

**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 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](#) may be subject to the provisions of the [Therapeutic Interchange Program](#).
- See the [Washington Prescription Drug Program](#) for additional information and exceptions.

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

L&I Preferred Drug List

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	B6M	Inhaled Corticosteroids (Glucocorticoids, Orally Inhaled)	Beclomethasone dipropionate MDI (Qvar RediHaler) Budesonide nebulizer suspension (generics only) Fluticasone propionate MDI/DPI (Flovent Diskus/HFA)
A	B6W	Beta Adrenergic Agents, Orally Inhaled, Short Acting	Albuterol sulfate solution (generics only) Albuterol sulfate HFA (generics only) Levalbuterol HCl solution (generics only) Levalbuterol tartrate HFA (generics only)
PA	B6Y B6Z	Beta Adrenergic Agents, Orally Inhaled, Long Acting	Olodaterol (Striverdi Respimat) – when COPD accepted
		Beta Adrenergic Agents, Orally Inhaled, Ultra Long Acting	Salmeterol diskus (Serevent) – when asthma or COPD accepted
PA	B61	Anticholinergics, Quaternary Ammonium, Orally Inhaled, Long Acting	Tiotropium bromide monohydrate (Spiriva Handihaler/Respimat) – when COPD accepted
PA	B62	Beta Adrenergic & Anticholinergic Combinations, Orally Inhaled (Long Acting)	Tiotropium bromide/Olodaterol (Stiolto Respimat) – when COPD accepted
PA	B63	Beta-Adrenergics & Glucocorticoids Combination	Fluticasone/Salmeterol (Advair Diskus/HFA, Wixela Inhub) – when asthma or COPD accepted
PA	B64	Beta-Adrenergic, Anticholinergic and Glucocorticoid Combinations, Orally Inhaled	None
A	D4J	Proton Pump Inhibitors	Omeprazole magnesium (generics only) Omeprazole (generics only) Pantoprazole (generics only)
A	H2E H8B	Sedative-Hypnotics, Non-Barbiturate ***Acute use only***	
		Benzodiazepine Receptor Agonists	Zaleplon (generics only) Zolpidem (generics only)
		Hypnotics, Melatonin MT1/MT2 Receptor Agonists	Ramelteon (Rozerem)
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**

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	H2S H7B H7C H7D	Second Generation Antidepressants	
		Serotonin Specific Reuptake Inhibitors (SSRIs)	Citalopram (except solution) Escitalopram (except solution)
		Alpha-2 Receptor Antagonists	Fluoxetine (except tablet)
		Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	Fluvoxamine (except ER capsule) Paroxetine (except CR/ER tablet) Sertraline (except concentrate)
		Norepinephrine & Dopamine Reuptake Inhibitors (NDRIs)	Mirtazapine (generics only) Duloxetine (generics only) Venlafaxine/ER (except ER tablet) Bupropion/SR/XL (generics only)
A	H7T H7X H8W	Atypical Antipsychotic	
		Antipsychotic, Atypical, Dopamine & Serotonin	Aripiprazole (generics only) Asenapine (Saphris SL) Brexipiprazole (Rexulti) Cariprazine (Vraylar) Clozapine (generics only)
		Antipsychotic, Atypical, D2 Partial Agonist/ 5HT Mixed	Iloperidone (Fanapt) Lurasidone (Latuda) Olanzapine (generic oral formulations only)
		Antipsychotic, Atypical, D3/D2 Partial Agonist 5HT Mixed	Paliperidone ER (generics only) Quetiapine (generics only) Quetiapine ER (generics only) Risperidone (generics only) Ziprasidone (generics only)
A	Q7P	Nose Preparations, Anti-inflammatory Steroids	Budesonide (OTC only) Fluticasone propionate (OTC only) Triamcinolone acetonide (OTC only)
A	R1A R1I R1V	Overactive Bladder Agents	
		Urinary Tract Antispasmodic Agents	
		Urinary Tract Antispasmodic, M(3) Selective Antagonists	Darifenacin ER (generic only) Oxybutynin/ER (generics only) Solifenacin (generic only) Tolterodine/ER (generics only)
		Overactive Bladder Agents, Beta-3 Adrenergic Receptors	Trospium/ER (generics only)

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	S2B S2L	NSAIDs, Cyclooxygenase Inhibitors	Diclofenac Potassium/Sodium/DR/EC/ER (generics only) Etodolac/ER (generics only) Flurbiprofen Ibuprofen (generics only) Indomethacin/ER (generics only) Ketoprofen/ER
		NSAIDs, Cyclooxygenase-2 Selective Inhibitor	Ketorolac (generics only) Meloxicam (generics only) Nabumetone (generics only) Naproxen/Sodium (generics only) Piroxicam (generics only) Oxaprozin (generics only) Sulindac
PA	W0A W0B W0D W0E W0G W5V W5Y	Direct-acting Antivirals for Hepatitis C	Glecaprevir/pibrentasvir (Mavyret) Sofosbuvir/velpatasvir/voxilaprevir (Vosevi) – limited to FDA-approved indications Sofosbuvir/velpatasvir (Epclusa) - for decompensated cirrhosis *see Direct-acting Antivirals for Hepatitis C policy for coverage criteria*
		Hepatitis C Virus – NS5A Replication Complex Inhibitors	
		Hepatitis C Virus – NS5B Polymerase & NS5A Inhibitor Combinations	
		Hepatitis C Virus – NS5A, NS3/4, NS5B Inhibitor Combinations	
		Hepatitis C Virus – NS5A and NS3/4A Inhibitor Combinations	
		Hepatitis C Virus –NS5A, NS3/4A Protease, Nucleotide NS5B Polymerase Inhibitor Combination	
		Hepatitis C Virus – NS3/4A Serine Protease Inhibitors	
		Hepatitis C Virus – Nucleotide Analog NS5B Polymerase Inhibitors	
A	W1D	Macrolides	Azithromycin (generics only) Clarithromycin/ER (generics only) Erythromycin base (generics only) Erythromycin EC (generics only) Erythromycin ethylsuccinate (generics only) Erythromycin stearate (generics only)
A	Z2Q	Antihistamines – 2nd Generation	Cetirizine (generics only) Loratadine (generics only)
PA	Z2X	Phosphodiesterase-4 (PDE4) Inhibitors	Roflumilast (Daliresp) – when COPD accepted
A	Z4B Z4E	Leukotriene Modifier	Montelukast (generic tablet and granule packet only) Zafirlukast
		Leukotriene Receptor Antagonists	
		5-Lipoxygenase Inhibitor	

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

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
PA	A1D	General Bronchodilator Agents, Oral	None
D	A1E	Xanthines & Dietary Supplement Combinations	None
PA	A2A	Antiarrhythmics	None
PA	A2B	Heart Rate Reducing, Sinus Node Selective I(f) Current Inhibitor	None
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	A4L	Angiotensin Receptor and Nephilysin Inhibitor (ARNi) Combinations	None
PA	A4N	Angiotensin II Receptor Blocker (ARB) – Beta-adrenergic Blocker Combination	None
PA	A4T	Renin Inhibitor, Direct	None
PA	A4U	Renin Inhibitor, Direct and Thiazide Diuretic Combination	None
PA	A4V	Angiotensin Receptor Antagonist/Calcium Channel Blocker/Thiazide Combination	None
PA	A4W	Renin Inhibitor, Direct & Angiotensin Receptor Antagonist Combinations	None
PA	A4X	Renin Inhibitor, Direct & Calcium Channel Blocker Combinations	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	A4Y	Hypotensives-Miscellaneous	None
PA	A4Z	Renin Inhibitor, Direct, Calcium Channel Blocker and Thiazide Combinations	None
D	A5A	Patent Ductus Arteriosus Treating Agents, NSAID-Type	None
D	A5B	Hypertrophic Cardiomyopathy Treatment Agents, Ablative	None
D	A6U	Cardiovascular Diagnostics	None
D	A6V	Cardiovascular Diagnostics – Non Radiopaque	None
D	A6W	Cardiovascular Diagnostics – Radioactive	None
PA	A7B	Coronary Vasodilators	None
PA	A7C	Peripheral Vasodilators	None
PA	A7E	Vasodilators-Miscellaneous	None
PA	A7J	Vasodilators, Combination	None
D	A7M	Bradykinin B2 Receptor Antagonists	None
D	A7N	Plasma Kallikrein Inhibitors	None
D	A8O	Venosclerosing Agents	None
PA	A9A	Calcium Channel Blocking Agents	None
D	A9C	Calcium Channel Blocker and NSAID, COX-2 Selective Inhibitor	None

