

## **ALABAMA ADAP FORMULARY**

Revised 11/2008

Anti-HIV (also called antiretroviral) medications are used to control the reproduction of the HIV virus and to slow the progression of HIV related disease. **Highly Active Antiretroviral Therapy (HAART)** is the recommended treatment for HIV infection. HAART combines three or more anti-HIV medications in a daily regimen. Anti-HIV medications do not cure HIV infection and individuals taking these medications can still transmit HIV to others. Anti-HIV medications approved by the U.S. Food and Drug Administration (FDA) fall into five classes of FDA approved drugs which are currently offered on Alabama's ADAP Formulary.

### ***ADAP Program Guidance Outline***

***Generic formulations will be dispensed*** unless the physician specifically requests the Brand formulation when completing the ADAP medication order form.

***A 30-day supply of each medication will be shipped monthly*** by the ADAP Central Pharmacy (NaphCare) to the ordering Clinic or Health Care Provider for the Client or designee to pick up.

***Pre-approval must be obtained from the ADAP Coordinator for a client's medication to be shipped to an alternate site.*** Permission to ship medications to a Client's home will be limited to Clients whose Physicians request home delivery due to a Client's poor medical condition limiting travel to the clinic for medication pick up.

***Failure to pick up ADAP HIV medications three (3) consecutive months is considered poor adherence to medication treatment standards;*** therefore, the Client will be considered ***no longer eligible for active ADAP enrollment.***

***To be enrolled in good standing an ADAP client must also be re-evaluated (re-certified) for enrollment eligibility twice a year.***

1. **Medical Eligibility Criteria** Western Blot + test results
2. **Financial Criteria** Current Total Gross (before taxes) Income to include legal Spouse's Gross Income (if applicable) not to exceed 250% of the current year's federal poverty guidelines (FPL).
3. **Alabama Resident** PO Box is not accepted
4. **No third party payer**, (i.e. Medicaid, Medicare Part D, All Kids, Private Insurance paying >50% cost of medications).

To Access ADAP enrollment or re-certification instructions and complete program guidelines go to [www.adph.state.al.us/aids](http://www.adph.state.al.us/aids) or call ADAP at 334-206-5364.

**GROUP 1****NNRTI/NRTI Fixed Dose Combination Drugs (1)****“Multi-Class Combination Drugs”**

Fixed dose combination tablets contain 2 or more anti-HIV medications that can be from 1 or more drug classes.

| Brand Name | generic name                             | Abbreviation           |
|------------|--|------------------------|
| Atripla    | efavirenz + emtricitabine + tenofovir DF | EFV + FTC + TDF or ATR |

**GROUP 2****CCR-5 Co-Receptor Inhibitor (1)**

An entry Inhibitor blocks HIV entry into cells; therefore, the virus cannot enter the cell to begin viral replication.

| Brand Name | generic name            | Abbreviation |
|------------|-------------------------|--------------|
| Selzentry  | maraviroc <b>**PA**</b> | MVC          |

**\*\*PA\*\* Tropism Assay testing required. ADAP pre-approval must be obtained prior to testing for ADAP to assume the cost of the ADAP client's assay test. Call ADAP at 334-206-5364 or go to [www.adph.state.al.us/aids](http://www.adph.state.al.us/aids) for Tropism Assay pre-approval instructions and forms.**

**GROUP 3****Fusion Inhibitors (1)**

Fusion inhibitors work by blocking HIV entry into cells. Fusion inhibitors are to be used in treatment experienced patients.

| Brand Name | generic name              | Abbreviation |
|------------|---------------------------|--------------|
| Fuzeon     | enfuvirtide <b>**PA**</b> | T-20         |

**\*\*PA\*\* This medication requires pre-approval prior to a prescription being processed by the ADAP central pharmacy. Go to [www.adph.state.al.us/aids](http://www.adph.state.al.us/aids) for pre-approval instructions and forms or call ADAP at 334-206-5364.**





**GROUP 8****“A1” OI Treatments (29)**

*This class is used to treat opportunistic infections (OIs) commonly associated with HIV Disease.*

| <i>Brand Name</i>     | <i>generic name</i>              |
|-----------------------|----------------------------------|
| Ancobon               | flucytosine                      |
| Bactrim DS            | sulfamethoxazole/trimethoprim DS |
| Biaxin                | clarithromycin                   |
| Cleocin               | clindamycin                      |
| Dapsone               | -----                            |
| Daraprim              | pyrimethamine                    |
| Deltasone             | prednisone                       |
| Diflucan              | fluconazole                      |
| Famvir                | famciclovir                      |
| Foscavir              | foscarnet                        |
| Fungizone             | amphotericin B                   |
| INH                   | isoniazid                        |
| Megace                | megestrol                        |
| Mepron                | atovaquone                       |
| Myambutol             | ethambutol                       |
| Mycobutin             | rifabutin                        |
| NebuPent              | pentamidine                      |
| Probenecid            | -----                            |
| Procrit <b>**PA**</b> | epoetin alfa <b>**PA**</b>       |
| Pyrazinamide (PZA)    | -----                            |
| Sporonox              | itraconazole                     |
| Sulfadiazine - Oral   | -----                            |
| Valcyte               | valganciclovir                   |
| Valtrex               | valacyclovir                     |
| VFEND                 | voriconazole                     |
| Vistide               | cidofovir                        |
| Wellcovorin           | leucovorin                       |
| Zithromax             | azithromycin                     |
| Zovirax               | acyclovir                        |

