



COMMUNITY HEALTH PLAN
of Washington™

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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.

Sustitución por genéricos, intercambio terapéutico y biosimilares

Cuando esté disponible y permitido por ley, una farmacia puede sustituir un medicamento de marca por un medicamento genérico aprobado por la FDA. CHPW también puede identificar alternativas preferidas clínicamente adecuadas mediante el intercambio terapéutico o dar preferencia a ciertos productos biosimilares cuando estén cubiertos por el beneficio farmacéutico. Estas políticas pueden cambiar a medida que surjan nuevos productos, información de seguridad o guías clínicas. Consulte el formulario, la Evidencia de Cobertura (EOC) o el sitio web individualandfamily.chpw.org/prescription-drugs para obtener la información más actualizada.

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-INFLAMMATOR Y 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	
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

Community Health Plan of Washington	Drug Tier	Limits
morphine concentrate oral solution	1	
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.REL.12 HR 10 MG	2	ST; QL (90 EA per 30 days)
oxymorphone oral tablet	1	
oxymorphone oral tablet extended release 12 hr	1	ST; QL (90 EA per 30 days)
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	
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	

Community Health Plan of Washington	Drug Tier	Limits
ASCOMP WITH CODEINE	1	
butalbital-acetaminophen-cod	1	
codeine-bitalbital-asacaff	1	
ANALGESIC OPIOID DIHYDROCODEINE COMBINATIONS		
acetaminophen-caff-dihydrocod	1	
ANALGESIC OPIOID DIHYDROCODEINE, NON-SALICYLATE ANALGESIC, XANTHINE		
acetaminophen-caff-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	
hydrocodone-ibuprofen	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
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	
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, 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)
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)

Community Health Plan of Washington	Drug Tier	Limits
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
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
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 SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; QL (4 EA per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
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)
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	
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	

Community Health Plan of Washington	Drug Tier	Limits
mycophenolate mofetil	1	
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)
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	
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	

Community Health Plan of Washington	Drug Tier	Limits
sulindac	1	
TOLECTIN DS	1	ST
tolmetin oral capsule	1	ST
tolmetin oral tablet 200 mg	1	
tolmetin oral tablet 600 mg	1	ST
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)
diclofenac potassium oral tablet 25 mg	1	ST
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral	1	
LOFENA	1	ST

Community Health Plan of Washington	Drug Tier	Limits
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	
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
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr	1	ST
oxaprozin oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
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
BAYER LOW DOSE ASPIRIN	1	ACA
diflunisal	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
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	
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

Community Health Plan of Washington	Drug Tier	Limits
CHELATING AGENTS - LEAD POISONING		
CHEMET	2	PA
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	
naloxone nasal	1	QL (2 EA per 30 days)
REXTOVY	2	QL (2 EA per 30 days)
ANTI-INFECTIVE AGENTS		
AMINOGLYCOSIDE ANTIBIOTIC		
ARIKAYCE	4	PA
neomycin	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	
AMINOPENICILLIN ANTIBIOTIC		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet, chewable 125 mg, 250 mg	1	
ampicillin oral capsule 500 mg	1	
ANTHELMINTIC AGENTS - BENZIMIDAZOLE DERIVATIVES		
albendazole	1	QL (120 EA per 30 days)
EMVERM	2	QL (6 EA per 30 days)
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	

Community Health Plan of Washington	Drug Tier	Limits
ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS		
sulfamethoxazole-trimethoprim oral	1	
SULFATRIM	1	
ANTIBACTERIAL FOLATE ANTAGONIST OTHERS		
trimethoprim	1	
ANTIBACTERIAL NITROFURAN 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	
ANTIFUNGAL - FLUORINATED PYRIMIDINE-TYPE AGENTS		
flucytosine	1	PA
ANTIFUNGAL - IMIDAZOLES		
ketoconazole oral	1	

Community Health Plan of Washington	Drug Tier	Limits
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)
NOXAFIL ORAL SUSP, DELAYED 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
ANTILEPTOTIC - IMMUNOMODULATORS		
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)
ANTILEPTOTIC - SULFONE AGENTS		
dapsone oral	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
hydroxychloroquine	1	
mefloquine	1	QL (13 EA per 240 days)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
ANTIPROTOZOAL -ANTIBACTERIAL 1ST GENERATION 2-METHYL-5- NITROIMIDAZOL E		
metronidazole oral capsule	1	
metronidazole oral tablet 250 mg, 500 mg	1	
ANTIPROTOZOAL -ANTIBACTERIAL 2ND GENERATION 2-METHYL-5- NITROIMIDAZOL E		
tinidazole oral tablet 250 mg	1	QL (40 EA per 30 days)
tinidazole oral tablet 500 mg	1	QL (20 EA per 30 days)
ANTIRETROVIRA L - CAPSID INHIBITORS		
SUNLENCA	4	
YEZTUGO	4	ACA
ANTIRETROVIRA L - CCR5 CO- RECEPTOR ANTAGONIST		
maraviroc	1	
SELZENTRY ORAL SOLUTION	2	
ANTIRETROVIRA L - CD4 ATTACHMENT INHIBITORS		
RUKOBIA	2	

Community Health Plan of Washington	Drug Tier	Limits
ANTIRETROVIRA L - HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS		
APRETUDE	4	
ISENTRESS	2	
ISENTRESS HD	2	
TIVICAY ORAL TABLET 50 MG	2	
TIVICAY PD	2	
ANTIRETROVIRA L - 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	
ANTIRETROVIRA L - INTEGRASE INHIBITOR AND NRTI COMBINATIONS		
DOVATO	2	
ANTIRETROVIRA L - NON- NUCLEOSIDE REVERSE TRANSCRIPTASE INHIB (NNRTI)		
EDURANT PED	2	

Community Health Plan of Washington	Drug Tier	Limits
efavirenz oral tablet	1	
etravirine	1	
INTELENCE ORAL TABLET 25 MG	2	
nevirapine	1	
PIFELTRO	2	
rilpivirine hcl	1	
ANTIRETROVIRAL - NUCLEOSIDE ANALOG RTIS COMBINATIONS		
CIMDUO	2	
DESCOVY	2	
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	
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	

Community Health Plan of Washington	Drug Tier	Limits
ANTIRETROVIRAL-NUCLEOSIDE ANALOGS AND INTEGRASE INHIBITOR COMBINATIONS		
TRIUMEQ	2	
TRIUMEQ PD	2	
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-tenofof	1	
efavirenz-lamivu-tenofof disop	1	
emtricitabine-rilpivirine-tenofof df	1	
ODEFSEY	2	
SYMFI	2	

Community Health Plan of Washington	Drug Tier	Limits
ANTITUBERCULAR - D-ALANINE ANALOGS		
cycloserine	1	
ANTITUBERCULAR - DIARYLQUINOLINE ANTIBIOTICS		
SIRTURO	2	PA
ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES		
isoniazid oral	1	
ANTITUBERCULAR - NIACINAMIDE DERIVATIVES		
pyrazinamide	1	
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	

Community Health Plan of Washington	Drug Tier	Limits
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
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	
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)

Community Health Plan of Washington	Drug Tier	Limits
FLUOROQUINOLONE ANTIBIOTICS		
BAXDELA INTRAVENOUS	3	ST
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)
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	

Community Health Plan of Washington	Drug Tier	Limits
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
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)
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

Community Health Plan of Washington	Drug Tier	Limits
HERPES ANTIVIRAL AGENT - PURINE ANALOGS		
acyclovir oral capsule	1	
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)
oseltamivir oral capsule 45 mg, 75 mg	1	QL (20 EA per 365 days)
oseltamivir oral suspension for reconstitution	1	QL (360 ML per 365 days)
RELENZA DISKHALER	3	QL (40 EA per 365 days)
INFLUENZA-A ANTIVIRAL AGENTS		
rimantadine	1	
LINCOSAMIDE ANTIBIOTICS		
clindamycin hcl	1	
CLINDAMYCIN PEDIATRIC	1	

