

# GEORGIA AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY



BRAND NAME	GENERIC NAME
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NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI's)	
<b>Combivir</b>	Lamivudine/Zidovudine
<b>Descovy</b>	Emtricitabine/Tenofovir alafenamide (TAF)
<b>Emtriva</b>	Emtricitabine (FTC)
<b>Epivir</b>	Lamivudine (3TC)
<b>Epzicom</b>	Abacavir/Lamivudine
<b>Retrovir</b>	Zidovudine (AZT)
<b>Trizivir</b>	Abacavir/Lamivudine/Zidovudine
<b>Truvada</b>	Tenofovir/Emtricitabine
<b>Viread</b>	Tenofovir (TDF)
<b>Ziagen</b>	Abacavir (ABC)
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI's)	
<b>Intelence</b>	Etravirine (TMC)
<b>Edurant</b>	Rilpivirine (RPV)
<b>Pifeltro</b>	Doravirine (DOR)
<b>Sustiva</b>	Efavirenz (EFV)
<b>Viramune, Viramune XR</b>	Nevirapine (NVP)
PROTEASE & CYP3A INHIBITORS	
<b>Aptivus</b>	Tipranavir (TPV)
<b>Evotaz</b>	Atazanavir/Cobicistat
<b>Invirase</b>	Saquinavir (SQV)
<b>Kaletra</b>	Lopinavir/Ritonavir
<b>Lexiva</b>	Fosamprenavir (FPV)
<b>Norvir</b>	Ritonavir (RTV)
<b>Prezista</b>	Darunavir (DRV)
<b>Prezcobix</b>	Darunavir/Cobicistat
<b>Reyataz</b>	Atazanavir (ATV)
<b>Viracept</b>	Nelfinavir (NFV)
FUSION INHIBITOR	
<b>Fuzeon*</b>	Enfuvirtide (ENV)
ATTACHMENT INHIBITOR	
<b>Rukobia+,*</b>	Fostemsavir (FTR)
CD4 POST-ATTACHMENT INHIBITOR	
<b>Trogarzo +,*</b>	Ibalizumab-uiyk (IBA)
INTEGRASE INHIBITOR (INSTI)	
<b>Isentress, Isentress HD</b>	Raltegravir (RAL)
<b>Tivicay</b>	Dolutegravir (DTG)
CCR5 ENTRY INHIBITOR	
<b>Selzentry*,**</b>	Maraviroc (MVC)
SINGLE TABLET REGIMENS (STR's)	
<b>Atripla</b>	Efavirenz/ Emtricitabine/ Tenofovir
<b>Biktarvy</b>	Bictegravir/Emtricitabine/TAF
<b>Complera</b>	Emtricitabine/Rilpivirine/Tenofovir
<b>Delstrigo</b>	Doravirine/Lamivudine/Tenofovir

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BRAND NAME	GENERIC NAME
<b>Dovato</b>	Dolutegravir/Lamivudine
<b>Genvoya</b>	Elvitegravir/Cobicistat/Emtricitabine/ <b>TAF</b>
<b>Juluca</b>	Dolutegravir/Rilpivirine
<b>Odefsey</b>	Emtricitabine/Rilpivirine/ <b>TAF</b>
<b>Stribild</b>	Elvitegravir/Cobicistat/Emtricitabine/Tenofovir
<b>Triumeq</b>	Dolutegravir/Abacavir/Lamivudine
<b>ANTIVIRALS</b>	
<b>Famvir</b>	Famciclovir
<b>Valcyte</b>	Valganciclovir
<b>Valtrex</b>	Valacyclovir
<b>Zovirax</b>	Acyclovir
<b>TUBERCULOSIS &amp; MAC PROPHYLAXIS</b>	
<b>Biaxin</b>	Clarithromycin
<b>Isoniazid</b>	INH
<b>Myambutol</b>	Ethambutol
<b>Mycobutin</b>	Rifabutin
<b>Pyrazinamide</b>	PZA
<b>Rifadin</b>	Rifampin
<b>Zithromax</b>	Azithromycin
<b>ANTIFUNGALS</b>	
<b>Diflucan</b>	Fluconazole
<b>Mycelex</b>	Clotrimazole
<b>Mycostatin/Nilstat</b>	Nystatin
<b>Nizoral</b>	Ketoconazole
<b>Sporanox</b>	Itraconazole
<b>PCP PROPHYLAXIS/TREATMENT</b>	
<b>Bactrim/Septra</b>	TMP/SMX SS & DS
<b>Cleocin</b>	Clindamycin
	Dapsone
<b>Mepron</b>	Atovaquone
	Primaquine
	Trimethoprim
<b>TOXOPLASMOSIS</b>	
<b>Daraprim++</b>	Pyrimethamine
<b>Leucovorin</b>	Folinic Acid
	Sulfadiazine
<b>ANTI-CONVULSANT/ NEUROPATHIES</b>	
<b>Neurontin</b>	Gabapentin
<b>ANTI-INFLAMMATORY/ STEROID</b>	
	Prednisone
<b>ANTI-EMETIC/ ANTIDIARRHEAL</b>	
<b>Compazine</b>	Prochlorperazine
	Loperamide
<b>HEMATOLOGIC AGENTS</b>	

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BRAND NAME	GENERIC NAME
<b>Epogen, Procrit</b>	Epoetin alpha
FORMULARY COMMENTS	
<i>*Prior Approval Application is required prior to dispensing.</i>	
<i>**Trophile® test is required indicating sensitivity to the drug.</i>	<i>+, * Rukobia™ and Trogarzo™ have been approved for addition to the ADAP formulary, but due to funding, <b>WILL NOT</b> be available for dispensing until further notice. Official communication will be sent to all collaborative partners when dispensing is available.</i>
<i>++ Pyrimethamine is not available for replenishment from Georgia ADAP. Please utilize <a href="https://daraprimdirect.com/">https://daraprimdirect.com/</a> for medication assistance for <b>ADAP uninsured clients</b>.</i>	

**NOTE: Georgia ADAP Hepatitis C Program is currently on HOLD until future funding is available. Please utilize Patient Assistance Programs (PAP's) for Hepatitis C medications.**

HEPATITIS C MEDICATIONS	
BRAND NAME	GENERIC NAME
<b>Epclusa</b>	Sofosbuvir/Velpatasvir
<b>Harvoni</b>	Ledipasvir/Sofosbuvir
<b>Mavyret</b>	Glecaprevir/Pibrentasvir
<b>Sovaldi</b>	Sofosbuvir
<b>Zepatier</b>	Elbasvir/Grazoprevir
	Ribavirin

*Note: Prior Approval Application is required prior to dispensing Hepatitis C medications.*