

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



UNINSURED FORMULARY BY DRUG CLASS

Effective 10/29/2018

Version 10.2018



| 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 | Effective 4/18/2016 |
| • tenofovir disoproxil fumarate | Viread | |
| • tenofovir disoproxil fumarate/ emtricitabine | Truvada | |
| • zidovudine | Retrovir | |
| • zidovudine/lamivudine | Combivir | |
| 1b. ANTIRETROVIRALS-NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS | | |
| • delavirdine | Rescriptor | |
| • efavirenz | Sustiva | |
| • etravirine | Intelence | |
| • nevirapine | Viramune | IR and XR formulations covered. |
| • rilpivirine | Edurant | |
| 1c. ANTIRETROVIRALS-FUSION INHIBITORS | | |
| • enfuvirtide | Fuzeon | |
| 1d. ANTIRETROVIRALS-COMBINATION TREATMENT | | |
| • bicitegravir-emtricitabine-tenofovir AF | Biktarvy | |
| • atazanavir/cobicistat | Evotaz | |
| • darunavir/cobicistat | Prezcobix | |
| • dolutegravir/lamivudine/ abacavir | Triumeq | |
| • dolutegravir/rilpivirine | Juluca | |
| • 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 | Effective 3/8/2016 |
| 1e. ANTIRETROVIRALS-PROTEASE INHIBITORS | | |
| • atazanavir | Reyataz | |
| • atazanavir/cobicistat | Evotaz | |
| • darunavir | Prezista | |
| • darunavir/cobicistat | Prezcobix | |
| • fosamprenavir | Lexiva | Limited to 60 tablets per month without PA; PA is required for qty >60 and requires certified intolerance to ritonavir. |

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| 1e. ANTIRETROVIRALS-PROTEASE INHIBITORS – CONTINUED | | |
| • 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 | Prior authorization required. Trofile™ assay lab results must be faxed to Ramsell |
| 1g. ANTIRETROVIRALS-INTEGRASE INHIBITORS | | |
| • dolutegravir | Tivicay | |
| • raltegravir | ISENTRESS, ISENTRESS HD | |
| 1h. ANTIRETROVIRALS-BOOSTING AGENTS | | |
| • cobicistat | Tybost | |
| 1i. ANTIRETROVIRALS-POST-ATTACHMENT INHIBITORS | | |
| ^ ibalizumab-uiyk | Trogarzo | Prior authorization required. Supplemental form and supporting lab results must be faxed to Ramsell. |
| 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 | |
| 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 | |

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| 2. ANALGESICS (Oral and transdermal only) - CONTINUED | | |
| 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 | | |
| 4. ANTIBIOTICS | | |
| amoxicillin | Amoxil | |
| amoxicillin/potassium clavulanate | Augmentin | |
| ampicillin | | |
| azithromycin | Zithromax | Z-pak units removed from formulary. |
| ceftriaxone | Rocephin | |
| cephalexin | Keflex | |
| cefepodoxime | Vantin | |
| ciprofloxacin | Cipro | |
| clarithromycin | Biaxin | |
| clindamycin | Cleocin | |
| clofazimine | Lamprene | |
| dicloxacillin | | |
| doxycycline | Vibra-tabs | |

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| 4. ANTIBIOTICS – CONTINUED | | |
| 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 | Viiibryd | |
| 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 | |

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| 6. ANTIDIABETIC AGENTS – CONTINUED | | |
| • 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 | |
| • metformin/pioglitazone | Actoplus Met | |
| • metformin/glipizide | Metaglip | |
| • metformin/linagliptin | Jentaduet | |
| • metformin/alogliptin | Kazano | |
| • rosiglitazone/glimepiride | Avandaryl | |
| 7. ANTIFUNGALS | | |
| clotrimazole | Lotrimin, Mycelex | |
| clotrimazole/betamethasone | Lotrisone Cream | |
| fluconazole | Diflucan | |
| itraconazole | Sporonox | |

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| 7. ANTIFUNGALS – CONTINUED | | |
| 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 | | |
| 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 | |

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| 10. ANTIVIRALS (OTHER) – CONTINUED | | |
| 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 | | |
| cimetidine | Tagamet | |
| famotidine | Pepcid | |
| nizatidine | Axid | |
| ranitidine | Zantac | |
| Proton Pump Inhibitors (PPIs) | | |
| esomeprazole | Nexium | |
| lansoprazole | Prevacid | |
| omeprazole | Prilosec | |

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| 13. GASTROINTESTINAL AGENTS – CONTINUED | | |
| pantoprazole | Protonix | |
| rabeprazole | Aciphex | |
| 14. HEMATOPOIETIC AGENTS | | |
| epoetin-alpha | Procrit, Epogen | |
| filgrastim (G-CSF) | Neupogen | |
| 15. HEPATITIS TREATMENT | | |
| Supplemental form required for Prior Authorization (PA) Hepatitis C Treatments. Download Supplement form from www.ramsellcorp.com Clinical criteria MUST be met prior to approval. | | |
| adefovir | Hepsera | |
| ^ daclatasvir | Daklinza | |
| ^ elbasvir and grazoprevir | Zepatier | |
| ^ entecavir | Baraclude | Restricted to use in the treatment of Hepatitis B. Baraclude® Supplemental form required. |
| ^ ledipasvir and sofosbuvir | Harvoni | |
| ^ sofosbuvir | Sovaldi | |
| ^ sofosbuvir and velpatasvir | Epclusa | |
| ^ 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 | Treatment will not be authorized for cosmetic use or weight loss. Supplemental form required; can be accessed from www.ramsellcorp.com |
| 17. HORMONE REPLACEMENT THERAPY | | |
| Androgens | | |
| testosterone products | Examples include: Androderm, AndroGel, Striant, Testim, Testoderm, Testoderm TTS | All drugs in this FDA class are covered. |

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| 17. HORMONE REPLACEMENT THERAPY – CONTINUED | | |
| 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 | |
| meningococcal (A, C, Y, and W-135) Conjugate Vaccine Inj | MENACTRA | Effective 5/1/2018 |
| pneumococcal vaccine | Pneumovax, Pnu-Immune | |

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| 19. VACCINES – CONTINUED | | |
| 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 “A” 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.