

Description of Medication Formularies | by brand name

Effective Feb. 5, 2018 (please discard / remove previous versions)



THE STANDARD COLORADO ADAP FORMULARY (by brand name)

HIV SPECIFIC MEDICATIONS

Brand Name	Generic Name	Brief Description of Category	Prior authorization?
Aptivus	Tipranavir	PI - ANTIRETROVIRAL	No prior authorization
Atripla	Emtricitabine/Tenofovir/Efavirenz	COMB ANTIRETROVIRAL - NRTI, NNRTI	No prior authorization
Combivir	Zidovudine/Lamivudine	COMB ANTIRETROVIRAL - NRTI	No prior authorization
Complera	Emtricitabine, rilpivirine, and tenofovir	COMB ANTIRETROVIRAL - NRTI, NNRTI	No prior authorization
Crixivan	Indinavir	PI - ANTIRETROVIRAL	No prior authorization
Descovy	Emtricitabine/tenofovir alafenamide	COMB ANTIRETROVIRAL- NRTI	No prior authorization
Eduvant	Rilpivirine	NNRTI - ANTIRETROVIRAL	No prior authorization
Emtriva	Emtricitabine (FTC)	NRTI - ANTIRETROVIRAL	No prior authorization
Epivir	Lamivudine (3TC)	NRTI - ANTIRETROVIRAL	No prior authorization
Epzicom	Abacavir/Lamivudine	COMB ANTIRETROVIRAL - NRTI	No prior authorization
Evotaz	Atazanavir/ Cobicistat	COMB ANTIRETROVIRAL (PI, CYP3A INHIBITOR)	No prior authorization
Fuzeon	Enfuvirtide (T-20)	FI - ANTIRETROVIRAL	No prior authorization
Genvoya	Elvitegr/COBICIST/EMTRIC/TENOF ALAF	COMB ANTIRETROVIRAL (INSTI, NRTI, CYP3A INH)	No prior authorization
Intelence	Etravirine	NNRTI - ANTIRETROVIRAL	No prior authorization
Invirase	Saquinavir Mesylate	PI - ANTIRETROVIRAL	No prior authorization
Isentress	Raltegravir	INTEGRASE STRAND TRANSFER INHIBITOR (INSTI)	No prior authorization
Isentress XR	Raltegravir	INTEGRASE STRAND TRANSFER INHIBITOR (INSTI)	No prior authorization
Juluca	Dolutegravir/ rilpivirine	2 MEDICATION COMB ARV (INSTI; NNRTI, PI)	No prior authorization
Kaletra	Lopinavir/Ritonavir	COMB ANTIRETROVIRAL (PI, CYP3A INHIBITOR)	No prior authorization
Levixa	Fosamprenavir	PI - ANTIRETROVIRAL	No prior authorization
Norvir	Ritonavir	PI - ANTIRETROVIRAL	No prior authorization
Odefsey	Emtricitabine, rilpivirine, and tenofovir al	COMB ANTIRETROVIRAL - NRTI, NNRTI	No prior authorization
Prezcobix	Darunavir /Cobicistat	COMB ANTIRETROVIRAL (PI, CYP3A INHIBITOR)	No prior authorization
Prezista	Darunavir	PI - ANTIRETROVIRAL	No prior authorization
Rescriptor	Delaviradine	NNRTI - ANTIRETROVIRAL	No prior authorization
Retrovir	Zidovudine (AZT)	NRTI - ANTIRETROVIRAL	No prior authorization
Reyataz	Atazanavir	PI - ANTIRETROVIRAL	No prior authorization
Selzentry	Maraviroc	EI - ANTIRETROVIRAL	No prior authorization
Stribild	ELVITEGR/Cobisist/Emtircic/Tenof	COMB ANTIRETROVIRAL (INSTI, NRTI, CYP3A INH)	No prior authorization
Sustiva	Efavirenz	NNRTI - ANTIRETROVIRAL	No prior authorization
Tivicay	Dolutegravir	INTEGRASE STRAND TRANSFER INHIBITOR (INSTI)	No prior authorization
Triumeq	Abacavir/Dolutegravir/Lamivudine	COMBINATION ANTIRETROVIRAL (INSTI, NRTI)	No prior authorization
Trizivir	Zidovudine/Lamivudine/ Abacavir	COMB ANTIRETROVIRAL - NRTI	No prior authorization
Truvada	Emtricitabine/Tenofovir	COMB ANTIRETROVIRAL - NRTI	No prior authorization
Tybost	Cobicistat	CYP3A INHIBITOR	No prior authorization
Vemlidy	Tenofovir alafenamide	off label indication	No prior authorization
Videx	Didanosine (ddl)	NRTI - ANTIRETROVIRAL	No prior authorization
Videx EC	Didanosine EC	NRTI - ANTIRETROVIRAL	No prior authorization
Viracept	Nelfinavir	PI - ANTIRETROVIRAL	No prior authorization
Viramune	Nevirapine	NNRTI - ANTIRETROVIRAL	No prior authorization
Viramune XR	Nevirapine	NNRTI - ANTIRETROVIRAL	No prior authorization
Viread	Tenofovir	NRTI - ANTIRETROVIRAL	No prior authorization
Vitekta	Elvitegravir	INSTI - ANTIRETROVIRAL	No prior authorization
Zerit	Stavudine (d4T)	NRTI - ANTIRETROVIRAL	No prior authorization
Ziagen	Abacavir	NRTI - ANTIRETROVIRAL	No prior authorization

