GEORGIA AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY

BRAND NAME	GENERIC NAME
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	Tipranivir (TPV)
Evotaz	Atazanavir/Cobicistat
Invirase	Saquinavir (SQV)
Kaletra	Lopinavir/Ritonavir
Lexiva	Fosamprenavir (FPV)
Norvir	Ritonavir (RTV)
Prezista	Darunavir (DRV)
Prezcobix	Darunavir/Cobicistat
Reyataz	Atazanavir (ATV)
Viracept	Nelfinavir (NFV)
FUSION INHIBITOR	
Fuzeon*	Enfuvirtide (ENV)
ATTACHMENT INHIBITOR	
Rukobia+,*	Fostemsavir (FTR)
CD4 POST-ATTACHMENT INHIBITOR	
Trogarzo +,*	Ibalizumab-uiyk (IBA)
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

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BRAND NAME	GENERIC NAME
Dovato	Dolutegravir/Lamivudine
Genvoya	Elvitegravir/Cobicistat/Emtricitabine/TAF
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	

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BRAND NAME	GENERIC NAME
Epogen, Procrit	Epoetin alpha

FORMULARY COMMENTS	
**Prior Approval Application is required prior to dispensing.*	
***Trophile® test is required indicating sensitivity to the drug.*	*+,* Rukobia™ and Trogarzo™ have been approved for addition to the ADAP formulary, but due to funding, **WILL NOT** be available for dispensing until further notice. Both medications will require submission of Prior Approval Application and authorization prior to dispensing. Official communication will be sent to all collaborative partners when dispensing is available.*
*++ Pyrimethamine is not available for replenishment from Georgia ADAP. Please utilize **https://daraprimdirect.com/** for medication assistance for **ADAP uninsured clients.***	

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.

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