....	112	CLINDAMYCIN PEDIATRIC..	26	CREON.....	93
cetirizine.....	121	clindamycin phosphate.....	70, 126	CRESEMBA.....	21
cevimeline.....	114	clindamycin-benzoyl peroxide....	70	CRINONE.....	127
CHANTIX.....	64	clindamycin-tretinoin.....	71	CRIXIVAN.....	28
CHANTIX CONTINUING		clobazam.....	50, 58	cromolyn.....	34, 118, 122
MONTH BOX.....	64	clobetasol.....	75	CROTAN.....	78
CHANTIX STARTING		clobetasol-emollient.....	75	CRYSSELLE (28).....	66
MONTH BOX.....	64	CLODAN.....	75	CRYSVITA.....	87, 88
CHARLOTTE 24 FE.....	66	clomipramine.....	55	cyanocobalamin (vitamin b-12)..	82
CHATEAL (28).....	66	clonazepam.....	50, 58	CYCLAFEM 1/35 (28).....	66
CHATEAL EQ (28).....	66	clonidine.....	47	CYCLAFEM 7/7/7 (28).....	68
CHEMET.....	19	clonidine hcl.....	47, 58	cyclobenzaprine.....	107
CHENODAL.....	93	clopidogrel.....	105	cyclopentolate.....	116
CHILDREN'S ASPIRIN.....	18, 104	clorazepate dipotassium.....	50, 58	cyclophosphamide.....	16, 30
chlordiazepoxide hcl.....	50, 58	clotrimazole.....	73, 114	cycloserine.....	24
chlordiazepoxide-clidinium..	58, 95	clotrimazole-betamethasone.....	73	cyclosporine.....	16, 105
chlorhexidine gluconate.....	114	CLOVIQUE.....	19	cyclosporine modified.....	16, 105
chloroquine phosphate.....	21	clozapine.....	56	cyproheptadine.....	120
chlorothiazide.....	48	C-NATE DHA.....	81	CYRAMZA.....	37
chlorpromazine.....	57	COAGADEX.....	102	CYRED.....	66
chlorthalidone.....	48	COARTEM.....	21	CYRED EQ.....	66
chlorzoxazone.....	107	codeine sulfate.....	11	CYSTADANE.....	113
CHOLBAM.....	93	codeine-butalbital-asa-caff.....	12	CYSTAGON.....	99
cholestyramine (with sugar).....	44	codeine-guaifenesin.....	126	CYSTARAN.....	117
CHOLESTYRAMINE LIGHT...44		colchicine.....	101	dalfampridine.....	116
choline,magnesium salicylate....	18	colesevelam.....	44	danazol.....	88
CICLODAN.....	72, 73	colestipol.....	44	dantrolene.....	107
ciclopirox.....	73	COMBIVENT RESPIMAT.....	123	dapsone.....	21, 70
ciclopirox-ure-camph-menth-		COMETRIQ.....	34	DAPTACEL (DTAP	
euc.....	73	COMFORT INFUSION SET		PEDIATRIC) (PF).....	40
cilostazol.....	104	43".....	109, 110	darifenacin.....	100
CIMDUO.....	23	COMFORT SHORT INSULIN		DARZALEX.....	32
cimetidine.....	94	PUMP 23".....	109, 110	DASETTA 1/35 (28).....	66
cimetidine hcl.....	94	COMPACT SPACE		DASETTA 7/7/7 (28).....	68
cinacalcet.....	87	CHAMBER.....	109, 110	DAYSEE.....	65
CINRYZE.....	102	COMPLETE NATAL DHA.....	81	DDAVP.....	84
CIPRO HC.....	119	COMPLEX B-100.....	79	DEBLITANE.....	67
ciprofloxacin.....	25	COMPRO.....	92	DECADRON.....	88
ciprofloxacin hcl.....	25, 118, 120	CONSTULOSE.....	97	decitabine.....	31

deferasirox.....	19	disulfiram.....	64	ELIGARD (6 MONTH).....	34
demeclocycline.....	28	divalproex.....	51, 59, 61	ELINEST.....	66
DENTA 5000 PLUS.....	114	dofetilide.....	44	ELIQUIS.....	102
DENTAGEL.....	114	donepezil.....	65	ELIQUIS DVT-PE TREAT	
DESCOVY.....	23	DOPTELET (15 TAB PACK)..	105	30D START.....	102
desipramine.....	55	dorzolamide.....	117	ELITE-OB.....	80, 81
desloratadine.....	121	dorzolamide-timolol.....	117	ELLA.....	69
desmopressin.....	84	dorzolamide-timolol (pf).....	117	ELMIRON.....	99
desog-e.estradiol/e.estradiol.....	65	DOTTI.....	87	ELURYNG.....	68
desonide.....	75	DOVATO.....	23	ELZONRIS.....	38
desoximetasone.....	75	doxazosin.....	49	EMCYT.....	33
desvenlafaxine succinate.....	53	doxepin.....	55, 63, 78	EMOQUETTE.....	66
DEXABLISS.....	88	doxercalciferol.....	112	EMSAM.....	52
dexamethasone.....	88	doxycycline hyclate.....	28, 114	EMTRIVA.....	23
DEXAMETHASONE		doxycycline monohydrate.....	28	EMVERM.....	20
INTENSOL.....	88	doxylamine-pyridoxine (vit b6)..	92	enalapril maleate.....	42
dexamethasone sodium		dronabinol.....	60, 78, 92	enalapril-hydrochlorothiazide....	42
phosphate.....	117	drosiprenone-e.estradiol-lm.fa....	66	ENBREL.....	14, 15
dexchlorpheniramine maleate		drosiprenone-ethinyl estradiol....	66	ENBREL MINI.....	14, 15
.....	120, 121	DROXIA.....	105	ENBREL SURECLICK.....	14, 15
DEXILANT.....	94	DUCODYL (BISACODYL).....	98	ENDOCET.....	13
dexmethylphenidate.....	58	DULERA.....	123	ENGERIX-B (PF).....	40
dextroamphetamine.....	58, 60, 62	duloxetine.....	53, 54, 60	ENGERIX-B PEDIATRIC (PF).40	
dextroamphetamine-		DUPIXENT PEN.....	72, 121	enoxaparin.....	104
amphetamine.....	58, 60, 62	DUPIXENT SYRINGE.....	72, 121	ENPRESSE.....	68
DIACOMIT.....	52	DUREZOL.....	117	ENSKYCE.....	66
DIALYVITE 800.....	79	dutasteride.....	100	entacapone.....	55
diazepam.....	50, 58	dutasteride-tamsulosin.....	98	entecavir.....	25
DIAZEPAM INTENSOL.....	50, 58	DVORAH.....	12	ENTRESTO.....	43
diazoxide.....	83	E.C. PRIN.....	18, 104	ENTYVIO.....	96
diclofenac potassium.....	17	E.E.S. 400.....	27	ENULOSE.....	93
diclofenac sodium... 17, 73, 77, 117		EASIVENT HOLDING		EPCLUSA.....	26
diclofenac-misoprostol.....	16	CHAMBER.....	109, 110	EPIDIOLEX.....	51
dicloxacillin.....	27	econazole.....	73	epinastine.....	116
dicyclomine.....	95	ECONTRA EZ.....	69	epinephrine.....	47
didanosine.....	23	ECONTRA ONE-STEP.....	69	EPIPEN 2-PAK.....	47
DIFICID.....	27	ECOTRIN.....	18, 104	EPIPEN JR 2-PAK.....	47
diflorasone.....	75	ECOTRIN LOW STRENGTH		EPITOL.....	52, 59
diflunisal.....	18	.....	18, 104	EPIVIR HBV.....	25
DIGITEK.....	48	EDARBI.....	43	eplerenone.....	43, 48
DIGOX.....	48	ED-SPAZ.....	95, 101	epoprostenol (glycine).....	49
digoxin.....	48	EDURANT.....	23	eprosartan.....	43
dihydroergotamine.....	61	EEMT.....	87	ERBITUX.....	38
DILANTIN.....	51	EEMT HS.....	87	ergocalciferol (vitamin d2).....	82
diltiazem hcl.....	46	efavirenz.....	23	ergoloid.....	65
DILT-XR.....	46	EFFER-K.....	80	ergotamine-caffeine.....	61
dimethyl fumarate.....	115	EGRIFTA SV.....	88	ERIVEDGE.....	33
DIPENTUM.....	96	ELAPRASE.....	112	ERLEADA.....	31
diphenoxylate-atropine.....	92	eletriptan.....	61	erlotinib.....	29
dipyridamole.....	105	ELIGARD.....	34	ERRIN.....	67
DISKETS.....	11	ELIGARD (3 MONTH).....	34	ERY PADS.....	70
disopyramide phosphate.....	44	ELIGARD (4 MONTH).....	34	ERYGEL.....	70