OTHER COVERED MEDICATIONS

Brand Name	Generic Name	Brief Description of Category	Prior authorization?
Abilify	Aripiprazole	PSYCHOTROPIC MEDICATIONS	No prior authorization
Aldactone	Spironolactone	Hormonal Treatment	No prior authorization
Allesse	Aviane and Generics	CONTRACEPTIVES	No prior authorization
Alinia	Nitazoxanide	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	No prior authorization
Amoxil	Amoxicillin	ANTIBIOTIC	No prior authorization
Antabuse	Disulfiram	TREATMENT FOR CHRONIC ALCOHOLISM	No prior authorization
Aranesp	Darbepoetin alfa	ERYTHROPOIESIS STIMULATING	No prior authorization
Avelox, Moxeza, Vigamox	Moxifloxacin	ANTIBIOTIC	No prior authorization
Avodart	Dutasteride	Hormonal Treatment	No prior authorization
Baraclude	Entecavir	HEPATITIS B TREATMENT	No prior authorization
Biaxin	Clarithromycin	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization
Campral	Acamprosate Calcium	Tx for post-withdrawal alcohol dependence	No prior authorization
Celexa	Citalopram	ANTIDEPRESSANT	No prior authorization
Chantix	Varenicline	SMOKING DETERRENT	No prior authorization
Cipro, Proquin	Ciprofloxacin	ANTIBIOTIC, ANTIBACTERIAL	No prior authorization
Cleocin	Clindamycin	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization
Copegus,Rebetol	Ribavirin	HEPATITIS C TREATMENT	No prior authorization
Cozaar	Losartan	ANTIHYPERTENSIVES	No prior authorization
Crestor	Rosuvastatin	ANTIHYPERLIPIDEMIC	No prior authorization
Cymbalta	Duloxetine	ANTIDEPRESSANT	No prior authorization
Cytovene	Gancyclovir	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization
Daklinza**	Daclatasvir	HEPATITIS C TREATMENT	No prior authorization
Dapsone	Dapsone	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization
Daraprim	Pyrimethamine	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization
Delestrogen	Estradiol Vlareate	Hormonal Treatment	No prior authorization
Depa-Estradiol	Estradiol Cypionate	Hormonal Treatment	No prior authorization
Depakote	Divalproex sodium	ANTICONVULSANTS	No prior authorization
Dupixent	Dupilumab	Severe atopic dermatitis injection	No prior authorization
Diflucan	Fluconazole	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization

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Effexor	Venlafaxine	ANTIDEPRESSANT	No prior authorization
Elavil	Amitriptyline	ANTIDEPRESSANT	No prior authorization
Egrifta	Tesamorelin for injections	Reduction of excess abdominal fat	No prior authorization
Epclusa**	sofosbuvir, velpatasvir (with ribavirin)	HEPATITIS C TREATMENT	No prior authorization
Ergocalciferol	Ergocalciferol (Vitamin D capsule)	VITAMIN DEFICIENCY ANTIHYPOPARATHYROID	No prior authorization
Estrace	Estradiol	Hormonal Treatment	No prior authorization
Eulexin	Flutamine	Hormonal Treatment	No prior authorization
Evizio	Naloxone autoinjection	OPIOID OVERDOSE TREATMENT	No prior authorization
Famvir	Famciclovir	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Farxiga	Dapagliflozin	TREATMENT for TYPE 2 DIABETES	No prior authorization
Flagyl	Metronidazole	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	No prior authorization
Foscavir	Foscarnet	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Fungizone	Amphotericin Injection	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Geodon	Ziprasidone	PSYCHOTROPIC MEDICATIONS	No prior authorization
Glucometer	Glucometer	BLOOD SUGAR DIAGNOSTICS	No prior authorization
Glucophage	Metformin	ANTIHYPERTENSIVE	No prior authorization
Glucose strips	Glucose Strips	BLOOD SUGAR DIAGNOSTICS	No prior authorization
Glucotrol	Glipizide	ANTIHYPERTENSIVE	No prior authorization
Glucovance	Metformin w/ Glyburide	ANTIHYPERTENSIVE	No prior authorization
Harvoni **	Ledipasvir and Sofosbuvir	HEPATITIS C TREATMENT	No prior authorization
Hepsera	Adefovir	HEPATITIS B TREATMENT	No prior authorization
Hydrodiuril	Hydrochlorothiazide (HCTZ)	THIAZIDE AND RELATED DIURETICS	No prior authorization
Imodium A-D	Loperamide	ANTIDIARRHEALS	No prior authorization
Incivek	Telaprevir	HEPATITIS C TREATMENT	No prior authorization
Keppra	Levetiracetam	ANTICONVULSANTS	No prior authorization
Lancets	Lancets	LANCETS	No prior authorization
Leucovorin	Leucovorin	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Levaquin	Levofloxacin	ANTIBIOTIC	No prior authorization
Lipitor	Atorvastatin	ANTIHYPERTENSIVE	No prior authorization
Lithium compound	Lithium	PSYCHOTROPIC MEDICATIONS	No prior authorization
Lomotil	Diphenoxylate and Atropine	ANTIDIARRHEALS	No prior authorization
Lopid	Gemfibrozil	LIPOTROPICS	No prior authorization
Lopressor	Metoprolol	BETA-ADRENERGIC BLOCKING AGENTS	No prior authorization
Mavyret	glecaprevir and pibrentasvir	HEPATITIS C TREATMENT	No prior authorization
Mepron	Atovaquone	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	No prior authorization
Micronase	Glyburide	ANTIHYPERTENSIVE	No prior authorization
Myambutol	Ethambutol	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Mycelex	Clotrimazole	ANTIFUNGAL AGENTS	No prior authorization
Mycobutin	Rifabutin	ANTIMYCOBACTERIAL	No prior authorization
Narcan	Naloxone	OPIOID OVERDOSE TREATMENT	No prior authorization
Nebupent	Pentamidine, aerosol	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Neulasta	Pegfilgrastim	GRANULOCYTE COLONY-STIMULATING FACTOR	No prior authorization
Neupogen	Filgrastim	GRANULOCYTE COLONY-STIMULATING FACTOR	No prior authorization
Neurontin	Gabapentin	ANTICONVULSANTS	No prior authorization
Nexium	Esomeprazole	GASTROINTESTINAL MEDICATIONS	No prior authorization
Norvasc, others	Amlodipine	ANTIHYPERTENSIVES	No prior authorization
Noxfil	Posaconazole	ANTIFUNGAL	No prior authorization
NuvaRing	Vaginal Ring	CONTRACEPTIVES	No prior authorization
Nystatin	Nystatin Suspension	ANTIFUNGAL ANTIBIOTICS	No prior authorization
OrthoNovum 1/35	Necon 1/35 and Generics	CONTRACEPTIVES	No prior authorization
Paxil	Paroxetine Hydrochloride	ANTIDEPRESSANT	No prior authorization
Peg-Intron	Peginterferon alfa-2b	HEPATITIS C TREATMENT	No prior authorization
Pegasys	Peginterferon alfa-2a	HEPATITIS C TREATMENT	No prior authorization
Peridex	Chlorhexidine rinse	ORAL RINSE FOR TREATMENT OF GINGIVITIS	No prior authorization
Premarin	Conjugated Estrogens	Hormonal Treatment	No prior authorization
Prilosec	Omeprazole Magnesium	GASTROINTESTINAL MEDICATIONS	No prior authorization
Procrit, Epogen	Epoetin alfa/Erythropoietin	ERYTHROPOIESIS STIMULATING	No prior authorization
Progesterone	Micronized Progesterone	Hormonal Treatment	No prior authorization
Propranolol	Propranolol	ANTIHYPERTENSIVES, BETA BLOCKERS	No prior authorization
Proscar or Propecia	Finasteride	Hormonal Treatment	Prior authorization required
Proventil	Albuterol Sulfate	ANTIASTHMATIC and BRONCHODILATOR AGENT	No prior authorization
Prozac	Fluoxetine	ANTIDEPRESSANT	No prior authorization
Quedexy XR / Topamax	Topiramate	ANTICONVULSANTS	No prior authorization
Remeron	Mirtazapine	ANTIDEPRESSANT	No prior authorization
Revia / Depade	Naltrexone - oral	OPIOID OVERDOSE TREATMENT	No prior authorization
Rifadin	Rifampin	ANTIMYCOBACTERIAL	No prior authorization
Risperdal	Risperidone	PSYCHOTROPIC MEDICATIONS	No prior authorization
Septra, Bactrim	Sulfamethoxazole/Trimethoprim	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Seroquel	Quetiapine	PSYCHOTROPIC MEDICATIONS	No prior authorization
Sovaldi **	Sofosbuvir	HEPATITIS C TREATMENT	No prior authorization
Sporanox	Itraconazole	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Suboxone	Buprenorphine, naloxone	OPIOID DEPENDENCE TREATMENT	No prior authorization
Subutex	Buprenorphine	OPIOID DEPENDENCE TREATMENT	No prior authorization
Sulfadiazine	Sulfadiazine	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Tamiflu	Osetamivir	INFLUENZA AGENT	No prior authorization
Technivie**	ombitasvir, paritaprevir, and ritonavir	HEPATITIS C TREATMENT	No prior authorization
Tenormin	Atenolol	BETA-ADRENERGIC BLOCKING AGENTS	No prior authorization
Trazodone HCL	Trazodone HCL	ANTIDEPRESSANT	No prior authorization
Tricor	Fenofibrate	LIPOTROPICS	No prior authorization
Tyzeka	Telbivudine	HEPATITIS B TREATMENT	No prior authorization
Valcyte	Valganciclovir	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Valtrex	Valacyclovir	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization

