

SOUTH CAROLINA AIDS Drug Assistance Program (ADAP) Formulary

Revised October 2017

(alphabetical order by generic name within drug category)

Brand Name	Generic Name	Drug Class	Additional Information
HIV ANTIRETROVIRAL DRUGS			
Ziagen	abacavir	NRTI	Before adding an abacavir-containing medication the drug regimen, refer to the drug's full prescribing information.
Triumeq	abacavir / dolutegravir / lamivudine	Combination Treatment	Before adding an abacavir-containing medication the drug regimen, refer to the drug's full prescribing information.
Trizivir	abacavir / lamivudine / zidovudine	NRTI	Before adding an abacavir-containing medication the drug regimen, refer to the drug's full prescribing information.
Epzicom	abacavir/ lamivudine	NRTI	Before adding an abacavir-containing medication the drug regimen, refer to the drug's full prescribing information.
Reyataz	atazanavir	Protease Inhibitor	
Evotaz	atazanavir / cobistat	Combination Treatment	
Tyboost	cobicistat	Boosting Agent	Tyboost should not be used with cobicistat-containing drugs such as Evotaz, Prezcobix, or Stribild. Tyboost in combination with lopinavir/ritonavir or regimens containing ritonavir is not recommended due to similar effects of Tyboost and ritonavir on CYP3A. Refer to the full prescribing information: http://www.gilead.com/~/media/Files/pdfs/medicines/hiv/tyboost/tyboost_pi.pdf
Prezista	darunavir	Protease Inhibitor	
Prezcobix	darunavir / cobistat	Combination Treatment	
Rescriptor	delavirdine	NNRTI	
Videx, Videx EC	didanosine	NRTI	
Tivicay	dolutegravir	Integrase Inhibitor	
Sustiva	efavirenz	NNRTI	
Atripla	efavirenz / emtricitabine / tenofovir disoproxil fumarate	Combination Treatment	
Vitekta	elvitegravir	Integrase Inhibitor	Prior authorization required for an individual's first ADAP prescription for this drug.
Genvoya	elvitegravir / cobicistat / emtricitabine / tenofovir alafenamide	Combination Treatment	
Stribild	elvitegravir / cobicistat / emtricitabine / tenofovir disoproxil fumarate	Combination Treatment	
Emtriva	emtricitabine	NRTI	
Odefsey	emtricitabine / rilpivirine / tenofovir alafenamide fumarate	Combination Treatment	Odefsey is indicated as a complete regimen for the treatment of HIV-1 infection in patients with no antiretroviral treatment history and HIV-1 RNA levels \leq 100,000 copies/mL.

SOUTH CAROLINA AIDS Drug Assistance Program (ADAP) Formulary

Revised October 2017

(alphabetical order by generic name within drug category)

Brand Name	Generic Name	Drug Class	Additional Information
Complera	emtricitabine / rilpivirine / tenofovir disoproxil fumarate	Combination Treatment	Complera is indicated for use as a complete regimen for the treatment of HIV-1 infection in patients with no antiretroviral treatment history and HIV-1 RNA \leq 100,000 copies/mL at the start of therapy.
Truvada	emtricitabine / tenofovir	NRTI	
Descovy	emtricitabine / tenofovir alafenamide	NRTI	
Fuzeon	enfuvirtide	Fusion Inhibitor	Prior authorization required for an individual's first ADAP prescription for this drug.
Intelence	etravirine	NNRTI	
Lexiva	fosamprenavir	Protease Inhibitor	
Crixivan	indinavir	Protease Inhibitor	
Epivir	lamivudine	NRTI	
Combivir	lamivudine / zidovudine	NRTI	
Kaletra	lopinavir / ritonavir	Protease Inhibitor	
Selzentry	maraviroc	CCR5 Co-Receptor Antagonist	Prior authorization required for an individual's first ADAP prescription for this drug.
Viracept	nelfinavir	Protease Inhibitor	
Viramune	nevirapine	NNRTI	
Viramune XR	nevirapine	NNRTI	
Isentress	raltegravir	Integrase Inhibitor	
Isentress HD	raltegravir	Integrase Inhibitor	Formulary addition 10/2017.
Edurant	rilpivirine	NNRTI	
Norvir	ritonavir	Protease Inhibitor	
Invirase	saquinavir	Protease Inhibitor	
Zerit	stavudine	NRTI	
Viread	tenofovir	NRTI	
Aptivus	tipranavir	Protease Inhibitor	
Retrovir	zidovudine	NRTI	
ADJUVANT THERAPY			
Neurontin	gabapentin	Anticonvulsant	
Leucovorin	leucovorin	Folic Acid Analog	
Prednisone	prednisone, oral	Steroid	
Egrifta	tesamorelin	Growth Hormone Releasing Factor	Formulary addition 10/2017. Prior auth. required for an individual's first ADAP prescription for this drug.
OPPORTUNISTIC AND CO-INFECTION DRUGS			
Zovirax	acyclovir	Antiviral	
Amoxicillin	amoxicillin	Antibiotic	
Augmentin	amoxicillin clavulanate	Antibiotic	

