

Washington State Department of Health Early Intervention Program (WA EIP)

UNINSURED FORMULARY BY DRUG CLASS

Effective 9/01/2024

Version 4.2024



GENERIC NAME	BRAND NAME	RESTRICTION NOTES
1. ANTIRETROVIRALS		
1a. ANTIRETROVIRALS-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
• abacavir	Ziagen	
• abacavir/lamivudine	Epzicom	
• abacavir/lamivudine/ zidovudine	Trizivir	
• didanosine	Videx, Videx EC	
• emtricitabine	Emtriva	
• lamivudine	EpiVir	
• stavudine	Zerit	
• tenofovir alafenamide fumarate/ emtricitabine	Descovy	
• tenofovir disoproxil fumarate	Viread	
• tenofovir disoproxil fumarate/ emtricitabine	Truvada	
• zidovudine	Retrovir	
• zidovudine/lamivudine	Combivir	
1b. ANTIRETROVIRALS-NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
• delavirdine	Rescriptor	
• doravirine	Pifeltro	
• efavirenz	Sustiva	
• etravirine	Intelence	
• nevirapine	Viramune	IR and XR formulations covered.
• rilpivirine	Eduvant	
1c. ANTIRETROVIRALS-FUSION INHIBITORS		
• enfuvirtide	Fuzeon	
1d. ANTIRETROVIRALS-COMBINATION TREATMENT		
• bicitegravir-emtricitabine-tenofovir AF	Biktarvy	
• atazanavir/cobicistat	Evotaz	
• cabotegravir & rilpivirine IM Susp ER	Cabenuva	
• darunavir/cobicistat	Prezcobix	
• dolutegravir/lamivudine	Dovato	
• darunavir/cobicistat/ emtricitabine/tenofovir af	Symtuza	
• dolutegravir/lamivudine/ abacavir	Triumeq	
• dolutegravir/rilpivirine	Juluca	
• doravirine/lamivudine/tenofovir	Delstrigo	
• efavirenz/lamivudine/tenofovir	Symfi, Symfi Lo	
• elvitegravir/cobicistat/ emtricitabine/tenofovir	Stribild	
• elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide fumarate	Genvoya	
• emtricitabine/tenofovir/ efavirez	Atripla	
• emtricitabine/tenofovir/ rilpivirine	Complera	
• emtricitabine/rilpivirine/ tenofovir alafenamide fumarate	Odefsey	
• lamivudine/tenofovir	Cimduo	

● = Drug must be dispensed with a minimum 28 day supply

^ = Drug requires prior authorization

Last edited 11/20/2024

Washington State Department of Health Early Intervention Program (WA EIP)

UNINSURED FORMULARY BY DRUG CLASS

Effective 9/01/2024

Version 4.2024



GENERIC NAME	BRAND NAME	RESTRICTION NOTES
1e. ANTIRETROVIRALS-PROTEASE INHIBITORS		
• atazanavir	Reyataz	
• atazanavir/cobicistat	Evotaz	
• darunavir	Prezista	
• darunavir/cobicistat	Prezcobix	
• fosamprenavir	Lexiva	
• indinavir	Crixivan	
• lopinavir/ritonavir	Kaletra	25mg-100mg, 50mg-200mg, 100mg-400mg/5ml solution
• nelfinavir	Viracept	
• ritonavir	Norvir	
• saquinavir mesylate	Invirase	
• tipranavir	Aptivus	
1f. ANTIRETROVIRALS-CCR5 CO-RECEPTOR ANTAGONISTS		
• maraviroc	Selzentry	
1g. ANTIRETROVIRALS-INTEGRASE INHIBITORS		
• dolutegravir	Tivicay	
• raltegravir	Isentress, Isentress HD	
1h. ANTIRETROVIRALS-BOOSTING AGENTS		
• cobicistat	Tybost	
1i. ANTIRETROVIRALS-POST-ATTACHMENT INHIBITORS		
ibalizumab-uiyk	Trogarzo	
1j. ANTIRETROVIRALS - gp 120 - DIRECTED ATTACHMENT INHIBITOR		
• fostemsavir	Rukobia	
1k. ANTIRETROVIRALS - CAPSID INHIBITOR		
^ Lenacapavir Sodium	Sunlenca	Drug accessible ONLY at CVS SPECIALITY Monroeville. Phone: 800-238-7828 Fax: 888-604-0385. See detailed PA criteria
2. ANALGESICS (Oral and transdermal only)		
Most drugs in this FDA class are covered. Common examples are:		
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
diclofenac potassium	Voltaren	
diclofenac/misoprostol	Arthrotec	
etodolac	Lodine	
ibuprofen	Motrin	
indomethacin	Indocin	
ketoprofen	Orudis	
ketorolac	Toradol	
meloxicam	Mobic	
nabumetone	Relafen	
naproxen	Naprosyn	
oxaprozin	Daypro	
piroxicam	Feldene	