Respiratory System

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	B0A	Miscellaneous Respiratory Inhalants	Sodium chloride (generics only)
D	B0B	CFTR (Cystic Fibrosis Transmembrane Conductance Regulator) Potentiator	None
D	B0D	Pulmonary Fibrosis – Systemic Enzyme Inhibitors	None
D	B0F	Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) Potentiator and Corrector Combinations	None
D	B1A	Lung Surfactants	None
D	B1B	Pulm Antihypertensive, Endothelin Receptor Antagonist-Type	None
PA	B1C	Pulmonary Antihypertensive Agents, Prostacyclin-Type	None
PA	B1D	Pulmonary Antihypertensive, Selective C-GMP Phosphodiesterase T5 Inhibitors.	None
PA	B1E	Pulmonary Antihypertensives, CGMP Pathway, Gases	None
D	B1F	Pulmonary Antihypertensive Agents, Soluble Guanylate Cyclase (sGC) Stimulator	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**

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	B3N	Decongestant-Analgesic-Expectorant Combination	None
PA	B3O	1st Generation Antihistamine-Decongestant-Analgesic Combination	None
PA	B3P	Non-opioid Antitussive-1 st Generation Antihistamine-Decongestant-Analgesic Combination	None
PA	B3Q	Opioid Antitussive-1 st Generation Antihistamine-Decongestant Combination	None
PA	B3R	Non-opioid Antitussive-1 st Generation Antihistamine-Decongestant Combination	None
PA	B3S	Non-opioid Antitussive-1 st Generation Antihistamine-Decongestant Expectorant Combination	None
PA	B3T	Non-opioid Antitussive and Expectorant Combination	None
PA	B3V	1 st Generation Antihistamine-Decongestant-Analgesic-Expectorant Combination	None
PA	B3X	1 st Generation Antihistamine-Decongestant-Anticholinergic Combination	None
PA	B3Y	1 st Generation Antihistamine-Decongestant-Analgesic-Expectorant Combination	None
PA	B4A	Non-opioid Antitussive-Analgesic Combination	None
PA	B4B	Non-Opioid Antitussive-Analgesic-Expectorant Combination	None
PA	B4C	Opioid Antitussive-Anticholinergic Combination	None
PA	B4D	Opioid Antitussive-1 st Generation Antihistamine Combination	None
A	B4E	Non-opioid Antitussive-1 st Generation Antihistamine Combination	Promethazine/Dextromethorphan (generics only)
PA	B4F	Opioid Antitussive-1 st Generation Antihistamine-Analgesic Combination	None
PA	B4G	Non-opioid Antitussive-1 st Generation Antihistamine-Analgesic Combination	None
PA	B4H	Opioid Antitussive-1 st Generation Antihistamine-Expectorant Combination	None
PA	B4I	Non-opioid Antitussive-1 st Generation Antihistamine-Expectorant Combination	None
PA	B4J	Opioid Antitussive-1 st Generation Antihistamine-Decongestant-Expectorant Combination	None
PA	B4K	Opioid Antitussive-Decongestant Combination	None
PA	B4L	Non-opioid Antitussive-Decongestant Combination	None
PA	B4M	Non-opioid Antitussive-Decongestant-Analgesic Combination	None
PA	B4N	Opioid Antitussive-1 st Generation Antihistamine-Decongestant-Analgesic Combination	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	B4O	Non-opioid Antitussive-1st Generation Antihistamine-Decongestant-Analgesic Expectorant Combination	None
PA	B4P	Non-opioid Antitussive-Decongestant-Analgesic-Expectorant Combination	None
PA	B4Q	Opioid Antitussive-Decongestant-Expectorant Combination	None
PA	B4R	Non-opioid Antitussive-Decongestant-Expectorant Combination	None
PA	B4S	Opioid Antitussive-Expectorant Combination	None
PA	B4T	Decongestant-Analgesic, Non-Salicylate Combination	None
PA	B4U	Decongestant-Anticholinergic Combination	None
PA	B4V	Antitussive-1 st Generation Antihistamine-Analgesic-Expectorant Combination	None
A	B4W	Decongestant-Expectorant Combination	Guaifenesin/Pseudoephedrine (generics only)
PA	B4X	Expectorant Combination, Other	None
PA	B5D	Decongestant-Analgesic, Non-Salicylate-Anticholinergic-Xanthine Combination	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 st Generation Antihistamine-Decongestant-NSAID, COX Non-specific Combination	None
PA	B5I	Decongestant-Analgesic, Non-Salicylate-Expectorant-Xanthine Combination	None
PA	B5K	Decongestant-Analgesic, Salicylate-Xanthine Combination	None
PA	B5J	Decongestant-Analgesic, Non-Salicylate-Xanthine Combination	None
PA	B5M	1 st Generation Antihistamine-Decongestant-Analgesic, Mixed	None
PA	B5N	1 st Generation Antihistamine-Decongestant-Analgesic, Salicylate	None
PA	B5O	Non-opioid Antitussive-Analgesic-Salicylate Combination	None
PA	B5P	Decongestant-Analgesic, Salicylate-Expectorant Combination	None
PA	B5Q	Non-opioid Antitussive-1 st Generation Antihistamine-Decongestant-, Salicylate Combination	None
PA	B5R	Analgesic, Mixed-1 ST Generation Antihistamine-Xanthine Combination	None
PA	B5S	1 st Generation Antihistamine-Analgesic, Non-Salicylate Combination	None
PA	B5T	1 st Generation Antihistamine-Anticholinergic Combination	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	B5W	Non-opioid Antitussive-1 st Generation Antihistamine-Anticholinergic Combination	None
PA	B5X	Analgesic, Non-Salicylate–Expectorant Combination	None
PA	B5Y	Analgesic, Non-Salicylate–1 st Generation Antihistamine-Xanthine	None
PA	B5Z	1 st Generation Antihistamine-Decongestant-Analgesic, Salicylate-Xanthine Combination	None
D	B6A	Non-opioid Antitussive-Decongestant-Expectorant-Zinc Combination	None
D	B6B	Non-opioid Antitussive-Decongestant-Zinc Combination	None
D	B6C	Opioid Antitussive-1 st Generation Antihistamine-Decongestant-Analgesic-Xanthine Combination	None
D	B6D	Decongestant-Expectorant with Zinc Combination	None
D	B6F	1 st Generation Antihistamine-Decongestant with Zinc Combination	None
D	B6G	1 st Generation Antihistamine-Decongestant-Anticholinergic with Zinc Combination	None
D	B6H	1 st Generation Antihistamine-Decongestant-Anticholinergic-Expectorant Combination	None
D	B6I	Opioid Antitussive-Decongestant-Analgesic-Expectorant Combination	None
D	B6J	Opioid Antitussive-1 st Generation Antihistamine-Analgesic, Non-Salicylate Combination	None
D	B6K	Non-opioid Antitussive-1 st Generation Antihistamine-Decongestant-Expectorant-Anticholinergic Combination	None
D	B6L	Analgesic, Salicylate and 1 st Generation Antihistamine Combination	None
PA	B6R	Aromatic Antitussives for Vaporization	None
D	B6T	Non-Opioid Antitussive and Mucoytic Combination	None
PA	B6V	Decongestants, Oral	None
PA	B6U	Opioid Antitussive-Decongestant-Analgesic Combination	None
D	B6X	Opioid Antitussive and Mucoytic Combination	None
PA	B60	Anticholinergics, Quaternary Ammonium, Orally Inhaled, Short Acting	None