Community Health Plan of Washington	Drug Tier	Limits
MACROLIDE ANTIBIOTICS		
azithromycin oral	1	
clarithromycin	1	
E.E.S. 400 ORAL TABLET	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	1	
erythromycin ethylsuccinate oral suspension for reconstitution	1	
erythromycin ethylsuccinate oral tablet	1	
erythromycin oral	1	
fidaxomicin	1	QL (20 EA per 30 days)
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	
MISC ANTI-INFECTIVE		
methenamine hippurate	1	
methenamine mandelate oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
OXAZOLIDINONE ANTIBIOTICS		
linezolid	1	PA
PENICILLIN ANTIBIOTIC - NATURAL		
penicillin v potassium	1	
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	
PROTEASE INHIBITORS (PEPTIDIC) ANTIRETROVIRAL		
atazanavir	1	
EVOTAZ	2	
fosamprenavir	1	
NORVIR ORAL POWDER IN PACKET	2	
REYATAZ ORAL POWDER IN PACKET	2	
ritonavir	1	

Community Health Plan of Washington	Drug Tier	Limits
VIRACEPT ORAL TABLET	2	
RESPIRATORY SYNCYTIAL VIRUS (RSV) ANTIVIRAL AGENTS		
ribavirin inhalation	1	PA
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)
SARS-COV-2 ANTIVIRAL AGENT - MAIN PROTEASE (MPRO) 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	
doxycycline monohydrate oral capsule 150 mg, 75 mg	1	ST
doxycycline monohydrate oral capsule,ir - delay rel,biphase	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)
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		
TAGRISSO	4	PA; QL (30 EA per 30 days)
ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES		
MYLERAN	2	
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	

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - ALKYLATING AGENT - OTHER		
bendamustine intravenous recon soln	4	PA
ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES		
temozolomide	4	PA
ANTINEOPLASTIC - ANAPLASTIC LYMPHOMA KINASE (ALK) INHIBITORS		
ALECENSA	4	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL (30 EA per 30 days)
ENSACOVE	4	PA
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 PELLET	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)
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

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS		
mercaptopurine oral suspension	4	ST
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	
ANTINEOPLASTIC - ANTIMETABOLITES - PYRIMIDINE ANALOG COMBINATIONS		
LONSURF	4	PA
ANTINEOPLASTIC - ANTI-PD-1 AND ANTI-LAG-3 MONOCLONAL ANTIBODIES		
OPDUALAG	4	PA

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - AROMATASE INHIBITORS		
anastrozole	1	ACA
exemestane	1	ACA
letrozole	1	
ANTINEOPLASTIC - B-CELL LYMPHOMA-2 (BCL-2) INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG	4	PA; QL (56 EA per 30 days)
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)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; QL (840 EA per 30 days)
ZELBORAF	4	PA; QL (240 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
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)
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
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)

Community Health Plan of Washington	Drug Tier	Limits
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	
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)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR		
ERIVEDGE	4	PA; QL (30 EA per 30 days)
ODOMZO	4	PA; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENAS E 1 (MIDH1) INHIBITORS		
TIBSOVO	4	PA
ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENAS E 2 (MIDH2) INHIBITORS		
IDHIFA	4	PA; QL (30 EA per 30 days)
ANTINEOPLASTIC - ORNITHINE DECARBOXYLASE (ODC) INHIBITORS		
IWILFIN	4	PA
ANTINEOPLASTIC - PHOSPHATIDYLIN OSITOL 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)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
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 (ACALABRUTINIB MAL)	4	PA; QL (60 EA per 30 days)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
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)
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
SCSEMBLIX 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)
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)
ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
tamoxifen	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
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
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)
ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS		
HYCAMTIN ORAL	4	PA

Community Health Plan of Washington	Drug Tier	Limits
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 - ANTHRACYCLINE S		
valrubicin	4	PA
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 RECEPTOR 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 - FOLIC ACID ANTAGONIST TYPE		
leucovorin calcium oral	1	
METHOTREXATE RESCUE AGENTS		
leucovorin calcium oral	1	
ANTISEPTICS AND DISINFECTANTS		
ANTISEPTIC - IODINE/IODOPHORES		
LUGOLS TOPICAL	1	
STRONG IODINE TOPICAL	1	

Community Health Plan of Washington	Drug Tier	Limits
BIOLOGICALS		
ALLERGENIC EXTRACTS - GRASS POLLEN		
GRASTEK	2	PA
ALLERGENIC EXTRACTS - MITE EXTRACTS		
ODACTRA	2	PA
ALLERGENIC EXTRACTS - WEED POLLEN		
RAGWITEK	2	PA
ANTIVIRAL MONOCLONAL ANTIBODIES - RESPIRATORY SYNCYTIAL VIRUS (RSV)		
BEYFORTUS	2	
ENFLONIA	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	
VAXELIS (PF) INTRAMUSCULAR SYRINGE	2	

Community Health Plan of Washington	Drug Tier	Limits
HEPATITIS B VACCINES - SINGLE AGENTS		
ENGERIX-B (PF)	2	ACA
ENGERIX-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	
bcg vaccine, live (pf)	2	
DENGIVAXIA (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(TDAP 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	
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
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	
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

Community Health Plan of Washington	Drug Tier	Limits
FLUARIX 2026-2027 (PF)	2	ACA
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	
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		
IPOL	2	ACA

Community Health Plan of Washington	Drug Tier	Limits
VACCINE VIRAL - RABIES		
IMOVAX RABIES VACCINE (PF)	2	ACA
RABAVERT (PF)	2	ACA
VACCINE VIRAL - RESPIRATORY SYNCYTIAL VIRUS (RSV)		
ABRYSVO (PF)	2	
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	
VARIVAX (PF)	2	ACA
VACCINE VIRAL - YELLOW FEVER		
STAMARIL (PF)	2	
YF-VAX (PF)	2	

Community Health Plan of Washington	Drug Tier	Limits
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	
trandolapril-verapamil	1	
ACE INHIBITOR AND DIURETIC COMBINATIONS		
benazepril-hydrochlorothiazide	1	
captopril-hydrochlorothiazide	1	
enalapril-hydrochlorothiazide	1	
fosinopril-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	1	
quinapril-hydrochlorothiazide	1	
ACE INHIBITORS		
benazepril	1	
captopril	1	
enalapril maleate	1	
fosinopril	1	
lisinopril	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
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-hcthiiazid	1	

Community Health Plan of Washington	Drug Tier	Limits
olmesartan-amlodipin-hcthiiazid	1	
ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-DIURETIC COMBINATIONS		
candesartan-hydrochlorothiazid	1	
irbesartan-hydrochlorothiazide	1	
losartan-hydrochlorothiazide	1	
olmesartan-hydrochlorothiazide	1	
telmisartan-hydrochlorothiazid	1	
valsartan-hydrochlorothiazide	1	
ANGIOTENSIN II RECEPTOR BLOCKER-NEPRILYSIN 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, NON-HEMODYNAMIC		
ranolazine	1	
ANTIANGINAL AND ANTI-ISCHEMIC AGENTS		
VERQUVO	2	QL (30 EA per 30 days)
ANTIARRHYTHMI C - CLASS IA		
quinidine gluconate oral	1	
quinidine sulfate oral tablet	1	
ANTIARRHYTHMI C - CLASS IB		
mexiletine	1	
ANTIARRHYTHMI C - CLASS IC		
flecainide	1	
propafenone	1	
ANTIARRHYTHMI C - CLASS II		
SOTALOL AF	1	

