



COMMUNITY HEALTH PLAN
of Washington™
The power of community

INDIVIDUAL & FAMILY PLANS

2027 Prescription Drug Formulary



**Cascade Select
Complete Gold | Vital Gold
Silver | Bronze**

Community Health Plan of Washington Cascade Select Formulary (List of Covered Drugs)

This document includes a list of covered drugs (formulary) which is current as of 10/01/2026. For updated formulary or other questions, please contact Community Health Plan of Washington (CHPW) at 1-866-907-1906 (TTY: 711), Monday through Friday, from 8 a.m. to 5 p.m. PST, or visit individualandfamily.chpw.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 Plan of Washington Cascade Select Pharmacy Directory.

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

Community Health Plan 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 individualandfamily.chpw.org/prescription-drugs. 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 individualandfamily.chpw.org/prescription-drugs.

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

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

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.

Generic substitution, therapeutic interchange, and biosimilars

When available and permitted by law, a pharmacy may substitute an FDA-approved generic drug for a brand-name drug. CHPW may also identify preferred clinically appropriate alternatives through

therapeutic interchange or prefer certain biosimilar products when they are covered under the pharmacy benefit. These policies may change as new products, safety information, or clinical guidelines become available. Please refer to the formulary, the EOC, or individualandfamily.chpw.org/prescription-drugs for the most current information.

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 individualandfamily.chpw.org/prescription-drugs.

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 66571

St. Louis, MO 63166-6571

Phone: 1-800-753-2851

Fax: 877-251-5896

Electronic Prior Authorization requests can be submitted through: 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, asthma inhalers (corticosteroid, inhaled corticosteroid, and inhaled corticosteroid combination), and epinephrine auto injectors coverage:

Prescription drug coverage of insulin drugs for the treatment of diabetes is capped at an amount not to exceed \$35 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. Drug coverage for asthma inhalers (corticosteroid, inhaled corticosteroid, and inhaled corticosteroid combination), epinephrine auto injectors, EpiPens (products containing at least 2 auto injectors) is capped at an amount of \$35 per 30-day supply of the drug and will not apply toward your Calendar Year Deductible.

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 judgment 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 discounts based on day supply will be applied to copays and/or coinsurance if less than a standard one-month refill amount is provided during medication synchronization. For example, if the base copay for a month supply of medication is \$32.00 the medication synchronization copay if filled for a 15-day supply would be \$16.00. If you have any questions, please call Customer Service at 1-866-907-1906 (TTY: 711) 8 a.m. to 5 p.m., Monday through Friday.

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-66587

St Louis, MO 63166- 6587

Fax: 877-328-9660

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: 711).

List of Abbreviations

ACA: Preventive medication under Affordable Care Act

PA: Prior Authorization

QL: Quantity Limit

ST: Step Therapy

This information is available for free in other languages and alternative formats such as Braille, large print, and audio. Please call our Customer Service number at 1-866-907-1906 (TTY: 711), from 8:00 a.m. to 5:00 p.m., Monday through Friday. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-907-1906 (TTY: 711). 注意: 如果您會說中文, 提供免費的語言協助服務。請致電客服 1-866-907-1906 (聽講: 711) .

Community Health Plan of Washington Cascade Select Formulario (Lista de medicamentos cubiertos)

Este documento incluye una lista de medicamentos cubiertos (formulario) que rige a partir del 01/10/2026. Para obtener un formulario actualizado o por otras consultas, póngase en contacto con Community Health Plan of Washington (CHPW) al 1-866-907-1906 (TTY: 711) de lunes a viernes, de 8:00 a. m. a 5:00 p. m. (hora del pacífico), o visite individualandfamily.chpw.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 Plan of Washington Cascade Select.

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

Un formulario de Community Health Plan 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 individualandfamily.chpw.org/prescription-drugs. 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 individualandfamily.chpw.org/prescription-drugs.

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

Nivel 1 Medicamentos Genéricos del Formulario	Medicamentos genéricos que están en nuestro Formulario actual de CHPW.
Nivel 2 Medicamentos del Formulario de Marca Preferida.	Medicamentos de marca que están en el formulario actual de CHPW, y son preferidos por CHPW.
Nivel 3 Medicamentos de Marca No Preferida Medicamentos del Formulario	Medicamentos de marca que están incluidos en el formulario actual de CHPW, pero no son preferidos por CHPW.
Nivel 4 Medicamentos de Especialidad	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.

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.

Generic substitution, therapeutic interchange, and biosimilars

When available and permitted by law, a pharmacy may substitute an FDA-approved generic drug for a brand-name drug. CHPW may also identify preferred clinically appropriate alternatives through therapeutic interchange or prefer certain biosimilar products when they are covered under the pharmacy benefit. These policies may change as new products, safety information, or clinical guidelines become available. Please refer to the formulary, the EOC, or individualandfamily.chpw.org/prescription-drugs for the most current information.

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 individualandfamily.chpw.org/prescription-drugs.

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 66571

St. Louis, MO 63166-6571

Teléfono: 1-800-753-2851

Fax: 877-251-5896

Las solicitudes electrónicas de autorización previa pueden presentarse en: 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, inhaladores para el asma (corticosteroides, corticosteroides inhalados y combinaciones de corticosteroides inhalados) y autoinyectores de epinefrina:

La cobertura de medicamentos recetados de medicamentos de insulina para el tratamiento de la diabetes está limitada a una cantidad que no debe exceder los \$35 por suministro de 30 días del medicamento. Los medicamentos recetados de insulina están cubiertos sin estar sujetos a un deducible, y cualquier costo

compartido pagado por un afiliado se aplicará a la obligación de deducible del afiliado. La cobertura de medicamentos para inhaladores para el asma (corticosteroides, corticosteroides inhalados y combinaciones de corticosteroides inhalados), autoinyectores de epinefrina y EpiPens (productos que contienen al menos 2 autoinyectores) está limitada a una cantidad de \$35 por suministro de 30 días del medicamento y no se aplicará a su deducible por año calendario.

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 los resurtidos de medicamentos para un paciente que toma dos o más, este beneficio permite la sincronización de nuevos medicamentos en las cantidades necesarias para lograr la sincronización con otros.

La sincronización permite surtir recetas de un suministro mayor o menor a un mes para sincronizar futuros resurtidos con otros medicamentos de rutina. Se aplicarán descuentos aplicables por día de suministro a los copagos y/o coaseguros si se proporciona un resurtido menor a la cantidad estándar de un mes durante la sincronización. Por ejemplo, si el copago base para un suministro mensual de medicamentos es de \$32.00, el copago por sincronización de medicamentos para un suministro de 15 días sería de \$16.00. Si tiene alguna pregunta, llame a Servicio al Cliente al 1-866-907-1906 (TTY: 711) de 8:00 a. m. a 5:00 p. m., de lunes a viernes.

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 66587

St Louis, MO 63166-6587

Fax: 877-328-9660

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: 711).

Lista de Abreviaturas

ACA: Medicamentos preventivos bajo Affordable Care Act

PA: Autorización Previa

QL: Límite de cantidades

ST: Tratamiento escalonado

Esta información está disponible de forma gratuita en otros idiomas y formatos alternativos, como braille, letra grande y audio. Por favor, llame a nuestro número de Servicio al Cliente al 1-866-907-1906 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 5:00 p.m. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-907-1906 (TTY: 711). 注意：如果您會說中文，提供免費的語言協助服務。請致電客服 1-866-907-1906 (聽講: 711).

COMMUNITY HEALTH PLAN OF WASHINGTON

2027 Cascade Select Formulary

CURRENT AS OF 1/1/2027

Community Health Plan of Washington	Drug Tier	Limits
Analgesic, Anti-Inflammatory Or Antipyretic		
Analgesic Opioid Agonists		
codeine sulfate	1	
DISKETS	1	ST
fentanyl	1	ST; QL (15 EA per 30 days)
hydrocodone bitartrate oral capsule, oral only, er 12hr	1	ST; QL (90 EA per 30 days)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr	1	ST; QL (60 EA per 30 days)
hydromorphone oral liquid	1	

Community Health Plan of Washington	Drug Tier	Limits
hydromorphone oral tablet	1	
hydromorphone oral tablet extended release 24 hr	1	ST; QL (60 EA per 30 days)
hydromorphone rectal	1	
levorphanol tartrate	3	
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
METHADOSE ORAL TABLET,SOLUBLE	1	ST
morphine concentrate oral solution	1	

Community Health Plan of Washington	Drug Tier	Limits
morphine oral capsule, er multiphase 24 hr	1	ST; QL (60 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	
oxycodone oral capsule	1	
oxycodone oral concentrate	1	
oxycodone oral solution	1	
oxycodone oral tablet	1	
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. RELEASE. 12 HR 10 MG	2	ST; QL (90 EA per 30 days)
oxymorphone oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
oxymorphone oral tablet extended release 12 hr	1	ST; QL (90 EA per 30 days)
tapentadol oral tablet	1	QL (181 EA per 30 days)
tramadol oral tablet 100 mg	1	QL (120 EA per 30 days)
tramadol oral tablet 50 mg	1	QL (240 EA per 30 days)
tramadol oral tablet extended release 24 hr	1	ST; QL (30 EA per 30 days)
tramadol oral tablet, er multiphase 24 hr	1	ST; QL (30 EA per 30 days)
XYVONA	3	

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-acetaminop-caf-cod	1	
codeine-bitalbital-asa-caf	1	
Analgesic Opioid Dihydrocodeine Combinations		
acetaminophen-caf-dihydrocod	1	

Community Health Plan of Washington	Drug Tier	Limits
Analgesic Opioid Dihydrocodeine, Non-Salicylate Analgesic, Xanthine		
acetaminophen-caf-dihydrocod	1	
Analgesic Opioid Hydrocodone And Non-Salicylate Combinations		
hydrocodone-acetaminophen	1	
Analgesic Opioid Hydrocodone And Nsaid Combinations		
hydrocodone-ibuprofen	1	
Analgesic Opioid Hydrocodone Combinations		
hydrocodone-acetaminophen	1	

Community Health Plan of Washington	Drug Tier	Limits
hydrocodone-ibuprofen	1	
Analgesic Opioid Oxycodone And Non-Salicylate Combinations		
ENDOCET	1	
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	1	
oxycodone-acetaminophen oral tablet	1	
PROLATE ORAL TABLET	1	
Analgesic Opioid Oxycodone Combinations		
ENDOCET	1	
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	1	

Community Health Plan of Washington	Drug Tier	Limits
oxycodone-acetaminophen oral tablet	1	
PROLATE ORAL TABLET	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 per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Analgesic Opioid Tramadol Combinations		
tramadol-acetaminophen	1	QL (240 EA per 30 days)
Analgesic Or Antipyretic Non-Opioid/Sedative Combinations		
butalbital-acetaminophen	1	
butalbital-acetaminophen-caff	1	
TENCON	1	

Community Health Plan of Washington	Drug Tier	Limits
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	4	PA; QL (4 ML per 28 days)
adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml	4	PA; QL (2 ML per 28 days)
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml	4	PA; QL (2 ML per 28 days)
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml	4	PA; QL (4 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
adalimumab-adbm subcutaneous pen injector kit	4	PA; QL (4 EA per 28 days)
adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml	4	PA; QL (2 EA per 28 days)
adalimumab-adbm subcutaneous syringe kit 40 mg/0.4 ml, 40 mg/0.8 ml	4	PA; QL (4 EA per 28 days)
adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml	4	PA; QL (4 EA per 28 days)
adalimumab-ryvk subcutaneous syringe kit	4	PA; QL (4 EA per 28 days)
AVSOLA	4	PA
infliximab	4	PA

Community Health Plan of Washington	Drug Tier	Limits
SIMLANDI(CF) AUTOINJECTOR OR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; QL (4 EA per 28 days)
SIMLANDI(CF) AUTOINJECTOR OR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; QL (2 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; QL (2 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (4 EA per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 ML per 28 days)
ZYMFENTRA	4	PA; QL (2 EA per 28 days)
Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	4	PA; QL (4 ML per 28 days)
adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml	4	PA; QL (2 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml	4	PA; QL (2 ML per 28 days)
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml	4	PA; QL (4 ML per 28 days)
adalimumab-adbm subcutaneous pen injector kit	4	PA; QL (4 EA per 28 days)
adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml	4	PA; QL (2 EA per 28 days)
adalimumab-adbm subcutaneous syringe kit 40 mg/0.4 ml, 40 mg/0.8 ml	4	PA; QL (4 EA per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml	4	PA; QL (4 EA per 28 days)
adalimumab-ryvk subcutaneous syringe kit	4	PA; QL (4 EA per 28 days)
AVSOLA	4	PA
infliximab	4	PA
SIMLANDI(CF) AUTOINJECTOR OR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; QL (4 EA per 28 days)
SIMLANDI(CF) AUTOINJECTOR OR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; QL (2 EA per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; QL (2 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (4 EA per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 ML per 28 days)
Dmard - Antimalarials		
hydroxychloroquine	1	
Dmard - Antimetabolites		
methotrexate sodium	1	

Community Health Plan of Washington	Drug Tier	Limits
methotrexate sodium (pf) injection solution	1	
Dmard - Gold Compounds		
auranofin	2	
Dmard - Immunosuppressives		
azathioprine	1	
cyclophosphamide oral capsule	1	
cyclosporine modified	1	
cyclosporine oral capsule	1	
GENGRAF ORAL CAPSULE	1	
mycophenolate mofetil	1	

Community Health Plan of Washington	Drug Tier	Limits
Dmard - Interleukin-6 (Il-6) Receptor Inhibitors, Monoclonal Antibody		
AVTOZMA INTRAVENOUS	4	PA
TYENNE AUTOINJECTOR	4	PA; QL (3.6 ML per 28 days)
TYENNE INTRAVENOUS	4	PA
TYENNE SUBCUTANEOUS	4	PA; QL (3.6 ML per 28 days)
Dmard - Janus Kinase (Jak) Inhibitors		
tofacitinib oral solution	4	PA; QL (480 ML per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
tofacitinib oral tablet 5 mg	4	PA; QL (60 EA per 30 days)
tofacitinib oral tablet extended release 24 hr 11 mg	4	PA; QL (30 EA per 30 days)
Dmard - Other		
minocycline oral capsule	1	
minocycline oral tablet	1	ST
penicillamine	1	PA
sulfasalazine	1	
Dmard - Pyrimidine Synthesis Inhibitors		
leflunomide	1	QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Nsaid Analgesic And Histamine H2 Receptor Antagonist Combinations		
ibuprofen-famotidine	1	ST
Nsaid Analgesic And Prostaglandin Analog Combinations		
diclofenac-misoprostol	1	
Nsaid Analgesic And Proton Pump Inhibitor Combinations		
naproxen-esomeprazole	1	ST
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors		
celecoxib	1	

Community Health Plan of Washington	Drug Tier	Limits
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 per 30 days)
nabumetone	1	
sulindac	1	
TOLECTIN DS	1	ST
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	1	QL (30 EA per 30 days)
meloxicam submicronized	1	ST; QL (30 EA per 30 days)
piroxicam	1	
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives		
diclofenac potassium oral capsule	1	ST
diclofenac potassium oral powder in packet	1	ST; QL (9 EA per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
diclofenac potassium oral tablet 25 mg	1	ST
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral	1	
LOFENA	1	ST
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives		
fenoprofen oral capsule 200 mg, 400 mg	1	ST
fenoprofen oral capsule 300 mg	1	
fenoprofen oral tablet	1	ST
flurbiprofen oral tablet 100 mg	1	
IBU	1	
ibuprofen oral suspension	1	

Community Health Plan of Washington	Drug Tier	Limits
ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg	1	
ketoprofen oral capsule 25 mg	1	ST
ketoprofen oral capsule 50 mg, 75 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	ST
LURBIRO	1	
naproxen oral suspension	1	ST
naproxen oral tablet	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	
naproxen oral tablet,delayed release (dr/ec) 500 mg	1	ST

Community Health Plan of Washington	Drug Tier	Limits
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr	1	ST
oxaprozin oral tablet	1	
Nsaid Analgesics (Cyclooxygenase Inhibitors-Non-Selective)		
diclofenac potassium oral powder in packet	1	ST; QL (9 EA per 28 days)
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives		
etodolac	1	
indomethacin oral capsule	1	

Community Health Plan of Washington	Drug Tier	Limits
indomethacin oral capsule, extended release	1	
indomethacin oral suspension	1	ST
indomethacin rectal suppository 50 mg	1	
Salicylate Analgesic And Sedative Combinations		
butalbital-aspirin-caffeine	1	
Salicylate Analgesics		
ASPIRIN CHILDRENS	1	ACA
aspirin oral tablet 325 mg	2	ACA
aspirin oral tablet, chewable	1	ACA
aspirin oral tablet, delayed release (dr/ec) 81 mg	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
BAYER LOW DOSE ASPIRIN	1	ACA
diflunisal	1	
ECOTRIN LOW STRENGTH	1	ACA
salsalate	1	
ST JOSEPH ASPIRIN	1	ACA
Anesthetics		
Local Anesthetic - Amides		
lidocaine hcl laryngotracheal	1	
Anorectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates		
nitroglycerin rectal	1	
RECTIV	2	

Community Health Plan of Washington	Drug Tier	Limits
Anorectal - Glucocorticoids		
ANUCORT-HC	1	
HEMMOREX-HC	1	
hydrocortisone acetate rectal	1	
hydrocortisone acetate topical cream with perineal applicator	1	
hydrocortisone topical cream with perineal applicator	1	
PROCTO-MED HC	1	
PROCTOSOL HC TOPICAL	1	
PROCTOZONE -HC	1	

Community Health Plan of Washington	Drug Tier	Limits
Anorectal - Hemorrhoidal Rectal Glucocorticoid -Local Anesthetic Comb		
hydrocortisone-pramoxine rectal cream 1-1 %	1	
hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)	1	ST
lidocaine hcl-hydrocortison ac rectal cream	1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)	1	
lidocaine-hydrocortisone-aloe	1	

Community Health Plan of Washington	Drug Tier	Limits
Antidotes And Other Reversal Agents		
Antidote - Acetaminophen Poisoning		
acetylcysteine	1	
Chelating Agents - Copper		
penicillamine	1	PA
trientine oral capsule 250 mg	1	PA
Chelating Agents - Iron		
deferasirox	4	PA
deferiprone	4	PA
FERRIPROX (2 TIMES A DAY)	4	PA
FERRIPROX ORAL SOLUTION	4	PA
Chelating Agents - Lead Poisoning		
CHEMET	2	PA

Community Health Plan of Washington	Drug Tier	Limits
Mu-Opioid Receptor Antagonists, Peripherally-Acting		
alvimopan	1	
MOVANTIK	2	QL (30 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	2	ST
RELISTOR SUBCUTANEOUS SYRINGE	2	ST
Opioid Reversal Agents - Opioid Antagonists		
naloxone injection solution	1	
naloxone injection syringe	1	

Community Health Plan of Washington	Drug Tier	Limits
naloxone nasal	1	QL (2 EA per 30 days)
REXTOVY	2	QL (2 EA per 30 days)
Anti-Infective Agents		
ARIKAYCE	4	PA
neomycin	1	
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	

Community Health Plan of Washington	Drug Tier	Limits
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations		
amoxicillin-pot clavulanate	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
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 tablet 3 mg	1	PA; QL (20 EA per 30 days)
ivermectin oral tablet 6 mg	1	PA; QL (8 EA per 30 days)
Anthelmintic Agents Other		
praziquantel	1	
Antibacterial Folate Antagonist - Other Combinations		
sulfamethoxazole-trimethoprim oral	1	
SULFATRIM	1	
Antibacterial Folate Antagonist Others		
trimethoprim	1	

Community Health Plan of Washington	Drug Tier	Limits
Antibacterial Nitrofurantoin Derivatives		
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd/m-cryst	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
Antibacterial Other		
fosfomycin tromethamine	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	PA
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 per 30 days)
itraconazole oral capsule	1	QL (30 EA per 30 days)
itraconazole oral solution	1	QL (300 ML per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
NOXAFIL ORAL SUSP,DELAY ED RELEASE FOR RECON	2	PA
posaconazole oral	1	PA
voriconazole oral	1	PA
Antifungal Other		
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
Anti-Infective Immunologic Adjuvants - Interferons		
ACTIMMUNE	4	PA
Antileprotic - Immunomodul ators		
THALOMID ORAL CAPSULE 100 MG	4	PA; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
THALOMID ORAL CAPSULE 50 MG	4	PA; QL (28 EA per 30 days)
Antileprotic - Sulfone Agents		
dapsone oral	1	
Antimalarial Combinations		
atovaquone- proguanil oral tablet 250-100 mg	1	QL (60 EA per 240 days)
atovaquone- proguanil oral tablet 62.5-25 mg	1	QL (180 EA per 240 days)
COARTEM	2	QL (24 EA per 30 days)
Antimalarials		
chloroquine phosphate	1	
hydroxychloroq uine	1	
mefloquine	1	QL (13 EA per 240 days)

Community Health Plan of Washington	Drug Tier	Limits
primaquine	1	QL (120 EA per 240 days)
pyrimethamine	1	PA
quinine sulfate	1	QL (42 EA per 30 days)
Antiprotozoal Agents - Nitroimidazole Derivatives		
benznidazole	2	QL (720 EA per 365 days)
Antiprotozoal Agents - Other		
atovaquone	1	
IMPAVIDO	2	PA; QL (84 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL (180 ML per 30 days)
nitazoxanide	1	QL (14 EA per 30 days)
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole		
metronidazole oral capsule	1	
metronidazole oral tablet 250 mg, 500 mg	1	

Community Health Plan of Washington	Drug Tier	Limits
Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole		
tinidazole oral tablet 250 mg	1	QL (40 EA per 30 days)
tinidazole oral tablet 500 mg	1	QL (20 EA per 30 days)
Antiretroviral - Capsid Inhibitors		
SUNLENCA	4	
YEZTUGO	4	ACA
Antiretroviral - Ccr5 Co-Receptor Antagonist		
maraviroc	1	
SELZENTRY ORAL SOLUTION	2	

Community Health Plan of Washington	Drug Tier	Limits
Antiretroviral - Cd4 Attachment Inhibitors		
RUKOBIA	2	
Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors		
APRETUDE	4	
ISENTRESS	2	
ISENTRESS HD	2	
TIVICAY ORAL TABLET 50 MG	2	
TIVICAY PD	2	

Community Health Plan of Washington	Drug Tier	Limits
Antiretroviral - Integrase Inhibitor And Nnrti Combinations		
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	4	QL (1 KIT per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	4	QL (1 KIT per 365 days)
JULUCA	2	
Antiretroviral - Integrase Inhibitor And Nrti Combinations		
DOVATO	2	

Community Health Plan of Washington	Drug Tier	Limits
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti)		
EDURANT PED	2	
efavirenz oral tablet	1	
etravirine	1	
INTELENCE ORAL TABLET 25 MG	2	
nevirapine	1	
PIFELTRO	2	
rilpivirine hcl	1	
Antiretroviral - Nucleoside And Nucleotide Analog Rtis Combinations		
CIMDUO	2	
DESCOVY	2	

Community Health Plan of Washington	Drug Tier	Limits
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	1	ACA
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti)		
abacavir	1	
emtricitabine	1	
EMTRIVA ORAL SOLUTION	2	
lamivudine oral solution	1	
lamivudine oral tablet 150 mg, 300 mg	1	
zidovudine	1	

Community Health Plan of Washington	Drug Tier	Limits
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 - Pre-Exposure Prophylaxis (Prep)		
YEZTUGO	4	
Antiretroviral Combinations - Protease Inhibitors		
EVOTAZ	2	

Community Health Plan of Washington	Drug Tier	Limits
lopinavir-ritonavir oral tablet	1	
PREZCOBIX ORAL TABLET 675-150 MG	3	
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	
Antiretroviral-Integrase Inhibitor,Nucleoside And Nucleotide Rtis Comb		
BIKTARVY	2	
GENVOYA	2	
Antiretroviral-Nucleoside Analogs And Integrase Inhibitor Combinations		
TRIUMEQ	2	
TRIUMEQ PD	2	

Community Health Plan of Washington	Drug Tier	Limits
Antiretroviral-Nucleoside Analogs And Non-Nucleoside Rtis Combinations		
IDVYNZO	2	
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (Nrti) Comb		
abacavir-lamivudine	1	
lamivudine-zidovudine	1	
Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti		
DELSTRIGO	2	
efavirenz-emtricitabin-tenofovir	1	

Community Health Plan of Washington	Drug Tier	Limits
efavirenz-lamivu-tenofovir disoproxil fumarate	1	
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	1	
ODEFSEY	2	
SYMFI	2	
Antitubercular - D-Alanine Analogs		
cycloserine	1	
Antitubercular - Diarylquinoline Antibiotics		
SIRTURO	2	PA
Antitubercular - Isonicotinic Acid Derivatives		
isoniazid oral	1	
Antitubercular - Niacinamide Derivatives		
pyrazinamide	1	

Community Health Plan of Washington	Drug Tier	Limits
Antitubercular - Nitroimidazole Derivatives		
pretomanid	3	PA
Antitubercular - Rifamycin And Derivatives		
PRIFTIN	2	
rifabutin	1	
rifampin oral	1	
rifapentine	1	
Antitubercular Agents Other		
ethambutol	1	
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	

Community Health Plan of Washington	Drug Tier	Limits
cephalexin	1	
Cephalosporin Antibiotics - 2Nd Generation		
cefaclor oral capsule	1	
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	
cefixime	1	
cefpodoxime	1	

Community Health Plan of Washington	Drug Tier	Limits
Cmv Antiviral Agent - Nucleoside Analogs		
valganciclovir	1	
Cmv Antiviral Agent - Terminase Complex Inhibitors		
PREVYMIS ORAL PELLETS IN PACKET	2	QL (120 EA per 30 days)
PREVYMIS ORAL TABLET 240 MG	2	QL (420 EA per 365 days)
PREVYMIS ORAL TABLET 480 MG	2	QL (224 EA per 365 days)
Fluoroquinolone Antibiotics		
BAXDELA INTRAVENOUS	3	ST

Community Health Plan of Washington	Drug Tier	Limits
BAXDELA ORAL	2	QL (28 EA per 30 days)
ciprofloxacin	1	
ciprofloxacin hcl oral	1	
levofloxacin oral	1	
moxifloxacin oral	1	
ofloxacin oral tablet 400 mg	1	
Glycopeptide Antibiotics		
vancomycin oral capsule 125 mg	1	ST; QL (40 EA per 30 days)
vancomycin oral capsule 250 mg	1	ST; QL (80 EA per 30 days)
vancomycin oral recon soln 25 mg/ml	1	QL (300 ML per 30 days)
vancomycin oral recon soln 50 mg/ml	1	QL (450 ML per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Hepatitis B Treatment-Nucleoside Analogs (Antiviral)		
BARACLUDE ORAL SOLUTION	2	
entecavir	1	
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	

Community Health Plan of Washington	Drug Tier	Limits
Hepatitis C - Interferons		
PEGASYS SUBCUTANEOUS SOLUTION	4	QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	QL (2 ML per 28 days)
Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations		
EPCLUSA	2	PA; QL (84 EA per 365 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	2	PA; QL (56 EA per 365 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	2	PA; QL (112 EA per 365 days)

Community Health Plan of Washington	Drug Tier	Limits
HARVONI ORAL TABLET 45-200 MG	2	PA; QL (112 EA per 365 days)
HARVONI ORAL TABLET 90-400 MG	2	PA; QL (56 EA per 365 days)
ledipasvir-sofosbuvir	4	PA; QL (56 EA per 365 days)
sofosbuvir-velpatasvir	4	PA; QL (84 EA per 365 days)
Hepatitis C - Nucleoside Analogs		
ribavirin oral capsule	4	ST
ribavirin oral tablet 200 mg	4	ST
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 per 30 days)
Herpes Antiviral Agent - Thymidine Analogs		
famciclovir oral tablet 125 mg, 500 mg	1	QL (21 EA per 30 days)
famciclovir oral tablet 250 mg	1	QL (60 EA per 30 days)
Influenza Antiviral Agents - Neuraminidase Inhibitors		
oseltamivir oral capsule 30 mg	1	QL (40 EA per 365 days)

Community Health Plan of Washington	Drug Tier	Limits
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	
Macrolide Antibiotics		
azithromycin oral	1	
clarithromycin	1	
E.E.S. 400 ORAL TABLET	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
fidaxomicin	1	QL (20 EA per 30 days)
Misc Anti-Infective		
methenamine hippurate	1	

Community Health Plan of Washington	Drug Tier	Limits
methenamine mandelate oral tablet	1	
Misc Anti-Infective Combinations		
MB CAPS	1	
methen-sod phos-meth blue- hyos	1	
URETRON D-S	1	
URIMAR-T ORAL TABLET	1	
UROGESIC- BLUE	1	
URO-MP	1	
URO-SP	1	
URYL	1	
Oxazolidinone Antibiotics		
linezolid	1	PA
Penicillin Antibiotic - Natural		
penicillin v potassium	1	

Community Health Plan of Washington	Drug Tier	Limits
Penicillin Antibiotic - Penicillinase-Resistant		
dicloxacillin	1	
Protease Inhibitors (Non-Peptidic) Antiretroviral		
APTIVUS	2	
darunavir	1	
PREZCOBIX ORAL TABLET 675-150 MG	3	
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	

Community Health Plan of Washington	Drug Tier	Limits
Protease Inhibitors (Peptidic) Antiretroviral		
atazanavir	1	
EVOTAZ	2	
fosamprenavir	1	
NORVIR ORAL POWDER IN PACKET	2	
REYATAZ ORAL POWDER IN PACKET	2	
ritonavir	1	
VIRACEPT ORAL TABLET	2	
Respiratory Syncytial Virus (Rsv) Antiviral Agents		
ribavirin inhalation	1	PA

Community Health Plan of Washington	Drug Tier	Limits
Rifamycins And Related Derivative Antibiotics		
PRIFTIN	2	
rifabutin	1	
rifampin oral	1	
rifapentine	1	
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Sars-Cov-2 Antiviral Agent - Main Protease Inhibitors		
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	2	QL (20 EA per 240 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 EA per 240 days)
Sars-Cov-2 Antiviral Agent - Rna Polymerase Inhibitors		
LAGEVRIO (EUA)	2	QL (40 EA per 240 days)

Community Health Plan of Washington	Drug Tier	Limits
Sulfonamide Antibiotic		
sulfadiazine	1	
Tetracycline Antibiotics		
AVIDOXY	1	
demeclocycline	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	1	ST
doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	ST
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	

Community Health Plan of Washington	Drug Tier	Limits
doxycycline monohydrate oral capsule 150 mg, 75 mg	1	ST
doxycycline monohydrate oral capsule, ir - delay rel, biphasic	1	ST
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	
minocycline oral capsule	1	
minocycline oral tablet	1	ST
minocycline oral tablet extended release 24 hr	1	ST
MONDOXYNE NL ORAL CAPSULE 100 MG	1	

