

**FORMULARY**  
**Virginia (VA) Medication Assistance Program**

LAST UPDATED: MARCH 2021

NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS)  
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIS)  
MULTI-CLASS COMBINATION AGENT  
INTEGRASE INHIBITOR  
FUSION INHIBITOR (FI)  
PROTEASE INHIBITORS (PIS)  
ENTRY INHIBITOR (CCR5 CO-RECEPTOR ANTAGONIST)  
OPPORTUNISTIC INFECTION (OI) PROTECTION/TREATMENT  
ATTACHMENT INHIBITORS  
POST-ATTACHMENT INHIBITORS  
ADJUVANT THERAPY  
ANTI-ANXIETY  
ANTIDEPRESSANTS  
ANTIPSYCHOTIC AGENTS  
ANTIHYPERGLYCEMICS  
ANTILIPIDEMICS  
BIPOLAR AGENTS  
SMOKING CESSATION  
NICOTINE REPLACEMENT THERAPY  
HEPATITIS C TREATMENT  
VACCINES

**Procedure for Treatment Requiring a Medication Exception**

- ✓ Medications for treatment experienced patients require a medication exception form, and are noted within the formulary along with exception criteria.
- ✓ A VA MAP medication exception form required is for the initial prescription, documenting authorized indications in the “Reason for Exception” section and related medication history to the requested medication.
- ✓ To request a medication exception, please complete the medication exception form(s) and fax to VA MAP at 804-864-8050.

The VA MAP Medication Exception Form can be found at:

<http://www.vdh.virginia.gov/disease-prevention/formulary/>

**Eligibility Criteria**

Please visit our website for full listing of eligibility requirements:

<http://www.vdh.virginia.gov/disease-prevention/eligibility/>

*Additional Resources*

For information about Patient Assistance Programs (PAPs) for medications not available through this formulary, please visit our website for guides and resources:

<http://www.vdh.virginia.gov/disease-prevention/patient-assistance-programs/>

# FORMULARY

## Virginia (VA) Medication Assistance Program

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*Brand names, listed parenthetically, are for reference only.*

*\*\*Unless brand medically necessary is specified, generic equivalent product may be dispensed based on cost.*

### **Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)**

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- abacavir (Ziagen)
- abacavir + lamivudine + zidovudine (Trizivir)
- didanosine (Videx)
- emtricitabine (Emtriva)
- emtricitabine + tenofovir D (Truvada)
- lamivudine (Epivir)
- lamivudine + abacavir (Epzicom)
- lamivudine + zidovudine (Combivir)
- stavudine (Zerit)
- tenofovir D (Viread)
- zidovudine (Retrovir)

### **Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)**

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- doravirine (Pifeltro)
- etravirine (Intelence) - ***Requires an VA MAP Medication Exception Form***
  - NRTI and first line NNRTI (delavirdine, efavirenz, or nevirapine) experienced or contraindicated, with either a detectable viral load or intolerance to current regimen.
- efavirenz (Sustiva)
- nevirapine (Viramune)
- rilpivirine (Edurant)

### **Multi-Class Combination Agent**

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- atazanavir + cobicistat (Evotaz)
- bictegravir + emtricitabine + tenofovir alafenamide (Biktarvy)
- cabotegravir + rilpivirine (Cabenuva)
- darunavir + cobicistat (Prezcobix)
- darunavir DRV + cobicistat COBI + tenofovir alafenamide TAF + emtricitabine FTC (Symtuza)
- dolutegravir + abacavir + lamivudine (Triumeq)
- dolutegravir DTG + lamivudine 3TC (Dovato)

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**Continued - Multi-Class Combination Agent**

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- dolutegravir + rilpivirine (Juluca)
- doravirine + lamivudine + tenofovir disoproxil fumarate (Delstrigo)
- efavirenz + emtricitabine + tenofovir D (Atripla)
- elvitegravir + cobicistat + emtricitabine + tenofovir D (Stribild)
- elvitegravir + cobicistat + emtricitabine + tenofovir alafenamide (Genvoya)
- emtricitabine + rilpivirine + tenofovir alafenamide (Odefsey)
- emtricitabine + tenofovir alafenamide (Descovy)
- rilpivirine + tenofovir D + emtricitabine (Complera)

**Attachment Inhibitors**

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- fostemsavir (Rukobia)

**Post-Attachment Inhibitors**

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- ibalizumab-uiyk (Trogarzo)

**Integrase Inhibitor**

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- dolutegravir (Tivicay)
- raltegravir (Isentress)

**Fusion Inhibitors**

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- enfuvirtide (Fuzeon) - ***Requires an VA MAP Medication Exception Form***
  - NRTI and NNRTI experienced or contraindicated, with either a detectable viral load or intolerance to current regimen, and prior experience with 1 or more PIs.

**Protease Inhibitors (PIs)**

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- atazanavir (Reyataz)
- darunavir (Prezista)
- fosamprenavir (Lexiva)
- lopinavir + ritonavir (Kaletra)
- nelfinavir (Viracept)
- ritonavir (Norvir)
  - Abbott Laboratories, manufacturer of Norvir, currently make this medication available to clients who are on 400 mg per day or higher without charge to client or VA MAP through their Patient Assistance Program. Clients or medical providers can contact the program directly at 1-800-222-6885. The website address is [www.abbott.com](http://www.abbott.com).
- saquinavir (Invirase)

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**Entry Inhibitor (CCR5 co-receptor antagonist)**

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- maraviroc (Selzentry) - *Requires an VA MAP Medication Exception Form*
  - Requires a blood test that identifies HIV tropism type as CCR5 within 3 months of request