Community Health Plan of Washington	Drug Tier	Limits
sotalol oral	1	
SOTYLIZE	2	
ANTIARRHYTHMI C - CLASS III		
amiodarone oral	1	
dofetilide	1	
PACERONE ORAL TABLET 100 MG, 200 MG	1	
ANTIARRHYTHMI C - CLASS IV		
verapamil oral tablet	1	
ANTIHYPERLIPID EMIC - BILE ACID SEQUESTRANTS		
cholestyramine (with sugar)	1	
CHOLESTYRAMINE LIGHT	1	
colesevelam	1	
colestipol	1	
PREVALITE	1	
ANTIHYPERLIPID EMIC - FIBRIC ACID DERIVATIVES		
fenofibrate micronized oral capsule 130 mg	1	ST
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	

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
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

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
ANTIHYPERLIPIDEMIC-HMG COA REDUCT INHIB AND CHOLESTEROL ABSORP INHIBIT		
ezetimibe-simvastatin	1	QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
ANTIHYPERLIPIDEMIC-MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP)INHIB		
JUXTAPID	4	PA
BETA BLOCKERS CARDIAC SELECTIVE, INTRINSIC SYMPATHOMIMETIC ACTIVITY		
acebutolol	1	
BETA BLOCKERS CARDIAC SELECTIVE		
atenolol	1	
betaxolol oral	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
metoprolol succinate	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nebivolol	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 - BENZOTHAZEPINES		
CARTIA XT	1	
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr	1	
diltiazem hcl oral tablet	1	
diltiazem hcl oral tablet extended release 24 hr	1	
DILT-XR	1	
MATZIM LA	1	
TIADYLTER	1	

Community Health Plan of Washington	Drug Tier	Limits
CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES - CEREBROVASCULAR SPECIFIC		
nimodipine	1	
CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES		
amlodipine	1	
felodipine	1	
isradipine	1	
nicardipine oral	1	
nifedipine oral tablet extended release	1	
nifedipine oral tablet extended release 24hr	1	
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	1	
CALCIUM CHANNEL BLOCKERS - PHENYLALKYLAMINES		
verapamil oral capsule, 24 hr er pellet ct	1	ST
verapamil oral capsule,ext rel. pellets 24 hr	1	
verapamil oral tablet	1	
verapamil oral tablet extended release	1	
CARDIAC MYOSIN INHIBITOR		
CAMZYOS	4	PA; QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
MYQORZO	4	PA; QL (30 EA per 30 days)
CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.		
atenolol-chlorthalidone	1	
bisoprolol-hydrochlorothiazide	1	
metoprolol ta-hydrochlorothiaz	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)
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	

Community Health Plan of Washington	Drug Tier	Limits
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	
DIURETIC - CARBONIC ANHYDRASE INHIBITORS		
acetazolamide	1	
dichlorphenamide	4	PA
methazolamide	1	
DIURETIC - LOOP		
bumetanide oral	1	
ethacrynic acid	1	
furosemide oral	1	
torsemide oral	1	
DIURETIC - POTASSIUM SPARING		
amiloride	1	
triamterene	1	

Community Health Plan of Washington	Drug Tier	Limits
DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS		
amiloride-hydrochlorothiazide	1	
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	
metolazone	1	
HYPERPOLARIZATION-ACTIVATED CYCLIC NUCLEOTIDE-GATED CHANNEL INHIBITORS		
ivabradine	1	PA

Community Health Plan of Washington	Drug Tier	Limits
MUSCARINIC RECEPTOR ANTAGONISTS (ANTICHOLINERGIC)		
atropine in 0.9 % sod chloride intravenous syringe 1 mg/2.5 ml (0.4 mg/ml)	NC	
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,DOSE PACK	4	PA; QL (200 EA per 30 days)
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

Community Health Plan of Washington	Drug Tier	Limits
prazosin	1	
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	QL (30 EA per 30 days)
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
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

Community Health Plan of Washington	Drug Tier	Limits
PULMONARY ANTIHYPERTENSIVE AGENTS-SOLUBLE GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	4	PA; QL (90 EA per 30 days)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
RENIN INHIBITOR, DIRECT		
aliskiren	1	
VASODILATOR COMBINATIONS		
isosorbide-hydralazine	1	
CENTRAL NERVOUS SYSTEM AGENTS		
ANTIANKXIETY AGENT - ANTIHISTAMINE TYPE		
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate	1	
ANTIANKXIETY AGENT - BENZODIAZEPINES		
alprazolam	1	
ALPRAZOLAM INTENSOL	1	
chlordiazepoxide hcl	1	
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	

Community Health Plan of Washington	Drug Tier	Limits
ANTIANKXIETY AGENT - DICARBAMATE TYPE		
meprobamate	3	
ANTIANKXIETY 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 - BENZODIAZEPINE S		
clobazam oral suspension	1	PA
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)

Community Health Plan of Washington	Drug Tier	Limits
ANTICONVULSANT - CANNABINOID TYPE		
EPIDIOLEX	4	PA
ANTICONVULSANT - CARBAMATES		
felbamate	1	
ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES		
divalproex	1	
valproic acid	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	
ANTICONVULSANT - FUNCTIONALIZED AMINO ACID		
lacosamide oral	1	
ANTICONVULSANT - GABA ANALOGS		
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1	
gabapentin oral tablet 600 mg, 800 mg	1	
pregabalin oral capsule	1	
pregabalin oral solution	1	
RELGAABI ORAL CAPSULE 300 MG, 400 MG	1	

Community Health Plan of Washington	Drug Tier	Limits
ANTICONVULSANT - GABA RE-UPTAKE INHIBITOR, NIEPOTIC 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)
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	

Community Health Plan of Washington	Drug Tier	Limits
carbamazepine oral tablet	1	
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	
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	

Community Health Plan of Washington	Drug Tier	Limits
ANTICONVULSANT - PYRROLIDINE DERIVATIVES		
brivaracetam oral	1	
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
ANTIDEPRESSANT - ALPHA-2 RECEPTOR ANTAGONISTS (NASSA)		
mirtazapine	1	
ANTIDEPRESSANT - MAO INHIBITOR NONSELECTIVE AND IRREVERSIBLE-TYPES A,B		
MARPLAN	3	
phenelzine	1	
tranylcypromine	1	

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
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
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
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,DOPA MINE,SEROTONIN ANTAGON		
olanzapine-fluoxetine	1	
ANTIDEPRESSANT -NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)		
bupropion hcl oral tablet	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	QL (30 EA 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	
trimipramine	1	

Community Health Plan of Washington	Drug Tier	Limits
ANTIPARKINSON - DOPAMINERGIC-PERIPH COMT-DOPA-DECARBOXYLASE INHIB COMB		
carbidopa-levodopa-entacapone	1	
ANTIPARKINSON - DOPAMINERG-PERIPHERAL DOPA-DECARBOXYLASE INHIBIT COMB		
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet extended release	1	
carbidopa-levodopa oral tablet,disintegrating	1	
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	

Community Health Plan of Washington	Drug Tier	Limits
ANTIPARKINSON THERAPY - DOPAMINE PRECURSORS		
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL (300 EA per 30 days)
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	
ANTIPSYCHOTIC - ATYP DOPAMINE-SEROTONIN ANTAG DIBENZO-OXEPINO PYRROLES		
asenapine maleate	1	QL (60 EA per 30 days)

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

Community Health Plan of Washington	Drug Tier	Limits
ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZODIAZEPI NE DER		
clozapine	1	
ANTIPSYCHOTIC - BUTYROPHENON E DERIVATIVES		
haloperidol	1	
haloperidol lactate oral	1	
ANTIPSYCHOTIC - DIBENZOXAZEPIN E DERIVATIVES		
loxapine succinate	1	
ANTIPSYCHOTIC - DIHYDROINDOLO NES		
molindone	1	
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	

Community Health Plan of Washington	Drug Tier	Limits
ANTIPSYCHOTIC - PHENOTHIAZINES , PIPERIDINE		
thioridazine	1	
ANTIPSYCHOTIC - THIOXANTHENES		
thiothixene	1	
ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZOTHIAZEP INE 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)
ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-THIENOBENZODI AZEPINES		
olanzapine oral	1	QL (30 EA per 30 days)
olanzapine-fluoxetine	1	

