

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



**Effective 01.01.2024**

**Version 1. 2024**



<b>GENERIC NAME</b>			<b>BRAND NAME</b>			<b>RESTRICTION or NOTES</b>		
<b>ANTIRETROVIRALS</b>								
	tenofovir disoproxil fumarate/ emtricitabine			Truvada				Uninsured PrEP Group 42011 is restricted to use of generic only.
<b>ANTIBIOTICS</b>								
	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							
<b>ANTIPARASITICS</b>								
	metronidazole			Flagyl, Metrogel Vaginal Gel				
	tindamax			Tinidazole				
<b>VACCINES</b>								
<b>Multiple-dose vials are not covered</b>								
<b>Pharmacy administration costs are still being researched and only the vaccine is covered at this time. Pharmacies will be notified once changes are made</b>								
	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