ERY-TAB.....	27	fenofibric acid.....	44	FLUZONE HIGHDOSE QUAD	
ERYTHROCIN (AS		fenofibric acid (choline).....	44	20-21 PF.....	41
STEARATE).....	27	fenoprofen.....	17	FLUZONE QUAD 2020-2021... 41	
erythromycin.....	27, 119	fentanyl.....	11	FLUZONE QUAD 2020-2021	
erythromycin ethylsuccinate.....	27	fentanyl citrate.....	11	(PF).....	41
erythromycin with ethanol.....	70	FERRIPROX.....	19	folic acid.....	82
erythromycin-benzoyl peroxide..	70	finasteride.....	99	FOLIVANE-OB.....	80, 81
ESBRIET.....	126	FLAC OTIC OIL.....	120	FOLOTYN.....	31
escitalopram oxalate.....	53	flavoxate.....	101	FOLTABS 800.....	82
esomeprazole magnesium.....	94	flecainide.....	44	fondaparinux.....	104
ESTARYLLA.....	66	FLEXICHAMBER.....	109, 110	fosamprenavir.....	28
estazolam.....	58, 63	FLUAD 2020-2021 (65 YR		fosinopril.....	42
estradiol.....	87, 127	UP)(PF).....	41	fosinopril-hydrochlorothiazide... 42	
estradiol valerate.....	87	FLUAD QUAD 2020-21(65Y		FRAGMIN.....	104
estradiol-norethindrone acet.....	87	UP)(PF).....	41	FREESTYLE CONTROL 107, 110	
estrogens-methyltestosterone.....	87	FLUARIX QUAD 2020-2021		FREESTYLE FLASH	
eszopiclone.....	63	(PF).....	41	SYSTEM.....	107, 110
ethacrynic acid.....	48	FLUBLOK QUAD 2020-2021		FREESTYLE FREEDOM 108, 110	
ethambutol.....	24	(PF).....	41	FREESTYLE FREEDOM LITE	
ethosuximide.....	52	FLUCELVAX QUAD 2020-		.....	108, 110
ethynodiol diac-eth estradiol.....	66	2021.....	41	FREESTYLE INSULINX	
etodolac.....	18	FLUCELVAX QUAD 2020-		.....	107, 108, 110
etonogestrel-ethinyl estradiol	68, 69	2021 (PF).....	41	FREESTYLE INSULINX	
etoposide.....	33	fluconazole.....	21	TEST STRIPS.....	107, 110
EUFLEXXA.....	106	flucytosine.....	21	FREESTYLE LIBRE 14 DAY	
EUTHYROX.....	91	fludrocortisone.....	90	READER.....	108, 110
everolimus (antineoplastic).....	34	FLULAVAL QUAD 2020-2021		FREESTYLE LIBRE 14 DAY	
everolimus		(PF).....	41	SENSOR.....	108, 110
(immunosuppressive).....	106	flunisolide.....	125	FREESTYLE LITE METER	
exemestane.....	32	fluocinolone.....	75	.....	108, 110
EYLEA.....	118, 119	fluocinolone acetonide oil.....	120	FREESTYLE LITE STRIPS	
ezetimibe.....	45	fluocinolone and shower cap.....	76	.....	107, 110
ezetimibe-simvastatin.....	45	fluocinonide.....	76	FREESTYLE SIDEKICK II	
FABRAZYME.....	112	FLUOCINONIDE-E.....	76	.....	108, 110
FACTIVE.....	25	fluorescein-propraparacaine.....	117	FREESTYLE SYSTEM KIT	
FALMINA (28).....	66	fluoride (sodium).....	114	.....	108, 111
famciclovir.....	26	FLUORITAB.....	114	FREESTYLE TEST.....	107, 111
famotidine.....	94	fluorometholone.....	117	frovatriptan.....	61
FARXIGA.....	85	fluorouracil.....	73	FULL SPECTRUM B-	
FASENRA.....	122	fluoxetine.....	53	VITAMIN C.....	79
FASENRA PEN.....	122	fluphenazine hcl.....	57	FULPHILA.....	102
FAYOSIM.....	68	flurandrenolide.....	76	furosemide.....	48
FC2 FEMALE CONDOM	107, 110	flurazepam.....	58, 63	FUZEON.....	22
febuxostat.....	101	flurbiprofen.....	17	FYAVOLV.....	87
felbamate.....	51	flurbiprofen sodium.....	117	G TUSSIN AC.....	126
felodipine.....	47	flutamide.....	31	gabapentin.....	51
FEM PH.....	127	fluticasone propionate.....	76, 125	galantamine.....	65
FEMCAP.....	107, 110	fluticasone propion-salmeterol		GAMASTAN.....	40
FEMYNOR.....	66	.....	123, 124	GAMASTAN S/D.....	40
fenofibrate.....	44	fluvastatin.....	45	GAMIFANT.....	105
fenofibrate micronized.....	44	fluvoxamine.....	53	GAMMAGARD LIQUID.....	40
fenofibrate nanocrystallized.....	44				

