

Brand Name	Generic Name	Drug Class	Additional Information
HIV ANTIRETROVIRAL DRUGS			
Ziagen	abacavir	NRTI	Before adding abacavir to the drug regimen, refer to the drug's full prescribing information.
Triumeq	abacavir / dolutegravir / lamivudine	Combination Treatment	Before adding an abacavir-containing medication to the drug regimen, refer to the drug's full prescribing information. Clinical information regarding dolutegravir: At this point, women with HIV who wish to become pregnant and are currently receiving dolutegravir should be switched to a regimen with a more well-defined safety record in pregnancy. Women with HIV who are of childbearing age and are not interested in having children should be counseled about this new information. Women who become pregnant while on dolutegravir need to discuss options with their HIV providers.
Trizivir	abacavir / lamivudine / zidovudine	NRTI	Before adding an abacavir-containing medication to the drug regimen, refer to the drug's full prescribing information.
Epzicom	abacavir/ lamivudine	NRTI	Before adding an abacavir-containing medication to the drug regimen, refer to the drug's full prescribing information.
Reyataz	atazanavir	Protease Inhibitor	
Evotaz	atazanavir / cobicistat	Combination Treatment	
Biktarvy	bictegravir / emtricitabine / tenofovir alafenamide fumarate	Combination Treatment	Before prescribing, refer to the drug's full prescribing information.
Tybost	cobicistat	Boosting Agent	Tybost should not be used with cobicistat-containing drugs such as Evotaz, PrezcoBix, or Stribild. Tybost in combination with lopinavir/ritonavir or regimens containing ritonavir is not recommended due to similar effects of Tybost and ritonavir on CYP3A. Refer to the product's full prescribing information at http://www.gilead.com/medicines#HIVAIDS .
Prezista	darunavir	Protease Inhibitor	
PrezcoBix	darunavir / cobicistat	Combination Treatment	
Rescriptor	delavirdine	NNRTI	
Videx, Videx EC	didanosine	NRTI	



SOUTH CAROLINA AIDS Drug Assistance Program (ADAP) Formulary

Revised July 2018

(alphabetical order by generic name within drug category)

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Tivicay	dolutegravir	Integrase Inhibitor	Clinical information regarding dolutegravir: At this point, women with HIV who wish to become pregnant and are currently receiving dolutegravir should be switched to a regimen with a more well-defined safety record in pregnancy. Women with HIV who are of childbearing age and are not interested in having children should be counseled about this new information. Women who become pregnant while on dolutegravir need to discuss options with their HIV providers.
Juluca	dolutegravir / rilpivirine	Combination Treatment	Clinical information regarding dolutegravir: At this point, women with HIV who wish to become pregnant and are currently receiving dolutegravir should be switched to a regimen with a more well-defined safety record in pregnancy. Women with HIV who are of childbearing age and are not interested in having children should be counseled about this new information. Women who become pregnant while on dolutegravir need to discuss options with their HIV providers.
Sustiva	efavirenz	NNRTI	
Atripla	efavirenz / emtricitabine / tenofovir disoproxil fumarate	Combination Treatment	
Vitekta	elvitegravir	Integrase Inhibitor	Prior authorization required for an individual's first ADAP prescription for this drug.
Genvoya	elvitegravir / cobicistat / emtricitabine / tenofovir alafenamide	Combination Treatment	
Stribild	elvitegravir / cobicistat / emtricitabine / tenofovir disoproxil fumarate	Combination Treatment	
Emtriva	emtricitabine	NRTI	
Odefsey	emtricitabine / rilpivirine / tenofovir alafenamide fumarate	Combination Treatment	Indicated as a complete regimen for treatment of HIV-1 infection in patients 12 years of age and older as initial therapy in those with no antiretroviral treatment history with HIV-1 RNA less than or equal to 100,000 copies per mL; or to replace a stable antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA less than 50 copies per mL) for at least six months with no history of treatment failure and no known substitutions associated with resistance to the individual components of Odefsey.