Community Health Plan of Washington	Drug Tier	Limits
MONDOXYNE NL ORAL CAPSULE 75 MG	1	ST
tetracycline oral capsule	1	
tetracycline oral tablet	1	ST
Antineoplastics		
Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1),Her-2 (ErbB2)R.Inhib		
lapatinib	4	PA; QL (180 EA per 30 days)
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C 17,20-Lyase) Inhibitor		
abiraterone oral tablet 250 mg	4	PA; QL (120 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
abiraterone oral tablet 500 mg	4	PA; QL (60 EA per 30 days)
ABIRTEGA	4	PA; QL (120 EA per 30 days)
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor		
erlotinib oral tablet 100 mg, 150 mg	4	PA; QL (30 EA per 30 days)
erlotinib oral tablet 25 mg	4	PA; QL (60 EA per 30 days)
gefitinib	4	PA; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor		
GILOTRIF	4	PA; QL (30 EA per 30 days)
NERLYNX	4	PA
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor		
TAGRISO	4	PA; QL (30 EA per 30 days)
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	
Antineoplastic - Alkylating Agent - Nitrosoureas		
GLEOSTINE	2	
lomustine	1	
Antineoplastic - Alkylating Agent - Other		
bendamustine intravenous recon soln	4	PA

Community Health Plan of Washington		Limits
temozolomide		PA
ALECENSA		PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG		PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK		PA; QL (30 EA per 30 days)
ENSACOVE		PA

Community Health Plan of Washington	Drug Tier	Limits
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; QL (90 EA per 30 days)
XALKORI ORAL CAPSULE	4	PA; QL (60 EA per 30 days)
XALKORI ORAL PELLETT	4	PA; QL (120 EA per 30 days)
ZYKADIA	4	PA; QL (90 EA per 30 days)
Antineoplastic - Antiadrenals		
LYSODREN	4	

Community Health Plan of Washington	Drug Tier	Limits
Antineoplastic - Antiandrogens		
abiraterone oral tablet 250 mg	4	PA; QL (120 EA per 30 days)
abiraterone oral tablet 500 mg	4	PA; QL (60 EA per 30 days)
ABIRTEGA	4	PA; QL (120 EA per 30 days)
bicalutamide	1	
ERLEADA ORAL TABLET 240 MG	4	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	4	PA; QL (120 EA per 30 days)
nilutamide	1	PA
NUBEQA	4	PA; QL (120 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
XTANDI ORAL CAPSULE	4	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; QL (60 EA per 30 days)
Antineoplastic - Antimetabolite - Folic Acid Analogs		
methotrexate sodium	1	
methotrexate sodium (pf)	1	
pralatrexate	4	PA
Antineoplastic - Antimetabolite - Purine Analogs		
mercaptopurine oral suspension	4	ST

Community Health Plan of Washington	Drug Tier	Limits
mercaptopurine oral tablet	1	
nelarabine	4	
PURIXAN	4	ST
Antineoplastic - Antimetabolite - Pyrimidine Analogs		
capecitabine oral tablet 150 mg	4	PA; QL (56 EA per 30 days)
capecitabine oral tablet 500 mg	4	PA; QL (140 EA per 30 days)
Antineoplastic - Antimetabolite - Urea Derivatives		
hydroxyurea	1	

Community Health Plan of Washington	Drug Tier	Limits
Antineoplastic - Antimetabolite s - Pyrimidine Analog Combinations		
LONSURF	4	PA
Antineoplastic - Anti-Pd-1 And Anti-Lag-3 Monoclonal Antibodies		
OPDUALAG	4	PA
Antineoplastic - Aromatase Inhibitors		
anastrozole	1	ACA
exemestane	1	ACA
letrozole	1	
Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG	4	PA; QL (56 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
VENCLEXTA ORAL TABLET 100 MG	4	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; QL (28 EA per 30 days)
VENCLEXTA STARTING PACK	4	PA; QL (42 EA per 30 days)
Antineoplastic - Bispecific Her2 And Her3-Directed Monoclonal Antibody		
BIZENGRI	4	PA
Antineoplastic - Braf Kinase Inhibitors		
OJEMDA	4	PA
TAFINLAR ORAL CAPSULE	4	PA; QL (120 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; QL (840 EA per 30 days)
ZELBORAF	4	PA; QL (240 EA per 30 days)
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor		
BRUKINSA ORAL TABLET	4	PA
CALQUENCE (ACALABRUTINIB MAL)	4	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
IMBRUVICA ORAL SUSPENSION	4	PA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET	4	PA; QL (30 EA per 30 days)
Antineoplastic - Caseinolytic Protease P (Clpp) Activators		
MODEYSO	4	PA
Antineoplastic - Claudin (Cldn) Directed Monoclonal Antibody		
VYLOY	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors		
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; QL (21 EA per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; QL (42 EA per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; QL (63 EA per 30 days)
VERZENIO	4	PA; QL (60 EA per 30 days)
Antineoplastic - Epipodophyllo toxins		
etoposide oral	1	

Community Health Plan of Washington	Drug Tier	Limits
Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib		
BALVERSA	4	PA
LYTGOBI	4	PA
PEMAZYRE ORAL TABLET 13.5 MG	4	PA; QL (14 EA per 30 days)
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG	4	PA; QL (28 EA per 30 days)
Antineoplastic - Fms-Like Tyrosine Kinase 3 (Flt3) Inhibitors		
XOSPATA	4	PA; QL (90 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antineoplastic - Hedgehog Pathway Inhibitor		
ERIVEDGE	4	PA; QL (30 EA per 30 days)
ODOMZO	4	PA; QL (30 EA per 30 days)
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors		
romidepsin	4	PA
ZOLINZA	4	PA; QL (120 EA per 30 days)
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI	4	ST; QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
JAKAFI XR	4	ST
Antineoplastic - Janus Kinase(Jak),Fms-Like Tyrosine Kinase(Flt) Inhib		
VONJO	4	PA; QL (120 EA per 30 days)
Antineoplastic - Mast Cell Stabilizers		
cromolyn oral	1	
Antineoplastic - Mek Kinase Inhibitors		
COTELLIC	4	PA; QL (63 EA per 30 days)
GOMEKLI	4	PA
MEKINIST ORAL RECON SOLN	4	PA; QL (1260 ML per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 EA per 30 days)
Antineoplastic - Menin Inhibitors		
KOMZIFTI	4	PA
REVUFORJ	4	PA
Antineoplastic - Microtubule Inhibitors		
eribulin	4	PA
Antineoplastic - Mtor Kinase Inhibitors		
everolimus (antineoplastic)	4	PA; QL (30 EA per 30 days)
TORPENZ	4	PA; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
YULITHIRA	4	PA; QL (30 EA per 30 days)
Antineoplastic - Multikinase Inhibitors		
CABOMETYX	4	PA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; QL (56 EA per 30 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; QL (112 EA per 30 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (84 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
ICLUSIG	4	PA; QL (30 EA per 30 days)
sorafenib	4	PA; QL (120 EA per 30 days)
STIVARGA	4	PA; QL (84 EA per 30 days)
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Midh1) Inhibitors		
TIBSOVO	4	PA
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (Midh2) Inhibitors		
IDHIFA	4	PA; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antineoplastic - Ornithine Decarboxylase (Odc) Inhibitors		
IWILFIN	4	PA
Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors		
ZYDELIG	4	PA; QL (60 EA per 30 days)
Antineoplastic - Pi3k-Alpha Inhibitors		
PIQRAY	4	PA
Antineoplastic - Pi3k-Delta Inhibitors		
ZYDELIG	4	PA; QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors		
LYNPARZA	4	PA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG	4	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antineoplastic - Progestins		
megestrol oral tablet	1	
Antineoplastic - Proteasome Enzyme Inhibitors		
bortezomib injection	4	PA
bortezomib intravenous solution 2.5 mg/ml	4	PA
NINLARO	4	PA; QL (3 EA per 30 days)
Antineoplastic - Protein-Tyrosine Kinase Inhibitors		
BOSULIF ORAL CAPSULE 100 MG	4	PA; QL (90 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
BOSULIF ORAL CAPSULE 50 MG	4	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	4	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (30 EA per 30 days)
bosutinib oral tablet 100 mg	4	PA; QL (90 EA per 30 days)
bosutinib oral tablet 400 mg, 500 mg	4	PA; QL (30 EA per 30 days)
BRUKINSA ORAL TABLET	4	PA
CALQUENCE (ACALABRUT INIB MAL)	4	PA; QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; QL (30 EA per 30 days)
DANZITEN	4	PA
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	4	PA; QL (30 EA per 30 days)
dasatinib oral tablet 20 mg	4	PA; QL (90 EA per 30 days)
dasatinib oral tablet 70 mg	4	PA; QL (60 EA per 30 days)
imatinib oral tablet 100 mg	4	PA; QL (180 EA per 30 days)
imatinib oral tablet 400 mg	4	PA; QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	4	PA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET	4	PA; QL (30 EA per 30 days)
IMKELDI	4	PA
INLYTA ORAL TABLET 1 MG	4	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; QL (120 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; QL (60 EA per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg	4	PA; QL (112 EA per 30 days)
nilotinib hcl oral capsule 50 mg	4	PA; QL (120 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
pazopanib oral tablet 200 mg	4	PA; QL (120 EA per 30 days)
pazopanib oral tablet 400 mg	4	QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; QL (42 EA per 30 days)
RYDAPT	4	PA; QL (224 EA per 30 days)
SCSEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
SCEMBLIX ORAL TABLET 20 MG, 40 MG	4	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	4	PA; QL (90 EA per 30 days)
SPRYCEL ORAL TABLET 70 MG	4	PA; QL (60 EA per 30 days)
sunitinib malate oral capsule 12.5 mg	4	PA; QL (90 EA per 30 days)
sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg	4	PA; QL (30 EA per 30 days)
TABRECTA	4	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (112 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
TASIGNA ORAL CAPSULE 50 MG	4	PA; QL (120 EA per 30 days)
Antineoplastic - Retinoids		
tretinoin (antineoplastic)	1	
Antineoplastic - Selective Estrogen Receptor Degraders (Serds)		
INLURIYO	4	PA
ORSERDU ORAL TABLET 345 MG	4	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	4	PA; QL (90 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antineoplastic - Selective Estrogen Receptor Modulators (Serms)		
tamoxifen	1	ACA
toremifene	1	
Antineoplastic - Selective Ret Kinase Inhibitor		
GAVRETO	4	PA; QL (120 EA per 30 days)
Antineoplastic - Selective Retinoid X Receptor Agonists		
bexarotene oral	4	PA
Antineoplastic - Systemic Enzyme Inhibitors Combinations		
AVMAPKI-FAKZYNJA	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Antineoplastic - Taxanes		
paclitaxel protein-bound	4	
Antineoplastic - Thalidomide Analogs		
lenalidomide	4	PA; QL (30 EA per 30 days)
pomalidomide	4	PA
REVLIMID	4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG	4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 50 MG	4	PA; QL (28 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL	4	PA
Antineoplastic - Tropomyosin Receptor Kinase (Trk) Inhibitor		
VITRAKVI ORAL CAPSULE 100 MG	4	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	4	PA; QL (300 ML per 30 days)
Antineoplastic Antibiotic - Anthracyclines		
valrubicin	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Antineoplastic-Anti-Programmed Cell Death Ligand-1 (Pd-L1) Mc Antib.		
TECENTRIQ HYBREZA	4	PA
Antineoplastic-Anti-Programmed Cell Death Receptor-1 (Pd-1) Mc Antib.		
KEYTRUDA QLEX	4	PA
LOQTORZI	4	PA
OPDIVO QVANTIG	4	PA
TEVIMBRA	4	PA
ZYNYZ	4	PA
Bispecific Cd20-Directed Cd3 T-Cell Engager, Monoclonal Antibody		
LUNSUMIO	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Epidermal Growth Factor Recept Blocker (Her-2 Type), Rec-Mc Antibody		
HERCESSI	4	PA
PHESGO	4	PA
Fluorouracil And Related Rescue Agents		
VISTOGARD	4	PA; QL (20 EA per 30 days)
Immune-Mobilizing Monoclonal Tcr Against Cancer (Immtac)		
KIMMTRAK	4	PA
Methotrexate Rescue Agents		
leucovorin calcium oral	1	

Community Health Plan of Washington	Drug Tier	Limits
Methotrexate Rescue Agents - Folic Acid Antagonist Type		
leucovorin calcium oral	1	
Antiseptics And Disinfectants		
Antiseptic - Iodine/Iodophores		
LUGOLS TOPICAL	1	
STRONG IODINE TOPICAL	1	
Biologicals		
Allergenic Extracts - Grass Pollen		
GRASTEK	2	PA
Allergenic Extracts - Mite Extracts		
ODACTRA	2	PA

Community Health Plan of Washington	Drug Tier	Limits
Allergenic Extracts - Weed Pollen		
RAGWITEK	2	PA
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (Rsv)		
BEYFORTUS	2	
ENFLONSIA	2	ACA
Hepatitis A And Hepatitis B Vaccine Combinations		
TWINRIX (PF)	2	ACA
Hepatitis A Vaccine - Single Agents		
HAVRIX (PF)	2	ACA
VAQTA (PF)	2	ACA
Hepatitis B Vaccine Combinations		
PEDIARIX (PF)	2	

Community Health Plan of Washington	Drug Tier	Limits
VAXELIS (PF) INTRAMUSCULAR SYRINGE	2	
Hepatitis B Vaccines - Single Agents		
ENGRIX-B (PF)	2	ACA
ENGRIX-B PEDIATRIC (PF)	2	ACA
HEPLISAV-B (PF)	2	
RECOMBIVAX HB (PF)	2	ACA
Immune Globulin - Gamma Globulin (Igg), Human		
GAMMAGARD LIQUID ERC	4	
Live Vaccine And Live Virus Formulations		
ACAM2000 (NATIONAL STOCKPILE)	2	

Community Health Plan of Washington	Drug Tier	Limits
bcg vaccine, live (pf)	2	
DENG VAXIA (PF)	2	ACA
ERVEBO (PF) (NATIONAL STOCKPILE)	2	
FLUMIST 2026-2027	2	ACA
FLUMIST HOME 2026-2027	2	ACA
JYNNEOS (PF)	2	
M-M-R II (PF)	2	
PRIORIX (PF)	2	
PROQUAD (PF)	2	
ROTARIX	2	
ROTATEQ VACCINE	2	ACA
STAMARIL (PF)	2	ACA
VARIVAX (PF)	2	
VAXCHORA VACCINE	2	
VIVOTIF	2	
YF-VAX (PF)	2	ACA

Community Health Plan of Washington	Drug Tier	Limits
Toxoid Vaccine Combinations		
ADACEL (TDA P ADOLESN/ADULT) (PF)	2	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	2	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	2	ACA
INFANRIX (DTAP) (PF)	2	ACA
KINRIX (PF)	2	
PEDIARIX (PF)	2	
PENTACEL (PF)	2	
QUADRACEL (PF)	2	ACA
TENIVAC (PF)	2	
VAXELIS (PF) INTRAMUSCULAR SYRINGE	2	

Community Health Plan of Washington	Drug Tier	Limits
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric)		
ACTHIB (PF)	2	
HIBERIX (PF)	2	ACA
PEDVAX HIB (PF)	2	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE	2	ACA
VIVOTIF	2	ACA
Vaccine Bacterial - Gram Negative Cocci		
MENQUADFI (PF)	2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	2	

Community Health Plan of Washington	Drug Tier	Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	2	ACA
PENBRAYA (PF)	2	ACA
PENMENVY MEN A-B-C-W-Y (PF)	2	ACA
Vaccine Bacterial - Gram Positive Cocci		
CAPVAXIVE (PF)	2	ACA
PNEUMOVAX -23 INJECTION SYRINGE	2	ACA
PREVNAR 20 (PF)	2	ACA
VAXNEUVANCE (PF)	2	ACA

Community Health Plan of Washington	Drug Tier	Limits
Vaccine Bacterial - Meningococcal Group B Vaccines		
BEXSERO	2	ACA
PENMENVY MEN A-B-C-W-Y (PF)	2	
TRUMENBA	2	ACA
Vaccine Bacterial - Other		
bcg vaccine, live (pf)	2	ACA
Vaccine Bacterial - Toxin-Producing Bacilli		
BIOTHRAX	2	ACA
VAXCHORA VACCINE	2	ACA

Community Health Plan of Washington	Drug Tier	Limits
Vaccine Mixed Combinations (Bacterial And Viral)		
VAXELIS (PF) INTRAMUSCULAR SYRINGE	2	
Vaccine Viral - Chikungunya Virus (Chikv)		
VIMKUNYA (PF)	2	
Vaccine Viral - Covid (Sars-Cov-2)		
COMIRNATY 2025-2026(5-11Y)(PF)	2	
COMIRNATY 2025-26 (12Y UP)(PF)	2	
Vaccine Viral - Dengue		
DENG VAXIA (PF)	2	

Community Health Plan of Washington	Drug Tier	Limits
Vaccine Viral - Ebola		
ERVEBO(PF)(NATIONAL STOCKPILE)	2	
Vaccine Viral - Human Papillomavirus (Hpv) Vaccines		
GARDASIL 9 (PF)	2	ACA
Vaccine Viral - Influenza A (H5n1)		
AUDENZ (NATIONAL STOCKPILE)	2	
AUDENZ(PF)(NATIONAL STOCKPILE)	2	ACA
Vaccine Viral - Influenza A And B		
FLUAD 2026-2027 (65 YR UP)(PF)	2	ACA
FLUARIX 2026-2027 (PF)	2	ACA

Community Health Plan of Washington	Drug Tier	Limits
FLUBLOK 2026-2027 (PF)	2	ACA
FLUCELVAX 2026-2027 (PF)	2	ACA
FLULAVAL 2026-2027 (PF)	2	ACA
FLUMIST 2026-2027	2	ACA
FLUMIST HOME 2026-2027	2	ACA
FLUZONE 2026-2027	2	ACA
FLUZONE 2026-2027 (PF)	2	
FLUZONE HIGH-DOSE 2026-27 (PF)	2	ACA
MFLUSIVA 2026-2027 (PF)	2	ACA
Vaccine Viral - Japanese Encephalitis		
IXIARO (PF)	2	ACA
Vaccine Viral - Measles		
M-M-R II (PF)	2	
PRIORIX (PF)	2	

Community Health Plan of Washington	Drug Tier	Limits
PROQUAD (PF)	2	
Vaccine Viral - Mpox		
JYNNEOS (PF)	2	
Vaccine Viral - Mumps And Related		
M-M-R II (PF)	2	
PRIORIX (PF)	2	
PROQUAD (PF)	2	
Vaccine Viral - Poliomyelitis		
IPOLE	2	ACA
Vaccine Viral - Rabies		
IMOVAX RABIES VACCINE (PF)	2	ACA
RABAVERT (PF)	2	ACA
Vaccine Viral - Respiratory Syncytial Virus (Rsv)		
ABRYSSVO (PF)	2	

Community Health Plan of Washington	Drug Tier	Limits
AREXVY (PF)	2	ACA
MRESVIA (PF)	2	ACA
Vaccine Viral - Rotavirus		
ROTARIX	2	
ROTATEQ VACCINE	2	
Vaccine Viral - Rubella		
M-M-R II (PF)	2	
PRIORIX (PF)	2	
PROQUAD (PF)	2	
Vaccine Viral - Smallpox		
ACAM2000 (NATIONAL STOCKPILE)	2	
JYNNEOS (PF)	2	
Vaccine Viral - Varicella		
PROQUAD (PF)	2	
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	2	

Community Health Plan of Washington	Drug Tier	Limits
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
PRIORIX (PF)	2	
PROQUAD (PF)	2	ACA
Vaccine Viral-Tick-Borne Encephalitis		
TICOVAC	2	ACA
Cardiovascular Therapy Agents		
Ace Inhibitor And Calcium Channel Blocker Combinations		
amlodipine-benazepril	1	

Community Health Plan of Washington	Drug Tier	Limits
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	

Community Health Plan of Washington	Drug Tier	Limits
lisinopril	1	
moexipril	1	
perindopril erbumine	1	
quinapril	1	
ramipril	1	
trandolapril	1	
Aldosterone Receptor Antagonists		
eplerenone	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL (30 EA per 30 days)
KERENDIA ORAL TABLET 40 MG	2	PA
spironolactone oral suspension	1	
spironolactone oral tablet	1	
Alpha-Beta Blockers		
carvedilol	1	
carvedilol phosphate	1	

Community Health Plan of Washington	Drug Tier	Limits
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- hcthiazyd	1	
olmesartan- amlodipin- hcthiazyd	1	

Community Health Plan of Washington	Drug Tier	Limits
Angiotensin II Receptor Blocker (Arb)-Diuretic Combinations		
candesartan-hydrochlorothiazide	1	
irbesartan-hydrochlorothiazide	1	
losartan-hydrochlorothiazide	1	
olmesartan-hydrochlorothiazide	1	
telmisartan-hydrochlorothiazide	1	
valsartan-hydrochlorothiazide	1	

Community Health Plan of Washington	Drug Tier	Limits
Angiotensin II Receptor Blocker-Nephrilysin Inhibitor Comb. (Arni)		
ENTRESTO SPRINKLE	2	QL (240 EA per 30 days)
sacubitril-valsartan	1	QL (60 EA per 30 days)
Angiotensin II Receptor Blockers (Arbs)		
azilsartan medoxomil	1	ST
candesartan	1	
irbesartan	1	
losartan	1	
olmesartan	1	
telmisartan	1	
valsartan	1	

Community Health Plan of Washington	Drug Tier	Limits
Antianginal - Coronary Vasodilators (Nitrates)		
isosorbide dinitrate oral tablet	1	
isosorbide mononitrate	1	
NITRO-BID	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
NITRO-TIME	1	
Antianginal And Anti-Ischemic Agents		
VERQUVO	2	QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antianginal And Anti-Ischemic Agents, Non-Hemodynamic		
ranolazine	1	
Antiarrhythmic - Class Ia		
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	

Community Health Plan of Washington	Drug Tier	Limits
dofetilide	1	
PACERONE ORAL TABLET 100 MG, 200 MG	1	
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 oral capsule 130 mg	1	ST

Community Health Plan of Washington	Drug Tier	Limits
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized	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 per 30 days)
atorvastatin oral tablet 40 mg, 80 mg	1	QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
lovastatin oral tablet 10 mg	1	ACA; QL (30 EA per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	ACA; QL (60 EA per 30 days)
pitavastatin calcium	1	ACA; QL (30 EA per 30 days)
pravastatin	1	ACA; QL (30 EA per 30 days)
rosuvastatin oral tablet 10 mg, 5 mg	1	ACA; QL (30 EA per 30 days)
rosuvastatin oral tablet 20 mg, 40 mg	1	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; QL (30 EA per 30 days)
simvastatin oral tablet 80 mg	1	QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antihyperlipidemic - Nicotinic Acid Derivatives		
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr	1	
Antihyperlipidemic - Omega-3 Fatty Acid Type		
icosapent ethyl	1	PA
omega-3 acid ethyl esters	1	PA
VASCEPA	2	PA
Antihyperlipidemic - Pcsk9 Inhibitor, Monoclonal Antibody (Mab)		
REPATHA SURECLICK	2	PA; QL (3 ML per 28 days)
REPATHA SYRINGE	2	PA; QL (3 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
Antihyperlipidemic - Pcsk9 Inhibitors		
REPATHA SURECLICK	2	PA; QL (3 ML per 28 days)
REPATHA SYRINGE	2	PA; QL (3 ML per 28 days)
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor		
ezetimibe	1	
Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker		
amlodipine-atorvastatin	1	QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit		
ezetimibe-simvastatin	1	QL (30 EA per 30 days)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (Mtp)Inhib		
JUXTAPID	4	PA
Beta Blockers Cardiac Selective		
atenolol	1	
betaxolol oral	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
metoprolol succinate	1	

Community Health Plan of Washington	Drug Tier	Limits
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nebivolol	1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity		
acebutolol	1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity		
pindolol	1	
Beta Blockers Non-Cardiac Selective		
nadolol	1	
propranolol oral	1	
SOTALOL AF	1	
sotalol oral	1	
SOTYLIZE	2	

Community Health Plan of Washington	Drug Tier	Limits
timolol maleate oral	1	
Bradykinin B2 Receptor Antagonists		
icatibant	4	PA; QL (12 ML per 28 days)
SAJAZIR	4	PA; QL (12 ML per 28 days)
Calcium Channel Blockers - Benzothiazepines		
CARTIA XT	1	
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
TIADYLTER	1	
Calcium Channel Blockers - Dihydropyridines		
amlodipine	1	
felodipine	1	
isradipine	1	
nicardipine oral	1	

Community Health Plan of Washington	Drug Tier	Limits
nifedipine oral tablet extended release	1	
nifedipine oral tablet extended release 24hr	1	
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific		
nimodipine	1	
Calcium Channel Blockers - Phenylalkylamines		
verapamil oral capsule, 24 hr er pellet ct	1	ST
verapamil oral capsule,ext rel. pellets 24 hr	1	

Community Health Plan of Washington	Drug Tier	Limits
verapamil oral tablet	1	
verapamil oral tablet extended release	1	
Cardiac Myosin Inhibitor		
CAMZYOS	4	PA; QL (30 EA per 30 days)
MYQORZO	4	PA; QL (30 EA per 30 days)
Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.		
atenolol-chlorthalidone	1	
bisoprolol-hydrochlorothiazide	1	

Community Health Plan of Washington	Drug Tier	Limits
metoprolol tartrate hydrochlorothiazide	1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents		
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL (4 EA per 30 days)
NEFFY	2	QL (4 EA per 30 days)
Cardiovascular Sympathomimetics		
midodrine	1	
Central Alpha-2 Receptor Agonists		
clonidine	1	QL (4 EA per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
guanfacine oral tablet	1	
methyldopa	1	
Digitalis Glycosides		
digoxin oral	1	
Direct Acting Vasodilators		
hydralazine oral	1	
minoxidil oral	1	
Diuretic - Aldosterone Receptor Antagonist, Non-Selective		
spironolactone oral suspension	1	
spironolactone oral tablet	1	
Diuretic - Aldosterone Receptor Antagonist, Selective		
eplerenone	1	

Community Health Plan of Washington	Drug Tier	Limits
Diuretic - Carbonic Anhydrase Inhibitors		
acetazolamide	1	
dichlorophenamide	4	PA
methazolamide	1	
Diuretic - Loop		
bumetanide oral	1	
ethacrynic acid	1	
furosemide oral	1	
toremide oral	1	
Diuretic - Potassium Sparing		
amiloride	1	
triamterene	1	
Diuretic - Potassium Sparing-Thiazide And Related Combinations		
amiloride-hydrochlorothiazide	1	

Community Health Plan of Washington	Drug Tier	Limits
spironolactone-hydrochlorothiazide	1	
triamterene-hydrochlorothiazide	1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists		
tolvaptan oral tablet 15 mg	4	PA; QL (30 EA per 30 days)
tolvaptan oral tablet 30 mg	4	PA; QL (60 EA per 30 days)
Diuretic - Thiazides And Related		
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		
ivabradine	1	PA
Muscarinic Receptor Antagonists (Anticholinergics)		
atropine in 0.9 % sodium chloride intravenous syringe 1 mg/2.5 ml (0.4 mg/ml)	NC	

Community Health Plan of Washington	Drug Tier	Limits
Pah Agents - Selective Prostacyclin Receptor (Ip) Agonists		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 100 MCG, 150 MCG	4	
UPTRAVI ORAL TABLETS,DO SE PACK	4	PA; QL (200 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Pah- Endothelin Receptor Antagonist- Selective Cgmp Pde5 Inhibitor Comb		
OPSYNVI	4	PA; QL (30 EA per 30 days)
Peripheral Alpha-1 Receptor Blockers		
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	QL (30 EA per 30 days)
doxazosin oral tablet 8 mg	1	QL (60 EA per 30 days)
phenoxybenzamine	1	PA
prazosin	1	
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
terazosin oral capsule 10 mg	1	QL (60 EA per 30 days)
Pheochromocytoma, Agents To Treat		
metyrosine	1	PA
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody		
TAKHZYRO SUBCUTANEOUS SYRINGE	4	PA; QL (2 ML per 28 days)
Pulmonary Antihypertensive Agents - Prostacyclin-Type		
ORENITRAM	4	PA; QL (90 EA per 30 days)
treprostinil sodium	4	PA
TYVASO	4	PA

Community Health Plan of Washington	Drug Tier	Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 48-80 MCG, 64 MCG, 80 MCG	4	PA
TYVASO REFILL KIT	4	PA
TYVASO STARTER KIT	4	PA
YUTREPIA	4	PA
Pulmonary Antihypertensive Agents- Soluble Guanylate Cyclase Stimulator		
ADEMPAS	4	PA; QL (90 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists		
ambrisentan	4	PA; QL (30 EA per 30 days)
bosentan oral tablet	4	PA; QL (60 EA per 30 days)
bosentan oral tablet for suspension	4	PA; QL (120 EA per 30 days)
macitentan	4	PA; QL (30 EA per 30 days)
OPSUMIT	4	PA; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Pulmonary Arterial Hypertension - Selective Cgmp-Pde5 Inhibitors		
ALYQ	4	PA; QL (60 EA per 30 days)
sildenafil (pulm.hypertension) oral suspension for reconstitution	4	PA; QL (112 ML per 30 days)
sildenafil (pulm.hypertension) oral tablet	4	PA; QL (90 EA per 30 days)
tadalafil (pulm. hypertension)	4	PA; QL (60 EA per 30 days)
Renin Inhibitor, Direct		
aliskiren	1	

Community Health Plan of Washington	Drug Tier	Limits
Vasodilator Combinations		
isosorbide-hydralazine	1	
Central Nervous System Agents		
Antianxiety Agent - Antihistamine Type		
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate	1	
Antianxiety Agent - Benzodiazepines		
alprazolam	1	
ALPRAZOLAM INTENSOL	1	
chlordiazepoxide hcl	1	

Community Health Plan of Washington	Drug Tier	Limits
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet, disintegrating	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	1	
oxazepam	3	
Antianxiety Agent - Dicarbamate Type		
meprobamate	3	

Community Health Plan of Washington	Drug Tier	Limits
Antianxiety Agent - Non-Benzodiazepine		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists		
perampanel	1	
Anticonvulsant - Barbiturates And Derivatives		
phenobarbital	1	
primidone oral tablet 250 mg, 50 mg	1	
Anticonvulsant - Benzodiazepines		
clobazam oral suspension	1	PA

Community Health Plan of Washington	Drug Tier	Limits
clobazam oral tablet	1	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet, disintegrating	1	
diazepam rectal	1	
NAYZILAM	2	PA; QL (2 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX	4	PA
Anticonvulsant - Carbamates		
felbamate	1	
Anticonvulsant - Carboxylic Acid Derivatives		
divalproex	1	
valproic acid	1	

Community Health Plan of Washington	Drug Tier	Limits
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	
Anticonvulsant - Functionalized Amino Acid		
lacosamide oral	1	
Anticonvulsant - Gaba Analog		
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 oral capsule	1	
pregabalin oral solution	1	

