ALABAMA DEPARTMENT OF PUBLIC HEALTH
RYAN WHITE HIV/AIDS PROGRAM PART B
ADAP FORMULARY

Antiretroviral therapy (ART) and other medications used to slow the progression of HIV are critical to maintain the health of persons living with HIV. Strict adherence to ART can effectively suppress HIV to an undetectable level. Being virally suppressed (which means that HIV is under control at a level that keeps people healthy and reduces the risk of transmitting the virus to others) not only improves a person with HIV's health and enhances their lifespan; it also significantly reduces their risk of transmitting HIV to partners. ART approved by the U.S. Food and Drug Administration (FDA) fall into six major classes which are currently offered on Alabama's ADAP Formulary: nucleoside analogue reverse transcriptase inhibitor (NRTI), nonnucleoside reverse transcriptase inhibitor (NNRTI), protease inhibitor (PI), fusion inhibitor, chemokine coreceptor antagonist (consisting of 2 subclasses: CCR5 antagonist and CXCR4 antagonist), and integrase inhibitor.

There is no cure for HIV infection. However, people living with HIV who adhere to ART and have suppressed viral loads can reduce the risk of sexual transmission by 96 percent.

Alabama ADAP Program Guidelines and Eligibility Criteria

1. Medical Eligibility Criteria + HIV Serology test
2. Financial Criteria Total Gross Income at or below 300% of the Federal Poverty Level (FPL)
3. Alabama Resident (Post Office Box is not accepted)
4. No third party payer (e.g., Medicaid, Medicare Part D, All Kids, or Private Insurance paying >50% cost of medications)
5. Remain compliant with biannual (every 6 month) ADAP Client Eligibility Renewal (CER)

Generic formulations will be dispensed when available *unless the Clinician specifically requests the Brand formulation when ordering ADAP medications.*

NOTE: *Prior approval is noted on the formulary for several medications. Please contact the ADAP Coordinator for assistance when necessary. (1-866-574-9964)*

A 30-day supply of each medication is shipped each month on a regular schedule *from the ADAP Central Pharmacy to the ordering Clinic for the Client or designee to pick up.*

Pre-approval must be obtained from the ADAP Coordinator for any medications to be shipped to an alternate site. *Permission to ship medications outside of the Clinic will be limited to pre-approved Physician's order for home delivery due to a Client's poor medical condition limiting travel to the clinic for medication pick up.*

Failure to pick up ADAP HIV medications for 90 days or (3) consecutive months will result in the immediate termination of ADAP enrollment due to non-compliance with medication adherence.

To Access Alabama's comprehensive ADAP enrollment guidelines and forms go to ***www.adph.org*** *or call the ADAP Eligibility office at 1-866-574-9964 to speak with an Eligibility Specialist.*

ALABAMA DEPARTMENT OF PUBLIC HEALTH
RYAN WHITE HIV/AIDS PROGRAM PART B
ADAP FORMULARY CATEGORICAL LISTING

CATEGORY I. ANTIRETROVIRAL (ARV) MEDICATIONS

MULTI-CLASS COMBINATION DRUGS
ATRIPLA® (efavirenz/emtricitabine/tenofovir disoproxil fumarate or EFV+FTC+TDF)
COMPLERA® (emtricitabine/rilpivirine/tenofovir disoproxil fumarate or FTC+RPV+TDF)
GENVOYA® (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide or EVG+COBI+FTC+TAF)
ODEFSEY® (emtricitabine/rilpivirine/tenofovir alafenamide or FTC+RPV+TAF)
STRIBILD® (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate or EV+COBI+FTC+TDF)
TRIUMEQ® (dolutegravir/abacavir/lamivudine or DG+ABC+3TC) *Requires prior authorization

***TRIUMEQ®** requires HLA-B*5701 allele testing prior prescription being processed. Contact ViiV HLA Aware Program for testing directions. Documentation of testing must be provided to ADAP.

NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs)	
COMBIVIR® (lamivudine/zidovudine or 3TC+ZDV)	**TRIZIVIR®** (abacavir/lamivudine/zidovudine or ABC+3TC+ZDV)
DESCOVY® (emtricitabine/tenofovir alafenamide or FTC+TAF or CBV)	**TRUVADA®** (emtricitabine/tenofovir disoproxil fumarate or FTC+TDF)
EMTRIVA® (emtricitabine or FTC)	**VIDEX®** (didanosine or ddl, VIDEX® and VIDEX EC® allowed)
EPIVIR® (lamivudine or 3TC)	**VIREAD®** (tenofovir disoproxil fumarate or TDF)
EPZICOM® (abacavir sulfate/lamivudine or ABC+3TC)	**ZERIT®** (stavudine or d4T)
RETROVIR® (zidovudine or AZT or ZDV)	**ZIAGEN®** (abacavir or ABC)

NON NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)	
EDURANT® (rilpivirine or RPV)	**SUSTIVA®** (efavirenz or EFV)
INTELENCE® (etravirine or ETR)	**VIRAMUNE®** (nevirapine, VIRAMUNE® and VIRMUNE EC® allowed)
RESCRIPTOR® (delavirdine mesylate or DLV)	

PROTEASE INHIBITORS (PIs)	
AGENERASE® (amprenavir or APV)	**LEXIVA®** (fosamprenavir or FPV)
APTIVUS® (tipranavir or TPV)	**NORVIR®** (ritonavir or RTV)
CRIXIVAN® (indinavir sulfate or IDV)	**PREZCOBIX®** (darunavir/cobicistat or DRV+COBI)
EVOTAZ® (atazanavir sulfate/cobicistat or ATV+COBI)	**PREZISTA®** (darunavir or DRV)
INVIRASE® (saquinavir mesylate or SQV)	**REYATAZ®** (atazanavir sulfate or ATV)
KALETRA® (lopinavir/ritonavir or LPV+RTV)	**VIRACEPT®** (nelfinavir mesylate or NFV)

FUSION INHIBITORS	
FUZEON® (enfuvirtide or T-20 or ENF) *Requires prior authorization	

***FUZEON®** requires pre-approval prior to a prescription being processed. Go to www.adph.org for pre-approval instructions and forms or call ADAP at 1-866-574-9964.

CHEMOKINE CORECEPTOR (CCR5 & CXCR4) ANTAGONIST INHIBITORS (ENTRY INHIBITORS)	
SELZENTRY® (maraviroc or MVC) *Requires prior authorization	

***SELZENTRY®** requires Tropism Assay testing prior to a prescription being processed. Contact ViiV Healthcare for Tropism Assay testing directions. Documentation of testing must be provided to ADAP.

INTEGRASE INHIBITORS	
ISENTRESS® (raltegravir or RAL)	**TIVICAY®** (dolutegravir or DOL or DTG)

CATEGORY II. OPPORTUNISTIC INFECTION (OI) MEDICATIONS

ANTIMICROBIALS	
ANCOBON® (flucytosine)	**MYAMBUTOL®** (ethambutol hydrochloride, HCl)
BACTRIM® DS (sulfamethixazole/trimethoprim or TMP/SMZ)	**MYCOBUTIN®** (rifabutin)
BIAXIN® (clarithromycin)	**NEBUPENT®** (pentamidine isethionate)
CLEOCIN® HCL (clindamycin hydrochloride, HCl)	**PYRAZINAMIDE** (pyrazinamide or PZA)
DAPSONE (diaminodiphenyl sulfone or DDS)	**SPORANOX®** (itraconazole)
DARAPRIM® (pyrimethamine) (not available at this time)	**SULFADIAZINE** (sulfadiazine, oral)
DIFLUCAN® (fluconazole)	**VALCYTE®** (valganciclovir hydrochloride, HCl)
FAMVIR® (famciclovir)	**VALTREX®** (valacyclovir)
FOSCAVIR® (foscarnet)	**VFEND®** (voriconazole)
FUNGIZONE® (amphotericin B)	**VISTIDE®** (cidofovir)
ISONIAZID (isonicotinylhydrazide or INH)	**ZITHROMAX®** (azithromycin)
MEPRON® (atovaquone)	**ZOVIRAX®** (acyclovir)

OTHER/ADJUNCT THERAPIES	
DELTASONE® (prednisone)	**PROCRIT®** (epoetin alfa) *Requires prior authorization
MEGACE® (megestrol acetate)	**WELLCOVORIN®** (leucovorin)
PROBENECID (probenecid)	

***PROCRIT®** requires pre-approval prior to a prescription being processed. Go to www.adph.org for pre-approval instructions and forms or call ADAP at 1-866-574-9964.

CATEGORY III. OTHER MEDICATIONS

NOTE: Medications in this group may be removed from the formulary at any time to ensure that Alabama's ADAP continues to maintain adequate funding to provide Anti-HIV medications for enrollees; or in the event there is a need to re-instate the ADAP waiting list.

