

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

The following is a list of drugs and therapeutic classes (or class codes) and their status on L&I's outpatient formulary. The formulary may change from time to time to reflect the Washington State Pharmacy and Therapeutics (P&T) Committee's recommendations or administrative changes.

**PLEASE NOTE:**

- This is an outpatient drug formulary. Many of the drugs not included on the formulary may be appropriate in other settings, such as inpatient, outpatient surgery, emergency room, and clinics or offices, and are covered when billed appropriately.
- Drugs listed on the formulary do not guarantee coverage and may be subject to the department's policy and appropriateness for the accepted conditions.
- Status of the therapeutic classes depends on the drugs' approved indication and is as followed:
  - A = Allowed
  - PA = Prior Authorization required
  - D = Denied
- Drugs that are included in the Washington State's evidence-based Preferred Drug List (PDL) may be subject to the provisions of the Therapeutic Interchange Program (TIP).

**L&I Preferred Drug List**

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	D4J	Proton Pump Inhibitors ***Effective October 1, 2009***	Omeprazole magnesium (Prilosec OTC) Omeprazole (generics only)
A	H2E	Non-Barbiturate, Sedative-Hypnotics ***Acute use only***	
		Benzodiazepine Receptor Agonists  ***Effective October 1, 2009***	Zaleplon (generics only) Zolpidem (generics only)
A	H2S	Serotonin Specific Reuptake Inhibitors (SSRI's)	Citalopram (generics only) Fluoxetine (generics only) Paroxetine/CR (generics only) Sertraline (generics only)
A	H3A	Analgesics, Narcotics	
		Long Acting Opioids	Methadone (generics only) Morphine Sulfate ER/SA (generics only)
A	H6H	Skeletal Muscle Relaxants	Baclofen (generics only) Cyclobenzaprine (generics only) Methocarbamol (generics only) Tizanidine (generics only) **Carisoprodol products are non-covered**

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
A	H7B	Alpha-2 Receptor Antagonists	Mirtazapine (generics only)
A	H7C	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	Venlafaxine (generics only) Venlafaxine XR (Effexor XR)
A	H7D	Norepinephrine & Dopamine Reuptake Inhibitors (NDRIs)	Bupropion/SR/XL (generics only)
A	H7T	Antipsychotic, Atypical Dopamine & Serotonin	Clozapine (generics only) Clozapine oral disintegrating (FazaClo) Olanzapine (Zyprexa/Zydis) Paliperidone (Invega) Quetiapine (Seroquel/XR) Risperidone (generics only) Ziprasidone (Geodon)
A	H7X	Antipsychotics, Atypical, D2 Partial Agonist/5HT Mixed	Aripiprazole (Abilify/Discmelt)
A	J5D	Beta Adrenergic Agents (Inhalations)	
		Short Acting Beta Agonists	Albuterol sulfate solution (generics only) Albuterol sulfate HFA (Ventolin, Proventil, Proair)
		Long Acting Beta Agonists	Formoterol aerolizer (Foradil) Salmeterol diskus (Serevent)
A	J5G	Beta-Adrenergics & Glucocorticoids Combination	Budesonide/Formoterol (Symbicort) Fluticasone/Salmeterol (Advair Diskus/HFA)
A	P5A	Glucocorticoids	
		Inhaled Corticosteroids	Beclomethasone dipropionate MDI (Qvar) Budesonide DPI/nebulizer solution (Pulmicort Respules/Flexhaler) Flunisolide MDI (Aerobid/Aerobid-M) Fluticasone propionate MDI/DPI (Flovent Diskus/HFA) Triamcinolone acetonide MDI (Azmacort)
A	Q7P	Nose Preparations, Anti-inflammatory Steroids	Flunisolide (generics only) Fluticasone (generics only) Triamcinolone acetanide (Nasacort AQ)
A	R1A	Urinary Tract Antispasmodic Agents ***Effective October 1, 2009***	Oxybutynin/ER (generics only)
A	R1I	Urinary Tract Antispasmodic, M(3) Selective Antagonists ***Effective October 1, 2009***	Solifenacin (Vesicare)

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	S2B	NSAIDs, Cyclooxygenase Inhibitors  ***Effective October 1, 2009***	Diclofenac Potassium/Sodium (generics only) Etodolac/XL (generics only) Fenoprofen (generics only) Flurbiprofen (generics only) Ibuprofen (generics only) Indomethacin (generics only) Ketoprofen (generics only) Ketorolac (generics only) Meclofenamate (generics only) Meloxicam (generics only) Nabumetone (generics only) Naproxen/Sodium (generics only) Piroxicam (generics only) Oxaprozin (generics only) Sulindac (generics only) Tolmetin (generics only)
A	W1D	Macrolides  ***Effective October 1, 2009***	Azithromycin (generics only) Clarithromycin/Suspension (generics only) Erythromycin (generics only) Erythromycin EC (generics only) Erythromycin ethylsuccinate (generics only) Erythromycin stearate (generics only)
A	Z2Q	Antihistamines – 2nd Generation	Cetirizine (generics only) Fexofenadine (generics only) Loratadine OTC (generics only)
A	Z4B/Z4E	Leukotriene Receptor Antagonists/5-Lipoxygenase Inhibitor  ***Effective October 1, 2009***	Montelukast (Singulair)

## L&I Wrap-around Formulary

### Compound Drugs

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	000	Compound Drugs	None

### Cardiovascular System

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	A1A	Digitalis Glycosides	None
A	A1B	Xanthines	Caffeine (generics only) Aminophylline (generics only) Theophylline/SA (generics only) Theophylline anhydrous/SR (generics only)
D	A1C	Inotropic Drugs	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
A	A1D	General Bronchodilator Agents	Ipratropium bromide (generics only)
D	A1E	Xanthines & Dietary Supplement Combinations	None
PA	A2A	Antiarrhythmics	None

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	A2C	Antianginal & Anti-ischemic Agents, Non-hemodynamic	None
PA	A4A	Hypotensives-Vasodilators	None
PA	A4B	Hypotensives-Sympatholytic	None
PA	A4D	Hypotensives-Angiotensin Converting Enzyme Blockers	None
PA	A4F	Hypotensives, Angiotensin Receptor Antagonist	None
PA	A4H	Angiotensin Receptor Antagonist & Calcium Channel Blockers	None
PA	A4I	ACE Inhibitor/Thiazide & Thiazide-like Diuretic Combination	None
PA	A4J	Angiotensin Receptor Antagonist/Thiazide and Thiazide-related Diuretic Combinations	None
PA	A4K	ACE Inhibitor/Calcium Channel Blocker Combination	None
PA	A4T	Renin Inhibitor, Direct	None
PA	A4Y	Hypotensives-Miscellaneous	None
PA	A4V	Angiotensin Receptor Antagonist/Calcium Channel Blocker/Thiazide combination	None
D	A6U	Cardiovascular Diagnostics	None
D	A6V	Cardiovascular Diagnostics – Non Radiopaque	None
PA	A7B	Coronary Vasodilators	None
PA	A7C	Peripheral Vasodilators	None
PA	A7E	Vasodilators-Miscellaneous	None
PA	A7J	Vasodilators, Combination	None
D	A8O	Venosclerosing Agents	None
PA	A9A	Calcium Channel Blocking Agents	None

