

ADAP FORMULARY

ADAP Formulary

Eligible clients needing drugs listed that are offered by ADAP must be signed up for ADAP. A two week emergency may be paid for through Ryan White.

Note: All prescriptions are for HIV related illnesses only.

CLASS	BRAND NAME	GENERIC NAME	Dosage
Control			
Non-Control			
Anti-CMV	Valcyte	Valganciclovir	450mg
Anti-Fungal	Clotrimazole	N/A	10mg
	Diflucan	Fluconazole	100mg
	Monistat 7	Miconazole Nitrate 2%	45gm
	N/A	Sulfadiazine	500mg
	Nizoral/Shampoo	Ketoconazole .02	.02/4oz
	Nizoril A-D	Ketoconazole 2%	2%/60gm
	Sporanox	Itraconazole	100mg
	Sporanox Sol	Itraconazole Sol	10mg/ml
	Terazol 3/supp	Terconazole	80mg
	Terazol 3/supp	Terconazole .40%	45gm
	Terazol 3/supp	Terconazole .80%	30gm
Anti-Herpes	Valtrex	Valacyclovir	500mg
	Zovirax	Acyclovir	800mg
Anti-MAC	Biaxin	Clarithromycin	500mg
	Myambutol	Ethambutol	400mg
	Mycobutin	Rifabutin	150mg
	Zithromax	Azithromycin	500 mg
			400, 800
Anti-PCP	Bactrim	Sulfameth/Trimeth	
	DDS	Dapsone	100mg
	Leucovorin	Folic Acid	
	Mepron	Atovaquone	750/5ml
Anti-Retroviral	Aptivus	Tipranavir	250mg
	Atripla	Emtri/Efaf/Teno	
	Combivir	Zidov/Lami	300mg
	Complera	N/A	200mg
	Crixivan	Indinavir	200, 333, 400mg
	Edurant	Rilpivirine	
	Emtriva	Emtricitabine	200mg
	Emtriva Oral	Emtricitabine	
	Epivir	Lamivudine	150, 300mg
	Epivir HBV	Lamivudine	100mg
	Epivir Oral	Lamivudine Oral	10mg/ml
	Epzicom	Abac/Lami	
	Fuzeon	Enfuvirtide	
	Hivid	Zalcitabine	
	Intelence	Etravirine	100mg
	Invirase	Saquinavir	200, 500mg

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	ISENTRESS	Raltegravir	400mg
	KALETRA	Lopinavir (20 Ritonavir (50mg)	200-50mg
	KALETRA	Lopinavir (80 Ritonavir (20mg)	20, 80m
	LEXIVA	Fosamprenavir	700mg
	MARAVIROC	Selzentry	150, 300mg
	NORVIR	Ritonavir	100mg
	NORVIR SOLUTION	Ritonavir Solution	80mg/ml
	PREZISTA	Darunavir	400, 600mg
	RESCRIPTOR	Delavirdine	200mg
	RETROVIR	Zidovudine	100, 300mg
	RETROVIR SYRUP	Zidovudine Syrup	10mg/ml
	REYATAZ	Atazanavir	100, 150, 200, 300mg
	SUSTIVA	Efavirenz	50, 200, 600mg
	TRIZIVIR	Abac/Lami/Zidov	150/300mg
	TRUVADA	Emtri/Teno	200-300mg
	VIDEX	Didanosine	125, 200, 250, 400mg
	VIDEX ORAL POWDER	Didanosine	2gm
	VIRACEPT	Nelfinavir	250, 625mg
	VIRAMUNE	Nevirapine	50, 200mg
	VIREAD	Tenofovir	300mg
	ZERIT	Stavudine	20, 30, 40mg
	ZERIT PED OS	Stavudine Ped OS	1mg/ml
	ZIAGEN	Abacavir	300mg
	ZIAGEN SOLUTION	Abacavir Oral Solution	20mg/ml
<p>Note: Anti-retrovirals, non-nucleoside reverse Transcriptors, nucleoside reverse transcriptase inhibitors and Protease inhibitors cannot be paid for in the pharmaceutical line item. Co-pays for these drugs will be paid through the pharmaceutical line item, if eligible.</p> <p>A two week supply must be preauthorized by a Ryan White Case Manager.</p>			
Anti-Toxoplasmosis	Daraprim	Pyramethamine	25mg
Dermatological	Imiquimod	Aldara	.25gm