**\*\*PA\*\* This medication requires pre-approval prior to prescription being processed by the ADAP central pharmacy. For Pre-approval instructions and forms go to [www.adph.state.al.us/aids](http://www.adph.state.al.us/aids) or call ADAP at 334-206-5364.**

**GROUP 9\*\* “Other Medications” (45)****Added 09/08**

**NOTE: \*\*Medications in this group may be removed from the formulary at any time to ensure that Alabama’s ADAP continues to maintain adequate funding to provide Anti-HIV medications for enrollees; or in the event that there is a need to reinstate the ADAP waiting list.**

**Anti-depressant agents**

| <i>Brand Name</i> | <i>generic name</i> |
|-------------------|---------------------|
| Lexapro           | escitalopram        |
| Pamelor           | nortriptyline       |
| Paxil             | paroxetine          |
| Wellbutrin        | bupropion           |
| Zoloft            | sertraline          |

**Anti-fungal agents**

| <i>Brand Name</i>     | <i>generic name</i>    |
|-----------------------|------------------------|
| Nizoral Shampoo       | ketconazole 2% shampoo |
| Nizoral Tablets       | ketconazole tablets    |
| Nizoral Topical Cream | ketconazole 2% cream   |

**Anti-hyperglycemic agents**

| <i>Brand Name</i> | <i>generic name</i>     |
|-------------------|-------------------------|
| Diabeta           | glyburide               |
| Glucophage        | metformin hydrochloride |
| Glucovance        | glyburide metformin     |

**Anti-hypertensive agents**

| <i>Brand Name</i> | <i>generic name</i> |
|-------------------|---------------------|
| Lotensin          | benazepril          |
| Norvasc           | amlodipine          |

**Anti-lipodemic agents**

| <i>Brand Name</i> | <i>generic name</i>          |
|-------------------|------------------------------|
| Crestor           | rosuvastatin                 |
| Lipitor           | atorvastatin                 |
| Pravachol         | pravastatin                  |
| Tricor            | fenofibrate nanocrystallized |

**Anti-microbial agents**

| <i>Brand Name</i> | <i>generic name</i> |
|-------------------|---------------------|
| Amoxil            | amoxicillin         |
| Avelox B          | moxifloxacin        |
| Dynacin           | minocycline         |
| Keflex            | cephalexin          |
| V-cillin-K        | penicillin VK       |

**Anti-seizure agents***Brand Name**generic name*

|               |               |
|---------------|---------------|
| Keppra - Oral | levetiracetam |
|---------------|---------------|

**Anti-psychotic agents***Brand Name**generic name*

|             |                  |
|-------------|------------------|
| Eskalith ER | lithium ER-oral  |
| Geodon      | ziprasidone-oral |
| Lamictal    | lamotrigine-oral |
| Risperdal   | risperidone-oral |

**Breathing treatments (Inhalers)***Brand Name**generic name*

|           |   |
|-----------|---|
| Combivent | ipratropium + albuterol                               |
| Proventil | albuterol (salbutamol)** (Available November 1, 2008) |

**Hepatitis B treatments***Brand Name**generic name*

|           |            |
|-----------|------------|
| Baraclude | entecavir  |
| Hepsera   | adedefovir |

**Hepatitis C treatments***Brand Name**generic name*

|                   |                               |
|-------------------|-------------------------------|
| Intron-A          | interferon alfa-2b            |
| Pegasys           | peg-interferon alfa-2a        |
| Peg-Intron **PA** | peg-interferon alfa-2b **PA** |
| Rebetol **PA**    | ribavirin **PA**              |
| Rebetron          | ribavirin/interferon alfa-2b  |
| Roferon-A         | interferon alfa-2a            |

**\*\*PA\*\* This medication is provided through Schering-Plough Pharmaceuticals and requires prior approval by ADAP before ordering. For pre-approval instructions and a Schering-Plough client ID number call ADAP at 334-206-5364.**

**Nausea treatment***Brand Name**generic name*

|                  |                         |
|------------------|-------------------------|
| <b>Phenergan</b> | <b>promethazine HCL</b> |
|------------------|-------------------------|

**Neuropathy treatment***Brand Name**generic name*

|                 |                      |
|-----------------|----------------------|
| <b>Tegretol</b> | <b>carbamazepine</b> |
|-----------------|----------------------|

**Vaccines***Brand Name**generic name*

|                         |  |
|-------------------------|--|
| <b>Gardasil- IM</b>     | -----  |
| <b>Havrix- IM</b>       | <b>hepatitis A virus vaccine-injection</b>       |
| <b>Pneumovax 23- IM</b> | <b>pneumococcal vaccine- injection</b>           |
| <b>Recombivax HB-IM</b> | <b>hepatitis B virus vaccine- injection</b>      |
| <b>Twinrix- IM</b>      | <b>hepatitis A and B virus vaccine-injection</b> |