



Wyoming
Department
of Health

Division of Healthcare Financing

Medicaid Pharmacy News

Dear Providers:

December 17, 2014

Please see enclosed for the new AIDS Drug Assistance Program (ADAP) formulary effective December 1, 2014.



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

Effective December 1, 2014

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) |
| Fuzeon (enfuvirtide) | Selzentry (maraviroc) – <i>REQUIRES TROFILE TESTING</i> |
| Stribild (elvitegravir/cobicistat/emtricitabine/tenofovir) | Tivicay (dolutegravir) |
| Triumeq (dolutegravir/abacavir/lamivudine) | Tybost (cobicistat) |

| U.S.P.H.S./I.D.S.A. "A1" DRUGS FOR THE PREVENTION AND TREATMENT OF OPPORTUNISTIC INFECTIONS | |
|--|-----------------------------|
| Acyclovir (Zovirax) | Itraconazole (Sporanox) |
| Atovaquone (Mepion) | 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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AIDS Drug Assistance Program • Wyoming Department of Health
6101 Yellowstone Road, Suite 510 • Cheyenne, WY 82002
Telephone (307) 777-5856 • Fax (307) 777-7382
<http://www.wyohiv.info>

ADAP Drug Formulary
Wyoming Department of Health
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| ALL OTHER DRUGS | |
|--|---------------------------------------|
| Acetaminophen/hydrocodone (vicodin) | Lithium (Eskalith, Lithobid) |
| Acetaminophen/oxycodone (Percocet) | Loperamide (Imodium) |
| Citalopram (Celexa)-STEP 1 | Lyricea-REQUIRES PRIOR AUTHORIZATION |
| Clonazepam (Klonopin) | Niacin (Niaspan) |
| Clotrimazole (Mycelex) | Ondansetron (Zofran)-STEP 2 |
| Divalproex sodium (Depakote) | Pantoprazole sodium (Protonix)-STEP 2 |
| Doxycycline (Adoxa, Doryx, Vibramycin) | Promethazine-STEP 1 |
| Ezetimibe (Zetia) | Temazepam (Restoril)-STEP 2 |
| Famotidine (Pepcid)-STEP 1 | Sertraline (Zoloft) |
| Fenofibrate (Tricor)-STEP 2 | Simvastatin (Zocor) |
| Gabapentin (Neurontin) | Trazadone (Desyrel)-STEP 1 |
| Gemfibrozil (Lopid)-STEP 1 | Venlafaxine (Effexor)-STEP 2 |
| Hydroxyzine (Atarax, Vistaril) | Zolpidem (Ambien)-STEP 3 |
| Imiquimod (Aldara)- REQUIRES PRIOR AUTHORIZATION | |
| Levofloxacin (Levaquin) | |
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