

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



UNINSURED FORMULARY ALPHA BY GENERIC

Effective 01/01/2022

Version 1.2022



GENERIC NAME	BRAND NAME	RESTRICTION NOTES
• abacavir	Ziagen	
• abacavir/lamivudine	Epzicom	
• abacavir/lamivudine/ zidovudine	Trizivir	
acamprostate	Campral	
• acarbose	Precose	
acetaminophen w/ codeine	Tylenol with Codeine #3	
acyclovir	Zovirax	
adefovir	Hepsera	
albendazole	Albenza	
• alogliptin	Nesina	
alprazolam	Xanax, Xanax XR	All drugs in this FDA class are covered
amitriptyline	Elavil	Most drugs in this FDA class are covered
amoxicillin	Amoxil	
amoxicillin/potassium clavulanate	Augmentin	
ampicillin		
anastrozole	Arimidex	All Aromatase Inhibitors are covered
• atazanavir	Reyataz	
• atazanavir/cobicistat	Evotaz	
• atazanavir/cobicistat	Evotaz	
• atorvastatin	Lipitor	Most drugs in this FDA class are covered
atovaquone	Mepro	
azithromycin	Zithromax	iM Injection
• bictegrovir-emtricitabine-tenofovir AF	Biktarvy	
buprenorphine/naloxone	Suboxone	
bupropion	Wellbutrin	Most drugs in this FDA class are covered
bupropion	Wellbutrin	Most drugs in this FDA class are covered
buspirone	Buspar	All drugs in this FDA class are covered
butalbital-acetaminophen-caffeine w/ Codeine	Fioricet/Codeine	
butalbital-aspirin-caffeine w/codeine	Fiorinal	
cabotegravir & rilpivirine IM Susp ER	Cabenuva	Effective 1/1/2022
carbamazepine	Tegretol	
cefepime	Vantin	
ceftriaxone	Rocephin	
celecoxib	Celebrex	Most drugs in this FDA class are covered
cephalexin	Keflex	
chlorhexidine gluconate	Peridex	
• chlorpropamide	Diabinese	
• cholestyramine	Questran	Most drugs in this FDA class are covered
cidofovir	Vistide	
cimetidine	Tagamet	
ciprofloxacin	Cipro	
citalopram	Celexa	Most drugs in this FDA class are covered
clarithromycin	Biaxin	
clindamycin	Cleocin	
clofazimine	Lamprane	
clomipramine	Anafranil	Most drugs in this FDA class are covered

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	clonidine	Catapres	
	clorazepate	Tranxene	All drugs in this FDA class are covered
	clotrimazole	Lotrimin, Mycelex	
	clotrimazole/betamethasone	Lotrisone Cream	
	clozapine	Clozaril	
•	cobicistat	Tybost	
	codeine sulfate		
•	colesevelam	Welchol	Most drugs in this FDA class are covered
•	colestipol	Colestid	Most drugs in this FDA class are covered
	condoms		
	crofelemer	Fulyzaq	
^	daclatasvir	Daklinza	Supplemental form required
	dapsone	Aczone	
•	darunavir	Prezista	
•	darunavir/cobicistat	Prezcobix	
•	darunavir/cobicistat	Prezcobix	
•	darunavir/cobicistat/ emtricitabine/tenofovir af	Symtuza	
•	delavirdine	Rescriptor	
	desipramine	Norpramin	Most drugs in this FDA class are covered
	diazepam	Valium	All drugs in this FDA class are covered
	diclofenac potassium	Voltaren	Most drugs in this FDA class are covered
	diclofenac/misoprostol	Arthrotec	Most drugs in this FDA class are covered
	dicloxacillin		
	dicyclomine	Bentyl	
•	didanosine	Videx, Videx EC	
	diphenoxylate/atropine	Lomotil	
	diphtheria & tetanus toxoids	Tenivac	Multiple-dose vials are not covered
	diphtheria & tetanus toxoids & pertussis vaccine	Adacel, Boostrix	Multiple-dose vials are not covered
	disulfiram	Antabuse	
	divalproex sodium	Depakote, Depakote ER	
•	dolutegravir	Tivicay	
•	dolutegravir/lamivudine	Dovato	Effective 5/1/2019
•	dolutegravir/lamivudine/ abacavir	Triumeq	
•	dolutegravir/rilpivirine	Juluca	
•	doravirine	Pifeltro	
•	doravirine/lamivudine/tenofovir	Delstrigo	
	doxepin	Silenor	Most drugs in this FDA class are covered
	doxycycline	Vibra-tabs	
	dronabinol	Marinol	
	dutasteride	Avodart	
•	efavirenz	Sustiva	
•	efavirenz/lamivudine/tenofovir	Symfi, Symfi Lo	Effective 3/1/2019
^	elbasvir and grazoprevir	Zepatier	Supplemental form required
•	elvitegravir/cobicistat/ emtricitabine/tenofovir	Stribild	