● = Drug must be dispensed with a minimum 28 day supply

^ = Drug requires prior authorization

Last edited 11/20/2024

Washington State Department of Health Early Intervention Program (WA EIP)

UNINSURED FORMULARY BY DRUG CLASS

Effective 9/01/2024

Version 4.2024



GENERIC NAME	BRAND NAME	RESTRICTION NOTES
2. ANALGESICS (Oral and transdermal only) - CONTINUED		
sulindac	Clinoril	
tolmetin	Tolectin	
celecoxib	Celebrex	
Narcotics		Oxycontin & oxycodone removed from formulary
acetaminophen w/ codeine	Tylenol with Codeine #3	
butalbital-acetaminophen-caffeine w/ codeine	Fioricet/Codeine	
butalbital-aspirin-caffeine w/codeine	Fiorinal	
codeine sulfate		
hydrocodone bitartrate	Zohdro ER	
hydrocodone-acetaminophen	Norco, Lortab	
hydrocodone-ibuprofen	Vicoprofen	
hydromorphone	Dilaudid	
meperidine	Demerol	
methadone	Dolophine	
morphine sulfate	Avinza, Kadian, MS Contin	
morphine sulfate/naltrexone	Embeda	
oxycodone HCl/APAP	Percocet	
oxycodone HCl/aspirin	Percodan	
oxymorphone HCl	Opana, Opana ER	
tapentadol SR	Nucynta ER	
tramadol HCl	Ultram, Ultram ER	
tramadol HCl/APAP	Ultracet	
fentanyl patches	Duragesic	
fentanyl sublingual spray	Subsys	
fentanyl citrate buccal tab	Fentora	
fentanyl citrate buccal soluble film	Abstral	
fentanyl citrate lollipop	Actiq	
pregabalin	Lyrica	
3. ANTIANXIETY AGENTS		
Most drugs in this FDA class are covered. Common examples are:		
Benzodiazepines		
alprazolam	Xanax, Xanax XR	
clorazepate	Tranxene	
diazepam	Valium	
lorazepam	Ativan	
oxazepam	Serax	
Other Antianxiety Agents		
bupirone	Buspar	
hydroxyzine	Vistaril	
meprobamate		

● = Drug must be dispensed with a minimum 28 day supply

^ = Drug requires prior authorization

Last edited 11/20/2024

Washington State Department of Health Early Intervention Program (WA EIP)

UNINSURED FORMULARY BY DRUG CLASS



Effective 9/01/2024
Version 4.2024



GENERIC NAME	BRAND NAME	RESTRICTION NOTES
4. ANTIBIOTICS		
amoxicillin	Amoxil	
amoxicillin/potassium clavulanate	Augmentin	
ampicillin		
azithromycin	Zithromax	Z-pak units removed from formulary.
ceftriaxone	Rocephin	
cephalexin	Keflex	
cefpodoxime	Vantin	
ciprofloxacin	Cipro	
clarithromycin	Biaxin	
clindamycin	Cleocin	
clofazimine	Lamprene	
dicloxacillin		
doxycycline	Vibra-tabs	
erythromycin	Ery-Tab	
ethambutol	Myambutol	
isoniazid		
levofloxacin	Levaquin	
moxifloxacin	Avelox	
mupirocin	Bactroban	
ofloxacin	Floxin	
penicillin	Veetids, Bicillin L-A	
pyrazinamide		
rifabutin	Mycobutin	
rifampin	Rifadin	
tetracycline		
trimethoprim		
trimethoprim/sulfamethoxazole	Bactrim, Septra, Cotrim	
vancomycin (oral)	Vancocin	
5. ANTIDEPRESSANTS		
Most drugs in this FDA class are covered. Common examples are:		
Selective Serotonin Receptor Inhibitors (SSRIs):		
citalopram	Celexa	
fluoxetine	Prozac	
fluvoxamine	Luvox	
paroxetine	Paxil	
sertraline	Zoloft	
venlafaxine	Effexor	
Tricyclic Antidepressants (TCAs):		
amitriptyline	Elavil	
clomipramine	Anafranil	
desipramine	Norpramin	
doxepin	Silenor	
imipramine	Tofranil	
nortriptyline	Pamelor	
Serotonin Modulators		
vilazodone	Viibryd	

