

Washington State Early Intervention Program (EIP)
FORMULARY BY DRUG CLASS
Effective September 1, 2008



Generic Name	Brand Name	Restrictions or Notes	
1. ANALGESICS - Oral and transdermal only			
<i>Most drugs in this FDA class are covered. Common examples are:</i>			
NSAIDs			
narcotics			
pregablin	Lyrica	for the treatment of peripheral neuropathy	
<i>Selective serotonin agonist antimigraine medications (i.e. Maxalt, Imitrex) removed from formulary.</i>			
2. ANTIANXIETY AGENTS			
<i>Most drugs in this FDA class are covered. Common examples are:</i>			
benzodiazepines		All drugs in this FDA class are covered	
buspirone	Buspar		
hydroxyzine	Vistaril		
3. ANTIBIOTICS			
amoxicillin			
amoxicillin/potassium clavulanate	Augmentin		
ampicillin			
*	azithromycin	Zithromax	250mg tablet restrictions removed from formulary September 1st 2008. Z-pak units removed from formulary.
	ceftriaxone	Rocephin	
	cephalexin	Keflex	
	cefepodoxime	Vantin	Available for treatment of gonorrhea. Doses of 400mg (2x200mg tabs) do not require prior authorization
	ciprofloxacin	Cipro	>14 day supply requires PA
^	clarithromycin	Biaxin	Restricted to prevention or treatment of MAC also known as MAI or mycobacterium avium intracellulare complex infection
	clindamycin		
	clofazimine	Lamprene	
	dicloxacillin		
	doxycycline		
	erythromycin		
	ethambutol	Myambutol	
	isoniazid		
	levofloxacin	Levaquin	
	moxifloxacin	Avelox	
	mupirocin	Bactroban	For the topical treatment of impetigo
	ofloxacin	Floxin	
	penicillin		
	pyrazinamide		For the treatment of tuberculosis
	rifabutin	Mycobutin	
	rifampin	Rifadin	
	tetracycline		

3. ANTIBIOTICS continued			
	trimethoprim		
	trimethoprim/sulfamethoxazole	Bactrim, Septra, CoTrim	
	vancomycin oral		
4. ANTIDEPRESSANTS			
	<i>Most drugs in this FDA class are covered. Common examples are:</i>		
	SSRIs:		
	citalopram	Celexa	Pill split 20mg
	fluoxetine	Prozac	
	fluvoxamine	Luvox	
	paroxetine	Paxil	Pill split 10mg, 20mg
	sertraline	Zoloft	Pill split 50mg
	TCAs:		
	amitriptyline	Elavil	
	clomipramine	Anafranil	
	desipramine		
	doxepin		
	imipramine		
	nortriptyline		
	Others:		
	bupropion	Wellbutrin	
	nefazodone	Serzone	Pill split 50mg, 100mg
	trazodone		
	venlafaxine	Effexor	
5. ANTIDIABETIC AGENTS - Oral only			
	insulin, injection kits and glucose test strips		
	<i>Most drugs in this FDA class are covered. Common examples are:</i>		
	acarbose	Precose	
	glyburide	Diabeta	
	glipizide	Glucotrol	
	metformin	Glucophage	
	pioglitazone	Actos	
	repaglinide	Prandin	
	rosiglitazone	Avandia	
6. ANTIFUNGAL			
	clotrimazole	Lotrimin, Mycelex	
	clotrimazole/betamethasone	Lotrisone Cr	
*	fluconazole	Diflucan	Not covered for onychomycosis. Use code 1 override for all other indications.
*	itraconazole	Sporonox	Not covered for onychomycosis. Use code 1 override for all other indications.
	ketoconazole	Nizoral	
	miconazole		
	nystatin		
	terconazole	Terazol	

7. ANTIHYPERLIPIDEMIC

Most drugs in this FDA class are covered. Common examples are:

atorvastatin	Lipitor	Pill split removed from formulary September 1st 2008.
cholestyramine	Questran	
gemfibrozil	Lopid	
lovastatin	Mevacor	
niacin		
pravastatin	Pravachol	
simvastatin	Zocor	