Community Health Plan of Washington	Drug Tier	Limits
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)
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
dexmethylphenidate	1	PA
dextroamphetamine sulfate oral capsule, extended release	1	PA
dextroamphetamine sulfate oral tablet	1	PA
dextroamphetamine-amphetamine	1	PA
lisdexamfetamine oral capsule	1	PA

Community Health Plan of Washington	Drug Tier	Limits
lisdexamfetamine oral tablet,chewable	1	ST
methamphetamine	1	PA
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	1	ST
methylphenidate hcl oral capsule, er biphasic 30-70	1	PA
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
ATTENTION DEFICIT-HYPERACTIVITY DISORDER (ADHD) THERAPY, NRI-TYPE		
atomoxetine oral capsule	1	PA
BENZODIAZEPINE S		
alprazolam	1	
ALPRAZOLAM INTENSOL	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
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	
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	

Community Health Plan of Washington	Drug Tier	Limits
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	
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	
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)

Community Health Plan of Washington	Drug Tier	Limits
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)
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	
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

Community Health Plan of Washington	Drug Tier	Limits
methamphetamine	1	PA
PROCENTRA	1	PA
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	PA
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	
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	
MIGRAINE THERAPY - CGRP LIGAND BLOCKER, MONOCLONAL ANTIBODY		
AJOVY AUTOINJECTOR	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 (CYCLOOXYGENA SE INHIBITOR)		
diclofenac potassium oral powder in packet	1	ST; QL (9 EA per 28 days)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
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)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
LUMRYZ STARTER PACK	4	ST; QL (28 EA per 30 days)
sodium oxybate	4	ST; QL (540 ML per 30 days)
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)
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

Community Health Plan of Washington	Drug Tier	Limits
NARCOLEPSY THERAPY AGENTS-STIMULANT-TYPE, SYMPATHOMIMETIC, AMPHETAMINES		
amphetamine sulfate	1	PA
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
pregabalin oral tablet extended release 24 hr	1	PA
PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE		
dextromethorphan-quinidine	1	
NUEDEXTA	2	PA
SEDATIVE-HYPNOTIC - BARBITURATES		
phenobarbital	1	

Community Health Plan of Washington	Drug Tier	Limits
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)
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, extended release multiphase	1	QL (15 EA per 30 days)
zolpidem sublingual	1	QL (15 EA per 30 days)
SEDATIVE-HYPNOTIC - TRICYCLIC ANTIDEPRESSANT TYPE		
doxepin oral tablet	1	ST; QL (15 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
CHEMICAL DEPENDENCY, AGENTS TO TREAT		
AGENTS FOR OPIOID WITHDRAWAL, 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	
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
QUIT 2	1	ACA
QUIT 4	1	ACA
STOP SMOKING AID	1	ACA
SMOKING DETERRENTS - NICOTINIC RECEPTOR PARTIAL AGONIST, ALPHA4BETA2		
varenicline tartrate	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
CHEMICALS-PHARMACEUTICAL ADJUVANTS		
PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	1	
PULMOSAL	1	
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	
ALZHEIMER'S DISEASE THERAPY - NMDA RECEPTOR ANTAGONISTS		
memantine oral capsule, sprinkle, er 24hr	1	
memantine oral solution	1	
memantine oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
ALZHEIMER'S THX - NMDA RECEPTOR ANTAG. AND CHOLINESTERASE INHIB. COMB		
memantine-donepezil	1	ST
COGNITIVE DISORDER THERAPY - CEREBRAL VASODILATORS		
ergoloid	1	
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	
CONTRACEPTIVE ORAL - BIPHASIC		
AMETHIA	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
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
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

Community Health Plan of Washington	Drug Tier	Limits
BLISOVI FE 1/20 (28)	1	ACA
BRIELLYN	1	ACA
CHARLOTTE 24 FE	1	ACA
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
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

Community Health Plan of Washington	Drug Tier	Limits
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
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
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

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

Community Health Plan of Washington	Drug Tier	Limits
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
norethindrone (contraceptive)	1	ACA
OPILL	2	ACA
ORQUIDEA	1	ACA
SHAROBEL	1	ACA
TULANA	1	ACA
CONTRACEPTIVE ORAL - QUADRAPHASIC		
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
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
CONTRACEPTIVE S - INTRAVAGINAL, SYSTEMIC - ESTROGEN AND PROGESTIN COMB.		
ELURYNG	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
ENILLORING	1	ACA
etonogestrel-ethinyl estradiol	1	ACA
HALOETTE	1	ACA
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)
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)
SHEWISE	1	ACA; QL (1 EA per 30 days)
YOUR CHOICE	1	QL (1 EA per 30 days)

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)
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)

Community Health Plan of Washington	Drug Tier	Limits
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	
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)
clindamycin phosphate topical gel, once daily	1	ST; QL (150 ML per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
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	
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
sulfacetamide sodium- sulfur topical cleanser 10-5 % (w/w)	1	
sulfacetamide sodium- sulfur topical cream 10- 2 %, 9.8-4.8 %	1	ST

Community Health Plan of Washington	Drug Tier	Limits
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
SULFACLEANSE 8-4	1	ST
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	
ACNE THERAPY TOPICAL - RETINOIDS AND DERIVATIVES		
adapalene topical cream	1	
adapalene topical gel 0.3 %	1	

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
ustekinumab subcutaneous syringe 45 mg/0.5 ml	4	PA; QL (45 MG per 84 days)

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
DERMATOLOGIC AL - ANTIBACTERIAL AMINOGLYCOSIDES		
gentamicin topical	1	QL (60 GM per 30 days)
DERMATOLOGIC AL - ANTIBACTERIAL OTHER		
mupirocin	1	QL (44 GM per 30 days)
mupirocin calcium	1	ST; QL (30 GM per 30 days)
DERMATOLOGIC AL - 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)
DERMATOLOGIC AL - 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)

Community Health Plan of Washington	Drug Tier	Limits
DERMATOLOGIC AL - ANTIFUNGAL HYDROXYPYRIDINE		
CICLODAN TOPICAL CREAM	1	QL (90 GM per 28 days)
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)
DERMATOLOGIC AL - 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)
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)

Community Health Plan of Washington	Drug Tier	Limits
oxiconazole	3	QL (90 GM per 28 days)
DERMATOLOGIC AL - ANTIFUNGAL OXABOROLE		
tavaborole	1	ST
DERMATOLOGIC AL - 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)
DERMATOLOGIC AL - ANTINEOPLASTIC ALKYLATING AGENTS		
VALCHLOR	4	PA
DERMATOLOGIC AL - ANTINEOPLASTIC ANTIMETABOLITES		
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	
DERMATOLOGIC AL - ANTINEOPLASTIC OR PREMALIGNANT LESIONS - NSAID'S		
diclofenac sodium topical gel 3 %	1	PA; QL (100 GM per 28 days)

Community Health Plan of Washington	Drug Tier	Limits
DERMATOLOGIC AL - ANTINEOPLASTIC SELECTIVE RETINOID X RECEPTOR AGONIST		
bexarotene topical	4	PA
DERMATOLOGIC AL - ANTIPSORIATIC AGENTS SYSTEMIC, PHOTSENSITIZING		
methoxsalen	1	
DERMATOLOGIC AL - ANTIPSORIATIC AGENTS SYSTEMIC, VITAMIN A DERIVATIVES		
acitretin	1	
DERMATOLOGIC AL - 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
tazarotene topical gel	1	PA

Community Health Plan of Washington	Drug Tier	Limits
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	
DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE		
silver sulfadiazine	1	
SSD	1	
SULFAMYLDON 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)

Community Health Plan of Washington	Drug Tier	Limits
DERMATOLOGICAL - EMOLLIENTS		
ammonium lactate	1	
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	
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)