HEPATITIS C VIRUS (HCV) TREATMENTS	
INTRON®A (interferon alfa-2b)	**REBETOL®** (ribavirin)
PEGASYS® (peginterferon alfa-2a)	**REBETRON™** (interferon alfa-2b/ribavirin)
PEGINTRON® (peginterferon alfa-2b)	**ROFERON®-A** (interferon alfa-2a, recombinant)

HEPATITIS B VIRUS (HBV) TREATMENTS	
BARACLUD® (entecavir)	**HEPSERA®** (adefovir dipivoxil)

VACCINES	
GARDASIL® (human papillomavirus (HPV) quad, types 6, 11, 16, & 18)	**RECOMBIVAX HB®** (hepatitis B vaccine, recombinant)
HAVRIX® (hepatitis A vaccine)	**TWINRIX®** (hepatitis A, inactive/hepatitis B, recombinant vaccine)
PNEUMOVAX®23 (pneumococcal vaccine polyvalent)	

ANTIMICROBIALS	
ALDERA™ (imiquimod, topical)	**METRONIDAZOLE** (metronidazole or MNZ)
AMOXIL (amoxicillin)	**NIZORAL®** (2% ketoconazole cream, topical)
AVELOX (moxifloxacin hydrochloride, HCl)	**NIZORAL®** (ketoconazole tablets)
DOXYCYCLINE (doxycycline)	**NIZORAL® AD** (2% ketoconazole anti-dandruff shampoo)
DYNACIN (minocycline)	**V-CILLIN K** (penicillin v potassium)
KEFLEX® (cephalexin)	

ANTIDEPRESSANTS	
CELEXA® (citalopram hydrobromide)	**PROZAC®** (fluoxetine)
LEXAPRO® (escitalopram oxalate)	**TRAZADONE** (trazadone)
PAMELOR® (nortriptyline)	**WELLBUTRIN®** (bupropion, regular, sustained, or extended release)
PAXIL® (paroxetine)	**ZOLOFT®** (sertraline hydrochloride, HCl)

ANTIDIABETICS	
DIABETA (glyburide)	**GLUCOVANCE®** (glyburide/metformin hydrochloride, HCl)
GLUCOPHAGE® (metformin hydrochloride, HCl)	

ANTIHYPERTENSIVES	
HYDROCHLOROTHIAZIDE (HCTZ) (hydrochlorothiazide or HCTZ)	**NORVASC** (amlodipine)
LOTENSIN (benazepril)	**ZESTRIL** (lisinopril)

CHOLESTEROL MEDICATIONS (STATINS)	
CRESTOR® (rosuvastatin calcium)	**PRAVACHOL®** (pravastatin)
LIPITOR® (atorvastatin calcium)	**TRICOR** (fenofibrate)

ANTICONVULSANTS	
KEPPRA (levetiracetam)	**NEURONTIN** (gabapentin)
LAMICTAL (lamotrigine)	**TEGRETOL®** (carbamazepine)

ANTIPSYCHOTICS	
ESKALITH CR (lithium carbonate)	**LAMICTAL** (lamotrigine)
GEODON (ziprasidone)	**RISPERDAL®** (risperidone)

BRONCODIALTORS (INHALERS)	
COMBIVENT RESPIMAT® (ipratropium bromide/albuterol)	**PROVENTIL** (albuterol)

NAUSEA	
PHENERGAN (promethazine)	