8. ANTIPARASITIC

aerosolized pentamidine	Nebupent	
albendazole		
atovaquone	Mepron	
dapsone		
lindane		
metronidazole	Flagy, Metrogel Vaginal Gel	
paromomycin	Humatin	
permethrin		
primaquine		
pyrimethamine	Daraprim	
sulfa/pyrimethamine	Fansidar	
sulfadiazine	Microsulfon	

9. ANTIRETROVIRALS

abacavir	Ziagen	
abacavir/lamivudine	Epzicom	
abacavir/lamivudine/zidovudine	Trizivir	
amprenavir	Agenerase	
atazanavir	Reyataz	
darunavir (TMC-114)	Prezista	
delavirdine	Rescriptor	
didanosine	Videx, Videx EC	Generic Videx EC covered for copayments only
efavirenz	Sustiva	
[^] enfuvirtide	Fuzeon	Call for supplemental application form. Clinical criteria must be met every 6 mos.
emtricitabine/tenofovir/efavirenz	Atripla	
emtricitabine	Emtriva	
etravirine	Intelence	
fosamprenavir	Lexiva	Limited to a quantity of 60 tablets per month without prior authorization. PA is required for qty >60 and requires that prescriber certifies intolerance to ritonavir.
indinavir	Crixivan	
lamivudine (3TC)	Epivir	
lopinavir/ritonavir	Kaletra	25mg-100mg, 50mg-200mg, 100mg-400mg/5ml solution
[^] maraviroc	Selzentry	Prior authorization required. Trofile™ assay lab results must be faxed to PHSB
nelfinavir	Viracept	
nevirapine	Viramune	
raltegravir	Isentress	
ritonavir	Norvir	Dosage of 400mg or greater requires use of the free drug program though Abbott or prior authorization. Limited to copays only of ≤ \$50 for dosages greater than 400mg daily.

9. ANTIRETROVIRALS continued			
	saquinavir-soft gel caps	Fortovase	
	saquinavir	Invirase	
	stavudine (d4T)	Zerit	
	tenofovir DF	Viread	
	tenofovir/emtricitabine	Truvada	
^	tipranavir	Aptivus	Call for supplemental application form.
	zalcitabine (ddC)	Hivid	
	zidovudine (AZT)	Retrovir	
	zidovudine/lamivudine (AZT/3TC)	Combivir	
10. ANTIVIRALS - OTHER			
	acyclovir	Zovirax	
	cidofovir	Vistide	
	fomivirsen	Vitravene	
	foscarnet	Foscavir	
	ganciclovir	Cytovene	IV and Oral
	Hepatitis B Immune Globulin	HBIG	
	Imiquimod cream	Aldara	
	immune globulin IM	IGIM	
	podofilox	Condylox	
^	valacyclovir	Valtrex	Restricted to treatment of herpes zoster (shingles). Pill split removed from formulary September 1st 2008.
	valganciclovir	Valcyte	
	varicella zoster immune globulin	VZIG	
11. BIPOLAR MEDICATION			
	carbamazepine	Tegretol	
	clozapine	Clozaril	
^	divalproex sodium	Depakote, Depakote ER	Substitution with valproic acid required. Covered if unable to tolerate valproic acid.
	gabapentin	Neurontin	
	lamotrigine	Lamictal	
	lithium		
^	Olanzapine	Zyprexa	Covered after failed trial of formulary meds (Depakote or lithium)
	oxcarbazepine	Trileptal	
	quetiapine	Seroquel	
	risperidone	Risperdal	
	topiramate	Topamate	
	valproic acid	Depakene	
12. DERMATOLOGIC AGENTS			
	selenium sulfide		
	topical steroids		All drugs in this FDA class are covered
13. GASTROINTESTINAL			
	dicyclomine	Bentyl	
	diphenoxylate/atropine	Lomotil	
^	dronabinol	Marinol	Unintentional 10lb weight loss must be documented on PA for approval of initial 3 mo treatment period. Treatment beyond 3 mo requires additional documentation. Call for assistance.
	hyoscyamine	Levbid, Levsin	
	loperamide	Immodium	

