



Wyoming
Department
of Health

Division of Healthcare Financing

Medicaid Pharmacy News

Dear Providers:

March 12, 2015

Please see enclosed for the new AIDS Drug Assistance Program (ADAP) formulary effective March 10, 2015.



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

Effective March 10, 2015

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)	Reyataz (atazanavir) – oral powder
Lexiva (fosamprenavir)	Viracept (nelfinavir)
Prezcobix (darunavir/cobicistat)	Evotaz (atazanavir/cobicistat)

ANTIRETROVIRALS: ALL OTHER	
Atripla (efavirenz/emtricitabine/tenofovir)	Isentress (raltegravir)
Fuzeon (enfuvirtide)	Selzentry (maraviroc) – <i>REQUIRES TROFILE TESTING</i>
Stribild (elvitegravir/cobicistat/emtricitabine/tenofovir)	Tivicay (dolutegravir)
Triumeq (dolutegravir/abacavir/lamivudine)	Tybost (cobicistat)
Vitekta (elvitegravir)	

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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ADAP Drug Formulary
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ALL OTHER DRUGS	
Acetaminophen/hydrocodone (vicodin)	Loperamide (Imodium)
Acetaminophen/oxycodone (Percocet)	Lyrica-REQUIRES PRIOR AUTHORIZATION
Clonazepam (Klonopin)	Niacin (Niaspan)
Clotrimazole (Mycelex)	Ondansetron (Zofran)
Divalproex sodium (Depakote)	Pantoprazole sodium (Protonix)
Ezetimibe (Zetia)	Temazepam (Restoril)
Fenofibrate (Tricor)	Sertraline (Zoloft)
Gabapentin (Neurontin)	Simvastatin (Zocor)
Gemfibrozil (Lopid)	Venlafaxine (Effexor)
Hydroxyzine (Atarax, Vistaril)	Zolpidem (Ambien)
Imiquimod (Aldara)- REQUIRES PRIOR AUTHORIZATION	
Levofloxacin (Levaquin)	