

FORMULARY
Virginia AIDS Drug Assistance Program (ADAP)

At a Glance: VA ADAP Formulary
Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)
Multi-Class Combination Agents
Protease Inhibitors (PIs)
Fusion Inhibitor (FI)
Entry Inhibitor (CCR5 co-receptor antagonist)
Integrase Inhibitor
Opportunistic Infection (OI) Protection/Treatment
Adjuvant Therapy
Antianxiety Agents
Antidepressant Agents
Antipsychotic Agents
Antihyperglycemics
Bipolar Agents
Hepatitis C Treatment
Vaccines
Tropism Assay for CCR5 receptor

Medication Exception Criteria – Procedure

- ✓ Medications for treatment experienced patients require a medication exception form, and are noted within the formulary along with exception the criteria.
- ✓ ADAP medication exception form required is for the initial prescription, documenting authorized indications in the “Reason for Exception” section and related medication history to the requested medication.
 - Please note: The exception will be approved if a client has been taking a regimen that included this medication prior to ADAP enrollment, or accessing the medication through clinical trial or expanded access. This may be documented under “Reason for Exception.”
- ✓ To request a medication exception, please complete the following: (1) a medication exception form(s) and (2) written original prescription to HIV Care Services at 804-864-8050.

The VA ADAP Medication Exception Form can be found at:

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/ADAP/formulary.htm>

FORMULARY
Virginia AIDS Drug Assistance Program (ADAP)

Complete VA ADAP Formulary, please note:

- ✓ Brand names, listed parenthetically, are for reference only
- ✓ Medication Specific Criteria for NRTIs, NNRTIs, Multi-Class Agents, PIs and FI, except where otherwise indicated, are as follows: (1) CD4 count currently or previously below 500 or CD4 count over 500 with a detectable viral load and (2) prescription and documentation of CD4 count and viral load are required every 6 months.

Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)

- abacavir (Ziagen)
- abacavir + lamivudine + zidovudine (Trizivir)
- didanosine (Videx)
- emtricitabine (Emtriva)
- emtricitabine + tenofovir (Truvada)
- lamivudine (Epivir)
- lamivudine + abacavir (Epzicom)
- lamivudine + zidovudine (Combivir)
- stavudine (Zerit)
- tenofovir (Viread)
- zidovudine (Retrovir)

Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)

- delavirdine (Rescriptor)
- etravirine (Intelence) - **Requires an ADAP Medication Exception Form**
 - NRTI and first line NNRTI (delavirdine, efavirenz, or nevirapine) experienced or contraindicated, with either a detectable viral load or intolerance to current regimen.
 - Please see medications with Exception Criteria Procedures on page 1 of the formulary.
- efavirenz (Sustiva)
- nevirapine (Viramune)

FORMULARY
Virginia AIDS Drug Assistance Program (ADAP)

Multi-Class Combination Agents

- efavirenz + emtricitabine + tenofovir (Atripla)

Protease Inhibitors (PIs)

- atazanavir (Reyataz)
- darunavir (Prezista)
- fosamprenavir (Lexiva)
- indinavir (Crixivan)
- lopinavir + ritonavir (Kaletra)
- nelfinavir (Viracept)
- ritonavir (Norvir)
 - Abbott Laboratories, manufacturer of Norvir, is currently making this medication available to clients who are on 400 mg per day or higher without charge to client or ADAP through their Patient Assistance Program. Clients or medical providers can contact the program directly at 1-800-222-6885. The website address is www.abbott.com.
- saquinavir (Invirase)
- tipranavir (Aptivus) - **Requires an ADAP Medication Exception Form**
 - NRTI and NNRTI experienced or contraindicated, with either a detectable viral load or intolerance to current regimen, and prior experience with 1 or more PIs.
 - Please see medications with Exception Criteria Procedures on page 1 of the formulary.

Entry Inhibitor (CCR5 co-receptor antagonist)

- maraviroc (**Selzentry**) - **Requires an ADAP Medication Exception Form**
 - NRTI and NNRTI experienced or contraindicated and prior experience with 1 or more PIs with a positive blood test for the CCR5 co-receptor test within 3 months.
 - Please see medications with Exception Criteria Procedures on page 1 of the formulary.

FORMULARY
Virginia AIDS Drug Assistance Program (ADAP)

Tropism Assay for CCR5 Receptor

- Trofile Assay - ***Requires an ADAP Medication Exception Form***
 - Nucleoside Reverse Transcriptase Inhibitor (NRTI) and Non-nucleoside Reverse Transcriptase Inhibitor (NNRTI) experienced or contraindicated with a viral load greater than 1,000 copies/ml and prior experience with one or more Protease Inhibitors (PIs).
 - For information about this program, please visit the ADAP Trofile website:
<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/ADAP/support.htm>.

Integrase Inhibitor

- raltegravir (Isentress) - ***Requires an ADAP Medication Exception Form***
 - NRTI and NNRTI experienced or contraindicated, with either a detectable viral load or intolerance to current regimen, **OR** prior experience with 1 or more PIs.
 - Please see medications with Exception Criteria Procedures on page 1 of the formulary.