GAMMAGARD S-D (IGA < 1 MCG/ML).....	40	GVOKE PFS 2-PACK SYRINGE.....	83	HUMIRA PEN PSOR-UVEITS-ADOL HS.....	14, 15, 97
GAMUNEX-C.....	40	GYNAZOLE-1.....	126	HUMIRA(CF).....	14, 15, 97
GARDASIL 9 (PF).....	41	GYNOL II.....	69	HUMIRA(CF) PEDI CROHNS STARTER.....	14, 15, 97
gatifloxacin.....	118	HAILEY.....	66	HUMIRA(CF) PEN.....	14, 15, 97
GAVILAX.....	97	HAILEY 24 FE.....	66	HUMIRA(CF) PEN CROHNS-UC-HS.....	14, 15, 97
GAVILYTE-C.....	98	HAILEY FE 1.5/30 (28).....	66	HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	14, 15, 97
GAVILYTE-G.....	98	HAILEY FE 1/20 (28).....	66	HUMULIN 70/30 U-100 INSULIN.....	88
GAVILYTE-N.....	98	HALAVEN.....	33	HUMULIN 70/30 U-100 KWIKPEN.....	88
GAZYVA.....	32	halcinonide.....	76	HUMULIN N NPH INSULIN KWIKPEN.....	88
gemfibrozil.....	44	halobetasol propionate.....	76	HUMULIN N NPH U-100 INSULIN.....	88
GENERLAC.....	93	haloperidol.....	56	HUMULIN R REGULAR U-100 INSULN.....	89
GENGRAF.....	16, 105, 106	haloperidol lactate.....	56	HUMULIN R U-500 (CONC) INSULIN.....	89
GENTAK.....	118	HARVONI.....	26	HUMULIN R U-500 (CONC) KWIKPEN.....	89
gentamicin.....	72, 118	HAVRIX (PF).....	40	HYCAMTIN.....	37
GENTLE LAXATIVE (BISACODYL).....	98	HEALTHYLAX.....	97	hydralazine.....	48
GENTLELAX.....	97	HEATHER.....	67	hydrochlorothiazide.....	48
GENVOYA.....	24	HEMMOREX-HC.....	18	hydrocodone bitartrate.....	11
GIANVI (28).....	66	HEP FLUSH-10 (PF).....	103	hydrocodone-acetaminophen.....	12
GILENYA.....	116	heparin (porcine).....	103	hydrocodone-chlorpheniramine.....	125
GILOTRIF.....	29	heparin (porcine) in 5 % dex.....	103	hydrocodone-homatropine.....	126
GLASSIA.....	125	heparin (porcine) in nacl (pf)....	103	hydrocodone-ibuprofen.....	12, 13
glatiramer.....	115	heparin flush(porcine)-0.9nacl..	103	hydrocortisone.....	19, 76, 88, 96
GLATOPA.....	115	HEPARIN LOCK FLUSH.....	103	hydrocortisone acetate.....	18
GLEOSTINE.....	30	HEPARIN LOCK FLUSH (porcine).....	103	hydrocortisone butyrate.....	76
glimepiride.....	85	HEPARIN LOCKFLUSH(PORCINE)(PF)	103	hydrocortisone butyr-emollient...	76
glipizide.....	85	heparin(porcine) in 0.45% nacl.	103	hydrocortisone valerate.....	76
glipizide-metformin.....	85	heparin, porcine (pf).....	103, 104	hydrocortisone-acetic acid.....	120
GLUCAGEN DIAGNOSTIC KIT.....	78	HERCEPTIN.....	39	hydrocortisone-pramoxine.....	19, 76, 77
GLUCAGEN HYPOKIT.....	83	HIBERIX (PF).....	41	HYDROMET.....	126
GLUCAGON (HCL) EMERGENCY KIT.....	83	HIDEX.....	88	hydromorphone.....	11
GLUCAGON EMERGENCY KIT (HUMAN).....	83	HIZENTRA.....	40	hydroxocobalamin.....	82
glyburide.....	85	HOMATROPAIRE.....	116	hydroxychloroquine.....	15, 21
glyburide micronized.....	85	HUMALOG JUNIOR KWIKPEN U-100.....	89	hydroxyprogest(pf)(preg presv).....	87, 91
glyburide-metformin.....	85	HUMALOG KWIKPEN INSULIN.....	89	hydroxyprogesterone cap(ppres).....	87, 91
GLYCOLAX.....	97	HUMALOG MIX 50-50 INSULN U-100.....	89	hydroxyurea.....	31
glycopyrrolate.....	95	HUMALOG MIX 50-50 KWIKPEN.....	89	hydroxyzine hcl.....	50
GLYDO.....	77	HUMALOG MIX 75-25 KWIKPEN.....	89	hydroxyzine pamoate.....	50
GLYXAMBI.....	85	HUMALOG MIX 75-25(U-100)INSULN.....	89	HYOPHEN.....	27, 100
granisetron hcl.....	93	HUMALOG U-100 INSULIN... ..	89		
GRASTEK.....	39	HUMIRA.....	14, 15, 97		
griseofulvin microsize.....	21	HUMIRA PEN.....	14, 15, 97		
griseofulvin ultramicrosize.....	21	HUMIRA PEN CROHNS-UC-HS START.....	14, 15, 97		
GUAIAIUSSIN AC.....	126				
GUAIFENESIN AC.....	126				
guanfacine.....	47, 58				
guanidine.....	106				
GVOKE HYOPEN 2-PACK....	83				

hyoscyamine sulfate.....	95, 101	ISTODAX.....	33	KOBEE.....	79
HYOSYNE.....	95, 101	itraconazole.....	21	K-PHOS ORIGINAL.....	100
ibandronate.....	87	ivermectin.....	20	KPN.....	81
IBRANCE.....	33	IXEMPRA.....	33	KRYSTEXXA.....	101
IBU.....	17	IXIARO (PF).....	41	K-TAB.....	80
ibuprofen.....	17	JAIMIESS.....	65	KURVELO (28).....	66
ibuprofen-oxycodone.....	13	JAKAFI.....	34	KUVAN.....	113
icatibant.....	46	JANTOVEN.....	102	KYMRIAH.....	32
ICLUSIG.....	34	JANUMET.....	86	KYPROLIS.....	35
IDHIFA.....	35	JANUMET XR.....	86	l norgest/e.estradiol-e.estrad.....	65, 68
ILARIS (PF).....	14	JANUVIA.....	84	labetalol.....	43
imatinib.....	36	JARDIANCE.....	85	lactated ringers.....	80
IMBRUVICA.....	32, 36	JASMIEL (28).....	66	lactulose.....	93, 97
IMFINZI.....	37	JENCYCLA.....	67	lamivudine.....	23, 25
imipramine hcl.....	55	JENTADUETO.....	86	lamivudine-zidovudine.....	24
imipramine pamoate.....	55	JENTADUETO XR.....	86	lamotrigine.....	52, 59
imiquimod.....	77	JINTELI.....	87	lancets.....	108, 111
IMOVAX RABIES VACCINE		JOLESSA.....	66	lancing device.....	108, 111
(PF).....	42	JULEBER.....	66	lansoprazole.....	94
IMPAVIDO.....	22	JULUCA.....	22	lanthanum.....	99
INBRIJA.....	55	JUNEL 1.5/30 (21).....	66	LANTUS SOLOSTAR U-100	
INCASSIA.....	67	JUNEL 1/20 (21).....	66	INSULIN.....	89
INCRELEX.....	90	JUNEL FE 1.5/30 (28).....	66	LANTUS U-100 INSULIN.....	89
INCRUSE ELLIPTA.....	122	JUNEL FE 1/20 (28).....	66	LARIN 1.5/30 (21).....	66
indapamide.....	48	JUNEL FE 24.....	66	LARIN 1/20 (21).....	66
indomethacin.....	18	JUXTAPID.....	46	LARIN 24 FE.....	66
INFANRIX (DTAP) (PF).....	40	KADCYLA.....	31, 38	LARIN FE 1.5/30 (28).....	66
INFED.....	80	KAITLIB FE.....	66	LARIN FE 1/20 (28).....	66
INFLECTRA.....	14, 15, 97	KALETRA.....	23	LARISSIA.....	66
INLYTA.....	36	KALLIGA.....	66	LASTACRAFT.....	116
INSPIRACHAMBER.....	109, 111	KALYDECO.....	124	latanoprost.....	119
INTELENCE.....	23	KANJINTI.....	39	LATUDA.....	56
INTRAROSA.....	90	KANUMA.....	112	LAXACLEAR.....	97
INTRON A.....	34	KARIVA (28).....	65	LAXATIVE (BISACODYL).....	98
INTROVALE.....	66	KELNOR 1/35 (28).....	66	LAXATIVE PEG 3350.....	97
INVIRASE.....	28	KELNOR 1-50 (28).....	66	LAYOLIS FE.....	66
iodine-sodium iodide.....	39	KEPIVANCE.....	97	LEENA 28.....	68
IPOL.....	42	ketoconazole.....	21, 73	leflunomide.....	16
ipratropium bromide.....	122, 125	KETODAN.....	73	LENVIMA.....	36
ipratropium-albuterol.....	123	KETODAN KIT.....	73	LESSINA.....	66
irbesartan.....	43	ketoprofen.....	17, 18	letrozole.....	32
irbesartan-hydrochlorothiazide...	43	ketorolac.....	17, 117	leucovorin calcium.....	39
IRESSA.....	29	KEYTRUDA.....	38	LEUKERAN.....	30
ISENTRESS.....	22	KIONEX (WITH SORBITOL)..	80	LEUKINE.....	103
ISENTRESS HD.....	22	KITABIS PAK.....	124	leuprolide.....	34
ISIBLOOM.....	66	KLOR-CON.....	80	levalbuterol hcl.....	123
isoniazid.....	24	KLOR-CON 10.....	80	LEVEMIR FLEXTOUCH U-	
isosorbide dinitrate.....	43	KLOR-CON 8.....	80	100 INSULN.....	89
isosorbide mononitrate.....	43	KLOR-CON M10.....	80	LEVEMIR U-100 INSULIN.....	89
isotretinoin.....	70	KLOR-CON M15.....	80	levetiracetam.....	52
isoxsuprine.....	49	KLOR-CON M20.....	80	levobunolol.....	118
isradipine.....	47	KLOR-CON/EF.....	80	levocarnitine.....	79, 113

