

Utah ADAP Insurance Assistance (ADAP-I) Formulary

Effective 04/29/2016

Odefsey & Descovy last added

Generic Name	Generic Available	Brand Name	Commonly used Doses	Comments
ANTI-RETROVIRALS				
Nucleoside Analogs (NA)				
Zidovudine ZDV AZT		Retrovir		
Didanosine DDI		Videx		
Stavudine D4T		Zerit		
Lamivudine 3TC		Epivir		
Epivir/Retrovir Lamivudine, 3TC/Zidovudine, AZT		Combivir		
Abacavir		Ziagen		
Lamivudine, Zidovudine, Abacavir		Trizivir		
Emtricitabine		Emtriva		
Emtricitabine/tenofovir Disoproxil fumarate, FTC/TDF		Truvada		
Abacavir/lamivudine		Epzicom		
Non-Nucleoside Transcriptase Inhibitors (NNRTI)				
Nevirapine		Viramune		
Nevirapine		Viramune XR		
Delavirdine		Rescriptor		
Efavirenz		Sustiva		
Etravirine		Intelence		
Rilpivirine		Edurant		
Protease Inhibitors (PI)				
Saquinavir		Invirase		
Indinavir		Crixivan		
Nelfinavir		Viracept		
Lopinavir/ritonavir		Kaletra		
Atazanavir		Reyataz		
Fosamprenavir		Lexiva		
Tipranavir		Aptivus		
Darunavir		Prezista		
Cobicistat/Darunavir		Prezcobix		
Atazanavir/cobicistat		Evotaz		
Nucleotide Analogue				
Tenofovir DF		Viread		
Fusion Inhibitors				
Enfuvirtide		Fuzeon		
CCR5 Co-receptor Antagonist				
Maraviroc		Selzentry		
Integrase Inhibitor				
Raltegravir		Isentress		
Dolutegravir		Tivicay		
Elvitegravir		Vitekta		
Single Tablet Regimen				
Efavirenz/Emtricitabine/ Tenofovir DF		Atripla		
Rilpivirine, Tenofovir, Emtricitabine		Complera		
Elvitegravir, Cobicistat, Emtricitabine, Tenofovir, Disoproxil fumarate		Stribild		
Abacavir/Dolutegravir/Lamivudine		Triumeq		
Elvitegravir, Cobicistat, Emtricitabine and Tenofovir Alafenamide (TAF)		Genvoya		

Rilpivirine, Emtricitabine, and Tenofovir Alafenamide (TAF)		Odefsey		
Emtricitabine and Tenofovir Alafenamide (TAF)		Descovy		
Booster				
Ritonavir		Norvir		
Cobicistat		Tybst		
OPPORTUNISTIC INFECTIONS				
Acyclovir		Zovirax		
Azithromycin		Zithromax		
Rifabutin		Mycobutin		
Clarithromycin		Biaxin		
Valacyclovir		Valtrex		
Fluconazole		Diflucan		
Nystatin		Mycostatin		
Itraconazole		Sporanox		
		Leucovorin		
Daraprim		Pyrimethamine		
		Sulfadiazine		
Trimethoprim-sulfamethoxazole (TMP-SMX)		Bactrim		
		Dapsone		
Valgancyclovir		Valcyte		
Atovaquone		Meprone		Mepron (brand) covered, Atovaquone (generic) not covered.
Linezolid		Zyvox		
Nebupent		Pentamidine (Inhaled)		
Clindamycin		Cleocin		
Imiquimod		Aldara		
Isoniazid				
Rifampin				
Pyrazinamide				
Ethambutol				
Moxifloxacin		Avelox		
Levofloxacin		Levaquin		
Sulfadiazine (oral generic)		Microsulfon		
Vitamin B6				
SYSTEMIC ANTI-INFECTIVES				
Acyclovir	✓		400 mg po BID TID for 5 days	400 mg Only for patients not eligible for ADAP
Amoxicillin	✓	Amoxil, Wymox, Trimox	250 - 500 mg po q8 hours	
Amoxicillin clavulanate	✓	Augmentin	250 mg po q8 hours q8-12 hours	500 mg po 875 mg po q12 hours
Azithromycin	✓	Zithromax	250 - 500 mg po daily	For a limited course of therapy
Azithromycin	✓	Zithromax	1200 mg once weekly (MAC prophylaxis)	Only for patients not eligible for ADAP
Ciprofloxacin	✓	Cirpo	250 - 750 mg po q12 hours	
Clindamycin	✓	Cleocin	150 - 450 mg po q6 hours	
Dapsone	✓		100 mg once daily	Only for patients not eligible for ADAP
Dicloxacillin	✓	Dynapen	125 - 500 mg po q6 hours	
Doxycycline	✓	Vibramycin	100 mg po q12 hours	Prior authorization by Dr. Rosado
Fluconazole	✓	Diflucan	100 - 200 mg po daily	Only for patients not eligible for ADAP
Levofloxacin		Levaquin	250 - 500 mg po once daily	
Metronidazole	✓	Flagyl	500 mg po TID mg po q6 hours	250 - 1000 Extended release product not on formulary
Penicillin VK	✓	V-Pen, V-Cillin, Veetids	250 - 500 mg po q6 hours	
Trimethoprim-sulfamethoxazole	✓	Bactrim DS, Septra DS	1 - 2 po BID	No restrictions on short term use
Trimethoprim-sulfamethoxazole	✓	Bactrim DS, Septra DS	1 tablet once daily (PCP prophylaxis)	Only for patients not eligible for ADAP
Valacyclovir	✓	Valtrex	500 - 1000 mg BID po tid x 7 days (VZV)	1000 mg Only for patients not eligible for ADAP
Benzathine Penicillin		Bicillin LA	1.2 - 2.4 million units	
Ceftriaxone		Recephin	250 mg IM x1 dose only	For gonorrhea treatment ONLY
Pentamidine		Nebupent	300 mg <i>inhaled</i> monthly	Only for patients not eligible for ADAP
Isoniazid	✓		300 mg daily	Vitamin B6 will be covered as well
Oseltamivir		Tamiflu	75 mg po BID for 5 days	Initiate within 48 hours of onset of symptoms Prior authorization by Dr. Rosado
ANTIHYPERTENSIVE AGENTS				