Community Health Plan of Washington	Drug Tier	Limits
RELGAABI ORAL CAPSULE 300 MG, 400 MG	1	
Anticonvulsant - Gaba Re- Uptake Inhibitor, Nipecotic Acid Derivatives		
tiagabine	1	
Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor		
vigabatrin oral powder in packet	4	PA; QL (150 EA per 30 days)
vigabatrin oral tablet	4	PA; QL (180 EA per 30 days)
VIGADRONE ORAL POWDER IN PACKET	4	PA; QL (200 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
VIGADRONE ORAL TABLET	4	PA; QL (180 EA per 30 days)
Anticonvulsant - Hydantoins		
DILANTIN	2	
phenytoin oral suspension 125 mg/5 ml	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, 200 mg/10 ml	1	
carbamazepine oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet, chewable 100 mg	1	
eslicarbazepine	1	
oxcarbazepine	1	
Anticonvulsant - Monosaccharide Derivatives		
topiramate oral capsule, sprinkle	1	
topiramate oral capsule, extended release 24hr	1	ST
topiramate oral capsule, sprinkle, er 24hr	1	ST
topiramate oral solution	1	
topiramate oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
Anticonvulsant - Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY	4	PA
Anticonvulsant - Phenyltriazine Derivatives		
lamotrigine	1	
SUBVENITE ORAL TABLET	1	
SUBVENITE STARTER (BLUE) KIT	1	
SUBVENITE STARTER (GREEN) KIT	1	
SUBVENITE STARTER (ORANGE) KIT	1	
Anticonvulsant - Pyrrolidine Derivatives		
brivaracetam oral	1	

Community Health Plan of Washington	Drug Tier	Limits
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
levetiracetam oral tablet extended release 24 hr	1	
ROWEEPRA	1	
Anticonvulsant - Succinimides		
ethosuximide	1	
methsuximide	1	
Anticonvulsant - Sulfonamide Derivatives		
zonisamide	1	
Anticonvulsant - Triazole Derivatives		
rufinamide	1	PA
Anticonvulsant Others		
DIACOMIT	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Antidepressant - Alpha-2 Receptor Antagonists (Nassa)		
mirtazapine	1	
Antidepressant - Mao Inhibitor Nonselective And Irreversible-Types A,B		
MARPLAN	3	
phenelzine	1	
tranylcypromine	1	
Antidepressant - Neuroactive Steroid Gaba-A Receptor Modulator		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA; QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; QL (14 EA per 365 days)

Community Health Plan of Washington	Drug Tier	Limits
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris)		
citalopram oral capsule	1	ST; QL (30 EA per 30 days)
citalopram oral solution	1	
citalopram oral tablet	1	QL (30 EA per 30 days)
escitalopram oxalate oral solution	1	ST
escitalopram oxalate oral tablet	1	QL (30 EA per 30 days)
fluoxetine oral capsule 10 mg	1	QL (30 EA per 30 days)
fluoxetine oral capsule 20 mg	1	
fluoxetine oral capsule 40 mg	1	QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
fluoxetine oral capsule,delayed release(dr/ec)	1	ST; QL (4 EA per 30 days)
fluoxetine oral solution	1	
fluoxetine oral tablet 10 mg	1	ST; QL (30 EA per 30 days)
fluoxetine oral tablet 20 mg, 60 mg	1	ST
fluvoxamine oral capsule,extended release 24hr	1	ST; QL (60 EA per 30 days)
fluvoxamine oral tablet 100 mg	1	QL (90 EA per 30 days)
fluvoxamine oral tablet 25 mg	1	QL (30 EA per 30 days)
fluvoxamine oral tablet 50 mg	1	QL (60 EA per 30 days)
paroxetine hcl oral suspension	1	ST

Community Health Plan of Washington	Drug Tier	Limits
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (30 EA per 30 days)
paroxetine hcl oral tablet 20 mg, 30 mg	1	QL (60 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	ST; QL (60 EA per 30 days)
sertraline oral capsule	1	ST; QL (30 EA per 30 days)
sertraline oral concentrate	1	
sertraline oral tablet 100 mg, 50 mg	1	QL (60 EA per 30 days)
sertraline oral tablet 25 mg	1	QL (45 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris)		
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris)		
desvenlafaxine succinate	1	ST; QL (30 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	1	QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	ST; QL (30 EA per 30 days)
milnacipran oral tablet	1	QL (60 EA per 30 days)
milnacipran oral tablets,dose pack	1	QL (55 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (90 EA per 30 days)
venlafaxine oral tablet	1	QL (90 EA per 30 days)
venlafaxine oral tablet extended release 24hr	1	ST; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antidepressant - Ssri And 5Ht1a Partial Agonist		
vilazodone	1	ST; QL (30 EA per 30 days)
Antidepressant - Ssri And Serotonin (5-Ht) Receptor Modulator		
TRINTELLIX	3	ST; QL (30 EA per 30 days)
Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb		
perphenazine-amitriptyline	1	

Community Health Plan of Washington	Drug Tier	Limits
Antidepressant - Tricyclic-Benzodiazepine Combinations		
amitriptyline-chlordiazepoxide	1	
Antidepressant - Ssri And Atypical Antipsych,Dopamine,Serotonin Antagon		
olanzapine-fluoxetine	1	
Antidepressant - Norepinephrine And Dopamine Reuptake Inhibitors (Ndris)		
bupropion hcl oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	QL (30 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	1	QL (60 EA per 30 days)
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	
nortriptyline	1	
protriptyline	1	

Community Health Plan of Washington	Drug Tier	Limits
trimipramine	1	
Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb		
carbidopa-levodopa-entacapone	1	
Antiparkinson - Dopaminergic-Peripheral Dopa-Decarboxylase Inhibit Comb		
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet extended release	1	
carbidopa-levodopa oral tablet,disintegrating	1	

Community Health Plan of Washington	Drug Tier	Limits
Antiparkinson Adjuvant - Peripheral Comt Inhibitors		
entacapone	1	
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors		
carbidopa	1	PA
Antiparkinson Therapy - Anticholinergic Agents		
benztropine oral	1	
trihexyphenidyl	1	
Antiparkinson Therapy - Dopamine Precursors		
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL (300 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antiparkinson Therapy - Ergot Alkaloids And Derivatives		
bromocriptine	1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B)		
rasagiline	1	
selegiline hcl	1	
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents		
amantadine hcl	1	
apomorphine	4	PA; QL (30 ML per 30 days)
NEUPRO	3	
pramipexole	1	
ropinirole	1	

Community Health Plan of Washington	Drug Tier	Limits
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles		
asenapine maleate	1	QL (60 EA per 30 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	2	QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	1	QL (60 EA per 30 days)
ziprasidone hcl	1	QL (60 EA per 30 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv		
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	QL (60 EA per 30 days)
risperidone oral solution	1	

Community Health Plan of Washington	Drug Tier	Limits
risperidone oral tablet	1	QL (60 EA per 30 days)
risperidone oral tablet, disintegrating	1	QL (60 EA per 30 days)
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	

Community Health Plan of Washington	Drug Tier	Limits
Antipsychotic - Diphenylbutyl piperidine Derivatives		
pimozide	1	
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 - Thioxanthenes		
thiothixene	1	

Community Health Plan of Washington	Drug Tier	Limits
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der		
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 EA per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	QL (60 EA per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antipsychotic - Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines		
olanzapine oral	1	QL (30 EA per 30 days)
olanzapine-fluoxetine	1	
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5Ht Serotonin Mixed		
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating	1	QL (60 EA per 30 days)
REXULTI ORAL TABLET	3	QL (30 EA per 30 days)

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	PA
guanfacine oral tablet extended release 24 hr	1	PA
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type		
amphetamine	1	ST
amphetamine sulfate	1	PA
dexmethylpheni date	1	PA

Community Health Plan of Washington	Drug Tier	Limits
dextroampheta mine sulfate oral capsule, extended release	1	PA
dextroampheta mine sulfate oral tablet	1	PA
dextroampheta mine-amphetamine	1	PA
lisdexamfetami ne oral capsule	1	PA
lisdexamfetami ne oral tablet, chewable	1	ST
methamphetami ne	1	PA
methylphenidat e hcl oral cap,er sprinkle,biphasi c 40-60	1	ST
methylphenidat e hcl oral capsule, er biphasic 30-70	1	PA

Community Health Plan of Washington	Drug Tier	Limits
methylphenidate hcl oral capsule,er biphasic 50-50	1	PA
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet extended release	1	PA
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	PA
methylphenidate hcl oral tablet, chewable	1	PA
methylphenidate transdermal	1	ST
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	PA

Community Health Plan of Washington	Drug Tier	Limits
Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type		
atomoxetine oral capsule	1	PA
Benzodiazepines		
alprazolam	1	
ALPRAZOLAM INTENSOL	1	
amitriptyline-chlordiazepoxide	1	
chlordiazepoxide hcl	1	
chlordiazepoxide-clidinium	1	
clobazam oral suspension	1	PA
clobazam oral tablet	1	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	

Community Health Plan of Washington	Drug Tier	Limits
clonazepam oral tablet,disintegrating	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)
LORAZEPAM INTENSOL	1	
lorazepam oral	1	
midazolam oral	1	
NAYZILAM	2	PA; QL (2 EA per 30 days)
oxazepam	3	

Community Health Plan of Washington	Drug Tier	Limits
temazepam	3	QL (15 EA per 30 days)
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, 200 mg/10 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet,chewable 100 mg	1	

Community Health Plan of Washington	Drug Tier	Limits
divalproex	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	
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	

Community Health Plan of Washington	Drug Tier	Limits
Bipolar Therapy Agents - Atypical Antipsychotics		
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL (30 EA per 30 days)
aripiprazole oral tablet, disintegrating	1	QL (60 EA per 30 days)
asenapine maleate	1	QL (60 EA per 30 days)
olanzapine oral	1	QL (30 EA per 30 days)
olanzapine-fluoxetine	1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 EA per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	QL (60 EA per 30 days)
risperidone oral solution	1	
risperidone oral tablet	1	QL (60 EA per 30 days)
risperidone oral tablet, disintegrating	1	QL (60 EA per 30 days)
ziprasidone hcl	1	QL (60 EA per 30 days)
Bipolar Therapy Agents - Lithium		
lithium carbonate	1	
lithium citrate oral solution	1	

Community Health Plan of Washington	Drug Tier	Limits
Cannabis And Cannabinoids		
dronabinol oral capsule	1	PA
Cns Stimulant - Amphetamine Combinations		
amphetamine	1	ST
dextroamphetamine-amphetamine	1	PA
Cns Stimulant - Amphetamines		
amphetamine sulfate	1	PA
dextroamphetamine sulfate	1	PA
methamphetamine	1	PA
PROCENTRA	1	PA
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	PA

Community Health Plan of Washington	Drug Tier	Limits
Cns Stimulant - Analeptics, Methylxanthine-Type		
caffeine citrate oral	1	
Diabetic Peripheral Neuropathy Agents		
pregabalin oral tablet extended release 24 hr	1	PA
Fibromyalgia Agents - Gaba Analogs		
pregabalin oral capsule	1	
pregabalin oral solution	1	

Community Health Plan of Washington	Drug Tier	Limits
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg	1	QL (60 EA per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 30 mg	1	QL (30 EA per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 40 mg	1	ST; QL (30 EA per 30 days)
milnacipran oral tablet	1	QL (60 EA per 30 days)
milnacipran oral tablets, dose pack	1	QL (55 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Hsdd Agents-Non-Selective Melanocortin Receptor Agonist		
VYLEESI	4	PA; QL (4 ML per 30 days)
Hypnotics - Melatonin M1/M2 Receptor Agonists		
ramelteon	1	QL (15 EA per 30 days)
Migraine Therapy - Carboxylic Acid Derivatives		
divalproex oral tablet extended release 24 hr	1	

Community Health Plan of Washington	Drug Tier	Limits
Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody		
AJOVY AUTOINJECT OR	2	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE	2	PA; QL (1 ML per 30 days)
EMGALITY PEN	2	PA; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (1 ML per 30 days)
Migraine Therapy - Ergot Alkaloids And Derivatives		
dihydroergotamine injection	1	

Community Health Plan of Washington	Drug Tier	Limits
dihydroergotamine nasal	1	ST; QL (8 ML per 28 days)
ERGOMAR	3	
Migraine Therapy - Ergot Combinations		
ergotamine-caffeine	1	
MIGERGOT	1	
Migraine Therapy - Nsaid Analgesics (Cyclooxygenase Inhibitor)		
diclofenac potassium oral powder in packet	1	ST; QL (9 EA per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1)		
almotriptan malate oral tablet 12.5 mg	1	ST; QL (24 EA per 28 days)
almotriptan malate oral tablet 6.25 mg	1	ST; QL (18 EA per 28 days)
eletriptan	1	QL (18 EA per 28 days)
frovatriptan	1	ST; 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 pen injector 6 mg/0.5 ml	1	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous solution	1	QL (8 ML per 28 days)
zolmitriptan nasal spray,non-aerosol 5 mg	1	ST; QL (18 EA per 28 days)
zolmitriptan oral	1	QL (18 EA per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
Migraine Therapy - Serotonin Agonist 5-Ht(1) And Nsaid Comb.		
sumatriptan-naproxen	1	ST; QL (18 EA per 28 days)
Movement Disorder Drug Therapy		
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	4	PA; QL (120 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	4	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG, 6 MG	4	PA; QL (60 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; QL (28 EA per 30 days)
INGREZZA	4	PA; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
INGREZZA INITIATION PK(TARDIV)	4	PA; QL (28 EA per 30 days)
INGREZZA SPRINKLE	4	PA; QL (30 EA per 30 days)
tetrabenazine oral tablet 12.5 mg	4	PA; QL (120 EA per 30 days)
tetrabenazine oral tablet 25 mg	4	PA; QL (60 EA per 30 days)
Movement Disorder Therapy - Huntington's Disease		
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	4	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	4	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG, 6 MG	4	PA; QL (60 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; QL (28 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
INGREZZA	4	PA; QL (30 EA per 30 days)
INGREZZA SPRINKLE	4	PA; QL (30 EA per 30 days)
tetrabenazine oral tablet 12.5 mg	4	PA; QL (120 EA per 30 days)
tetrabenazine oral tablet 25 mg	4	PA; QL (60 EA per 30 days)
Movement Disorder Therapy - Tardive Dyskinesia		
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	4	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	4	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG, 6 MG	4	PA; QL (60 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; QL (28 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
INGREZZA	4	PA; QL (30 EA per 30 days)
INGREZZA INITIATION PK(TARDIV)	4	PA; QL (28 EA per 30 days)
INGREZZA SPRINKLE	4	PA; QL (30 EA per 30 days)
Narcolepsy And Cataplexy Therapy Agents - Sedative-Type		
LUMRYZ	4	ST; QL (30 EA per 30 days)
LUMRYZ STARTER PACK	4	ST; QL (28 EA per 30 days)
sodium oxybate	4	ST; QL (540 ML per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
XYWAV	4	ST; QL (540 ML per 30 days)
Narcolepsy Therapy Agents - Dopamine And Ne Reuptake Inhibitor (Dnri)		
SUNOSI	2	PA; QL (30 EA per 30 days)
Narcolepsy Therapy Agents - Non-Sympathomimetic		
armodafinil	1	PA; QL (30 EA per 30 days)
modafinil oral tablet 100 mg	1	PA; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
modafinil oral tablet 200 mg	1	PA; QL (60 EA per 30 days)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative		
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet, chewable	1	PA
Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines		
amphetamine sulfate	1	PA

Community Health Plan of Washington	Drug Tier	Limits
dextroamphetamine sulfate oral capsule, extended release	1	PA
dextroamphetamine sulfate oral tablet	1	PA
dextroamphetamine-amphetamine oral tablet	1	PA
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	PA
Neuropathic Pain Therapy		
pregabalin oral tablet extended release 24 hr	1	PA
Postherpetic Neuralgia Agents		
gabapentin oral tablet extended release 24 hr	1	ST

Community Health Plan of Washington	Drug Tier	Limits
pregabalin oral tablet extended release 24 hr	1	PA
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists Type		
dextromethorphan-quinidine	1	
NUDEXTA	2	PA
Sedative-Hypnotic - Barbiturates		
phenobarbital	1	
Sedative-Hypnotic - Benzodiazepines		
estazolam	1	QL (15 EA per 30 days)
flurazepam	1	QL (15 EA per 30 days)
midazolam oral	1	
temazepam	3	QL (15 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
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 oral tablet	1	QL (15 EA per 30 days)
zolpidem oral tablet,ext release multiphase	1	QL (15 EA per 30 days)
zolpidem sublingual	1	QL (15 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Sedative-Hypnotic - Tricyclic Antidepressant Type		
doxepin oral tablet	1	ST; QL (15 EA per 30 days)
Chemical Dependency, Agents To Treat		
Agents For Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type		
lofexidine	1	PA; QL (224 EA per 30 days)
Agents For Opioid Withdrawal, Opioid-Type		
BRIXADI	4	
buprenorphine hcl sublingual	1	

Community Health Plan of Washington	Drug Tier	Limits
buprenorphine-naloxone	1	
SUBLOCADE	4	
ZUBSOLV	2	
Alcohol Abstinence Therapy - Glutamate And Gaba System Type		
acamprosate	1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type		
naltrexone	1	
VIVITROL	4	
Alcohol Deterrents		
disulfiram	1	

Community Health Plan of Washington	Drug Tier	Limits
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type		
bupropion hcl (smoking deter)	1	ACA
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
NICORETTE BUCCAL MINI LOZENGE	2	ACA
nicotine	1	ACA
nicotine (polacrilex)	1	ACA
NICOTROL NS	2	ACA

Community Health Plan of Washington	Drug Tier	Limits
QUIT 2	1	ACA
QUIT 4	1	ACA
STOP SMOKING AID	1	ACA
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2		
varenicline tartrate	1	ACA
Chemicals-Pharmaceutical Adjuvants		
Pharmaceutical Adjuvant - Inhalation Vehicles		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	1	
PULMOSAL	1	

Community Health Plan of Washington	Drug Tier	Limits
sodium chloride inhalation	1	
Cognitive Disorder Therapy		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors		
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	ST
donepezil oral tablet,disintegrating	1	
galantamine	1	
rivastigmine	1	
rivastigmine tartrate	1	

Community Health Plan of Washington	Drug Tier	Limits
Alzheimer's Disease Therapy - Nmda Receptor Antagonists		
memantine oral capsule, sprinkle, er 24hr	1	
memantine oral solution	1	
memantine oral tablet	1	
Alzheimer's Thx - Nmda Receptor Antag. And Cholinesterase Inhib. Comb		
memantine-donepezil	1	ST
Cognitive Disorder Therapy - Cerebral Vasodilators		
ergoloid	1	

Community Health Plan of Washington	Drug Tier	Limits
Contraceptives		
Contraceptive Implant - Progestin		
NEXPLANON	4	ACA
Contraceptive Injectable - Progestin		
medroxyprogesterone intramuscular	1	ACA; QL (1 ML per 90 days)
Contraceptive Intrauterine - Copper Iud		
PARAGARD T 380A	4	ACA
PARAGARD T380A (SINGLE HAND)	4	ACA
Contraceptive Intrauterine - Progesterone Iud		
KYLEENA	4	
MIRENA	4	ACA
SKYLA	4	

Community Health Plan of Washington	Drug Tier	Limits
Contraceptive Oral - Biphasic		
AMETHIA	1	ACA
ASHLYNA	1	ACA
AZURETTE (28)	1	ACA
CAMRESE	1	ACA
CAMRESE LO	1	ACA
DAYSEE	1	ACA
desog-e.estradiol/e.estradiol	1	ACA
JAIMIESS	1	ACA
KARIVA (28)	1	ACA
LOJAIMIESS	1	ACA
PIMTREA (28)	1	ACA
SIMLIYA (28)	1	ACA
SIMPESSE	1	ACA
VIORELE (28)	1	ACA
VOLNEA (28)	1	ACA
Contraceptive Oral - Monophasic		
AFIRMELLE	1	ACA
ALTAVERA (28)	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
ALYACEN 1/35 (28)	1	ACA
AMETHYST (28)	1	ACA
APRI	1	ACA
AUBRA	1	ACA
AUBRA EQ	1	ACA
AUROVELA 1.5/30 (21)	1	ACA
AUROVELA 1/20 (21)	1	ACA
AUROVELA 24 FE	1	ACA
AUROVELA FE 1.5/30 (28)	1	ACA
AUROVELA FE 1-20 (28)	1	ACA
AVIANE	1	ACA
AYUNA	1	ACA
BALZIVA (28)	1	ACA
BLISOVI 24 FE	1	ACA
BLISOVI FE 1.5/30 (28)	1	ACA
BLISOVI FE 1/20 (28)	1	ACA
BRIELLYN	1	ACA
CHARLOTTE 24 FE	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
CHATEAL EQ (28)	1	ACA
CRYSELLE (28)	1	ACA
CYRED	1	ACA
CYRED EQ	1	ACA
DASETTA 1/35 (28)	1	ACA
DOLISHALE	1	ACA
drospirenone-e.estradiol-lm.fa	1	ACA
drospirenone-ethinyl estradiol	1	ACA
ELINEST	1	ACA
ENSKYCE	1	ACA
ESTARYLLA	1	ACA
FALMINA (28)	1	ACA
FEIRZA	1	
FINZALA	1	ACA
GALBRIELA	1	
GEMMILY	1	ACA
HAILEY	1	ACA
HAILEY 24 FE	1	ACA
HAILEY FE 1.5/30 (28)	1	ACA
HAILEY FE 1/20 (28)	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
ICLEVIA	1	ACA
INTROVALE	1	ACA
ISIBLOOM	1	ACA
JASMIEL (28)	1	ACA
JOLESSA	1	ACA
JOYEAUX	1	ACA
JULEBER	1	ACA
JUNEL 1.5/30 (21)	1	ACA
JUNEL 1/20 (21)	1	ACA
JUNEL FE 1.5/30 (28)	1	ACA
JUNEL FE 1/20 (28)	1	ACA
JUNEL FE 24	1	ACA
KAITLIB FE	1	ACA
KALLIGA	1	ACA
KELNOR 1/35 (28)	1	ACA
KURVELO (28)	1	ACA
LARIN 1.5/30 (21)	1	ACA
LARIN 1/20 (21)	1	ACA
LARIN 24 FE	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
LARIN FE 1.5/30 (28)	1	ACA
LARIN FE 1/20 (28)	1	ACA
LESSINA	1	ACA
levonorgest-eth.estradiol-iron	1	ACA
levonorgestrel-ethinyl estrad	1	ACA
LORYNA (28)	1	ACA
LOW-OGESTREL (28)	1	ACA
LO-ZUMANDIMINE (28)	1	ACA
LUIZZA	1	
LUTERA (28)	1	ACA
MARLISSA (28)	1	ACA
MIBELAS 24 FE	1	ACA
MICROGESTIN 1.5/30 (21)	1	ACA
MICROGESTIN 1/20 (21)	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
MICROGESTIN FE 1.5/30 (28)	1	ACA
MICROGESTIN FE 1/20 (28)	1	ACA
MILI	1	ACA
MINZOYA	1	ACA
MONO-LINYAH	1	ACA
NECON 0.5/35 (28)	1	ACA
NIKKI (28)	1	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	ACA
norethindrone-e.estradiol-iron oral capsule	1	ACA
norethindrone-e.estradiol-iron oral tablet,chewable	1	ACA
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	1	ACA
NORTREL 0.5/35 (28)	1	ACA

Community Health Plan of Washington		Limits
NORTREL 1/35 (21)		ACA
NORTREL 1/35 (28)		ACA
NYLIA 1/35 (28)		ACA
OCELLA		ACA
PHILITH		ACA
PORTIA 28		ACA
RECLIPSEN (28)		ACA
SETLAKIN		ACA
SPRINTEC (28)		ACA
SYEDA		ACA
TARINA 24 FE		ACA
TARINA FE 1/20 (28)		ACA
TURQOZ (28)		ACA
TYDEMY		
VALTYA ORAL TABLET 1-35 MG-MCG		ACA
VALTYA ORAL TABLET 1-50 MG-MCG		

Community Health Plan of Washington	Drug Tier	Limits
VESTURA (28)	1	ACA
VIENVA	1	ACA
VYFEMLA (28)	1	ACA
VYLIBRA	1	ACA
WERA (28)	1	ACA
WYMZYA FE	1	ACA
XELRIA FE	1	
ZARAH	1	ACA
ZOVIA 1-35 (28)	1	ACA
ZUMANDIMI NE (28)	1	ACA
Contraceptive Oral - Progestin		
CAMILA	1	ACA
DEBLITANE	1	ACA
EMZAHH	1	ACA
ERRIN	1	ACA
HEATHER	1	ACA
INCASSIA	1	ACA
JENCYCLA	1	ACA
LYLEQ	1	ACA
LYZA	1	ACA
MELEYA	1	
NORA-BE	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
norethindrone (contraceptive)	1	ACA
OPILL	2	ACA
ORQUIDEA	1	ACA
SHAROBEL	1	ACA
TULANA	1	ACA
Contraceptive Oral - Quadruphasic		
RIVELSA	1	ACA
ROSYRAH	1	
Contraceptive Oral - Triphasic		
ALYACEN 7/7/7 (28)	1	ACA
ARANELLE (28)	1	ACA
CAZIAN (28)	1	ACA
DASETTA 7/7/7 (28)	1	ACA
ENPRESSE	1	ACA
LEVONEST (28)	1	ACA
levonorg-eth estrad triphasic	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
NORTREL 7/7/7 (28)	1	ACA
NYLIA 7/7/7 (28)	1	ACA
TILIA FE	1	ACA
TRI-ESTARYLLA	1	ACA
TRI-LEGEST FE	1	ACA
TRI-LINYAH	1	ACA
TRI-LO-ESTARYLLA	1	ACA
TRI-LO-MARZIA	1	ACA
TRI-LO-MILI	1	ACA
TRI-LO-SPRINTEC	1	ACA
TRI-MILI	1	ACA
TRI-SPRINTEC (28)	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
TRI-VYLIBRA	1	ACA
TRI-VYLIBRA LO	1	ACA
VELIVET TRIPHASIC REGIMEN (28)	1	ACA
XARAH FE	1	ACA
Contraceptive Transdermal Combinations - Estrogen And Progestin Comb.		
norelgestromin-ethin.estradiol	1	ACA
XULANE	1	ACA
ZAFEMY	1	ACA
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb.		
ELURYNG	1	ACA
ENILLORING	1	ACA
etonogestrel-ethinyl estradiol	1	ACA
HALOETTE	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
Emergency Contraceptives		
AFTER PILL	1	ACA; QL (1 EA per 30 days)
ECONTRA EZ	1	ACA; QL (1 EA per 30 days)
ECONTRA ONE-STEP	1	ACA; QL (1 EA per 30 days)
ELLA	2	ACA; QL (1 EA per 30 days)
levonorgestrel	1	ACA; QL (1 EA per 30 days)
MY CHOICE	1	ACA; QL (1 EA per 30 days)
MY WAY	1	ACA; QL (1 EA per 30 days)
NEW DAY	1	ACA; QL (1 EA per 30 days)
OPCICON ONE-STEP	1	ACA; QL (1 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
OPTION-2	1	ACA; QL (1 EA per 30 days)
PLAN B ONE-STEP	2	QL (1 EA per 30 days)
SHEWISE	1	ACA; QL (1 EA per 30 days)
YOUR CHOICE	1	ACA; QL (1 EA per 30 days)
Emergency Contraceptives - Progesterone Agonist/Antagonist Type		
ELLA	2	QL (1 EA per 30 days)
Emergency Contraceptives - Progestin Type		
AFTER PILL	1	ACA; QL (1 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
ECONTRA EZ	1	QL (1 EA per 30 days)
ECONTRA ONE-STEP	1	QL (1 EA per 30 days)
levonorgestrel	1	QL (1 EA per 30 days)
MY CHOICE	1	QL (1 EA per 30 days)
MY WAY	1	QL (1 EA per 30 days)
NEW DAY	1	QL (1 EA per 30 days)
OPCICON ONE-STEP	1	QL (1 EA per 30 days)
OPTION-2	1	QL (1 EA per 30 days)
PLAN B ONE-STEP	2	QL (1 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
SHEWISE	1	ACA; QL (1 EA per 30 days)
YOUR CHOICE	1	QL (1 EA per 30 days)
Spermicides		
VCF CONTRACEPTIVE FILM	2	
VCF CONTRACEPTIVE GEL	2	ACA
Dermatological		
Acne Therapy Systemic - Retinoids And Derivatives		
ACUTANE	1	
AMNESTEEM	1	
CLARAVIS	1	
isotretinoin	1	
ZENATANE	1	

Community Health Plan of Washington	Drug Tier	Limits
Acne Therapy Systemic - Tetracycline Antibiotic		
minocycline oral tablet extended release 24 hr	1	ST
Acne Therapy Topical - Anti-Infective		
azelaic acid	1	
CLINDACIN	1	ST; QL (100 GM per 30 days)
CLINDACIN ETZ TOPICAL SWAB	1	
CLINDACIN P	1	
clindamycin phosphate topical foam	1	ST; QL (100 GM per 30 days)
clindamycin phosphate topical gel	1	QL (120 GM per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
clindamycin phosphate topical gel, once daily	1	ST; QL (150 ML 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 gel 5 %	1	
dapsone topical gel with pump	1	
ERY PADS	1	
erythromycin with ethanol topical gel	1	
erythromycin with ethanol topical solution	1	
sulfacetamide sodium (acne)	1	

Community Health Plan of Washington	Drug Tier	Limits
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations		
AVAR	1	ST
BP 10-1	1	ST
clindamycin-benzoyl peroxide	1	
erythromycin-benzoyl peroxide	1	
NEUAC	1	
SSS 10-5 TOPICAL CREAM	1	
SSS 10-5 TOPICAL FOAM	1	ST
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	1	ST

Community Health Plan of Washington	Drug Tier	Limits
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %	1	ST
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical lotion	1	ST
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	1	ST
SULFACLEAN SE 8-4	1	ST

Community Health Plan of Washington	Drug Tier	Limits
Acne Therapy Topical - Anti-Infective-Retinoid Combinations		
ALUXOF DUAL	NC	
clindamycin-tretinoin	1	
Acne Therapy Topical - Keratolytic		
BENZEPRO TOPICAL TOWELETTE	1	
benzoyl peroxide topical cleanser 7 %	1	
benzoyl peroxide topical foam	1	
Acne Therapy Topical - Retinoid Combinations Other		
adapalene-benzoyl peroxide	1	