SOUTH CAROLINA AIDS Drug Assistance Program (ADAP) Formulary

Revised July 2018

(alphabetical order by generic name within drug category)

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Complera	emtricitabine / rilpivirine / tenofovir disoproxil fumarate	Combination Treatment	Indicated as a complete regimen for treatment of HIV-1 infection in (1) patients 12 years of age and older with no antiretroviral treatment history and with HIV-1 RNA less than or equal to 100,000 copies/mL at the start of therapy, and (2) in certain virologically suppressed (HIV-1 RNA <50 copies/mL) patients on a stable antiretroviral regimen at start of therapy in order to replace their current antiretroviral treatment regimen.
Truvada	emtricitabine / tenofovir disoproxil fumarate	NRTI	
Descovy	emtricitabine / tenofovir alafenamide	NRTI	
Fuzeon	enfuvirtide	Fusion Inhibitor	Prior authorization required for an individual's first ADAP prescription for this drug.
Intelence	etravirine	NNRTI	
Lexiva	fosamprenavir	Protease Inhibitor	
Crixivan	indinavir	Protease Inhibitor	
Epivir	lamivudine	NRTI	
Combivir	lamivudine / zidovudine	NRTI	
Kaletra	lopinavir / ritonavir	Protease Inhibitor	
Selzentry	maraviroc	CCR5 Co-Receptor Antagonist	Prior authorization required for an individual's first ADAP prescription for this drug.
Viracept	nelfinavir	Protease Inhibitor	
Viramune	nevirapine	NNRTI	
Viramune XR	nevirapine	NNRTI	
Isentress	raltegravir	Integrase Inhibitor	
Isentress HD	raltegravir	Integrase Inhibitor	
Edurant	rilpivirine	NNRTI	
Norvir	ritonavir	Protease Inhibitor	
Invirase	saquinavir	Protease Inhibitor	
Zerit	stavudine	NRTI	
Viread	tenofovir	NRTI	
Aptivus	tipranavir	Protease Inhibitor	
Retrovir	zidovudine	NRTI	
OPPORTUNISTIC AND CO-INFECTION DRUGS			
Zovirax	acyclovir	Antiviral	
Amoxicillin	amoxicillin	Antibiotic	
Augmentin	amoxicillin clavulanate	Antibiotic	



SOUTH CAROLINA AIDS Drug Assistance Program (ADAP) Formulary

Revised July 2018

(alphabetical order by generic name within drug category)

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Mepron	atovaquone	Antiprotozoal	
Zithromax	azithromycin	Antibiotic	
Cipro	ciprofloxacin, oral	Antibiotic	
Clarithromycin	clarithromycin	Antibiotic	
Cleocin	clindamycin	Antibiotic	
Clotrimazole	clotrimazole	Antifungal	
Clotrimazole / Betamethasone	clotrimazole / betamethasone topical	Antifungal	
Dapsone	dapsone	Antibiotic	
Vibramycin	doxycycline hyclate	Antibiotic	
Monodox	doxycycline monohydrate	Antibiotic	
Famciclovir	famciclovir	Antiviral	
Diflucan	fluconazole	Antifungal	
Sporanox	itraconazole	Antifungal	
Ketoconazole	ketoconazole tablets, topical	Antifungal	
Leucovorin	leucovorin	Opportunistic infection	
Levaquin	levofloxacin, oral	Antibiotic	
Flagyl	metronidazole, oral	Antibiotic	
Avelox	moxifloxacin, oral	Antibiotic	
Nystatin	nystatin	Antifungal	
Nystatin/Triamcin Acetonide	nystatin / triamcinolone topical	Antifungal	
Tamiflu	oseltamivir	Antiviral	
Ribavirin	ribavirin	Antiviral	
Sulfadiazine	sulfadiazine	Antibiotic	
Bactrim DS, Bactrim	sulfamethoxazole/trimethoprim	Antibiotic	
Trimethoprim	trimethoprim (TMP)	Antibiotic	
Valtrex	valacyclovir	Antiviral	
Valcyte	valganciclovir	Antiviral	
Vfend	voriconazole, oral	Antifungal	
Relenza	zanamivir	Antiviral	
ANTICONVULSANTS			
Neurontin	gabapentin	Anticonvulsant	