● = Drug must be dispensed with a minimum 28 day supply

^ = Drug requires prior authorization

Last edited 11/20/2024

Washington State Department of Health Early Intervention Program (WA EIP)

UNINSURED FORMULARY BY DRUG CLASS

Effective 9/01/2024

Version 4.2024



GENERIC NAME	BRAND NAME	RESTRICTION NOTES
5. ANTIDEPRESSANTS CONTINUED		
nefazodone	Serzone	
trazodone, trazodone SR	Trazodone, Oleptro	
Other:		
bupropion	Wellbutrin	
6. ANTIDIABETIC AGENTS		
Most drugs in this FDA class are covered. Common examples are:		
• Biguanide		
• metformin	Glucophage	
• Sulfonylureas		
• glyburide	Diabeta, Micronase	
• glyburide micronized	Glynase, Glycron	
• glimepiride	Amaryl	
• glipizide	Glucotrol	
• tolbutamide	Orinase	
• tolazamide	Tolinase	
• chlorpropamide	Diabinese	
• Alpha-Glucosidase Inhibitors		
• acarbose	Precose	
• miglitol	Glyset	
• Thiazolidinediones		
• pioglitazone	Actos	
• rosiglitazone	Avandia	
• Meglitinides		
• repaglinide	Prandin	
• nateglinide	Starlix	
• Dipeptidyl Peptidase - 4 (DPP-4) Inhibitors		
• sitagliptin	Januvia	
• saxagliptin	Onglyza	
• alogliptin	Nesina	
• linagliptin	Tradjenta	
• Insulins		
• insulin aspart	Fiasp, Novolog	
• insulin degludec	Tresiba	
• insulin detemir	Levemir	
• insulin glargine	Basaglar, Lantus, Toujeo	
• insulin isophane (NPH)	Humulin N, Novolin N	
• insulin lispro	Admelog, Humalog	
• insulin regular	Humulin R, Novolin R	
• Other Supplies		
• Injection kits		
• Glucose test strips		
• Antidiabetic Combinations		
• metformin/sitagliptin	Janumet	
• metformin/repaglinide	PrandiMet	
• metformin/saxagliptin	Kombiglyze XR	
• metformin/glyburide	Glucovance	
• metformin/rosiglitazone	Avandamet	

● = Drug must be dispensed with a minimum 28 day supply

^ = Drug requires prior authorization

Last edited 11/20/2024

Washington State Department of Health Early Intervention Program (WA EIP)

UNINSURED FORMULARY BY DRUG CLASS

Effective 9/01/2024

Version 4.2024



GENERIC NAME	BRAND NAME	RESTRICTION NOTES
6. ANTIDIABETIC AGENTS CONTINUED		
• metformin/pioglitazone	Actoplus Met	
• metformin/glipizide	Metaglip	
• metformin/linagliptin	Jentadueto	
• metformin/alogliptin	Kazano	
• rosiglitazone/glimepiride	Avandaryl	
7. ANTIFUNGALS		
clotrimazole	Lotrimin, Mycelex	
clotrimazole/betamethasone	Lotrisone Cream	
fluconazole	Diflucan	
itraconazole	Sporonox	
ketoconazole	Nizoral	
miconazole	Monistat	
nystatin		
terconazole	Terazol	
8. ANTIHYPERLIPIDEMICS		
Most drugs in this FDA class are covered. Common examples are:		
• Statins		
• atorvastatin	Lipitor	
• lovastatin	Mevacor	
• pravastatin	Pravachol	
• simvastatin	Zocor	
• fluvastatin	Lescol	
• pitavastatin	Livalo	
• rosuvastatin	Crestor	
• Antihyperlipidemics Combinations		
• lovastatin/niacin	Advicor	
• simvastatin/ezetimibe	Vytorin	
• Bile Acid Sequestrants Agents (Resins)		
• cholestyramine	Questran	
• colestipol	Colestid	
• colesevelam	Welchol	
• Fibrates		
• gemfibrozil	Lopid	
• fenofibric acid	Triplix	
• fenofibrate	Tricor, Antara	
• niacin	Vitamin B3	
• ezetimibe	Zetia	
9. ANTIPARASITICS		
albendazole	Albenza	
atovaquone	Mepron	
dapsone	Aczone	
lindane		
metronidazole	Flagyl, Metrogel	
paromomycin	Humatin	
permethrin	Elmite	
primaquine		

• = Drug must be dispensed with a minimum 28 day supply

^ = Drug requires prior authorization

Last edited 11/20/2024

Washington State Department of Health Early Intervention Program (WA EIP)

