

GEORGIA AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY



BRAND NAME	GENERIC NAME
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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	
Aptivus	Tipranavir (TPV)
Evotaz	Atazanavir/Cobicistat
Invirase	Saquinavir (SQV)
Kaletra	Lopinavir/Ritonavir
Lexiva	Fosamprenavir (FPV)
Norvir	Ritonavir
Prezista	Darunavir (DRV)
Prezcobix	Darunavir/Cobicistat
Reyataz	Atazanavir (ATV)
Viracept	Nelfinavir (NFV)
FUSION INHIBITOR	
Fuzeon**	Enfuvirtide (ENV)
ATTACHMENT INHIBITOR	
Rukobia+	Fostemsavir
INTEGRASE INHIBITOR (INSTI)	
Isentress, Isentress HD	Raltegravir (RAL)
Tivicay	Dolutegravir (DTG)
CCR5 ENTRY INHIBITOR	
Selzentry***	Maraviroc (MVC)
SINGLE TABLET REGIMENS (STR's)	
Atripla	Efavirenz/ Emtricitabine/ Tenofovir
Biktarvy	Bictegravir/Emtricitabine/TAF
Complera	Emtricitabine/Rilpivirine/Tenofovir
Delstrigo	Doravirine/Lamivudine/Tenofovir
Dovato	Dolutegravir/Lamivudine
Genvoya	Elvitegravir/Cobicistat/Emtricitabine/TAF

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Juluca	Dolutegravir/Rilpivirine
Odefsey	Emtricitabine/Rilpivirine/ TAF
Stribild	Elvitegravir/Cobicistat/Emtricitabine/Tenofovir
Triumeq	Dolutegravir/Abacavir/Lamivudine
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
	Sulfadiazine
ANTI-CONVULSANT/ NEUROPATHIES	
Neurontin	Gabapentin
ANTI-INFLAMMATORY/ STEROID	
	Prednisone
ANTI-EMETIC/ ANTIDIARRHEAL	
Compazine	Prochlorperazine
	Loperamide
HEMATOLOGIC AGENTS	
Epogen, Procrit	Epoetin alpha

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FORMULARY COMMENTS	
<p><i>*Medications temporarily added to the formulary due to Acyclovir backorder and shortage.</i></p>	<p><i>**Prior Approval Application is required prior to dispensing.</i></p>
<p><i>***Trophile® test is required indicating sensitivity to the drug.</i></p>	<p><i>+Rukobia has been approved for addition to the ADAP formulary, but due to funding, WILL NOT be available for dispensing before July 2021.</i></p>
<p><i>++ Pyrimethamine is not available for replenishment from Georgia ADAP. Please utilize https://daraprimdirect.com/ for medication assistance for ADAP uninsured clients.</i></p>	

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
Epclusa	Sofosbuvir/Velpatasvir
Harvoni	Ledipasvir/Sofosbuvir
Mavyret	Glecaprevir/Pibrentasvir
Sovaldi	Sofosbuvir
Zepatier	Elbasvir/Grazoprevir
	Ribavirin

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