Electrolyte Balancing Sys/Metabolic Sys/Nutrition

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
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

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	C1D	Potassium Replacement	None
PA	C1F	Calcium Replacement	None
PA	C1H	Magnesium Replacement	None
D	C1K	Cardioplegic Solutions	None
PA	C1P	Phosphate Replacement	None
PA	C1W	Electrolyte Replacement	None
PA	C1Y	Dialysis Solutions	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
D	C4A	Antihyperglycemic, (DPP-4) Inhibitor & Antihyperlipidemic HMG CoA Reductase Inhibitors (statins)	None
D	C4B	Antihyperglycemic Glucocorticoid (Cortisol) Receptor Blocker (GR-II)	None
PA	C4C	Antihyperglycemic Dipeptidyl Peptidase-4 (DPP-4) Inhibitor & Thiazolidinedione	None
PA	C4D	Antihyperglycemic Sodium Glucocorticoid CoTransport 2 (SGLT2) Inhibitor	None
PA	C4E	Antihyperglycemic SGLT2 Inhibitor & Biguanide Combination	None
PA	C4F	Antihyperglycemic, (DPP-4) Enzyme Inhibitor & Biguanide Type (N-S) Combination	None
PA	C4G	Insulins	None
PA	C4H	Antihyperglycemic, Amylin Analog-Type	None
PA	C4I	Antihyperglycemic, Incretin Mimetic (GLP-1 Receptor Agonist)	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	C4V	Antihyperglycemic – Dopamine Receptor Agonists	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	C4W	Antihyperglycemic, Sodium-glucose Cotransporter-2 Inhibitor and Dipeptidyl Peptidase-4 Inhibitor Combination	None
PA	C4X	Antihyperglycemic – Insulin, Long-acting and Incretin Mimetic (GLP-1 Receptor Agonist)	None
PA	C4Y	Antihyperglycemic – SGLT-2 Inhibitor, DPP-4 Inhibitor and Biguanide Combination	None
PA	C5A	Carbohydrates	None
PA	C5B	Protein Replacement	None
D	C5C	Infant Formulas	None
D	C5D	Diet Foods	None
D	C5E	Geriatric Supplements	None
D	C5F	Miscellaneous Food Supplements	None
D	C5H	Nucleic Acid/Nucleotide 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
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
PA	C7B	Decarboxylase Inhibitors	None
D	C7D	Metabolic Deficiency Agents	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	C7F	Appetite Stimulants for Anorexia, Cachexia, Wasting Syndrome	None
D	C7G	Hyperuricemia Treatments – Urate-Oxidase Enzyme-Type	None
D	C7H	PKU Treatment Agent - Cofactor of Phenylalanine Hydroxylase	None
D	C7I	Cytochrome P450 Inhibitors	None
D	C7J	Fibroblast Growth Factor 23 (FGF23) Inhibitors, Monoclonal Antibody	None
D	C7K	Phenylketonuria (PKU) Treatment Agents – Phenylalanine Ammonia Lyase	None
A	C8A	Metallic Poison Antidotes	All
A	C8B	Acid And Alkali Poison Antidotes	All
A	C8C	Lead Poisoning, Agents to Treat (Chelating-Type)	All
A	C8E	Miscellaneous Antidotes	All
A	C8F	Cholinesterase Reactivating & Muscarinic Antagonist Antidote	All
A	C8G	Hypercalcemia, Agents to Treat (Chelating-Type)	All
PA	C9C	Parenteral Amino Acid Solutions and Combinations	None

Biliary System/Gastro-Intestinal System

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	D0U	Gastrointestinal Radiopaque Diagnostics	None
D	D0V	Gastrointestinal Radioactive Diagnostics	None
D	D1B	Periodontal Anesthetics	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	D4C	Agents for Stomatological Use	None
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

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	D4I	Oral Mucositis/Stomatitis Anti-inflammatory Agents	None
PA	D4L	Saliva Substitute Agents	None
PA	D4N	Antiflatulents	None
D	D4O	Gastrointestinal Ultrasound Image Enhancing Adjunct, Diag	None
PA	D4Q	Digestive Agents, Other	None
A	D4R	Saliva Stimulant Agents	All
PA	D4X	Antidiarrheal – Gastrointestinal Chloride Channel Inhibitors	None
PA	D40	Antidiarrheal – Tryptophan Hydroxylase Inhibitor	None
A	D5P	Intestinal Adsorbents And Protectives	All
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 – Aminosalicylate	None
D	D6G	Irritable Bowel Syndrome Agents, Guanylate Cylase-C Agonist	None
A	D6H	Hemorrhoidal Agents	All
D	D6I	Short Bowel Syndrome Agents - Glucagon-like Peptide-2 (GLP-2) Analogs	None
D	D6L	IBS Agents, Mixed Opioid ReceptorAgonists/Antagonists	None
A	D6S	Laxatives & Cathartics	Bisacodyl (generics only) Docusate (generics only)Lactulose (generics only) Magnesium citrate (generics only) Mineral oil (generics only) Polyethylene glycol (generics only) Psyllium (generics only) Senna (generics only) Senna-docusate (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	D7E	Farnesoid X Receptor (FXR) Agonist, Bile Acid Analogue	None
PA	D7J	Hepatic Dysfunction Preventive/ Therapy Agents	None
D	D7K	Drugs to Treat Acute Hepatic Porphyria	None
PA	D7L	Bile Salt Inhibitors	None
D	D7T	Biliary Diagnostics	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	D7U	Biliary Diagnostics, Radiopaque	None
PA	D8A	Pancreatic Enzymes	None
PA	D9A	Ammonia Inhibitors	None

Electrolyte Balancing Sys/Metabolic Sys/Nutrition (CONT.)

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	E0A	Vitamin A & D Preparations	None
PA	E0G	Prenatal Vitamins Without Iron	None

Male Genital System

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

Female Genital System

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	G0A	Fallopian Tube Ultrasound Contrast Agents	None
D	G0U	Uterine Radiopaque Diagnostic Agents	None
D	G1A	Estrogenic Agents	None
D	G1B	Estrogen/Androgen Combination Preparations	None
D	G1E	Menopausal Symptom Supp-Sel Estrogen Receptor Modulation	None
D	G1D	Estrogen & Progestin with Antimineralocorticoid Combination	None
D	G1F	Estrogen and Progestin Combinations	None
D	G2A	Progestational Agents	None
D	G3A	Oxytocics	None
D	G5B	Androgen/estrogen Preps for Female Sexual Dysfunction	None
D	G6A	Menopausal Symptom Suppressants – SSRIs	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

Nervous System (Except Autonomic)