Community Health Plan of Washington	Drug Tier	Limits
Acne Therapy Topical - Retinoids And Derivatives		
adapalene topical cream	1	
adapalene topical gel 0.3 %	1	
adapalene topical gel with pump 0.3 %	1	
adapalene topical solution	1	
adapalene topical swab	1	ST
tretinoin	1	
tretinoin microspheres	1	
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations		
calcipotriene-betamethasone	1	ST; QL (60 GM per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antipsoriatic Agents - Interleukin 12 And Il-23 Inhibitors,Mc Antibody		
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (45 ML per 84 days)
IMULDOSA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (90 ML per 56 days)
SELARSDI SUBCUTANEOUS SOLUTION	4	PA; QL (45 ML per 84 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (45 ML per 84 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (90 ML per 56 days)
ustekinumab subcutaneous solution	4	PA; QL (45 MG per 84 days)

Community Health Plan of Washington	Drug Tier	Limits
ustekinumab subcutaneous syringe 45 mg/0.5 ml	4	PA; QL (45 MG per 84 days)
ustekinumab subcutaneous syringe 90 mg/ml	4	PA; QL (90 MG per 56 days)
ustekinumab-ttwe subcutaneous solution	4	PA; QL (45 MG per 84 days)
ustekinumab-ttwe subcutaneous syringe 45 mg/0.5 ml	4	PA; QL (45 ML per 84 days)
ustekinumab-ttwe subcutaneous syringe 90 mg/ml	4	PA; QL (90 ML per 56 days)
YESINTEK SUBCUTANEOUS SOLUTION	4	PA; QL (45 ML per 84 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (45 ML per 84 days)

Community Health Plan of Washington	Drug Tier	Limits
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (90 ML per 56 days)
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, Others		
ICOTYDE	4	PA; QL (30 EA per 30 days)
Antipsoriatic Agents - Interleukin-36 (IL-36) Receptor Antagonist, Mc		
SPEVIGO INTRAVENOUS	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Dermatitis Agents, Systemic - IL-31 Receptor Alpha Antagonist Mab		
NEMLUVIO	4	PA; QL (2 EA per 28 days)
Dermatitis Agents, Systemic - IL-4 Receptor Alpha Antagonist (IL-4Ra) Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; QL (400 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; QL (600 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; QL (400 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; QL (600 ML per 28 days)
Dermatitis Or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors		
EUCRISA	2	ST; QL (120 GM per 30 days)
Dermatological - Antibacterial Aminoglycosides		
gentamicin topical	1	QL (60 GM per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Dermatological - Antibacterial Other		
mupirocin	1	QL (44 GM per 30 days)
mupirocin calcium	1	ST; QL (30 GM per 30 days)
Dermatological - Antifungal Allylamines		
naftifine topical cream 1 %	3	QL (90 GM per 28 days)
naftifine topical cream 2 %	3	QL (60 GM per 28 days)
naftifine topical gel	3	QL (60 GM per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
Dermatological - Antifungal Amphoteric Polyene Macrolides		
KLAYESTA	1	QL (180 GM per 30 days)
nystatin topical cream	1	QL (60 GM per 28 days)
nystatin topical ointment	1	QL (60 GM per 28 days)
nystatin topical powder	1	QL (180 GM per 30 days)
NYSTOP	1	QL (180 GM per 30 days)
Dermatological - Antifungal Hydroxypyridi none		
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 (100 GM per 28 days)
ciclopirox topical shampoo	1	QL (120 ML per 28 days)
ciclopirox topical solution	1	
ciclopirox topical suspension	1	QL (60 ML per 28 days)
Dermatological - Antifungal Imidazole And Related Agents		
clotrimazole topical cream	1	QL (45 GM per 28 days)
clotrimazole topical solution	1	QL (60 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
econazole nitrate topical cream	1	QL (85 GM per 28 days)
ketoconazole topical cream	1	QL (60 GM per 28 days)
ketoconazole topical foam	1	ST; QL (100 GM per 28 days)
ketoconazole topical shampoo	1	QL (120 ML per 28 days)
KETODAN	1	ST; QL (100 GM per 28 days)
KETODAN KIT	1	ST
LUZU	3	QL (60 GM per 28 days)
oxiconazole	3	QL (90 GM per 28 days)
Dermatological - Antifungal Oxaborole		
tavaborole	1	ST

Community Health Plan of Washington	Drug Tier	Limits
Dermatological - Antifungal-Glucocorticoid Combinations		
clotrimazole-betamethasone topical cream	1	QL (90 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	

Community Health Plan of Washington	Drug Tier	Limits
Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's		
diclofenac sodium topical gel 3 %	1	PA; QL (100 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist		
bexarotene topical	4	PA
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing		
methoxsalen	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
halobetasol propionate topical foam	1	ST
LEXETTE	1	ST
PELLIX	1	QL (120 ML per 30 days)
tazarotene topical cream	1	PA

Community Health Plan of Washington	Drug Tier	Limits
tazarotene topical gel	1	PA
TRILITAS	1	PA
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 per 30 days)
acyclovir topical ointment	1	PA; QL (30 GM per 30 days)
penciclovir	3	

Community Health Plan of Washington	Drug Tier	Limits
Dermatological - Burn Products Anti-Infective		
silver sulfadiazine	1	
SSD	1	
SULFAMYLO N TOPICAL CREAM	2	
Dermatological - Calcineurin Inhibitors		
pimecrolimus	1	ST; QL (120 GM per 30 days)
tacrolimus topical ointment 0.03 %	1	ST; QL (100 GM per 30 days)
tacrolimus topical ointment 0.1 %	1	ST; QL (120 GM per 30 days)
Dermatological - Emollients		
ammonium lactate	1	

Community Health Plan of Washington	Drug Tier	Limits
Dermatological - Enzymes		
SANTYL	2	QL (180 GM per 30 days)
Dermatological - Glucocorticoid		
ALA-CORT TOPICAL CREAM	1	
alclometasone	1	
amcinonide topical cream	1	ST
amcinonide topical ointment	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 0.05 %	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)

Community Health Plan of Washington	Drug Tier	Limits
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)
clocortolone pivalate	1	ST
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

Community Health Plan of Washington	Drug Tier	Limits
diflorasone	1	ST; QL (120 GM per 30 days)
EVESSE	1	ST; QL (118 ML per 30 days)
fluocinolone	1	
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)

Community Health Plan of Washington	Drug Tier	Limits
FLUOCINONIDE-E	1	QL (120 GM per 30 days)
flurandrenolide	3	ST; QL (120 GM per 30 days)
fluticasone propionate topical cream	1	
fluticasone propionate topical lotion	1	ST
fluticasone propionate topical ointment	1	
halcinonide topical cream	1	ST
halcinonide topical solution	1	
halobetasol propionate topical cream	1	
halobetasol propionate topical foam	1	ST
halobetasol propionate topical ointment	1	

Community Health Plan of Washington	Drug Tier	Limits
hydrocortisone acetate topical cream with perineal applicator	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; QL (120 GM per 28 days)
hydrocortisone butyrate topical solution	1	ST; QL (120 ML per 30 days)
hydrocortisone topical cream 1 %, 2.5 %	1	
hydrocortisone topical cream with perineal applicator	1	
hydrocortisone topical lotion 2 %, 2.5 %	1	

Community Health Plan of Washington	Drug Tier	Limits
hydrocortisone topical ointment 1 %, 2.5 %	1	
hydrocortisone topical solution	1	
hydrocortisone valerate	1	
hydrocortisone-pramoxine topical cream 2.5-1 %	1	ST
LEXETTE	1	ST
mometasone topical	1	
prednicarbate topical cream	1	
PROCTO-MED HC	1	
PROCTOSOL HC TOPICAL	1	
PROCTOZONE -HC	1	
SCALACORT	1	
TOVET EMOLLIENT	1	ST; QL (100 GM per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
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
TRIDERM TOPICAL CREAM 0.5 %	1	ST

Community Health Plan of Washington	Drug Tier	Limits
Dermatological - Glucocorticoid -Local Anesthetic Combinations		
hydrocortisone-pramoxine topical cream 2.5-1 %	1	ST
lidocaine hcl-hydrocortison ac topical	1	
LIDOCORT	1	
Dermatological - Immunomodulator - Imidazoquinolines		
imiquimod	1	
Dermatological - Immunomodulator - Interferons		
ALFERON N	2	

Community Health Plan of Washington	Drug Tier	Limits
Dermatological - Keratolytic-Antimitotic Single Agents		
podofilox topical gel	1	ST; QL (7 GM per 30 days)
podofilox topical solution	1	
Dermatological - Local Anesthetic Combinations		
lidocaine-prilocaine topical cream	1	QL (30 GM per 30 days)
lidocaine-prilocaine topical kit	1	
Dermatological - Nsaid Single Agents		
diclofenac sodium topical drops	1	QL (150 ML per 28 days)
diclofenac sodium topical gel 1 %	1	QL (500 GM per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
diclofenac sodium topical solution in metered-dose pump	1	ST; QL (112 GM per 28 days)
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic		
tazarotene topical cream 0.1 %	1	PA
Dermatological - Rosacea Therapy, Systemic		
doxycycline monohydrate oral capsule,ir - delay rel,biphase	1	ST
Dermatological - Rosacea Therapy, Topical		
azelaic acid	1	
brimonidine topical	1	PA

Community Health Plan of Washington	Drug Tier	Limits
ivermectin topical cream	1	QL (45 GM per 30 days)
metronidazole topical	1	
oxymetazoline topical	1	PA
ROSADAN TOPICAL CREAM	1	
ROSADAN TOPICAL GEL	1	
Dermatological - Topical Local Anesthetic Amides		
DERMACINR X LIDOCAN	1	ST
lidocaine topical adhesive patch,medicated 5 %	1	ST
lidocaine topical ointment	1	QL (50 GM per 30 days)
LIDOCAN III	1	ST
LIDOCAN IV	1	ST
LIDOCAN V	1	ST
ZTLIDO	2	ST

Community Health Plan of Washington	Drug Tier	Limits
Dermatological Antipruritics - Antihistamines		
doxepin topical	1	ST; QL (90 GM per 30 days)
PRUDOXIN	1	ST; QL (90 GM per 30 days)
Dermatological Irritants-Counter-Irritant Single Agents		
methyl salicylate	1	
methyl salicylate topical liquid	1	
WINTERGREE N OIL	1	
Scabicide And Pediculicide Single Agents		
CROTAN	3	
malathion	1	
permethrin	1	

Community Health Plan of Washington	Drug Tier	Limits
PRURADIK	1	
spinosad	1	
Drugs To Treat Erectile Dysfunction		
Erectile Dysfunction (Ed) Drugs-Sel.Cgmp Phosphodiesterase Type5 Inhib		
tadalafil oral tablet 2.5 mg	1	ST; QL (30 EA per 30 days)
tadalafil oral tablet 5 mg	1	ST; QL (6 EA per 30 days)
Electrolyte Balance-Nutritional Products		
Amino Acid - Carnitine Derivatives		
levocarnitine oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
Amino Acids, Single Ingredient, Oral (Non-Injectable)		
glutamine (sickle cell)	4	PA
B-Complex Vitamin Combinations		
B COMPLEX 1 (WITH FOLIC ACID)	1	ACA
b complex-vitamin c-folic acid 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
NEPHRO VITAMINS	1	ACA
RENAL VITAMIN	1	ACA
RENAL-VITE	1	ACA
RENA-VITE	1	ACA
STRESS FORMULA WITH IRON(SULF)	1	ACA
SUPER B-50 COMPLEX	1	ACA
SUPER QUINTS	1	ACA
Diluents - Sodium Chloride		
sodium chloride 0.9 % injection	1	
sodium chloride injection	1	
Electrolyte Depleters - Ion Exchange Resin		
KIONEX ORAL SUSPENSION	1	

Community Health Plan of Washington	Drug Tier	Limits
LOKELMA	2	QL (30 EA per 30 days)
sodium polystyrene sulfonate	1	
SPS (WITH SORBITOL)	1	
Irrigation Solutions		
lactated ringers irrigation	1	
ringer's irrigation	1	
sodium chloride irrigation	1	
water for irrigation, sterile	1	
Minerals And Electrolytes - Iodine		
LUGOLS ORAL	1	
potassium iodide oral solution	1	
STRONG IODINE ORAL	1	

Community Health Plan of Washington	Drug Tier	Limits
Minerals And Electrolytes - Iron		
ferric carboxymaltose	1	PA
ferric citrate	1	
ferumoxytol	1	PA
INFED	2	PA
iron sucrose	1	PA
Minerals And Electrolytes - Iron Combinations		
FOLITAB	1	
TRICON	1	
Minerals And Electrolytes - Potassium, Oral		
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	1	
KLOR-CON	1	
KLOR-CON 10	1	
KLOR-CON 8	1	

Community Health Plan of Washington	Drug Tier	Limits
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet, er particles/crystals	1	

Community Health Plan of Washington	Drug Tier	Limits
Multivitamin And Mineral Combinations		
ELITE-OB	1	
FOLIVANE-OB	1	
PNV-OMEGA	1	
TARON-C DHA	1	
ZATEAN-PN PLUS	1	
Multivitamins		
PNV-DHA	1	
PRENATAL-U	1	
WESCAP-PN DHA	1	
ZATEAN-PN DHA	1	
Nutritional Product - Medical Condition Specific Formulation		
glutamine (sickle cell)	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Pediatric Vitamins With Fluoride Combinations		
FLOTREX ORAL TABLET,CHE WABLE 0.25 MG, 1 MG	1	
FLOTREX ORAL TABLET,CHE WABLE 0.5 MG	1	ACA
MULTI-VITAMIN WITH FLUORIDE	1	ACA
MULTIVIT-FLUORIDE (METAFOLIN) ORAL TABLET,CHE WABLE 0.5 MG FLUORIDE	1	ACA
MVC-FLUORIDE	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
SOLUVITA A,C,D WITH FLUORIDE	1	ACA
TRI-VITAMIN WITH FLUORIDE	1	ACA
Prenatal Vitamins And Minerals		
BAL-CARE DHA	1	
CLASSIC PRENATAL	1	ACA
C-NATE DHA	1	
COMPLETE NATAL DHA	1	
M-NATAL PLUS	1	
MYNATAL	1	
MYNATAL PLUS	1	
MYNATAL-Z	1	
NEO-VITAL RX	1	
NEWGEN	1	
ONE NATAL RX	1	
PNV-SELECT	1	

Community Health Plan of Washington		Limits
PR NATAL 400		
PR NATAL 400 EC		
PR NATAL 430		
PR NATAL 430 EC		
PRENATABS FA		
PRENATABS RX		
PRENATAL COMPLETE		ACA
PRENATAL MULTI-DHA (ALGAL OIL)		ACA
PRENATAL MULTIVITAMINS		ACA
PRENATAL ONE DAILY		ACA
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG		ACA
PRENATAL PLUS		

Community Health Plan of Washington	Drug Tier	Limits
PRENATAL PLUS (CALCIUM CARB)	1	
prenatal vit no.179-iron-folic	1	ACA
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	1	ACA
PRENATAL VITAMIN WITH MINERALS	1	ACA
TRINATAL RX 1	1	
TRINATE	1	
WESNATE DHA	1	
WESTAB PLUS	1	
WESTGEL DHA	1	

Community Health Plan of Washington	Drug Tier	Limits
Sodium Chloride Flushes		
sodium chloride 0.9 % injection	1	
Sodium Chloride, Parenteral		
sodium chloride 0.9 % intravenous piggyback	1	
Vitamins - B Preparation Combinations		
FOLTABS 800	1	ACA
ZINGIBER	1	
Vitamins - B-12, Cyanocobalam in And Derivatives		
cyanocobalamin (vitamin b-12) injection	1	
cyanocobalamin (vitamin b-12) nasal	1	ST; QL (4 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
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

Community Health Plan of Washington	Drug Tier	Limits
PUREVITA FOLIC ACID ORAL TABLET	1	ACA
Vitamins - Folic Acid Combinations		
FOL TABS 800	1	
Vitamins - K, Phytonadione And Derivatives		
phytonadione (vitamin k1) injection	1	
phytonadione (vitamin k1) oral tablet 5 mg	1	QL (10 EA per 30 days)
VITAMIN K	1	
VITAMIN K1 INJECTION	1	
Endocrine		
Abortifacients-Progesterone Receptor Antagonist		
mifepristone oral tablet 200 mg	1	

Community Health Plan of Washington	Drug Tier	Limits
Agents To Treat Hypoglycemia (Hyperglycemics)		
BAQSIMI	2	QL (2 EA per 30 days)
diazoxide	1	
GLUCAGON EMERGENCY KIT (HUMAN)	1	QL (2 EA per 30 days)
GVOKE	2	QL (2 ML per 30 days)
GVOKE HYPOPEN 2-PACK	2	QL (2 ML per 30 days)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL (2 ML per 30 days)
Amyloidosis Agents- Transthyretin (Ttr) Stabilizer		
ATTRUBY	4	PA

Community Health Plan of Washington	Drug Tier	Limits
VYNDAMAX	4	PA
Androgen - Single Agents		
METHITEST	2	
methyltestosterone oral capsule	1	
testosterone cypionate	1	PA
testosterone enanthate	1	PA
testosterone transdermal gel	1	PA; QL (60 GM per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; QL (120 GM per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)	1	PA; QL (300 GM per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1	PA; QL (75 GM per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	1	PA; QL (300 GM per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; QL (30 GM per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; QL (60 GM per 30 days)
testosterone transdermal solution in metered pump w/app	1	PA; QL (180 ML per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antidiuretic And Vasopressor Hormones		
desmopressin injection	4	
desmopressin nasal spray with pump	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin nasal spray,non-aerosol 150 mcg/spray (0.1 ml)	2	
desmopressin oral	1	
Antihyperglycemic - Alpha-Glucosidase Inhibitors		
acarbose	1	
miglitol	1	

Community Health Plan of Washington	Drug Tier	Limits
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
JANUVIA	2	ST; QL (30 EA per 30 days)
saxagliptin	1	QL (30 EA per 30 days)
sitagliptin phosphate	1	ST; QL (30 EA per 30 days)
Antihyperglycemic - Dual GIP And Glp-1 Receptor Agonists		
MOUNJARO	2	ST; QL (2 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
Antihyperglycemic - Glucagon-Like Peptide-1 (Glp-1) Receptor Agonists		
BYDUREON BCISE	2	PA; ST; QL (3.4 ML per 28 days)
liraglutide	1	PA; ST; QL (6 ML per 30 days)
OZEMPIC ORAL	2	ST; QL (30 EA per 30 days)
OZEMPIC SUBCUTANEOUS	2	ST; QL (3 ML per 28 days)
RYBELSUS	2	ST; QL (30 EA per 30 days)
TRULICITY	2	ST; QL (2 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (Gr-II)		
mifepristone oral tablet 300 mg	4	PA
Antihyperglycemic - Meglitinide Analogs		
nateglinide	1	
repaglinide	1	
Antihyperglycemic - SglT-2 Inhibitor And Biguanide Combinations		
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg	1	ST; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg	1	ST; QL (60 EA per 30 days)
SYNJARDY	2	ST; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	ST; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	ST; QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antihyperglycemic - Sglit-2 Inhibitor And Dpp-4 Inhibitor Combinations		
dapagliflozin-saxagliptin	1	
GLYXAMBI	2	ST; QL (30 EA per 30 days)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglit2) Inhibitors		
dapagliflozin	1	ST; QL (30 EA per 30 days)
JARDIANCE	2	ST; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Antihyperglycemic - Sulfonylurea And Biguanide Combinations		
glipizide-metformin	1	
glyburide-metformin	1	
Antihyperglycemic - Sulfonylurea Derivatives		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet extended release 24hr	1	
glyburide	1	

Community Health Plan of Washington	Drug Tier	Limits
Antihyperglycemic - Thiazolidinedione And Biguanide Combinations		
pioglitazone-metformin	1	QL (90 EA per 30 days)
Antihyperglycemic - Thiazolidinedione And Sulfonylurea Combinations		
pioglitazone-glimepiride	1	QL (30 EA per 30 days)
Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide		
JANUMET	2	ST; QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	ST; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	ST; QL (60 EA per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	1	QL (60 EA per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	1	QL (30 EA per 30 days)
sitagliptin phosphate-metformin oral tablet	1	ST; QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	1	QL (30 EA per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	1	QL (60 EA per 30 days)
Antihyperglycemic-Insulin, Long Acting And Glp-1 Receptor Agonist Comb		
SOLIQUA 100/33	3	QL (15 ML per 30 days)
Antihyperglycemic-Sglt-2 Inhibitor, Dpp-4 Inhibitor And Biguanide Comb		
TRIJARDY XR	2	ST

Community Health Plan of Washington	Drug Tier	Limits
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 Rel Peptides		
TYMLOS	4	PA; QL (1 ML per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Bone Formation Stimulating Agents - Parathyroid Hormone-Type		
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	4	PA; QL (1 ML per 28 days)
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 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 EA per 28 days)
ibandronate oral	1	QL (1 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
risedronate oral tablet 150 mg	1	QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg	1	QL (30 EA per 30 days)
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)
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer		
cinacalcet	1	ST
Calcitonins		
calcitonin (salmon)	1	

Community Health Plan of Washington	Drug Tier	Limits
Estrogen And Selective Estrogen Receptor Modulator (Serm) Combinations		
DUAVEE	3	
Estrogen-Androgen		
COVARYX	1	
COVARYX H.S.	1	
EEMT	1	
EEMT HS	1	
estrogens-methyltestosterone	1	
Estrogen-Progestin		
ABIGALE	1	
ABIGALE LO	1	
estradiol-norethindrone acet	1	
FYAVOLV	1	
JINTELI	1	
MIMVEY	1	

Community Health Plan of Washington	Drug Tier	Limits
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
Estrogens		
conjugated estrogens	1	
DOTTI	1	QL (8 EA per 28 days)
estradiol oral	1	
estradiol transdermal gel in metered-dose pump	1	QL (50 GM per 30 days)
estradiol transdermal gel in packet	1	QL (30 GM per 30 days)
estradiol transdermal patch semiweekly	1	QL (8 EA per 28 days)
estradiol transdermal patch weekly	1	QL (4 EA per 28 days)
estradiol valerate	1	

Community Health Plan of Washington	Drug Tier	Limits
LYLLANA	1	QL (8 EA per 28 days)
Glucocorticoids		
cortisone	1	
deflazacort	4	PA
DEXABLISS	1	PA
DEXAMETHASONE INTENSOL	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)	1	PA
hydrocortisone oral	1	
JAYTHARI	4	PA
KYMBEE	4	PA
methylprednisolone	1	

Community Health Plan of Washington		Limits
MILLIPRED DP		
MILLIPRED ORAL TABLET		
prednisolone		
prednisolone sodium phosphate oral solution		
prednisolone sodium phosphate oral tablet,disintegrating		
PREDNISON INTENSOL		
prednisone oral solution		
prednisone oral tablet		
prednisone oral tablet,delayed release (dr/ec) 1 mg, 2 mg		ST
prednisone oral tablet,delayed release (dr/ec) 5 mg		

Community Health Plan of Washington	Drug Tier	Limits
prednisone oral tablets,dose pack	1	
PYQUVI	4	PA
Gonadotropin Inhibitor Pituitary Suppressants		
danazol	1	
Growth Hormone Receptor Antagonists		
SOMAVERT	4	PA
Growth Hormone Releasing Hormones (Ghrh)		
EGRIFTA SV	4	PA
EGRIFTA WR	4	PA
Growth Hormones		
OMNITROPE	4	PA

Community Health Plan of Washington	Drug Tier	Limits
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	
Human Insulins - Short Acting		
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	

Community Health Plan of Washington	Drug Tier	Limits
Insulin Analogs - Fixed Combinations		
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
insulin lispro protamin-lispro	2	
NOVOLOG MIX 70-30 U-100 INSULN	2	
NOVOLOG MIX 70-30FLEXPEN U-100	2	
Insulin Analogs - Long Acting		
insulin glargine u-300 conc	2	
insulin glargine-yfgn	2	

Community Health Plan of Washington	Drug Tier	Limits
LANTUS SOLOSTAR U-100 INSULIN	2	
LANTUS U-100 INSULIN	2	
SEMGLEE(INSULIN GLARGINE-YFGN)	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN	2	
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	
TRESIBA FLEXTOUCH U-100	3	
TRESIBA FLEXTOUCH U-200	3	
TRESIBA U-100 INSULIN	3	

Community Health Plan of Washington	Drug Tier	Limits
Insulin Analogs - Rapid Acting		
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
insulin lispro	2	
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	2	
LYUMJEV U-100 INSULIN	2	
MERILOG	2	
MERILOG SOLOSTAR	2	

Community Health Plan of Washington	Drug Tier	Limits
NOVOLOG FLEXPEN U-100 INSULIN	2	
NOVOLOG PENFILL U-100 INSULIN	2	
NOVOLOG U-100 INSULIN ASPART	2	
Insulin Response Enhancers - Biguanides		
metformin oral solution	1	ST
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet 625 mg, 750 mg	1	ST
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
metformin oral tablet extended release 24hr 1,000 mg	1	PA; QL (60 EA per 30 days)
metformin oral tablet extended release 24hr 500 mg	1	PA; QL (30 EA per 30 days)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	1	PA; QL (60 EA per 30 days)
metformin oral tablet,er gast.retention 24 hr 500 mg	1	PA; QL (120 EA per 30 days)
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists)		
pioglitazone	1	QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
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		
FENSOLVI	4	PA
Lhrh (Gnrh) Antagonist, Estrogen And Progestin Combinations		
MYFEMBREE	2	PA
ORIAHNN	2	PA
Lhrh (Gnrh) Antagonists		
ORILISSA ORAL TABLET 150 MG	2	ST; QL (180 EA per 365 days)

Community Health Plan of Washington	Drug Tier	Limits
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 per 30 days)
Mineralocortic oids		
fludrocortisone	1	
Oxytocic - Ergot Alkaloids		
methylergonovi ne oral	1	QL (240 EA per 30 days)
Progestins		
GALLIFREY	1	
medroxyprogest erone oral	1	
norethindrone acetate	1	

Community Health Plan of Washington	Drug Tier	Limits
progesterone	4	
progesterone micronized oral	1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists		
cabergoline	1	QL (8 EA per 28 days)
Rank Ligand (Rankl) Inhibitor, Mc Antibody		
BILDYOS	4	PA; QL (1 ML per 180 days)
BILPREVDA	4	PA; QL (1.7 ML per 30 days)
ENOBY	4	PA; QL (1 ML per 180 days)

Community Health Plan of Washington	Drug Tier	Limits
XTRENBO	4	PA; QL (1.7 ML per 30 days)
Selective Estrogen Receptor Modulators (Serms)		
raloxifene	1	ACA
Somatostatic Agents		
lanreotide subcutaneous syringe 120 mg/0.5 ml	4	PA; QL (1 ML per 28 days)
octreotide acetate	4	PA
octreotide,micro spheres intramuscular suspension,extended rel recon 10 mg, 30 mg	4	PA; QL (1 EA per 28 days)
octreotide,micro spheres intramuscular suspension,extended rel recon 20 mg	4	PA; QL (2 EA per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
SIGNIFOR	4	PA
SOMATULINE DEPOT	4	PA; QL (1 ML per 28 days)
Thyroid Hormones - Animal Source (Porcine)		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	1	
AMERITHROID	1	
ARMOUR THYROID	2	
EVEXITHROID	1	
NIVA THYROID	1	
NP THYROID	1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	1	

Community Health Plan of Washington	Drug Tier	Limits
thyroid (pork)	1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine)		
LIOMNY	1	
liothyronine oral	1	
Thyroid Hormones - Synthetic T4 (Thyroxine)		
LEVO-T	1	
levothyroxine oral tablet	1	
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	

Community Health Plan of Washington	Drug Tier	Limits
Gastrointestinal Therapy Agents		
Antidiarrheal - Antiperistaltic Agents		
loperamide oral capsule	1	
opium tincture	1	
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO	4	PA; QL (84 EA per 30 days)
Antidiarrheal Antiperistaltic-Anticholinergic Combinations		
diphenoxylate-atropine	1	
Antidiarrheal Opioid Agents		
opium tincture	1	

Community Health Plan of Washington	Drug Tier	Limits
Antiemetic - Anticholinergics		
scopolamine base	1	
Antiemetic - Antihistamines		
meclizine	1	
Antiemetic - Antihistamine-Vitamin Combinations		
doxylamine-pyridoxine (vit b6)	1	QL (720 EA per 365 days)
Antiemetic - Cannabinoid Type		
dronabinol oral capsule	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	1	
PROMETHEGAN	1	
Antiemetic - Selective Serotonin 5-Ht3 Antagonists		
granisetron hcl oral	1	QL (6 EA per 30 days)
ondansetron hcl oral solution	1	QL (100 ML per 30 days)
ondansetron hcl oral syringe 2 mg/2.5 ml	1	QL (100 ML per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (9 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
ondansetron oral tablet, disintegrating 4 mg, 8 mg	1	QL (9 EA per 30 days)
Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists		
aprepitant oral capsule 125 mg, 40 mg	1	QL (1 EA per 30 days)
aprepitant oral capsule 80 mg	1	QL (2 EA per 30 days)
aprepitant oral capsule, dose pack	1	QL (3 EA per 30 days)
VARUBI	2	QL (2 EA per 30 days)
Bile Acids		
CHOLBAM ORAL CAPSULE 250 MG	4	PA

Community Health Plan of Washington	Drug Tier	Limits
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (120 EA per 30 days)
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists		
LINZESS	2	QL (30 EA per 30 days)
TRULANCE	2	
Colonic Acidifier (Ammonia Inhibitor)		
ENULOSE	1	
GENERLAC	1	
lactulose oral solution	1	

Community Health Plan of Washington	Drug Tier	Limits
Digestive Enzyme Mixtures		
PANCREAZE ORAL CAPSULE,DE LAYED RELEASE(DR/ EC) 10,500- 35,500- 61,500 UNIT, 16,800- 56,800- 98,400 UNIT, 2,600- 8,800- 15,200 UNIT, 21,000- 54,700- 83,900 UNIT, 37,000- 97,300- 149,900 UNIT, 4,200- 14,200- 24,600 UNIT	2	
VIOKACE	2	

Community Health Plan of Washington	Drug Tier	Limits
ZENPEP ORAL CAPSULE,DE LAYED RELEASE(DR/ EC) 10,000- 32,000 -42,000 UNIT, 15,000- 47,000 -63,000 UNIT, 20,000- 63,000- 84,000 UNIT, 25,000- 79,000- 105,000 UNIT, 3,000- 10,000 -14,000- UNIT, 40,000- 126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000- 189,600- 252,600 UNIT	2	
Digestive Enzymes		
SUCRAID	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Gallstone Solubilizing (Litholysis) Agents		
CTEXLI	4	PA
ursodiol	1	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists		
cimetidine	1	
cimetidine hcl oral	1	
famotidine oral suspension for reconstitution	1	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine oral capsule	1	
ranitidine hcl oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (Ppis)		
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg	1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	1	ST; QL (30 EA per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	ST
lansoprazole oral capsule, delayed release(dr/ec) 15 mg	1	QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	1	
lansoprazole oral tablet, disintegrant, delay rel 15 mg	1	ST; QL (30 EA per 30 days)
lansoprazole oral tablet, disintegrant, delay rel 30 mg	1	ST
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg	1	QL (30 EA per 30 days)
omeprazole oral capsule, delayed release(dr/ec) 40 mg	1	
pantoprazole oral granules dr for susp in packet	1	ST

