

**Office of STD/HIV
Care and Treatment Division**

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Voice 601/362-4879 • FAX 601/362-4782
Patient Toll Free Number 1-888-343-7373

Medication Formulary

**AIDS Drug Assistance Program (ADAP) – Contact Carolyn Anderson
(MSDH Pharmacy: 601-713-3457- Sandy Dickens, RPh, or ADAP Pharmacist)**

Eligibility Criteria

- Must be HIV positive;
- Must have a primary home address in Mississippi;
- Must have household income below 300% of the Federal Poverty Level (as per current guidelines);
- Must obtain the services available through Medicaid, Medicare, SCHIP, Federal Exchange Marketplace plans, or other payor if covered.

Antiretroviral Formulary and Specific Medical Criteria

- **Atripla®** (efavirenz 600mg,EFV/ emtricitabine 200mg,FTC / tenofovir disoproxil fumarate 300mg,TDF) - 30 tabs/bottle
- **Complera®** (emtricitabine 200mg,FTC/ rilpivirine 25mg, RPV/tenofovir disoproxil fumarate 300mg,TDF) – 30 tabs/bottle
- **Descovy®** (emtricitabine 200mg,FTC/ tenofovir alafenamide 25mg,TAF) – 30 tabs/bottle
- **Evotaz®** (atazanavir 300mg, ATV/ cobicistat 150mg,COBI) – 30 tabs/bottle
- **Genvoya®** (elvitegravir 150mg,EVG/ cobicistat 150mg, COBI/ emtricitabine 200mg,FTC/ tenofovir alafenamide 10mg,TAF) – 30 tabs/bottle
- **Odefsey®** (emtricitabine 200mg,FTC/ rilpivirine 25mg,RPV /tenofovir alafenamide 25mg,TAF) – 30 tabs/bottle
- **Prezcobix®** (darunavir 800mg, DRV/ cobicistat 150mg, COBI) – 30 tabs/bottle
- **Stribild®** (elvitegravir 150mg, EVG/ cobicistat 150mg,COBI/ emtricitabine 200mg,FTC/ tenofovir disoproxil fumarate 300mg,TDF) – 30 tabs/bottle
- **Triumeq®** (abacavir 600mg,ABC/ dolutegravir 50mg,DTG/ lamivudine 300mg,3TC) – 30 tabs/ bottle

**Nucleoside (Nucleotide Analogs) Reverse
Transcriptase Inhibitors (NRTIs)**

- **Combivir®** (lamivudine 150mg,3TC / zidovudine 300mg,ZDV) – 60 tabs/bottle
- **Emtriva®** (emtricitabine, FTC) – 200mg capsules, 30/bottle; 10mg/mL oral solution (200mL)
- **Epivir®** (lamivudine, 3TC) – 150mg tabs, 60/bottle; 300mg tabs, 30/bottle; 10mg/mL oral solution (240mL)
- **Epzicom®** (abacavir 600mg,ABC/ lamivudine 300mg,3TC) -- 30 tabs/bottle
- **Retrovir®** (zidovudine, AZT, ZDV) – 100mg caps, 100/bottle; 300mg tabs, 60/bottle; 50mg/5mL syrup (240mL)
- **Trizivir®** (abacavir 300mg,ABC / lamivudine 300mg,3TC / zidovudine 300mg,ZDV) – 60 tabs/bottle
- **Truvada®** (emtricitabine 200mg,FTC / tenofovir disoproxil 300mg,TDF) – 30 tabs/bottle
- **Videx EC®** (didanosine enteric coated pellets, ddI)– 125mg,250mg and 400mg caps, 30/bottle

- **Videx Pediatric Powder®**-special order as needed
- **Viread®** (tenofovir disoproxil, TDF) – 300mg tabs, 30/bottle
- **Zerit®** (stavudine, d4T) – 20mg caps; 30mg caps; 40mg caps, 60/bottle
- **Ziagen®** (abacavir, ABC) – 300mg tabs, 60/bottle; 20mg/mL oral solution (240mL)

Non-nucleoside Reverse Transcriptase Inhibitors (NNRTIs)

- **Edurant®** (rilpivirine,RPV) – 25 mg tabs, 30/bottle
- **Intelence®** (etravirine, ETV)- 200 mg tabs, 60/bottle
- **Sustiva®** (efavirenz, EFV) – 50mg caps, 30/bottle; 200mg caps, 90/bottle; 600mg tabs, 30/bottle
- **Viramune®** (nevirapine immediate release, NVP) – 200mg tabs, 60/bottle; 50mg/5mL suspension (240mL)
- **Viramune XR®** (nevirapine extended release, NVP)- 400 mg tabs, 30/bottle

Protease Inhibitors

- **Aptivus®** (tipranavir, TPV) – 250mg caps, 120/bottle
- **Crixivan®** (indinavir, IDV) –400mg caps, 180/bottle
- **Invirase®** (saquinavir, SQV) –500mg tabs, 120/bottle
- **Kaletra®** (lopinavir / ritonavir, LPV) –200mg/50mg tabs, 120/bottle; 100mg/25mg tabs, 60/bottle, 80mg-20mg/mL oral liquid (160mL);
- **Lexiva®** (fosamprenavir, FPV) – 700mg tabs, 60/bottle
- **Norvir®** (ritonavir, RTV) – 100mg tabs, 30/bottle; 80mg/mL oral solution (240mL)
- **Prezista®** (darunavir,DRV) –400mg tabs, 60/bottle; 600 mg tabs, 60/bottle
- **Reyataz®** (atazanavir, ATV) -200mg caps, 60/bottle; 300mg caps, 30/bottle
- **Viracept®** (nelfinavir, NfV) -625mg tabs, 120/bottle; 50mg/gm Pediatric powder (144 gm)

Fusion Inhibitor

- **Fuzeon®** (enfuvirtide, T-20) – 90mg subcutaneous injection kits (1 month supply). Documentation of treatment failure required.

