

FORMULARY SUMMARY FOR INSURED MEMBERS

WASHINGTON EARLY INTERVENTION PROGRAM (WA EIP)

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).
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)***