levocarnitine (with sugar).....	113	LUGOLS.....	39, 80	metformin.....	89, 90
levocetirizine.....	121	LUMIZYME.....	112	methadone.....	11
levofloxacin.....	25, 118	LUPRON DEPOT.....	90	METHADOSE.....	11
LEVONEST (28).....	68	LUPRON DEPOT (3 MONTH). 90		methamphetamine.....	58, 60
levonorgestrel.....	69	LUPRON DEPOT-PED.....	90	methazolamide.....	48
levonorgestrel-ethinyl estrad.....	67	LUPRON DEPOT-PED (3		methenamine hippurate.....	27, 100
levonorg-eth estrad triphasic.....	68	MONTH).....	90	methenamine mandelate....	27, 100
LEVORA-28.....	67	LUTERA (28).....	67	methen-sod phos-meth blue-	
levorphanol tartrate.....	11	LUXTURNA.....	119	hyos.....	27, 100
LEVO-T.....	91	LYNPARZA.....	35	METHERGINE.....	91
levothyroxine.....	91	LYSODREN.....	30	methimazole.....	86
LEVOXYL.....	92	LYUMJEV KWIKPEN U-100		METHITEST.....	83
LEXIVA.....	28	INSULIN.....	89	methocarbamol.....	107
LIBTAYO.....	38	LYUMJEV KWIKPEN U-200		methotrexate sodium.....	15, 31
lidocaine.....	18, 77, 78	INSULIN.....	89	methotrexate sodium (pf).....	31
lidocaine hcl.....	18, 77, 114	LYUMJEV U-100 INSULIN.....	89	methoxsalen.....	74
lidocaine hcl-hydrocortison ac		LYZA.....	67	methscopolamine.....	95
.....	19, 77	mafenide acetate.....	74	methyl salicylate.....	78
LIDOCAINE VISCOUS.....	114	magnesium citrate.....	97	methylidopa.....	47
lidocaine-hydrocortisone-aloe....	19	malathion.....	78	methylidopa-	
lidocaine-phenylephrn in water	116	maprotiline.....	55	hydrochlorothiazide.....	47
lidocaine-prilocaine.....	77	MARLISSA (28).....	67	methylergonovine.....	91
LILLOW (28).....	67	MARQIBO.....	37	methylphenidate hcl.....	58, 62
lindane.....	78	MATULANE.....	30	methylprednisolone.....	88
linezolid.....	27	MATZIM LA.....	46	methyltestosterone.....	83
liothyronine.....	91	MAXI-TUSS AC.....	126	metoclopramide hcl.....	95
lisinopril.....	42	MAYZENT.....	116	metolazone.....	49
lisinopril-hydrochlorothiazide....	42	M-CLEAR WC.....	126	metoprolol succinate.....	46
LITE COAT ASPIRIN.....	18, 104	meclizine.....	92	metoprolol ta-hydrochlorothiaz..	47
LITEAIRE MDI CHAMBER		meclofenamate.....	17	metoprolol tartrate.....	46
.....	109, 111	MEDISENSE.....	108, 111	metronidazole.....	22, 70, 77, 127
lithium carbonate.....	60	MEDISENSE GLUCOSE		metyrosine.....	49
lithium citrate.....	60	KETONE.....	108, 111	mexiletine.....	44
LOJAIMIESS.....	65	medroxyprogesterone.....	65, 91	MIBELAS 24 FE.....	67
LOKELMA.....	80	mefenamic acid.....	17	MICONAZOLE-3.....	126
LONSURF.....	31	mefloquine.....	21	MICROCHAMBER.....	109, 111
loperamide.....	92	megestrol.....	35, 79	MICROGESTIN 1.5/30 (21).....	67
lopinavir-ritonavir.....	23	MEKINIST.....	34	MICROGESTIN 1/20 (21).....	67
lorazepam.....	50, 59	MELODETTA 24 FE.....	67	MICROGESTIN FE 1.5/30 (28).67	
LORAZEPAM INTENSOL. 50, 59		meloxicam.....	17	MICROGESTIN FE 1/20 (28)....67	
LORBRENA.....	30	melphalan.....	30	MICROSPACER.....	109, 111
LORCET HD.....	12, 13	memantine.....	65	midazolam.....	59, 63
LORYNA (28).....	67	MENACTRA (PF).....	41	midodrine.....	47
losartan.....	43	MENEST.....	87	MIGERGOT.....	61
losartan-hydrochlorothiazide.....	43	MEPSEVII.....	112	miglitol.....	84
loteprednol etabonate.....	117	mercaptapurine.....	31	miglustat.....	113
lovastatin.....	45	mesalamine.....	96	MILI.....	67
LOW-OGESTREL (28).....	67	mesalamine with cleansing wipe	96	MILK OF MAGNESIA.....	97
loxapine succinate.....	56	MESNEX.....	39	MILK OF MAGNESIA	
LO-ZUMANDIMINE (28).....	67	metaproterenol.....	123	CONCENTRATED.....	98
LTA PRE-ATTACHED.....	18	METAXALL.....	107	MILLIPRED.....	88
LUDENT FLUORIDE.....	114	metaxalone.....	107	MILLIPRED DP.....	88