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Vancocin HCl	Vancomycin	ANTIBIOTIC	No prior authorization
Various	Amoxicillin+clavulanate	ANTIBIOTIC	No prior authorization
Various	Doxycycline	ANTIBIOTIC	No prior authorization
Various	Insulin	INSULINS	No prior authorization
Various	Isoniazid	ANTIMYCOBACTERIAL	No prior authorization
Various	Ketoconazole Cream /Foam	ANTIFUNGAL	No prior authorization
Various	Testosterone	ANDROGENIC AGENTS	No prior authorization
Various	Testosterone Cyplonate/ Enanthate	Hormonal Treatment	No prior authorization
Various	ALL antivirals for treatment of STDs	Sexual Transmitted Disease treatments	No prior authorization
Various	Vaccinations for HAV, HBV, HPV,	Vaccines	No prior authorization
Veetids	Penicillin	ANTIBIOTIC	No prior authorization
Vemlidy	Tenofovir alafenamide	HEPATITIS B (CHRONIC) TREATMENT	No prior authorization
Vfend	Voriconazole	ANTIFUNGAL AGENTS	No prior authorization
Victrelis	Boceprevir	HEPATITIS C TREATMENT	No prior authorization
Viekira Pak **	Ombitasvir, Paritaprevir, Ritonavir Dasab	HEPATITIS C TREATMENT	No prior authorization
Vistide	Cidofovir	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization
Vivitrol	Naltrexone - injection	OPIOID OVERDOSE TREATMENT	No prior authorization
Wellbutrin	Bupropion	ANTIDEPRESSANT	No prior authorization
Zantac	Ranitidine	GASTROINTESTINAL MEDICATIONS	No prior authorization
Zepatier**	Elbasvir, grazoprevir	HEPATITIS C TREATMENT	No prior authorization
Zestoretic	Lisinopril w/ HCTZ	ANTIHYPERTENSIVES	No prior authorization
Zestril	Lisinopril	ANTIHYPERTENSIVES	No prior authorization
Zithromax	Azithromycin	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization
Zoloft	Sertraline	ANTIDEPRESSANT	No prior authorization
Zovirax	Acyclovir	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization
Zyprexa	Olanzapine	PSYCHOTROPIC MEDICATIONS	No prior authorization
Zyvox	Linezolid	ANTIBIOTIC	No prior authorization

FORMULARY FOR THOSE ENROLLED IN THE BRIDGING THE GAP COLORADO PROGRAM (BTGC, GROUP 38001)

For enrollees up until the catastrophic level:

All medications on the enrollee's Medicare prescription drug plan (with the exception of erectile dysfunction drugs).

For enrollees after an individual hits the catastrophic level:

The Standard ADAP Formulary

* Please note that many insurance carriers may not cover every drug that is on the Standard ADAP formulary. The carrier may also require prior authorization, or step therapy to access the drug. It is important to check with your provider to see if a particular medication is on their formulary, as Colorado ADAP is the secondary payment source, and does not guarantee access to a drug if it cannot be obtained through your insurance provider.

**If an enrollee in Colorado ADAP is denied coverage of a Hepatitis C therapy (because it is not on the insurance provider's formulary, the insurance provider states that there is insufficient medical reason to treat, or the enrollee is uninsured), the pharmacist, or treating physician is encouraged to call the ADAP Helpdesk at (303) 692-2716 to inquire about providing that therapy through the uninsured program.