Community Health Plan of Washington	Drug Tier	Limits
clobetasol topical lotion	1	ST; QL (118 ML per 30 days)
clobetasol topical ointment	1	QL (120 GM per 30 days)
clobetasol topical shampoo	1	ST; QL (236 ML per 30 days)
clobetasol topical spray,non-aerosol	1	ST; QL (125 ML per 30 days)
clobetasol-emollient topical cream	1	QL (120 GM per 30 days)
clobetasol-emollient topical foam	1	ST; QL (100 GM per 30 days)
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
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)

Community Health Plan of Washington	Drug Tier	Limits
fluocinonide topical ointment	1	QL (120 GM per 30 days)
fluocinonide topical solution	1	QL (120 ML per 30 days)
FLUOCINONIDE-E	1	QL (120 GM per 30 days)
flurandrenolide	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	
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	

Community Health Plan of Washington	Drug Tier	Limits
hydrocortisone topical lotion 2 %, 2.5 %	1	
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)
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
DERMATOLOGIC AL - GLUCOCORTICOID-LOCAL ANESTHETIC COMBINATIONS		
hydrocortisone-pramoxine topical cream 2.5-1 %	1	ST
lidocaine hcl-hydrocortison ac topical	1	
LIDOCORT	1	
DERMATOLOGIC AL - IMMUNOMODULATOR - IMIDAZOQUINOLINAMINES		
imiquimod	1	
DERMATOLOGIC AL - IMMUNOMODULATOR - INTERFERONS		
ALFERON N	2	
DERMATOLOGIC AL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS		
podofilox topical gel	1	ST; QL (7 GM per 30 days)
podofilox topical solution	1	
DERMATOLOGIC AL - LOCAL ANESTHETIC COMBINATIONS		
lidocaine-prilocaine topical cream	1	QL (30 GM per 30 days)
lidocaine-prilocaine topical kit	1	

Community Health Plan of Washington	Drug Tier	Limits
DERMATOLOGIC AL - 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)
diclofenac sodium topical solution in metered-dose pump	1	ST; QL (112 GM per 28 days)
DERMATOLOGIC AL - RETINIDS (VITAMIN A DERIVATIVES) - TOPICAL COSMETIC		
tazarotene topical cream 0.1 %	1	PA
DERMATOLOGIC AL - ROSACEA THERAPY, SYSTEMIC		
doxycycline monohydrate oral capsule,ir - delay rel,biphase	1	ST
DERMATOLOGIC AL - ROSACEA THERAPY, TOPICAL		
azelaic acid	1	
brimonidine topical	1	PA
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	

Community Health Plan of Washington	Drug Tier	Limits
DERMATOLOGIC AL - TOPICAL LOCAL ANESTHETIC AMIDES		
DERMACINRX 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
DERMATOLOGIC AL ANTIPRURITICS - ANTIHISTAMINES		
doxepin topical	1	ST; QL (90 GM per 30 days)
PRUDOXIN	1	ST; QL (90 GM per 30 days)
DERMATOLOGIC AL IRRITANTS-COUNTER-IRRITANT SINGLE AGENTS		
methyl salicylate	1	
methyl salicylate topical liquid	1	
WINTERGREEN OIL	1	
SCABICIDE AND PEDICULICIDE SINGLE AGENTS		
CROTAN	3	
malathion	1	
permethrin	1	
PRURADIK	1	

Community Health Plan of Washington	Drug Tier	Limits
spinosad	1	
DRUGS TO TREAT ERECTILE DYSFUNCTION		
ERECTILE DYSFUNCTION (ED) DRUGS-SEL.CGMP PHOSPHODIESTE RASE 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	
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

Community Health Plan of Washington	Drug Tier	Limits
DIALYVITE 800 ORAL TABLET	1	ACA
FULL SPECTRUM B-VITAMIN C	1	ACA
KOBEE	1	ACA
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	
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	

Community Health Plan of Washington	Drug Tier	Limits
MINERALS AND ELECTROLYTES - IODINE		
LUGOLS ORAL	1	
potassium iodide oral solution	1	
STRONG IODINE ORAL	1	
MINERALS AND ELECTROLYTES - IRON COMBINATIONS		
FOLITAB	1	
TRICON	1	
MINERALS AND ELECTROLYTES - IRON		
ferric carboxymaltose	1	PA
ferric citrate	1	
ferumoxytol	1	PA
INFED	2	PA
iron sucrose	1	PA
MINERALS AND ELECTROLYTES - POTASSIUM, ORAL		
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	1	
KLOR-CON	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
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
PEDIATRIC VITAMINS WITH FLUORIDE COMBINATIONS		
FLOTREX ORAL TABLET,CHEWABLE 0.25 MG, 1 MG	1	
FLOTREX ORAL TABLET,CHEWABLE 0.5 MG	1	ACA
MULTI-VITAMIN WITH FLUORIDE	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
MULTIVIT-FLUORIDE (METAFO LIN) ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE	1	ACA
MVC-FLUORIDE	1	ACA
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	
PR NATAL 400	1	
PR NATAL 400 EC	1	
PR NATAL 430	1	
PR NATAL 430 EC	1	
PRENATABS FA	1	
PRENATABS RX	1	
PRENATAL COMPLETE	1	ACA
PRENATAL MULTI-DHA (ALGAL OIL)	1	ACA
PRENATAL MULTIVITAMINS	1	ACA
PRENATAL ONE DAILY	1	ACA

Community Health Plan of Washington	Drug Tier	Limits
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1	ACA
PRENATAL PLUS	1	
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	
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)
hydroxocobalamin	1	

Community Health Plan of Washington	Drug Tier	Limits
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
PUREVITA FOLIC ACID ORAL TABLET	1	ACA
VITAMINS - FOLIC ACID COMBINATIONS		
FOLTABS 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	

Community Health Plan of Washington	Drug Tier	Limits
ENDOCRINE		
ABORTIFACIENTS - PROGESTERONE RECEPTOR ANTAGONIST		
mifepristone oral tablet 200 mg	1	
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
VYNDAMAX	4	PA
ANDROGEN - SINGLE AGENTS		
METHITEST	2	
methyltestosterone oral capsule	1	
testosterone cypionate	1	PA
testosterone enanthate	1	PA

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
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	

Community Health Plan of Washington	Drug Tier	Limits
ANTIHYPERGLYCEMIC - ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	1	
miglitol	1	
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
TRULICITY	2	ST; QL (2 ML per 28 days)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	ST; QL (60 EA per 30 days)
ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND DPP-4 INHIBITOR COMBINATIONS		
dapagliflozin-saxagliptin	1	
GLYXAMBI	2	ST; QL (30 EA per 30 days)
ANTIHYPERGLYCEMIC - SODIUM GLUCOSE COTRANSPORTER -2 (SGLT2) INHIBITORS		
dapagliflozin	1	ST; QL (30 EA per 30 days)
JARDIANCE	2	ST; QL (30 EA per 30 days)
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)
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 phos-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
ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES		
methimazole oral tablet 10 mg, 5 mg	1	
ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES		
propylthiouracil	1	
BONE FORMATION STIMULATING AGENTS - PARATHYROID HORMONE RELATED PEPTIDES		
TYMLOS	4	PA; QL (1 ML 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)
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	
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)

Community Health Plan of Washington	Drug Tier	Limits
estradiol transdermal patch weekly	1	QL (4 EA per 28 days)
estradiol valerate	1	
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	
MILLIPRED DP	1	
MILLIPRED ORAL TABLET	1	
prednisolone	1	
prednisolone sodium phosphate oral solution	1	
prednisolone sodium phosphate oral tablet,disintegrating	1	
PREDNISONE INTENSOL	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet,delayed release (dr/ec) 1 mg, 2 mg	1	ST

Community Health Plan of Washington	Drug Tier	Limits
prednisone oral tablet,delayed release (dr/ec) 5 mg	1	
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
HUMAN INSULINS - FIXED COMBINATIONS		
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	
HUMAN INSULINS - INTERMEDIATE ACTING		
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	

