South Carolina Department of Health and Environmental Control

South Carolina AIDS Drug Assistance Program (ADAP) Formulary With Prescription Cost Indicators

Revised: February 2013

Description	Drug Strength	Generic and/or Trade Name	*Drug Cost Indicator Per Typical Prescription Quantity
ANTIRETROVIRALS - Nucleoside Reverse Transcriptase Inhibitors			
ABACAVIR *(prior authorization required)*	300 mg	Ziagen	$$$
ABACAVIR + LAMIVUDINE *(prior auth req'd)*	600-300 mg	Epzicom 600-300 mg	$$$$
ABACAVIR+LAMIVUDINE+ZIDOVUDINE *(prior auth req'd)*		Trizivir 300-150-300 mg	$$$$$+$
DIDANOSINE	200 mg; 250 mg; 400 mg	Didanosine *(generic)* , Videx EC	$
EMTRICITABINE	200 mg	Emtriva	$$
EMTRICITABINE+TENOFOVIR	200-300 mg	Truvada	$$$$
LAMIVUDINE	100 mg	Epivir HBV	$$
Lamivudine	150 mg	Epivir	$$
Lamivudine	300 mg	Epivir	$
LAMIVUDINE+ZIDOVUDINE	150-300 mg	Combivir	$$$
STAVUDINE	15 mg; 20 mg; 30 mg; 40 mg	Stavudine *(generic),* Zerit	$
TENOFOVIR	150 mg; 200 mg; 300 mg	Viread	$$$
ZIDOVUDINE	100 mg; 300 mg	Zidovudine (generic), Retrovir	$
ANTIRETROVIRALS - Non-Nucleoside Reverse Transcriptase Inhibitors			
DELAVIRDINE	200 mg	Rescriptor	$$$
EFAVIRENZ	200 mg, 600 mg	Sustiva	$$$
ETRAVIRINE	100 mg, 200 mg	Intelence	$$$$
NEVIRAPINE	200 mg, 400 mg	Nevirapine (generic), Viramune	$
Nevirapine	400 mg	Viramune XR	$$
RILPIVIRINE	25 mg	Edurant	$$$
ANTIRETROVIRALS - Protease Inhibitors			
ATAZANAVIR	100mg; 150mg; 200mg	Reyataz	$$$$$
Atazanavir	300 mg	Reyataz	$$$$$+$
DARUNAVIR	75 mg; 150 mg; 400 mg; 600 mg; 800 mg	Prezista	$$$$$
FOSAMPRENAVIR	700 mg	Lexiva	$$$$
INDINAVIR	200 mg; 400 mg	Crixivan	$$$
LOPINAVIR + RITONAVIR	100-25 mg	Kaletra	$$
Lopinavir + Ritonavir	200-50 mg	Kaletra	$$$$$
Lopinavir + Ritonavir	400-100 mg	Kaletra Oral Solution	$$$
NELFINAVIR	250 mg; 625 mg	Viracept	$$$$$+$
RITONAVIR	100mg; 80mg/ml Soln	Norvir	$

**** Column 4:***

of $ signs is indicative of drug cost component of a typical prescription.

"Varies" means drug cost not estimated-drug quantity per prescription often differs.

Description	Drug Strength	Generic and/or Trade Name	*Drug Cost Indicator Per Typical Prescription Quantity
SAQUINAVIR	200 mg	Invirase	$$$$$
Saquinavir	500 mg	Invirase	$$$$$+$$$$
TIPRANAVIR	250 mg	Aptivus	$$$$$+$$
ANTIRETROVIRALS - Fusion Inhibitors			
ENFUVIRTIDE *(prior authorization required)*	90 mg	Fuzeon	$$$$$+$$$$$+ $$$$
ANTIRETROVIRALS - CCR5 Antagonist			
MARAVIROC *(prior authorization required)*	150 mg; 300 mg	Selzentry	$$$$$+$$
ANTIRETROVIRALS - Integrase Inhibitor			
RALTEGRAVIR	400 mg	Isentress	$$$$$+$
ANTIRETROVIRALS - Combination Treatment			
EMTRICITABINE + EFAVIRENZ + TENOFOVIR	200-600-300 mg	Atripla	$$$$$+$$
ELVITEGRAVIR + COBICISTAT + EMTRICITABINE + TENOFOVIR	150-150-200-300 mg	Stribild	$$$$$+$$$$
EMTRICITABINE + RILPIRAVINE + TENOFOVIR	200-25-300 mg	Complera	$$$$$+$$
OPPORTUNISTIC INFECTION Protection / Treatment			
ACYCLOVIR	various	Acyclovir *(generic)* , Zovirax	varies
AZITHROMYCIN	various	Azithromycin *(generic)* , Zithromax	varies
CLARITHROMYCIN	various	Clarithromycin *(generic)* , Biaxin	varies
CLINDAMYCIN	various	Clindamycin *(generic)* , Cleocin	varies
FAMCICLOVIR	various	Famciclovir *(generic)* , Famvir	varies
FLUCONAZOLE	various	Fluconazole *(generic)* , Diflucan	varies
ITRACONAZOLE	various	Itraconazole *(generic)* , Sporanox	varies
LEUCOVORIN CALCIUM	various	Leucovorin calcium *(generic)*	varies
PEGINTERFERON-alfa 2a *(prior auth req'd)*	various	Pegasys	varies
PEGINTERFERON-alfa 2b *(prior auth req'd)*	various	PEG-Intron	varies
PYRIMETHAMINE	25 mg	Daraprim	varies
RIBAVIRIN *(prior authorization required)*	200 mg	Ribavirin, Copegus, Rebetol	varies
RIFABUTIN	150 mg	Mycobutin	varies
SULFADIAZINE	500 mg	Sulfadiazine *(generic)*	varies
SULFAMETHOXAZOLE/TRIMETHOPRIM	400-80 mg; 800-160 mg	Sulfamethoxazole/Trimethoprim *(generic)* , Bactrim / Septra DS	varies
VALACYCLOVIR	500 mg; 1 Gm	Valtrex	varies
VALGANCICLOVIR	450 mg	Valcyte	varies