**Respiratory System**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
A	B0A	Miscellaneous Respiratory Inhalants	Sodium chloride (generics only)
D	B1A	Lung Surfactants	None
D	B1B	Pulm Antihypertensive, Endothelin Receptor Antagonist-Type	None
PA	B1C	Pulmonary Antihypertensives, Prostaglandin Type	None
PA	B1D	Pulmonary Antihypertensives, Selective C-GMP Phosphodiesterase T5 Inhibitors.	None
PA	B1E	Pulmonary Antihypertensives, CGMP Pathway, Gases	None
A	B3A	Mucolytics	Acetylcysteine (generics only)
A	B3J	Expectorants	Guaifenesin (generics only)
PA	B3K	Cough and Cold Preparations	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	B3N	Decongestant-Analgesic-Expectorant Combination	None
PA	B3O	1st Generation Antihistamine-Decongestant-Analgesic Combination	None
PA	B3P	Non-narcotic Antitussive-1 <sup>st</sup> Generation Antihistamine-Decongestant-Analgesic Combination	None
PA	B3Q	Narcotic Antitussive-1 <sup>st</sup> Generation Antihistamine-Decongestant Combination	None
PA	B3R	Non-narcotic Antitussive-1 <sup>st</sup> Generation Antihistamine-Decongestant Combination	None
PA	B3S	Non-narcotic Antitussive-1 <sup>st</sup> Generation Antihistamine-Decongestant Expectorant Combination	None
PA	B3T	Non-narcotic Antitussive and Expectorant Combination	None
PA	B3V	1 <sup>st</sup> Generation Antihistamine-Decongestant-Analgesic-Expectorant Combination	None
PA	B3X	1 <sup>st</sup> Generation Antihistamine-Decongestant-Anticholinergic Combination	None
PA	B3Y	1 <sup>st</sup> Generation Antihistamine-Decongestant-Analgesic-Expectorant Combination	None
PA	B4A	Non-narcotic Antitussive-Analgesic Combination	None
PA	B4C	Narcotic Antitussive-Anticholinergic Combination	None
PA	B4D	Narcotic Antitussive-1 <sup>st</sup> Generation Antihistamine Combination	None
A	B4E	Non-narcotic Antitussive-1 <sup>st</sup> Generation Antihistamine Combination	Promethazine/Dextromethorphan (generics only)
PA	B4G	Non-narcotic Antitussive-1 <sup>st</sup> Generation Antihistamine-Analgesic Combination	None
PA	B4H	Narcotic Antitussive-1 <sup>st</sup> Generation Antihistamine-Expectorant Combination	None
PA	B4I	Non-narcotic Antitussive-1 <sup>st</sup> Generation Antihistamine-Expectorant Combination	None
PA	B4J	Narcotic Antitussive-1 <sup>st</sup> Generation Antihistamine-Decongestant-Expectorant Combination	None
PA	B4K	Narcotic Antitussive-Decongestant Combination	None
PA	B4L	Non-narcotic Antitussive-Decongestant	None
PA	B4M	Non-narcotic Antitussive-Decongestant-Analgesic Combination	None
PA	B4N	Narcotic Antitussive-1 <sup>st</sup> Generation Antihistamine-Decongestant-Analgesic Combination	None
PA	B4P	Non-narcotic Antitussive-1 <sup>st</sup> Generation Antihistamine-Analgesic-Expectorant Combination	None
PA	B4Q	Narcotic Antitussive-Decongestant-Expectorant Combination	None
PA	B4R	Non-narcotic Antitussive-Decongestant-Expectorant Combination	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	B4S	Narcotic Antitussive-Expectorant Combination	None
PA	B4T	Decongestant-Analgesic, Non-salicylate Combination	None
PA	B4U	Decongestant-Anticholinergic Combination	None
A	B4W	Decongestant-Expectorant Combination	Guaifenesin/Pseudoephedrine (generics only) Guaifenesin/Phenylpropanolamine (generics only)
PA	B4X	Expectorant Combination, Other	None
PA	B5E	Decongestant-Analgesic, Mixed-Xanthine Combination	None
PA	B5F	Decongestant-Analgesics, Salicylate Combination	None
PA	B5G	Decongestant-NSAID, COX Non-specific Combination	None
PA	B5H	1 <sup>st</sup> Generation Antihistamine-Decongestant-NSAID, COX Non-specific Combination	None
PA	B5K	Decongestant-Analgesic, Salicylate-Xanthine Combination	None
PA	B5J	Decongestant-Analgesic, Non-salicylate-Xanthine Combination	None
PA	B5M	1 <sup>st</sup> Generation Antihistamine-Decongestant-Analgesic, Mixed	None
PA	B5N	1 <sup>st</sup> Generation Antihistamine-Decongestant-Analgesic, Salicylate	None
PA	B5P	Decongestant-Analgesic, Salicylate-Expectorant Combination	None
PA	B5Q	Non-narcotic Antitussive-1 <sup>st</sup> Generation Antihistamine-Decongestant-Analgesic, Salicylate Combination	None
PA	B5S	1 <sup>st</sup> Generation Antihistamine-Analgesic, Non-salicylate Combination	None
PA	B5T	1 <sup>st</sup> Generation Antihistamine-Anticholinergic Combination	None
PA	B5Y	Analgesic, Non-Salicylate-1 <sup>st</sup> Generation Antihistamine-Xanthine	None
PA	B5X	Analgesic, Non-Salicylate-Expectorant Combination	None
D	B6D	Decongestant-Expectorant with Zinc Combination	None