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	H0A	Local Anesthetics	Cepacol
D	H0D	Postherpetic Neuralgia Agents	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
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	H1C	Alzheimer's Disease Therapy, NMDA Receptor Antagonist & Cholinesterase Inhibitor Combination	None
PA	H1D	Calcitonin Gene-Related Peptide (CGRP) Inhibitors	None
PA	H1G	Narcolepsy Therapy Agents – H3-receptor Antagonist/Inverse Agonist	None
D	H1U	Cerebral Spinal Radiopaque Diagnostics	None
D	H1V	Cerebral Spinal Radioactive Diagnostics	None
D	H1W	Diagnostic Radiopharmaceuticals – Dopamine Transporter(DAT) Imaging	None
D	H1Y	Diagnostic Radiopharmaceuticals – Amyloid Plaque Imaging	None
D	H1Z	Diagnostic Radiopharmaceuticals – Dopaminergic Nerve Terminal Imaging	None
PA	H2A	Central Nervous System Stimulants	None
D	H2B	General Anesthetics, Inhalant	None
D	H2C	General Anesthetics, Injectable	None
PA	H2D	Barbiturates (Phenobarbital Only)	None
A	H2E	Non-Barbiturate, Sedative-Hypnotics ***Acute use only***	Diphenhydramine (generics only) Zaleplon (generics only) Zolpidem (generics only)
A	H2F	Antianxiety Drugs ***Acute use only***	Buspirone (generics only)
A	H2G	Anti-Psychotics, Phenothiazines	Chlorpromazine (generics only) Fluphenazine (generics only) Perphenazine (generics only) Thioridazine (generics only) Trifluoperazine (generics only)
PA	H2H	Monoamine Oxidase (MAO) Inhibitors	None
A	H2M	Anti-Mania Drugs	Lithium carbonate/CR (generics only) Lithium citrate (generics only)
D	H2T	Alcohol-Systemic Use	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	H2U	Tricyclic Antidepressants & Related Non-SRI	Amitriptyline (generics only) Desipramine (generics only) Doxepin (generics only) Imipramine (generic tablet only) Maprotiline (generics only) Nortriptyline (generic capsule only)
PA	H2V	Treatment for Attention Deficit-Hyperactivity Disorder (ADHD)/Narcolepsy	None
A	H2W	Tricyclic Antidepressant/Phenothiazine Combinations	Amitriptyline/Perphenazine (generics only)
PA	H2X	Tricyclic Antidepressant/Benzodiazepine Combination	None
PA	H20	Anti-anxiety – Benzodiazepines	None
PA	H21	Sedative-hypnotics – Benzodiazepines	None
D	H22	General Anesthetics, Injectable – Benzodiazepine Type	None
D	H24	Antidepressant – Postpartum Depression (PPD)	None
A	H3A	Opioid Analgesics ***Acute use only***	
		Short Acting Opioids	Codeine sulfate/phosphate (generics only) Hydromorphone (generics only) Meperidine (generics only) Morphine sulfate (generics only) Oxycodone (generics only) Pentazocine/Naloxone (generics only) Pentazocine/Acetaminophen (generics only) Tramadol (generics only)
PA	H3A	Long Acting Opioids	None
PA	H3C	Analgesics, Non-Opioid	None
A	H3D	Salicylate Analgesics	Choline mag trisalicylate (generics only) Diflunisal Salsalate
A	H3E	Analgesic/Antipyretics, Non-Salicylate	Acetaminophen (generics only)
PA	H3F	Antimigraine Preparations	Generic triptans (almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan)
D	H3H	Opioid Analgesic, Anesthetic Adjunct Agents	None
D	H3I	Analgesics, Neuronal-type Calcium Channel Blocker	None
D	H3J	Analgesics, Opioid-Dietary Supplement Combinations	None
A	H3K	Analgesics, Non-salicylate & Barbiturate Combination	Acetaminophen/Butalbital (generic 50/325 strength only)

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	H3L	Analgesics, Non-salicylate, Barbiturate & Xanthine Combination	Acetaminophen/Caffeine/Butalbital (generic tablet only)
PA	H3M	Opioid, Non-salicylate Analgesic, Barbiturate & Xanthine Combination	None
A	H3N	Opioid Analgesic and NSAID Combination ***Acute use only***	Hydrocodone/Ibuprofen (generics only)
A	H3O	Analgesics, Salicylate, Barbiturate & Xanthine Combination	Aspirin/Caffeine/Butalbital (generics only)
PA	H3Q	Opioid and Non-Salicylate Analgesics, Barbiturate	None
PA	H3R	Opioid and Salicylate Analgesics, Barbiturate, Xanthine	None
PA	H3T	Opioid Antagonists	None
A	H3U	Opioid Analgesic and Non-salicylate Analgesics ***Acute use only***	Codeine/Acetaminophen (generics only) Hydrocodone/Acetaminophen (generics only) Oxycodone/Acetaminophen (generics only) Tramadol/Acetaminophen (generics only)
A	H3V	Analgesics, Salicylate & Non-salicylate Combination	All
PA	H3W	Opioid Withdrawal Therapy Agents, Opioid-Type	None
A	H3X	Opioid Analgesic and Salicylate Analgesic Combination ***Acute use only***	Aspirin/Codeine phosphate (generics only) Oxycodone/Aspirin (generics only)
PA	H3Y	Mu-Opioid Receptor Antagonists, Peripherally-Acting	None
PA	H3Z	Opioid Analgesic, Non-salicylate, Xanthine Combination	None
PA	H30	Opioid Analgesic, Salicylate and Xanthine Combination	None
PA	H33	Opioid Withdrawal Therapy Agents, Alpha-2 Adrenergic Agonist	None
PA	H4A	Anticonvulsants – Benzodiazepine Type	None
A	H4B	Anticonvulsants	Carbamazepine/XR (generics only) Depakote (generics only) Levetiracetam (generics only) Mephobarbital (generics only) Gabapentin (generics only) Phenytoin sodium ER (generics only) Primidone (generics only) Topiramate (generics only) Valproic acid (generics only)
D	H4D	Anticonvulsant/Dietary Supplement Combinations	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	H4E	Anticonvulsants – Cannabinoid Type	None
PA	H5B	Neuropathic Agents	None
PA	H6A	Antiparkinsonism Drugs, Other	None
PA	H6B	Antiparkinsonism Drugs, Anticholinergic	None
A	H6C	Antitussives, Non-Opioid	Benzonatate (generics only) Dextromethorphan (generics only)
A	H6E	Emetics	Ipecac (generics only)
D	H6F	Skeletal Muscle Relaxants/Dietary Supplement Combinations	None
PA	H6G	Skeletal Muscle Relaxant & Topical Irritant Counter-Irritant Combinations	None
D	H6I	Amyotrophic Lateral Sclerosis Agents	None
A	H6J	Anti-Emetics	Dimenhydrinate (generics only) Meclizine (generics only) Prochlorperazine (generic tablet form only) Promethazine (generics only) Trimethobenzamide (generics only) **5HT3 products require prior authorization**
D	H6L	Movement Disorders (Drug Therapy)	None
A	H6N	Antitussives, Opioid Type	None
PA	H6O	Antiemetic, Cannabinoid Type	None
A	H7E	Serotonin-2 Antagonist/Reuptake Inhib (SARIs)	Trazodone (generics only)
PA	H7J	MAOIs - Non-Selective & Irreversible	None
PA	H7N	Smoking Deterrents, Others	None
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 (oral generics only)
D	H7W	Anti-Narcolepsy/Anti-Cataplexy, Sedative-Type Agent	None
PA	H7Y	Tx For Attn Deficit-Hyperactivity Disorder (ADHD), NRI-Type	None
PA	H7Z	SSRI & Antipsych, Atyp, Dopamine & Serotonin Antagonist Combination	None
PA	H8A	Antianxiety, Antispasmodic Combination	None
D	H8D	Hypnotic, Melatonin and Herbal Combinations	None
D	H8F	Hypnotic, Melatonin Combinations Other	None
D	H8I	Selective Serotonin Reuptake Inhibitor (SSRI)/Dietary Supplement Combinations	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	H8J	Norepinephrine and Dopamine Reuptake Inhibitor (NDRI)/Dietary Supplement Combinations	None
D	H8K	Antianxiety Drug/Dietary Supplement Combinations	None
D	H8M	Tx for ADHD – Selective Alpha 2A-Adrenergic Receptor Agonist	None
PA	H8O	Pseudobulbar Affect (PBA) Agents, NMDA Antagonists	None
D	H8P	SSRI & 5HT1A Partial Agonist Antidepressant	None
D	H8Q	Narcolepsy and Sleep Disorder Therapy Agents	None
D	H8R	Benzodiazepines	None
D	H8T	SSRI & Serotonin (5-HT) Receptor Modulator Antidepressant	None
D	H8U	Cannabis and Cannabinoid Receptor Agonists	None
D	H8V	Hypoactive Sexual Desire Disorder (HSDD) Treatment Agents	None
PA	H8W	Antipsychotic-Atypical, Dopamine D3/D2 Receptor Partial Agonist-5HT Mixed	None
PA	H8Y	Selective Serotonin 5-HT2A inverse Agonists (SSIA)	None
PA	H8Z	Antidepressant – N-methyl D-aspartate (NMDA) Receptor Antagonist	None