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• elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide fumarate	Genvoya	
• emtricitabine	Emtriva	
• emtricitabine/rilpivirine/ tenofovir alafenamide fumarate	Odefsey	Effective 3/8/2016
• emtricitabine/tenofovir/ efavirez	Atripla	
• emtricitabine/tenofovir/ rilpivirine	Complera	
• enfuvirtide	Fuzeon	
^ entecavir	Baraclude	Restricted to use in the treatment of Hepatitis B. Baraclude® Supplemental form required.
epoetin-alpha	Procrit, Epogen	
erythromycin	Ery-Tab	
esomeprazole	Nexium	
esterified estrogens	Menest	
estradiol	Estradiol	All Estrogens/Estrogenic Agents are covered
estradiol Gel	Elestrin, Estrogel, Divigel	Topical Gel
estradiol TD Patch	Minivelle, Vivelle-DOT	Transdermal patch
estradiol vaginal cream	Estrace	Topical cream
estradiol valerate intramuscular in oil	Estradiol valerate, Delestrogen	IM Injection
estrogen	Premarin	
estrogens, conjugated	Premarin	All Conjugated Oral Estrogens are covered
estrogens, conjugated synthetic	Enjuvia	All Conjugated Oral Estrogens are covered
ethambutol	Myambutol	
etodolac	Lodine	Most drugs in this FDA class are covered
• etravirine	Intelence	
• ezetimibe	Zetia	Most drugs in this FDA class are covered
famotidine	Pepcid	
• fenofibrate	Tricor, Antara	Most drugs in this FDA class are covered
• fenofibric acid	Triplix	Most drugs in this FDA class are covered
fentanyl citrate buccal soluble film	Abstral	
fentanyl citrate buccal tab	Fentora	
fentanyl citrate lollipop	Actiq	
fentanyl patches	Duragesic	
fentanyl sublingual spray	Subsys	
filgrastim (G-CSF)	Neupogen	
finasteride	Propecia	
fluconazole	Diflucan	
fluoxetine	Prozac	Most drugs in this FDA class are covered
• fluvastatin	Lescol	Most drugs in this FDA class are covered
fluvoxamine	Luvox	Most drugs in this FDA class are covered
• fosamprenavir	Lexiva	Limited to 60 tablets per month without PA; PA is required for qty >60 and requires certified intolerance to ritonavir.
foscarnet	Foscavir	

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• fostemsavir	Rukobia	Effective 9/1/20
gabapentin	Neurontin	
ganciclovir	Cytovene	IV and Oral
• gemfibrozil	Lopid	Most drugs in this FDA class are covered
^ glecaprevir/pibrentasvir	Mavyret	Effective 5/1/2019
• glimepiride	Amaryl	
• glipizide	Glucotrol	
• Glucose test strips		
• glyburide	Diabeta, Micronase	
• glyburide micronized	Glynase, Glycron	
hemophilus influenza type B vaccine	Hib	Multiple-dose vials are not covered
hepatitis A vaccine	Havrix, Vaqta	Multiple-dose vials are not covered
hepatitis A/hepatitis B vaccine	Twinrix	Multiple-dose vials are not covered
hepatitis B immune globulin	HBIG	
hepatitis B vaccine	Recombivax HB, Engerix B	Multiple-dose vials are not covered
hydrocodone bitartrate	Zohdro ER	
hydrocodone-acetaminophen	Norco, Lortab	
hydrocodone-ibuprofen	Vicoprofen	
hydromorphone	Dilaudid	
hydroxyurea	Hydrea	
hydroxyzine	Vistaril	All drugs in this FDA class are covered
hyoscyamine	Levbid, Levsin	
^ ibalizumab-uiyk	Trogarzo	Prior authorization required. Supplemental form and supporting lab results must be faxed to Ramsell.
ibuprofen	Motrin	Most drugs in this FDA class are covered
imipramine	Tofranil	Most drugs in this FDA class are covered
imiquimod cream	Aldara	
immune globulin IM	IGIM	
• indinavir	Crixivan	
indomethacin	Indocin	Most drugs in this FDA class are covered
influenza virus vaccine, split or whole virus	Afluria, Fluarix	Multiple-dose vials are not covered
• Injection kits		
• 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	
interferon alfa-2a	Roferon-A	
interferon alfa-2b	Intron-A	
isoniazid		
itraconazole	Sporonox	
ketoconazole	Nizoral	
ketoprofen	Orudis	Most drugs in this FDA class are covered