**Electrolyte Balancing Sys/Metabolic Sys/Nutrition**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	C0B	Water	None
D	C0C	Drugs Used To Treat Acidosis	None
PA	C0D	Antialcoholic Preparations	None
PA	C0K	Bicarbonate Producing/Containing Agents	None
PA	C1A	Electrolyte Depleters	None
PA	C1B	Sodium Replacement	None
PA	C1D	Potassium Replacement	None
PA	C1F	Calcium Replacement	None
PA	C1H	Magnesium Replacement	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
D	C1K	Cardioplegic Solutions	None
PA	C1P	Phosphate Replacement	None
PA	C1W	Electrolyte Replacement	None
D	C2H	Respiratory Gases	None
PA	C3B	Iron Replacement	None
PA	C3C	Zinc Replacement	None
PA	C3H	Iodine Replacement	None
PA	C3M	Miscellaneous Mineral Replacement	None
PA	C4F	Antihyperglycemic, (DPP-4) Enzyme Inhibitor & Biguanide Type (N-S) Combination	None
PA	C4G	Insulins	None
PA	C4J	Antihyperglycemic, DPP-4 Inhibitors	None
PA	C4K	Hypoglycemics, Insulin-Release Stim. Type	None
PA	C4L	Hypoglycemics, Biguanide Type (N-S)	None
PA	C4M	Hypoglycemics, Alpha-Glucosidase Inhibitor Type (N-S)	None
PA	C4N	Hypoglycemics, Insulin-Response Enhancer (N-S)	None
PA	C4Q	Hypoglycemics, Combination	None
PA	C4R	Hypoglycemics, Insulin-Response & Insulin Release Combinations	None
PA	C4S	Hypoglycemics, Insulin-Release Stimulant & Biguanide (N-S) Combinations	None
PA	C4T	Hypoglycemics, Insulin-Response Enhancer & Biguanide Type (N-S) Combinations	None
D	C4U	Hypoglycemics, Biguanide Type & Dietary Supplement Combinations	None
PA	C5A	Carbohydrates	None
PA	C5B	Protein Replacement	None
D	C5C	Infant Formulas	None
D	C5D	Diet Foods	None
D	C5F	Miscellaneous Food Supplements	None
D	C5G	Food Oils	None
PA	C5J	IV Solutions: Dextrose/Water	None
PA	C5K	IV Solutions: Dextrose/Saline	None
PA	C5L	IV Solutions: Dextrose/Ringers	None
PA	C5M	IV Solutions: Dextrose/Lactated Ringers	None
PA	C5O	Solutions, Miscellaneous	None
D	C5X	Nutritional Therapy, Phenylketonuria (PKU) Formulation	None
D	C5U	Nutritional Therapy, Glucose Intolerance Formulation	None
D	C6A	Vitamin A Preparations	None
D	C6B	Vitamin B Preparations	None
PA	C6C	Vitamin C Preparations	None
D	C6D	Vitamin D Preparations	None
D	C6E	Vitamin E Preparations	None
D	C6F	Prenatal Vitamin Preparations	None
D	C6G	Geriatric Vitamin Preparations	None
D	C6H	Pediatric Vitamin Preparations	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
D	C6I	Antioxidant Multivitamin Combinations	None
D	C6J	Bioflavonoids	None
PA	C6K	Vitamin K Preparations	None
PA	C6L	Vitamin B12 Preparations	None
PA	C6M	Folic Acid Preparations	None
D	C6N	Niacin Preparations	None
D	C6P	Panthenol Preparations	None
D	C6Q	Vitamin B6 Preparations	None
D	C6R	Vitamin B2 Preparations	None
D	C6T	Vitamin B1 Preparations	None
D	C6Z	Miscellaneous Multivitamin Preparations	None
D	C7A	Purine Inhibitors	None
D	C7D	Metabolic Deficiency Agents	None
PA	C7F	Appetite Stimulants for Anorexia, Cachexia, Wasting Syndrome	None
D	C7G	Hyperuricemia Treatments – Urate-Oxidase Enzyme-Type	None
A	C8A	Metallic Poison Antidotes	All
A	C8B	Acid And Alkali Poison Antidotes	All
A	C8E	Miscellaneous Antidotes	All

**Biliary System/Gastro-Intestinal System**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
D	D0U	Gastrointestinal Radiopaque Diagnostics	None
PA	D1D	Dental Aids & Preparations	None
PA	D1E	Periodontal Tetracycline Anti-infective, Local	None
D	D2A	Fluoride Preparations	None
D	D2D	Tooth Ache Preparations	None
PA	D4A	Acid Replacement	None
A	D4B	Antacids	Sodium bicarbonate (generics only) Aluminum hydroxide (generics only) Antacid/Simethicone (generics only) Calcium carbonate (generics only)
PA	D4D	Antidiarrheal Microorganisms Agents	None
A	D4E	Antiulcer Preparations	Misoprostol (generics only) Sucralfate (generics only)
D	D4F	Antiulcer -- H. Pylori Agents	None
PA	D4G	Gastric Enzymes	None
PA	D4H	Oral Mucositis/Stomatitis Agents	None
PA	D4I	Oral Mucositis/Stomatitis Antiinflammatory Agents	None
PA	D4N	Antiflatulents	None
D	D4O	Gastrointestinal Ultrasnd Image Enhancing Adjunct, Diag	None
PA	D4Q	Digestive Agents, Other	None
A	D4R	Saliva Stimulant Agents	All
A	D5P	Intestinal Adsorbents And Protectives	All

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	D6A	Drugs To Treat Chronic Inflammatory Diseases Of The Colon	None
D	D6C	Irritable Bowel Syndrome Agent, 5HT-3 Antagonist-Type	None
PA	D6D	Antidiarrheals	None
D	D6E	Irritable Bowel Syndrome Agents, 5HT-4 Partial Agonist	None
PA	D6F	Drugs To Treat Chronic Inflammatory Colon Dx 5 – Aminosalicyl	None
A	D6H	Hemorrhoidal Agents	All
A	D6S	Laxatives & Cathartics	Docusate (generics only) Lactulose (generics only) Polyethylene glycol (generics only) Psyllium (generics only)
PA	D7A	Bile Salts	None
PA	D7B	Choleretics	None
D	D7C	Hepatic Diagnostics	None
D	D7D	Drugs To Treat Hereditary Tyrosinemia	None
PA	D7J	Hepatic Dysfunction Preventive/Therapy Agents	None
PA	D7L	Bile Salt Inhibitors	None
D	D7T	Biliary Diagnostics	None
D	D7U	Biliary Diagnostics, Radiopaque	None
PA	D8A	Pancreatic Enzymes	None
PA	D9A	Ammonia Inhibitors	None

**Male Genital System**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	F1A	Androgenic Agents	None
PA	F2A	Drugs To Treat Impotency	None

**Female Genital System**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
D	G0U	Uterine Radiopaque Diagnostic Agents	None
D	G1A	Estrogenic Agents	None
D	G1B	Estrogen/Androgen Combination Preparations	None
D	G2A	Progestational Agents	None
D	G3A	Oxytocics	None
D	G8A	Contraceptives, Oral	None
D	G8B	Contraceptives, Implantable	None
D	G8C	Contraceptives, Injectable	None
PA	G8D	Abortifacient, Progesterone Receptor Antagonist Type	None
D	G8F	Contraceptives, Transdermal	None
D	G9A	Contraceptives, Intravaginal	None
D	G9B	Contraceptives, Intravaginal, Systemic	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