MIMVEY.....	87	MYNATAL PLUS.....	81	nicotine (polacrilex).....	64
MINIMED INFUSION SET-		MYNATAL-Z.....	81	nifedipine.....	47
MMT 390.....	109, 111	MYORISAN.....	70	NIKKI (28).....	67
MINIMED MIO 32".....	109, 111	nabumetone.....	17	nilutamide.....	31
MINIMED MIO ADVANCE		nadolol.....	46	nimodipine.....	47
INF SET23".....	109, 111	nadolol-bendroflumethiazide.....	49	NINLARO.....	35
MINIMED QUICK SET 43"		naftifine.....	72	nisoldipine.....	47
.....	109, 111	NAGLAZYME.....	112	nitisinone.....	113
MINIMED SILHOUETTE 23"		naloxone.....	19	NITRO-BID.....	43
.....	109, 111	naltrexone.....	19	nitrofurantoin.....	20, 100
MINIMED SURE T 32" ..	109, 111	naproxen.....	18	nitrofurantoin macrocrystal.....	20, 100
minocycline.....	16, 28, 70	naproxen sodium.....	18	nitrofurantoin monohyd/m-cryst	
minoxidil.....	48	naproxen-esomeprazole.....	17	.....	20, 100
MIO INFUSION SET.....	109, 111	naratriptan.....	61	nitroglycerin.....	43, 44
MIOSTAT.....	116	NARCAN.....	19	NITRO-TIME.....	44
MIRALAX.....	98	NATAACYN.....	119	NITYR.....	113
MIRENA.....	65	nateglinide.....	84	NIVESTYM.....	102
mirtazapine.....	52	NATPARA.....	91	nizatidine.....	94
misoprostol.....	95	NATURAL B-100 COMPLEX..	79	NOLIX.....	76
MITIGARE.....	101	NATURA-LAX.....	98	NORA-BE.....	67
mitoxantrone.....	37	NAYZILAM.....	51, 59	noreth-ethinyl estradiol-iron.....	67
M-M-R II (PF).....	40, 42	NEBUPENT.....	27	norethindrone (contraceptive).....	68
M-NATAL PLUS.....	81	NEBUSAL.....	64	norethindrone acetate.....	91
modafinil.....	62	NECON 0.5/35 (28).....	67	norethindrone ac-eth estradiol	
moexipril.....	42	nefazodone.....	53	.....	67, 87
molindone.....	56	neomycin.....	20	norethindrone-e.estradiol-iron....	67
mometasone.....	76, 125	neomycin-bacitracin-poly-hc ...	116	norgestimate-ethinyl estradiol	
MONDOXYNE NL.....	28	neomycin-bacitracin-polymyxin		.....	67, 68
MONO-LINYAH.....	67	.....	118	NORLYDA.....	68
montelukast.....	122	neomycin-polymyxin b gu.....	99	NORTREL 0.5/35 (28).....	67
MORGIDOX.....	28	neomycin-polymyxin b-		NORTREL 1/35 (21).....	67
morphine.....	11	dexameth.....	116	NORTREL 1/35 (28).....	67
morphine concentrate.....	11	neomycin-polymyxin-		NORTREL 7/7/7 (28).....	68
MOVANTIK.....	19	gramicidin.....	118	nortriptyline.....	55
moxifloxacin.....	25, 118	neomycin-polymyxin-hc ...	116, 119	NORVIR.....	28
MOZOBIL.....	102	NEO-POLYCIN.....	118	NOVOLOG FLEXPEN U-100	
MULTI-VITAMIN WITH		NEO-POLYCIN HC.....	116	INSULIN.....	89
FLUORIDE.....	81	NERLYNX.....	29	NOVOLOG MIX 70-30 U-100	
MULTIVITAMINS WITH		NEUAC.....	70	INSULN.....	89
FLUORIDE.....	81	NEULASTA.....	102	NOVOLOG MIX 70-	
mupirocin.....	72	NEULASTA ONPRO.....	102	30FLEXPEN U-100.....	89
mupirocin calcium.....	72	NEVANAC.....	117	NOVOLOG PENFILL U-100	
MVASI.....	29	nevirapine.....	23	INSULIN.....	89
MVC-FLUORIDE.....	81	NEW DAY.....	69	NOVOLOG U-100 INSULIN	
MY CHOICE.....	69	NEWGEN.....	81	ASPART.....	89
MY WAY.....	69	NEXAVAR.....	35	NOXAFIL.....	21
MYALEPT.....	90	NEXPLANON.....	65	NP THYROID.....	91
mycophenolate mofetil.....	16, 106	niacin.....	45, 82	NPLATE.....	105
mycophenolate sodium.....	106	nicardipine.....	47	NUBEQA.....	31
MYLERAN.....	29	NICODERM CQ.....	64	NUCALA.....	122
MYLOTARG.....	31, 38	NICORETTE.....	64	NUCYNTA ER.....	11
MYNATAL.....	81	nicotine.....	64	NUEDEXTA.....	62

NYAMYC.....	72	OTEZLA.....	16, 74	phenytoin.....	51
nystatin.....	20, 72, 114	OTEZLA STARTER.....	16, 74	phenytoin sodium extended.....	51
nystatin-triamcinolone.....	73	oxandrolone.....	83	PHILITH.....	67
NYSTOP.....	72	oxaprozin.....	18	PHOSPHASAL.....	27, 100
OICALIVA.....	105	oxcarbazepine.....	52	PHOSPHATE LAXATIVE.....	98
OCELLA.....	67	OXERVATE.....	117	PHOSPHOLINE IODIDE.....	116
OCREVUS.....	115	oxiconazole.....	73	phytonadione (vitamin k1)....	82, 83
octreotide acetate.....	91, 98	oxybutynin chloride.....	101	pilocarpine hcl.....	114, 116
ODACTRA.....	39	oxycodone.....	11	pimecrolimus.....	75
ODEFSEY.....	24	oxycodone-acetaminophen.....	13	pimozide.....	56
ODOMZO.....	33	oxycodone-aspirin.....	13	PIMTREA (28).....	65
OFEV.....	36, 126	OXYCONTIN.....	11	pindolol.....	46
ofloxacin.....	25, 118, 120	oxymorphone.....	11	pioglitazone.....	90
OGIVRI.....	39	OZURDEX.....	117	pioglitazone-glimepiride.....	85
olanzapine.....	57, 59	PACERONE.....	44	pioglitazone-metformin.....	85
olanzapine-fluoxetine.....	54, 57, 59	paliperidone.....	56	PIRMELLA.....	67, 68
olmesartan.....	43	PALYNZIQ.....	113	piroxicam.....	17
olmesartan-amlodipin-hcthiamid.....	43	pantoprazole.....	94	PLAN B ONE-STEP.....	69
olmesartan-hydrochlorothiazide.....	43	PARAGARD T 380A.....	65	PLEGRIDY.....	115
olopatadine.....	117, 125	paricalcitol.....	112	PNEUMOVAX-23.....	41
omega-3 acid ethyl esters.....	45	PAROEX ORAL RINSE.....	114	PNV 29-1.....	81
omeprazole.....	94	paromomycin.....	20	PNV-DHA.....	81
omeprazole-sodium bicarbonate.....	94, 95	paroxetine hcl.....	53	PNV-OMEGA.....	80, 81
OMNIPOD DASH 5 PACK		paroxetine		PNV-SELECT.....	81
POD.....	108, 111	mesylate(menop.sym).....	90	POCKET CHAMBER.....	109, 111
OMNIPOD INSULIN		PEDVAX HIB (PF).....	41	podofilox.....	77
MANAGEMENT.....	109, 111	peg 3350-electrolytes.....	98	POLYCIN.....	118
OMNITROPE.....	88	PEGANONE.....	51	polyethylene glycol 3350.....	98
ondansetron.....	93	PEGASYS.....	25, 26	polymyxin b sulf-trimethoprim.....	118
ondansetron hcl.....	93	peg-electrolyte soln.....	98	POMALYST.....	37
ONE DAILY PRENATAL.....	81	PEG-PREP.....	98	PORTIA 28.....	67
ONIVYDE.....	37	penicillamine.....	16, 19	posaconazole.....	21
OPCICON ONE-STEP.....	69	penicillin v potassium.....	27	potassium chloride.....	80
OPDIVO.....	38	pentamidine.....	27	potassium citrate.....	100
opium tincture.....	92	PENTASA.....	96	POTELIGEO.....	32
OPSUMIT.....	49	pentoxifylline.....	103	POWDERLAX.....	98
OPTICHAMBER DIAMOND		PERFOROMIST.....	123	PR NATAL 400.....	81
VHC.....	109, 111	perindopril erbumine.....	42	PR NATAL 400 EC.....	81
OPTION-2.....	69	PERIOGARD.....	114	PR NATAL 430.....	81
ORAL SALINE LAXATIVE.....	98	PERJETA.....	38	PR NATAL 430 EC.....	81
ORALONE.....	114	permethrin.....	78	PRADAXA.....	105
ORILISSA.....	90	perphenazine.....	57	PRALUENT PEN.....	46
ORKAMBI.....	124	perphenazine-amitriptyline.....	54	pramipexole.....	56
orphenadrine citrate.....	107	PERRY PRENATAL.....	81	prasugrel.....	105
orphenadrine-asa-caffeine.....	106	phenazopyridine.....	100	pravastatin.....	45
ORPHENGESIC FORTE.....	106	phenelzine.....	52	praziquantel.....	20
ORSYTHIA.....	67	phenobarb-hyoscy-atropine- scop.....	96	prazosin.....	49
OSCIMIN.....	95, 101	phenobarbital.....	50, 62	PRECISION XTRA KETONE- GLUCOSE.....	107, 108, 111
OSCIMIN SL.....	95, 101	PHENOHYTRO.....	96	PRECISION XTRA MONITOR	
OSCIMIN SR.....	95, 101	phenoxybenzamine.....	49	.....	108, 111
oseltamivir.....	26	phenylephrine hcl.....	117	PRECISION XTRA TEST	107, 111