Community Health Plan of Washington	Drug Tier	Limits
HUMAN INSULINS - SHORT ACTING		
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
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	
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	

Community Health Plan of Washington	Drug Tier	Limits
TRESIBA FLEXTouch U-200	3	
TRESIBA U-100 INSULIN	3	
INSULIN ANALOGS - RAPID ACTING		
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
insulin lispro	2	
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	2	
LYUMJEV U-100 INSULIN	2	
MERIOLOG	2	
MERIOLOG SOLOSTAR	2	
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

Community Health Plan of Washington	Drug Tier	Limits
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)
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 - THIAZOLIDINEDI ONES (PPAR-GAMMA AGONISTS)		
pioglitazone	1	QL (30 EA per 30 days)
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

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
MINERALOCORTICOIDS		
fludrocortisone	1	
OXYTOCIC - ERGOT ALKALOIDS		
methylergonovine oral	1	QL (240 EA per 30 days)
PROGESTINS		
GALLIFREY	1	
medroxyprogesterone oral	1	
norethindrone acetate	1	
progesterone	4	
progesterone micronized oral	1	

Community Health Plan of Washington	Drug Tier	Limits
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)
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,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)
SIGNIFOR	4	PA

Community Health Plan of Washington	Drug Tier	Limits
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	
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	
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

Community Health Plan of Washington	Drug Tier	Limits
ANTIEMETIC - DOPAMINE (D2)/5-HT3 ANTAGONISTS		
trimethobenzamide oral	1	
ANTIEMETIC - PHENOTHIAZINES		
COMPRO	1	
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
BILE ACIDS		
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (120 EA 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	
DIGESTIVE ENZYME MIXTURES		
PANCREAZE ORAL CAPSULE,DELAYED 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,DELAYED 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
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)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	ST; QL (30 EA per 30 days)
lansoprazole oral tablet,disintegrat, 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
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (30 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
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
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	
GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS		
glycopyrrolate oral tablet	1	
GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES		
dicyclomine oral capsule	1	
dicyclomine oral solution	1	

Community Health Plan of Washington	Drug Tier	Limits
dicyclomine oral tablet 20 mg	1	
GI ANTISPASMODIC AND BENZODIAZEPINE COMBINATIONS		
chlordiazepoxide-clidinium	1	
GI ANTISPASMODIC AND OPIOID COMBINATIONS		
belladonna alkaloids-opium	1	
GI ANTISPASMODIC COMBINATIONS OTHER		
belladonna alkaloids-opium	1	
chlordiazepoxide-clidinium	1	
phenobarb-hyoscy-atropine-scop	1	
PHENOHYTRO ORAL ELIXIR 16.2-0.1037 - 0.0194 MG/5 ML	1	
PHENOHYTRO ORAL TABLET	1	
H. PYLORI THERAPY - BISMUTH AND ANTIBIOTICS COMBINATIONS		
bismuth subcit k-metronidz-tcn	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
IBS AGENT - GASTROINTESTINAL 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	

Community Health Plan of Washington	Drug Tier	Limits
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS		
alosetron	1	
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (90 ML per 56 days)
INFLAMMATORY BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS		
balsalazide	1	
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	
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)

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
adalimumab-ryvk subcutaneous syringe kit	4	PA; QL (4 EA per 28 days)
AVSOLA	4	PA
infliximab	4	PA
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)
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

Community Health Plan of Washington	Drug Tier	Limits
CLEARLAX ORAL POWDER	1	ACA
CONSTULOSE	1	
DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION	1	ACA
GAVILAX ORAL POWDER	1	
GENTLE LAXATIVE (MAG HYDROX)	1	ACA
GENTLELAX	1	
lactulose	1	
LAXATIVE PEG 3350	1	ACA
magnesium citrate oral solution	1	ACA
MILK OF MAGNESIA	1	ACA
MILK OF MAGNESIA CONCENTRATED	1	ACA
ONELAX MAGNESIUM CITRATE	1	ACA
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

Community Health Plan of Washington	Drug Tier	Limits
PHOSPHATE LAXATIVE	1	ACA
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	
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 - ANTI-INFECTIVE		
neomycin-polymyxin b gu	1	
G.U. IRRIGANTS		
acetic acid irrigation	1	
RENACIDIN	2	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	2	
KIDNEY STONE AGENTS		
tiopronin	4	PA
VENXXIVA	4	PA
OVERACTIVE BLADDER AGENTS - BETA -3 ADRENERGIC RECEPTOR AGONIST		
mirabegron	1	
PHOSPHATE BINDERS - CALCIUM-BASED		
calcium acetate(phosphat bind)	1	QL (360 EA per 30 days)
PHOSPHATE BINDERS - IRON-BASED		
ferric citrate	1	
PHOSPHATE BINDERS		
calcium acetate(phosphat bind)	1	QL (360 EA per 30 days)
ferric citrate	1	

Community Health Plan of Washington	Drug Tier	Limits
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)
POLYCYSTIC KIDNEY DISEASE - VASOPRESSIN V2 RECEPTOR ANTAGONISTS		
tolvaptan (polycys kidney dis) oral tablet	4	PA; QL (120 EA per 30 days)
tolvaptan (polycys kidney dis) oral tablets, sequential	4	PA; QL (56 EA per 30 days)
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	

Community Health Plan of Washington	Drug Tier	Limits
PROSTATIC HYPERTROPHY AGENT-SEL.CGMP PHOSPHODIESTE RASE TYPE5 INHIBITOR		
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)
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	
URINARY ANTIBACTERIAL - METHENAMINE AND SALTS		
methenamine hippurate	1	
methenamine mandelate oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
URINARY ANTIBACTERIAL - NITROFURAN DERIVATIVES		
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd/m-cryst	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
URINARY ANTIBACTERIALS OTHER		
fosfomycin tromethamine	1	
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	
URINARY ANTISPASMODIC - ANTICHOL., M(3) MUSCARINIC SELECTIVE (BLADDER)		
darifenacin	1	

Community Health Plan of Washington	Drug Tier	Limits
solifenacin	1	
URINARY ANTISPASMODIC - ANTICHOLINERGIC, 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	
URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS		
fesoterodine	1	
flavoxate	1	
oxybutynin chloride	1	
tolterodine	1	
TOVIAZ	2	ST
tropium	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
HEMATOLOGIC AL AGENTS		
AGENTS TO TREAT ATTP-ANTI VON WILLEBRAND FACTOR (VWF) A1 DOMAIN		
CABLIVI INJECTION KIT	4	PA

Community Health Plan of Washington	Drug Tier	Limits
AGENTS TO TREAT PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH)		
EMPAVELI	4	PA
EPYSQLI	4	PA
ANTICOAGULANTS - COUMARIN		
warfarin	1	
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	
XARELTO DVT-PE TREAT 30D START	2	
ERYTHROPOIETINS		
PROCRIT	4	PA
RETACRIT	4	PA

Community Health Plan of Washington	Drug Tier	Limits
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
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	
HEPARIN LOCKFLUSH(PORCINE)(PF)	1	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
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	
LOW MOLECULAR WEIGHT HEPARINS		
enoxaparin	4	

Community Health Plan of Washington	Drug Tier	Limits
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	
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
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)

Community Health Plan of Washington	Drug Tier	Limits
DOPTelet SPRINKLE	4	PA; QL (60 EA per 30 days)
eltrombopag olamine	4	PA
PROMACTA	4	PA
HEPATOBIILIARY 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
IMMUNOSUPPRESSIVE AGENTS		
IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS		
cyclosporine modified	1	
cyclosporine oral capsule	1	
GENGRAF ORAL CAPSULE	1	
PROGRAF ORAL GRANULES IN PACKET	2	