Autonomic Nervous System

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	J1A	Parasympathetic Agents	Bethanechol chloride (generics only) Pilocarpine (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	J2G	Muscarinic Receptor Antagonists	None
PA	J2H	Anticholinergics/Microorganisms Combinations	None
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

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	J5D	Beta Adrenergic Agents, Oral	None
PA	J5E	Sympathomimetic Agents	None
PA	J5F	Anaphylaxis Therapy Agents	None
A	J5H	Adrenergic Vasopressor Agents	Midodrine HCl
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
PA	J7H	Beta Adrenergic Agents/Thiazide & Thiazide- like Combinations	None
D	J8A	Anorexic Agents	None
D	J8B	Cannabinoid-1 Receptor (CB1) Antagonist	None
D	J8C	Serotonin 2C Receptor Agonists	None
D	J8D	Anti-Obesity – Opioid Antagonist/Norepinephrine & Dopamine Reuptake Inhibitor (NDRIs)	None
D	J8E	Anti-obesity Glucagon-like Peptide-1 (GLP-1) Receptor Agonist	None
A	J9A	Intestinal Motility Stimulants	Metoclopramide (generic tablet and solution only)
PA	J9B	Antispasmodic Agents	None

Skin/Subcutaneous Tissue

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	L0B	Topical/Mucous Membrane/Sub-Q Enzyme Preps	Collagenase (Santyl)
PA	L1A	Antipsoriatic Agents, Systemic	None
D	L1B	Acne Agents, Systemic	None
D	L1D	Hyperpigmentation Agents, Systemic	None
D	L1G	Eczema Agents, Systemic, Interleukin-4 (IL-4) Receptor Alpha Antagonist, Monoclonal Antibody	None
A	L2A	Emollients	All generic products
A	L3A	Protectives	All generic products
A	L3P	Antipruritics, Topical	Calamine/Pamoxine (Caladryl) Diphenhydramine (generics only) Pramoxine/zinc oxide/calamine cream and lotion (Dermagesic)
D	L3Q	Topical Neutralizing Agents for Hydrogen Fluoride	None
A	L4A	Astringents	All
D	L5A	Keratolytics	None
D	L5B	Sunscreens	None
D	L5C	Abrasives	None
D	L5E	Antiseborrheic Agents	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
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
PA	L5J	Photoactivated Agents, Antineoplastic & Premalignant Lesion, Topical	None
D	L5M	Keratinocyte Growth Factor (KGF)	None
A	L6A	Irritants/Counter-Irritants	Capsaicin (generics only) Capsaicin/Menthol (generics only) Capsaicin/Methyl Salicylate/Menthol (generics only) Menthol (generics only) Menthol/Aloe (generics only) Methyl salicylate/Menthol/Camphor (generics only) Methyl salicylate/Menthol (generics only) Trolamine salicylate (generics only)
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	L9H	Vitamin A Derivatives, Topical Acne Agents	None
D	L9I	Vitamin A Derivatives, Topical Cosmetic Agents	None
D	L9K	Tissue/Wound Adhesives	None

Blood

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	M0B	Plasma Proteins	None
PA	M0C	Blood Factors, Miscellaneous	None
PA	M0D	Plasma Expanders	None
PA	M0E	Antihemophilic Factors	None
PA	M0F	Factor IX Preparations	None
D	M0G	Antiporphyrin Factors	None
PA	M0I	Factor IX Complex (Prothrombin Complex Concentrate) Preparations	None
D	M0K	Factor X Preparations	None
D	M0L	Human Monoclonal Antibody Complement (C5) Inhibitors	None
PA	M0M	Protein C Preparations	None

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

D	M0N	C1 Esterase Inhibitors	None
PA	M0O	Factor XIII Preparations	None
D	M09	Hemophilia Treatment Agents, Non-Factor Replacements	None
A	M3A	Occult Blood Tests	All
PA	M4A	Blood Sugar Diagnostics	None
PA	M4B	IV Fat Emulsions	None
D	M4D	Antihyperlipidemic – HMG CoA	None
D	M4E	Lipotropics	None
D	M4G	Hyperglycemics	None
D	M4I	Antihyperlipid (HMG CoA) & Calcium Channel Blocker	None
D	M4M	Antihyperlipidemic – HMG CoA Reductase Inhibitors & Cholesterol Absorption Inhibitor Combination	None
D	M4O	Oral Lipid Supplements	None
D	M4Q	Antihyperlipidemic – MTP Inhibitor	None
D	M4R	Antihyperlipidemic – Apolipoprotein B-100 Synthesis Inhibitor	None
D	M4T	Antihyperlipidemic – PCSK9 Inhibitors	None
D	M4V	Antihyperlipidemic – ATP Citrate Lyase Inhibitor	None
D	M4W	Antihyperlipidemic – ATP Citrate Lyase and Cholesterol Absorption Inhibitor	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
A	M9K	Heparin Preparations	Enoxaparin 30/40mg (generics only) Fondaparinux 2.5mg (generics only) Heparin (generics only)
PA	M9L	Oral Anticoagulants, Coumarin Type	Warfarin sodium (generics only)
PA	M9P	Platelet Aggregation Inhibitors	None
PA	M9T	Thombin Inhibitors, Selective, Direct & Reversible	None
D	M9U	Thrombolytic – Nucleotide Type	None
PA	M9V	Direct Factor Xa Inhibitors	None
PA	M9W	Anticoagulant Reversal Agents	None
PA	M9Y	Anticoagulant Reversal Agent for Factor Xa Inhibitors	None

Bone Marrow

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	N1B	Erythropoiesis Stimulating Agents	None
D	N1C	Leukocyte (WBC) Stimulants	None

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

PA	N1D	Platelet Reducing Agents	None
PA	N1E	Platelet Proliferation Stimulants	None
D	N1F	Thrombopoietin Receptor Agonists	None
PA	N1G	CXCR4 Chemokine Receptor Antagonists	None
D	N1H	Sickle Cell Anemia Agents	None
D	N1I	Erythroid Maturation Agents	None

Endocrine System (Except Gonads)

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	P0B	Follicle Stimulating Hormones	None
D	P0C	Pregnancy Facilitating/Maintaining Agent, Hormonal	None
D	P0D	Human Chorionic Gonadotropin (HCG)	None
D	P0E	Follicle Stimulating Hormone (FSH)	None
D	P0F	Follicle Stimulating Hormone & GNRH Antagonist	None
D	P0G	Pregnancy Maintaining Agent, Hormonal	None
D	P1A	Growth Hormones	None
D	P1B	Somatostatic Agents	None
D	P1E	Adrenocorticotrophic Hormones	None
D	P1F	Pituitary Suppressive Agents	None
D	P1G	Adrenal Steroid Inhibitors	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	P1O	LHRH/GNRH Agonist Analog Pituitary Suppressants and Progestin Combination	None
D	P1P	LHRH/GNRH Agonist Pituitary Suppressants-C Prec Puberty	None
D	P1Q	Growth Hormone Receptor Antagonists	None
D	P1R	LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations	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
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