prednicarbate.....	76	PROCTOSOL HC.....	19, 76	ranolazine.....	44
prednisolone.....	88	PROCTOZONE-HC.....	19, 76	rasagiline.....	55
prednisolone acetate.....	117	progesterone.....	91	RAVICTI.....	113
prednisolone sodium phosphate	88, 117	progesterone micronized.....	91	REBIF (WITH ALBUMIN).....	115
prednisone.....	88	PROGRAF.....	106	REBIF REBIDOSE.....	115
PREDNISONO INTENSOL.....	88	PROLASTIN-C.....	125	REBIF TITRATION PACK.....	115
pregabalin.....	51, 60	PROLATE.....	13	RECLIPSEN (28).....	67
PRENA1 CHEW.....	81	PROLEUKIN.....	34	RECOMBIVAX HB (PF).....	40
PRENA1 PEARL.....	81	PROMACTA.....	105	RECTIV.....	18
PRENA1 TRUE.....	81	promethazine.....	93, 120, 121	REGRANEX.....	78
PRENATABS FA.....	81	promethazine-codeine.....	125	RELENZA DISKHALER.....	26
PRENATABS RX.....	81	promethazine-dm.....	125	RELISTOR.....	19
PRENATAL.....	81	promethazine-phenyleph- codeine.....	126	RENACIDIN.....	99
PRENATAL COMPLETE.....	81	promethazine-phenylephrine....	120	RENA-VITE.....	79
PRENATAL FORMULA.....	81	PROMETHEGAN.....	93, 120, 121	repaglinide.....	84
PRENATAL MULTI-DHA (ALGAL OIL).....	81	propafenone.....	44	repaglinide-metformin.....	84
PRENATAL ONE DAILY.....	81	propracaine.....	118	RESTASIS.....	117
PRENATAL PLUS.....	81	propranolol.....	46	RESTASIS MULTIDOSE.....	117
PRENATAL PLUS (CALCIUM CARB).....	81	propranolol-hydrochlorothiazid..	49	RETACRIT.....	102
PRENATAL VITAMIN.....	81	propylthiouracil.....	86	REVCIVI.....	112
PRENATAL VITAMIN PLUS LOW IRON.....	81	PROQUAD (PF).....	40, 42	REVEL PROGRAMMABLE PUMP.....	109, 111
PRENATAL VITAMIN WITH MINERALS.....	81	protriptyline.....	55	REVLIMID.....	37
prenatal vits96-iron fum-folic....	82	PROVENGE.....	33	REXULTI.....	57
PRENATAL-U.....	81, 82	PRUDOXIN.....	78	REYATAZ.....	28
PREPLUS.....	82	PULMOSAL.....	64	RIASTAP.....	103
PRETAB.....	82	PULMOZYME.....	125	ribavirin.....	26, 28
PREVALITE.....	44	PURELAX.....	98	RIDAURA.....	15
PREVIFEM.....	67	PURIXAN.....	31	rifabutin.....	24, 28
PREVNAR 13 (PF).....	41	pyrazinamide.....	24	rifampin.....	24, 28
PREVYMIS.....	25	pyridostigmine bromide.....	106	riluzole.....	106
PREZISTA.....	28	pyrimethamine.....	21	rimantadine.....	26
PRIFTIN.....	24, 28	QUADRACEL (PF).....	40	ringer's.....	80
primaquine.....	21	quetiapine.....	57, 59	RINVOQ.....	16
PRIMEAIRE.....	109, 111	QUICK-SET PARADIGM	109, 111	risedronate.....	87
primidone.....	50	quinapril.....	42	risperidone.....	56, 59, 60
PRIVIGEN.....	40	quinapril-hydrochlorothiazide....	42	RITEFLO AEROCHAMBER	109, 111
PROAIR HFA.....	123	quinidine gluconate.....	44	ritonavir.....	28
PROAIR RESPICLICK.....	123	quinidine sulfate.....	44	RITUXAN.....	15, 32
probenecid.....	101	quinine sulfate.....	21	RITUXAN HYCELA.....	32
probenecid-colchicine.....	101	QUIT 2.....	64	rivastigmine.....	65
PROCENTRA.....	60	QUIT 4.....	64	rivastigmine tartrate.....	65
PROCHAMBER.....	109, 111	QVAR REDIHALER.....	121	RIVELSA.....	68
prochlorperazine.....	93	RABAVERT (PF).....	42	rizatriptan.....	61
prochlorperazine maleate.....	57, 93	rabeprazole.....	94	ropinirole.....	56
PROCRIT.....	102	RADICAVA.....	106	ROSADAN.....	70, 77
PROCTO-MED HC.....	19, 76	RAGWITEK.....	39	ROSULA CLEANSING CLOTHS.....	70
PROCTO-PAK.....	19, 76	raloxifene.....	91	rosuvastatin.....	45
		ramelteon.....	60	ROTATEQ VACCINE.....	40, 42
		ramipril.....	42	ROWEEPRA.....	52
		ranitidine hcl.....	94		

