FORMULARY SUMMARY FOR INSURED MEMBERS

WASHINGTON EARLY INTERVENTION PROGRAM (WA EIP)

Effective 9.1.2024

For Uninsured Clients – Please reference the Uninsured Formulary for direction

Formulary coverage:

1. **ALL PRESCRIPTION DRUGS** are covered for COPAYMENTS ONLY
   PLEASE NOTE*: HIV Antiretroviral Drugs and Hepatitis C drugs will not be automatically covered and require review and approval by Washington EIP to be added to this formulary*

2. **PRIOR AUTHORIZATION (PA) REQUIRED DRUGS**
   A. **Hepatitis C Drugs:**
      i. For Copayments - PA requirement **removed** effective 5/1/2019
      ii. For Non-Copayment - PA required - Contact WA EIP DOH for notification/approval
   B. **Ibalizumab-uijk (Trogarzo®)**
      Approved after the PA criteria is met. Requires a fully completed supplemental PA form which is accessed at www.ramsellcorp.com or by calling the Help Desk (1-888-311-7632).
   C. **Lenacapavir Sodium (Sunlenca™):** Sunlenca™ is accessible ONLY at CVS SPECIALITY Monroeville. Phone: 800-238-7828. Fax: 888-604-0385. A detailed supplemental form is required prior to drug access. The supplemental form including eligibility criteria and clinical requirements can be found at https://www.ramsellcorp.com/pharmacies/wa.aspx

3. **FORMULARY RESTRICTIONS**
   A. Drugs used to treat sexual or erectile dysfunction (ED) –With proof of Benign Prostatic Hyperplasia (BPH) diagnosis.
   B. Prescribed Prenatal Vitamins, Fluoride, Niacin, Vitamin D analogs and B vitamins - **Covered for copayment or full payment if it is not covered by the primary insurance (i.e. OCC3).**
   C. Diabetic Supplies - **Covered for copayment or full payment if it is not covered by the primary insurance (i.e. OCC3).**
   D. Naloxone (Narcane®) Nasal Spray: **Covered for copayment or full payment if it is not covered by the primary insurance (i.e. OCC3)**
   E. Tobacco Deterrents: **Covered for copayment or full payment if it is not covered by the primary insurance (i.e. OCC3)**
   F. Condoms: **Covered for copayment or full payment if it is not covered by the primary insurance (i.e. OCC3)**