UPDATED 020718



THE STANDARD COLORADO ADAP FORMULARY (by generic name)

HIV SPECIFIC MEDICATIONS

Brand Name	Generic Name	Brief Description of Category	Prior authorization?
Ziagen	Abacavir	NRTI - ANTIRETROVIRAL	No prior authorization
Triumeq	Abacavir/Dolutegravir/Lamivudine	COMBINATION ANTIRETROVIRAL (INSTI, NRTI)	No prior authorization
Epzicom	Abacavir/Lamivudine	COMB ANTIRETROVIRAL - NRTI	No prior authorization
Reyataz	Atazanavir	PI - ANTIRETROVIRAL	No prior authorization
Evotaz	Atazanavir/ Cobicistat	COMB ANTIRETROVIRAL (PI, CYP3A INHIBITOR)	No prior authorization
Tybost	Cobicistat	CYP3A INHIBITOR	No prior authorization
Prezista	Darunavir	PI - ANTIRETROVIRAL	No prior authorization
Prezcobix	Darunavir /Cobicistat	COMB ANTIRETROVIRAL (PI, CYP3A INHIBITOR)	No prior authorization
Rescriptor	Delaviradine	NNRTI - ANTIRETROVIRAL	No prior authorization
Videx	Didanosine (ddl)	NRTI - ANTIRETROVIRAL	No prior authorization
Videx EC	Didanosine EC	NRTI - ANTIRETROVIRAL	No prior authorization
Tivicay	Dolutegravir	INTEGRASE STRAND TRANSFER INHIBITOR (INSTI)	No prior authorization
Juluca	Dolutegravir/ rilpivirine	2 MEDICATION COMB ARV (INSTI; NNRTI, PI)	No prior authorization
Sustiva	Efavirenz	NNRTI - ANTIRETROVIRAL	No prior authorization
Vitekta	Elvitegravir	INSTI - ANTIRETROVIRAL	No prior authorization
Genvoya	Elvitegr/COBICIST/EMTRIC/TENOF ALAF	COMB ANTIRETROVIRAL (INSTI, NRTI, CYP3A INH)	No prior authorization
Stribild	ELVITEGR/Cobisist/Emtirc/Tenof	COMB ANTIRETROVIRAL (INSTI, NRTI, CYP3A INH)	No prior authorization
Emtriva	Emtricitabine (FTC)	NRTI - ANTIRETROVIRAL	No prior authorization
Complera	Emtricitabine, rilpivirine, and tenofovir	COMB ANTIRETROVIRAL - NRTI, NNRTI	No prior authorization
Odefsey	Emtricitabine, rilpivirine, and tenofovir al	COMB ANTIRETROVIRAL - NRTI, NNRTI	No prior authorization
Truvada	Emtricitabine/Tenofovir	COMB ANTIRETROVIRAL - NRTI	No prior authorization
Descovy	Emtricitabine/tenofovir alafenamide	COMB ANTIRETROVIRAL- NRTI	No prior authorization
Atripla	Emtricitabine/Tenofovir/Efavirenz	COMB ANTIRETROVIRAL - NRTI, NNRTI	No prior authorization
Fuzeon	Enfuvirtide (T-20)	FI - ANTIRETROVIRAL	No prior authorization
Intelence	Etravirine	NNRTI - ANTIRETROVIRAL	No prior authorization
Levixa	Fosamprenavir	PI - ANTIRETROVIRAL	No prior authorization
Crixivan	Indinavir	PI - ANTIRETROVIRAL	No prior authorization
Epivir	Lamivudine (3TC)	NRTI - ANTIRETROVIRAL	No prior authorization
Kaletra	Lopinavir/Ritonavir	COMB ANTIRETROVIRAL (PI, CYP3A INHIBITOR)	No prior authorization
Selzentry	Maraviroc	EI - ANTIRETROVIRAL	No prior authorization
Viracept	Nelfinavir	PI - ANTIRETROVIRAL	No prior authorization
Viramune	Nevirapine	NNRTI - ANTIRETROVIRAL	No prior authorization
Viramune XR	Nevirapine	NNRTI - ANTIRETROVIRAL	No prior authorization
Isentress	Raltegravir	INTEGRASE STRAND TRANSFER INHIBITOR (INSTI)	No prior authorization
Isentress XR	Raltegravir	INTEGRASE STRAND TRANSFER INHIBITOR (INSTI)	No prior authorization
Edurant	Rilpivirine	NNRTI - ANTIRETROVIRAL	No prior authorization
Norvir	Ritonavir	PI - ANTIRETROVIRAL	No prior authorization
Invirase	Saquinavir Mesylate	PI - ANTIRETROVIRAL	No prior authorization
Zerit	Stavudine (d4T)	NRTI - ANTIRETROVIRAL	No prior authorization
Viread	Tenofovir	NRTI - ANTIRETROVIRAL	No prior authorization
Vemlidy	Tenofovir alafenamide	off label use for HIV	
Aptivus	Tipranavir	PI - ANTIRETROVIRAL	No prior authorization
Retrovir	Zidovudine (AZT)	NRTI - ANTIRETROVIRAL	No prior authorization
Combivir	Zidovudine/Lamivudine	COMB ANTIRETROVIRAL - NRTI	No prior authorization
Trizivir	Zidovudine/Lamivudine/Abacavir	COMB ANTIRETROVIRAL - NRTI	No prior authorization