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	ketorolac	Toradol	Most drugs in this FDA class are covered
•	lamivudine	Epivir	
•	lamivudine/tenofovir	Cimduo	Effective 3/1/2019
	lamotrigine	Lamictal	
	lansoprazole	Prevacid	
^	ledipasvir and sofosbuvir	Harvoni	Supplemental form required
	letrozole	Femera	All Aromatase Inhibitors are covered
	leucovorin		Oral only
	levofloxacin	Levaquin	
	lidocaine-prilocaine cream	EMLA	
•	linagliptin	Tradjenta	
	lindane		
	lithium	Lithobid	
	loperamide	Immodium	
•	lopinavir/ritonavir	Kaletra	25mg-100mg, 50mg-200mg, 100mg-400mg/5ml solution
	lorazepam	Ativan	All drugs in this FDA class are covered
•	lovastatin	Mevacor	Most drugs in this FDA class are covered
•	lovastatin/niacin	Advicor	Most drugs in this FDA class are covered
^ •	maraviroc	Selzentry	Prior authorization required. Trofile™ assay lab results must be faxed to Ramsell
	mediset fills		
	medroxyprogesterone	Depo-Provera, Provera	
	medroxyprogesterone acetate	Depo-Provera	
	megestrol acetate	Megace	
	meloxicam	Mobic	Most drugs in this FDA class are covered
	meningococcal (A, C, Y, and W-135) Conjugate Vaccine Inj	MENACTRA	Effective 5/1/2018
	meperidine	Demerol	
	meprobamate		All drugs in this FDA class are covered
•	metformin	Glucophage	
•	metformin/alogliptin	Kazano	
•	metformin/glipizide	Metaglip	
•	metformin/glyburide	Glucovance	
•	metformin/linagliptin	Jentadueto	
•	metformin/pioglitazone	Actoplus Met	
•	metformin/repaglinide	PrandiMet	
•	metformin/rosiglitazone	Avandamet	
•	metformin/saxagliptin	Kombiglyze XR	
•	metformin/sitagliptin	Janumet	
	methadone	Dolophine	
	methylprednisolone	Medrol, Methylpred	
	metoclopramide	Reglan	
	metronidazole	Flagyl, Metrogel Vaginal Gel	
	miconazole	Monistat	
•	miglitol	Glyset	
	morphine sulfate	Avinza, Kadian, MS Contin	

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	morphine sulfate/naltrexone	Embeda	
	moxifloxacin	Avelox	
	mupirocin	Bactroban	
	nabumetone	Relafen	Most drugs in this FDA class are covered
	naloxone	Narcan	For prevention of opioid overdose
	naltrexone	ReVia	
	nandrolone	Deca-Durabolin	
	naproxen	Naprosyn	Most drugs in this FDA class are covered
•	nateglinide	Starlix	
	nefazodone	Serzone	Most drugs in this FDA class are covered
•	nelfinavir	Viracept	
•	nevirapine	Viramune	IR and XR formulations covered.
•	niacin	Vitamin B3	Most drugs in this FDA class are covered
	nizatidine	Axid	
	nortriptyline	Pamelor	Most drugs in this FDA class are covered
	nystatin		
	ofloxacin	Floxin	
	olanzapine	Zyprexa	
^	ombitasvir, paritaprevir and ritonavir	Technivie	Supplemental form required
^	ombitasvir, paritaprevir, ritonavir and dasabuvir	Viekira Pak	Supplemental form required
	omeprazole	Prilosec	
	ondansetron hydrochloride	Zofran	
	opium tincture		
	oseltamivir	Tamiflu	
	oxandrolone	Oxandrin	
	oxaprozin	Daypro	Most drugs in this FDA class are covered
	oxazepam	Serax	All drugs in this FDA class are covered
	oxcarbazepine	Trileptal	
	oxycodone HCl/APAP	Percocet	
	oxycodone HCl/aspirin	Percodan	
	oxymorphone HCl	Opana, Opana ER	
	pantoprazole	Protonix	
	paromomycin	Humatin	
	paroxetine	Paxil	Most drugs in this FDA class are covered
	pegylated interferons	Pegasys	
	penicillin	Veetids, Bicillin L-A	
	permethrin	Elmite	
	phenazopyridine	Pyridin, Pyridium	
	pill splitter		
•	pioglitazone	Actos	
	piroxicam	Feldene	Most drugs in this FDA class are covered
•	pitavastatin	Livalo	Most drugs in this FDA class are covered
	pneumococcal vaccine	Pneumovax, Pnu-Immune	Multiple-dose vials are not covered
	podofilox	Condylox	
•	pravastatin	Pravachol	Most drugs in this FDA class are covered