CCR5 Inhibitor

- **Selzentry®** (maraviroc,MVC) – 150mg tabs, 60/bottle and 300mg tabs, 60/bottle. Requires Trofile test results indicating effectiveness.

Integrase Inhibitor

- **Isentress®** (raltegravir,RAL) – 400mg tabs, 60/bottle
- **Tivicay®** (dolutegravir,DTG) – 50mg tabs, 30/bottle
- **Vitekta®** (elvitegravir,EVG) – 85mg tabs, 30/bottle; 150mg tabs, 30/bottle

Cytochrome P4503A (CYP3A) Inhibitor

- **Tybost®** (cobicistat,COBI) – 150mg tabs, 30/bottle

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General Formulary

- **Bactrim SS (Sulfatrim, TMP/SMX, trimethoprim / sulfamethoxazole)** – 80mg/400mg tablets, 100/bottle; 40mg-200mg/5mL oral suspension
- **Biaxin® (clarithromycin)** – 500mg tablets, 60/bottle.
- **Celexa® (citalopram)** – 20mg tablets, 100/bottle; 40mg tablets, 100/bottle
- **Cleocin® (clindamycin)** – 150mg capsules, 100/bottle
- **Copegus® (ribavirin)**- 200 mg capsules, 84/bottle
- **Dapsone** –100mg tablets, 30 tablets/box
- **Daraprim® (pyrimethamine)** – 25mg tablets, 100/bottle.
- **Diflucan® (fluconazole)** – 100mg tablets, 30/bottle; 200mg tablets, 30/bottle
- **Elavil® (amitriptyline HCl)** – 25mg tablets and 50mg tablets, 1000/bottle.
- **Leucovorin** – 5mg tablets, 100/bottle
- **Isoniazid**- 300 mg, 30/bottle
- **Lipitor® (atorvastatin)** – 10mg, 20mg and 40mg tablets, 90/bottle
- **Myambutol® (ethambutol)** – 400mg tablets, 100/bottle.
- **Mycobutin® (rifabutin)** – 150 mg capsules, 100/bottle.
- **NebuPent (pentamidine)** – 300mg aerosol/vial
- **Neurontin® (gabapentin)** – 100mg capsules, 100/bottle, 300mg capsules, 100/bottle; 400mg, 100/bottle, 600mg and 800mg tablets, 100/bottle.

- **Niaspan® (niacin extended release)** – 500mg tablets, 90/bottle 1000mg tablets, 90/bottle.
- **Oxandrin® (oxandrolone)** -- 2.5mg tablets, 60/bottle; 10mg tablets, 100/bottle.
- **Pegasys® (peg interferon alfa 2a)** – 180mcg/mL sub-cutaneous injection, one month supply kit.
- **Peridex® (chlorhexidine gluconate)**- Recommended use is twice daily oral rinsing for 30 seconds, morning and evening after toothbrushing.
- **Pyrazinamide**- 500 mg tablets, 500/bottle
- **Rifampin**- 150 mg capsules, 60/bottle
- **Rifampin**- 300 mg capsules, 60/bottle
- **Sporanox® (itraconazole)** – 100mg capsules, 30/bottle; 10mg/mL oral solution.
- **Sulfadiazine** – 500mg tablets, 100/bottle.
- **Valcyte® (valgancyclovir)** – 450mg tablets, 60/bottle
- **Valtrex® (valacyclovir)** –1gm tablets, 30/bottle
- **Zithromax® (azithromycin)** – 250mg and 600mg tablets, 30/bottle;
- **Zoloft® (sertraline)** – 50mg and 100mg tablets, 30/bottle.
- **Zovirax® (acyclovir)** –400mg tablets, 100/bottle

ADAP Dentist Use Only

- **Amoxicillin** – 500mg capsules, 500/bottle
- **Metronidazole** – 500mg tablets, 500/bottle
- **Clindamycin** – 300mg capsules, 100/bottle

“Ryan White HIV/AIDS Funding is the Payer of Last Resort”

Home Based Program – (Contact Eva Thomas)

Financial Criterion

- The patient must have total household income less than 300% of the Federal Poverty Level

Medical Criteria

- Provision of IV therapy and aerosolized pentamidine for medically or chronically dependent HIV/AIDS patients in the home. Written physicians’ orders required.

Pharmacist Consultation – (Contact Artis Young, RPh, MHCM - 601/432-4861)

- Patient medication counseling services – available to enhance patient adherence to HIV medication regimen.

Updated 07/06/16