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	P4F	Bone Formation Stimulating Agents – Parathyroid Hormone Related Peptides	None
PA	P4L	Bone Resorption Suppression Agents	None
D	P4M	Calcimimetic, Parathyroid Calcium Enhancer	None
D	P4O	Bone Resorption Inhibitor & Calcium Combinations	None
PA	P4Q	Bone Formation Agents – Sclerostin Inhibitor, Monoclonal Antibody	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	
PA	P5S	Mineralocorticoids	None
D	P6A	Pineal Hormone Agents	None
D	P8A	Pineal Hormone Agents	None
D	P9A	Protein Stabilizers	None
D	P9B	Amyloidosis Agents – Transthyretin (TTR) Suppression	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	Q2B	Ophthalmic Surgical Aids	None
PA	Q2C	Ophthalmic Anti-inflammatory Immunomodulator Type	None
D	Q2D	Ophthalmic Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	None
D	Q2F	Ophthalmic VEGF-A Receptor Antagonist RCMB MC Antibody	None
PA	Q2G	Ophthalmic Antifibrotic Agents	None
A	Q2H	Eye Antihistamine-Vasoconstrictor Combinations	None
D	Q2L	Ophthalmic Cystine Depleting Agents	None
D	Q2M	Ophthalmic Proteolytic Agents	None
PA	Q2N	Ophthalmic Antifungal Agents	None
PA	Q2O	Eye Mydriatic and NSAID Combinations	None
D	Q2P	Agents for Corneal Collagen Cross-linking	None
PA	Q2Q	Eye Antibiotic, Glucocorticoid and NSAID Combination	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	Q2S	Ophthalmic Human Nerve Growth Factor (hNGF)	None
D	Q2U	Eye Diagnostic Agents	None
D	Q2V	Retinal Enzyme Replacement	None
PA	Q3A	Rectal Preparations	None
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 (generics only)
PA	Q3E	Chronic Inflm Colon Dx 5 - Aminosalicylates	None
A	Q3H	Hemorrhoidal Preparations, Local Anesthetics	Dibucaine (generics only)
PA	Q3I	Hemorrhoidal Preparations, Anti-inflammatory Steroid/Local Anesthetics	None
A	Q3S	Laxatives, Local/Rectal	All
PA	Q3T	Local Anorectal Nitrate Preparations	All
PA	Q4A	Vaginal Preparations	None
PA	Q4B	Vaginal Antiseptics	None
PA	Q4C	Vaginal Deodorants	None
PA	Q4D	Vaginal Estrogen for Sexual Dysfunction	None
PA	Q4F	Vaginal Antifungals	None
PA	Q4H	Vaginal/Cervical Care and Treatment Agents	None
D	Q4K	Vaginal Estrogen Preparations	None
PA	Q4L	Vaginal Lubricants Preparations	None
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

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	Q5E	Topical Anti-inflammatory, Non-Steroidal	None
PA	Q5F	Topical Antifungals	None
A	Q5H	Topical Local Anesthetics	Lidocaine (OTC 4% cream, 4% gel, and 4% patch formulations) Pramoxine 1% lotion
PA	Q5K	Topical Immunosuppressive Agents	None
PA	Q5M	Topical Antifungal/Anti-inflammatory Steroid Agents	None
PA	Q5N	Topical Antineoplastic & Premalignant Lesion Agents	None
A	Q5P	Topical Anti-inflammatory 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)
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	Bacitracin (generics only) Bacitracin/Polymyxin B (generics only) Gentamicin sulfate (generics only) Mupirocin (generics only) Neomycin/Bacitracin/Polymyxin B (generics only) Neomycin/Bacitracin/Polymyxin B/Pramoxine (generics only) Neomycin/Polymyxin B/Pramoxine (generics only)
PA	Q5X	Topical Antibiotics/Anti-inflammatory, Steroidal	None
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

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
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)
PA	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) Difluprednate Fluorometholone (generics only) Flurbiprofen sodium(generics only) HMS Ketorolac tromethamine (generics only) 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**

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	Q6W	Eye Antibiotics	Bacitracin (generics only) Bacitracin/Polymyxin (generics only) Ciprofloxacin (generics only) Erythromycin (generics only) Gatifloxacin (generics only) Gentamicin sulfate (generics only) Levofloxacin (generics only) Moxifloxacin (generics only) Neomycin/Bacitracin/Polymyxin (generics only) Neomycin sulfate/polymyxin B sulfate/gramicidin D Ofloxacin (generics only) Polymyxin B sulfate/Trimethoprim (generics only) Tobramycin (generics only)
A	Q6Y	Eye Preparations, Miscellaneous (OTC Only)	All
A	Q7A	Nose Preparations, Miscellaneous (Rx Only)	Ipratropium bromide (generics only)
PA	Q7C	Nose Preparations, Vasoconstrictors (Rx Only)	None
PA	Q7D	Nose Preparations, Vasoconstrictors (OTC Only)	None
PA	Q7E	Nasal Antihistamine	None
PA	Q7H	Nasal Mast Cell Stabilizer Agents	None
PA	Q7K	NSAIDs, COX Non-selective, Systemic Analgesic	None
PA	Q7O	Nasal Antihistamine and Anti-inflammatory Steroid Combination	None
PA	Q7Q	Nasal Moisturizer	None
PA	Q7R	Nasal Washes	None
PA	Q7W	Nose Preparations, Antibiotics	None
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
PA	Q8D	Otic, Antiinfective, Local Anesthetic & Anti-inflammatory Combinations	None
A	Q8F	Ear Preparations, Anti-inflammatory-Antibiotics	Ciprofloxacin/Hydrocortisone (Cipro HC)
PA	Q8H	Ear Preparations, Local Anesthetics	None
D	Q8R	Ear Preparations, Ear Wax Removers	None
A	Q8W	Ear Preparations, Antibiotics	Neomycin/Polymyxin/HC (generics only) Ofloxacin
PA	Q8Y	Ear Preparations, Miscellaneous (OTC Only)	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	Q9B	Benign Prostatic Hypertrophy/ Micturition Agents	None

Kidney/Urinary Tract

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
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
PA	R1N	Arginine Vasopressin (AVP) Receptor Antagonists	None
D	R1O	Polycystic Kidney Disease Agent, Arginine Vasopressin (AVP) Receptor Antagonists ***New Drug Class***	None
D	R1Q	Uricosuric and Xanthine Oxidase Inhibitor Combinations	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) Citric acid/Gluconolactone/Magnesium carbonate (Renacidin) Sodium citrate/Citric acid (generics only) Potassium citrate (generics only)
D	R1U	Renal Function Diagnostic Agents	None
PA	R1V	Overactive Bladder Agents, Beta-3 Adrenergic Receptor Agonists	None
PA	R1W	Cystine Depleting Agents, Nephropathic Cystinosis	None
D	R2A	Fluorescence Cystoscopy/Optical Imaging 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

