

# **FORMULARY**

Virginia (VA) Medication Assistance Program

Last Updated – September 2023

<b>NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs)</b>
<b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)</b>
<b>MULTI-CLASS COMBINATION AGENT</b>
<b>ATTACHMENT INHIBITORS</b>
<b>POST-ATTACHMENT INHIBITORS</b>
<b>INTEGRASE INHIBITORS</b>
<b>FUSION INHIBITORS</b>
<b>PROTEASE INHIBITORS (PIs)</b>
<b>ENTRY PROHIBITORS</b>
<b>TROPISM ASSAY FOR CCR5 RECEPTOR</b>
<b>OPPORTUNISTIC INFECTION PROTECTION/TREATMENT</b>
<b>ADJUVANT THERAPY</b>
<b>ANTI-ANXIETY</b>
<b>ANTI-DEPRESSANTS</b>
<b>ANTI-EMETICS</b>
<b>ANTI-HYPERGLYCEMICS</b>
<b>ANTI-LIPIDEMICS</b>
<b>ANTI-PSYCHOTIC AGENTS</b>
<b>BIPOLAR AGENTS</b>
<b>GASTROESOPHAGEAL REFLUX DISEASE (GERD) AGENTS</b>
<b>HEPATITIS B AND C TREATMENTS</b>
<b>NICOTINE REPLACEMENT THERAPY</b>
<b>OPIOID REVERSAL AGENT</b>
<b>OSTEOPOROSIS PREVENTION</b>
<b>SMOKING CESSATION</b>
<b>SEXUALLY TRANSMITTED INFECTIONS (STI) TREATMENTS</b>
<b>VACCINES</b>

## **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 is required 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; forms can be found at the VA MAP website’s Policies, Forms, and Resources tab, at: <http://www.vdh.virginia.gov/disease-prevention/vamap/>

## **Eligibility Criteria**

Please visit our website for full listing of eligibility requirements:

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

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/>

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**Brand names, listed in parenthesis, are for reference only. Unless the brand name is specified as medically necessary, generic equivalencies may be dispensed at base cost.**

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### *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)

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### *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)

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### *Multi-Class Combination Agent*

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- atazanavir + cobicistat (Evotaz)
- bictegravir + emtricitabine + tenofovir alafenamide (Biktarvy)
- cabotegravir + rilpivirine (Cabenuva)
- darunavir + cobicistat (Prezcobix)

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- darunavir DRV + cobicistat COBI + tenofovir alafenamide TAF + emtricitabine FTC (Symtuza)
- dolutegravir + abacavir + lamivudine (Triumeq)
- dolutegravir DTG + lamivudine 3TC (Dovato)
- 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)

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### *Attachment Inhibitors*

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- fostemsavir (Rukobia)

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### *Post-Attachment Inhibitors*

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- ibalizumab-uiyk (Trogarzo)

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### *Integrase Inhibitors*

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- dolutegravir (Tivicay)
- raltegravir (Isentress)

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### *Fusion Inhibitors*

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- enfuvirtide (Fuzeon) - **Requires a 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.

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### *Protease Inhibitors*

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

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### *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/>

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### *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.

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- 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)
- 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/Septra) - Have or had active thrush or have a CD4 count of 250 or less.
- valganciclovir HCL (Valcyte)
- voriconazole (VFEND) - ***Requires a 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.

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### *Adjuvant Therapy*

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

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### *Antianxiety*

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- buspirone (BuSpar)
- hydroxyzine (Atarax)

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### *Antidepressants*

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- amitriptyline (Elavil)
- bupropion (Wellbutrin)
- citalopram (Celexa)
- doxepin (Sinequan)
- duloxetine (Cymbalta)
- escitalopram (Lexapro)
- fluoxetine (Prozac)
- mirtazapine (Remeron)
- nortriptyline (Pamelor)
- paroxetine (Paxil)
- sertraline (Zoloft)
- trazodone (Desyrel)
- venlafaxine (Effexor)

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### *Antiemetics*

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- prochlorperazine (Compazine)
- promethazine (Phenergan)

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### *Antihyperglycemics*

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- empagliflozin (Jardiance)
  - glipizide
  - glipizide/metformin
  - glyburide
  - glyburide/metformin
  - insulin (injectable only)
  - liraglutide (Victoza)
  - metformin
  - pioglitazone (Actos)
  - sitagliptin (Januvia)
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### *Antilipidemics*

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

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### *Gastroesophageal Reflux Disease (GERD) Agents*

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

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### *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.***

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### *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)

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### *Nicotine Replacement Therapy*

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

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### *Opioid Reversal Agent*

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- naloxone nasal spray 4mg

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### *Osteoporosis Prevention*

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- alendronate sodium (Fosamax)

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### *Smoking Cessation*

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

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### *Sexually Transmitted Infections (STI) Treatment*

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- acyclovir
- azithromycin
- ceftriaxone
- clindamycin
- doxycycline
- famciclovir

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- Gentamicin
  - Recommendation for Gentamicin: Only prescribe if patient has an allergy to cephalosporins
- imiquimod
- ivermectin
- levofloxacin
- metronidazole
- Penicillin benzathine
- permethrin
- valaciclovir (Valtrex)

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### *Vaccines*

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- Hepatitis A
- Hepatitis A/B
- Hepatitis B
- Human papillomavirus (HPV) - ***Requires a 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)