

## WV AIDS DRUG ASSISTANCE PROGRAM FORMULARY

The WV ADAP assists eligible WV residents, with HIV infection, obtain the drugs listed on the formulary below. Applicants must apply at their county office of the Department of Health and Human Resources. Formulary drugs available in generic must be dispensed in generic. **Please call Jay Adams @ 304 232 6822 for assistance.**

To be eligible for the ADAP, HIV infected WV residents with a family income less than 400% of the federal poverty level, who are not eligible for other forms of reimbursement such as Medicaid or full insurance coverage, (ADAP will cover co-pays for eligible residents with insurance) **must** complete the applications at the Department of Health and Human Resources.

### WV AIDS DRUG ASSISTANCE PROGRAM FORMULARY 2/2015

Trade Name	Generic Name
Abilify	Aripiprazole
Advair	Fluticasone
Ambien/Ambien CR	Zolpidem/ Zolpidem CR
Androgel	Testosterone
Aptivus	Tipranavir
Atripla	Efavirenz/Emtricitabine/Tenofovir
AZT, Retrovir	Zidovudine
Bactrim, or equivalent	Sulfamethoxazole
Baraclude	Entecavir (Prior Authorization)
Biaxin	Clarithromycin
Buspar	Buspirone
Celexa	Citalopram
Cleocin	Clindamycin
Combivir	Lamivudine/Zidovudine
Compazine	Prochlorperazine
Complera	Rilpivirine/Tenofovir/Emtricitabine
Copegus	Ribavirin (Prior Authorization)
Crestor	Rosuvastatin
Crixivan	Indinavir
Cymbalta	Duloxetine
Cytovene	Ganciclovir
Dapsone	Dapsone
Daraprim	Pyrimethamine
DDC, Hivid	Zalcitabine
DDI, Videx	Didanosine
Deltasone	Prednisone
Desyrel	Trazodone
Diflucan	Fluconazole
Eduvant	Rilpivirine
Effexor / Effexor XR	Venlafaxine / Venlafaxine XR
Elavil	Amitriptyline
Emtriva	Emtricitabine

Engerix	Hepatitis B Vaccine <b>(Prior Authorization)</b>
Epivir, 3TC	Lamivudine
Epzicom	Lamivudine/Abacavir
Evotaz	Atazanavir/Cobicstat
Famvir	Famciclovir <b>(Prior Authorization)</b>
Foscavir	Foscarnet <b>(Prior Authorization)</b>
Fulyzaq	Crofelemer
Fuzeon	Evfuvintide <b>(Prior Authorization)</b>
Glucophage	Metformin
Havrix	Hepatitis A Vaccine <b>(Prior Authorization)</b>
Hepsera	Adefovir Dipivoxil
Imodium ( Rx only)	Loperamide (Rx only)
Infergen	Interferon Alphacon 1 <b>(Prior Authorization)</b>
Intelence	Etravirine
Intron A	Inteferon Alfa 2 B <b>(Prior Authorization)</b>
Invirase	Saquinavir
Isentress	Raltegravir
Kaletra	Lopinavir
Klonopin	Clonazepam
Lexapro	Escitalopram
Lexiva	Fosamprenavir Calcium
Lipitor	Atorvastatin
Lyrica	Pregabalin <b>(Prior Authorization)</b>
Mepron	Atovaquone
Myambutol	Ethambutol
Mycelex	Clotrimazole
Mycobutin	Rifabutin
Mycostatin	Nystatin
Naprosyn (RX and OTC)	Naproxen (RX and OTC)
Nebupent, Pentam	Pentamidine
Neurontin	Gabapentin
Niaspan	Niacin
Norvir	Ritonavir
Paxil	Paroxetine
Peg Intron	Peginterferon Alfa 2 B <b>(Prior Authorization)</b>
Pegasys	Peinterferon Alfa 2 A <b>(Prior Authorization)</b>
Potassium	Potassium
Prezcobix	Darunavir/Cobicstat
Prezista	Darunavir
Prilosec	Omeprazole

Pro Air	Albuterol Sulfate
Prozac	Fluoxetine
Rebetol	Ribavirin <b>(Prior Authorization)</b>
Remeron	Mirtazapine
Rescriptor	Delavirdine
Restoril	Temazepam
Reyataz	Atazanavir
Selzentry	Maraviroc <b>(Prior Authorization)</b>
Seroquel	Quetiapine
Sporanox	Itraconazole
Stribild	Elvitegravir /Tenofovir / Emtricitabine / Cobicistat
Sulfadiazine	Sulfadiazine
Sustiva	Efavirenz
Tivicay	Dolutegravir Sodium
Toprol,Lopressor (IR and ER)	Metoprolol (IR and ER)
Tricor	Fenofibrate
Triumeq	Dolutegravir/Abacavir/Lamivudine
Trizivir	Lamivudine/Zidovudine/Abacavir
Truvada	Tenofovir/Emtricitabine
Twinrix	Hepatitis A&B Vaccines <b>(Prior Authorization)</b>
Tybost	Cobicistat
Tyzeka	Telbivudine
Valcyte	Valganciclovir
Valium	Diazepam
Valtrex	Valacyclovir
Viracept	Nelfinavir
Viramune	Nevirapine
Viread	Tenofovir
Viteka	Elvitegravir
Wellbutrin (IR and ER)	Bupropion (IR and ER)
Wellcovorin	Leucovorin
Xanax (IR and XR)	Aprazolam (IR and XR)
Zantac (Rx only)	Ranitidine (Rx only)
Zerit, D4T	Stavudine
Zestril	Lisinopril
Ziagen	Abacavir
Zithromax	Azithromycin
Zoloft	Sertraline
Zovirax (Oral and Topical Ointment)	Acyclovir (Oral and Topical Ointment) <b>(Prior Authorization on Topical Ointment)</b>