OTHER COVERED MEDICATIONS

Brand Name	Generic Name	Brief Description of Category	Prior authorization?
Campral	Acamprosate Calcium	Tx for post-withdrawal alcohol dependence	No prior authorization
Zovirax	Acyclovir	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization
Hepsera	Adefovir	HEPATITIS B TREATMENT	No prior authorization
Proventil	Albuterol Sulfate	ANTIASTHMATIC and BRONCHODILATOR AGENT	No prior authorization
Various	ALL antivirals for treatment of STDs	Sexual Transmitted Disease treatments	No prior authorization
Elavil	Amitriptyline	ANTIDEPRESSANT	No prior authorization
Norvasc, others	Amlodipine	ANTIHYPERTENSIVES	No prior authorization
Amoxil	Amoxicillin	ANTIBIOTIC	No prior authorization
Various	Amoxicillin+clavulanate	ANTIBIOTIC	No prior authorization
Fungizone	Amphotericin Injection	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization
Abilify	Aripiprazole	PSYCHOTROPIC MEDICATIONS	No prior authorization
Tenormin	Atenolol	BETA-ADRENERGIC BLOCKING AGENTS	No prior authorization
Lipitor	Atorvastatin	ANTIHYPERLIPIDEMIC	No prior authorization
Mepron	Atovaquone	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	No prior authorization
Alesse	Aviane and Generics	CONTRACEPTIVES	No prior authorization
Zithromax	Azithromycin	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization
Victrelis	Boceprevir	HEPATITIS C TREATMENT	No prior authorization
Subutex	Buprenorphine	OPIOID DEPENDENCE TREATMENT	No prior authorization
Suboxone	Buprenorphine, naloxone	OPIOID DEPENDENCE TREATMENT	No prior authorization
Wellbutrin	Bupropion	ANTIDEPRESSANT	No prior authorization
Peridex	Chlorhexidine rinse	ORAL RINSE FOR TREATMENT OF GINGIVITIS	No prior authorization
Vistide	Cidofovir	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization
Cipro, Proquin	Ciprofloxacin	ANTIBIOTIC, ANTIBACTERIAL	No prior authorization
Celexa	Citalopram	ANTIDEPRESSANT	No prior authorization
Biaxin	Clarithromycin	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization
Cleocin	Clindamycin	OPPORTINISTIC INFECTION MEDICATIONS	No prior authorization
Mycelex	Clotrimazole	ANTIFUNGAL AGENTS	No prior authorization