**Nervous System (Except Autonomic)**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
A	H0A	Local Anesthetics	Cepacol
D	H0E	Agents To Treat Multiple Sclerosis	None
D	H0F	Agents To Treat Neuromuscular Transmission Disease, Potassium Channel Blocker Type	None
D	H0G	Fibromyalgia Agents, Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	None
D	H1A	Alzheimer's Tx, N-Methyl-D-Aspartate (NMDA) Receptor Antagonists	None
D	H1U	Cerebral Spinal Radiopaque Diagnostics	None
PA	H2A	Central Nervous System Stimulants	None
D	H2B	General Anesthetics, Inhalant	None
D	H2C	General Anesthetics, Injectable	None
A	H2D	Barbiturates (Phenobarbital Only)	Phenobarbital (generics only)
A	H2E	Non-Barbiturate, Sedative-Hypnotics <b>***Acute use only***</b>	Chloral hydrate (generics only) Estazolam (generics only)
		Benzodiazepines & Others	Diphenhydramine (generics only) Flurazepam (generics only) Temazepam (generics only) Triazolam (generics only)
A	H2F	Antianxiety Drugs	Alprazolam/ER (generics only) Buspirone (generics only) Chlordiazepoxide (generics only) Clorazepate dipotassium (generics only) Diazepam (generics only) Lorazepam (generics only) Oxazepam (generics only)
A	H2G	Anti-Psychotics, Phenothiazines	Chlorpromazine (generics only) Fluphenazine (generics only) Perphenazine (generics only) Thioridazine (generics only) Trifluoperazine (generics only)
A	H2H	Monoamine Oxidase (MAO) Inhibitors	Phenelzine (generics only) Tranylcypromine (generics only) Isocarboxazid (generics only)
A	H2M	Anti-Mania Drugs	Lithium carbonate/CR (generics only) Lithium citrate (generics only)
D	H2T	Alcohol-Systemic Use	None
A	H2U	Tricyclic Antidepressants & Related Non-SRI	Amitriptyline (generics only) Desipramine (generics only) Doxepin (generics only) Imipramine (generics only) Maprotiline (generics only) Nortriptyline (generics only)
PA	H2V	Anti-Narcolepsy/Anti-Hyperkinesia Agents	None
A	H2W	Tricyclic Antidepressant/Phenothiazine Combinations	Amitriptyline/Perphenazine (generics only)
PA	H2X	Tricyclic Antidepressant/Benzodiazepine Combination	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
A	H3A	Analgesics, Narcotics	
		Short Acting Opioids	Codeine sulfate/phosphate (generics only) Hydrocodone/Acetaminophen (generics only) Hydromorphone (generics only) Meperidine (generics only) Morphine sulfate (generics only) Oxycodone (generics only) Oxycodone/Acetaminophen (generics only) Oxycodone/Aspirin (generics only) Propoxyphene HCL (generics only) Propoxyphene/Acetaminophen (generics only) Pentazocine/Naloxone (generics only) Pentazocine/Acetaminophen (generics only) Tramadol IR (generics only) Tramadol/Acetaminophen (generics only)
A	H3C	Analgesics, Non-Narcotics	Baclofen (Duraclon)
A	H3D	Salicylate Analgesics	Aspirin (generics only) Aspirin buffered (generics only) Choline mag trisalicylate (generics only) Diflunisal (generics only) Salsalate (generics only)
A	H3E	Analgesic/Antipyretics, Non-Salicylate	Acetaminophen (generics only)
PA	H3F	Antimigraine Preparations	None
D	H3H	Analgesics Narcotic, Anesthetic Adjunct	None
D	H3I	Analgesics, Neuronal-type Calcium Channel Blocker	None
D	H3J	Analgesics Narcotic/Dietary Supplement Combinations	None
A	H3K	Analgesics, Non-salicylate & Barbiturate Combination	Acetaminophen/Butalbital (generics only)
A	H3L	Analgesics, Non-salicylate, Barbiturate & Xanthine Combination	Acetaminophen/Caffeine/Butalbital (generics only)
PA	H3M	Narcotic Analgesic, Non-salicylate Analgesic, Barbiturate & Xanthine Combination	None
A	H3N	Analgesics, Narcotics Agonist & NSAIDs, COX Inhibitor-type Combination	Hydrocodone/Ibuprofen (generics only)
A	H3O	Analgesics, Salicylate, Barbiturate & Xanthine Combination	Aspirin/Caffeine/Butalbital (generics only)
PA	H3R	Narcotic & Salicylate Analgesics, Barbiturate & Xanthine Combination	None
A	H3T	Narcotic Antagonists	Naloxone (generics only)
A	H3U	Narcotic Analgesic & Non-salicylate Analgesic Combination	Codeine/Acetaminophen (generics only)

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
A	H3V	Analgesics, Salicylate & Non-salicylate Combination	All
A	H3X	Narcotic Analgesic & Salicylate Analgesic Combination	Aspirin/Codeine phosphate (generics only)
PA	H3Y	Mu-Opioid Receptor Antagonists, Peripherally-Acting	None
A	H4B	Anticonvulsants <b>**Please see PB 05-10 Antiepileptic Drugs Guideline for Chronic Pain**</b>	Carbamazepine/XR (generics only) Clonazepam (generics only) Depakote (generics only) Diazepam (generics only) Mephobarbital (generics only) Gabapentin (generics only) Phenytoin sodium ER (generics only) Primidone (generics only) Valproic acid(generics only)
D	H4D	Anticonvulsant/Dietary Supplement Combinations	None
PA	H6A	Antiparkinsonism Drugs, Other	None
PA	H6B	Antiparkinsonism Drugs, Anticholinergic	None
A	H6C	Antitussive, Non-Narcotic	Benzonatate (generics only) Dextromethorphan (generics only)
A	H6E	Emetics	Ipecac (generics only)
PA	H6G	Skeletal Muscle Relaxant & Topical Irritant Counter-Irritant Combinations	None
A	H6J	Anti-Emetics	Dimenhydrinate (generics only) Emetrol Meclizine (generics only) Prochlorperazine (generics only) Promethazine (generics only) Thiethylperazine (generics only) Trimethobenzamide (generics only) <b>**5HT3 products require prior authorization**</b>
D	H6L	Movement Disorders (Drug Therapy)	None
A	H7E	Serotonin-2 Antagonist/Reuptake Inhib (SARIs)	Trazodone (generics only)
A	H7J	MAOIs - Non-Selective & Irreversible	All
A	H7O	Antipsychotic, Dopamine Antagonist, Butyrophenones	All
A	H7P	Antipsychotic, Dopamine Antagonist, Thioxanthenes	Thiothixene (generics only)
A	H7R	Antipsychotic, Dopamine Antagonist, Diphenylbutylpiperidines	Pimozide (Orap)
A	H7S	Antipsychotic, Dopamine & Serotonin Antagonist	Molidone (Moban)
A	H7U	Antipsychotic, Dopamine & Serotonin Antagonist	Loxapine succinate
D	H7W	Anti-Narcolepsy/Anti-Cataplexy, Sedative-Type Agent	None
PA	H7Y	Tx For Attn Deficit-Hyperactivity Disorder (ADHD), NRI-Type	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	H7Z	SSRI & Antipsych, Atyp, Dopamine & Serotonin Antagonist Combination	None
PA	H8A	Antianxiety, Antispasmodic Combination	None
A	H8B	Hypnotic, Melatonin MT1/MT2 Receptor Agonists	Ramelteon (Rozerem)
D	H8I	Selective Serotonin Reuptake Inhibitor (SSRI)/Dietary Supplement Combinations	None
D	H8J	Norepinephrine and Dopamine Reuptake Inhibitor (NDRI)/Dietary Supplement Combinations	None
D	H8K	Antianxiety Drug/Dietary Supplement Combinations	None