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

Locomotor System

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	S1A	Joint Tissue Replacement	None
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	S2K	Anti-Arthritic and Chelating Agents	None
PA	S2N	Anti-Arthritic, Folate Antagonist Agents	None
PA	S2P	NSAIDs, Cyclooxygenase 2 Inhibitor-Type & Proton Pump Inhibitor Combinations	None
PA	S2Q	Anti-inflammatory, Selective Costimulation Modulator, T-Cell Activation Inhibitors	None
D	S2R	NSAIDs (Nonsteroidal Anti-inflammatory Drugs) Cyclooxygenase Inhibitor/Dietary Supplement Combination	None
D	S2S	Analgesic, NSAID COX Type-1 st Generation Antihistamine, Sedative Combination	None
PA	S2T	NSAIDs (COX Non-Specific Inhibitor) & Prostaglandin Combination	None
D	S2U	NSAIDs, COX Non-Selective & Topical Irritant Counter-irritant Combination	None
D	S2V	Anti-inflammatory, Interleukin-1 Beta Blockers	None
D	S2W	Joint Contracture Therapy, Collagenase Enzyme	None
PA	S2X	NSAID (COX Non-Specific Inhibitor) & Histamine H2 Receptor Antagonist Combination	None
PA	S2Z	Anti-inflammatory, Phosphodiesterase-4 (PDE4) Inhibitors	None
D	S20	NSAIDs, COX-2 Selective Inhibitor (systemic) Topical Irritant Counter-irritant Combination	None
D	S26	NSAIDs Analgesic (Systemic) and Topical Local Anesthetic Combinations	None
D	S7A	Neuromuscular Blocking Agents	None
D	S7D	Selective Relaxant Binding Agents (SRBA)	None
D	S7G	Skeletal Muscle Relaxant, Salicylate, Opioid Analgesic Combination	None
D	S7H	Neuromuscular Blocking Agents (Cosmetic)	None

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

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	T0A	Topical Vit D Analog/Anti-inflammatory Steroidal	None
PA	T0B	Topical Pleuromutilin Derivatives	None
D	T0C	Topical Genital Wart-HPV Treatment Agent	None
PA	T0E	Topical Antiviral & Anti-inflammatory steroid combinations	None
A	T0F	Topical Anti-inflammatory steroid & Local Anesthetic combinations	Hydrocortisone acetate/Pramoxine (generics only) Hydrocortisone acetate/Lidocaine (generics only)
D	T0G	Topical Antiviral & Local Anesthetic combinations	None
PA	T0I	Topical Anti-inflammatory, Phosphodiesterase 4 (PDE4) Inhibitors	None
PA	T0J	Topical Anti-inflammatory, NSAID and Local Anesthetic Combination	None
PA	T0K	Topical Antifungal Antibiotic Anti-inflammatory Steroid Combination	None

Miscellaneous Drugs and Pharmaceutical Adjuvants

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	U3E	Cryopreservative Agents	None
D	U3H	Vaccine Adjuvants	None
D	U5A	Homeopathic Drugs	None
D	U5B	Herbal Drugs	None
D	U5F	Animal/Human Derived Agents	None
D	U5M	Multiple Herbal Ingredient Combinations	None
PA	U6A	Pharmaceutical Adjuvants, Tableting Agents	None
PA	U6B	Pharmaceutical Adjuvants, Coating Agents	None
PA	U6C	Thickening Agents	None
PA	U6E	Ointment/cream Bases	None
PA	U6F	Hydrophilic Cream/Ointment Bases	None
PA	U6H	Solvents	None
PA	U6N	Vehicles	None
PA	U6S	Propellants	None
PA	U6W	Bulk Chemicals	None
PA	U7A	Suspending Agents	None
PA	U7D	Surfactants	None
PA	U7H	Anticorrosive Agents	None
PA	U7K	Flavoring Agents	None
PA	U7N	Sweeteners	None
PA	U7P	Perfumes	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	U7Q	Coloring Agents	None

Neoplasms

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
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	V1G	Radioactive Therapeutic Agents	None
PA	V1I	Chemotherapy Antidotes	None
PA	V1J	Antineoplastic – 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	V1S	Intrapleural Sclerosing Agents. Antineoplastic Adjuvant	None
PA	V1T	Selective Estrogen Receptor Modulators (Serm)	None
D	V1U	Antineoplastics Antibody/Antibody-drug Complexes	None
D	V1V	Antineoplastic LHRH (GNRH) Antagonist, Pituitary Suppressors	None
PA	V1W	Antineoplastic EGF Receptor Blocker RCMB MC Antibody	None
PA	V1X	Antineoplastic Hum VEGF Inhibitor RCMB MC Antibody	None
PA	V10	Antineoplastic – Selective Inhibitors of Nuclear Export (SINE)	None
PA	V11	Antineoplastic – Protein Methyltransferase (PMT) Inhibitors	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
PA	V3F	Antineoplastic – Aromatase Inhibitors	None
PA	V3H	Antineoplastic – Immunotherapy, Therapeutic Vaccines	None
PA	V3I	Antineoplastic – Halichondrin B Analogs	None
PA	V3K	Tissue Protective Agents for Treatment of Cancer Chemotherapy Extravasation	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	V3L	Antineoplastic – Janus Kinase (JAK) Inhibitors	None
PA	V3M	Antineoplastic – Hedgehog Pathway Inhibitor	None
D	V3N	Antineoplastic – Vascular Endothelial Growth Factor (VEGF-A, B&P1GF) Inhibitor	None
D	V3O	Antineoplastic – Interleukin-6 (IL-6) Inhibitors, Monoclonal antibody	None
D	V3R	Antineoplastic – Anti-Programmed Death-1 (PD-1) Monoclonal Antibody	None
PA	V3T	Antineoplastic – Immunotherapy, Virus-Based Agents	None
PA	V3U	Antineoplastic – MEK1 And MEK2 Kinase Inhibitors	None
D	V3V	Antineoplastic – Anti-CD38 Monoclonal Antibody	None
D	V3W	Antineoplastic – Anti-SLAMF7 Monoclonal Antibody	None
PA	V3X	Antineoplastic – B-Cell Lymphoma-2 (BCL-2) Inhibitors	None
PA	V3Y	Antineoplastic – Anti-Programmed Cell Death-Ligand 1 (PD-L1) Monoclonal Antibody	None
PA	V3Z	Antineoplastic – Platelet-derived Growth Factor Receptor alpha blocker MC Ab	None
PA	V31	Antineoplastic Combination – Kinase Inhibitor and Aromatase Inhibitor	None
PA	V32	Antineoplastic – Isocitrate Dehydrogenase (IDH) Inhibitors	None
PA	V33	Antineoplastic – Antibiotic and Antimetabolite	None
PA	V34	Antineoplastic – CD22 Specific Antibody and Cytotoxic Antibiotic Conjugate	None
PA	V35	Antineoplastic – CD19-Directed Chimeric Antigen Receptor T Cell Immunotherapy	None
PA	V36	Antineoplastic – CD33 Specific Antibody and Cytotoxic Antibiotic Conjugate	None
PA	V37	Antineoplastic – BRAF Kinase Inhibitors	None
PA	V38	Antineoplastic – CD22-Directed Antibody/Cytotoxin Conjugate	None
PA	V39	Antineoplastic – CD123-Directed Cytotoxin Conjugate	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	V4D	Interleukin-4 (IL-4) Receptor Alpha Antagonist, MAB	None