Community Health Plan of Washington	Drug Tier	Limits
pantoprazole oral tablet, delayed release (dr/ec) 20 mg	1	QL (30 EA per 30 days)
pantoprazole oral tablet, delayed release (dr/ec) 40 mg	1	
rabeprazole oral tablet, delayed release (dr/ec)	1	
Gastric Acid Secretion Reducer-Proton Pump Inhibitor And Antacid Comb		
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	1	PA; QL (30 EA per 30 days)
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 per 30 days)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	PA
Gastric Mucosa - Cytoprotective Prostaglandin Analogs		
misoprostol	1	
Gastrointestinal - Prokinetic Agents - 5-HT₄ Receptor Agonists		
prucalopride	1	QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Gastrointestinal Prokinetic Agents - D₂ Antagonist/5-HT₄ Agonists		
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
GI Antispasmodic - Belladonna Alkaloids		
ED-SPAZ	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sublingual	1	
HYOSYNE	1	
methscopolamine	3	
OSCIMIN	1	
OSCIMIN SL	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 tablet	1	
Gi Antispasmodic - Synthetic Tertiary Amines		
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet 20 mg	1	
Gi Antispasmodic And Benzodiazepine Combinations		
chlordiazepoxide-clidinium	1	

Community Health Plan of Washington	Drug Tier	Limits
Gi Antispasmodic And Opioid Combinations		
belladonna alkaloids-opium	1	
Gi Antispasmodic Combinations Other		
belladonna alkaloids-opium	1	
chlordiazepoxide-clidinium	1	
phenobarbital-hyoscyamine-scopolamine	1	
PHENOXYTRIMETHOPRIM ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	1	
PHENOXYTRIMETHOPRIM ORAL TABLET	1	

Community Health Plan of Washington	Drug Tier	Limits
H. Pylori Therapy - Bismuth And Antibiotics Combinations		
bismuth subcit k-metronidz-tcn	1	
H. Pylori Therapy - Proton Pump Inhibitor And Antibiotics Combinations		
amoxicil- clarithromy- lansopraz	1	QL (112 EA per 30 days)
H.Pylori Therapy- Potassium-Competitive Acid Blocker And Antibiotics		
VOQUEZNA DUAL PAK	2	
VOQUEZNA TRIPLE PAK	2	

Community Health Plan of Washington	Drug Tier	Limits
Ibs Agent - Gastrointestina l Chloride Channel Activator Agents		
lubiprostone	1	QL (60 EA per 30 days)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists		
LINZESS	2	QL (30 EA per 30 days)
TRULANCE	2	
Ibs Agent - Mixed Opioid Receptor Agonist And Antagonist		
VIBERZI	2	
Ibs Agent - Selective 5-Ht3 Receptor Antagonists		
alosetron	1	

Community Health Plan of Washington	Drug Tier	Limits
Inflammatory Bowel Agent - Interleukin-12 And Il-23 Inhibitors, Mc Ab		
IMULDOSA INTRAVENOUS	4	PA
IMULDOSA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (90 ML per 56 days)
SELARSDI INTRAVENOUS	4	PA
SELARSDI SUBCUTANEOUS SOLUTION	4	PA; QL (45 ML per 84 days)
ustekinumab intravenous	4	PA
ustekinumab subcutaneous solution	4	PA; QL (45 MG per 84 days)
ustekinumab subcutaneous syringe 90 mg/ml	4	PA; QL (90 MG per 56 days)

Community Health Plan of Washington	Drug Tier	Limits
ustekinumab-ttwe intravenous	4	PA
ustekinumab-ttwe subcutaneous solution	4	PA; QL (45 MG per 84 days)
ustekinumab-ttwe subcutaneous syringe 90 mg/ml	4	PA; QL (90 ML per 56 days)
YESINTEK INTRAVENOUS	4	PA
YESINTEK SUBCUTANEOUS SOLUTION	4	PA; QL (45 ML per 84 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (90 ML per 56 days)
Inflammatory Bowel Agent - Aminosaliclates And Related Agents		
balsalazide	1	

Community Health Plan of Washington	Drug Tier	Limits
DIPENTUM	3	
mesalamine	1	
mesalamine with cleansing wipe	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
sulfasalazine	1	
Inflammatory Bowel Agent - Glucocorticoids		
budesonide oral	1	
budesonide rectal	1	
hydrocortisone rectal	1	
UCERIS RECTAL	2	

Community Health Plan of Washington	Drug Tier	Limits
Inflammatory Bowel Agent - Janus Kinase (Jak) Inhibitors		
tofacitinib oral tablet	4	PA; QL (60 EA per 30 days)
tofacitinib oral tablet extended release 24 hr	4	PA; QL (30 EA per 30 days)
Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator		
ZEPOSIA	4	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	4	PA; QL (28 EA per 30 days)
ZEPOSIA STARTER PACK (7-DAY)	4	PA; QL (7 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	4	PA; QL (4 ML per 28 days)
adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml	4	PA; QL (2 ML per 28 days)
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml	4	PA; QL (2 ML per 28 days)
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml	4	PA; QL (4 ML per 28 days)
adalimumab-adbm subcutaneous pen injector kit	4	PA; QL (4 EA per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
adalimumab-adbm subcutaneous syringe kit 20 mg/0.4 ml	4	PA; QL (2 EA per 28 days)
adalimumab-adbm subcutaneous syringe kit 40 mg/0.4 ml, 40 mg/0.8 ml	4	PA; QL (4 EA per 28 days)
adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml	4	PA; QL (4 EA per 28 days)
adalimumab-ryvk subcutaneous syringe kit	4	PA; QL (4 EA per 28 days)
AVSOLA	4	PA
infliximab	4	PA

Community Health Plan of Washington	Drug Tier	Limits
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; QL (4 EA per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; QL (2 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; QL (2 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (4 EA per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 ML per 28 days)
ZYMFENTRA	4	PA; QL (2 EA per 28 days)
Irritable Bowel Syndrome (Ibs) Agents		
alosetron	1	
lubiprostone	1	QL (60 EA per 30 days)
VIBERZI	2	
Laxative - Saline And Osmotic		
CITROMA	1	ACA
CLEARLAX ORAL POWDER	1	ACA
CONSTULOSE	1	

Community Health Plan of Washington		Limits
DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION		ACA
GAVILAX ORAL POWDER		
GENTLE LAXATIVE (MAG HYDROX)		ACA
GENTLELAX		
lactulose		
LAXATIVE PEG 3350		ACA
magnesium citrate oral solution		ACA
MILK OF MAGNESIA		ACA
MILK OF MAGNESIA CONCENTRATED		ACA
ONELAX MAGNESIUM CITRATE		ACA

Community Health Plan of Washington	Drug Tier	Limits
polyethylene glycol 3350 oral powder	1	
POWDERLAX ORAL POWDER	1	ACA
PURELAX ORAL POWDER	1	
SMOOTHLAX ORAL POWDER	1	
Laxative - Saline/Osmotic Mixtures		
GAVILYTE-C	1	ACA
GAVILYTE-G	1	ACA
GAVILYTE-N	1	ACA
ORAL SALINE LAXATIVE	1	ACA
peg 3350-electrolytes	1	ACA
peg3350-sod sul-nacl-kcl-asb-c	1	ACA
peg-electrolyte soln	1	ACA
PHOSPHATE LAXATIVE	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
sodium,potassium,mag sulfates	1	ACA
Laxative - Stimulant		
bisacodyl oral	1	
GENTLE LAXATIVE (BISACODYL) ORAL	1	
LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC)	1	ACA
WOMEN'S GENTLE LAXATIVE(BISAC)	1	ACA
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives		
sucralfate	1	

Community Health Plan of Washington	Drug Tier	Limits
Short Bowel Syndrome (Sbs) Agents		
octreotide acetate	4	PA
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 30 mg	4	PA; QL (1 EA per 28 days)
octreotide,microspheres intramuscular suspension,extended rel recon 20 mg	4	PA; QL (2 EA per 28 days)
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		
acetic acid irrigation	1	
RENACIDIN	2	
G.U. Irrigants - Anti-Infective		
neomycin-polymyxin b gu	1	
Interstitial Cystitis Agents		
ELMIRON	2	
Kidney Stone Agents		
tiopronin	4	PA
VENXXIVA	4	PA
Overactive Bladder Agents - Beta - 3 Adrenergic Receptor Agonist		
mirabegron	1	

Community Health Plan of Washington	Drug Tier	Limits
Phosphate Binders		
calcium acetate(phosphate bind)	1	QL (360 EA per 30 days)
ferric citrate	1	
lanthanum	1	QL (90 EA per 30 days)
sevelamer carbonate oral powder in packet 0.8 gram	1	QL (180 EA per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	1	QL (90 EA per 30 days)
sevelamer carbonate oral tablet	1	QL (270 EA per 30 days)
sevelamer hcl oral tablet 400 mg	1	QL (450 EA per 30 days)
sevelamer hcl oral tablet 800 mg	1	QL (270 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Phosphate Binders - Calcium-Based		
calcium acetate(phosphate bind)	1	QL (360 EA per 30 days)
Phosphate Binders - Iron-Based		
ferric citrate	1	
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists		
tolvaptan (polycystic kidney disease) oral tablet	4	PA; QL (120 EA per 30 days)
tolvaptan (polycystic kidney disease) oral tablets, sequential	4	PA; QL (56 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
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 Type 5 Inhibitor		
tadalafil oral tablet 2.5 mg	1	ST; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
tadalafil oral tablet 5 mg	1	ST; QL (6 EA per 30 days)
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 oral tablet extended release	1	
Urinary Analgesics		
phenazopyridine oral tablet 100 mg, 200 mg	1	

Community Health Plan of Washington	Drug Tier	Limits
Urinary Antibacterial - Methenamine And Salts		
methenamine hippurate	1	
methenamine mandelate oral tablet	1	
Urinary Antibacterial - Nitrofurantoin Derivatives		
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate/m-cryst	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
Urinary Antibacterials Other		
fosfomycin tromethamine	1	

Community Health Plan of Washington	Drug Tier	Limits
Urinary Anti-Infective Methenamine-Antispas-Analg Combinations		
MB CAPS	1	
URETRON D-S	1	
URIMAR-T ORAL TABLET	1	
URO-MP	1	
URO-SP	1	
Urinary Anti-Infective Methenamine-Antispasmodic Combinations		
methen-sod phos-meth blue-hyos	1	
UROGESIC-BLUE	1	
URYL	1	

Community Health Plan of Washington	Drug Tier	Limits
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder)		
darifenacin	1	
solifenacin	1	
Urinary Antispasmodic - Anticholinergics, Non-Selective		
ED-SPAZ	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sublingual	1	
HYOSYNE	1	
OSCIMIN	1	
OSCIMIN SL	1	
SYMAX FASTABS	1	
SYMAX-SL	1	
SYMAX-SR	1	

Community Health Plan of Washington	Drug Tier	Limits
Urinary Antispasmodic - Smooth Muscle Relaxants		
fesoterodine	1	
flavoxate	1	
oxybutynin chloride	1	
tolterodine	1	
TOVIAZ	2	ST
trospium	1	
Urinary Retention Therapy - Parasympatho mimetic Agents		
bethanechol chloride	1	
Gout And Hyperuricemia Therapy		
Gout Acute Therapy - Antimitotics		
colchicine oral capsule	1	ST

Community Health Plan of Washington	Drug Tier	Limits
colchicine oral tablet	1	
MITIGARE	2	ST
Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations		
probenecid-colchicine	1	
Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50 ML	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
Hematological Agents		
Agents To Treat Atyp- Anti Von Willebrand Factor (Vwf) A1 Domain		
CABLIVI INJECTION KIT	4	PA
Agents To Treat Paroxysmal Nocturnal Hemoglobinuria (Pnh)		
EMPAVELI	4	PA
EPYSQLI	4	PA
Anticoagulants - Coumarin		
warfarin	1	

Community Health Plan of Washington	Drug Tier	Limits
Blood Cell And Platelet Disorder Treatment- Tyrosine Kinase Inhibitors		
TAVALISSE	4	PA; QL (60 EA per 30 days)
Cxcr4 Chemokine Receptor Antagonists		
plerixafor	4	
Direct Factor Xa Inhibitors		
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
ELIQUIS SPRINKLE	2	
rivaroxaban	1	
XARELTO	2	

Community Health Plan of Washington	Drug Tier	Limits
XARELTO DVT-PE TREAT 30D START	2	
Erythropoietins		
PROCRIT	4	PA
RETACRIT	4	PA
Granulocyte Colony-Stimulating Factor (G-Csf)		
FULPHILA	4	PA; QL (2 ML per 30 days)
NIVESTYM	4	PA
ZIEXTENZO	4	PA; QL (2 ML per 30 days)
Granulocyte-Macrophage Colony-Stimulating Factor (Gm-Csf)		
LEUKINE INJECTION RECON SOLN	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Hematorheologic Agents		
pentoxifylline	1	
Hemostatic Systemic - Antifibrinolytic Agents		
aminocaproic acid oral	1	
FESILTY	4	PA
FIBRYGA	4	PA
tranexamic acid oral	1	
Heparin Flush Formulations		
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)	1	
heparin (porcine) in nacl (pf) intravenous parenteral solution	1	

Community Health Plan of Washington	Drug Tier	Limits
HEPARIN LOCKFLUSH(PORCINE)(PF)	1	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	1	
Heparins		
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)	1	
heparin (porcine) in 5 % dex	1	
heparin (porcine) in nacl (pf) intravenous parenteral solution	1	
heparin (porcine) injection solution	1	

Community Health Plan of Washington	Drug Tier	Limits
heparin (porcine) injection syringe 5,000 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	1	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	1	
Indirect Factor Xa Inhibitors		
fondaparinux	4	

Community Health Plan of Washington	Drug Tier	Limits
Low Molecular Weight Heparins		
enoxaparin	4	
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps)		
BRILINTA	2	
ticagrelor	1	
Platelet Aggregation Inhibitor Combinations		
aspirin-dipyridamole	1	
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors		
cilostazol	1	

Community Health Plan of Washington	Drug Tier	Limits
Platelet Aggregation Inhibitors - Quinazoline Agents		
anagrelide	1	
Platelet Aggregation Inhibitors - Salicylates		
ASPIRIN CHILDRENS	1	
aspirin oral tablet,chewable	1	
aspirin oral tablet,delayed release (dr/ec) 81 mg	1	
BAYER LOW DOSE ASPIRIN	1	
ECOTRIN LOW STRENGTH	1	
ST JOSEPH ASPIRIN	1	

Community Health Plan of Washington	Drug Tier	Limits
Platelet Aggregation Inhibitors - Thienopyridine Agents		
clopidogrel	1	
prasugrel hcl	1	
Platelet Aggregation Inhib- Pdesterase And Adenosine Deaminase Inhibitr		
dipyridamole oral	1	
Pnh - Complement (C3) Inhibitors		
EMPAVELI	4	PA
Pnh - Human Monoclonal Antibody Complement (C5) Inhibitors		
EPYSQLI	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Sickle Cell Anemia Agents, Others		
DROXIA	2	
glutamine (sickle cell)	4	PA
Thrombin Inhibitor - Selective Direct And Reversible		
dabigatran etexilate	1	
Thrombopoietin Receptor Agonists		
DOPTELET (15 TAB PACK)	4	PA; QL (60 EA per 30 days)
DOPTELET SPRINKLE	4	PA; QL (60 EA per 30 days)
eltrombopag olamine	4	PA
PROMACTA	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Hepatobiliary System Treatment Agents		
Agents To Treat Cerebrotendinous Xanthomatosis (Ctx)		
CTEXLI	4	PA
Non-Alcoholic Steatohepatitis (Nash) Agents - Thr-Beta Agonist		
REZDIFFRA	4	PA; QL (30 EA per 30 days)
Peroxisome Proliferator-Activated Receptor (Ppar) Agonist		
IQIRVO	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Immunosuppressive Agents		
Immunosuppressive - Calcineurin Inhibitors		
cyclosporine modified	1	
cyclosporine oral capsule	1	
GENGRAF ORAL CAPSULE	1	
PROGRAF ORAL GRANULES IN PACKET	2	
tacrolimus oral capsule	1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors		
mycophenolate mofetil	1	
mycophenolate sodium	1	

Community Health Plan of Washington	Drug Tier	Limits
MYHIBBIN	2	
Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody		
SAPHNELOPEN	4	PA
SAPHNELO SUBCUTANEOUS	4	PA
Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors		
everolimus (immunosuppressive)	1	
sirolimus	1	
Immunosuppressive - Purine Analogs		
azathioprine	1	

Community Health Plan of Washington	Drug Tier	Limits
Locomotor System		
Agents To Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors		
dichlorophenamide	4	PA
ORMALVI	4	PA
Als Agents - Antioxidants/Anti-Inflammatories		
edaravone	4	PA
RADICAVATORS STARTER KIT SUSP	4	PA
Amyotrophic Lateral Sclerosis (Als) Agents - Benzothiazoles		
riluzole	1	PA

Community Health Plan of Washington	Drug Tier	Limits
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors		
pyridostigmine bromide oral syrup	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
Antimyasthenic Agents Other		
FIRDAPSE	4	PA
Musculoskeletal Therapy Agent - Viscosupplements		
MONOVISC	4	PA
Neuromuscular Blocker - Neurotoxins		
DYSPOORT	4	PA
MYOBLOC	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations		
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	1	
ORPHENGESIC FORTE	1	
Skeletal Muscle Relaxant - Central Muscle Relaxants		
baclofen oral solution	1	PA
baclofen oral suspension	1	
baclofen oral tablet	1	
carisoprodol	3	
chlorzoxazone	1	
cyclobenzaprine oral capsule, extended release 24hr	1	PA

Community Health Plan of Washington	Drug Tier	Limits
cyclobenzaprine oral tablet	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate oral	1	
TANLOR	1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine oral tablet	1	
Skeletal Muscle Relaxant - Direct Muscle Relaxants		
dantrolene oral	1	

Community Health Plan of Washington	Drug Tier	Limits
Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide		
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML, 28 MG/5 ML	4	PA; QL (5 ML per 120 days)
SPINRAZA (PF) INTRATHECAL SOLUTION 50 MG/5 ML	4	PA; QL (10 ML per 365 days)

Community Health Plan of Washington	Drug Tier	Limits
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 PRECISION NEO STRIPS	2	
FREESTYLE TEST	2	
ONETOUCH ULTRA TEST	2	
ONETOUCH VERIO TEST STRIPS	2	

Community Health Plan of Washington	Drug Tier	Limits
PRECISION XTRA TEST	2	
TRUE METRIX PRO TEST STRIP	2	
TRUENESS GLUCOSE TEST STRIP	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	ACA

Community Health Plan of Washington	Drug Tier	Limits
Medical Supplies And Dme - Covid Miscellaneous Testing Supplies		
ADVIN COVID-19 AG HOME TEST	2	
BINAXNOW COVD AG CARD HOME TST	2	
BINAXNOW COVID-19 AG SELF TEST	2	
CARESTART COVID-19 AG HOME TST	2	
CLINITEST COVID-19 HOME TEST	2	
CORDX COVID-19 AG HOME TEST	2	
COVID-19 AT-HOME TEST	2	

Community Health Plan of Washington	Drug Tier	Limits
COVID-19 RAPID AT-HOME TEST	2	
ELLUME COVID-19 HOME TEST	2	
FASTEP COVID-19 AG HOME TEST	2	
FLOWFLEX COVID-19 AG HOME TEST	2	
GENABIO COVID-19 RAPID AT-HOME	2	
IHEALTH COVID-19 AG HOME TEST	2	
INDICAID COVID-19 AG HOME TEST	2	
INTELISWAB COVID-19 HOME TEST	2	
ON-GO COVID-19 AG AT HOME TEST	2	

Community Health Plan of Washington	Drug Tier	Limits
PILOT COVID-19 AT-HOME TEST	2	
QUICKVUE AT-HOME COVID-19 TEST	2	
RAPID SARS-COV-2 AG HOME TEST	2	
SPEEDYSWA B COVID-19 HOME TEST	2	
Medical Supplies And Dme - Diaphragms		
CAYA CONTOURED	2	ACA
Medical Supplies And Dme - Female Condoms		
FC2 FEMALE CONDOM	2	ACA

Community Health Plan of Washington	Drug Tier	Limits
Medical Supplies And Dme - Glucose Monitoring Test Supplies		
BD MICROTAIN R LANCET 30 GAUGE	2	
DEXCOM G6 RECEIVER	2	ST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	2	ST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER	2	ST; QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR	2	ST; QL (2 EA per 30 days)
DEXCOM G7 RECEIVER	2	ST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR	2	ST; QL (3 EA per 30 days)
FREESTYLE CONTROL	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	ST
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	2	ST; QL (2 EA per 30 days)
FREESTYLE LIBRE 2 READER	2	ST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	2	ST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	2	ST; QL (2 EA per 30 days)
FREESTYLE LIBRE 3 READER	2	ST; QL (1 EA per 365 days)

Community Health Plan of Washington	Drug Tier	Limits
FREESTYLE LIBRE 3 SENSOR	2	ST; QL (2 EA per 28 days)
FREESTYLE LITE METER	2	
GLUCOSE KETONE CONTROL SOLN	2	
lancets 33 gauge	2	
lancing device	2	
MEDISENSE GLUCOSE KETONE	2	
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRA2 METER	2	
ONETOUCH VERIO FLEX METER	2	
ONETOUCH VERIO MID CONTROL	2	

Community Health Plan of Washington	Drug Tier	Limits
ONETOUCH VERIO REFLECT METER	2	
PRECISION XTRA MONITOR	2	
TRUE METRIX AIR GLUCOSE METER	2	
TRUE METRIX GLUCOSE METER	2	
TRUE METRIX GO GLUCOSE METER	2	
TRUE METRIX LEVEL 1	2	
TRUENESS BLOOD GLUCOSE MONITOR	2	

Community Health Plan of Washington	Drug Tier	Limits
Medical Supplies And Dme - Insulin Needles- Syringes And Admin Supplies		
AUTOJECT 2 INJECTION DEVICE	2	
AUTOPEN 1 TO 21 UNITS	2	
insulin syringe- needle u-100 syringe 1/2 ml 28 gauge x 1/2"	2	
Medical Supplies And Dme - Male Condoms		
TRUSTEX-RIA NON-LUB CONDOMS	2	ACA

Community Health Plan of Washington	Drug Tier	Limits
Medical Supplies And Dme - Needles And Syringes		
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
Medical Supplies And Dme - Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	

Community Health Plan of Washington	Drug Tier	Limits
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER2GO	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACE R	2	

Community Health Plan of Washington	Drug Tier	Limits
OPTICAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
Medical Supplies And Dme - Subcutaneous Insulin Delivery Devices		
CEQR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	2	QL (8 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
ILET STARTER KIT-INSET	2	
OMNIPOD 5 (LIBRE 2/3 PLUS)	2	QL (15 EA per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (1 EA per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL (15 EA per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS)	2	QL (1 EA per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 EA per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (15 EA per 30 days)
PIVOT INSULIN PUMP STARTER KIT	2	

Community Health Plan of Washington	Drug Tier	Limits
TWIIIST REFILL KT(CSST-NDL-SYR)	2	QL (1 EA per 30 days)
TWIIIST RFL(INFUS-CSST-NDL-SYR)	2	QL (1 EA per 30 days)
TWIIIST STARTER KIT	2	QL (1 EA per 720 days)
V-GO 20	2	QL (30 EA per 30 days)
V-GO 30	2	QL (30 EA per 30 days)
V-GO 40	2	QL (30 EA per 30 days)
Medical Supplies And Dme - Subcutaneous Insulin Pump		
ILET INSULIN PUMP	2	QL (1 EA per 365 days)

Community Health Plan of Washington	Drug Tier	Limits
MINIMED 780G INSULIN PUMP	2	
TANDEM MOBI SYSTEM	2	
TANDEM T:SLIM X2 STARTER KIT	2	
Medical Supplies And Dme-Glucose Monitoring And Insulin Admin Supplies		
ILET INFUSION KIT-FLEX 23"	2	
ILET INFUSION KIT-INSET 23"	2	
ILET INFUSION-CONTACT DTCH 23"	2	
MEDTRONIC EXT INFUSION SET 23"	2	

Community Health Plan of Washington	Drug Tier	Limits
MINIMED MIO ADVANCE INF SET23"	2	
MINIMED QUICK SET 43"	2	
MINIMED SILHOUETTE 23"	2	
MINIMED SURE T 32"	2	
PIVOT SUPPLY KIT	2	
TANDEM MOBI AUTOSOFT 30 KT 23"	2	
TANDEM MOBI AUTOSOFT XC KIT 5"	2	
TANDEM MOBI TRUSTEEL KIT 23"	2	
TANDEM T:SLIM ASFT 30 PK10 23"	2	

Community Health Plan of Washington	Drug Tier	Limits
TANDEM T:SLIM ASFT XC PK10 23"	2	
TANDEM T:SLIM TRUSTL PK10 23"	2	
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
ACE AEROSOL CLOUD ENHANCER	2	
ADVIN COVID-19 AG HOME TEST	2	
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	

Community Health Plan of Washington	Drug Tier	Limits
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER2GO	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
AUTOJECT 2 INJECTION DEVICE	2	
AUTOPEN 1 TO 21 UNITS	2	
BD MICROTAINER LANCET 30 GAUGE	2	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BINAXNOW COVID AG CARD HOME TST	2	

Community Health Plan of Washington	Drug Tier	Limits
BINAXNOW COVID-19 AG SELF TEST	2	ACA
BREATHERTITE MDI SPACER	2	
CARESTART COVID-19 AG HOME TST	2	ACA
CAYA CONTOURED	2	
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	2	QL (8 EA per 30 days)
CLINITEST COVID-19 HOME TEST	2	ACA
COMPACT SPACE CHAMBER	2	
CORDX COVID-19 AG HOME TEST	2	
COVID-19 AT-HOME TEST	2	ACA

Community Health Plan of Washington	Drug Tier	Limits
COVID-19 RAPID AT-HOME TEST	2	
DEXCOM G6 RECEIVER	2	ST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	2	ST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER	2	ST; QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR	2	ST; QL (2 EA per 30 days)
DEXCOM G7 RECEIVER	2	ST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR	2	ST; QL (3 EA per 30 days)
EASIVENT HOLDING CHAMBER	2	
ELLUME COVID-19 HOME TEST	2	ACA

Community Health Plan of Washington	Drug Tier	Limits
FASTEP COVID-19 AG HOME TEST	2	ACA
FC2 FEMALE CONDOM	2	
FEMCAP VAGINAL DEVICE 22 MM	2	
FLEXICHAMBER	2	
FLOWFLEX COVID-19 AG HOME TEST	2	ACA
FREESTYLE CONTROL	2	
FREESTYLE FREEDOM	2	
FREESTYLE FREEDOM LITE	2	
FREESTYLE INSULINX	2	
FREESTYLE INSULINX TEST STRIPS	2	
FREESTYLE LIBRE 14 DAY READER	2	ST

Community Health Plan of Washington	Drug Tier	Limits
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	2	ST; QL (2 EA per 30 days)
FREESTYLE LIBRE 2 READER	2	ST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	2	ST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	2	ST; QL (2 EA per 30 days)
FREESTYLE LIBRE 3 READER	2	ST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	2	ST; QL (2 EA per 28 days)
FREESTYLE LITE METER	2	
FREESTYLE LITE STRIPS	2	
FREESTYLE PRECISION NEO STRIPS	2	

Community Health Plan of Washington	Drug Tier	Limits
FREESTYLE TEST	2	
GENABIO COVID-19 RAPID AT-HOME	2	ACA
GLUCOSE KETONE CONTROL SOLN	2	
IHEALTH COVID-19 AG HOME TEST	2	ACA
ILET INFUSION KIT-FLEX 23"	2	
ILET INFUSION KIT-INSET 23"	2	
ILET INFUSION-CONTACT DTCH 23"	2	
ILET INSULIN PUMP	2	QL (1 EA per 365 days)
ILET STARTER KIT-INSET	2	

Community Health Plan of Washington	Drug Tier	Limits
INDICAID COVID-19 AG HOME TEST	2	ACA
insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"	2	
INTELISWAB COVID-19 HOME TEST	2	ACA
lancets 33 gauge	2	
lancing device	2	
LITEAIRE MDI CHAMBER	2	
MEDISENSE GLUCOSE KETONE	2	
MEDTRONIC EXT INFUSION SET 23"	2	
MICROCHAMBER	2	
MICROSPACE R	2	

Community Health Plan of Washington	Drug Tier	Limits
MINIMED 780G INSULIN PUMP	2	
MINIMED MIO ADVANCE INF SET23"	2	
MINIMED QUICK SET 43"	2	
MINIMED SILHOUETTE 23"	2	
MINIMED SURE T 32"	2	
OMNIPOD 5 (LIBRE 2/3 PLUS)	2	QL (15 EA per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (1 EA per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL (15 EA per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS)	2	QL (1 EA per 720 days)

Community Health Plan of Washington	Drug Tier	Limits
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 EA per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (15 EA per 30 days)
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRA TEST	2	
ONETOUCH ULTRA2 METER	2	
ONETOUCH VERIO FLEX METER	2	
ONETOUCH VERIO MID CONTROL	2	
ONETOUCH VERIO REFLECT METER	2	
ONETOUCH VERIO TEST STRIPS	2	

Community Health Plan of Washington	Drug Tier	Limits
ON-GO COVID-19 AG AT HOME TEST	2	ACA
OPTICHAMBER DIAMOND VHC	2	
PILOT COVID-19 AT-HOME TEST	2	ACA
PIVOT INSULIN PUMP STARTER KIT	2	
PIVOT SUPPLY KIT	2	
POCKET CHAMBER	2	
PRECISION XTRA KETONE-GLUCOSE	2	
PRECISION XTRA MONITOR	2	
PRECISION XTRA TEST	2	
PRIMEAIRE	2	

Community Health Plan of Washington	Drug Tier	Limits
PROCHAMBER	2	
QUICKVUE AT-HOME COVID-19 TEST	2	ACA
RAPID SARS-COV-2 AG HOME TEST	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
SPEEDYSWAB COVID-19 HOME TEST	2	ACA
TANDEM MOBI AUTOSOFT 30 KT 23"	2	
TANDEM MOBI AUTOSOFT XC KIT 5"	2	
TANDEM MOBI SYSTEM	2	

Community Health Plan of Washington	Drug Tier	Limits
TANDEM MOBI TRUSTEEL KIT 23"	2	
TANDEM T:SLIM ASFT 30 PK10 23"	2	
TANDEM T:SLIM ASFT XC PK10 23"	2	
TANDEM T:SLIM TRUSTL PK10 23"	2	
TANDEM T:SLIM X2 STARTER KIT	2	
TRUE METRIX AIR GLUCOSE METER	2	
TRUE METRIX GLUCOSE METER	2	
TRUE METRIX GO GLUCOSE METER	2	

