

**Montana ADAP Formulary
March, 2016**

Antiretrovirals

Nucleoside Analogs (NRTI)

Combivir (AZT + 3TC) (zidovudine/lamivudine)
Emtriva (FTC) (emtricitabine)
Epivir (3TC) (lamivudine)
Epzicom (Epivir/Ziagen)
Prezista (darunavir)
Retrovir (AZT, ZDV) (zidovudine)
Videx EC (ddl) (didanosine)
Trizivir (Combivir/Ziagen)
Truvada (Emtriva/Viread)
Viread (TDF) (tenofovir disoproxil fumarate)
Zerit (d4T) (stavudine)
Ziagen (ABC) (abacavir)

Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)

Edurant (rilpivirine)
Intelence (etravirine)
Rescriptor (DLV) (delavirdine)
Sustiva (EFV) (efavirenz)
Viramune (NVP) (nevirapine)

Combination

Atripla (Sustiva, Viread and Emtriva)
Complera (Truvada and Edurant)
Evotaz (atazanavir/cobicistat)
Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide)
Prezcobix (darunavir/cobicistat)
Stribild (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate)
Triumeq (DTG, ABC, and 3TC)
Genvoya (elvitegravir, cobicistat, emtricitabine and tenofovir alafenamide or E/C/F/TAF)

Protease Inhibitors (PI)

*Aptivus (TPV) (tipranavir)
Crixivan (IDV) (indinavir)
Invirase (SQV) (saquinavir)
Kaletra (LPV/r) (lopinavir/ritonavir)
Lexiva (FPV) (fosamprenavir)
Norvir (RTV) (ritonavir)
Reyataz (ATV) (atazanavir sulfate)
Viracept (NFV) (nelfinavir)

Fusion Inhibitors

*Fuzeon (enfuvirtide)

Entry Inhibitor

*Selzentry (maraviroc)

Integrase Inhibitor

Isentress (raltegravir)
Tivicay (DTG) (dolutegravir)

Vitekta (elvitegravir)

CYP3A Inhibitor

Tybost (cobicistat)

Opportunistic Infection Medications

Antivirals

Acyclovir
Aldera Cream
Foscavir (foscarnet)
Valcyte (Valgancyclovir)
Valtrex (valacyclovir)

Anti-Influenza

Amantadine
Tamiflu
Relenza (zanamivir)

Antibiotics

Amoxicillin
Bactrim (SMZ/TMP)
Biaxin (clarithromycin)
Ciprofloxacin
Cleocin (clindamycin)
Dapsone (diaminodiphenylsulfone or DDS)
Daraprim/Fansidar (pyrimethamine)
Doxycycline
INH (isoniazid) – if not covered by County Health
Mepron (atovaquone)
Myambutol (ethambutol HCl)
Mycobutin (rifabutin)
NebuPent/Pentam (pentamidine)
Rifampin – if not covered by County Health
Rifater (pyrazinamide)
Sulfadiazine
Zithromax (azithromycin)

Antifungals

Fungizone (Amphotercin B, standard formulation)
*Amphotercin B (lipid formulations)
*Cancidas (caspofungin)
Clotrimazole tablets
Fluconazole
Ketoconazole
Nystatin
Itraconazole
*Vfend (voriconazole)

***denotes drugs requiring prior approval**

**Montana ADAP Formulary
March, 2016**

Guidelines available

at <http://www.aidsinfo.nih.gov/guidelines/GuidelineDetail.aspx?MenuItem=Guidelines&Search=Off&GuidelineID=7&ClassID=1>

Other Medications

Lipid Lowering Agents

Crestor (rosuvastatin calcium)
Lipitor (atorvastatin)
Lopid (gemfibrozil)
Lovaza (omega-3-acid ethyl esters)
Pravachol (pravastatin)
Tricor (fenofibrate)
Trilipix (fenofibric acid)
Zetia (ezetimibe)
ZOCOR (simvastatin)

