

ADAP Formulary

ANTIRETROVIRAL (ARV) THERAPY

NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

<i>*abacavir</i>	<i>*Ziagen®</i>
<i>*abacavir+lamivudine</i>	<i>*Epzicom®</i>
<i>*abacavir+lamivudine+zidovudine</i>	<i>*Trizivir®</i>
didanosine (ddl, dideoxyinosine)	Videx®, Videx EC
emtricitabine (FTC)	Emtriva®
emtricitabine+tenofovir	Truvada®
lamivudine (3TC)	Epivir®
lamivudine+zidovudine	Combivir®
stavudine (d4T)	Zerit®
tenovir	Viread®
zidovudine (AZT, ZDV)	Retrovir®

NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

delavirdine	Rescriptor®
efavirenz	Sustiva®
etravirine	Intelence®
nevirapine	Viramune®

PROTEASE INHIBITORS (PI)

atazanavir	Reyataz®
darunavir	Prezista®
fosamprenavir	Lexiva®
indinavir	Crixivan®
lopinavir+ritonavir	Kaletra®
nelfinavir	Viracept®
ritonavir	Norvir®
saquinavir	Invirase®
tipranavir	Aptivus®

FUSION INHIBITOR

<i>*enfuvirtide (T-20)</i>	<i>*Fuzeon®</i>
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CCR5 ANTAGONIST

<i>*maraviroc</i>	<i>*Selzentry®</i>
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INTEGRASE INHIBITOR

raltegravir	Isentress®
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ANTIRETROVIRAL (ARV) THERAPY

MULTI-CLASS COMBINATION AGENTS

efavirenz+emtricitabine+tenofovir	Atripla®
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OPPORTUNISTIC INFECTION (OI) PROTECTION & TREATMENT

acyclovir	Zovirax®
azithromycin	Zithromax®
clarithromycin	Biaxin®
clindamycin, oral	Cleocin®
fluconazole	Diflucan®
famciclovir	Famvir®
itraconazole	Sporanox®
leucovorin calcium (folinic acid)	
<i>*peginterferon-alfa 2a</i>	<i>*Pegasys®</i>
<i>*peginterferon-alfa 2b</i>	<i>*PEG-Intron®</i>
pyrimethamine	Daraprim®
<i>*ribavirin, oral</i>	<i>*Copegus®, Rebetol®</i>
rifabutin	Mycobutin®
sulfadiazine	
sulfamethoxazole/TMP	Bactrim DS, Septra DS
valganciclovir	Valtrex®
valganciclovir	Valcyte®

OTHER DRUGS

MISCELLANEOUS

atovaquone	Mepron®
amoxicillin	
amoxicillin-clavulanate, oral	Augmentin®
ciprofloxacin, oral	Cipro®
clotrimazole	
clotrimazole/betamethasone cream	
dapsone	
doxycycline	Vibramycin®
ethambutol	Myambutol®
gabapentin	Neurontin®
ketoconazole tablets, cream	
levofloxacin	Levaquin®
metronidazole, oral	Flagyl®
moxifloxacin, oral	Avelox®
nystatin	
nystatin/triamcinolone, cream, ointment	



South Carolina AIDS Drug Assistance Program

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OTHER DRUGS (continued)

MISCELLANEOUS

oseltamivir	Tamiflu®
prednisone, tablets	
promethazine	
voriconazole	Vfend®
zanamivir	Relenza®

ANTIDEPRESSANTS

amitriptyline	
bupropion and SR & XL	Wellbutrin® & SR, XL
citalopram	Celexa®
duloxetine	Cymbalta®
escitalopram	Lexapro®
fluoxetine, daily formulation	Prozac®
mirtazapine	Remeron®
paroxetine and CR	Paxil® & CR
sertraline	Zoloft®
trazodone	
venlafaxine and XR	Effexor® & XR

ANTI-HYPERLIPIDEMICS

pravastatin	Pravachol®
rosuvastatin	Crestor®
simvastatin	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.

ADAP DRUG COVERAGE GUIDANCE (continued)

Prior Authorization

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

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**.