Community Health Plan of Washington	Drug Tier	Limits
TRUE METRIX LEVEL 1	2	
TRUE METRIX PRO TEST STRIP	2	
TRUENESS BLOOD GLUCOSE MONITOR	2	
TRUENESS GLUCOSE TEST STRIP	2	
TRUSTEX-RIA NON-LUB CONDOMS	2	
TWIIST REFILL KT(CSST-NDL-SYR)	2	QL (1 EA per 30 days)
TWIIST RFL(INFUS-CSST-NDL-SYR)	2	QL (1 EA per 30 days)
TWIIST STARTER KIT	2	QL (1 EA per 720 days)

Community Health Plan of Washington	Drug Tier	Limits
V-GO 20	2	QL (30 EA per 30 days)
V-GO 30	2	QL (30 EA per 30 days)
V-GO 40	2	QL (30 EA per 30 days)
VORTEX HOLDING CHAMBER	2	
Metabolic Disease Enzyme Replacement Agents		
Metabolic Disease Enzyme Replacement, Acid Sphingomyelinase Deficiency		
XENPOZYME	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis		
LAMZEDE	4	PA
Metabolic Disease Enzyme Replacement, Fabry's Disease		
ELFABRIO	4	PA
Metabolic Disease Enzyme Replacement, Hypophosphatemia		
STRENSIQ	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Metabolic Modifiers		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type		
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral	1	
doxercalciferol oral	1	ST
paricalcitol oral	1	ST
Metabolic Modifier - Carnitine Replenisher Agents		
levocarnitine (with sugar)	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx		
CERDELGA	4	PA; QL (56 EA per 30 days)
miglustat	4	PA; QL (90 EA per 30 days)
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents		
XURIDEN	4	PA
Metabolic Modifier - Homocystinuria Treatment Agents		
betaine	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Metabolic Modifier - Neimann Pick Disease Type C (Npc)		
AQNEURSA	4	PA
Metabolic Modifier - Phosphatidylinositol-3-Kinase (Pi3k) Inhibitors		
VIJOICE ORAL GRANULES IN PACKET	4	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 EA per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
Metabolic Modifier - Tyrosine Metabolism Disorder Agents		
nitisinone	4	PA
NITYR	4	PA
Metabolic Modifier - Urea Cycle Disorder Agents- Conjugating Agents		
glycerol phenylbutyrate	4	PA
PHEBURANE	4	PA
sodium phenylbutyrate	1	PA
Metabolic Modifier- Carbamoyl Phosphate Synthetase 1 (Cps 1) Activator		
CARBAGLU	4	PA
carglumic acid	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Phenylketonuria(Pku) Tx Agents - Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR	4	PA
sapropterin	4	PA
ZELVYSIA	4	PA
Phenylketonuria(Pku) Tx Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; QL (30 ML per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; QL (8 ML per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; QL (60 ML per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Mouth-Throat-Dental - Preparations		
Dental Product - Fluoride Preparations		
DENTA 5000 PLUS	1	
DENTA 5000 PLUS SENSITIVE	1	
DENTAGEL	1	
fluoride (sodium) dental	1	
fluoride (sodium) oral drops	1	ACA
fluoride (sodium) oral tablet,chewable	1	ACA
LUDENT FLUORIDE	1	ACA
SF	1	
SF 5000 PLUS	1	
SODIUM FLUORIDE 5000 PLUS	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
PAROEX ORAL RINSE	1	
PERIOGARD	1	
Mouth And Throat - Glucocorticoids		
KOURZEQ	1	
ORALONE	1	
triamcinolone acetonide dental	1	

Community Health Plan of Washington		Limits
lidocaine hcl mucous membrane solution		
cevimeline		
pilocarpine hcl oral		
doxycycline hyclate oral tablet 20 mg		

Community Health Plan of Washington	Drug Tier	Limits
Therapy For Drooling-Primary Or Secondary Sialorrhea-Anticholinergic		
glycopyrrolate oral solution	1	
Multiple Sclerosis Agents		
Leukocyte Adhesion Inhibitors, Alpha4-Mediated, Igg4k Mc Antibody		
TYRUKO	4	PA; QL (15 ML per 30 days)
Multiple Sclerosis Agent - Cd20 Specific Monoclonal Antibody		
KESIMPTA PEN	4	PA; QL (1 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
OCREVUS ZUNOVO	4	PA; QL (23 ML per 180 days)
Multiple Sclerosis Agent - Interferons		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	4	PA; QL (14 EA per 30 days)
PLEGRIDY INTRAMUSCULAR	4	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; QL (1 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; QL (1 ML per 365 days)
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)

Community Health Plan of Washington	Drug Tier	Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML -22 MCG/0.5ML (6)	4	PA; QL (4.2 ML per 28 days)
REBIF TITRATION PACK	4	PA; QL (4.2 ML per 28 days)
Multiple Sclerosis Agent - Others		
dimethyl fumarate	2	PA; QL (60 EA per 30 days)
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)

Community Health Plan of Washington	Drug Tier	Limits
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)
VUMERITY	4	PA; QL (120 EA per 30 days)
Multiple Sclerosis Agent - Potassium Channel Blocker		
dalfampridine	4	PA; QL (60 EA per 30 days)
Multiple Sclerosis Agent - Purine Nucleoside Analogs		
cladribine(multiple sclerosis)	4	PA; QL (9 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors		
teriflunomide	4	PA; QL (30 EA per 30 days)
Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator		
fingolimod	4	PA; QL (30 EA per 30 days)
MAYZENT	4	PA; QL (30 EA per 30 days)
MAYZENT STARTER(FO R 1MG MAINT)	4	PA; QL (12 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
MAYZENT STARTER(FO R 2MG MAINT)	4	PA; QL (12 EA per 30 days)
ZEPOSIA	4	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	4	PA; QL (28 EA per 30 days)
ZEPOSIA STARTER PACK (7-DAY)	4	PA; QL (7 EA per 30 days)
Ophthalmic Agents		
MIEBO (PF)	2	PA; QL (3 ML per 30 days)
Miotics - Cholinesterase Inhibitors		
PHOSPHOLIN E IODIDE	4	

Community Health Plan of Washington	Drug Tier	Limits
Miotics - Direct Acting		
MIOSTAT	1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
Mydriatic And Cycloplegic Combinations		
cyclopen-tropic-phenyleph-watr	1	
phenyleph-tropicamide in water	1	
Ophthalmic - Agents For Presbyopia		
pilocarpine hcl ophthalmic (eye) drops 1.25 %	1	
Ophthalmic - Antibacterial-Glucocorticoid Combinations		
neomycin-bacitracin-poly-hc	1	

Community Health Plan of Washington	Drug Tier	Limits
neomycin-polymyxin b-dexameth	1	
neomycin-polymyxin-hc ophthalmic (eye)	1	
sulfacetamide-prednisolone	1	
tobramycin-dexamethasone	1	
tobramycin-lotepred	1	
Ophthalmic - Antibacterial-Glucocorticoid -Nsaid Combinations		
prednisoln sp-moxiflox-bromfen	1	
Ophthalmic - Anticholinergics		
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %	1	

Community Health Plan of Washington	Drug Tier	Limits
cyclopentolate	1	
HOMATROPA IRE	1	
tropicamide	1	
Ophthalmic - Antihistamines		
azelastine ophthalmic (eye)	1	
bepotastine besilate	1	ST
epinastine	1	
olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %	1	
ZERVIAE	3	ST
Ophthalmic - Anti-Inflammatory, Glucocorticoids		
dexamethasone sodium phosphate ophthalmic (eye)	1	
difluprednate	1	
DUREZOL	2	ST

Community Health Plan of Washington	Drug Tier	Limits
fluorometholone	1	
loteprednol etabonate	1	ST
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic (eye)	1	
Ophthalmic - Anti-Inflammatory, Immunomodulators		
cyclosporine ophthalmic (eye)	1	PA; QL (60 EA per 30 days)
RESTASIS MULTIDOSE	2	PA; QL (6 ML per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Ophthalmic - Anti-Inflammatory, Lfa-1 Antagonists		
XIIDRA	2	PA; QL (60 EA per 30 days)
Ophthalmic - Anti-Inflammatory, Nsaids		
bromfenac	1	
diclofenac sodium ophthalmic (eye)	1	
flurbiprofen sodium	1	
ketorolac ophthalmic (eye)	1	
Ophthalmic - Beta Blockers-Adrenergic Combinations		
brimonidine-timolol	1	

Community Health Plan of Washington	Drug Tier	Limits
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations		
dorzolamide-timolol	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	
Ophthalmic - Carbonic Anhydrase Inhibitors		
AZOPT	2	
brinzolamide	1	
dorzolamide	1	
Ophthalmic - Cystine Depleting Agents		
CYSTARAN	4	PA

Community Health Plan of Washington	Drug Tier	Limits
Ophthalmic - Decongestants		
phenylephrine hcl ophthalmic (eye)	1	
Ophthalmic - Diagnostic Agents		
fluorescein-proparacaine	1	
Ophthalmic - Glucocorticoid -Nsaid Combinations		
prednisolone sod ph-bromfenac	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	1	ST
timolol maleate (pf)	1	ST
timolol maleate ophthalmic (eye) drops	1	
timolol maleate ophthalmic (eye) drops, once daily	1	ST
timolol maleate ophthalmic (eye) gel forming solution	1	ST

Community Health Plan of Washington	Drug Tier	Limits
Ophthalmic - Local Anesthetic Esters		
ALTACAINE	1	
proparacaine	1	
tetracaine hcl	1	
Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents		
bevacizumab intravitreal syringe 1.25 mg/0.05 ml	1	
BYOOVIZ	4	PA
CIMERLI	4	PA
PAVBLU	4	PA
Ophthalmic - Mast Cell Stabilizers		
cromolyn ophthalmic (eye)	1	

Community Health Plan of Washington	Drug Tier	Limits
Ophthalmic Antibacterial Mixtures		
bacitracin-polymyxin b	1	
neomycin-bacitracin-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
polymyxin b sulf-trimethoprim	1	
Ophthalmic Antibiotic - Aminoglycosides		
gentamicin ophthalmic (eye) drops	1	
tobramycin ophthalmic (eye)	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
Ophthalmic Antibiotic - Macrolides		
AZASITE	3	

Community Health Plan of Washington	Drug Tier	Limits
erythromycin ophthalmic (eye)	1	
Ophthalmic Antibiotic - Sulfonamides		
sulfacetamide sodium ophthalmic (eye) drops	1	
Ophthalmic Antifungals		
NATACYN	2	
Ophthalmic Antifungals - Tetraene Polyene-Type		
NATACYN	2	
Ophthalmic Antiparasitics		
XDEMVI	4	QL (10 ML per 30 days)
Ophthalmic Antiseptics		
povidone-iodine ophthalmic (eye)	1	

Community Health Plan of Washington	Drug Tier	Limits
Ophthalmic Antivirals		
trifluridine	1	
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists		
apraclonidine	1	
brimonidine ophthalmic (eye)	1	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs		
bimatoprost ophthalmic (eye)	1	ST
latanoprost	1	ST
tafluprost (pf)	3	ST
travoprost	1	ST
ZIOPTAN (PF)	2	ST

Community Health Plan of Washington	Drug Tier	Limits
Vascular Endothelial Growth Factor (Vegf-A) Receptor Antagonists		
bevacizumab intravitreal syringe 1.25 mg/0.05 ml	1	
BYOOVIZ	4	PA
CIMERLI	4	PA
Vascular Endothelial Growth Factor(Vegf-A And Plgf)Receptor Inhibitors		
PAVBLU	4	PA
Otic (Ear)		
Otic (Ear) - Anti-Infective-Glucocorticoid Combinations		
CIPRO HC	2	
ciprofloxacin-dexamethasone	1	

Community Health Plan of Washington	Drug Tier	Limits
ciprofloxacin-hydrocortisone	1	
neomycin-polymyxin-hc otic (ear)	1	
OTOVEL	3	
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	

Community Health Plan of Washington	Drug Tier	Limits
Respiratory Therapy Agents		
1St Generation Antihistamine-Decongestant Combinations		
PROMETHAZINE VC	1	
promethazine-phenylephrine	1	
Antihistamine - 1St Generation - Alkylamines		
CORPHENA	1	
dexchlorpheniramine maleate oral solution	1	
Antihistamine - 1St Generation - Ethanolamines		
carbinoxamine maleate oral liquid	1	
carbinoxamine maleate oral tablet 4 mg	1	

Community Health Plan of Washington	Drug Tier	Limits
carbinoxamine maleate oral tablet 6 mg	1	ST
CARBZAH	1	ST
clemastine	1	
diphenhydramine hcl oral elixir	1	
Antihistamine - 1St Generation - Phenothiazines		
promethazine oral	1	
promethazine rectal	1	
PROMETHEGAN	1	
Antihistamine - 1St Generation - Piperidines		
cyproheptadine oral syrup	1	
cyproheptadine oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
Antihistamines - 1St Generation		
carbinoxamine maleate oral liquid	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	ST
CARBZAH	1	ST
clemastine	1	
CORPHENA	1	
cyproheptadine oral syrup	1	
cyproheptadine oral tablet	1	
dexchlorpheniramine maleate oral solution	1	
diphenhydramine hcl oral elixir	1	
promethazine oral	1	
promethazine rectal	1	

Community Health Plan of Washington	Drug Tier	Limits
PROMETHEG AN	1	
Antihistamines - 2Nd Generation		
cetirizine oral solution 1 mg/ml	1	
desloratadine oral tablet	1	QL (30 EA per 30 days)
desloratadine oral tablet,disintegrating	1	QL (30 EA per 30 days)
levocetirizine oral solution	1	
levocetirizine oral tablet	1	QL (30 EA per 30 days)
Antihistamines - 2Nd Generation - Piperazines		
cetirizine oral solution 1 mg/ml	1	
levocetirizine oral solution	1	

Community Health Plan of Washington	Drug Tier	Limits
levocetirizine oral tablet	1	QL (30 EA per 30 days)
Antihistamines - 2Nd Generation - Piperidines		
desloratadine oral tablet	1	QL (30 EA per 30 days)
desloratadine oral tablet,disintegrating	1	QL (30 EA per 30 days)
Antitussives - Non-Opioid		
benzonatate	1	
Asthma Therapy - 5-Lipoxygenase Inhibitors		
zileuton	1	PA

Community Health Plan of Washington	Drug Tier	Limits
Asthma Therapy - Immunoglobulin E (Ige) Inhibitors, Mab		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; QL (6 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE	4	PA; QL (2 ML per 28 days)
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids)		
ASMANEX HFA	3	QL (13 GM per 30 days)
beclomethasone dipropionate	1	

Community Health Plan of Washington	Drug Tier	Limits
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	QL (120 ML per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	QL (60 ML per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	1	QL (11 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (11 GM per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (22 GM per 30 days)
Asthma Therapy - Interleukin-4 (Il-4) Receptor Alpha Antagonists, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; QL (400 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; QL (600 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; QL (400 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; QL (600 ML per 28 days)
Asthma Therapy - Interleukin-5 (Il-5) Inhibitors, Mab		
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL (1 ML per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; QL (1 EA per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 ML per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
NUCALA SUBCUTANE OUS SYRINGE 40 MG/0.4 ML	4	PA; QL (0.4 ML per 28 days)
Asthma Therapy - Interleukin-5 (Il-5) Receptor Alpha Antagonists, Mab		
FASENRA PEN	4	PA; QL (1 ML per 56 days)
FASENRA SUBCUTANE OUS SYRINGE 10 MG/0.5 ML	4	PA; QL (1 Syringe per 56 days)
FASENRA SUBCUTANE OUS SYRINGE 30 MG/ML	4	PA; QL (1 ML per 56 days)
Asthma Therapy - Leukotriene Receptor Antagonists		
montelukast	1	
zafirlukast	1	

Community Health Plan of Washington	Drug Tier	Limits
Asthma Therapy - Mast Cell Stabilizers		
cromolyn inhalation	1	
Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, Mab		
TEZSPIRE	4	PA; QL (1.91 ML per 28 days)
Asthma Therapy - Xanthines		
theophylline oral elixir	1	
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr	1	

Community Health Plan of Washington	Drug Tier	Limits
theophylline oral tablet extended release 24 hr	1	
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors		
roflumilast oral tablet 250 mcg	1	PA; QL (30 EA per 30 days)
roflumilast oral tablet 500 mcg	1	PA
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting		
INCRUSE ELLIPTA	2	QL (1 EA per 30 days)
SPIRIVA RESPIMAT	2	QL (4 GM per 30 days)
tiotropium bromide	1	

Community Health Plan of Washington	Drug Tier	Limits
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting		
ipratropium bromide inhalation hfa aerosol inhaler	1	QL (26 GM per 30 days)
ipratropium bromide inhalation solution	1	
Asthma/Copd - Beta 2- Adrenergic Agents, Inhaled, Ultra- Long Acting		
STRIVERDI RESPIMAT	2	QL (4 GM per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting		
arformoterol	1	QL (120 ML per 30 days)
formoterol fumarate	1	QL (120 ML per 30 days)
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	

Community Health Plan of Washington	Drug Tier	Limits
Asthma/Copd Therapy - Beta Adrenergic Agents		
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	
terbutaline oral	1	
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations		
ANORO ELLIPTA	2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT	2	QL (8 GM per 30 days)
ipratropium-albuterol	1	QL (540 ML per 30 days)
STIOLTO RESPIMAT	2	QL (4 GM per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations		
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	ST; QL (28 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	ST; QL (60 EA per 30 days)
BREYNA	1	ST; QL (11 GM per 30 days)
budesonide-formoterol	1	ST; QL (11 GM per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	2	ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	2	ST; QL (9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	2	ST; QL (13 GM per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated	2	ST; QL (1 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
fluticasone propion-salmeterol inhalation blister with device	1	ST; QL (1 EA per 30 days)
WIXELA INHUB	1	ST; QL (1 EA per 30 days)
Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic - Glucocorticoid Comb,		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION	2	

Community Health Plan of Washington	Drug Tier	Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA	2	QL (60 EA per 30 days)
Bronchiectasis Therapy Agents		
BRINSUPRI	4	PA
Cystic Fibrosis - Inhaled Aminoglycosides		
KITABIS PAK	4	PA; QL (280 ML per 30 days)
tobramycin in 0.225 % nacl	4	PA; QL (280 ML per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
tobramycin inhalation	4	PA; QL (224 ML per 30 days)
Cystic Fibrosis - Inhaled Monobactams		
CAYSTON	4	PA; QL (84 ML per 30 days)
Cystic Fibrosis- Transmembrane Conductance Regulator (Cftr) Potentiator		
KALYDECO	4	PA; QL (56 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb		
ALYFTREK ORAL TABLET 10-50-125 MG	4	PA; QL (56 EA per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	4	PA; QL (84 EA per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	4	PA; QL (56 EA per 30 days)
ORKAMBI ORAL TABLET	4	PA; QL (112 EA per 30 days)
SYMDEKO	4	PA; QL (56 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; QL (56 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; QL (84 EA per 30 days)
Mucolytics		
acetylcysteine	1	
PULMOZYME	4	PA
Nasal Anticholinergics		
ipratropium bromide nasal	1	QL (30 ML per 30 days)
Nasal Antihistamine And Anti- Inflammatory Steroid Combinations		
azelastine- fluticasone	1	ST; QL (23 GM per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Nasal Antihistamines		
azelastine nasal spray,non- aerosol 137 mcg (0.1 %)	1	QL (60 ML per 30 days)
azelastine nasal spray,non- aerosol 205.5 mcg (0.15 %)	1	
olopatadine nasal	1	QL (31 GM per 30 days)
Nasal Corticosteroids		
flunisolide	1	ST; QL (50 ML per 30 days)
fluticasone propionate nasal	1	QL (16 GM per 30 days)
mometasone nasal	1	ST; QL (17 GM per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations		
brompheniramine-pseudoephedrine	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-Anticholinergic Combinations		
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet	1	
Opioid Antitussive-Expectorant Combinations		
codeine-guaifenesin	1	
G TUSSIN AC	1	
MAXI-TUSS AC	1	

Community Health Plan of Washington	Drug Tier	Limits
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy		
pirfenidone oral capsule	4	PA; QL (270 EA per 30 days)
pirfenidone oral tablet 267 mg	4	PA; QL (270 EA per 30 days)
pirfenidone oral tablet 801 mg	4	PA; QL (90 EA per 30 days)
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors		
nintedanib	4	PA; QL (60 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
Vaginal Products		
Vaginal Antibacterial - Lincosamides		
clindamycin phosphate vaginal	1	
Vaginal Antifungal - Imidazoles		
GYNAZOLE-1	3	
MICONAZOLE -3 VAGINAL SUPPOSITOR Y	1	
Vaginal Antifungal - Triazoles		
terconazole	1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives		
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	

Community Health Plan of Washington	Drug Tier	Limits
VANDAZOLE		
Vaginal Antiseptic Mixtures		
FEM PH		
Vaginal Estrogens		
estradiol vaginal	1	
YUVAFEM	1	
Weight Loss/Gain Agents		
phentermine oral capsule 15 mg		
Appetite Stimulants - Cannabinoids		
dronabinol oral capsule	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	

Index		
abacavir.....46	adalimumab-adaz	AJOVY
abacavir-	 28, 30, 186	AUTOINJECTOR. 116
lamivudine..... 47	adalimumab-adbm	AJOVY SYRINGE 116
ABIGALE.....167	 29, 30, 186	ALA-CORT.....145
ABIGALE LO..... 167	adalimumab-ryvk	albendazole..... 40
abiraterone..... 57, 60	 29, 31, 186	albuterol sulfate..... 242
ABIRTEGA.....57, 60	adapalene..... 138	alclometasone..... 145
ABRYSVO (PF).....80	adapalene-benzoyl	ALECENSA..... 59
ACAM2000	peroxide..... 137	alendronate..... 166
(NATIONAL	adefovir.....50	ALFERON N.....149
STOCKPILE).... 75, 80	ADEMPAS.....94	alfuzosin..... 191
acamprosate..... 125	ADTHYZA.....174	ALINIA..... 43
acarbose..... 160	ADVIN COVID-19	aliskiren..... 95
ACCUTANE..... 135	AG HOME TEST	allopurinol.....194
ACE AEROSOL	 205, 212	almotriptan malate.117
CLOUD	AEROCHAMBER	alosetron..... 183, 187
ENHANCER. 209, 212	MECHANICAL	alprazolam..... 96, 111
acebutolol..... 88	VENT..... 209, 212	ALPRAZOLAM
acetaminophen-	AEROCHAMBER	INTENSOL.....96, 111
caff-dihydrocod..... 26	MINI.....209, 212	ALTACAINE..... 232
acetaminophen-	AEROCHAMBER	ALTavera (28)..128
codeine.....26	PLUS FLOW-VU	ALUNBRIG..... 59
acetazolamide..... 91	 209, 212	ALUXOF DUAL...137
acetic acid..... 190, 235	AEROCHAMBER	alvimopan..... 39
acetylcysteine.. 38, 246	PLUS Z STAT	ALYACEN 1/35
acitretin..... 144	 209, 213	(28)..... 128
ACTHIB (PF)..... 77	AEROCHAMBER2	ALYACEN 7/7/7
ACTIMMUNE..... 42	GO..... 209, 213	(28)..... 132
acyclovir.... 51, 52, 144	AEROTRACH	ALYFTREK..... 245
ADACEL(TDAP	PLUS..... 209, 213	ALYQ.....95
ADOLESN/ADUL	AEROVENT PLUS	amantadine hcl.....106
T)(PF)..... 76	 209, 213	ambrisentan.....95
	AFIRMELLE.....128	amcinonide..... 145
	AFTER PILL. 133, 134	AMERITHROID... 174

AMETHIA.....128	anagrelide..... 198	atorvastatin..... 85
AMETHYST (28)..128	anastrozole.....61	atovaquone.....43
amiloride.....91	ANORO ELLIPTA 242	atovaquone-
amiloride-	ANUCORT-HC.....37	proguanil.....42
hydrochlorothiazide.91	apomorphine..... 106	atropine.....228
aminocaproic acid..196	apraclonidine..... 234	atropine in 0.9 %
amiodarone..... 84	aprepitant..... 177	sod chloride..... 92
amitriptyline..... 105	APRETUDE..... 44	ATTRUBY..... 159
amitriptyline-	APRI.....128	AUBRA.....128
chlordiazepoxide	APTIVUS..... 54	AUBRA EQ.....128
..... 104, 111	AQNEURSA..... 221	AUDENZ
amlodipine..... 89	ARANELLE (28).. 132	(NATIONAL
amlodipine-	AREXVY (PF)..... 80	STOCKPILE)..... 79
atorvastatin..... 87	arformoterol.....242	AUDENZ(PF)(NA
amlodipine-	ARIKAYCE..... 39	TIONAL
benazepril..... 81	aripiprazole.... 109, 113	STOCKPILE)..... 79
amlodipine-	armodafinil..... 122	AUGMENTIN.....40
olmesartan.....82	ARMOUR	auranofin.....32
amlodipine-	THYROID..... 174	AUROVELA
valsartan.....82	ASCOMP WITH	1.5/30 (21)..... 128
amlodipine-	CODEINE.....26	AUROVELA 1/20
valsartan-hcthiacid...82	asenapine maleate	(21)..... 128
ammonium lactate. 145	 107, 113	AUROVELA 24 FE
AMNESTEEM..... 135	ASHLYNA.....128	 128
amoxapine.....105	ASMANEX HFA.. 238	AUROVELA FE
amoxicil-	aspirin..... 36, 198	1.5/30 (28)..... 128
clarithromy-	ASPIRIN	AUROVELA FE 1-
lansopraz.....183	CHILDRENS...36, 198	20 (28)..... 128
amoxicillin.....39	aspirin-	AUSTEDO
amoxicillin-pot	dipyridamole.....198	 118, 119, 120
clavulanate.....40	atazanavir.....54	AUSTEDO XR
amphetamine..110, 114	atenolol..... 87	 118, 119, 120, 121
amphetamine	atenolol-	
sulfate.... 110, 114, 122	chlorthalidone.....90	
ampicillin.....39	atomoxetine..... 111	

AUSTEDO XR TITRATION KT(WK1-4) 119, 120, 121 AUTOJECT 2 INJECTION DEVICE..... 208, 213 AUTOPEN 1 TO 21 UNITS..... 208, 213 AVAR.....136 AVIANE.....128 AVIDOXY 56 AVMAPKI- FAKZYNJA..... 72 AVONEX..... 225 AVSOLA...29, 31, 186 AVTOZMA..... 32 AYUNA.....128 AZASITE..... 233 azathioprine.... 32, 201 azelaic acid.... 135, 150 azelastine..... 229, 246 azelastine- fluticasone.....246 azilsartan medoxomil.....83 azithromycin..... 52 AZOPT..... 230 AZURETTE (28)...128 B COMPLEX 1 (WITH FOLIC ACID)..... 152 b complex-vitamin c-folic acid..... 152 bacitracin..... 233	bacitracin- polymyxin b.....232 baclofen..... 202 BAL-CARE DHA. 156 balsalazide..... 184 BALVERSA..... 64 BALZIVA (28).....128 BAQSIMI..... 159 BARACLUDE.....50 BAXDELA.....49, 50 BAYER LOW DOSE ASPIRIN 37, 198 bcg vaccine, live (pf)..... 76, 78 B-COMPLEX WITH VITAMIN C 152 BD MICROTAINER LANCET..... 206, 213 BD SPECIALTY USE NEEDLES 209, 213 beclomethasone dipropionate.....238 belladonna alkaloids-opium.... 182 benazepril..... 81 benazepril- hydrochlorothiazide.81 bendamustine.....58 BENZEPRO..... 137 benznidazole.....43 benzonatate.....237	benzoyl peroxide... 137 benztropine..... 106 bepotastine besilate 229 BESER.....145 betaine.....221 betamethasone dipropionate..... 145 betamethasone valerate..... 145, 146 betamethasone, augmented.....146 BETASERON.....225 betaxolol..... 87, 231 bethanechol chloride..... 194 bevacizumab..232, 234 bexarotene.....72, 143 BEXSERO..... 78 BEYFORTUS.....75 bicalutamide..... 60 BIKTARVY..... 47 BILDYOS.....173 BILPREVDA.....173 bimatoprost..... 234 BINAXNOW COVD AG CARD HOME TST... 205, 213 BINAXNOW COVID-19 AG SELF TEST... 205, 213 BIOTHRAX..... 78 bisacodyl.....189 bismuth subcit k- metronidz-tcn.....183 bisoprolol fumarate..87
--	---	--

bisoprolol-	budesonide..... 185, 238	calcium
hydrochlorothiazide. 90	budesonide-	acetate(phosphat
BIZENGRI..... 62	formoterol..... 243	bind)..... 190, 191
BLISOVI 24 FE..... 128	bumetanide..... 91	CALQUENCE
BLISOVI FE 1.5/30	buprenorphine..... 27	(ACALABRUTINI
(28)..... 128	buprenorphine hcl.. 124	B MAL)..... 62, 68
BLISOVI FE 1/20	buprenorphine-	CAMILA..... 131
(28)..... 128	naloxone..... 125	CAMRESE..... 128
BOOSTRIX TDAP.. 76	bupropion hcl. 104, 105	CAMRESE LO..... 128
bortezomib..... 68	bupropion hcl	CAMZYOS..... 90
bosentan..... 95	(smoking deter)..... 125	candesartan..... 83
BOSULIF..... 68	buspirone..... 97	candesartan-
bosutinib..... 68	butalbital-	hydrochlorothiazid... 83
BP 10-1..... 136	acetaminop-caf-cod. 26	capecitabine..... 61
BREATHERITE	butalbital-	CAPRELSA..... 69
MDI SPACER	acetaminophen..... 28	captopril..... 81
..... 209, 213	butalbital-	captopril-
BREO ELLIPTA... 243	acetaminophen-caff. 28	hydrochlorothiazide. 81
BREYNA..... 243	butalbital-aspirin-	CAPVAXIVE (PF).. 77
BREZTRI	caffeine..... 36	CARBAGLU..... 222
AEROSPHERE..... 244	butorphanol..... 27	carbamazepine. 99, 112
BRIELLYN..... 128	BYDUREON	carbidopa..... 106
BRILINTA..... 198	BCISE..... 161	carbidopa-levodopa 105
brimonidine... 150, 234	BYOOVIZ..... 232, 234	carbidopa-
brimonidine-timolol	CABENUVA..... 45	levodopa-
..... 230	cabergoline..... 173	entacapone..... 105
BRINSUPRI..... 244	CABLIVI..... 195	carbinoxamine
brinzolamide..... 230	CABOMETYX..... 66	maleate..... 235, 236
brivaracetam..... 100	caffeine citrate..... 115	CARBZAH..... 236
BRIXADI..... 124	calcipotriene..... 144	CARESTART
bromfenac..... 230	calcipotriene-	COVID-19 AG
bromocriptine..... 106	betamethasone..... 138	HOME TST... 205, 213
brompheniramine-	calcitonin (salmon) 166	carglumic acid..... 222
pseudoeph-dm..... 247	calcitriol. 144, 158, 220	carisoprodol..... 202
BRUKINSA..... 62, 68		carteolol..... 231