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CNTC General Formulary			
THERE IS A MANDATORY GENERIC SUBSTITUTION WHICH WILL BE DETERMINED BY THE PHARMACY.			
<i>Note: All prescriptions are for HIV related illnesses only.</i>			
<i>Note: All prescriptions in bold are part of the discount drug program. Whenever possible please prescribe medications from the discount program.</i>			
<i>Note: Prescription Co-Pays for Medicaid clients will be paid. Health Department should be accessed for TB and STD treatment.</i>			
CLASS	BRAND NAME	GENERIC NAME	DOSAGE
Analgesics	Anaprox, Naprosyn	Naproxen	250mg, 375mg, 500mg
	Codeine		All
	Darvocet N		All
	Duragesic	Fentanyl	12mg, 25mg, 50mg, 75mg, 100mg
	Endocet/Percocet/ Roxicet	Oxycodone/APAP	All
	Flexeril	Cyclobenzaprine	5mg, 10mg
	Indocin	Indomethacin	25mg, 50mg
	Lidoderm Patch		700mg
	Lodine	Etodolac	400mg, 500mg
	Mobic	Meloxicam	7.5mg, 15mg
	Motrin	Ibuprofen	100mg, 400mg, 600mg, 800mg
	Roxanol	Morphine sulfate	All
	Ultram	Tramadol	50mg
	Vicodin/ Lorcet/Lortab	Hydrocodone/APAP	5mg/500mg, 7.5mg/750mg
Allergy	Benadryl	Diphenhydramine	
	Claritin D (OTC)	Loratadine	
	Flonase	Fluticasone	
	Nasacort	Triamcinolone	
	Proventil or Ventolin HFA	Albuterol	
	Singulair	Montelukast	
	Zyrtec	Cetirizine	
Antibiotics	Amoxil, Augmentin	Amoxicillin	125mg, 200mg, 250mg, 400mg
	Bactroban	Mupirocin	.02/22gm
	Ceclor	Cefaclor	
	Cipro	Ciprofloxacin	
	Dynapen	Dicloxacillin	
	Flagyl	Metronidazole	250mg, 500mg
	Flumadine	Rimantadine	100mg
	Keflex/Kef tab	Cephalexin	250mg, 500mg
	Kenalog	Triamcinolone Crm/Oint	
	Levaquin	Levofloxacin	250mg
	N/A	Amantadine HCL	100mg
	N/A	Dapsone	100mg
	Penicillin		
	Relenza	Zanamivir	5mg
	Rocephin	Ceftriaxone	
	Tamiflu	Oseltamivir	75mg
Anti-Anemia	Epogen	Epoetin Alfa	2000, 3000, 4000 units
	Neupogen	Filgrastim	300mcg/m
	Procrit	Epoetin Alfa	10,000, 20,000, 40,000 units
Anti-Diarrheals	Imodium	Loperamide	2mg
	Lomotil	Diphenox/Atropine	
Anti-Diabetes	DiaBeta	Glyburide	1.25, 5mg
	Glucophage	Metformin	500mg

