**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 (ddI) (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)

Pifeltro (doravirine)

Rescriptor ( DLV) (delavirdine)

Sustiva (EFV) (efavirenz)

Viramune (NVP) (nevirapine)

Combination

Atripla (Sustiva, Viread and Emtriva)

Biktarvy (bictegravir, emtricitabine & tenofovir alafenamide)

Complera (Truvada and Edurant)

Evotaz (atazanavir/cobicistat)

Delstrigo (pifeltro/epivir/viread)

Descovy (emtricitabine/ tenofovir alafenamide)

Dovato (dolutegravir/lamivudine)

Genvoya(elvitegravir, cobicistat, emtricitabine and tenofovir alafenamide or E/C/F/TAF)

Juluca (Tivicay and Endurant)

Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide)

Prezcobix (darunavir/cobicstat)

Stribild (elvitegravir/cobicistat/emtricita-bine/tenofovir disoproxil fumarate)

Symtuza (cobicistat/darunavir/emtricitabine/ tenofovir alafenamide)

Triumeq (DTG, ABC, and 3TC)

Trogarzo (ibalizumab-uiyk) Injection

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) (atazanivir sulfate)

Viracept (NFV) (nelfinavir)

Fusion Inhibitors

\*Fuzeon (enfuvirtide)

Entry Inhibitor **-** \*Selzentry (maraviroc)

Integrase Inhibitors

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

Augmentin

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)

**Other Medications**

Statins

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)

**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 HCI)

Wellbutrin/Wellbutrin SR (bupropion)

Zoloft (sertraline)

Anticonvulsants

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)

Mytesi (formerly known as crofelemer)

Neuropathic Pain Agents

Amitriptyline

Neurontin (gabapentin)

Cymbalta (duloxetine HCI)

\*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/ Zarxio/ Granix (filgrastim)

Antinausea meds

Zofran (Ondansetron)

Mouth Wash

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

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

**Hepatitis C Medications**

Prior Authorization Criteria

* Patient must present a medical diagnosis of HIV/HCV co-infection.
* Patient must provide proof of denial of treatment through Medicaid or other insurance provider.
* Patient must be at least 18 years old.

Mavyret\* (glecaprevir/pibrentasvir) APPROVED

Genotypes 1, 2, 3, 4, 5, or 6**:** without cirrhosis, 8 weeks

Genotypes 1, 2, 3, 4, 5, or 6**:** with compensated cirrhosis, 12 weeks

<http://www.rxabbvie.com/pdf/mavyret_pi.pdf>

**Vaccinations**

HIV-infected adults (aged 19 years and older) are recommended to be up to date with:

* **Routine vaccinations** per age recommendation:
  + Influenza (annually)
  + Tdap or Td
  + HPV (three doses through age 26 years)

Note: Live vaccines (i.e. MMR, varicella, and zoster if needed) are dependent on CD4 counts or may be contraindicated.

* **HIV recommended vaccines**
  + Hep B
  + PCV13
  + PPSV23
  + Men ACYW
* **Possible additional recommendations** based on additional risk factors or additional medical indications (e.g. MSM, IDU)
  + Hep A
  + Men B

**Montana ADAP Pharmacies**

* 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.
* Montana ADAP covers only formulary medications dispensed on an outpatient basis through a contracted ADAP pharmacy. The following two pharmacies are Ryan White Part C ADAP pharmacies and clinics:

Partnership Health Center Pharmacy

323 West Alder

Missoula, MT 59802

Fax: 406-258-4190

Phone: 406-258-4138 x 3 or 406-258-4139

RiverStone Health Pharmacy

123 South 27th

Billings, MT 59101

Fax: 406-247-3355

Phone: 406-247-3330