Amlodipine	✓	Norvasc	2.5 - 10 mg q day	Calcium Channel Blocker
Atenolol	✓	Tenormin	25 - 100 mg q day	Beta-blocker
Carvedilol	✓	Coreg	3.125 - 25 mg BID	Beta-blocker
Hydrochlorothiazide (HCTZ)	✓	Oretic, Microzide, Hydrodiuril	12.5 - 50 mg q day	Thiazide diuretic
Lisinopril	✓	Zestril, Prinivil	2.5 - 40 mg q day	ACE Inhibitor
Metoprolol Metoprolol ER	✓	ER	mg daily	Beta-blocker
Losartan	✓	Cozaar	25 - 100 mg q day	ARB (Angiotensin II Receptor Blocker)
ANTIPLATELET AGENT				
Clopidogrel	✓	Plavis	75 mg q day	
DIURETICS				
Furosemide	✓	Lasix	As directed	
POTASSIUM SUPPLEMENT				
Potassium Chloride	✓		As directed	
ANTILIPEMIC AGENTS				
Atorvastatin		Lipitor	10 - 80 mg q day	
Pravastatin		Pravachol	10 - 80 mg q day	
Fenofibrate	✓		54 or 160 mg daily	
ANTIDIABETIC AGENTS				
Glimepiride	✓	Amaryl		
Glipizide	✓	Glucotrol	2.5 - 20 mg/day	Doses >15 mg/day should be divided in 2 doses. Max dose is 20 mg/day
Metformin	✓	Glucophage	500 - 1,000 mg BID	Max dose = 2,550 mg/day
THYROID SUPPLEMENT				
Levothyroxine	✓	Synthroid	12.5-200 mcg daily	
ANTIDEPRESSANTS, ANTIANXIETY, & ANTIPSYCHOTIC AGENTS				
Amitriptyline	✓	Elavil	10-150mg/day	
Bupropion	✓	Wellbutrin, Wellbutrin SR	75-450mg/day	
Citalopram	✓	Celexa	20-60mg q day	
Divalproic acid		Depakote	500-1,000mg BID	
Duloxetine	✓	Cymbalta		
Escitalopram	✓	Lexapro	10-20 mg once daily	
Fluoxetine	✓	Prozac	10-80mg qday	
Lithium Carbonate IR & ER	✓	Lithobid	900-2,400mg IR in 3-4 divided doses 900-1,800mg ER in 2 divided doses	
Mirtazapine	✓	Remeron	15-45mg once daily	
Olanzapine	✓	Zyprexa	2.5-20mg once daily	
Paroxetine	✓	Paxil	10-60mg qday	
Perphenazine	✓	Trilifon	4-8mg TID (max 64 mg/day)	Prior Authorization by Dr. Gibbs
Quetiapine	✓	Seroquel	50-300 mg/day	Prior Authorization by Dr. Gibbs
Risperidone	✓	Risperdal	1 mg BID (Range 2-8 mg/day)	
Sertraline	✓	Zoloft	25-200 mg/day	
Thiothexene	✓	Navane	2 mg TID (max 60 mg/day)	Prior Authorization by Dr. Gibbs
Trazodone	✓	Desyrel	50-100mg at bedtime (max 600mg/day)	
Venlafaxine	✓	Effexor, Effexor XR	75-375mg/day	
ANTICONVULSANTS				
Gabapentin	✓	Neurontin	900-3600 mg /day in 3-4 divided doses	
Lamotrigine	✓	Lamictal	25mg po once daily for 1-2 weeks then 50mg po once daily for 1-2 weeks then ↑ by 50 mg per day every 1-2 weeks. Usual maintenance dose = 225-375 mg in 2 divided doses	Prior Authorization by Dr. Gibbs
Levetiracetam		Kepra	500-1500 mg BID	Anti-convulsant.
Phenytoin	✓	Dilantin	300-400 mg po daily (usual maintenance dose)	Monitor blood concentrations for dosing adjustments
SKELATAL MUSCLE RELAXANT				
Baclofen	✓	Lioresal	10-20 mg po BID	
DERMATOLOGICAL PREPARATIONS				
Chlorhexidine	✓	Hibiclens 4%	Apply as directed	Topical antibiotic
Fluocinonide	✓	Lidex	Apply to skin 2-4x/day	Topical corticosteroid
Hydrocortisone acetate	✓	Anusol-HC	25 mg BID	Rectal suppositories
Hydrocortisone butyrate	✓	Locoid	Apply to affected area BID-TID	Topical corticosteroid
Hydrocortisone topical	✓	Hytone, Synacort	Apply to affected area BID-QID	Topical corticosteroid
Ketoconazole topical	✓	Nizoral 2%	Cream: apply to affected area daily -BID Shampoo: use 2x/week	Topical corticosteroid Topical solution 0.1%
Mupirocin	✓	Bactroban	Apply to affected area 3x/day	Topical antibiotic

