

# Montana AIDS Drug Assistance Program (ADAP) Formulary May 2011

\* Denotes restricted drug

## **Nucleoside Analogs (NRTI)**

Combivir (AZT + 3TC) (zidovudine/lamivudine)  
Emtriva (FTC) (emtricitabine)  
Epivir (3TC) (lamivudine)  
Epzicom (Epivir/Ziagen)  
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)**

Endurant (rilpivirine)  
\*Intelence (etravirine)  
Rescriptor ( DLV) (delavirdine)  
Sustiva (EFV) (efavirenz)  
Viramune (NVP) (nevirapine)

## **Combination NRTI and NNRTI**

Atripla (Sustiva, Viread and Emtriva)

## **Protease Inhibitors (PI)**

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

## **Fusion Inhibitors**

\*Fuzeon (enfuvirtide) **Access limited to one person at a time**

## **Entry Inhibitor**

\*Selzentry (maraviroc)

## **Integrase Inhibitor**

\*Isentress (raltegravir)

#29 ART #34 OI #66 Others 128 total

## Guidelines available at

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

## Opportunistic Infection Medications

### **Antivirals**

Acyclovir 800 (1/2 BID)  
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)  
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  
Nystatin  
Itraconazole  
\*Vfend (voriconazole)

### **Blood Cell Modulators**

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

## Other Medications

### Lipid Lowering Agents

Crestor (rosuvastatin calcium)  
Lipitor (atorvastatin)  
Lopid (gemfibrozil)  
Pravachol (pravastatin)  
Tricor (fenofibrate)  
Trilipix (fenofibric acid)  
Zetia (ezetimibe)

### Neuropathic Pain Agents

Amitriptyline  
\*Neurontin (gabapentin)

### Appetite Stimulants

Megace (megestrol acetate)  
\*Testosterone – various formulations

**\*denotes drugs requiring prior approval**

**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 27<sup>th</sup>  
Billings, MT 59101  
Fax: 406-247-3355  
Phone 406-247-3330**

**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 AIDS Drug Assistance Program Prior Authorization Criteria**

### Aptivus

Genotyping and resistance testing recommended. Consultation with formulary board member needed before approval. Call HIV-certified provider Kathy Hall at (406) 247-3380 or 247-3350 to have her paged. Or call pharmacist Gary Myers at (406) 247-3330.

### Amphotercin B (lipid formulation)

Present compelling reason(s) for use of lipid over standard formulations

### Cancidas/Vfend

Present compelling reason(s) for use or demonstrate alternate product failure

### Epogen

Present compelling reason(s)/laboratory data for use

### 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](mailto:jnielsen@mt.gov)

### Intelence (etravirine)

Not recommended for first line therapy

### Neurontin

Documented failure of tricyclic agent (amitriptyline or other) before  
Approved

### Selzentry

Not recommended as first line therapy. Patient must have CCR5 mono-tropic HIV only as confirmed by tropism assay

### Testosterone

Any product (patch, injection, gel, etc.) is approved for appetite stimulation or wasting only