**Tropism Assay for CCR5 Receptor**

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- For information on obtaining a Tropism Assay, please refer to the Tropism Access Program offered through ViiV Healthcare Company at the link listed below:
  - <http://www.vdh.virginia.gov/disease-prevention/formulary/>

**Opportunistic Infection (OI) Protection/Treatment**

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- acyclovir (Zovirax) – Oral
- aerosolized pentamidine (AP) - Have or had active thrush or have a CD4 count of 250 or less.
- amikacin (Amikin)
- atovaquone (Mepron) - Have or had active thrush or have a CD4 count of 250 or less.
- azithromycin (Zithromax) - Have or had CD4 count of 100 or less.
- capreomycin (Capastat)
- clarithromycin (Biaxin)
- clindamycin (Cleocin) oral
- cycloserine (Seromycin)
- dapsone - Have or had active thrush or have a CD4 count of 250 or less.
- ethambutol (Myambutol)
- ethionamide (Trecator)
- famciclovir (Famvir) For Herpes Zoster only.
- fluconazole (Diflucan)
- isoniazid (INH)
- itraconazole (Sporanox)
- leucovorin (Wellcovorin)
- levofloxacin (Levaquin)
- para-aminosalicylic acid (Paser)
- prednisone (Deltasone)
- primaquine
- pyrazinamide (Tebrazid)

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**Continued - Opportunistic Infection (OI) Protection/Treatment**

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- pyridoxine (Vitamin B6)
- pyrimethamine (Daraprim)
- rifabutin (Mycobutin) - Have or had a CD4 count of 100 or less. For treatment of MAI, only for those clients currently on it and those unable to tolerate Zithromax.
- rifampin (Rifadin, Rimactane)
- sulfadiazine (Microsulfon)
- trimethoprim - Have or had active thrush or have a CD4 count 250 or less.
- trimethoprim-sulfamethoxazole (TMP-SMX, Bactrim/Septtra) - Have or had active thrush or have a CD4 count of 250 or less.
- valganciclovir HCL (Valcyte)
- voriconazole (VFEND) - ***Requires an VA MAP Medication Exception Form***
  - Only authorized for fluconazole resistant candidiasis, treatment failure of candidiasis after utilizing itraconazole, and for the treatment of invasive aspergillus.

**Adjuvant Therapy**

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- epoetin alfa (Procrit)
- leucovorin (Wellcovorin)
- megestrol (Megace)

**Antianxiety**

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- buspirone (BuSpar)
- hydroxyzine (Atarax)

**Antidepressants**

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- amitriptyline (Elavil)
- bupropion (Wellbutrin)
- citalopram (Celexa)
- doxepin (Sinequan)
- duloxetine (Cymbalta)
- escitalopram (Lexapro)
- fluoxetine (Prozac)

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**Continued - Antidepressants**

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- mirtazapine (Remeron)
- nortriptyline (Pamelor)
- paroxetine (Paxil)
- sertraline (Zoloft)
- trazodone (Desyrel)
- venlafaxine (Effexor)

**Antiemetics**

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- prochlorperazine (Compazine)
- promethazine (Phenergan)

**Antihyperglycemics**

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- glipizide
- glipizide/metformin
- glyburide
- glyburide/metformin
- insulin (injectable only)
- metformin
- rosiglitazone (Avandia)

**Antilipidemics**

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- atorvastatin (Lipitor)
- ezetimibe (Zetia)
- fenofibrate (Tricor)
- gemfibrozil (Lopid)
- niacin (Niaspan)
- pravastatin (Pravachol)
- rosuvastatin (Crestor)

**Antipsychotic Agents:**

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- chlorpromazine (Thorazine)
- haloperidol (Haldol)
- olanzapine (Zyprexa)
- risperidone (Risperdal)
- ziprasidone (Geodon)

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**Bipolar Agents**

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- lithium (Eskalith)
- valproic acid / divalproex sodium (Depakote)

**Gastroesophageal Reflux Disease (GERD) agents**

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- esomeprazole (Nexium)
- famotidine (Pepcid)
- lansoprazole (Prevacid)
- omeprazole (Prilosec)
- pantoprazole (Protonix)
- ranitidine (Zantac)

**Hepatitis B Treatment**

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- tenofovir alafenamide (Vemlidy)
  - *Restricted to only those with Chronic Hepatitis B and received HIV treatment. Requires use and diagnosis documented on the prescription.*

**Hepatitis C Treatment**

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***Requires an Hepatitis C/HIV Treatment Assistance Program Application***

- daclatasvir (Daklinza)
- elbasvir + grazoprevir (Zepatier)
- glecaprevir + pibrentasvir (Mavyret)
- ledipasvir + sofosbuvir (Harvoni)
- ribavirin
- sofosbuvir (Sovaldi)
- sofosbuvir + velpatasvir (Epclusa)

**Nicotine Replacement Therapy**

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- nicotine transdermal patch
- nicotine nasal solution
- nicotine inhaler
- nicotine lozenge
- nicotine gum

**Opioid Reversal Agent**

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- NARCAN® Nasal Spray (NNS) 4mg/0.01mL carton

**Osteoporosis Prevention**

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- alendronate sodium (Fosamax)

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**Smoking Cessation**

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- varenicline (Chantix)
- bupropion SR (Zyban/Buproban)

**Vaccines**

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- Hepatitis A
- Hepatitis A/B
- Hepatitis B
- Human papillomavirus (HPV) - ***Requires an VA MAP Medication Exception Form***
  - Only authorized for clients with a CD4 count of 200 or more and used as indicated in males and females up to age 45.
- Influenza
- Measles, Mumps and Rubella Virus (MMR)
- Meningococcal Conjugate
- Pneumovax
- Pneumococcal Conjugate
- Shingrix
- Tetanus and Diphtheria (Td)
- Tetanus, Diphtheria, and Pertussis (Tdap)