ROZLYTREK.....	36	sodium polystyrene sulfonate.....	80	sulfasalazine.....	16, 96
RUBRACA.....	35	solifenacin.....	100	SULFATRIM.....	20
RUCONEST.....	102	SOLIRIS.....	104	sulindac.....	17
RUXIENCE.....	32	SOMATULINE DEPOT.....	91	sumatriptan.....	61
RUZURGI.....	116	SOMAVERT.....	88	sumatriptan succinate.....	61
RYDAPT.....	36	sotalol.....	44, 46	sumatriptan-naproxen.....	61
SAFE-CLIP BY MAIL.....	108, 111	SOTALOL AF.....	44, 46	SUNOSI.....	62
salsalate.....	18	SOTYLIZE.....	44, 46	SUPER B COMPLEX-	
SAMSCA.....	48, 92, 99	spinosad.....	78	VITAMIN C.....	79
SANDIMMUNE.....	16, 106	spironolactone.....	43, 48	SUPER B MAXI COMPLEX....	79
SANTYL.....	75	spironolacton-hydrochlorothiaz..	48	SUPER QUINTS.....	79
SAVELLA.....	54, 60	SPRINTEC (28).....	67	SUPER QUINTS B-50.....	79
SCALACORT.....	76	SPRYCEL.....	36	SURE-T PARADIGM.....	109, 111
scopolamine base.....	92	SPS (WITH SORBITOL).....	80	SUTENT.....	36
SECONAL SODIUM.....	63	SRONYX.....	67	SYEDA.....	67
selegiline hcl.....	56	SSD.....	74	SYLATRON.....	34
selenium sulfide.....	74	SSS 10-5.....	70, 72	SYLVANT.....	34
SELZENTRY.....	22	ST JOSEPH ASPIRIN.....	18, 104	SYMAX FASTABS.....	95, 101
SE-NATAL 19 CHEWABLE.....	82	STAMARIL (PF).....	40, 42	SYMAX-SL.....	95, 101
SE-NATAL-19.....	82	stavudine.....	23	SYMAX-SR.....	95, 101
sertraline.....	53	STELARA.....	71, 96	SYMBICORT.....	124
SETLAKIN.....	67	STIVARGA.....	35	SYMDEKO.....	124
sevelamer carbonate.....	99	STOP SMOKING AID.....	64	SYMFI.....	24
sevelamer hcl.....	99	STRENSIQ.....	112	SYMFI LO.....	24
SF.....	114	STRESS FORMULA.....	79, 80	SYMLINPEN 120.....	85
SF 5000 PLUS.....	114	STRESS FORMULA WITH		SYMLINPEN 60.....	85
SHAROBEL.....	68	IRON.....	79	SYNAGIS.....	39
SHINGRIX (PF).....	42	STRESS FORMULA WITH		SYNJARDY.....	84
SIGNIFOR.....	91	IRON(SULF).....	79	SYNJARDY XR.....	84
sildenafil (pulm.hypertension)....	50	STRIVERDI RESPIMAT.....	122	T:30 INFUSION SET.....	109, 111
SILHOUETTE.....	108, 109, 111	STRONG IODINE.....	39, 80	T:90 INFUSION SET 23".....	109, 111
silodosin.....	99	SUBLOCADE.....	63	T:SLIM.....	108, 111
silver sulfadiazine.....	74	SUBOXONE.....	63	T:SLIM G4.....	108, 111
SIMLIYA (28).....	65	SUBVENITE.....	52	tacrolimus.....	75, 106
SIMPESSE.....	66	SUBVENITE STARTER		tadalafil.....	78, 99
SIMPONI.....	15, 97	(BLUE) KIT.....	52, 59	tadalafil (pulm. hypertension)....	50
simvastatin.....	45	SUBVENITE STARTER		TAFINLAR.....	32
sirolimus.....	106	(GREEN) KIT.....	52, 59	TAGRISSO.....	29
SIRTURO.....	24	SUBVENITE STARTER		TALZENNA.....	35
SKYRIZI.....	71	(ORANGE) KIT.....	52, 59	tamoxifen.....	36
SMOOTHLAX.....	98	SUCRAID.....	93	tamsulosin.....	99
sodium chloride.....	64, 79, 80	sucralfate.....	98	TARGRETIN.....	74
sodium chloride 0.9 %.....	79, 82	sulfacetamide sodium.....	74, 119	TARINA 24 FE.....	67
sodium chloride 0.9 % (flush)		sulfacetamide sodium (acne).....	70	TARINA FE 1/20 (28).....	67
.....	79, 82	sulfacetamide sodium-sulfur		TARON-C DHA.....	81, 82
sodium ferric gluconat-sucrose... 80		.....	70, 71, 72	TASIGNA.....	36
SODIUM FLUORIDE 5000		sulfacetamide-prednisolone.....	116	tazarotene.....	74, 77
PLUS.....	114	sulfacetamide-sulfur-cleansr23... 71		TAZORAC.....	74
sodium fluoride-pot nitrate.....	114	SULFACLEANSE 8-4.....	71	TAZTIA XT.....	46
sodium phenylbutyrate.....	113	sulfadiazine.....	28	TDVAX.....	40
SODIUM POLYSTYRENE		sulfamethoxazole-trimethoprim.. 20		TECENTRIQ.....	37
(SORB FREE).....	80	SULFAMYLON.....	75	TECFIDERA.....	115

TEGSEDI.....	83	toremifene.....	36	TRI-LO-SPRINTEC.....	68
telmisartan.....	43	torsemide.....	48	TRILYTE WITH FLAVOR	
telmisartan-amlodipine.....	43	TOUJEO MAX U-300		PACKETS.....	98
telmisartan-hydrochlorothiazid..	43	SOLOSTAR.....	89	trimethobenzamide.....	92
TEMIXYS.....	23	TOUJEO SOLOSTAR U-300		trimethoprim.....	20
TEMODAR.....	30	INSULIN.....	89	TRI-MILI.....	68
temozolomide.....	30	TOVET EMOLLIENT.....	76	trimipramine.....	55
temsirrolimus.....	34	TOVIAZ.....	101	TRIMO-SAN JELLY.....	127
TENCON.....	14	TRACLEER.....	50	TRINATAL RX 1.....	82
tenofovir disoproxil fumarate23, 25		TRADJENTA.....	84	TRINATE.....	82
terazosin.....	49	tramadol.....	11	TRINTELLIX.....	54
terbinafine hcl.....	20	tramadol-acetaminophen.....	13	TRI-PREVIFEM (28).....	68
terbutaline.....	123	trandolapril.....	42	TRIPTODUR.....	90
terconazole.....	126	trandolapril-verapamil.....	42	TRI-SPRINTEC (28).....	68
testosterone.....	83, 84	tranexamic acid.....	103	TRIUMEQ.....	24
testosterone cypionate.....	83	tranylcypropramine.....	52	TRIVEEN-DUO DHA.....	82
testosterone enanthate.....	83	travoprost.....	119	TRI-VITAMIN WITH	
tetanus,diphtheria tox ped(pf).....	40	TRAZIMERA.....	39	FLUORIDE.....	81
tetrabenazine.....	61, 62	trazodone.....	53	TRIVORA (28).....	68
tetracaine hcl.....	118	TREANDA.....	30	TRI-VYLIBRA.....	68
tetracycline.....	29	TRECATOR.....	24	TRI-VYLIBRA LO.....	68
THALOMID.....	21, 37	TRELEGY ELLIPTA.....	124	TROGARZO.....	22
theophylline.....	122	TREMFYA.....	71	tropicamide.....	116
thioridazine.....	57	treprostinil sodium.....	49	trospium.....	101
thiothixene.....	57	TRESIBA FLEXTOUCH U-		TRULANCE.....	93, 96
THYROLAR-1.....	91	100.....	89	TRULICITY.....	86
THYROLAR-1/2.....	91	TRESIBA FLEXTOUCH U-		TRUMENBA.....	41
THYROLAR-1/4.....	91	200.....	89	TRUSTEEL INFUSION SET	
THYROLAR-2.....	91	TRESIBA U-100 INSULIN.....	89	32".....	110, 111
THYROLAR-3.....	91	tretinoin.....	71	TRUVADA.....	23
TIADYLTER.....	46	tretinoin (antineoplastic).....	36	TRUXIMA.....	15, 32
tiagabine.....	51	tretinoin microspheres.....	71	TULANA.....	68
TIBSOVO.....	35	TRETTEN.....	102	TWINRIX (PF).....	40
TILIA FE.....	68	TRI FEMYNOR.....	68	TYDEMY.....	67
timolol maleate.....	46, 118	triamcinolone acetonide.....	76, 114	TYKERB.....	29
tinidazole.....	22	triamterene.....	48	TYMLOS.....	86
TIS-U-SOL PENTALYTE.....	80	triamterene-hydrochlorothiazid..	48	TYPHIM VI.....	41
TIVICAY.....	22	TRIANEX.....	76	TYSABRI.....	115
TIVICAY PD.....	22	triazolam.....	59, 63	TYVASO.....	49
tizanidine.....	107	TRIDERM.....	76	TYVASO REFILL KIT.....	49
tobramycin.....	118	trientine.....	19	TYVASO STARTER KIT.....	49
tobramycin in 0.225 % nacl.....	124	TRI-ESTARYLLA.....	68	UCERIS.....	96
tobramycin with nebulizer.....	124	trifluoperazine.....	57	UDENYCA.....	102
tobramycin-dexamethasone.....	116	trifluridine.....	119	UNITHROID.....	92
TODAY CONTRACEPTIVE		trihexyphenidyl.....	55	UNITUXIN.....	31
SPONGE.....	69	TRIJARDY XR.....	86	UPTRAVI.....	49
tolcapone.....	55	TRIKAFTA.....	124	URETRON D-S.....	27, 100
tolmetin.....	17	TRI-LEGEST FE.....	68	URIMAR-T.....	27, 100
tolterodine.....	101	TRI-LINYAH.....	68	URIN DS.....	27, 100
tolvaptan.....	48, 92, 99	TRI-LO-ESTARYLLA.....	68	URO-458.....	27, 100
topiramate.....	52	TRI-LO-MARZIA.....	68	UROGESIC-BLUE.....	27, 100
topotecan.....	37	TRI-LO-MILI.....	68	URO-MP.....	27, 100