CARTIA XT.....88	chloroquine	clemastine.....236
carvedilol..... 82	phosphate.....42	CLINDACIN..... 135
carvedilol	chlorpromazine..... 108	CLINDACIN ETZ.135
phosphate.....82	chlorthalidone.....92	CLINDACIN P.....135
CAYA	chlorzoxazone.....202	clindamycin hcl..... 52
CONTOURED	CHOLBAM..... 177	CLINDAMYCIN
..... 206, 213	cholestyramine	PEDIATRIC..... 52
CAYSTON..... 245	(with sugar).....85	clindamycin
CAZANT (28).....132	CHOLESTYRAMI	phosphate
cefaclor..... 49	NE LIGHT.....85	 135, 136, 248
cefadroxil.....48	CICLODAN.. 141, 142	clindamycin-
cefdinir.....49	ciclopirox.....142	benzoyl peroxide... 136
cefixime..... 49	cilostazol.....198	clindamycin-
cefpodoxime..... 49	CIMDUO.....45	tretinoin.....137
cefprozil.....49	CIMERLI.....232, 234	CLINITEST
cefuroxime axetil.... 49	cimetidine..... 179	COVID-19 HOME
celecoxib.....33	cimetidine hcl..... 179	TEST.....205, 213
cephalexin.....49	cinacalcet..... 166	clobazam.....97, 111
CEQUR	CIPRO HC.....234	clobetasol.....146
SIMPLICITY.210, 213	ciprofloxacin.....50	clobetasol-emollient
CERDELGA.....221	ciprofloxacin hcl	 146
cetirizine..... 237	 50, 233, 235	clocortolone
cevimeline.....224	ciprofloxacin-	pivalate..... 146
CHARLOTTE 24	dexamethasone..... 234	CLODAN..... 146
FE..... 128	ciprofloxacin-	clomipramine.....105
CHATEAL EQ (28)	hydrocortisone..... 235	clonazepam
..... 129	citalopram..... 101	 96, 97, 111, 112
CHEMET.....38	CITROMA.....187	clonidine..... 90
chlordiazepoxide	cladribine(multiple	clonidine hcl.... 91, 110
hcl..... 96, 111	sclerosis).....226	clopidogrel.....199
chlordiazepoxide-	CLARAVIS..... 135	clorazepate
clidinium.....111, 182	clarithromycin.....52	dipotassium.....96, 112
chlorhexidine	CLASSIC	clotrimazole... 142, 223
gluconate.....223	PRENATAL..... 156	clotrimazole-
	CLEARLAX.....187	betamethasone..... 143

clozapine.....108	COVARYX H.S.... 167	dapagliflozin..... 163
C-NATE DHA.....156	COVID-19 AT-	dapagliflozin-
COARTEM.....42	HOME TEST.205, 213	metformin..... 162
codeine sulfate..... 24	COVID-19 RAPID	dapagliflozin-
codeine-butalbital-	AT-HOME TEST	saxagliptin.....163
asa-caff..... 26	 205, 214	dapsone..... 42, 136
codeine-guaifenesin	CRESEMBA.....41	DAPTACEL
..... 247	cromolyn..65, 232, 240	(DTAP
colchicine.....194	CROTAN.....151	PEDIATRIC) (PF)...76
colesevelam..... 85	CRYSELLE (28)... 129	darifenacin..... 193
colestipol.....85	CTEXLI.....179, 200	darunavir.....54
COMBIVENT	cyanocobalamin	dasatinib.....69
RESPIMAT..... 242	(vitamin b-12)..... 157	DASETTA 1/35
COMETRIQ..... 66	cyclobenzaprine	(28)..... 129
COMIRNATY	 202, 203	DASETTA 7/7/7
2025-2026(5-	cyclopentolate.....229	(28)..... 132
11Y)(PF).....78	cyclopen-tropic-	DAYSEE..... 128
COMIRNATY	phenyleph-watr..... 228	DEBLITANE.....131
2025-26 (12Y	cyclophosphamide	deferasirox..... 38
UP)(PF).....78	 32, 58	deferiprone.....38
COMPACT SPACE	cycloserine.....48	deflazacort..... 168
CHAMBER... 209, 213	cyclosporine	DELSTRIGO.....47
COMPLETE	 32, 200, 229	demeclocycline.....56
NATAL DHA.....156	cyclosporine	DENG VAXIA (PF)
COMPRO..... 176	modified.....32, 200	 76, 78
conjugated	cyproheptadine..... 236	DENTA 5000
estrogens..... 167	CYRED.....129	PLUS..... 223
CONSTULOSE..... 187	CYRED EQ..... 129	DENTA 5000
CORDX COVID-	CYSTAGON..... 190	PLUS SENSITIVE 223
19 AG HOME	CYSTARAN.....230	DENTAGEL.....223
TEST.....205, 213	dabigatran etexilate 199	DERMACINRX
CORPHENA..235, 236	dalfampridine.....226	LIDOCAN..... 151
cortisone..... 168	danazol.....169	DESCOVY..... 45
COTELLIC.....65	dantrolene..... 203	desipramine.....105
COVARYX..... 167	DANZITEN.....69	desloratadine.....237

desmopressin.....	160	dextroamphetamine	diphenoxylate-		
desog-		-amphetamine	atropine.....		
e.estradiol/e.estradi		.....	110, 114, 123	dipyridamole.....	199
ol.....	128	dextromethorphan-	DISKETs.....	24	
desonide.....	146	quinidine.....	123	disulfiram.....	125
desoximetasone.....	146	DIACOMIT.....	100	divalproex	97, 113, 116
desvenlafaxine		DIALYVITE 800...	152	dofetilide.....	85
succinate.....	103	diazepam....	96, 97, 112	DOLISHALE.....	129
DEXABLISS.....	168	DIAZEPAM		donepezil.....	126
dexamethasone.....	168	INTENSOL.....	96, 112	DOPTELET (15	
DEXAMETHASO		diazoxide.....	159	TAB PACK).....	199
NE INTENSOL....	168	dichlorphenamide		DOPTELET	
dexamethasone		.....	91, 201	SPRINKLE.....	199
sodium phosphate..	229	diclofenac		dorzolamide.....	230
dexchlorpheniramin		potassium		dorzolamide-	
e maleate.....	235, 236	.....	34, 35, 36, 117	timolol.....	230
DEXCOM G6		diclofenac sodium		dorzolamide-	
RECEIVER....	206, 214	.....	35, 143, 150, 230	timolol (pf).....	230
DEXCOM G6		diclofenac-		DOTTI.....	167
SENSOR.....	206, 214	misoprostol.....	33	DOVATO.....	45
DEXCOM G6		dicloxacillin.....	54	doxazosin.....	93
TRANSMITTER		dicyclomine.....	182	doxepin..	105, 124, 151
.....	206, 214	diflorasone.....	147	doxercalciferol.....	220
DEXCOM G7 15		diflunisal.....	37	doxycycline hyclate	
DAY SENSOR		difluprednate.....	229	.....	56, 224
.....	206, 214	digoxin.....	91	doxycycline	
DEXCOM G7		dihydroergotamine		monohydrate....	56, 150
RECEIVER....	206, 214	.....	116, 117	doxylamine-	
DEXCOM G7		DILANTIN.....	99	pyridoxine (vit b6)..	176
SENSOR.....	206, 214	diltiazem hcl.....	88, 89	dronabinol	
dexmethylphenidate		DILT-XR.....	89	.....	114, 176, 249
.....	110	dimethyl fumarate..	226	drospirenone-	
dextroamphetamine		DIPENTUM.....	185	e.estradiol-lm.fa.....	129
sulfate....	110, 114, 123	diphenhydramine		drospirenone-	
		hcl.....	236	ethinyl estradiol.....	129

DROXIA.....	199	efavirenz-	EMTRIVA.....	46
DUAVEE.....	167	emtricitabin-	EMVERM.....	40
DULCOLAX		tenofov.....	EMZAHH.....	131
(MAGNESIUM		efavirenz-lamivu-	enalapril maleate.....	81
HYDROXIDE).....	188	tenofov disop.....	enalapril-	
DULERA.....	243	EFFER-K.....	hydrochlorothiazide.	81
duloxetine.....	103, 115	EGRIFTA SV.....	ENDOCET.....	27
DUPIXENT PEN		EGRIFTA WR.....	ENFLONSIA.....	75
.....	140, 239	eletriptan.....	ENERGIX-B (PF)...	75
DUPIXENT		ELFABRIO.....	ENERGIX-B	
SYRINGE.....	140, 239	ELINEST.....	PEDIATRIC (PF)....	75
DUREZOL.....	229	ELIQUIS.....	ENILLORING.....	133
dutasteride.....	192	ELIQUIS DVT-PE	ENOBV.....	173
dutasteride-		TREAT 30D	enoxaparin.....	198
tamsulosin.....	189	START.....	ENPRESSE.....	132
DYSPORT.....	202	ELIQUIS	ENSACOVE.....	59
E.E.S. 400.....	52	SPRINKLE.....	ENSKYCE.....	129
EASIVENT		ELITE-OB.....	entacapone.....	106
HOLDING		ELLA.....	entecavir.....	50
CHAMBER... 209, 214		ELLUME COVID-	ENTRESTO	
econazole nitrate....	142	19 HOME TEST	SPRINKLE.....	83
ECONTRA EZ		.....	ENULOSE.....	177
.....	133, 134	ELMIRON.....	EPCLUSA.....	51
ECONTRA ONE-		eltrombopag	EPIDIOLEX.....	97
STEP.....	133, 134	olamine.....	epinastine.....	229
ECOTRIN LOW		ELURYNG.....	epinephrine.....	90
STRENGTH....	37, 198	EMGALITY PEN..	eplerenone.....	82, 91
edaravone.....	201	EMGALITY	EPYSQLI.....	195, 199
ED-SPAZ.....	181, 193	SYRINGE.....	ergocalciferol	
EDURANT PED.....	45	EMPAVELI... 195, 199	(vitamin d2).....	158
EEMT.....	167	emtricitabine.....	ergoloid.....	127
EEMT HS.....	167	emtricitabine-	ERGOMAR.....	117
efavirenz.....	45	tenofovir (tdf).....	ergotamine-caffeine	
		emtricitabine-	.....	117
		rilpivirine-tenof df...	eribulin.....	65
		48		

ERIVEDGE..... 64	etodolac.....36	fenofibrate
ERLEADA..... 60	etonogestrel-ethinyl	micronized..... 85
erlotinib.....57	estradiol..... 133	fenofibrate
ERRIN..... 131	etoposide.....63	nanocrystallized.....85
ERVEBO(PF)(NAT	etravirine.....45	fenofibric acid.....85
IONAL	EUCRISA..... 140	fenofibric acid
STOCKPILE).... 76, 79	everolimus	(choline).....85
ERY PADS..... 136	(antineoplastic)..... 65	fenoprofen.....35
ERY-TAB.....53	everolimus	FENSOLVI.....172
ERYTHROCIN	(immunosuppressiv	fentanyl..... 24
(AS STEARATE)....53	e).....201	ferric
erythromycin....53, 233	EVESSE..... 147	carboxymaltose.....154
erythromycin	EVEXITHROID.... 174	ferric citrate
ethylsuccinate..... 53	EVOTAZ..... 46, 54	 154, 190, 191
erythromycin with	exemestane..... 61	FERRIPROX..... 38
ethanol..... 136	ezetimibe.....87	FERRIPROX (2
erythromycin-	ezetimibe-	TIMES A DAY)..... 38
benzoyl peroxide... 136	simvastatin.....87	ferumoxytol..... 154
escitalopram	FALMINA (28).... 129	FESILTY 196
oxalate.....101	famciclovir.....52	fesoterodine..... 194
eslicarbazepine..... 99	famotidine.....179	FIBRYGA.....196
esomeprazole	FASENRA.....240	fidaxomicin.....53
magnesium.....179	FASENRA PEN... 240	finasteride..... 191
ESTARYLLA.....129	FASTEP COVID-	finbolimod..... 227
estazolam..... 112, 123	19 AG HOME	FINZALA..... 129
estradiol..... 167, 249	TEST.....205, 214	FIRDAPSE..... 202
estradiol valerate....167	FC2 FEMALE	FLAC OTIC OIL...235
estradiol-	CONDOM..... 206, 214	flavoxate..... 194
norethindrone acet. 167	febuxostat..... 194	flecainide..... 84
estrogens-	FEIRZA..... 129	FLEXICHAMBER
methyltestosterone.167	felbamate..... 97	 209, 214
eszopiclone..... 124	felodipine.....89	FLOTREX..... 155
ethacrynic acid.....91	FEM PH.....249	FLOWFLEX
ethambutol..... 48	FEMCAP..... 204, 214	COVID-19 AG
ethosuximide.....100	fenofibrate.....85	HOME TEST.205, 214

FLUAD 2026-2027 (65 YR UP)(PF).....79	flurbiprofen.....35	FREESTYLE
FLUARIX 2026- 2027 (PF)..... 79	flurbiprofen sodium 230	FREEDOM LITE 207, 214
FLUBLOK 2026- 2027 (PF)..... 79	fluticasone propionate 147, 238, 246	FREESTYLE INSULINX 204, 207, 214
FLUCELVAX 2026-2027 (PF).....79	fluticasone propion- salmeterol..... 243, 244	FREESTYLE INSULINX TEST
fluconazole..... 41	fluvoxamine.....102	STRIPS.....204, 214
flucytosine..... 41	FLUZONE 2026- 2027..... 79	FREESTYLE
fludrocortisone.....173	FLUZONE 2026- 2027 (PF)..... 79	LIBRE 14 DAY READER..... 207, 214
FLULAVAL 2026- 2027 (PF)..... 79	FLUZONE HIGH- DOSE 2026-27 (PF)..... 79	FREESTYLE LIBRE 14 DAY SENSOR.....207, 215
FLUMIST 2026- 2027..... 76, 79	folic acid..... 158	FREESTYLE
FLUMIST HOME 2026-2027.....76, 79	FOLITAB..... 154	LIBRE 2 PLUS SENSOR.....207, 215
flunisolide.....246	FOLIVANE-OB.... 155	FREESTYLE
fluocinolone.....147	FOLTABS 800 157, 158	LIBRE 2 READER 207, 215
fluocinolone acetone oil.....235	fondaparinux.....197	FREESTYLE
fluocinolone and shower cap..... 147	formoterol fumarate 242	LIBRE 2 SENSOR 207, 215
fluocinonide.....147	fosamprenavir.....54	FREESTYLE
FLUOCINONIDE- E.....147	fosfomycin tromethamine...41, 192	LIBRE 3 PLUS SENSOR.....207, 215
fluorescein- proparacaine..... 231	fosinopril.....81	FREESTYLE
fluoride (sodium)...223	fosinopril- hydrochlorothiazide.81	LIBRE 3 READER 207, 215
fluorometholone.... 229	FREESTYLE	FREESTYLE
fluorouracil..... 143	CONTROL.... 206, 214	LIBRE 3 SENSOR 207, 215
fluoxetine..... 101, 102	FREESTYLE	FREESTYLE LITE
fluphenazine hcl....108	FREEDOM....207, 214	METER.....207, 215
flurandrenolide..... 147		
flurazepam..... 112, 123		

FREESTYLE LITE STRIPS.....204, 215	gentamicin..... 140, 232	GRASTEK.....74
FREESTYLE PRECISION NEO STRIPS.....204, 215	GENTLE LAXATIVE (BISACODYL).....189	griseofulvin microsize.....42
FREESTYLE TEST..... 204, 215	GENTLE LAXATIVE (MAG HYDROX).....188	griseofulvin ultramicrosize..... 42
frovatriptan..... 117	GENTLELAX..... 188	guanfacine.....91, 110
FULL SPECTRUM B-VITAMIN C..... 152	GENVOYA..... 47	GVOKE..... 159
FULPHILA.....196	GILOTRIF.....58	GVOKE
furosemide..... 91	glatiramer.....226	HYPOPEN 2-PACK..... 159
FYAVOLV..... 167	GLATOPA..... 226	GVOKE PFS 2-PACK SYRINGE.. 159
G TUSSIN AC.....247	GLEOSTINE..... 58	GYNAZOLE-1.....248
gabapentin.....98, 123	glimepiride.....163	HAILEY..... 129
galantamine.....126	glipizide..... 163	HAILEY 24 FE.....129
GALBRIELA..... 129	glipizide-metformin 163	HAILEY FE 1.5/30 (28)..... 129
GALLIFREY..... 173	GLUCAGON EMERGENCY KIT (HUMAN)..... 159	HAILEY FE 1/20 (28)..... 129
GAMMAGARD LIQUID ERC.....75	GLUCOSE KETONE CONTROL SOLN 207, 215	halcinonide..... 147
GARDASIL 9 (PF)..79		halobetasol propionate..... 144, 147
gatifloxacin.....233		HALOETTE..... 133
GAVILAX..... 188		haloperidol.....108
GAVILYTE-C..... 188		haloperidol lactate. 108
GAVILYTE-G.....188		HARVONI.....51
GAVILYTE-N.....188		HAVRIX (PF)..... 75
GAVRETO..... 72		HEATHER..... 131
gefitinib.....57		HEMMOREX-HC...37
gemfibrozil..... 85		heparin (porcine)... 197
GEMMILY..... 129		heparin (porcine) in 0.9% nacl..... 196, 197
GENABIO COVID-19 RAPID AT-HOME.....205, 215		heparin (porcine) in 5 % dex..... 197
GENERLAC.....177		
GENGRAF..... 32, 200		
	granisetron hcl..... 176	

heparin (porcine) in nacl (pf)..... 196, 197	HUMULIN N NPH U-100 INSULIN.... 169	hydroxychloroquine 31, 42
HEPARIN	HUMULIN R	hydroxyurea..... 61
LOCKFLUSH(POR CINE)(PF)..... 197	REGULAR U-100 INSULN..... 169	hydroxyzine hcl..... 96
heparin(porcine) in 0.45% nacl..... 197	HUMULIN R U- 500 (CONC)	hydroxyzine pamoate..... 96
heparin, porcine (pf)..... 197	KWIKPEN..... 169	hyoscyamine sulfate 181, 193
HEPLISAV-B (PF).. 75	HYCAMTIN..... 73	HYOSYNE.... 181, 193
HERCESSI..... 74	hydralazine..... 91	ibandronate..... 166
HIBERIX (PF)..... 77	hydrochlorothiazide. 92	IBU..... 35
HOMATROPAIRE 229	hydrocodone bitartrate..... 24	ibuprofen..... 35
HUMALOG	hydrocodone- acetaminophen..... 26	ibuprofen- famotidine..... 33
JUNIOR	hydrocodone- chlorpheniramine... 247	icatibant..... 88
KWIKPEN U-100. 171	hydrocodone- homatropine..... 247	ICLEVIA..... 129
HUMALOG	hydrocodone- ibuprofen..... 26, 27	ICLUSIG..... 66
KWIKPEN	hydrocortisone 37, 148, 168, 185	icosapent ethyl..... 86
INSULIN..... 171	hydrocortisone acetate..... 37, 148	ICOTYDE..... 139
HUMALOG MIX	hydrocortisone butyrate..... 148	IDHIFA..... 66
50-50 KWIKPEN.. 170	hydrocortisone valerate..... 148	IDVYNISO..... 47
HUMALOG MIX	hydrocortisone- acetic acid..... 235	IHEALTH COVID- 19 AG HOME
75-25 KWIKPEN.. 170	hydrocortisone- pramoxine 38, 148, 149	TEST..... 205, 215
HUMALOG MIX	hydromorphone..... 24	ILET INFUSION KIT-FLEX 23"
75-25(U- 100)INSULN..... 170	hydroxocobalamin. 158	 211, 215
HUMALOG U-100		ILET INFUSION KIT-INSET 23"
INSULIN..... 171		 211, 215
HUMULIN 70/30		ILET INFUSION- CONTACT DTCH
U-100 INSULIN.... 169		23"..... 211, 215
HUMULIN 70/30		ILET INSULIN PUMP..... 211, 215
U-100 KWIKPEN. 169		
HUMULIN N NPH		
INSULIN		
KWIKPEN..... 169		

ILET STARTER	INGREZZA	isosorbide
KIT-INSET....210, 215	SPRINKLE	mononitrate.....84
imatinib.....69	 119, 120, 121	isosorbide-
IMBRUVICA	INLURIYO.....71	hydralazine..... 96
..... 62, 63, 69	INLYTA..... 69	isotretinoin.....135
imipramine hcl.....105	insulin glargine u-	isradipine..... 89
imipramine	300 conc.....170	itraconazole.....41
pamoate.....105	insulin glargine-	ivabradine..... 92
imiquimod.....149	yfgn.....170	ivermectin.....40, 151
IMKELDI..... 69	insulin lispro..... 171	IWILFIN.....67
IMOVAX RABIES	insulin lispro	IXIARO (PF)..... 79
VACCINE (PF)..... 80	protamin-lispro..... 170	JAIMESS.....128
IMPAVIDO..... 43	insulin syringe-	JAKAFI..... 64
IMULDOSA.. 138, 184	needle u-100.. 208, 216	JAKAFI XR.....65
INBRIJA.....106	INTELENCE..... 45	JANUMET..... 164
INCASSIA.....131	INTELISWAB	JANUMET XR.....164
INCRELEX..... 172	COVID-19 HOME	JANUVIA.....161
INCRUSE	TEST.....205, 216	JARDIANCE.....163
ELLIPTA.....241	INTROVALE..... 129	JASMIEL (28)..... 129
indapamide..... 92	IPOL..... 80	JAVYGTOR.....222
INDICAID	ipratropium	JAYTHARI.....168
COVID-19 AG	bromide.....241, 246	JENCYCLA.....131
HOME TEST.205, 216	ipratropium-	JINTELI.....167
indomethacin..... 36	albuterol.....242	JOLESSA..... 129
INFANRIX	IQIRVO..... 200	JOYEAX.....129
(DTAP) (PF).....76	irbesartan..... 83	JULEBER.....129
INFED..... 154	irbesartan-	JULUCA.....45
infliximab.. 29, 31, 186	hydrochlorothiazide.83	JUNEL 1.5/30 (21) 129
INGREZZA	iron sucrose.....154	JUNEL 1/20 (21)... 129
..... 119, 120, 121	ISENTRESS..... 44	JUNEL FE 1.5/30
INGREZZA	ISENTRESS HD.... 44	(28)..... 129
INITIATION	ISIBLOOM.....129	JUNEL FE 1/20
PK(TARDIV) 119, 121	isoniazid.....48	(28)..... 129
	isosorbide dinitrate.. 84	JUNEL FE 24..... 129
		JUXTAPID.....87

JYNNEOS (PF). 76, 80	KYLEENA..... 127	LAXATIVE PEG
KAITLIB FE..... 129	KYMBEE..... 168	3350..... 188
KALLIGA..... 129	labetalol..... 82	ledipasvir-
KALYDECO..... 245	lacosamide..... 98	sofosbuvir..... 51
KARIVA (28)..... 128	lactated ringers..... 153	leflunomide..... 33
KELNOR 1/35 (28)	lactulose..... 177, 188	lenalidomide..... 72
..... 129	LAGEVRIO (EUA). 55	LENVIMA..... 69, 70
KERENDIA..... 82	lamivudine..... 46, 50	LESSINA..... 130
KESIMPTA PEN... 224	lamivudine-	letrozole..... 61
ketoconazole.... 41, 142	zidovudine..... 47	leucovorin calcium.. 74
KETODAN..... 142	lamotrigine.... 100, 113	LEUKERAN..... 58
KETODAN KIT.... 142	LAMZEDE..... 220	LEUKINE..... 196
ketoprofen..... 35	lancets..... 207, 216	levalbuterol hcl..... 242
ketorolac..... 34, 230	lancing device 207, 216	levetiracetam..... 100
KEYTRUDA	lanreotide..... 174	levobunolol..... 231
QLEX..... 73	lansoprazole... 179, 180	levocarnitine.. 152, 220
KIMMTRAK..... 74	lanthanum..... 190	levocarnitine (with
KINRIX (PF)..... 76	LANTUS	sugar)..... 220
KIONEX..... 153	SOLOSTAR U-100	levocetirizine..... 237
KISQALI..... 63	INSULIN..... 170	levofloxacin.... 50, 233
KITABIS PAK..... 244	LANTUS U-100	LEVONEST (28)... 132
KLAYESTA..... 141	INSULIN..... 170	levonorgest-
KLOR-CON..... 154	lapatinib..... 57	eth.estradiol-iron.... 130
KLOR-CON 10.... 154	LARIN 1.5/30 (21) 129	levonorgestrel 133, 134
KLOR-CON 8..... 154	LARIN 1/20 (21)... 129	levonorgestrel-
KLOR-CON M10.. 154	LARIN 24 FE..... 129	ethinyl estrad..... 130
KLOR-CON M15.. 154	LARIN FE 1.5/30	levonorg-eth estrad
KLOR-CON M20.. 154	(28)..... 130	triphasic..... 132
KOBEE..... 152	LARIN FE 1/20	levorphanol tartrate.. 24
KOMZIFTI..... 65	(28)..... 130	LEVO-T..... 175
KOURZEQ..... 223	latanoprost..... 234	levothyroxine..... 175
K-PHOS	LATUDA..... 107	LEVOXYL..... 175
ORIGINAL..... 192	LAXATIVE	LEXETTE..... 144, 148
KRYSTEXXA..... 194	(BISACODYL)..... 189	lidocaine..... 151
KURVELO (28)... 129		lidocaine hcl..... 37, 224

lidocaine hcl-	LORAZEPAM	LYUMJEV
hydrocortison ac	INTENSOL.....96, 112	KWIKPEN U-100
..... 38, 149	LORBRENA.....59	INSULIN..... 171
lidocaine-	LORYNA (28).....130	LYUMJEV
hydrocortisone-aloe. 38	losartan..... 83	KWIKPEN U-200
lidocaine-prilocaine	losartan-	INSULIN..... 171
..... 150	hydrochlorothiazide.83	LYUMJEV U-100
LIDOCAN III..... 151	loteprednol	INSULIN..... 171
LIDOCAN IV..... 151	etabonate.....229	LYZA..... 131
LIDOCAN V..... 151	lovastatin.....86	macitentan.....95
LIDOCORT..... 149	LOW-OGESTREL	magnesium citrate..188
linezolid..... 53	(28)..... 130	malathion..... 151
LINZESS..... 177, 183	loxapine succinate. 108	maraviroc..... 44
LIOMNY..... 175	LO-	MARLISSA (28)... 130
liothyronine.....175	ZUMANDIMINE	MARPLAN.....101
liraglutide.....161	(28)..... 130	MATULANE.....58
lisdexamfetamine...110	lubiprostone... 183, 187	MATZIM LA.....89
lisinopril.....82	LUDENT	MAXI-TUSS AC...247
lisinopril-	FLUORIDE..... 223	MAYZENT.....227
hydrochlorothiazide.81	LUGOLS..... 74, 153	MAYZENT
LITEAIRE MDI	LUIZZA.....130	STARTER(FOR
CHAMBER... 209, 216	LUMRYZ..... 121	1MG MAINT)..... 227
lithium carbonate... 114	LUMRYZ	MAYZENT
lithium citrate.....114	STARTER PACK..121	STARTER(FOR
LOFENA..... 35	LUNSUMIO..... 73	2MG MAINT)..... 227
lofexidine..... 124	lurasidone..... 107	MB CAPS.....53, 193
LOJAIMIESS..... 128	LURBIRO.....35	meclizine.....176
LOKELMA.....153	LUTERA (28).....130	meclofenamate.....34
lomustine..... 58	LUZU..... 142	MEDISENSE
LONSURF..... 61	LYLEQ..... 131	GLUCOSE
loperamide..... 175	LYLLANA..... 168	KETONE..... 207, 216
lopinavir-ritonavir....47	LYNPARZA.....67	medroxyprogesterone
LOQTORZI..... 73	LYSODREN.....59	ne..... 127, 173
lorazepam..... 96, 112	LYTGOBI.....64	

MEDTRONIC EXT INFUSION SET 23"..... 211, 216	methenamine mandelate.....53, 192	MFLUSIVA 2026- 2027 (PF)..... 79
mefenamic acid.....34	methen-sod phos-	MIBELAS 24 FE... 130
mefloquine.....42	meth blue-hyos 53, 193	MICONAZOLE-3. 248
megestrol..... 68, 249	methimazole..... 165	MICROCHAMBE R..... 209, 216
MEKINIST..... 65	METHITEST..... 159	MICROGESTIN 1.5/30 (21)..... 130
MELEYA..... 131	methocarbamol..... 203	MICROGESTIN 1/20 (21)..... 130
meloxicam..... 34	methotrexate sodium..... 31, 60	MICROGESTIN FE 1.5/30 (28)..... 130
meloxicam submicronized.....34	methotrexate sodium (pf)..... 32, 60	MICROGESTIN FE 1/20 (28)..... 130
memantine..... 127	methoxsalen..... 143	MICROSPACER 209, 216
memantine- donepezil.....127	methscopolamine... 181	midazolam..... 112, 123
MENQUADFI (PF). 77	methsuximide..... 100	midodrine.....90
MENVEO A-C-Y- W-135-DIP (PF)..... 77	methyl salicylate... 151	MIEBO (PF)..... 227
meprobamate..... 96	methyldopa..... 91	mifepristone... 158, 162
mercaptapurine.. 60, 61	methylergonovine.. 173	MIGERGOT..... 117
MERILOG..... 171	methylphenidate... 111	miglitol..... 160
MERILOG SOLOSTAR..... 171	methylphenidate hcl 110, 111, 122	miglustat..... 221
mesalamine..... 185	methylprednisolone168	MILI..... 130
mesalamine with cleansing wipe..... 185	methytestosterone. 159	MILK OF MAGNESIA..... 188
metaxalone.....203	metoclopramide hcl 181	MILK OF MAGNESIA CONCENTRATED 188
metformin..... 171, 172	metolazone.....92	MILLIPRED.....168
methadone.....24	metoprolol succinate..... 87	MILLIPRED DP... 168
METHADOSE..... 24	metoprolol ta- hydrochlorothiaz.....90	milnacipran... 103, 115
methamphetamine 110, 114	metoprolol tartrate... 88	MIMVEY..... 167
methazolamide.....91	metronidazole 43, 151, 248	
methenamine hippurate..... 53, 192	metyrosine..... 94	
	mexiletine..... 84	