**Autonomic Nervous System**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
A	J1A	Parasympathetic Agents	Bethanechol chloride (generics only)
PA	J1B	Cholinesterase Inhibitors	None
PA	J2A	Belladonna Alkaloids	None
PA	J2B	Anticholinergics, Quaternary	None
A	J2D	Anticholinergics/Antispasmodics	Dicyclomine (generics only)
PA	J3A	Smoking Deterrent Agents-Ganglionic Stimulant	None
PA	J3C	Smoking Deterrent-Nicotinic Receptor Partial Agonist	None
D	J5A	Adrenergic Agents, Catecholamines	None
D	J5B	Adrenergics, Aromatic Non-Catecholamines (Amphetamine)	None
A	J5C	Adrenergic Agents, Non-Aromatic	All
A	J5D	Beta-Adrenergic Agents	
		Oral Beta Agonist	Albuterol sulfate/SA (generics only) Metaproterenol (generics only)
A	J5E	Sympathomimetic Nasal Decongestants	Oxymetazoline/Methol (Afrin) Ephedrine sulfate (generics only) Pseudoephedrine (generics only)
A	J5F	Anaphylaxis Therapy Agents	Ana-Kit Epipen
A	J5H	Adrenergic Vasopressor Agents	Midodrine HCl
A	J5J	Beta Adrenergic & Anticholinergic Combination	Albuterol/Ipratropium MDI/Nebulizer solution
PA	J7A	Alpha/Beta Adrenergic Blocking Agents	None
A	J7B	Alpha-Adrenergic Blocking Agents	Doxazosin mesylate Prazosin Terazosin
PA	J7C	Beta-Adrenergic Blocking Agents	None
PA	J7E	Alpha-Adrenergic Blocking Agent/ Thiazide Combination	None
D	J7G	Beta Adrenergic Agent/Dietary Supplement Combinations	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	J7H	Beta Adrenergic Agents/Thiazide & Thiazide-like Combinations	None
D	J8A	Anorexic Agents	None
D	J8B	Cannabinoid-1 Receptor (CB1) Antagonist	None
A	J9A	Intestinal Motility Stimulants	Metoclopramide
PA	J9B	Antispasmodic Agents	None

**Skin/Subcutaneous Tissue**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
A	L0B	Topical/Mucous Membrane/Sub-Q Enzyme Preps	Collagenase (Santyl)
PA	L1A	Antipsoriatic Agents, Systemic	None
D	L1B	Acne Agents, Systemic	None
A	L2A	Emollients	All
A	L3A	Protectives	All
A	L3P	Antipruritics, Topical	Calamine/Pamoxine (Caladryl) Diphenhydramine (generics only)
A	L4A	Astringents	All
D	L5A	Keratolytics	None
D	L5B	Sunscreens	None
D	L5C	Abrasives	None
D	L5E	Antiseborrheic Agents	None
PA	L5F	Antipsoriatic Agents, Topical	None
D	L5G	Rosacea Agents, Topical	None
D	L5H	Acne Agents, Topical	None
A	L5I	Wound Healing Agents, Local	Hyalofill-F Peviderm Wound Care Solution
A	L6A	Irritants/Counter-Irritants	All
D	L7A	Shampoos	None
D	L8A	Deodorants	None
D	L8B	Antiperspirants	None
A	L9A	Miscellaneous Topical Agents	All
D	L9B	Vitamin A Derivatives	None
D	L9C	Hypopigmentation Agents	None
D	L9D	Topical Hyperpigmentation Agents	None
D	L9F	Cosmetic/Skin Coloring/Dye Agents, Topical	None
D	L9G	Skin Tissue Replacement	None
D	L9I	Vitamin A Derivatives, Topical Cosmetic Agents	None

**Blood**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	M0B	Plasma Proteins	None
PA	M0D	Plasma Expanders	None
PA	M0E	Antihemophilic Factors	None
PA	M0F	Factor IX Preparations	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
D	M0L	Human Monoclonal Antibody Complement (C5) Inhibitors	None
PA	M0M	Protein C Preparations	None
A	M3A	Occult Blood Tests	All
PA	M4A	Blood Sugar Diagnostics	None
PA	M4B	IV Fat Emulsions	None
D	M4E	Lipotropics	None
D	M4G	Hyperglycemics	None
D	M4I	Antihyperlipid (HMG CoA) & Calcium Channel Blocker	None
PA	M9A	Topical Hemostatics	None
PA	M9D	Antifibrinolytic Agents	None
PA	M9E	Thrombin Inhibitors, Hirudin Type Agents	None
PA	M9F	Thrombolytic Enzymes	None
PA	M9J	Citrates As Anticoagulants	None
PA	M9K	Heparin Preparations	None
A	M9L	Oral Anticoagulants, Coumarin Type	Warfarin sodium (generics only)
PA	M9P	Platelet Aggregation Inhibitors	None

**Bone Marrow**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	N1B	Hematinics, Other	None
D	N1C	Leukocyte (WBC) Stimulants	None
PA	N1D	Platelet Reducing Agents	None
PA	N1E	Platelet Proliferation Stimulants	None
PA	N1G	CXCR4 Chemokine Receptor Antagonists	None

**Endocrine System (Except Gonads)**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
D	P0B	Follicle Stimulating Hormones	None
D	P1A	Growth Hormones	None
D	P1B	Somatostatic Agents	None
D	P1E	Adrenocorticotrophic Hormones	None
D	P1F	Pituitary Suppressive Agents	None
D	P1H	Growth Hormone Releasing Hormone	None
D	P1L	Luteinizing Hormone Releasing-Hormone	None
D	P1M	LHRH/GNRH Agonist Analog Pituitary Suppressants	None
D	P1N	LHRH Antagonist Pituitary Suppressant Agents	None
D	P1P	LHRH/GNRH Agonist Pituitary Suppressants-C Prec Puberty	None
D	P1Q	Growth Hormone Receptor Antagonists	None
D	P1U	Metabolic Function Diagnostics	None
D	P2B	Antidiuretic & Vasopressor Hormones	None
D	P3A	Thyroid Hormones	None
D	P3B	Thyroid Function Diagnostic Agents	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
D	P3L	Antithyroid Preparations	None
D	P4B	Bone Formation Stimulating Agents – Parathyroid Hormone	None
D	P4D	Hyperparathyroid Treatment Agents – Vitamin D Analog-Type	None
PA	P4E	Bone Morphogenic Agents	None
PA	P4L	Bone Resorption Suppression Agents	None
D	P4M	Calcimimetic, Parathyroid Calcium Enhancer	None
A	P5A	Glucocorticoids	Betamethasone (generics only) Cortisone acetate(generics only) Dexamethasone (generics only) Hydrocortisone (generics only) Methylprednisolone (generics only) Prednisolone (generics only) Prednisone (generics only)
		Oral Corticosteroids	
A	P5S	Mineralocorticoids	Fludrocortisone acetate (generics only)
D	P6A	Pineal Hormone Agents	None