SOUTH CAROLINA AIDS Drug Assistance Program (ADAP) Formulary

Revised July 2018

(alphabetical order by generic name within drug category)

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ANTIDEPRESSANTS			
Amitriptyline	amitriptyline	Antidepressant	
Wellbutrin XL, Wellbutrin SR	bupropion	Antidepressant	
Celexa	citalopram	Antidepressant	
Cymbalta	duloxetine	Antidepressant	
Lexapro	escitalopram	Antidepressant	
Prozac	fluoxetine, daily formulation	Antidepressant	Note: Prozac Weekly is not on the formulary.
Remeron	mirtazapine	Antidepressant	
Paxil	paroxetine	Antidepressant	
Zoloft	sertraline	Antidepressant	
Trazodone	trazodone	Antidepressant	
Effexor XR	venlafaxine	Antidepressant	
ANTIDIARRHEALS			
Mytesi	crofelemer	Antidiarrheal	If infectious etiologies are not considered, and Mytesi is initiated based on a presumptive diagnosis of non-infectious diarrhea, then there is a risk that patients with infectious etiologies will not receive the appropriate treatments and their disease may worsen. Before starting Mytesi, rule out infectious etiologies of diarrhea. Mytesi is not indicated for the treatment of infectious diarrhea.
ANTIEMETIC AGENTS			
Zofran, Zofran ODT	ondansetron	Antiemetic	
Promethazine	promethazine	Antiemetic	
ANTILIPEMIC AGENTS			
Pravachol	pravastatin	Antilipemic Agent	
Crestor	rosuvastatin	Antilipemic Agent	
Zocor	simvastatin	Antilipemic Agent	
ANTITUBERCULOSIS AGENTS			
Myambutol	ethambutol	Antitubercular Agent	
Mycobutin	rifabutin	Antitubercular Agent	



SOUTH CAROLINA
AIDS Drug Assistance Program (ADAP) Formulary
Revised July 2018
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HIV-ASSOCIATED LIPODYSTROPHY			
Egrifta	tesamorelin	Growth Hormone Releasing Factor	Prior authorization is required for an individual's first ADAP prescription for this drug. In some instances, Egrifta prescriptions may be dispensed from non-retail inventory and may not be billable to insurance. In such instances, the prescription may not count toward the deductible for Medicare Part D or private insurance.
ORAL STEROIDS			
Prednisone	prednisone, oral	Steroid	
SMOKING CESSATION PRODUCTS South Carolina Tobacco Quitline: 1-800-QUIT-NOW			
Zyban	bupropion tablet	Smoking Cessation	Tobacco users have a better chance at quitting with treatment that includes both medications and counseling. Click on this link for provider resources to assist patients with tobacco cessation: http://www.scdhec.gov/Health/TobaccoCessation/HelpYourPatientsQuit/
Nicotrol	nicotine inhaler, spray	Smoking Cessation	
NicoDerm CQ	nicotine patch	Smoking Cessation	
Nicorette	nicotine polacrilex gum, lozenge	Smoking Cessation	
Chantix	varenicline tablet	Smoking Cessation	

SC ADAP DISPENSING GUIDELINES

Additions to Drug Formulary: Recent additions to the formulary are shown in red.

Drug Coverage: A prescription is required for any ADAP formulary drug, regardless of whether the product is a prescription drug or an over-the-counter drug.

Generic Drugs: Generic formulations of ADAP formulary drugs are dispensed when determined as most cost-effective.

Quantity of Drug: One-month supplies of ADAP formulary drugs, as authorized by the prescriber, are dispensed.

Prior Authorization: The physician should complete the SC ADAP pharmacy's prior authorization request form and then fax the form along with accompanying documentation to 412-787-9400 (fax). After approval of an ADAP client's initial prescription for a drug requiring prior authorization, it is not necessary to submit an additional prior authorization request to ADAP for that drug for that individual. To obtain the PA form, refer to the "Prior Authorizations" section of the webpage at:

<https://www.pantherspecialty.com/sc-adap/>

ADAP Pharmacy Phone Number: 855-PANTHRX (803-728-3212)