ursodiol.....	93	VIRACEPT.....	28	XGEVA.....	91
URYL.....	27, 100	VIREAD.....	23, 25	XIFAXAN.....	28
USTELL.....	27, 100	VIRT-C DHA.....	81, 82	XIGDUO XR.....	84
UTIBRON NEOHALER.....	123	VIRT-NATE DHA.....	82	XOLAIR.....	122
UTIRA-C.....	27, 100	VIRT-PN DHA.....	81, 82	XOSPATA.....	33
VAGINAL CONTRACEPTIVE FOAM.....	69	VIRT-PN PLUS.....	81, 82	XULANE.....	68
valacyclovir.....	26	VIRTUSSIN AC.....	126	XURIDEN.....	113
VALCHLOR.....	73	VIRTUSSIN DAC.....	126	XYREM.....	62
valganciclovir.....	25	VISTOGARD.....	39	YERVOY.....	33
valproic acid.....	51, 59	vitamin b complex.....	79	YESCARTA.....	32
valproic acid (as sodium salt).....	51, 59	vitamin b complex-folic acid.....	79	YF-VAX (PF).....	40, 42
valsartan.....	43	VITAMIN K.....	83	YONDELIS.....	37
valsartan-hydrochlorothiazide....	43	VITAMIN K1.....	83	YONSA.....	29, 31
vancomycin.....	25	VITAMINS A,C,D AND FLUORIDE.....	81	YUVAFEM.....	127
VANDAZOLE.....	127	VITRAKVI.....	37	zafirlukast.....	122
VANTAS.....	34	VIVITROL.....	64	zaleplon.....	63
VARISOFT INFUSION SET 43".....	110, 111	VIVOTIF.....	40, 41	ZARAH.....	67
VARIVAX (PF).....	40, 42	VIZIMPRO.....	29	ZARXIO.....	103
VARIZIG.....	40	VOLNEA (28).....	66	ZATEAN-PN DHA.....	81, 82
VARUBI.....	93	VONVENDI.....	103	ZATEAN-PN PLUS.....	81, 82
VASCEPA.....	45	voriconazole.....	21	ZEBUTAL.....	14
VAXCHORA VACCINE.....	40, 41	VOTRIENT.....	36	ZEJULA.....	35
VCF CONTRACEPTIVE FILM.....	70	VP-CH-PNV.....	82	ZELBORAF.....	32
VCF CONTRACEPTIVE GEL..	70	VRAYLAR.....	57, 60	ZEMAIRA.....	125
VECTIBIX.....	38	VTOL LQ.....	14	ZENATANE.....	70
VELCADE.....	35	VUMERITY.....	115	ZENZEDI.....	58, 60, 62
VELETRI.....	49	VYFEMLA (28).....	67	ZEPATIER.....	26
VELIVET TRIPHASIC REGIMEN (28).....	68	VYLIBRA.....	67	ZEPOSIA.....	116
VEMLIDY.....	25	VYNDAMAX.....	83	ZEPOSIA STARTER KIT.....	116
VENCLEXTA.....	32	VYNDAMAX.....	83	ZEPOSIA STARTER PACK..	116
VENCLEXTA STARTING PACK.....	32	VYNDAMAX.....	83	zidovudine.....	23
venlafaxine.....	54	VYVANSE.....	58	ZIEXTENZO.....	103
VENOFER.....	80	VYXEOS.....	31	zileuton.....	121
verapamil.....	44, 47	warfarin.....	102	ZINGIBER.....	82
VERZENIO.....	33	water for irrigation, sterile.....	80	ZIOPTAN (PF).....	119
V-GO 20.....	109, 111	WERA (28).....	67	ziprasidone hcl.....	56, 60
V-GO 30.....	109, 111	WESTHROID.....	91	ZIRABEV.....	29
V-GO 40.....	109, 111	WINTERGREEN OIL.....	78	ZOLADEX.....	34
VIBERZI.....	96, 97	WIXELA INHUB.....	124	zoledronic acid.....	87
VIENVA.....	67	WOMEN'S GENTLE LAXATIVE(BISAC).....	98	zoledronic acid-mannitol-water..	87
vigabatrin.....	51	WOMEN'S LAXATIVE (BISACODYL).....	98	ZOLINZA.....	33
VIGADRONE.....	51	WYMZYA FE.....	67	zolmitriptan.....	61
VIIBRYD.....	54	XALKORI.....	30	zolpidem.....	63
VIMIZIM.....	112	XARELTO.....	102	zonisamide.....	52
VIMPAT.....	51	XARELTO DVT-PE TREAT 30D START.....	102	ZORTRESS.....	106
VIOKACE.....	93	XELJANZ.....	16, 96	ZOVIA 1/35E (28).....	67
VIORELE (28).....	66	XELJANZ XR.....	16, 97	ZTLIDO.....	78
		XEMBIFY.....	40	ZUBSOLV.....	63
		XERMELO.....	92	ZULRESSO.....	52
				ZUMANDIMINE (28).....	67
				ZYDELIG.....	35
				ZYKADIA.....	30

ZYTIGA.....29, 31



**COMMUNITY
HEALTH NETWORK**
of Washington™

Cascade Select

powered by



COMMUNITY HEALTH PLAN
of Washington™

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Community Health Network of Washington Cascade Select Customer Service at 1-866-907-1906 (TTY: Dial 711), Monday through Friday, from 8 a.m. to 5 p.m. PST, or visit cascadeselect.org.

Contact us

Prospective Members
1-833-993-0181

Current Members
1-866-907-1906

TTY Relay: Dial 711
8:00 a.m. to 5:00 p.m.
Monday through Friday

1111 3rd Ave, Suite 400
Seattle, WA 98101-3207
cascadeselect.org