Triamcinolone topical	✓	Kenalog, Aristocort	Apply to skin daily –QID	Topical corticosteroid
Permethrin 5% cream	✓	Elimite 5%	Apply cream from head to toe; leave on for 8-14 hrs before washing off with water; may reapply in 1 week if live mites appear.	Scabicide agent
Imiquimod 5% cream		Aldara 5%	Apply to warts 3 times per week	Requires PA by Dr. Rosado
DENTAL/ ORAL PREPARATIONS				
Fluoride gel		Gel Kam, Stop, Prevident		Oral topical preparation
Triamcinolone	✓	Kenalog	Apply BID-QID	Oral topical corticosteroid
Chlorhexidine	✓	Peridex 0.12%	Use BID	Oral topical antibacterial
Diphenhydramine; viscous lidocaine; Maalox	✓	Magic Mouthwash	5-10 mL po q6 hours prn	Oral topical preparation
ANTI-INFLAMMATORY/ANALGESICS				
Hydrocortisone	✓		20-100mg/day	Corticosteroid
Prednisone	✓	Deltasone	5-60 mg po daily	Corticosteroid
Ibuprofen	✓		400-800mg po QID	NSAID
Naproxen	✓	Naprosyn	250 mg po TID 500 mg po BID	NSAID
GASTROINTESTINAL AGENTS				
Omeprazole	✓	Prilosec	20-40 mg daily	
Loperamide	✓	Imodium	2-16mg/day	
ANTIEMETICS				
Ondansetron	✓	Zofran	4-8 mg po BID-TID	
Prochlorperazine	✓	Compazine	5-10 mg po TID-QID or 25 mg rectally BID	
Promethazine	✓	Phenergan	25 mg po q4-6 hours	
ANTIHISTAMINES & NASAL DECONGESTANTS				
Hydroxyzine	✓	Atarax	25 mg po TID-QID	Anti-pruritic
OPHTHALMIC & OTIC AGENTS				
Ciprofloxacin	✓	Ciloxan 0.3%	Instill 1-2 drops q2 hrs while awake for 2 days & 1-2 drops q4 hrs while awake for the next 5 days	Bacterial conjunctivitis
Erythromycin ophthalmic 0.5% ointment	✓	Ilotycin	Apply 1 cm ribbon OS/OD up to 6x/day	Bacterial ophthalmic infections
Hydrocortisone/polymyxin/neomycin	✓	Cortisporin Otic	5-10 drops OTIC tid/qid	Ear infections
RESPIRATORY AGENTS				
Albuterol inhaler HFA	✓	Proventil, Ventolin	1-2 INH q4-6 hours	Bronchodilator
Beclomethasone HFA		QVAR	Low dose: 40-240 mcg/day Medium dose: >240-480 mcg/day High dose: >480 mcg/day	Asthma inhaler-steroid (40 mcg/spray) Preferred when patient is receiving PIs
CONTRACEPTIVE HORMONES				
Medroxyprogesterone acetate	✓	Depo-Provera	150 mg IM q3months	
Ethinyl estradiol/levonorgestrel	✓	Triphasil	1 tablet po qday	
Ethinyl estradiol/norethindrone	✓	Ortho Novum 1/35	1 tablet po qday	
Ethinyl estradiol/norethindrone	✓	Ortho Novum 777	1 tablet po qday	
Norethindrone	✓	Micronor	1 tablet po qday	
HORMONE REPLACEMENT THERAPY				
Generic testosterone gel 1%	✓	AndroGel Transdermal 1%	50 mg (5 grams) applied to upper shoulders once daily	
Generic testosterone gel 1%	✓	Testim Transdermal 1%	50 mg (5 grams) applied to upper shoulders once daily	
Estradiol	✓	Estrace	0.5 mg po daily	
Estradiol		Estrace Vaginal Cream 0.1 mg/gram	2 grams 3 times per week	
Medroxyprogesterone Acetate	✓	Provera	2.5 mg once daily OR 10 mg po daily for 10 days	
PREGNANCY				
Prenatal Vitamins			1 tablet once daily	Only indicated in pregnant women