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	prednisolone 1% soln	OmniPred, PredForte	
	prednisone	Prednisone	
	pregabalin	Lyrica	
	primaquine		
	prochlorperazine	Compazine	
	progesterone micronized	Prometrium	
	promethazine	Phenergan	
	pyrazinamide		
	pyrimethamine	Daraprim	
	quetiapine	Seroquel	
	rabeprazole	Aciphex	
•	raltegravir	Isentress, Isentress HD	
	ranitidine	Zantac	
•	repaglinide	Prandin	
	ribavirin	Copegus	
	rifabutin	Mycobutin	
	rifampin	Rifadin	
•	rilpivirine	Eduvant	
	risperidone	Risperdal	
•	ritonavir	Norvir	
•	rosiglitazone	Avandia	
•	rosiglitazone/glimepiride	Avandaryl	
•	rosuvastatin	Crestor	Most drugs in this FDA class are covered
•	saquinavir mesylate	Invirase	
•	saxagliptin	Onglyza	
	selenium sulfide	Tersi	
	sertraline	Zoloft	Most drugs in this FDA class are covered
•	simvastatin	Zocor	Most drugs in this FDA class are covered
•	simvastatin/ezetimibe	Vytorin	Most drugs in this FDA class are covered
•	sitagliptin	Januvia	
^	sofosbuvir	Sovaldi	Supplemental form required
^	sofosbuvir and velpatasvir	Epclusa	Supplemental form required
^	sofosbuvir-velpatasvir-voxilaprevir	Vosevi	Effective 5/1/2019
	spironolactone	Aldactone	
•	stavudine	Zerit	
	sulfa/pyrimethamine	Fansidar	
	sulfadiazine	Microsulfon	
	sulindac	Clinoril	Most drugs in this FDA class are covered
	tapentadol SR	Nucynta ER	
•	tenofovir alafenamide fumarate/ emtricitabine	Descovy	Effective 4/18/2016
•	tenofovir disoproxil fumarate	Viread	
•	tenofovir disoproxil fumarate/ emtricitabine	Truvada	
	terconazole	Terazol	
^	tesamorelin	Egrifta SV	Treatment will not be authorized for cosmetic use or weight loss. Supplemental form required. Can be accessed from www.ramsellcorp.com

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testosterone products	Examples include: Androderm, AndroGel, Striant, Testim, Testoderm, Testoderm TTS	
testosterone products		All Androgens are covered. Common examples include :Androderm, AndroGel, Testim, Testoderm, Testoderm TTS
tetracycline		
• tipranavir	Aptivus	
tobacco deterrents		
• tolazamide	Tolinase	
• tolbutamide	Orinase	
tolmetin	Tolectin	Most drugs in this FDA class are covered
topiramate	Topamate	
tramadol HCl	Ultram, Ultram ER	
tramadol HCl / APAP	Ultracet	
trazodone, trazodone SR	Trazodone, Oleptro	Most drugs in this FDA class are covered
trifluridine	Viroptic	
trimethoprim		
trimethoprim/sulfamethoxazole	Bactrim, Septra, Cotrim	
valacyclovir	Valtrex	
valganciclovir	Valcyte	
valproic acid	Depakene	
vancomycin Oral		
varicella zoster immune globulin	VZIG	
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. Multiple-dose vials are not covered
venlafaxine	Effexor	Most drugs in this FDA class are covered
vilazodone	Viibryd	Most drugs in this FDA class are covered
zanamivir	Relenza	
• zidovudine	Retrovir	
• zidovudine/lamivudine	Combivir	
ziprasidone	Geodon	
zoster vaccine recombinant adjuvant	Shingrix	Effective 6.1.2018

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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. Prior authorization is required for DEA Class II and Class III drugs when quantities exceed 120 and 240 respectively.
6. Fills/refills may be obtained after 80% of the previous dispensed days-supply has been used.
7. Must dispense generic when available; DAW overrides will require prior authorization.
8. Trofile™ assay lab results confirming CCR5 only co-receptor must be confirmed prior to initiation with maraviroc.