



# GEORGIA AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY

| BRAND NAME                                                       | GENERIC NAME                              |
|------------------------------------------------------------------|-------------------------------------------|
| <b>HIV ANTIRETROVIRALS (ARV'S)</b>                               |                                           |
| <b>NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI's)</b>      |                                           |
| <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)                            |
| <b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI's)</b> |                                           |
| <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)                          |
| <b>PROTEASE &amp; CYP3A INHIBITORS</b>                           |                                           |
|                                                                  | Atazanavir (ATV)- generic only            |
|                                                                  | Fosamprenavir (FPV)- generic only         |
| <b>Evotaz</b>                                                    | Atazanavir/Cobicistat                     |
| <b>Kaletra</b>                                                   | Lopinavir/Ritonavir                       |
| <b>Norvir</b>                                                    | Ritonavir (RTV)                           |
| <b>Prezista</b>                                                  | Darunavir (DRV)                           |
| <b>Prezcobix</b>                                                 | Darunavir/Cobicistat                      |
| <b>ATTACHMENT INHIBITOR</b>                                      |                                           |
| <b>Rukobia**</b>                                                 | Fostemsavir (FTR)                         |
| <b>INTEGRASE INHIBITOR (INSTI)</b>                               |                                           |
| <b>Isentress, Isentress HD</b>                                   | Raltegravir (RAL)                         |
| <b>Tivicay</b>                                                   | Dolutegravir (DTG)                        |
| <b>CCR5 ENTRY INHIBITOR</b>                                      |                                           |
| <b>Selzentry**,***</b>                                           | Maraviroc (MVC)                           |

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| <b>SINGLE TABLET REGIMENS (STR's)</b>                                  |                                                   |
|                                                                        | Efavirenz/ Emtricitabine/ Tenofovir- generic only |
| <b>Biktarvy</b>                                                        | Bictegravir/Emtricitabine/TAF                     |
| <b>Complera</b>                                                        | Emtricitabine/Rilpivirine/Tenofovir               |
| <b>Delstrigo</b>                                                       | Doravirine/Lamivudine/Tenofovir                   |
| <b>Dovato</b>                                                          | Dolutegravir/Lamivudine                           |
| <b>Genvoya</b>                                                         | Elvitegravir/Cobicistat/Emtricitabine/TAF         |
| <b>Juluca</b>                                                          | Dolutegravir/Rilpivirine                          |
| <b>Odefsey</b>                                                         | Emtricitabine/Rilpivirine/TAF                     |
| <b>Stribild</b>                                                        | Elvitegravir/Cobicistat/Emtricitabine/Tenofovir   |
| <b>Symtuza**</b>                                                       | Darunavir/cobicistat/ emtricitabine/TAF           |
| <b>Triumeq</b>                                                         | Dolutegravir/Abacavir/Lamivudine                  |
| <b>LONG-ACTING INJECTABLE ARV's</b>                                    |                                                   |
| <b>CD4 POST-ATTACHMENT INHIBITOR</b>                                   |                                                   |
| <b>Trogarzo**, +</b>                                                   | Ibalizumab-uiyk (IBA)                             |
| <b>INTEGRASE STRAND TRANSFER INHIBITOR (INSTI)/(NNRTI)</b>             |                                                   |
| <b>Cabenuva**+</b>                                                     | Cabotegravir/Rilpivirine                          |
| <b>CAPSID INHIBITOR</b>                                                |                                                   |
| <b>Sunlenca**, +</b>                                                   | Lenacapavir                                       |
| <b>OPPORTUNISTIC INFECTION AND OTHER RELATED CONDITION MEDICATIONS</b> |                                                   |
| <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                                      |

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| PCP PROPHYLAXIS/TREATMENT                                                                                                                                                                                                       |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>Bactrim/Septra</b>                                                                                                                                                                                                           | TMP/SMX SS & DS                                                                           |
| <b>Cleocin</b>                                                                                                                                                                                                                  | Clindamycin                                                                               |
|                                                                                                                                                                                                                                 | Dapsone                                                                                   |
| <b>Mepron</b>                                                                                                                                                                                                                   | Atovaquone                                                                                |
|                                                                                                                                                                                                                                 | Primaquine                                                                                |
|                                                                                                                                                                                                                                 | Trimethoprim                                                                              |
| TOXOPLASMOSIS                                                                                                                                                                                                                   |                                                                                           |
| <b>Daraprim + +</b>                                                                                                                                                                                                             | Pyrimethamine                                                                             |
| <b>Leucovorin</b>                                                                                                                                                                                                               | Folinic Acid                                                                              |
|                                                                                                                                                                                                                                 | Sulfadiazine                                                                              |
| ANTI-CONVULSANT/ NEUROPATHIES                                                                                                                                                                                                   |                                                                                           |
| <b>Neurontin</b>                                                                                                                                                                                                                | Gabapentin                                                                                |
| ANTI-INFLAMMATORY/ STEROID                                                                                                                                                                                                      |                                                                                           |
|                                                                                                                                                                                                                                 | Prednisone                                                                                |
| ANTI-EMETIC/ ANTIDIARRHEAL                                                                                                                                                                                                      |                                                                                           |
| <b>Compazine</b>                                                                                                                                                                                                                | Prochlorperazine                                                                          |
|                                                                                                                                                                                                                                 | Loperamide                                                                                |
| HEMATOLOGIC AGENTS                                                                                                                                                                                                              |                                                                                           |
| <b>Epogen, Procrit</b>                                                                                                                                                                                                          | Epoetin alpha                                                                             |
| FORMULARY COMMENTS                                                                                                                                                                                                              |                                                                                           |
| <i>*Tenofovir is also approved for Hepatitis B treatment</i>                                                                                                                                                                    |                                                                                           |
| <i>** Prior Approval Application and authorization required prior to dispensing.</i>                                                                                                                                            |                                                                                           |
| <i>***Trophile® test is required indicating sensitivity to the drug.</i>                                                                                                                                                        | <i>+ Only medication costs are covered by GA ADAP, administration costs are excluded.</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> |                                                                                           |

| HEPATITIS C MEDICATIONS** |                                          |
|---------------------------|------------------------------------------|
| <b>Epclusa</b>            | Sofosbuvir/Velpatasvir (generic only) ** |
| <b>Harvoni</b>            | Ledipasvir/Sofosbuvir (generic only) **  |
| <b>Mavyret**</b>          | Glecaprevir/Pibrentasvir                 |
| <b>Zepatier**</b>         | Elbasvir/Grazoprevir                     |
|                           | Ribavirin                                |

*Refer to the DHHS Prescribing Guidelines at [www.aidsinfo.nih.gov/guidelines](http://www.aidsinfo.nih.gov/guidelines) for information regarding the treatment of experienced and naive patients with highly active antiretroviral drugs.*

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