13. GASTROINTESTINAL continued			
	metoclopramide	Reglan	
^	ondansetron hydrochloride	Zofran	Covered after failed trial of Reglan and either Compazine or Phenergan
	opium tincture		
	prochlorperazine	Compazine	
	promethazine	Phenergan	
	H2-Antagonists		
	cimetidine	Tagamet	
	famotidine	Pepcid	
	nizatidine	Axid	
	ranitidine	Zantac	
^	Proton Pump Inhibitors		Covered for treatment of GERD, erosive esophagitis, or H. pylori. Restricted to use after trial of H2-blockers in treatment of ulcer or gastritis.
	esomeprazole	Nexium	
	lansoprazole	Prevacid	
	omeprazole	Prilosec	
	pantoprazole	Protonix	
	rabeprazole	Aciphex	
14. HEMATOPOIETIC AGENTS			
^	epoetin-alpha	Procrit, Epogen	Restricted to treatment of ribavirin-related anemia and Hepatitis C diagnosis. Documented history of previous Ribavirin treatment required.
^	filgrastim (G-CSF)	Neupogen	Restricted to treatment of interferon-related neutropenia with a diagnosis of Hepatitis C or B. Documented history of previous Hep C interferon treatment required.
15. HEPATITIS TREATMENT			
	adefovir	Hepsera	
^	entecavir	Baraclude	Call for supplemental PA application for use with first fill only
*	interferon alfa-2a	Roferon-A	Restricted to use in treatment of Hepatitis B or C
*	interferon alfa-2b	Intron-A	Restricted to use in treatment of Hepatitis B or C
^	pegylated interferons	Peg-Intron	Restricted to use in treatment of Hepatitis C, call for application form for initial dose. Free Peg-Intron is still available.
	ribavirin	Rebetol, Copegus	
16. HORMONES			
	estrogen	Premarin	
	medroxyprogesterone	Depo-Provera, Provera	
	megestrol acetate	Megace	
^	nandrolone	Deca-Durabolin	Call for supplemental application to use with first fill. Call if use is required beyond 6 months.
^	oxandrolone	Oxandrin	Call for supplemental application to use with first fill. Call if use is required beyond 12 weeks.
	testosterone products		
17. MISCELLANEOUS			
	chlorhexidine gluconate	Peridex	
	hydroxyurea		
	leucovorin		oral only
	mediset fills		
	phenazopyridine	Pyridin, Pyridium	
	pill splitter		

18. ORAL STEROIDS		
	methylprednisolone	
	prednisone	
19. RESTLESS LEG SYNDROME TREATMENT		
	levodopa/carbidopa	Sinemet
	pramipexole	Mirapex
	ropinirole	Requip
20. VACCINES		
	<i>Multi-dose vials are not covered</i>	
	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	
	diphtheria & tetanus toxoids & pertussis vaccine	
	diphtheria & tetanus toxoids	
	pneumococcal vaccine	Pneumovax, Pnu-Immune
Program Dispensing Policies		
<p>1. Drugs marked with "*" are to be dispensed with a minimum 28 day supply. Exceptions will require prior authorization.</p> <p>2. All drugs are to be dispensed with a maximum 30 – day supply. Exceptions will require a prior authorization.</p> <p>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.</p> <p>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 of DAW 9 if the restriction is met. Document diagnosis on original prescription.</p> <p>5. Prior authorization is required for DEA class II and III drugs when quantity exceeds 100.</p> <p>6. Drugs followed by [P/S] are included in the pill splitting program.</p> <p>7. Fills/refills may be obtained after 80% of the previous dispensed days-supply has been used.</p> <p>8. Must dispense generic when available; DAW overrides will require prior authorization.</p> <p>9. OTC meds on the formulary are available by prescription only.</p> <p>10. Trofile™ assay lab results confirming CCR5 only co-receptor must be confirmed prior to initiation with maraviroc.</p>		
	Ramsell Public Health Rx	WA State DOH
	www.publichealthrx.com	www.doh.wa.gov/cfh/hiv.htm
	Phone 1-888-311-7632	Phone 1-877-376-9316
	Fax 1-800-848-4241	