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CLASS	BRAND NAME	GENERIC NAME	DOSAGE
	Glucotrol	Glipizide	5mg
Anti-Hepatitis	Baraclude	Entecavir	.5mg/ml, 1mg
	Energix-B	Hep B Vaccine	20mcg
	Havrix	Hep A Vaccine	50, 1440 units
	Hepsera	Adefovir	10mg
	Pegasys	Peginterferon Alfa (2A)	180mcg
	Peg-Intron	Peginterferon Alfa (2B)	120mcg
	Ribasphere	Ribavirin	200mg
	Twin-Rix	Hep A/Hep B Vaccine	20mcg-720
Anti-fungals	Locoid	Hydrocortisone Cream	Cream
	Lotrisone	Betameth/Clotrim	Cream
	Miracle (Magic) Mouthwash		
	Mycostatin	Nystatin	Cream or Ointment
	Nizoral	Ketoconazole	200mg
Anti-Microsporidosis	Albenza	Albendazole	200mg
Anti-Neuropathy	Lyrica	Pregabalin	25, 100, 150, 200, 300mg
	Neurontin	Gabapentin	100, 300, 400mg
Anti-Pneumonia	Pneumovax vaccine	Pneumococcal Vaccine	
Anti-Seizure	Dilantin	Phenytoin	All
	Depakote ER	Divalproex	250mg
	Keppra	Levetiracetam	250, 500mg
	Mysoline	Primidone	50mg
	N/A	Phenobarbital	All
	Tegretol/XR	Carbamazepine	100mg, 200mg, 400mg
Anti-Toxoplasmosis	Cleocin	Clindamycin	75mg, 150mg
	N/A	Leucovorin	10, 25mg
Anti-Wasting	Androderm	Testosterone	5mg
	Androgel	Testosterone	1%
	Depo-Testosterone	Testosterone	100mg
	Marinol	Dronabinol	2.5, 5mg
	Megace ES suspension	Megestrol	240ml, 625mg/ml
	Oxandrin	Oxandrolone	2.5, 10mg
Cardiac	Cardizem	Diltiazem	All
	Coumidin	Warfarin	All
	Cozaar	Losartan	
	Dyazide	Triamterene HCTZ	25mg, 50mg
	Dyrenium	Triamterene	37.5mg and 75mg
	Inderal	Propranolol	All
	K-DUR, microK,etc	Potassium	All
	Lanoxin	Digoxin	.25 mg
	Lasix	Furosemide	All
	Lopressor/Toprol	Metoprolol	25mg, 50mg, 100mg, 200mg
	Norvasc	Amlodipine	2.5mg, 5mg, 10mg
	Prinivil, Zestril	Lisinopril	2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg
	Procardia XL	Nifedipine	30mg,60mg,90mg
	Tenormin	Atenolol	25mg, 50mg, 100mg, 200mg
	Trandate	Labetalol	100mg, 200mg, 300mg
	Vasotec	Enalapril	2.5mg, 5mg, 10mg, 20mg
	Zestoretic	Lisinopril/HCTZ	All (12.5 and 25mg)
Corticosteroid	Decadron	Dexamethsone	