UNINSURED FORMULARY BY DRUG CLASS

Effective 9/01/2024

Version 4.2024



GENERIC NAME	BRAND NAME	RESTRICTION NOTES
9. ANTIPARASITICS CONTINUED		
pyrimethamine	Daraprim	
sulfa/pyrimethamine	Fansidar	
sulfadiazine	Microsulfon	
10. ANTIVIRALS (OTHER)		
acyclovir	Zovirax	
cidofovir	Vistide	
foscarnet	Foscavir	
ganciclovir	Cytovene	IV and Oral
hepatitis B immune globulin	HBIG	
imiquimod cream	Aldara	
immune globulin IM	IGIM	
oseltamivir	Tamiflu	
podofilox	Condylox	
valacyclovir	Valtrex	
valganciclovir	Valcyte	
varicella zoster immune globulin	VZIG	
zanamivir	Relenza	
11. BIPOLAR MEDICATION		
carbamazepine	Tegretol	
clozapine	Clozaril	
divalproex sodium	Depakote, Depakote ER	
gabapentin	Neurontin	
lamotrigine	Lamictal	
lithium	Lithobid	
olanzapine	Zyprexa	
oxcarbazepine	Trileptal	
quetiapine	Seroquel	
risperidone	Risperdal	
topiramate	Topamate	
valproic acid	Depakene	
ziprasidone	Geodon	
12. DERMATOLOGIC AGENTS		
selenium sulfide	Tersi	
13. GASTROINTESTINAL AGENTS		
crofelemer	Fulyzaq	
dicyclomine	Bentyl	
diphenoxylate/atropine	Lomotil	
dronabinol	Marinol	
hyoscyamine	Levbid, Levsin	
loperamide	Immodium	
metoclopramide	Reglan	
ondansetron hydrochloride	Zofran	
opium tincture		
prochlorperazine	Compazine	
promethazine	Phenergan	
H2-Antagonists		

● = Drug must be dispensed with a minimum 28 day supply

^ = Drug requires prior authorization

Last edited 11/20/2024

Washington State Department of Health Early Intervention Program (WA EIP)

UNINSURED FORMULARY BY DRUG CLASS

Effective 9/01/2024

Version 4.2024



GENERIC NAME	BRAND NAME	RESTRICTION NOTES
13. GASTROINTESTINAL AGENTS – CONTINUED		
cimetidine	Tagamet	
famotidine	Pepcid	
nizatidine	Axid	
ranitidine	Zantac	
Proton Pump Inhibitors (PPIs)		
esomeprazole	Nexium	
lansoprazole	Prevacid	
omeprazole	Prilosec	
pantoprazole	Protonix	
rabeprazole	Aciphex	
14. HEMATOPOIETIC AGENTS		
epoetin-alpha	Procrit, Epogen	
filgrastim (G-CSF)	Neupogen	
15. HEPATITIS TREATMENT		
adefovir	Hepsera	
daclatasvir	Daklinza	
elbasvir and grazoprevir	Zepatier	
entecavir	Baraclude	
glecaprevir/pibrentasvir	Mavyret	
ledipasvir and sofosbuvir	Harvoni	
sofosbuvir	Sovaldi	
sofosbuvir and velpatasvir	Epclusa	
sofosbuvir-velpatasvir-voxilaprevir	Vosevi	
ombitasvir, paritaprevir, ritonavir and dasabuvir	Viekira Pak Viekira Pak XR	
ombitasvir, paritaprevir and ritonavir	Technivie	
interferon alfa-2a	Roferon-A	
interferon alfa-2b	Intron-A	
pegylated interferons	Pegasys	
ribavirin	Copegus	
16. HORMONES		
estrogen	Premarin	
medroxyprogesterone	Depo-Provera, Provera	
megestrol acetate	Megace	
nandrolone	Deca-Durabolin	
oxandrolone	Oxandrin	
testosterone products	Examples include: Androderm, AndroGel, Striant, Testim, Testoderm, Testoderm TTS	
^ tesamorelin	Egrifta SV	Treatment will not be authorized for cosmetic use or weight loss.