Colorado AIDS Drug Assistance Program

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Premarin	Conjugated Estrogens	Hormonal Treatment	No prior authorization
Daklinza**	Daclatasvir	HEPATITIS C TREATMENT	No prior authorization
Farxiga	Dapagliflozin	TREATMENT for TYPE 2 DIABETES	No prior authorization
Dapsone	Dapsone	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Aranesp	Darbepoetin alfa	ERYTHROPOIESIS STIMULATING	No prior authorization
Lomotil	Diphenoxylate and Atropine	ANTIDIARRHEALS	No prior authorization
Antabuse	Disulfiram	TREATMENT FOR CHRONIC ALCOHOLISM	No prior authorization
Depakote	Divalproex sodium	ANTICONVULSANTS	No prior authorization
Various	Doxycycline	ANTIBIOTIC	No prior authorization
Cymbalta	Duloxetine	ANTIDEPRESSANT	No prior authorization
Dupixent	Dupilumab	Severe atopic dermatitis injection	No prior authorization
Avodart	Dutasteride	Hormonal Treatment	No prior authorization
Zepatier**	Elbasvir, grazoprevir	HEPATITIS C TREATMENT	No prior authorization
Baraclude	Entecavir	HEPATITIS B TREATMENT	No prior authorization
Procrit, Epogen	Epoetin alfa/Erythropoietin	ERYTHROPOIESIS STIMULATING	No prior authorization
Ergocalciferol	Ergocalciferol (Vitamin D capsule)	VITAMIN DEFICIENCY ANTIHYPOPARATHYROID	No prior authorization
Nexium	Esomeprazole	GASTROINTESTINAL MEDICATIONS	No prior authorization
Estrace	Estradiol	Hormonal Treatment	No prior authorization
Depa-Estradiol	Estradiol Cypionate	Hormonal Treatment	No prior authorization
Delestrogen	Estradiol Valerate	Hormonal Treatment	No prior authorization
Myambutol	Ethambutol	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Famvir	Famciclovir	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Tricor	Fenofibrate	LIPOTROPICS	No prior authorization
Neupogen	Filgrastim	GRANULOCYTE COLONY-STIMULATING FACTOR	No prior authorization
Proscar or Propecia	Finasteride	Hormonal Treatment	Prior authorization required
Diflucan	Fluconazole	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Prozac	Fluoxetine	ANTIDEPRESSANT	No prior authorization
Eulexin	Flutamine	Hormonal Treatment	No prior authorization
Foscavir	Foscarnet	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Neurontin	Gabapentin	ANTICONVULSANTS	No prior authorization
Cytovene	Gancyclovir	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Lopid	Gemfibrozil	LIPOTROPICS	No prior authorization
Mavyret	glecaprevir and pibrentasvir	HEPATITIS C TREATMENT	No prior authorization
Glucotrol	Glipizide	ANTIHYPERGLYCEMIC	No prior authorization
Glucometer	Glucometer	BLOOD SUGAR DIAGNOSTICS	No prior authorization
Glucose strips	Glucose Strips	BLOOD SUGAR DIAGNOSTICS	No prior authorization
Micronase	Glyburide	ANTIHYPERGLYCEMIC	No prior authorization
Hydrodiuril	Hydrochlorothiazide (HCTZ)	THIAZIDE AND RELATED DIURETICS	No prior authorization
Various	Insulin	INSULINS	No prior authorization
Various	Isoniazid	ANTIMYCOBACTERIAL	No prior authorization
Sporanox	Itraconazole	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Various	Ketoconazole Cream /Foam	ANTIFUNGAL	No prior authorization
Lancets	Lancets	LANCETS	No prior authorization
Harvoni **	Ledipasvir and Sofosbuvir	HEPATITIS C TREATMENT	No prior authorization
Leucovorin	Leucovorin	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Keppra	Levetiracetam	ANTICONVULSANTS	No prior authorization
Levaquin	Levofloxacin	ANTIBIOTIC	No prior authorization
Zyvox	Linezolid	ANTIBIOTIC	No prior authorization
Zestril	Lisinopril	ANTIHYPERTENSIVES	No prior authorization
Zestoretic	Lisinopril w/ HCTZ	ANTIHYPERTENSIVES	No prior authorization
Lithium compound	Lithium	PSYCHOTROPIC MEDICATIONS	No prior authorization
Imodium A-D	Loperamide	ANTIDIARRHEALS	No prior authorization
Cozaar	Losartan	ANTIHYPERTENSIVES	No prior authorization
Glucophage	Metformin	ANTIHYPERGLYCEMIC	No prior authorization
Glucovance	Metformin w/ Glyburide	ANTIHYPERGLYCEMIC	No prior authorization
Lopressor	Metoprolol	BETA-ADRENERGIC BLOCKING AGENTS	No prior authorization
Flagyl	Metronidazole	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	No prior authorization
Progesterone	Micronized Progesterone	Hormonal Treatment	No prior authorization
Remeron	Mirtazapine	ANTIDEPRESSANT	No prior authorization
Avelox, Moxeza, Vigamox	Moxifloxacin	ANTIBIOTIC	No prior authorization
Narcan	Naloxone	OPIOID OVERDOSE TREATMENT	No prior authorization
Evizio	Naloxone autoinjection	OPIOID OVERDOSE TREATMENT	No prior authorization
Vivitrol	Naltrexone - injection	OPIOID OVERDOSE TREATMENT	No prior authorization
Revia / Depade	Naltrexone - oral	OPIOID OVERDOSE TREATMENT	No prior authorization
OrthoNovum 1/35	Necon 1/35 and Generics	CONTRACEPTIVES	No prior authorization
Alinia	Nitazoxanide	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	No prior authorization
Nystatin	Nystatin Suspension	ANTIFUNGAL ANTIBIOTICS	No prior authorization
Zyprexa	Olanzapine	PSYCHOTROPIC MEDICATIONS	No prior authorization
Technivie**	ombitasvir, paritaprevir, and ritonavir	HEPATITIS C TREATMENT	No prior authorization
Viekira Pak **	Ombitasvir, Paritaprevir, Ritonavir Dasab	HEPATITIS C TREATMENT	No prior authorization
Prilosec	Omeprazole Magnesium	GASTROINTESTINAL MEDICATIONS	No prior authorization
Tamiflu	Oseltamivir	INFLUENZA AGENT	No prior authorization
Paxil	Paroxetine Hydrochloride	ANTIDEPRESSANT	No prior authorization
Neulasta	Pegfilgrastim	GRANULOCYTE COLONY-STIMULATING FACTOR	No prior authorization
Pegasys	Peginterferon alfa-2a	HEPATITIS C TREATMENT	No prior authorization
Peg-Intron	Peginterferon alfa-2b	HEPATITIS C TREATMENT	No prior authorization
Veetids	Penicillin	ANTIBIOTIC	No prior authorization
Nebupent	Pentamidine, aerosol	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Noxfil	Posaconazole	ANTIFUNGAL	No prior authorization
Propranolol	Propranolol	ANTIHYPERTENSIVES, BETA BLOCKERS	No prior authorization
Daraprim	Pyrimethamine	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization

Colorado AIDS Drug Assistance Program

Description of Medication Formularies | by generic name

Effective Date: Feb 1, 2018 (please discard / remove previous versions)



Seroquel	Quetiapine	PSYCHOTROPIC MEDICATIONS	No prior authorization
Zantac	Ranitidine	GASTROINTESTINAL MEDICATIONS	No prior authorization
Copegus,Rebetol	Ribavirin	HEPATITIS C TREATMENT	No prior authorization
Mycobutin	Rifabutin	ANTIMYCOBACTERIAL	No prior authorization
Rifadin	Rifampin	ANTIMYCOBACTERIAL	No prior authorization
Risperdal	Risperidone	PSYCHOTROPIC MEDICATIONS	No prior authorization
Crestor	Rosuvastatin	ANTIHYPERTENSIVE	No prior authorization
Zoloft	Sertraline	ANTIDEPRESSANT	No prior authorization
Sovaldi **	Sofosbuvir	HEPATITIS C TREATMENT	No prior authorization
Epclusa**	sofosbuvir, velpatasvir (with ribavirin)	HEPATITIS C TREATMENT	No prior authorization
Aldactone	Spironolactone	Hormonal Treatment	No prior authorization
Sulfadiazine	Sulfadiazine	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Septa, Bactrim	Sulfamethoxazole/Trimethoprim	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Incivek	Telaprevir	HEPATITIS C TREATMENT	No prior authorization
Tyzeka	Telbivudine	HEPATITIS B TREATMENT	No prior authorization
Vemlidy	Tenofovir alafenamide	HEPATITIS B TREATMENT	No prior authorization
Egrifta	Tesamorelin for injections	Reduction of excess abdominal fat	No prior authorization
Various	Testosterone	ANDROGENIC AGENTS	No prior authorization
Various	Testosterone Cyplonate/ Enanthate	Hormonal Treatment	No prior authorization
Quedexy XR / Topamax	Topiramate	ANTICONVULSANTS	No prior authorization
Trazodone HCL	Trazodone HCL	ANTIDEPRESSANT	No prior authorization
Various	Vaccinations for HAV, HBV, HPV,	Vaccines	No prior authorization
NuvaRing	Vaginal Ring	CONTRACEPTIVES	No prior authorization
Valtrex	Valacyclovir	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Valcyte	Valganciclovir	OPPORTUNISTIC INFECTION MEDICATIONS	No prior authorization
Vancocin HCL	Vancomycin	ANTIBIOTIC	No prior authorization
Chantix	Varenicline	SMOKING DETERRENT	No prior authorization
Effexor	Venlafaxine	ANTIDEPRESSANT	No prior authorization
Vfend	Voriconazole	ANTIFUNGAL AGENTS	No prior authorization
Geodon	Ziprasidone	PSYCHOTROPIC MEDICATIONS	No prior authorization

FORMULARY FOR THOSE ENROLLED IN THE BRIDGING THE GAP COLORADO PROGRAM (BTGC, GROUP 38001)

For enrollees up until the catastrophic level:

All medications on the enrollee's Medicare prescription drug plan (with the exception of erectile dysfunction drugs).

For enrollees after an individual hits the catastrophic level:

The Standard ADAP Formulary

* Please note that many insurance carriers may not cover every drug that is on the Standard ADAP formulary. The carrier may also require prior authorization, or step therapy to access the drug. It is important to check with your provider to see if a particular medication is on their formulary, as Colorado ADAP is the secondary payment source, and does not guarantee access to a drug if it cannot be obtained through your insurance provider.

**If an enrollee in Colorado ADAP is denied coverage of a Hepatitis C therapy (because it is not on the insurance provider's formulary, the insurance provider states that there is insufficient medical reason to treat, or the enrollee is uninsured), the pharmacist, or treating physician is encouraged to call the ADAP Helpdesk at (303) 692-2716 to inquire about providing that therapy through the uninsured program.

UPDATED 020718