Brand Name	Generic Name	Drug Class	Additional Information
Mepron	atovaquone	Antiprotozoal	
Zithromax	azithromycin	Antibiotic	
Cipro	ciprofloxacin, oral	Antibiotic	
Clarithromycin	clarithromycin	Antibiotic	
Cleocin	clindamycin	Antibiotic	
Clotrimazole	clotrimazole	Antifungal	
Clotrimazole / Betamethasone	clotrimazole / betamethasone topical	Antifungal	
Dapsone	dapsone	Antibiotic	
Vibramycin	doxycycline hyclate	Antibiotic	
Monodox	doxycycline monohydrate	Antibiotic	
Famciclovir	famciclovir	Antiviral	
Diflucan	fluconazole	Antifungal	
Sporanox	itraconazole	Antifungal	
Ketoconazole	ketoconazole tablets, topical	Antifungal	
Levaquin	levofloxacin, oral	Antibiotic	
Flagyl	metronidazole, oral	Antibiotic	
Avelox	moxifloxacin, oral	Antibiotic	
Nystatin	nystatin	Antifungal	
Nystatin/Triamcin Acetonide	nystatin / triamcinolone topical	Antifungal	
Tamiflu	oseltamivir	Antiviral	
Ribavirin	ribavirin	Antihepaciviral	
Sulfadiazine	sulfadiazine	Antibiotic	
Bactrim DS, Bactrim	sulfamethoxazole/trimethoprim	Antibiotic	
Trimethoprim	trimethoprim (TMP)	Antibiotic	
Valtrex	valacyclovir	Antiviral	
Valcyte	valganciclovir	Antiviral	
Vfend	voriconazole, oral	Antifungal	
Relenza	zanamivir	Antiviral	
ANTITUBERCULAR AGENTS			
Myambutol	ethambutol	Antitubercular Agent	
Mycobutin	rifabutin	Antitubercular Agent	
ANIEMETICS			
Zofran, Zofran ODT	ondansetron	Antiemetic	
Promethazine	promethazine	Antiemetic	

SOUTH CAROLINA AIDS Drug Assistance Program (ADAP) Formulary

Revised October 2017

(alphabetical order by generic name within drug category)

Brand Name	Generic Name	Drug Class	Additional Information
ANTILIPEMIC AGENTS			
Pravachol	pravastatin	Antilipemic Agent	
Crestor	rosuvastatin	Antilipemic Agent	
Zocor	simvastatin	Antilipemic Agent	
SMOKING CESSATION PRODUCTS			
South Carolina Tobacco Quitline: 1-800-QUIT-NOW			
Zyban	bupropion tablet	Smoking Cessation	Tobacco users have a better chance at quitting with treatment that includes both medications and counseling. Click on this link for provider resources to assist patients with tobacco cessation: http://www.scdhec.gov/Health/TobaccoCessation/HelpYourPatientsQuit/
Nicotrol	nicotine inhaler, spray	Smoking Cessation	
NicoDerm CQ	nicotine patch	Smoking Cessation	
Nicorette	nicotine polacrilex gum, lozenge	Smoking Cessation	
Chantix	varenicline tablet	Smoking Cessation	
ANTIDEPRESSANTS			
Amitriptyline	amitriptyline	Antidepressant	
Wellbutrin XL, Wellbutrin SR	bupropion	Antidepressant	
Celexa	citalopram	Antidepressant	
Cymbalta	duloxetine	Antidepressant	
Lexapro	escitalopram	Antidepressant	
Prozac	fluoxetine, daily formulation	Antidepressant	Prozac weekly not on formulary
Remeron	mirtazapine	Antidepressant	
Paxil	paroxetine	Antidepressant	
Zoloft	sertraline	Antidepressant	
Trazodone	trazodone	Antidepressant	
Effexor XR	venlafaxine	Antidepressant	

SC ADAP DISPENSING GUIDELINES

Drug Coverage: A prescription is required for any ADAP formulary drug, regardless of whether the product is a prescription drug or an over-the-counter drug.

Generic Drugs: Generic formulations of ADAP formulary drugs are dispensed when determined as most cost-effective.

Quantity of Drug: One-month supplies of ADAP formulary drugs, as authorized by the prescriber, are dispensed.

Prior Authorization: The physician should complete the SC ADAP pharmacy's prior authorization request form and then fax the form along with accompanying documentation to 412-787-9400 (fax). After approval of an ADAP client's initial prescription for a drug requiring prior authorization, it is not necessary to submit an additional prior authorization request to ADAP for that drug for that individual. To obtain the PA form, refer to the "Prior Authorizations" section of the webpage at:

<https://www.pantherspecialty.com/sc-adap/>

ADAP Pharmacy Phone Number: 855-PANTHRX (803-728-3212)