GEORGIA DEPARTMENT OF PUBLIC HEALTH

GEORGIA AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY

BRAND NAME	GENERIC NAME
HIV ANTIRETROVIRALS (ARV'S)	
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI's)	
Combivir	Lamivudine/Zidovudine
Descovy	Emtricitabine/Tenofovir alafenamide (TAF)
Emtriva	Emtricitabine (FTC)
Epivir	Lamivudine (3TC)
Epzicom	Abacavir/Lamivudine
Retrovir	Zidovudine (AZT)
Trizivir	Abacavir/Lamivudine/Zidovudine
Truvada	Tenofovir/Emtricitabine
Viread*	Tenofovir (TDF)
Ziagen	Abacavir (ABC)
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI's)	
Intelence	Etravirine (TMC)
Edurant	Rilpivirine (RPV)
Pifeltro	Doravirine (DOR)
Sustiva	Efavirenz (EFV)
Viramune, Viramune XR	Nevirapine (NVP)
PROTEASE & CYP3A INHIBITORS	
	Atazanavir (ATV)- generic only
	Fosamprenavir (FPV)- generic only
Evotaz	Atazanavir/Cobicistat
Kaletra	Lopinavir/Ritonavir
Norvir	Ritonavir (RTV)
Prezista	Darunavir (DRV)
Prezcobix	Darunavir/Cobicistat
ATTACHMENT INHIBITOR	
Rukobia**	Fostemsavir (FTR)
INTEGRASE INHIBITOR (INSTI)	
Isentress, Isentress HD	Raltegravir (RAL)
Tivicay	Dolutegravir (DTG)
CCR5 ENTRY INHIBITOR	
Selzentry,*****	Maraviroc (MVC)
SINGLE TABLET REGIMENS (STR's)	
	Efavirenz/ Emtricitabine/ Tenofovir- generic only
Biktarvy	Bictegravir/Emtricitabine/TAF
Complera	Emtricitabine/Rilpivirine/Tenofovir
Delstrigo	Doravirine/Lamivudine/Tenofovir
Dovato	Dolutegravir/Lamivudine
Genvoya	Elvitegravir/Cobicistat/Emtricitabine/TAF

BRAND NAME	GENERIC NAME
Juluca	Dolutegravir/Rilpivirine
Odefsey	Emtricitabine/Rilpivirine/TAF
Stribild	Elvitegravir/Cobicistat/Emtricitabine/Tenofovir
Symtuza	Darunavir/cobicistat/ emtricitabine/TAF
Triumeq	Dolutegravir/Abacavir/Lamivudine
LONG-ACTING INJECTABLE ARV's	
CD4 POST-ATTACHMENT INHIBITOR	
Trogarzo, +,**[1]	Ibalizumab-uiyk (IBA)
INTEGRASE STRAND TRANSFER INHIBITOR (INSTI)/(NNRTI)	
Cabenuva+	Cabotegravir/Rilpivirine
CAPSID INHIBITOR	
Sunlenca, +,**[1]	Lenacapavir
OPPORTUNISTIC INFECTION AND OTHER RELATED CONDITION MEDICATIONS	
ANTIVIRALS	
Famvir	Famciclovir
Valcyte	Valganciclovir
Valtrex	Valacyclovir
Zovirax	Acyclovir
TUBERCULOSIS & MAC PROPHYLAXIS	
Biaxin	Clarithromycin
Isoniazid	INH
Myambutol	Ethambutol
Mycobutin	Rifabutin
Pyrazinamide	PZA
Rifadin	Rifampin
Zithromax	Azithromycin
ANTIFUNGALS	
Diflucan	Fluconazole
Mycelex	Clotrimazole
Mycostatin/Nilstat	Nystatin
Nizoral	Ketoconazole
Sporanox	Itraconazole
PCP PROPHYLAXIS/TREATMENT	
Bactrim/Septra	TMP/SMX SS & DS
Cleocin	Clindamycin
	Dapsone
Mepron	Atovaquone
	Primaquine
	Trimethoprim
TOXOPLASMOSIS	
Daraprim++	Pyrimethamine
Leucovorin	Folinic Acid

BRAND NAME	GENERIC NAME
	Sulfadiazine
ANTI-CONVULSANT/ NEUROPATHIES	
Neurontin	Gabapentin
ANTI-INFLAMMATORY/ STEROID	
	Prednisone
ANTI-EMETIC/ ANTIDIARRHEAL	
Compazine	Prochlorperazine
	Loperamide
HEMATOLOGIC AGENTS	
Epogen, Procrit	Epoetin alpha
FORMULARY COMMENTS	
**Tenofovir is also approved for Hepatitis B treatment*	
*** Prior Approval Application and authorization required prior to dispensing.*	
****Trophile® test is required indicating sensitivity to the drug.*	*+ Only medication costs are covered by GA ADAP, administration costs are excluded.*
*++ Pyrimethamine is not available for replenishment from Georgia ADAP. Please utilize **https://daraprimdirect.com/** for medication assistance for **ADAP uninsured clients.***	
[1]Trogarzo and Sunlenca™ will be available for dispensing pending finalization of agreement with the vendor.	

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

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