Antidepressants

Anafranil (clomipramine)
Celexa (citalopram)
Cymbalta (duloxetine HCl)
Desipramine (Norpramin)
Desyrel (trazodone)
Effexor/Effexor XR (venlafaxine)
Elavil (amitriptyline)
Lexapro (escitalopram oxalate)
Pamelor (nortriptyline)
Paxil/Paxil CR (paroxetine)
Prozac (fluoxetine)
Remeron (mirtazapine)
Sinequan (doxepin)
Tofranil (imipramine)
*Viibryd (vilazodone HCl)
Wellbutrin/Wellbutrin SR (bupropion)
Zoloft (sertraline)

Mood Stabilizers

Depakene (valproic acid)
Depakote (sodium divalproex)
Gabatril (tiagabine)
Lamictal (lamotrigine)
Tegretol/Tegretol XR (carbamazepine)
Topamax (topiramate)
Trileptal (oxcarbazepine)

Antianxiety Agents

Atarax/Vistaril (hydroxyzine)
BusPar (buspirone)
Prazosin (Minipress)

Antipsychotics

Abilify (aripiprazole)
Clozaril (clozapine)
Eskalith (lithium)
Geodon (ziprasidone)
Haldol (haloperidol)
Mellaril (thioridazine)
Navane (thiothixene)
Prolixin (fluphenazine)
Risperdal (risperidone)
Seroquel (quetiapine)
Stelazine (trifluoperazine)
Thorazine (chlorpromazine)
Trilafon (perphenazine)
Zyprexa (olanzapine)

Anti-diarrheal meds (Prescription strength)

Imodium (loperamide)
Lomotil (diphenoxylate and atropine)
Fulyzaq (crofelemer)

Neuropathic Pain Agents

Amitriptyline
Neurontin (gabapentin)
*Lyrica (pregabalin) if above therapies fail

Appetite Stimulants

Megace (megestrol acetate)
*Testosterone – various formulations

Blood Cell Modulators

*Epogen (erythropoietin alfa)
Leucovorin calcium (folinic acid)
Neupogen (filgrastim)

Antinausea meds

Zofran (Ondansetron)

Mouth Wash

Xyloxadryl (1 part viscous lidocaine, 1 part Maalox, and 1 part diphenhydramine (12.5 mg per 5 mL

***denotes drugs requiring prior approval**

ATTACHMENT A

Montana Drug Assistance Program (ADAP) Formulary February, 2016

#39 ART #34 OI #62 Others

***Montana ADAP covers only formulary medications dispensed
on an outpatient basis through a contracted ADAP pharmacy***

**Partnership Health Center Pharmacy
323 West Alder
Missoula, MT 59802
Fax: 406-258-4190
Phone: 406-258-4138 X 3; 258-4139**

**RiverStone Health Pharmacy
123 South 27th
Billings, MT 59101
Fax: 406-247-3355
Phone 406-247-3330**

**Additional pharmacy for prescription insurance co-pays
and Medicare Part D co-pays**

**Broadway Pharmacy
500 West Broadway
Missoula MT 59802
Fax: 406-327-1651
Phone: 1-866-327-1650**

The use of all formulary medications must be in accordance with FDA approval, and national standards of use. Medical criteria may change to reflect more current recommendations or accepted medical practices.

ATTACHMENT A

Montana Drug Assistance Program (ADAP) Formulary February, 2016

Prior Authorization Criteria

Aptivus Genotyping and resistance testing recommended. Consultation with formulary board member needed before approval. Call RiverStone pharmacist at (406) 247-3330 or Partnership Health Center pharmacist at (406) 258-4139.	Selzentry Not recommended as first line therapy. Patient must have CCR5 mono-tropic HIV <u>only</u> as confirmed by tropism assay
Amphotercin B (lipid formulation) Present compelling reason(s) for use of lipid over standard formulations	Stribild For treatment of naive patients only
Cancidas/Vfend Present compelling reason(s) for use or demonstrate alternate product failure	Testosterone Any product (patch, gel, etc.) is approved for appetite stimulation or wasting, and for low testosterone levels (with documented lab)
Epogen Present compelling reason(s) / laboratory data for use	Viibryd Documented failure of at least two less expensive antidepressants
Fuzeon Prior Authorization Algorithm is available from the AIDS Drug Assistance Program manager by calling (406) 444-4744 or by e-mailing jnielsen@mt.gov	Lyrca Less expensive therapies must be tried first