Community Health Plan of Washington	Drug Tier	Limits
tacrolimus oral capsule	1	
IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
mycophenolate mofetil	1	
mycophenolate sodium	1	
MYHIBBIN	2	
IMMUNOSUPPRESSIVE - INTERFERON INHIBITOR, MONOCLONAL ANTIBODY		
SAPHNELO PEN	4	PA
SAPHNELO SUBCUTANEOUS	4	PA
IMMUNOSUPPRESSIVE - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS		
everolimus (immunosuppressive)	1	
sirolimus	1	
IMMUNOSUPPRESSIVE - PURINE ANALOGS		
azathioprine	1	
LOCOMOTOR SYSTEM		
AGENTS TO TREAT PERIODIC PARALYSIS - CARBONIC ANHYDRASE INHIBITORS		
dichlorphenamide	4	PA

Community Health Plan of Washington	Drug Tier	Limits
ORMALVI	4	PA
ALS AGENTS - ANTIOXIDANTS/ANTI-INFLAMMATORIES		
edaravone	4	PA
RADICAVA ORS STARTER KIT SUSP	4	PA
AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS - BENZATHIAZOLE S		
riluzole	1	PA
ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS		
pyridostigmine bromide oral syrup	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
ANTIMYASTHENIC AGENTS OTHER		
FIRDAPSE	4	PA
MUSCULOSKELETAL THERAPY AGENT - VISCOSUPPLEMENTS		
MONOVISC	4	PA
NEUROMUSCULAR BLOCKER - NEUROTOXINS		
DYSPO	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
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 OLIGONUCLEOTI DE		
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)
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	
PRECISION XTRA TEST	2	

Community Health Plan of Washington	Drug Tier	Limits
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
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	
COVID-19 RAPID AT- HOME TEST	2	
ELLUME COVID-19 HOME TEST	2	

Community Health Plan of Washington	Drug Tier	Limits
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	
PILOT COVID-19 AT-HOME TEST	2	
QUICKVUE AT-HOME COVID-19 TEST	2	
RAPID SARS-COV-2 AG HOME TEST	2	
SPEEDYSWAB 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
MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES		
BD MICROTAINER LANCET 30 GAUGE	2	

Community Health Plan of Washington	Drug Tier	Limits
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	
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)
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	

Community Health Plan of Washington	Drug Tier	Limits
MEDISENSE GLUCOSE KETONE	2	
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRA2 METER	2	
ONETOUCH VERIO FLEX METER	2	
ONETOUCH VERIO MID CONTROL	2	
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	
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	
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	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	

Community Health Plan of Washington	Drug Tier	Limits
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
MEDICAL SUPPLIES AND DME - SUBCUTANEOUS INSULIN DELIVERY DEVICES		
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	2	QL (8 EA per 30 days)
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	
TWIST REFILL KT(CSST-NDL-SYR)	2	QL (1 EA per 30 days)
TWIST RFL(INFUS-CSST-NDL-SYR)	2	QL (1 EA per 30 days)
TWIST 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)

Community Health Plan of Washington	Drug Tier	Limits
MEDICAL SUPPLIES AND DME - SUBCUTANEOUS INSULIN PUMP		
ILET INSULIN PUMP	2	QL (1 EA per 365 days)
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	
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	

Community Health Plan of Washington	Drug Tier	Limits
TANDEM T:SLIM ASFT 30 PK10 23"	2	
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	
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 COVD AG CARD HOME TST	2	
BINAXNOW COVID-19 AG SELF TEST	2	ACA
BREATHERITE MDI SPACER	2	

Community Health Plan of Washington	Drug Tier	Limits
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
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
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	

Community Health Plan of Washington	Drug Tier	Limits
FREESTYLE FREEDOM	2	
FREESTYLE FREEDOM LITE	2	
FREESTYLE INSULINX	2	
FREESTYLE INSULINX TEST STRIPS	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)
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	
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	

Community Health Plan of Washington	Drug Tier	Limits
ILET INFUSION-CONTACT DTCH 23"	2	
ILET INSULIN PUMP	2	QL (1 EA per 365 days)
ILET STARTER KIT-INSET	2	
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	
MICROSPACER	2	
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	
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	
PROCHAMBER	2	
QUICKVUE AT-HOME COVID-19 TEST	2	ACA
RAPID SARS-COV-2 AG HOME TEST	2	

Community Health Plan of Washington	Drug Tier	Limits
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	
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	
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)

Community Health Plan of Washington	Drug Tier	Limits
TWIST RFL(INFUS-CSST-NDL-SYR)	2	QL (1 EA per 30 days)
TWIST 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)
VORTEX HOLDING CHAMBER	2	
METABOLIC DISEASE ENZYME REPLACEMENT AGENTS		
METABOLIC DISEASE ENZYME REPLACEMENT, ACID SPHINGOMYELINASE DEFICIENCY		
XENPOZYME	4	PA
METABOLIC DISEASE ENZYME REPLACEMENT, ALPHA-MANNOSIDOSIS		
LAMZEDE	4	PA
METABOLIC DISEASE ENZYME REPLACEMENT, FABRY'S DISEASE		
ELFABRIO	4	PA
METABOLIC DISEASE ENZYME REPLACEMENT, HYPOPHOSPHATASIA		
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	
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

Community Health Plan of Washington	Drug Tier	Limits
METABOLIC MODIFIER - HOMOCYSTEINURIA TREATMENT AGENTS		
betaine	4	PA
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)
METABOLIC MODIFIER - TYROSINE METABOLISM DISORDER AGENTS		
nitisinone	4	PA
NITYR	4	PA
METABOLIC MODIFIER - UREA CYCLE DISORDER AGENTS- CONJUGATING AGENTS		
glycerol phenylbutyrate	4	PA

Community Health Plan of Washington	Drug Tier	Limits
PHEBURANE	4	PA
sodium phenylbutyrate	1	PA
METABOLIC MODIFIER-CARBAMOYL PHOSPHATE SYNTHETASE 1 (CPS 1) ACTIVATOR		
CARBAGLU	4	PA
carglumic acid	4	PA
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	
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	

Community Health Plan of Washington	Drug Tier	Limits
MOUTH AND THROAT - GLUCOCORTICOIDS		
KOURZEQ	1	
ORALONE	1	
triamcinolone acetonide dental	1	
MOUTH AND THROAT - LOCAL ANESTHETIC AMIDES		
lidocaine hcl mucous membrane solution	1	
MOUTH AND THROAT - SALIVA STIMULANTS		
cevimeline	1	
pilocarpine hcl oral	1	
PERIODONTAL PRODUCT - TETRACYCLINE-TYPE, COLLAGENASE INHIBITORS		
doxycycline hyclate oral tablet 20 mg	1	
THERAPY FOR DROOLING-PRIMARY OR SECONDARY SIALORRHEA-ANTICHOLINERGIC		
glycopyrrolate oral solution	1	

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
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)
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(FOR 1MG MAINT)	4	PA; QL (12 EA per 30 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; QL (12 EA per 30 days)

Community Health Plan of Washington	Drug Tier	Limits
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		
ARTIFICIAL TEARS AND LUBRICANT SINGLE AGENTS		
MIEBO (PF)	2	PA; QL (3 ML per 30 days)
MIOTICS - CHOLINESTERASE INHIBITORS		
PHOSPHOLINE IODIDE	4	
MIOTICS - DIRECT ACTING		
MIOSTAT	1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
MYDRIATIC AND CYCLOPLEGIC COMBINATIONS		
cyclophen-tropic-phenyleph-watr	1	
phenyleph-tropicamide in water	1	
OPHTHALMIC - AGENTS FOR PRESBYOPIA		
pilocarpine hcl ophthalmic (eye) drops 1.25 %	1	

Community Health Plan of Washington	Drug Tier	Limits
OPHTHALMIC - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS		
neomycin-bacitracin-poly-hc	1	
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	
cyclopentolate	1	
HOMATROPAIRE	1	
tropicamide	1	
OPHTHALMIC - ANTIHISTAMINES		
azelastine ophthalmic (eye)	1	
bepotastine besilate	1	ST
epinastine	1	
olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %	1	
ZERVATE	3	ST