Anti-Infecting Agents

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
PA	W0H	Antiretroviral – Nucleoside and Nucleotide Analogs, Protease Inhibitor Combination	None
A	W0I	Antiretroviral – Integrase Inhibitor and Non-Nucleoside Reverse Transcriptase Inhibitor Combination	All
PA	W0J	Antiretroviral – Anti-CD4 Domain 2 Monoclonal Antibody	None
PA	W0K	Antiretroviral – Integrase Inhibitor and Nucleoside Reverse Transcriptase Inhibitor Combination	None
A	W1A	Penicillins	Amoxicillin trihydrate/Potassium Clavulanate (generics only) Amoxicillin (generics only) Ampicillin (generics only) Dicloxacillin sodium (generics only) Penicillin V potassium (generics only)
A	W1C	Tetracyclines	Doxycycline (generics only) Tetracycline (generics only)
A	W1E	Chloramphenicol and Derivatives	All
PA	W1F	Aminoglycosides	None
A	W1G	Antitubercular Antibiotics	Rifampin (generics only)
PA	W1J	Vancomycin and Derivatives	None
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)
PA	W1O	Oxazolidones	None
A	W1P	Oxabeta-Lactams	All
A	W1Q	Quinolones	Moxifloxacin (generics only) Ciprofloxacin (generics only) Levofloxacin (generics only) Ofloxacin (generics only)
A	W1S	Carbapenems (Thienamycins)	All
A	W1W	Cephalosporins-1st Generation	Cefadroxil (generics only) Cephalexin (generic capsule and suspension forms only)

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	W1X	Cephalosporins-2nd Generation	Cefaclor (generics only) Cefuroxime axetil (generics only) Cefprozil (generics only)
A	W1Y	Cephalosporins-3rd Generation	Cefdinir Cefpodoxime
A	W1Z	Cephalosporins-4th Generation	All
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)
PA	W2H	Antibacterial Monoclonal Antibodies	None
A	W2Y	Miscellaneous Anti-infectives	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 (generics only) Itraconazole (generics only) Voriconazole (generics only)
PA	W3F	Antifungal Anti-inflammatory Steroid-Antihistamine	None
PA	W3G	Antifungal-Antibiotic-Steroid-Antihistamine Combination	None
PA	W4A	Antimalarial Drugs	None
D	W4C	Amebacides	None
A	W4E	Trichomonacides	Metronidazole (generics only)
PA	W4G	2 nd Generation Anaerobic Antiprotozoal Antibacterial Agents	None
D	W4K	Miscellaneous Antiprotozoal Drugs	None
D	W4L	Anthelmintics	None
D	W4M	Topical Antiparasitics	None
D	W4N	Insect Repellants	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

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
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
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	W5N	Antivirals, HIV-Specific, Fusion Inhibitors	All
A	W5O	Antivirals, HIV-Specific, Nucleoside-Nucleotide Analog	All
A	W5P	Antivirals, HIV-Specific, Non-Peptidic Protease Inhibitors	All
A	W5Q	ARTV Comb – Nucleoside-Nucleotide Analog & Non-nucleoside RTIS	All
D	W5S	Antivirals, General/Dietary Supplement Combinations	None
A	W5T	Antivirals, HIV-Specific, CCR5 Co-receptor Antagonist	All
A	W5U	Antivirals, HIV-1 Integrase Strand Transfer Inhibitor	All
A	W5W	Antiretrovirals – Nucleoside Analogs & Non-nucleoside Reverse Transcriptase Inhibitors Combination	All
A	W5X	Antiretroviral Combination – Nucleoside & Nucleotide Analogs, Integrase Strand Transfer Inhibitors	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
D	W7K	Antisera	None
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
D	W7Q	Gram-negative Cocci Vaccines	None
D	W7S	Antivenins	None
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

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
A	W8B	Surface Active Agents	All
A	W8C	Iodine Antiseptics	All
A	W8D	Oxidizing Agents	Carbamide peroxide (generics only) Hydrogen peroxide (generics only) Sodium hypochlorite (generics only)
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	W9B	Cyclic Lipopeptides	None
PA	W9C	Rifamycins & Related Derivative Antibiotics	None
PA	W9D	Glycylcyclines	None
PA	W9E	Pleuromutilin Derivatives	None
PA	W9G	Cephalosporins-5th Generation	None
PA	W9I	Lipoglycopeptide Antibiotics	None
PA	W9K	Aminoglycoside Antibiotics – Anticoagulant Combination	None
PA	W9O	Cephalosporin Antibiotics – Siderophore	None

Body as a Whole

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	Z0K	Gene Therapy Agents – SMN Protein Deficiency	None
D	Z1D	Enzyme Replacements (Ubiquitous Enzymes)	None
D	Z1E	Antioxidant Agents	None
D	Z1H	Metabolic Disease Enzyme Replacement, Fabry's Disease	None
D	Z1I	Metabolic Disease Enzyme Replacement, Gaucher's Disease	None
D	Z1J	Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis	None
D	Z1K	Metabolic Disease Enzyme Replacement, Severe Combined Immunodeficiency Disease	None
D	Z1L	Metabolic Disease Enzyme Replacement, Pompe Disease	None
D	Z1M	Antifibrotic Therapy – Pyridone Analogs	None
D	Z1P	Metabolic Disease Enzyme Replace, Hypophosphatas	None
D	Z1Q	Metabolic Dx Enzyme Replacement, Lyso. Acid Lip. Def	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	Z1R	Genetic Disorder Therapy – Exon Skipping Antisense Oligonucleotide	None
D	Z1S	Pharmacological Chaperone Therapy – Alpha-galactosidase A Enzyme Stabilizer	None
D	Z1T	Genetic Disorder Therapy – Exon Inclusion Antisense Oligonucleotide	None
D	Z1U	Metabolic Disease Enzyme Replacement, Batten Disease	None
D	Z2B	Radiopharmaceuticals Elements	None
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 inhalation (generics only)
PA	Z2G	Immunomodulators	None
D	Z2H	Systemic Enzyme Inhibitors	None
D	Z2L	Monoclonal Antibodies to Immunoglobulin E (IgE)	None
D	Z2M	Immunosuppressive - Monoclonal 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)
D	Z2V	Interleukin-6 (IL-6) Receptor Inhibitors	None
A	Z2P	Antihistamine – 1 st Generation	Chlorpheniramine maleate (generics only) Cyproheptadine (generics only) Diphenhydramine (generics only) Hydroxyzine HCl (generics only) Hydroxyzine pamoate (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	Z2U	Monoclonal Antibody-human Interleukin 12/23 Inhibitors	None
D	Z2W	Anti-CD20 (B Lymphocyte) Monoclonal Antibody	None
D	Z2X	Phosphodiesterase-4 (PDE4) Inhibitors	None
D	Z2Y	Immunomodulator, B-Lymphocyte Stimulator (BLyS)-specific Inhibitor Monoclonal Antibody	None
D	Z2Z	Janus Kinase (JAK) Inhibitors	None
D	Z5B	Radiopharmaceuticals Elements	None

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

Status	TCC	Therapeutic Class Description	Preferred Drug(s)
D	Z5D	Radioactive Diagnostics, General	None
D	Z5E	Radioactive Metabolic Function Diagnostics	None
D	Z5F	Radioactive Diagnostics – Radiolabeling of Autologous Leukocytes	None
D	Z5G	Radioactive Diagnostics – Radiolabeling of Synthetic Amino Acids	None
D	Z5H	Radioactive Diagnostics – Radiolabeling for Lymphatic Mapping	None
D	Z6B	Insulin-like Growth Factor Receptor (IGF-R) Inhibitor, Monoclonal Antibody	None
D	Z7A	Fluorescence Imaging Agents – Malignant Tissue	None
D	Z9D	Diagnostic Preparations, OU	None
PA	Z20	Monoclonal Antibody – Interleukin-5 Antagonists	None
PA	Z23	Interleukin-5 (IL-5) Receptor Alpha Antagonist, Monoclonal Antibody	None
PA	Z24	Spleen Tyrosine Kinase Inhibitors	None
PA	Z25	Immunosuppressant – Interferon Gamma Inhibitor, Monoclonal Antibody	None
PA	Z26	Agents to Treat Thrombotic Thrombocytopenic Purpura (aTTP)	None
PA	Z27	Anti-CD19 (B Lymphocyte) Monoclonal Antibody	None