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OTHER DRUGS - Miscellaneous			
ATOVAQUONE	750 mg/5 ml	Mepron	varies
AMOXICILLIN	various	Amoxicillin *(generic)*	varies
AMOXICILLIN-CLAVULANATE	various	Amox/Clav *(generic)* , Augmentin	varies
CIPROFLOXACIN oral	various	Ciprofloxacin *(generic)* , Cipro	varies
CLOTRIMAZOLE	various	Clotrimazole *(generic)*	varies
CLOTRIMAZOLE/BETAMETHASONE cream	various	Clotrimazole/Betameth. *(generic)*	varies
OTHER DRUGS - Miscellaneous *(continued)*			
DAPSONE	various	Dapsone *(generic)*	varies
DOXYCYCLINE	various	Doxycycline *(generic)* , Vibramycin	varies
ETHAMBUTOL	various	Ethambutol *(generic)* , Myambutol	varies
GABAPENTIN	various	Gabapentin *(generic)* , Neurontin	varies
KETOCONAZOLE tablets, cream	various	Ketoconazole *(generic)*	varies
LEVOFLOXACIN	various	Levaquin	varies
METRONIDAZOLE tablets	various	Metronidazole *(generic)* , Flagyl	varies
MOXIFLOXACIN tablets	400 mg	Avelox	varies
NYSTATIN	various	Nystatin *(generic)*	varies
NYSTATIN-TRIAMCINOLONE cream, oint.	various	Nystatin-Triamcinolone *(generic)*	varies
OSELTAMIVIR	various	Tamiflu	varies
PREDNISONE tablets	various	Prednisone *(generic)*	varies
PROMETHAZINE	various	Promethazine *(generic)*	varies
VORICONAZOLE	50 mg	Voriconazole *(generic)* , Vfend	$$
Voriconazole	200 mg	Voriconazole *(generic)* , Vfend	$$$$$
ZANAMIVIR	Diskhaler	Relenza	varies
OTHER DRUGS - Antidepressants			
AMITRIPTYLINE	10 mg; 25 mg; 50 mg; 75 mg; 100 mg; 150 mg	Amitriptyline *(generic)*	$
BUPROPION	75 mg; 100 mg	Bupropion *(generic),* Wellbutrin	$
Bupropion SR & XL	100 mg; 150 mg; 200 mg; 300 mg	Bupropion SR, XL *(generic)* , Wellbutrin SR, XL	$$
CITALOPRAM	10mg; 20mg; 40mg	Citalopram *(generic)*	$
Citalopram	10mg; 20mg; 40mg	Celexa	$
DULOXETINE	20mg; 30mg; 60mg	Cymbalta	$$
ESCITALOPRAM	5mg; 10mg; 20mg	Lexapro	$$
FLUOXETINE, daily formulation	10 mg; 20 mg; 40 mg	Fluoxetine *(generic)* , Prozac	$

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MIRTAZAPINE	7.5 mg; 15 mg; 30 mg; 45 mg	Mirtazapine *(generic)* , Remeron	$
PAROXETINE, PAROXETINE CR	10 mg; 12.5 mg; 20 mg; 30 mg; 37.5 mg; 40 mg	Paroxetine *(generic)* , Paxil, Paxil CR	$
SERTRALINE	25mg; 50mg; 100mg	Sertraline *(generic)* , Zoloft	$
TRAZODONE	50 mg; 100 mg; 150 mg	Trazodone *(generic)*	$
Trazodone	300 mg	Trazodone *(generic)*	$$
OTHER DRUGS - Antidepressants *(continued)*			
VENLAFAXINE	various	Venlafaxine *(generic)* , Effexor	$
Venlafaxine ER	37.5 mg; 75 mg; 150 mg; 225 mg	Venlafaxine ER *(generic)*	$
Venlafaxine XR	37.5 mg; 75 mg	Effexor XR	$$
OTHER DRUGS - Anti-Hyperlipidemics			
PRAVASTATIN	10 mg; 20 mg; 40 mg; 80 mg	Pravastatin *(generic)* , Pravachol	$
ROSUVASTATIN	5 mg; 10 mg; 20 mg; 40 mg	Crestor	$$
SIMVASTATIN	5 mg; 10 mg; 20 mg; 40 mg; 80 mg	Simvastatin *(generic)*	$
Simvastatin	5 mg; 10 mg; 20 mg; 40 mg; 80 mg	Zocor	$$

ADAP DRUG COVERAGE GUIDANCE

Generic Drugs

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

Quantity of Drug

The ADAP pharmacy dispenses one-month supplies of ADAP formulary drugs.

Prior Authorization - Prior authorization is required for an individual's **first** ADAP prescription for enfuvirtide, maraviroc, peginterferon alfa-2a, peginterferon alfa-2b, ribavirin, abacavir or abacavir-containing medications. After ADAP approval of the individual'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.
Questions may be addressed to the ADAP Pharmacy by calling 800-465-7333.

The physician should complete the Prior Authorization Request form and fax the form and any requested documentation to ADAP.

The prior authorization request fax number is: 803-898-7683.

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Drugs Requiring Prior Authorization:			
*enfuvirtide (Fuzeon)			
*maraviroc (Selzentry)			
*peginterferon-alfa 2a (Pegasys)			
*peginterferon-alfa 2b (PEG-Intron)			
*ribavirin (Copegus, Rebetol)			
*abacavir or abacavir-containing medications			

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