● = Drug must be dispensed with a minimum 28 day supply

^ = Drug requires prior authorization

Washington State Department of Health Early Intervention Program (WA EIP)

UNINSURED FORMULARY BY DRUG CLASS

Effective 9/01/2024

Version 4.2024



GENERIC NAME	BRAND NAME	RESTRICTION NOTES
17. HORMONE REPLACEMENT THERAPY		
Androgens		
testosterone products	Examples include: Androderm, AndroGel, Striant, Testim, Testoderm, Testoderm TTS	All drugs in this FDA class are covered.
Aromatase Inhibitors		All drugs in this FDA class are covered. Common examples are:
anastrozole	Arimidex	
letrozole	Femera	
Conjugated Oral Estrogen		All drugs in this FDA class are covered. Common examples are :
estrogens, conjugated	Premarin	
estrogens, conjugated synthetic	Enjuvia	
Estrogens/Estrogenic Agents		All drugs in this FDA class are covered. Common examples are :
estradiol	Estradiol	
estradiol valerate intramuscular in oil	Estradiol valerate, Delestrogen	IM Injection
estradiol Gel	Elestrin, Estrogel, Divigel	Topical Gel
estradiol TD Patch	Minivelle, Vivelle-DOT	Transdermal patch
esterified estrogens	Menest	
Hair Growth Agents		
finasteride	Propecia	
Local Anesthetics		
lidocaine-prilocaine cream	EMLA	
Potassium Sparing Diuretics		
spironolactone	Aldactone	
Progestins		
medroxyprogesterone acetate	Depo-Provera	
progesterone micronized	Prometrium	
Prostatic Hypertrophy Agents		
dutasteride	Avodart	
Vaginal Estrogen		
estradiol vaginal cream	Estrace	Topical cream
18. ORAL STEROIDS		
methylprednisolone	Medrol, Methylpred	
prednisone	Prednisone	
19. VACCINES		
Multiple-dose vials are not covered		
hemophilus influenza type B vaccine	Hib	
hepatitis A vaccine	Havrix, Vaqta	
hepatitis B vaccine	Recombivax HB, Engerix B	
hepatitis A/hepatitis B vaccine	Twinrix	
influenza virus vaccine, split or whole virus	Afluria, Fluarix	
diphtheria & tetanus toxoids & pertussis vaccine	Adacel, Boostrix	
diphtheria & tetanus toxoids	Tenivac	

● = Drug must be dispensed with a minimum 28 day supply

^ = Drug requires prior authorization

Last edited 11/20/2024

Washington State Department of Health Early Intervention Program (WA EIP)

UNINSURED FORMULARY BY DRUG CLASS

Effective 9/01/2024

Version 4.2024



GENERIC NAME	BRAND NAME	RESTRICTION NOTES
19. VACCINES - CONTINUED		
meningococcal (A, C, Y, and W-135) Conjugate Vaccine Inj	MENACTRA	Effective 5/1/2018
pneumococcal vaccine	Pneumovax, Pnu-Immune	
smallpox/monkeypox vaccine	JYNNEOS	Effective 4.1.2024
varicella zoster vaccine	Zostavax	Pharmacy administration costs are still being researched and only the vaccine is covered at this time. Pharmacies will be notified once changes are made.
zoster vaccine recombinant adjuvant	Shingrix	Effective 6.1.2018
20. SUBSTANCE USE TREATMENT/MEDICATION ASSISTED TREATMENT		
acamprostate	Campral	
buprenorphine/naloxone	Suboxone	
disulfiram	Antabuse	
naloxone	Narcan	For prevention of opioid overdose
naltrexone	ReVia	
clonidine	Catapres	
21. MISCELLANEOUS		
condoms		
chlorhexidine gluconate	Peridex	
hydroxyurea	Hydrea	
leucovorin		Oral only
mediset fills		
phenazopyridine	Pyridin, Pyridium	
pill splitter		
prednisolone 1% soln	OmniPred, PredForte	
tobacco deterrents		
trifluridine	Viroptic	

Program Dispensing Policies

1. Drugs marked with "•" are to be dispensed with a minimum 28 day supply. Exceptions will require prior authorization.
2. All drugs are to be dispensed with a maximum 30 day supply. Exceptions will require a prior authorization.
3. Drugs marked with "∧" require a prior authorization. Document PA requirements as indicated for each drug on the PA form or on supplemental PA application if noted.
4. Drugs marked with an asterisk (*) after the drug names are code 1 restricted to use in a specific diagnosis. Transmit with the code 1 override or DAW 9 if the restriction is met. Document diagnosis on original prescription.
5. Fills/refills may be obtained after 80% of the previous dispensed days-supply has been used.
6. Must dispense generic when available; DAW overrides will require prior authorization.
7. Trofile™ assay lab results confirming CCR5 only co-receptor must be confirmed prior to initiation with maraviroc.

• = Drug must be dispensed with a minimum 28 day supply

∧ = Drug requires prior authorization

Last edited 11/20/2024