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AGENERASE® (amprenavir or APV)
ALDERA™ (imiquimod, topical)
AMOXIL (amoxicillin)
ANCOBON® (flucytosine)
APTIVUS® (tipranavir or TPV)
ATRIPLA® (efavirenz/emtricitabine/tenofovir disoproxil fumarate or EFV+FTC+TDF)
AVELOX (moxifloxacin hydrochloride, HCl)
BACTRIM® DS (sulfamethixazole/trimethoprim or TMP/SMZ)
BIAXIN® (clarithromycin)
BARACLUD® (entecavir)
CELEXA® (citalopram hydrobromide)
CLEOCIN® HCL (clindamycin hydrochloride, HCl)
COMBIVIR® (lamivudine/zidovudine or 3TC+ZDV)
COMBIVENT RESPIMAT® (ipratropium bromide/albuterol)
COMPLERA® (emtricitabine/rilpivirine/tenofovir disoproxil fumarate or FTC+RPV+TDF)
CRESTOR® (rosuvastatin calcium)
CRIXIVAN® (indinavir sulfate or IDV)
DAPSONE (diaminodiphenyl sulfone or DDS)
DARAPRIM® (pyrimethamine) (not available at this time)
DELTASONE® (prednisone)
DESCOVY® (emtricitabine/tenofovir alafenamide or FTC+TAF or CBV)
DIABETA (glyburide)
DIFLUCAN® (fluconazole)
DOXYCYCLINE (doxycycline)
DYNACIN (minocycline)
EDURANT® (rilpivirine or RPV)
EMTRIVA® (emtricitabine or FTC)
EPIVIR® (lamivudine or 3TC)
EPZICOM® (abacavir sulfate/lamivudine or ABC+3TC)
ESKALITH CR (lithium carbonate)
EVOTAZ® (atazanavir sulfate/cobicistat or ATV+COBI)
FAMVIR® (famciclovir)
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GENVOYA® (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide or EVG+COBI+FTC+TAF)
GEODON (ziprasidone)
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GLUCOVANCE® (glyburide/metformin hydrochloride, HCl)
HAVRIX® (hepatitis A vaccine)
HEPSERA® (adefovir dipivoxil)
HYDROCHLOROTHIAZIDE (HCTZ) (hydrochlorothiazide or HCTZ)
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INTRON®A (interferon alfa-2b)
INVIRASE® (saquinavir mesylate or SQV)
ISENTRESS® (raltegravir or RAL)
ISONIAZID (isonicotinylhydrazide or INH)
KALETRA® (lopinavir/ritonavir or LPV+RTV)
KEFLEX® (cephalexin)
KEPPRA (levetiracetam)
LAMICTAL (lamotrigine)
LEXAPRO® (escitalopram oxalate)
LEXIVA® (fosamprenavir or FPV)
LIPITOR® (atorvastatin calcium)
LOTENSIN (benazepril)
MEGACE® (megestrol acetate)
MEPRON® (atovaquone)
METRONIDAZOLE (metronidazole or MNZ)
MYAMBUTOL® (ethambutol hydrochloride, HCl)
MYCOBUTIN® (rifabutin)
NEBUPENT® (pentamidine isethionate)
NEURONTIN (gabapentin)
NIZORAL® (2% ketoconazole cream, topical)
NIZORAL® (ketoconazole tablets)
NIZORAL® AD (2% ketoconazole anti-dandruff shampoo)
NORVASC (amlodipine)
NORVIR® (ritonavir or RTV)
ODEFSEY® (emtricitabine/rilpivirine/tenofovir alafenamide or FTC+RPV+TAF)
PAMELOR® (nortriptyline)
PAXIL® (paroxetine)
PEGASYS® (peginterferon alfa-2a)
PEGINTRON® (peginterferon alfa-2b)
PHENERGAN (promethazine)
PNEUMOVAX®23 (pneumococcal vaccine polyvalent)
PRAVACHOL® (pravastatin)
PREZCOBIX® (darunavir/cobicistat or DRV+COBI)
PREZISTA® (darunavir or DRV)
PROBENECID (probenecid)
PROCRIT® (epoetin alfa)
PROVENTIL (albuterol)
PROZAC® (fluoxetine)
PYRAZINAMIDE (pyrazinamide or PZA)
REBETOL® (ribavirin)
REBETRON™ (interferon alfa-2b/ribavirin)
RECOMBIVAX HB® (hepatitis B vaccine, recombinant)
RESCRIPTOR® (delavirdine mesylate or DLV)
RETROVIR® (zidovudine or AZT or ZDV)
REYATAZ® (atazanavir sulfate or ATV)
RISPERDAL® (risperidone)
ROFERON®-A (interferon alfa-2a, recombinant)
SELZENTRY® (maraviroc or MVC)
SPORANOX® (itraconazole)
STRIBILD® (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate or EV+COBI+FTC+TDF)
SULFADIAZINE (sulfadiazine, oral)
SUSTIVA® (efavirenz or EFV)
TEGRETOL® (carbamazepine)
TIVICAY® (dolutegravir or DOL or DTG)
TRAZADONE (trazadone)
TRICOR (fenofibrate)
TRIUMEQ® (dolutegravir/abacavir/lamivudine or DG+ABC+3TC)
TRIZIVIR® (abacavir/lamivudine/zidovudine or ABC+3TC+ZDV)
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WELLCOVORIN® (leucovorin)
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ZESTRIL (lisinopril)
ZIAGEN® (abacavir or ABC)
ZITHROMAX® (azithromycin)
ZOLOFT® (sertraline hydrochloride, HCl)
ZOVIRAX® (acyclovir)

***REQUIRES PRIOR AUTHORIZATION**