



Wyoming
Department
of Health

Division of Healthcare Financing

Medicaid Pharmacy News

October 20, 2011

Please see enclosed for Aids Drug Assistance Program (ADAP) formulary as of October 1, 2011.



**WYOMING DEPARTMENT OF HEALTH
AIDS DRUG ASSISTANCE PROGRAM
DRUG FORMULARY**

Effective October 1, 2011

This formulary supersedes all previous versions.

ANTIRETROVIRALS: NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
Combivir (lamivudine/zidovudine)	Truvada (emtricitabine/tenofovir)
Emtriva (emtricitabine)	Videx, Videx EC (didanosine)
Epivir (lamivudine)	Viread (tenofovir)
Epzicom (abacavir/lamivudine)	Zerit (stavudine)
Retrovir (zidovudine)	Ziagen (abacavir)
Trizivir (abacavir/lamivudine/zidovudine)	

ANTIRETROVIRALS: NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	
Intelence (etravirine)	Viramune (nevirapine)
Sustiva (efavirenz)	Edurant (rilpivirine)
Complera (emtricitabine/rilpivirine/tenofovir)	

ANTIRETROVIRALS: PROTEASE INHIBITORS (PI)	
Aptivus (tipranavir)	Norvir (ritonavir)
Crixivan (indinavir)	Prezista (darunavir)
Invirase (saquinavir)	Reyataz (atazanavir)
Kaletra (lopinavir/ritonavir)	Viracept (nelfinavir)
Lexiva (fosamprenavir)	

ANTIRETROVIRALS: ALL OTHER	
Atripla (efavirenz/emtricitabine/tenofovir)	Isentress (raltegravir)- REQUIRES PRIOR AUTHORIZATION
Fuzeon (enfuvirtide)	Selzentry (maraviroc) – REQUIRES TROFILE TESTING

U.S.P.H.S./I.D.S.A. "A1" DRUGS FOR THE PREVENTION AND TREATMENT OF OPPORTUNISTIC INFECTIONS	
Acyclovir (Zovirax)	Itraconazole (Sporanox)
Atovaquone (Mepron)	Pentamidine (NebuPent)
Augmentin (Amoxicillin,Clavulanic Acid)	Probenecid (Col-Probenecid)
Azithromycin (Zithromax)	Sulfadiazine (Microsulfon)
Cidofovir (Vistide)	TMP/SMX (Bactrim)
Clarithromycin (Biaxin)	Valganciclovir (Valcyte)
Clindamycin (Cleocin)	
Dapsone	
Foscarnet (Foscavir)	
Ganciclovir (Cytovene)	

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