**Ear, Eye, Nose, Rectum, Topical, Vagina, Spec Senses**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
D	Q2D	Ophth Vascular Endothelial Growth Factor Antagonist	None
D	Q2U	Eye Diagnostic Agents	None
A	Q3A	Rectal Preparations	Hydrocortisone acetate (generics only) Hydrocortisone/Pramoxine (Proctofoam-HC)
A	Q3B	Rectal/Lower Bowel Prep, Glucocorticoid, Non-Hemorrhoidal	All
A	Q3D	Hemorrhoidal Preparations	Benzocaine/Benzethonium (Americaine Hemorrhoidal) Hydrocortisone/Pamoxine (Analpram-HC) Phenylephrine (generics only) Hydrocortisone acetate (Anusol HC) Pramoxine (Tronolane)
PA	Q3E	Chronic Inflm Colon Dx 5 - Aminosalicylates	None
A	Q3H	Hemorrhoidal Preparations, Local Anesthetics	Dibucaine (generics only)
A	Q3I	Hemorrhoidal Preparations, Antiinflammatory Steroid/Local Anesthetics	All
A	Q3S	Laxatives, Local/Rectal	All
PA	Q4A	Vaginal Preparations	None
PA	Q4B	Vaginal Antiseptics	None
PA	Q4F	Vaginal Antifungals	None
PA	Q4H	Vaginal/Cervical Care and Treatment Agents	None
D	Q4K	Vaginal Estrogen Preparations	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	Q4S	Vaginal Sulfonamides	None
PA	Q4W	Vaginal Antibiotics	None
D	Q5A	Topical Preparations, Miscellaneous	None
A	Q5B	Topical Preparations, Antibacterials	Betadine (generics only) Boric acid (generics only) Cetaphil Chlorhexidine gluconate (generics only) Clioquinol/Hydrocortisone (generics only) Iodochlorhydroxyquin/HC (generics only) Povidone-Iodine (generics only) Silver nitrate (generics only) Zephiran chloride (generics only)
D	Q5C	Topical Preparations, Hypertrichotic Agents	None
PA	Q5E	Topical Antiinflammatory, Non-Steroidal	None
PA	Q5F	Topical Antifungals	None
A	Q5H	Topical Local Anesthetics	Benzocaine (generics only) Cetacaine (generics only) Dibucaine (generics only) Ethyl chloride (generics only) Lidocaine (NOT Lidoderm) Pramoxine (generics only) Benzocaine/Triclosan (generics only) Benzocaine/Resorcinal (generics only)
PA	Q5K	Topical Immunosuppressive Agents	None
PA	Q5N	Topical Antineoplastics	None
A	Q5P	Topical Antiinflammatory Preparations	Amcinonide(generics only) Betamethasone dipropionate (generics only) Betamethasone valerate (generics only) Clobetasol propionate (generics only) Desonide (generics only) Desoximetasone(generics only) Diflorasone diacetate (generics only) Triamcinolone acetonide(generics only) Embeline (generics only) Fluocinolone acetonide (generics only) Fluocinonide (generics only) Hydrocortisone (generics only) Mometasone furoate (generics only)

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
A	Q5R	Topical Antiparasitics	Cromtamiton (Eurax) Permethrin (generics only)
A	Q5S	Topical Sulfonamides	Silver sulfadiazine (generics only) Sodium sulfacetamide/Sulfur (generics only)
PA	Q5V	Topical Antivirals	None
A	Q5W	Topical Antibiotics	All
A	Q5X	Topical Antibiotics/Anti-inflammatory, Steroidal	Neomycin/Hydrocortisone (generics only)
A	Q6A	Eye Preparations, Miscellaneous	All
A	Q6C	Eye Vasoconstrictors (Rx Only)	All
A	Q6D	Eye Vasoconstrictors (OTC Only)	All
A	Q6E	Eye Irrigations	All
A	Q6G	Miotics And Other Intraocular Pressure Reducers	Brinzolamide (Azopt) Betaxolol (generics only) Brimonidine tartrate (generics only) Carteolol (generics only) Timolol/Dorzolamide (Cosopt) Carbachol (generics only) Levobunolol (generics only) Metipranolol (generics only) P1E1 P2E1 P4E1 P6E1 Phospholine iodide (generics only) Pilocarpine (generics only) Timolol maleate (generics only) Dorzolamide (Trusopt) Latanoprost (Xalatan)
A	Q6H	Eye Local Anesthetics	None
A	Q6I	Eye Antibiotic-Corticoid Combinations	All
PA	Q6J	Mydriatics	None
A	Q6P	Eye Anti-inflammatory Agents	Dexamethasone sod phosphate (generics only) Diclofenac sodium (generics only) Fluorometholone (generics only) Flurbiprofen sodium (generics only) HMS Loteprednol (Lotemax) Prednisolone acetate (generics only)
A	Q6R	Eye Antihistamines	Levocarbastine (Livostin) Olopatadine (Patanol) Ketotifen (Zaditor)
A	Q6S	Eye Sulfonamides	Sulfacetamide sodium (generics only) Sulfacetamide/Prednisolone (generics only)
A	Q6T	Artificial Tears	All
PA	Q6U	Ophthalmic Mast Cell Stabilizers	None
PA	Q6V	Eye Antivirals	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
A	Q6W	Eye Antibiotics	Bacitracin (generics only) Bacitracin/Polymyxin (generics only) Chloramphenicol (generics only) Ciprofloxacin (generics only) Erythromycin (generics only) Gentamicin sulfate (generics only) Neomycin/Bacitracin/Polymyxin (generics only) Ofloxacin (generics only) Polymyxin B sulfate/Trimethoprim (generics only) Tobramycin sulfate (generics only) Gatifloxacin (Zymar)
A	Q6Y	Eye Preparations, Miscellaneous (OTC Only)	All
A	Q7A	Nose Preparations, Miscellaneous (Rx Only)	Ipratropium bromide (generics only)
A	Q7C	Nose Preparations, Vasoconstrictors (Rx Only)	All
A	Q7D	Nose Preparations, Vasoconstrictors (OTC Only)	All
A	Q7E	Nasal Antihistamine	Azelastine (Astelin)
A	Q7W	Nose Preparations, Antibiotics	Mupirocine (Bactroban Nasal)
A	Q7Y	Nose Preparations, Miscellaneous (Otc Only)	All
A	Q8B	Ear Preparations, Miscellaneous Antiinfectives	Acetasol (generics only) Acetic acid (generics only) Acetic acid/Hydrocortisone (generics only)
PA	Q8C	Otic, Antiinfective-Local Anesthetic Combinations	None
A	Q8F	Ear Preparations, Anti-Inflammatory-Antibiotics	Ciprofloxacin/Hydrocortisone (Cipro HC)
A	Q8H	Ear Preparations, Local Anesthetics	Antipyrine/Benzocaine (generics only)
D	Q8R	Ear Preparations, Ear Wax Removers	None
A	Q8W	Ear Preparations, Antibiotics	Neomycin/Polymyxin/HC (generics only)
A	Q8Y	Ear Preparations, Miscellaneous (OTC Only)	All
D	Q9B	Benign Prostatic Hypertrophy/Micturition Agents	None

