



FORMULARY SUMMARY FOR INSURED MEMBERS
WASHINGTON EARLY INTERVENTION PROGRAM (WA EIP)

Effective 4/1/2025

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. **Lenacapavir Sodium (Sunlenca™):** Sunlenca™ is accessible ONLY at CVS SPECIALITY Monroeville. Phone: 800-238-7828. Fax: 888-604-0385. A detailed supplemental form is required prior to drug access. The supplemental form including eligibility criteria and clinical requirements can be found at <https://www.ramsellcorp.com/pharmacies/wa.aspx>

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 (Narcan®) 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)***