STATE OF ARKANSAS

RYAN WHITE PART B ADAP FORMULARY

HIV Services Program: 1-501-661-2862 AR ADAP Pharmacy: 1-877-288-8506

ANTIRETROVIRAL DRUGS

Nucleoside RTIs
Combivir
Emtriva
Epivir
Epzicom
Retrovir
Trizivir
Videx EC
Zerit
Ziagen

Protease Inhibitors
Aptivus
Crixivan
Invirase
Kaletra
Lexiva
Norvir
Prezista
Reyataz
Viracept

CCR5 Antagonist
*Selzentry**

Fusion Inhibitor
*Fuzeon**

Integrase Inhibitor
Isentress
Tivicay

Multi-Class Antiretroviral Inhibitors
Atripla
Stribild
Truvada
Complera

Nucleotide Analog RTIs
Viread

Non-Nucleoside RTIs
Edurant
Intelence
Sustiva
Viramune

OPPORTUNISTIC INFECTION DRUGS

Acyclovir
Azithromycin
Clarithromycin
Dapsone
Daraprim
Doxycycline
Ethambutol
Fluconazole
Itraconazole
Leucovorin
Mepron
Mycelex Troche
Mycobutin
*Noxafil**
Nystatin Suspension
SMZ/TMP DS
Sulfadiazine
Valcyte
Valtrex
*Vfend**

OTHER DRUGS

Amitriptyline
Amlodipine
Amlodipine/Benazepril
Atenolol
Bisoprolol/HCTZ
Bupropion
Bupropion SR
Bupropion XL
Citalopram
*Crestor**
Diltiazem (any generic)
Effexor
Famotidine
Fluoxetine
Furosemide
Gabapentin
Gemfibrozil
Glipizide
Glyburide
Glyburide/Metformin
HCTZ
Imitrex^
Lisinopril
Lisinopril/HCTZ
Loperamide^
Megace ES
Megestrol
Metformin
Metoprolol XL
Micardis
Micardis HCT
Mirtazapine
*Nexium**
Nifedipine XL
Omeprazole
Ondansetron^
Pantoprazole
Paroxetine
Potassium Chloride
Pravastatin
Prednisone
*Prevacid**
Promethazine^
Propranolol
Ramipril
Ranitidine
Sertraline
Spironolactone
Terazosin
Trazodone
Triamterene/HCTZ
*Tricor**
Verapamil (any generic)
*Zetia**

* or ^ See ADAP Formulary Guidelines

Revised 09/06/2013

ADAP Formulary Guidelines
For the Following

DRUGS	REQUIREMENTS
Antiretroviral Drugs	
Fuzeon	Prior Authorization; MD regimen review; With 2 active backbone medications; 2 slots available
Selzentry	Prior Authorization; MD regimen review; Tropism Test required
Opportunistic Infection Drugs	
Noxafil	Prior Authorization; Must have failed therapy with other antifungal medication; Documented expected timeframe
Vfend	Prior Authorization; Must have failed therapy with other antifungal medication; Documented expected timeframe

Other Drugs	
Crestor	Prior Authorization; Failed pravastatin treatment
Tricor	Prior Authorization; Failed gemfibrozil treatment
Zetia	Prior Authorization; Added to regimen if NCEP goals are not met
Nexium	Prior Authorization; Failed other treatment
Prevacid	Prior Authorization; Failed other treatment

^Other Drugs	
Imitrex	Quantity limit 3 fills/year; Prior Authorization required for >3 fills/year
Loperamide	Quantity limit 3 fills/year; Prior Authorization required for >3 fills/year
Ondansetron	Quantity limit 3 fills/year; Prior Authorization required for >3 fills/year
Promethazine	Quantity limit 3 fills/year; Prior Authorization required for >3 fills/year