

Washington State Department of Health
Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP)



Effective 6.28.2022
Version 3, 2022



GENERIC NAME	BRAND NAME	RESTRICTION or NOTES
ANTIRETROVIRALS		
tenofovir disoproxil fumarate/ emtricitabine	Truvada	Uninsured PrEP Group 42011 is restricted to use of generic only.
ANTIBIOTICS		
amoxicillin	Amoxil	
azithromycin	Zithromax	
ceftriaxone	Rocephin	
doxycycline	Vibra-tabs	
levofloxacin	Levaquin	
ofloxacin	Floxin	
benzathine penicillin G	Bicillin L-A Bicillin C-R	
cifixime	Suprax	
gentamicin	Garamycin	
procaine penicillin G	Penicillin G Procaine	
gemifloxacin	Factive	
probenecid	Benemid	
tetracycline		
ANTIPARASITICS		
metronidazole	Flagyl, Metrogel Vaginal Gel	
tindamax	Tinidazole	
VACCINES		
Multiple-dose vials are not covered		
Pharmacy administration costs are still being researched and only the vaccine is covered at this time. Pharmacies will be notified once changes are made		
hemophilus influenza type B	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	
pneumococcal vaccine	Pneumovax, Pnu-Immune	
varicella zoster vaccine	Zostavax	
zoster vaccine recombinant adjuvant	Shingrix	Effective 6.1.2018