**Kidney/Urinary Tract**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	R1B	Osmotic Diuretics	None
PA	R1E	Carbonic Anhydrase Inhibitors	None
PA	R1F	Thiazide Diuretics & Related Agents	None
PA	R1H	Potassium Sparing Diuretics	None
PA	R1K	Miscellaneous Diuretics	None
PA	R1L	Potassium Sparing Diuretics Inhibitor Combinations	None
PA	R1M	Loop Diuretics	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	R1N	Arginine Vasopressin (AVP) Receptor Antagonists	None
D	R1R	Uricosuric Agents	None
A	R1S	Urinary Ph Modifiers	Potassium citrate/Sodium citrate (Citrolith) Potassium phosphate monobasic (K-Phos Original) Potassium citrate/Citric acid (generics only) Renacidin Sodium citrate/Citric acid (generics only) Potassium citrate (Urocit-K)
D	R1U	Renal Function Diagnostic Agents	None
D	R2U	Urinary Tract Radiopaque Diagnostics	None
PA	R3D	Drug Detection Tests, Urine	None
PA	R3U	Urine Glucose Test Aids	None
PA	R3V	Miscellaneous Urine Test Aids	None
PA	R3W	Urine Acetone Test Aids	None
PA	R3Y	Urine Multiple Test Aids	None
PA	R4A	Kidney Stone Agents	None
PA	R5A	Urinary Tract Anesthetic/Analgesic Agents	None

**Locomotor System**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
D	S2A	Colchicine	None
PA	S2C	Gold Salts	None
PA	S2H	Anti-Inflammatory/Antiarthritic Agents, Miscellaneous	None
PA	S2I	Anti-Inflammatory, Pyrimidine Synthesis Inhibitor	None
PA	S2J	Anti-Inflammatory, Tumor Necrosis Factor Inhibitor	None
PA	S2P	NSAIDs, Cyclooxygenase 2 Inhibitor-Type & Proton Pump Inhibitor Combinations	None
PA	S2Q	Anti-inflammatory, Selective Costim. Mod., T-Cell Inhibitors	None
D	S2R	NSAIDs (Nonsteroidal Anti-inflammatory Drugs) Cyclooxygenase Inhibitor/Dietary Supplement Combination	None
D	S2S	Analgesic, NSAID COX Type-1 <sup>st</sup> Generation Antihistamine, Sedative Combination	None
PA	S2T	NSAIDs (COX Non-Specific Inhibitor) & Prostaglandin Combination	None
PA	S2U	NSAIDs, COX Non-Selective & Topical Irritant Counter-Irritant Combinations	None
D	S7A	Neuromuscular Blocking Agents	None

**Ear, Eye, Nose, Rectum, Topical, Vagina, Spec Senses (CONT.)**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	T0A	Topical Vit D Analog/Anti-inflammatory Steroidal	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	T0B	Topical Pleuromutilin Derivatives	None
D	T0C	Topical Genital Wart-HPV Treatment Agent	None

**Miscellaneous Drugs and Pharmaceutical Adjuvants**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
D	U5A	Homeopathic Drugs	None
D	U5B	Herbal Drugs	None
D	U5F	Animal/Human Derived Agents	None
A	U6A	Pharmaceutical Adjuvants, Tableting Agents	All
A	U6B	Pharmaceutical Adjuvants, Coating Agents	All
A	U6C	Thickening Agents	All
A	U6F	Hydrophilic Cream/Ointment Bases	All
A	U6H	Solvents	All
A	U6N	Vehicles	All
A	U6S	Propellants	All
PA	U6W	Bulk Chemicals, O.U.	None
A	U7A	Suspending Agents	All
A	U7D	Surfactants	All
A	U7H	Antioxidants	All
A	U7K	Flavoring Agents	All
A	U7N	Sweeteners	All
A	U7P	Perfumes	All
A	U7Q	Coloring Agents	All

**Neoplasms**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
PA	V1A	Alkylating Agents	None
PA	V1B	Antimetabolites	None
PA	V1C	Vinca Alkaloids	None
PA	V1D	Antibiotic Antineoplastics	None
PA	V1E	Steroid Antineoplastics	None
PA	V1F	Miscellaneous Antineoplastics	None
PA	V1I	Chemotherapy Antidotes	None
PA	V1J	Antiandrogenic Agents	None
PA	V1K	Antineoplastics Antibody/Antibody-Drug Complexes	None
PA	V1M	Antineoplastics Immunomodulator Agents	None
D	V1O	Antineoplastic Lhrh Agonists, Pituitary Suppressant	None
PA	V1Q	Antineoplastic Systemic Enzyme Inhibitor	None
PA	V1R	Photoactivated, Antineoplastic Agents, Systemic	None
PA	V1T	Selective Estrogen Receptor Modulators (Serm)	None
D	V1V	Antineoplastic LHRH (GNRH) Antagonist, Pituitary Suppressors	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	V1W	Antineoplastic EGF Receptor Blocker RCMB MC Antibody	None
PA	V1X	Antineoplastic Hum VEGF Inhibitor RCMB MC Antibody	None
PA	V3A	Antineoplastic Histone Deacetylase Inhibitors (HDIs, HDACIs)	None
PA	V3C	Antineoplastic – MTOR Kinase Inhibitors	None
PA	V3D	Antineoplastic – Epothilones and Analogs	None
PA	V3E	Antineoplastic – Topoisomerase I Inhibitors	None

**Anti-Infecting Agents**

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	W1A	Penicillins	Amoxicillin trihydrate/Potassium Claulanate (generics only) Amoxicillin (generics only) Ampicillin (generics only) Dicloxacillin sodium(generics only) Penicillin V potassium (generics only)
A	W1C	Tetracyclines	Doxycycline (generics only) Minocycline (generics only) Tetracycline (generics only)
A	W1E	Chloramphenicol and Derivatives	All
A	W1F	Aminoglycosides	All
A	W1G	Antitubercular Antibiotics	Rifampin(generics only)
A	W1J	Vancomycin And Derivatives	Vancomycin oral
A	W1K	Lincosamides	Clindamycin (generics only) Lincomycin (generics only)
A	W1L	Topical Antibiotics	All
A	W1M	Streptogramins	All
A	W1N	Polymyxin And Derivatives	Colistimethate sodium (generics only) Polymyxin B sulfate (generics only)
A	W1O	Oxazolidones	Linezolid (Zyvox)
A	W1P	Oxabeta-Lactams	All
A	W1Q	Quinolones	Moxifloxacin (Avelox) Ciprofloxacin (generics only) Levofloxacin (Lеваquin) Ofloxacin (generics only) Gatifloxacin (Tequin)
A	W1S	Carbapenems (Thienamycins)	All
A	W1W	Cephalosporins-1st Generation	Cefadroxil (generics only) Cephalexin (generics only)
A	W1X	Cephalosporins-2nd Generation	Cefaclor (generics only) Cefuroxime axetil (generics only) Cefprozil (Cefzil)
A	W1Y	Cephalosporins-3rd Generation	Cefixime (Suprax) Cefditoren (Spectracef)
A	W1Z	Cephalosporins-4th Generation	All