Community Health Plan of Washington	Drug Tier	Limits
OPHTHALMIC - ANTI-INFLAMMATORY, GLUCOCORTICOIDS		
dexamethasone sodium phosphate ophthalmic (eye)	1	
difluprednate	1	
DUREZOL	2	ST
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)
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	

Community Health Plan of Washington	Drug Tier	Limits
OPHTHALMIC - BETA BLOCKERS-ADRENERGIC COMBINATIONS		
brimonidine-timolol	1	
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
OPHTHALMIC - DECONGESTANTS		
phenylephrine hcl ophthalmic (eye)	1	
OPHTHALMIC - DIAGNOSTIC AGENTS		
fluorescein-proparacaine	1	
OPHTHALMIC - GLUCOCORTICOID-NSAID COMBINATIONS		
prednisolone sod ph-bromfenac	1	

Community Health Plan of Washington	Drug Tier	Limits
OPHTHALMIC - HUMAN NERVE GROWTH FACTOR (HNGF)		
OXERVATE	4	PA
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
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

Community Health Plan of Washington	Drug Tier	Limits
CIMERLI	4	PA
PAVBLU	4	PA
OPHTHALMIC - MAST CELL STABILIZERS		
cromolyn ophthalmic (eye)	1	
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	
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	

Community Health Plan of Washington	Drug Tier	Limits
ofloxacin ophthalmic (eye)	1	
OPHTHALMIC ANTIBIOTIC - MACROLIDES		
AZASITE	3	
erythromycin ophthalmic (eye)	1	
OPHTHALMIC ANTIBIOTIC - SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops	1	
OPHTHALMIC ANTIFUNGALS - TETRAENE POLYENE-TYPE		
NATACYN	2	
OPHTHALMIC ANTIFUNGALS		
NATACYN	2	
OPHTHALMIC ANTIPARASITICS		
XDEMZY	4	QL (10 ML per 30 days)
OPHTHALMIC ANTISEPTICS		
povidone-iodine ophthalmic (eye)	1	
OPHTHALMIC ANTIVIRALS		
trifluridine	1	
OPHTHALMIC-INTRAOCULAR PRESS. REDUCING, SEL. ALPHA ADRENERGIC AGONISTS		
apraclonidine	1	
brimonidine ophthalmic (eye)	1	

Community Health Plan of Washington	Drug Tier	Limits
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
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	
ciprofloxacin-hydrocortisone	1	

Community Health Plan of Washington	Drug Tier	Limits
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	
RESPIRATORY THERAPY AGENTS		
1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS		
PROMETHAZINE VC	1	
promethazine-phenylephrine	1	
ANTI HISTAMINE - 1ST GENERATION - ALKYLAMINES		
CORPHENA	1	
dexchlorpheniramine maleate oral solution	1	

Community Health Plan of Washington	Drug Tier	Limits
ANTI HISTAMINE - 1ST GENERATION - ETHANOLAMINES		
carbinoxamine maleate oral liquid	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	ST
CARBZAH	1	ST
clemastine	1	
diphenhydramine hcl oral elixir	1	
ANTI HISTAMINE - 1ST GENERATION - PHENOTHIAZINES		
promethazine oral	1	
promethazine rectal	1	
PROMETHEGAN	1	
ANTI HISTAMINE - 1ST GENERATION - PIPERIDINES		
cyproheptadine oral syrup	1	
cyproheptadine oral tablet	1	
ANTI HISTAMINES - 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	

Community Health Plan of Washington	Drug Tier	Limits
cyproheptadine oral tablet	1	
dexchlorpheniramine maleate oral solution	1	
diphenhydramine hcl oral elixir	1	
promethazine oral	1	
promethazine rectal	1	
PROMETHEGAN	1	
ANTI HISTAMINES - 2ND GENERATION - PIPERAZINES		
cetirizine oral solution 1 mg/ml	1	
levocetirizine oral solution	1	
levocetirizine oral tablet	1	QL (30 EA per 30 days)
ANTI HISTAMINES - 2ND GENERATION - PIPERIDINES		
desloratadine oral tablet	1	QL (30 EA per 30 days)
desloratadine oral tablet, disintegrating	1	QL (30 EA per 30 days)
ANTI HISTAMINES - 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)

Community Health Plan of Washington	Drug Tier	Limits
ANTITUSSIVES - NON-OPIOID		
benzonatate	1	
ASTHMA THERAPY - 5-LIPOXYGENASE INHIBITORS		
zileuton	1	PA
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	
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)

Community Health Plan of Washington	Drug Tier	Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (11 GM per 30 days)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 ML per 28 days)
NUCALA SUBCUTANEOUS 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 SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; QL (1 Syringe per 56 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; QL (1 ML per 56 days)
ASTHMA THERAPY - LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast	1	
zafirlukast	1	
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)

Community Health Plan of Washington	Drug Tier	Limits
ASTHMA THERAPY - XANTHINES		
theophylline oral elixir	1	
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr	1	
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	
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	

Community Health Plan of Washington	Drug Tier	Limits
ASTHMA/COPD - BETA 2-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING		
STRIVERDI RESPIMAT	2	QL (4 GM per 30 days)
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	
ASTHMA/COPD THERAPY - BETA ADRENERGIC AGENTS		
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	
terbutaline oral	1	

Community Health Plan of Washington	Drug Tier	Limits
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)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
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)
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- ANTICHOLINERGI C- GLUCOCORTICOI D COMB,		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION	2	
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

Community Health Plan of Washington	Drug Tier	Limits
CYSTIC FIBROSIS - INHALED AMINOGLYCOSID ES		
KITABIS PAK	4	PA; QL (280 ML per 30 days)
tobramycin in 0.225 % nacl	4	PA; QL (280 ML per 30 days)
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- TRANSMEMBRAN E CONDUCTANCE REGULATOR (CFTR) POTENTIATOR		
KALYDECO	4	PA; QL (56 EA per 30 days)
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)

Community Health Plan of Washington	Drug Tier	Limits
ORKAMBI ORAL TABLET	4	PA; QL (112 EA per 30 days)
SYMDEKO	4	PA; QL (56 EA per 30 days)
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)
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)

Community Health Plan of Washington	Drug Tier	Limits
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)
NON-OPIOID ANTITUSSIVE-1ST GEN.ANTIHISTAMINE-DECONGESTANT COMBINATIONS		
brompheniramine-pseudoeph-dm	1	
NON-OPIOID ANTITUSSIVE-ANTI-HISTAMINE COMBINATIONS		
promethazine-dm	1	
OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS		
hydrocodone-chlorpheniramine	1	
promethazine-codeine	1	
OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS		
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet	1	

Community Health Plan of Washington	Drug Tier	Limits
OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS		
codeine-guaifenesin	1	
G TUSSIN AC	1	
MAXI-TUSS AC	1	
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)
VAGINAL PRODUCTS		
VAGINAL ANTIBACTERIAL - LINCOSAMIDES		
clindamycin phosphate vaginal	1	
VAGINAL ANTIFUNGAL - IMIDAZOLES		
GYNAZOLE-1	3	
MICONAZOLE-3 VAGINAL SUPPOSITORY	1	

Community Health Plan of Washington	Drug Tier	Limits
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terconazole	1	
VAGINAL ANTIPROTOZOAL -ANTIBACTERIAL - NITROIMIDAZOLE DERIVATIVES		
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
VANDAZOLE	1	
VAGINAL ANTISEPTIC MIXTURES		
FEM PH	1	
VAGINAL ESTROGENS		
estradiol vaginal	1	
YUVAFEM	1	
WEIGHT LOSS/GAIN AGENTS		
ANOREXIANTS		
phentermine oral capsule 15 mg	NC	
APPETITE STIMULANTS - CANNABINOIDS		
dronabinol oral capsule	1	PA
APPETITE STIMULANTS - PROGESTIN HORMONE TYPE		
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