MINIMED 780G	morphine.....25	naproxen..... 35
INSULIN PUMP	morphine	naproxen sodium..... 36
..... 211, 216	concentrate.....24	naproxen-
MINIMED MIO	MOUNJARO.....161	esomeprazole..... 33
ADVANCE INF	MOVANTIK..... 39	naratriptan.....117
SET23"..... 212, 216	moxifloxacin....50, 233	NATACYN.....233
MINIMED QUICK	MRESVIA (PF).....80	nateglinide..... 162
SET 43"..... 212, 216	MULTI-VITAMIN	NAYZILAM....97, 112
MINIMED	WITH FLUORIDE 155	nebivolol.....88
SILHOUETTE 23"	MULTIVIT-	NEBUSAL.....126
..... 212, 216	FLUORIDE	NECON 0.5/35 (28)
MINIMED SURE T	(METAFO LIN)..... 155	 130
32"..... 212, 216	mupirocin.....141	NEFFY 90
minocycline33, 56, 135	mupirocin calcium. 141	nelarabine..... 61
minoxidil.....91	MVC-FLUORIDE. 155	NEMLUVIO.....140
MINZOYA..... 130	MY CHOICE.133, 134	neomycin..... 39
MIOSTAT..... 228	MY WAY..... 133, 134	neomycin-
mirabegron.....190	MYALEPT..... 172	bacitracin-poly-hc..228
MIRENA..... 127	mycophenolate	neomycin-
mirtazapine..... 101	mofetil.....32, 200	bacitracin-
misoprostol..... 181	mycophenolate	polymyxin.....232
MITIGARE.....194	sodium..... 200	neomycin-
M-M-R II (PF)	MYFEMBREE..... 172	polymyxin b gu.....190
..... 76, 79, 80, 81	MYHIBBIN.....201	neomycin-
M-NATAL PLUS.. 156	MYLERAN..... 58	polymyxin b-
modafinil.....122	MYNATAL..... 156	dexameth.....228
MODEYSO..... 63	MYNATAL PLUS 156	neomycin-
moexipril.....82	MYNATAL-Z..... 156	polymyxin-
molindone..... 108	MYOBLOC..... 202	gramicidin.....232
mometasone... 148, 246	MYQORZO.....90	neomycin-
MONDOXYNE NL	nabumetone.....34	polymyxin-hc.228, 235
..... 56, 57	nadolol..... 88	NEO-VITAL RX... 156
MONO-LINYAH.. 130	naftifine.....141	NEPHRO
MONOVISC.....202	naloxone..... 39	VITAMINS.....153
montelukast.....240	naltrexone..... 125	NERLYNX..... 58

NEUAC.....	136	NIVESTYM.....	196	NOVOLOG	
NEUPRO.....	106	nizatidine.....	179	PENFILL U-100	
nevirapine.....	45	NORA-BE.....	131	INSULIN.....	171
NEW DAY....	133, 134	norelgestromin-		NOVOLOG U-100	
NEWGEN.....	156	ethin.estradiol.....	133	INSULIN ASPART	
NEXPLANON.....	127	norethindrone		.....	171
niacin.....	86, 158	(contraceptive).....	132	NOXAFIL.....	42
nicardipine.....	89	norethindrone		NP THYROID.....	174
NICODERM CQ...	125	acetate.....	173	NUBEQA.....	60
NICORETTE.....	125	norethindrone ac-		NUCALA.....	239, 240
nicotine.....	125	eth estradiol... 130,	167	NUEDEXTA.....	123
nicotine (polacrilex)		norethindrone-		NYLIA 1/35 (28)...	131
.....	125	e.estradiol-iron.....	130	NYLIA 7/7/7 (28)..	132
NICOTROL NS.....	125	norgestimate-		nystatin....	41, 141, 223
nifedipine.....	89	ethinyl estradiol		nystatin-	
NIKKI (28).....	130	.....	130, 132	triamcinolone.....	143
nilotinib hcl.....	70	NORTREL 0.5/35		NYSTOP.....	141
nilutamide.....	60	(28).....	130	OCELLA.....	131
nimodipine.....	89	NORTREL 1/35		OCREVUS	
NINLARO.....	68	(21).....	131	ZUNOVO.....	225
nintedanib.....	248	NORTREL 1/35		octreotide acetate	
nisoldipine.....	89	(28).....	131	.....	174, 189
nitazoxanide.....	43	NORTREL 7/7/7		octreotide,microsph	
nitisinone.....	222	(28).....	132	eres.....	174, 189
NITRO-BID.....	84	nortriptyline.....	105	ODACTRA.....	74
nitrofurantoin... 41,	192	NORVIR.....	54	ODEFSEY.....	48
nitrofurantoin		NOVOLOG		ODOMZO.....	64
macrocrystal....	41, 192	FLEXPEN U-100		ofloxacin.. 50,	233, 235
nitrofurantoin		INSULIN.....	171	OJEMDA.....	62
monohyd/m-cryst		NOVOLOG MIX		olanzapine.....	109, 113
.....	41, 192	70-30 U-100		olanzapine-	
nitroglycerin.....	37, 84	INSULN.....	170	fluoxetine	
NITRO-TIME.....	84	NOVOLOG MIX		.....	104, 109, 113
NITYR.....	222	70-30FLEXPEN U-		olmesartan.....	83
NIVA THYROID..	174	100.....	170		

olmesartan- amlodipin-hcthiazid.82	ONELAX	OPSYNVI.....93
olmesartan- hydrochlorothiazide.83	MAGNESIUM CITRATE..... 188	OPTICHAMBER
olopatadine.... 229, 246	ONETOUCH ULTRA	DIAMOND VHC 210, 217
omega-3 acid ethyl esters..... 86	CONTROL.... 207, 217	OPTION-2..... 134
omeprazole..... 180	ONETOUCH ULTRA TEST	ORAL SALINE
omeprazole-sodium bicarbonate.... 180, 181	 204, 217	LAXATIVE..... 188
OMNIPOD 5 (LIBRE 2/3 PLUS)	ONETOUCH ULTRA2 METER	ORALONE..... 223
..... 210, 216	 207, 217	ORENITRAM..... 94
OMNIPOD 5 G6- G7 INTRO	ONETOUCH VERIO FLEX	ORIAHNN..... 172
KT(GEN5)..... 210, 216	METER..... 207, 217	ORILISSA..... 172, 173
OMNIPOD 5 G6- G7 PODS (GEN 5)	ONETOUCH VERIO MID	ORKAMBI..... 245
..... 210, 216	CONTROL.... 207, 217	ORMALVI..... 201
OMNIPOD 5 INTRO	ONETOUCH VERIO REFLECT	orphenadrine citrate 203
(LIBRE2/3PLUS)	METER..... 208, 217	orphenadrine-asa- caffeine..... 202
..... 210, 216	ONETOUCH VERIO TEST	ORPHENGESIC FORTE..... 202
OMNIPOD DASH INTRO KIT (GEN 4)..... 210, 217	STRIPS..... 204, 217	ORQUIDEA..... 132
OMNIPOD DASH PODS (GEN 4)	ON-GO COVID-19 AG AT HOME	ORSERDU..... 71
..... 210, 217	TEST..... 205, 217	OSCIMIN..... 181, 193
OMNITROPE..... 169	OPCICON ONE- STEP..... 133, 134	OSCIMIN SL.181, 193
ondansetron..... 177	OPDIVO	oseltamivir..... 52
ondansetron hcl..... 176	QVANTIG..... 73	OTOVEL..... 235
ONE NATAL RX.. 156	OPDUALAG..... 61	oxaprozin..... 36
	OPILL..... 132	oxazepam..... 96, 112
	opium tincture..... 175	oxcarbazepine..... 99
	OPSUMIT..... 95	OXERVATE..... 231
		oxiconazole..... 142
		oxybutynin chloride 194
		oxycodone..... 25
		oxycodone- acetaminophen..... 27

OXYCONTIN.....	25	PEMAZYRE.....	64	phenytoin sodium	
oxymetazoline.....	151	PENBRAYA (PF)...	77	extended.....	99
oxymorphone.....	25	penciclovir.....	144	PHESGO.....	74
OZEMPIC.....	161	penicillamine.....	33, 38	PHILITH.....	131
PACERONE.....	85	penicillin v		PHOSPHATE	
paclitaxel protein-		potassium.....	53	LAXATIVE.....	188
bound.....	72	PENMENVY MEN		PHOSPHOLINE	
paliperidone.....	107	A-B-C-W-Y (PF)		IODIDE.....	227
PALYNZIQ.....	222	.....	77, 78	phytonadione	
PANCREAZE.....	178	PENTACEL (PF)....	76	(vitamin k1).....	158
pantoprazole.....	180	PENTASA.....	185	PIFELTRO.....	45
PARAGARD T		pentoxifylline.....	196	pilocarpine hcl	
380A.....	127	perampanel.....	97	.....	224, 228
PARAGARD		perindopril		PILOT COVID-19	
T380A (SINGLE		erbumine.....	82	AT-HOME TEST	
HAND).....	127	PERIOGARD.....	223	.....	206, 217
paricalcitol.....	220	permethrin.....	151	pimecrolimus.....	145
PAROEX ORAL		perphenazine.....	108	pimozide.....	108
RINSE.....	223	perphenazine-		PIMTREA (28)....	128
paroxetine hcl.....	102	amitriptyline.....	104	pindolol.....	88
paroxetine		PHEBURANE.....	222	pioglitazone.....	172
mesylate(menop.sy		phenazopyridine....	192	pioglitazone-	
m).....	173	phenelzine.....	101	glimepiride.....	164
PAVBLU.....	232, 234	phenobarb-hyoscy-		pioglitazone-	
PAXLOVID.....	55	atropine-scop.....	182	metformin.....	164
pazopanib.....	70	phenobarbital... 97,	123	PIQRAY.....	67
PEDIARIX (PF) 75,	76	PHENOHYTRO....	182	pirfenidone.....	248
PEDVAX HIB (PF). 77		phenoxybenzamine..	93	piroxicam.....	34
peg 3350-		phentermine.....	249	pitavastatin calcium.	86
electrolytes.....	188	phenylephrine hcl..	231	PIVOT INSULIN	
peg3350-sod sul-		phenyleph-		PUMP STARTER	
nacl-kcl-asb-c.....	188	tropicamide in		KIT.....	210, 217
PEGASYS.....	51	water.....	228	PIVOT SUPPLY	
peg-electrolyte soln	188	phenytoin.....	99	KIT.....	212, 217
PELLIX.....	144				

PLAN B ONE-STEP.....134	PRECISION XTRA KETONE-GLUCOSE.....204, 217	PRENATAL PLUS156
PLEGRIDY..... 225	PRECISION XTRA MONITOR.... 208, 217	PRENATAL PLUS (CALCIUM CARB).....157
plerixafor..... 195	PRECISION XTRA TEST.....204, 217	prenatal vit no.179-iron-folic..... 157
PNEUMOVAX-23.. 77	prednicarbate..... 148	PRENATAL VITAMIN.....157
PNV-DHA..... 155	prednisoln sp-moxiflox-bromfen..228	PRENATAL VITAMIN WITH MINERALS.....157
PNV-OMEGA..... 155	prednisolone..... 168	PRENATAL-U..... 155
PNV-SELECT..... 156	prednisolone acetate..... 229	pretomanid.....48
POCKET CHAMBER... 210, 217	prednisolone sod ph-bromfenac.....231	PREVALITE..... 85
podofilox.....150	prednisolone sodium phosphate..... 168, 229	PREVNAR 20 (PF). 77
polyethylene glycol 3350..... 188	prednisone.....168, 169	PREVYMIS.....49
polymyxin b sulf-trimethoprim.....232	PREDNISONE INTENSOL.....168	PREZCOBIX....47, 54
pomalidomide..... 72	pregabalin 98, 115, 123	PREZISTA..... 54
PORTIA 28.....131	PRENATABS FA..156	PRIFTIN.....48, 55
posaconazole.....42	PRENATABS RX. 156	primaquine.....43
potassium chloride.154	PRENATAL..... 156	PRIMEAIRE..210, 217
potassium citrate....192	PRENATAL COMPLETE..... 156	primidone.....97
potassium iodide....153	PRENATAL MULTI-DHA (ALGAL OIL)..... 156	PRIORIX (PF)..... 76, 79, 80, 81
povidone-iodine.....233	PRENATAL MULTIVITAMINS..... 156	probenecid..... 194
POWDERLAX..... 188	PRENATAL ONE DAILY.....156	probenecid-colchicine.....194
PR NATAL 400....156		PROCENTRA..... 114
PR NATAL 400 EC..... 156		PROCHAMBER..... 210, 218
PR NATAL 430....156		prochlorperazine....176
PR NATAL 430 EC..... 156		prochlorperazine maleate.....108, 176
pralatrexate..... 60		PROCRIT..... 196
pramipexole..... 106		
prasugrel hcl..... 199		
pravastatin.....86		
praziquantel..... 40		
prazosin.....93		

PROCTO-MED HC	PUREVITA FOLIC	RAPID SARS-
..... 37, 148	ACID..... 158	COV-2 AG HOME
PROCTOSOL HC	PURIXAN..... 61	TEST.....206, 218
..... 37, 148	PYQUVI..... 169	rasagiline.....106
PROCTOZONE-	pyrazinamide..... 48	REBIF (WITH
HC.....37, 148	pyridostigmine	ALBUMIN)..... 225
progesterone..... 173	bromide.....202	REBIF REBIDOSE
progesterone	pyrimethamine.....43	 225, 226
micronized..... 173	QUADRACEL (PF) 76	REBIF
PROGRAF.....200	quetiapine	TITRATION
PROLATE..... 27	 109, 113, 114	PACK..... 226
PROMACTA.....199	QUICKVUE AT-	RECLIPSEN (28).. 131
promethazine. 176, 236	HOME COVID-19	RECOMBIVAX
PROMETHAZINE	TEST.....206, 218	HB (PF)..... 75
VC.....235	quinapril.....82	RECTIV.....37
promethazine-	quinapril-	RELENZA
codeine.....247	hydrochlorothiazide.81	DISKHALER..... 52
promethazine-dm...247	quinidine gluconate. 84	RELGAABI.....98
promethazine-	quinidine sulfate..... 84	RELISTOR.....39
phenylephrine..... 235	quinine sulfate..... 43	RENACIDIN..... 190
PROMETHEGAN	QUIT 2.....126	RENAL VITAMIN153
..... 176, 236, 237	QUIT 4.....126	RENAL-VITE..... 153
propafenone..... 84	QVAR	RENA-VITE.....153
proparacaine..... 232	REDIHALER 238, 239	RENTHYROID..... 174
propranolol..... 88	RABAVERT (PF)... 80	repaglinide..... 162
propylthiouracil..... 165	rabeprazole..... 180	REPATHA
PROQUAD (PF)	RADICAVA ORS	SURECLICK.....86, 87
..... 76, 80, 81	STARTER KIT	REPATHA
protriptyline..... 105	SUSP.....201	SYRINGE.....86, 87
prucalopride..... 181	RAGWITEK.....75	RESTASIS
PRUDOXIN..... 151	raloxifene.....174	MULTIDOSE..... 229
PRURADIK.....152	ramelteon..... 116	RETACRIT.....196
PULMOSAL.....126	ramipril..... 82	REVLIMID.....72
PULMOZYME.....246	ranitidine hcl.....179	REVUFORJ.....65
PURELAX.....188	ranolazine..... 84	REXTOVY..... 39

REXULTI.....	109	rufinamide.....	100	SHEWISE.....	134, 135
REYATAZ.....	54	RUKOBIA.....	44	SHINGRIX (PF).....	80
REZDIFFRA.....	200	RYBELSUS.....	161	SIGNIFOR.....	174
ribavirin.....	51, 54	RYDAPT.....	70	sildenafil	
rifabutin.....	48, 55	sacubitril-valsartan..	83	(pulm.hypertension).	95
rifampin.....	48, 55	SAJAZIR.....	88	silodosin.....	191
rifapentine.....	48, 55	salsalate.....	37	silver sulfadiazine..	145
rilpivirine hcl.....	45	SANTYL.....	145	SIMLANDI(CF)	
riluzole.....	201	SAPHNELO.....	201	.....	29, 31, 187
rimantadine.....	52	SAPHNELO PEN..	201	SIMLANDI(CF)	
ringer's.....	153	sapropterin.....	222	AUTOINJECTOR	
risedronate.....	166	saxagliptin.....	161	.....	29, 31, 187
risperidone		saxagliptin-		SIMLIYA (28).....	128
.....	107, 108, 114	metformin.....	164	SIMPESSE.....	128
RITEFLO		SCALACORT.....	148	SIMPONI...30, 31, 187	
AEROCHAMBER		SCSEMBLIX.....	70, 71	simvastatin.....	86
.....	210, 218	scopolamine base...176		sirolimus.....	201
ritonavir.....	54	SELARSDI....	138, 184	SIRTURO.....	48
rivaroxaban.....	195	selegiline hcl.....	106	sitagliptin phos-	
rivastigmine.....	126	selenium sulfide....	144	metformin.....	164, 165
rivastigmine tartrate		SELZENTRY.....	44	sitagliptin	
.....	126	SEMGLEE(INSUL		phosphate.....	161
RIVELSA.....	132	IN GLARGINE-		SKYLA.....	127
rizatriptan.....	117	YFGN).....	170	SMOOTHLAX.....	188
roflumilast.....	241	SEMGLEE(INSUL		sodium chloride	
romidepsin.....	64	IN GLARG-		.....	126, 153
ropinirole.....	106	YFGN)PEN.....	170	sodium chloride 0.9	
ROSDAN.....	151	sertraline.....	102	%.....	153, 157
rosuvastatin.....	86	SETLAKIN.....	131	SODIUM	
ROSYRAH.....	132	sevelamer carbonate		FLUORIDE 5000	
ROTARIX.....	76, 80	.....	190	PLUS.....	223
ROTATEQ		sevelamer hcl.....	190	sodium fluoride-pot	
VACCINE.....	76, 80	SF.....	223	nitrate.....	223
ROWEEPRA.....	100	SF 5000 PLUS.....	223	sodium oxybate.....	121
ROZLYTREK.....	70	SHAROBEL.....	132		

sodium	SPS (WITH	SUBVENITE
phenylbutyrate..... 222	SORBITOL)..... 153	STARTER
sodium polystyrene	SSD.....145	(ORANGE) KIT
sulfonate..... 153	SSS 10-5..... 136	 100, 113
sodium,potassium,	ST JOSEPH	SUCRAID.....178
mag sulfates..... 189	ASPIRIN.....37, 198	sucralfate.....189
sofosbuvir-	STAMARIL (PF)	sulfacetamide
velpatasvir.....51	 76, 81	sodium..... 144, 233
solifenacin.....193	STIOLTO	sulfacetamide
SOLQUA 100/33. 165	RESPIMAT..... 242	sodium (acne)..... 136
SOLUVITA A,C,D	STIVARGA.....66	sulfacetamide
WITH FLUORIDE 156	STOP SMOKING	sodium-sulfur.136, 137
SOMATULINE	AID..... 126	sulfacetamide-
DEPOT..... 174	STRENSIQ.....220	prednisolone..... 228
SOMAVERT..... 169	STRESS	SULFACLEANSE
sorafenib..... 66	FORMULA WITH	8-4.....137
sotalol..... 84, 88	IRON(SULF)..... 153	sulfadiazine.....56
SOTALOL AF...84, 88	STRIVERDI	sulfamethoxazole-
SOTYLIZE.....84, 88	RESPIMAT..... 241	trimethoprim..... 40
SPACE	STRONG IODINE	SULFAMILYLON...145
CHAMBER... 210, 218	 74, 153	sulfasalazine.... 33, 185
SPEEDYSWAB	SUBLOCADE..... 125	SULFATRIM..... 40
COVID-19 HOME	SUBVENITE..... 100	sulindac.....34
TEST.....206, 218	SUBVENITE	sumatriptan..... 118
SPEVIGO..... 139	STARTER (BLUE)	sumatriptan
spinosad..... 152	KIT..... 100, 113	succinate..... 118
SPINRAZA (PF)... 203	SUBVENITE	sumatriptan-
SPIRIVA	STARTER	naproxen..... 118
RESPIMAT..... 241	(GREEN) KIT100, 113	sunitinib malate..... 71
spironolactone....82, 91		SUNLENCA.....44
spironolacton-		SUNOSI.....122
hydrochlorothiaz.....92		SUPER B-50
SPRINTEC (28)....131		COMPLEX..... 153
SPRYCEL.....71		SUPER QUINTS... 153
		SYEDA.....131

SYMAX	TANDEM T/SLIM	terazosin.....93, 94
FASTABS.....181, 193	ASFT 30 PK10 23"	terbinafine hcl.....41
SYMAX-SL...181, 193	 212, 218	terbutaline.....242
SYMAX-SR.. 181, 193	TANDEM T/SLIM	terconazole.....248
SYMDEKO..... 245	ASFT XC PK10	teriflunomide..... 227
SYMFI.....48	23"..... 212, 218	teriparatide.....166
SYNJARDY..... 162	TANDEM T/SLIM	testosterone.... 159, 160
SYNJARDY XR....162	TRUSTL PK10 23"	testosterone
TABRECTA..... 71	 212, 218	cypionate.....159
tacrolimus..... 145, 200	TANDEM T/SLIM	testosterone
tadalafil.. 152, 191, 192	X2 STARTER KIT	enanthate.....159
tadalafil (pulm.	 211, 218	tetrabenazine..119, 120
hypertension)..... 95	TANLOR.....203	tetracaine hcl.....232
TAFINLAR..... 62	tapentadol..... 25	tetracycline..... 57
tafluprost (pf).....234	TARINA 24 FE.... 131	TEVIMBRA..... 73
TAGRISSO.....58	TARINA FE 1/20	TEZSPIRE.....240
TAKHZYRO..... 94	(28)..... 131	THALOMID.....42, 72
TALZENNA.....67	TARON-C DHA....155	theophylline... 240, 241
tamoxifen.....72	TASIGNA.....71	thioridazine..... 108
tamsulosin.....191	tavaborole..... 142	thiothixene..... 108
TANDEM MOBI	TAVALISSE..... 195	thyroid (pork).....175
AUTOSOFT 30 KT	tazarotene.....144, 150	TIADYLT ER.....89
23"..... 212, 218	TECENTRIQ	tiagabine..... 98
TANDEM MOBI	HYBREZA..... 73	TIBSOVO.....66
AUTOSOFT XC	telmisartan..... 83	ticagrelor.....198
KIT 5".....212, 218	telmisartan-	TICOVAC..... 81
TANDEM MOBI	amlodipine..... 82	TILIA FE..... 132
SYSTEM..... 211, 218	telmisartan-	timolol.....231
TANDEM MOBI	hydrochlorothiazid...83	timolol maleate 88, 231
TRUSTEEL KIT	temazepam.....112, 123	timolol maleate (pf)
23"..... 212, 218	temozolomide..... 59	 231
	TENCON.....28	tinidazole..... 44
	TENIVAC (PF)..... 76	tiopronin..... 190
	tenofovir disoproxil	tiotropium bromide 241
	fumarate.....46, 50	TIVICAY.....44

TIVICAY PD.....44	tranylcypromine.....101	TRI-LINYAH..... 132
tizanidine..... 203	travoprost.....234	TRILITAS..... 144
tobramycin.....232, 245	trazodone..... 103	TRI-LO-
tobramycin in 0.225	TRELEGY	ESTARYLLA.....132
% nacl..... 244	ELLIPTA.....244	TRI-LO-MARZIA.132
tobramycin-	treprostinil sodium...94	TRI-LO-MILI..... 132
dexamethasone..... 228	TRESIBA	TRI-LO-
tobramycin-lotepred	FLEXTOUCH U-	SPRINTEC..... 132
..... 228	100..... 170	trimethobenzamide 176
tofacitinib...32, 33, 185	TRESIBA	trimethoprim..... 40
TOLECTIN DS..... 34	FLEXTOUCH U-	TRI-MILI.....132
tolmetin.....34	200..... 170	trimipramine..... 105
tolterodine.....194	TRESIBA U-100	TRINATAL RX 1..157
tolvaptan..... 92	INSULIN..... 170	TRINATE..... 157
tolvaptan (polycys	tretinoin.....138	TRINTELLIX.....104
kidney dis)..... 191	tretinoin	TRI-SPRINTEC
topiramate..... 99	(antineoplastic)..... 71	(28)..... 132
toremifene.....72	tretinoin	TRIUMEQ.....47
TORPENZ..... 65	microspheres.....138	TRIUMEQ PD.....47
torseamide..... 91	triamcinolone	TRI-VITAMIN
TOUJEO MAX U-	acetonide.....149, 223	WITH FLUORIDE 156
300 SOLOSTAR... 170	triamterene.....91	TRI-VYLIBRA.....133
TOUJEO	triamterene-	TRI-VYLIBRA LO
SOLOSTAR U-300	hydrochlorothiazid...92	 133
INSULIN..... 170	triazolam..... 112, 124	tropicamide.....229
TOVET	TRICON..... 154	trospium.....194
EMOLLIENT..... 148	TRIDERM..... 149	TRUE METRIX
TOVIAZ..... 194	trientine.....38	AIR GLUCOSE
tramadol.....25	TRI-ESTARYLLA 132	METER.....208, 218
tramadol-	trifluoperazine.....108	TRUE METRIX
acetaminophen...27, 28	trifluridine.....234	GLUCOSE
trandolapril..... 82	trihexyphenidyl.....106	METER.....208, 218
trandolapril-	TRIJARDY XR..... 165	TRUE METRIX
verapamil..... 81	TRIKAFTA..... 246	GO GLUCOSE
tranexamic acid.....196	TRI-LEGEST FE...132	METER.....208, 218

TRUE METRIX LEVEL 1..... 208, 219	TYRUKO..... 224	VANDAZOLE..... 249
TRUE METRIX PRO TEST STRIP 204, 219	TYVASO.....94	VAQTA (PF)..... 75
TRUENESS BLOOD GLUCOSE MONITOR.... 208, 219	TYVASO DPI..... 94	varenicline tartrate. 126
TRUENESS GLUCOSE TEST STRIP..... 204, 219	TYVASO REFILL KIT..... 94	VARIVAX (PF).76, 81
TRULANCE..177, 183	TYVASO STARTER KIT.....94	VARUBI.....177
TRULICITY..... 161	UCERIS.....185	VASCEPA.....86
TRUMENBA.....78	UNITHROID.....175	VAXCHORA
TRUSTEX-RIA NON-LUB CONDOMS... 208, 219	UPTRAVI.....93	VACCINE..... 76, 78
TULANA.....132	URETRON D-S 53, 193	VAXELIS (PF) 75, 76, 78
TURQOZ (28)..... 131	URIMAR-T.... 53, 193	VAXNEUVANCE (PF)..... 77
TWIIIST REFILL KT(CSST-NDL- SYR)..... 211, 219	UROGESIC-BLUE 53, 193	VCF CONTRACEPTIV E FILM..... 135
TWIIIST RFL(INFUS-CSST- NDL-SYR).... 211, 219	URO-MP.....53, 193	VCF CONTRACEPTIV E GEL..... 135
TWIIIST STARTER KIT..... 211, 219	URO-SP.....53, 193	VELIVET TRIPHASIC REGIMEN (28)..... 133
TWINRIX (PF).....75	ursodiol..... 179	VEMLIDY 50
TYDEMY 131	URYL..... 53, 193	VENCLEXTA... 61, 62
TYENNE..... 32	ustekinumab 138, 139, 184	VENCLEXTA STARTING PACK..62
TYENNE AUTOINJECTOR... 32	ustekinumab-ttwe 139, 184	venlafaxine..... 103
TYMLOS.....165	valacyclovir..... 52	VENXXIVA..... 190
TYPHIM VI.....77	VALCHLOR..... 143	verapamil..... 85, 89, 90
	valganciclovir..... 49	VERQUVO.....84
	valproic acid.... 97, 113	VERZENIO..... 63
	valproic acid (as sodium salt).... 98, 113	VESTURA (28)..... 131
	valrubicin.....73	V-GO 20..... 211, 219
	valsartan.....83	V-GO 30..... 211, 219
	valsartan- hydrochlorothiazide.83	V-GO 40..... 211, 219
	VALTYA.....131	VIBERZI..... 183, 187
	vancomycin.....50	

VIENVA.....131	WERA (28).....131	YESINTEK....139, 184
vigabatrin.....98	WESCAP-PN DHA	YEZTUGO..... 44, 46
VIGADRONE... 98, 99	 155	YF-VAX (PF)....76, 81
VIJOICE.....221	WESNATE DHA.. 157	YOUR CHOICE
vilazodone.....104	WESTAB PLUS....157	 134, 135
VIMKUNYA (PF)...78	WESTGEL DHA...157	YULITHIRA..... 66
VIOKACE..... 178	WINTERGREEN	YUTREPIA..... 94
VIORELE (28)..... 128	OIL..... 151	YUVAFEM..... 249
VIRACEPT.....54	WIXELA INHUB..244	ZAFEMY.....133
VIREAD.....46, 50	WOMEN'S	zafirlukast..... 240
VISTOGARD..... 74	GENTLE	zaleplon.....124
VITAMIN K.....158	LAXATIVE(BISA	ZARAH..... 131
VITAMIN K1.....158	C)..... 189	ZATEAN-PN DHA
VITRAKVI.....73	WYMZYA FE.....131	 155
VIVITROL..... 125	XALKORI..... 59	ZATEAN-PN
VIVOTIF..... 76, 77	XARAH FE..... 133	PLUS..... 155
VOLNEA (28)..... 128	XARELTO..... 195	ZEJULA..... 67
VONJO..... 65	XARELTO DVT-	ZELBORAF..... 62
VOQUEZNA	PE TREAT 30D	ZELVYSIA.....222
DUAL PAK..... 183	START..... 196	ZENATANE.....135
VOQUEZNA	XDEMVI.....233	ZENPEP..... 178
TRIPLE PAK.....183	XELRIA FE.....131	ZENZEDI
voriconazole..... 42	XENPOZYME..... 219	 111, 114, 123
VORTEX	XERMELO.....175	ZEPOSIA.....185, 227
HOLDING	XIFAXAN..... 55	ZEPOSIA
CHAMBER... 210, 219	XIGDUO XR.....162	STARTER KIT
VUMERITY.....226	XIIDRA.....230	(28-DAY)..... 185, 227
VYFEMLA (28).... 131	XOLAIR.....238	ZEPOSIA
VYLEESI..... 116	XOSPATA.....64	STARTER PACK
VYLIBRA..... 131	XTANDI.....60	(7-DAY)..... 185, 227
VYLOY..... 63	XTRENBO..... 174	ZERViate.....229
VYNDAMAX..... 159	XULANE.....133	zidovudine..... 46
warfarin.....195	XURIDEN.....221	ZIEXTENZO.....196
water for irrigation,	XYVONA.....25	zileuton..... 237
sterile..... 153	XYWAV.....122	ZINGIBER..... 157

ZIOPTAN (PF).....234
 ziprasidone hcl
 107, 114
 ZOLINZA.....64
 zolmitriptan.....118
 zolpidem..... 124
 zonisamide..... 100
 ZOVIA 1-35 (28)...131
 ZTALMY..... 100
 ZTLIDO.....151
 ZUBSOLV.....125
 ZUMANDIMINE
 (28)..... 131
 ZURZUVAE.....101
 ZYDELIG.....67
 ZYKADIA.....59
 ZYMFENTRA.30, 187
 ZYNYZ.....73



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