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
A	W2A	Absorbable Sulfonamides	Sulfadiazine (generics only) Sulfamethoxazole/Trimethoprim (generics only) Sulfisoxazole (generics only)
A	W2E	Antitubercular Agents	Ethambutol (generics only) Isoniazid (generics only) Pyrazinamide (generics only)
A	W2F	Nitrofurantoin Derivatives	Nitrofurantoin macrocrystal (generics only) Nitrofurantoin (generics only)
A	W2G	Antibacterial Chemotherapeutic Agents, Misc.	Methenamine mandelate(generics only) Trimethoprim (generics only) Urinary antiseptic(generics only)
A	W2Y	Miscellaneous Antiinfectives	All
A	W3A	Antifungal Antibiotics	Griseofluvin ultramicroside(generics only) Nystatin (generics only)
A	W3B	Antifungal Agents	Ketoconazole (generics only) Clotrimazole (generics only) Fluconazole (generics only) Terbinafine (Lamisil) Itraconazole(generics only) Voriconazole (Vfend)
A	W4A	Antimalarial Drugs	Chloroquine phosphate (generics only) Pyrimethamine (Daraprim) Pyrimethamine/Sulfadoxine (Fansidar) Halofantrine (Halfan) Hydroxychloroquine sulfate (generics only) Atovaquone/Proguanil (Malarone) Mefloquine (generics only) Primaquine (generics only) Quinine sulfate (generics only)
D	W4C	Amebacides	None
A	W4E	Trichomonacides	Metronidazole (generics only)
D	W4K	Miscellaneous Antiprotozoal Drugs	None
D	W4L	Anthelmintics	None
D	W4M	Topical Antiparasitics	None
D	W4P	Antileprotics	None
D	W4Q	Insecticides	None
PA	W5A	Antivirals	None
A	W5C	Antivirals, HIV-Specific, Protease Inhibitors	All
PA	W5D	Antiviral Monoclonal Antibodies	None
PA	W5E	Hepatitis A Treatment Agents	None
PA	W5F	Hepatitis B Treatment Agents	None
PA	W5G	Hepatitis C Treatment Agents	None
A	W5I	Antivirals, HIV-Spec, Nucleotide Analog, RTIs	All
A	W5J	Antivirals, HIV-Spec, Nucleoside Analog, RTIs	All

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
A	W5K	Antivirals, HIV-Spec, Non-Nucleoside RTIs	All
A	W5L	Antivirals, HIV-Spec, Nucleoside Analog, RTI Combinations	All
A	W5M	Antivirals, HIV-Specific, Protease Inhibitor Combinations	All
A	W5O	Antivirals, HIV-Specific, Nucleoside-Nucleotide Analog	All
A	W5Q	ARTV Comb – Nucleoside-Nucleotide Analog & Non-nucleoside RTIS	All
D	W5S	Antivirals, General/Dietary Supplement Combinations	None
A	W5U	Antivirals, HIV-1 Integrase Strand Transfer Inhibitor	All
D	W6A	Drugs To Treat Sepsis Syndrome, Non-Antibiotic	None
D	W7B	Viral/Tumorigenic Vaccines	None
D	W7C	Influenza Virus Vaccines	None
D	W7J	Arthropod-Borne And Other Neurotoxic Virus Vaccines	None
A	W7K	Antisera	All
D	W7L	Gram Positive Cocci Vaccines	None
D	W7M	Gram Negative Bacilli (Non-Enteric) Vaccines	None
D	W7N	Toxin Producing Bacteria Vaccines And Toxoids	None
A	W7S	Antivenins	All
D	W7T	Antigenic Skin Tests	None
D	W7U	Hymenoptera Extracts	None
D	W7W	Miscellaneous Therapeutic Allergenic Extracts	None
D	W7Z	Combination Vaccine And Toxoid Preparations	None
A	W8A	Heavy Metal Antiseptics	All
A	W8B	Surface Active Agents	All
A	W8D	Oxidizing Agents	All
A	W8E	Antiseptics, General	All
A	W8F	Irrigants	All
D	W8G	Miscellaneous Antiseptics	None
D	W8H	Mouthwashes	None
A	W8J	Miscellaneous Antibacterial Agents	All
D	W8T	Preservatives	None
PA	W9A	Ketolides	None
PA	W9C	Rifamycins & Related Derivative Antibiotics	None
PA	W9D	Glycylcyclines	None

**Body As A Whole**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
D	Z1D	Enzyme Replacements (Ubiquitous Enzymes)	None

**Washington State  
Department of Labor and Industries  
Outpatient Formulary**

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
D	Z1E	Antioxidant Agents	None
D	Z1J	Metabolic Dx Enzyme Replacement, Mucopolysaccharidosis	None

<b>Status</b>	<b>TCC</b>	<b>Therapeutic Class Description</b>	<b>Preferred Drug(s)</b>
A	Z2D	Histamine H2 Receptor Inhibitors	Cimetidine (generics only) Famotidine (generics only) Nizatidine (generics only) Ranitidine (generics only)
PA	Z2E	Immunosuppressives	None
A	Z2F	Mast Cell Stabilizers	Cromolyn sodium (generics only)
PA	Z2G	Immunomodulators	None
D	Z2H	Systemic Enzyme Inhibitors	None
D	Z2M	Immunosupp - Monoclon Antibody Inhibiting T Lymph Function	None
A	Z2N	1st Generation Antihistamine-Decongestant Combinations	Brompheniramine/Pseudoephedrine (generics only) Chlorpheniramine/Pseudoephedrine (generics only) Triprolidine/Pseudoephedrine (generics only)
A	Z2O	2nd Generation Antihistamine-Decongestant Combinations	Loratadine/Pseudoephedrine (generics only)
A	Z2P	Antihistamine – 1 <sup>st</sup> Generation	Hydroxyzine HCl (generics only) Hydroxyzine pamoate (generics only) Cyproheptadine (generics only) Diphenhydramine (generics only) Chlorpheniramine maleate (generics only) Promethazine (generics only)
D	Z2R	Leukocyte Adhesion Inhibitors, Alpha 4 Mediated, IGG4K MC AB Type	None
D	Z2T	Histamine H2-Receptor Inhibitor/Dietary Supplement Combinations	None
D	Z9D	Diagnostic Preparations, OU	None