Fusion Inhibitors

- enfuvirtide (Fuzeon) - ***Requires an ADAP Medication Exception Form***
 - NRTI and NNRTI experienced or contraindicated, with either a detectable viral load or intolerance to current regimen, and prior experience with 1 or more PIs.
 - Please see medications with Exception Criteria Procedures on page 1 of the formulary.

Opportunistic Infection (OI) Protection/Treatment

- acyclovir (Zovirax) – Oral
- aerosolized pentamidine (AP) - Have or had active thrush or have a CD4 count of 250 or less.
- amikacin (Amikin)
- atovaquone (Mepron) - Have or had active thrush or have a CD4 count of 250 or less.
- azithromycin (Zithromax) - Have or had CD4 count of 100 or less.
- cidofovir (Vistide)
- capreomycin (Capastat)
- clarithromycin (Biaxin)

FORMULARY
Virginia AIDS Drug Assistance Program (ADAP)

Continued - Opportunistic Infection (OI) Protection/Treatment

- clindamycin (Cleocin) oral
- cycloserine (Seromycin)
- dapsone - Have or had active thrush or have a CD4 count of 250 or less.
- ethambutol (Myambutol)
- ethionamide (Trecator)
- famciclovir (Famvir) For Herpes Zoster only.
- foscarnet (Foscavir)
- fluconazole (Diflucan)
- ganciclovir (Cytovene) I.V.
- isoniazid (INH)
- itraconazole (Sporanox)
- levofloxacin (Levaquin)
- para-aminosalicylic acid (Paser)
- prednisone (Deltasone) - ***Requires an ADAP Medication Exception Form***
 - Only authorized for the treatment of toxoplasmosis, Pneumocystis jiroveci (P. carinii) pneumonia, and aphthous ulcers.
 - Please see medications with Exception Criteria Procedures on page 1 of the formulary.
- primaquine
- pyrazinamide (Tebrazid)
- pyridoxine (Vitamin B6)
- pyrimethamine (Daraprim)
- rifabutin (Mycobutin)
 - Have or had a CD4 count of 100 or less. For treatment of MAI, only for those clients currently on it and those unable to tolerate Zithromax.
- rifampin (Rifadin, Rimactane)
- sulfadiazine (Microsulfon)
- trimethoprim - Have or had active thrush or have a CD4 count 250 or less.

FORMULARY
Virginia AIDS Drug Assistance Program (ADAP)

Continued - Opportunistic Infection (OI) Protection/Treatment

- Trimethoprim-sulfamethoxazole (TMP-SMX, Bactrim/Septra) - *Have or had active thrush or have a CD4 count of 250 or less.*
- Valganciclovir HCL (Valcyte)
- voriconazole (VFEND) - ***Requires an ADAP Medication Exception Form***
 - Only authorized for fluconazole resistant candidiasis, treatment failure of candidiasis after utilizing itraconazole, and for the treatment of invasive aspergillus.
 - Please see medications with Exception Criteria Procedures on page 1 of the formulary.

Adjuvant Therapy

- epoetin alfa (Procrit)
- gabapentin (Neurontin)
- leucovorin (Wellcovorin)
- megestrol (Megace)

Antianxiety

- buspirone (BuSpar)
- hydroxyzine (Atarax)

Antidepressants

- amitriptyline (Elavil)
- bupropion (Wellbutrin)
- citalopram (Celexa)
- doxepin (Sinequan)
- duloxetine (Cymbalta)
- escitalopram (Lexapro)
- fluoxetine (Prozac)
- mirtazapine (Remeron)
- nortriptyline (Pamelor)

FORMULARY
Virginia AIDS Drug Assistance Program (ADAP)

Continued - Antidepressants

- paroxetine (Paxil)
- sertraline (Zoloft)
- trazodone (Desyrel)
- venlafaxine (Effexor)

Antipsychotic Agents:

- chlorpromazine (Thorazine)
- haloperidol (Haldol)
- olanzapine (Zyprexa)
- risperidone (Risperdal)
- ziprasidone (Geodon)

Antihyperglycemics

- glipizide
- glipizide/metformin
- glyburide
- glyburide/metformin
- insulin (injectable only)
- metformin

Antilipidemics

- atorvastatin (Lipitor)
- pravastatin (Pravachol)
- rosuvastatin (Crestor)

Bipolar Agents

- lithium (Eskalith)
- valproic acid / divalproex sodium (Depakote)

FORMULARY
Virginia AIDS Drug Assistance Program (ADAP)

Hepatitis C Treatment - *Monthly prescriptions needed*

- peginterferon-alfa 2a (Pegasys)
- peginterferon-alfa 2b (Peg-Intron)
- ribavirin (Copegus, Rebetol)

Vaccines

- Hepatitis A
- Hepatitis A/B
- Hepatitis B
- Influenza
- Pneumovax

Questions or Comments?
Contact the [Virginia HIV/STD/Viral Hepatitis Hotline](#).