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CLASS	BRAND NAME	GENERIC NAME	DOSAGE
	Hexadrol	Dexamethsone	
	Medrol	Methylprednisolone	
	Meticorten	Prednisone	1mg, 2.5mg, 5mg, 10mg, 20mg
Cough Syrup	Robitussin	Tussin	
Diabetes	Novolin	Insulin	70/30
Gastrointestinal	Colace	Docusate Sodium	
	Compazine/supp	Perchlorperazine	10mg, 25sup
	Lopid	Gemfibrozil	600mg
	Phenargen	Promethazine	12.5mg, 25mg
	Plaquenil	Hydroxychloroquine	
	Prilosec DR	Omeprazole	20mg
	Reglan	Metoclopramide	10mg, 20mg, 40mg, 80mg
	Zantac	Ranitidine	150mg, 300mg
Lipid Lowering Agent	Crestor	Rosuvastatin	5, 10, 20mg
	Lipitor	Atorvastatin	10, 40 mg
	Pravachol	Prevastatin	10, 20, 40, 80mg
	TriCor	Fenofibrate	48, 145mg
	Zetia	Ezitimibe	10mg
Mental Health	Abilify	Aripiprazole	5, 10mg
	Artane	Trihexyphenidyl	2mg, 5mg
	Ativan	Lorazepam	
	Buspar	Buspiron	5mg, 10mg, 15mg, 30mg
	Catapres	Clonidine	0.1mg, 0.2mg, 0.3mg
	Celexa	Citalopram	10mg, 20mg, 40mg
	Celexa	Citalopram HBR	10mg
	Cogentin	Benzotropine	0.5mg, 1.0mg, 2.0mg
	Compazine	Prochlorperazine	10mg
	Cymbalta	Duloxetine	20, 30, 60mg
	Desyrel	Trazodone	50mg, 100mg, 150mg, 300mg
	Effexor ER	Venlafaxine	37.5mg, 75mg, 150mg
	Elavil	Amitriptyline	10mg, 75mg, 100mg, 150mg
	Eskalith/CR	Lithium Carbonate	300mg, 450mg
	Geodon	Ziprasidone	20, 40mg
	Haldol	Haloperidol	0.5mg, 1.0mg, 2.0mg, 5.0mg
	Klonopin	Clonazepam	0.125mg, 0.25mg, 0.5mg, 1.0mg, 2.0mg
	Lamictal	Lamotrigine	25, 100mg
	Lexapro	Escitalopram	10mg
	Mellaril	Thioridazine	10mg, 25mg, 50mg
	N/A	Fluphenazine	1mg
	Navane	Thiothixene	2mg
	Pamelor	Nortriptyline	25, 50mg
	Paxil/CR	Paroxetine	10mg, 20mg, 30mg, 40mg
	Pristiq	Desvenlafaxine	50mg, 100mg
	Prozac	Fluoxetine	20mg
	Remeron	Mirtazapine	15mg
	Restoril	Temazepam	7.5mg, 15mg, 30mg
	Risperdal	Risperidone	.5, 2, 3mg
	Sinequan	Doxepin HCL	10mg, 25mg, 50mg, 75mg, 100mg
	Stelazine	Trifluoperazine	1mg, 2mg, 5mg, 10mg
	Tofranil	Imipramine	10mg, 25mg, 50mg
	Valium	Diazepam	2mg, 5mg, 10mg
	Vistaril	Hydroxyzine	All
	Wellbutrin	Bupropion	100mg
	Wellbutrin/SR/XL	Bupropion	75mg, 150mg, 200mg, 300mg
	Xanax	Alprazolam	0.25mg, 0.5mg, 1.0mg

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CLASS	BRAND NAME	GENERIC NAME	DOSAGE
	Zoloft	Sertraline	50mg
Migraine	Imetrix	Sumatriptan	
	Zomig	Zolmitriptan	2.5mg, 5mg
Thyroid	Synthroid	Levothyroxine	All
Vitamins	Folic Acid		
	Iron		
	N/A	MVI- Generic Only	
	Prenatal - generic only		

Prescription Co-Pays for Medicaid clients will be paid. Health Department should be accessed for TB and STD treatment.

SUPPLEMENTAL COPAYS FORMULARY
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Copay Formulary

In addition to the medications listed on the General Formulary, RW Part B will cover the cost of the pharmaceuticals below for patients that have private insurance as long as the co-pay does not exceed \$25.00 per prescription.

Note: All prescriptions are for HIV related illnesses only.

CLASS	BRAND NAME	GENERIC NAME	DOSAGE
Analgesics	Lidoderm Topical	Lidocaine Topical	Any
Allergy	Astelin Nasal Spray		Any
	Clarinet	Desloratadine	Any
	Nasonex	Mometasone	Any
Antibiotics	Ambisome	Amphotericin B Liposomal	Any
	Omnicef	Cefdinir	Any
Anti-fungals	Chlorhexidine		Any
Anti-Seizure	Diamox	Acetazolamide	Any
Anti-Toxoplasmosis	Daraprim	Pyrimethamine	Any
Cardiac	Apresoline	Hydralazine	Any
	Cordarone	Amiodavone	Any
	Diamox	Acetazolamide	Any
	Lotrel	Benazapril	Any
	Pacerone	Amiodavone	Any
	Plavix	Clopidogre	Any
	Zetia	Ezetimibe	Any
Cough Syrup	Tussionex	CLP/Hydrocodone	Any
Diabetes	Accu chek strips		Any
Gastrointestinal	Meclizine		
	Miralax	Polyethylene glycol	Any
	Nexium	Esomeprazole	Any

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Lipid Lowering Agent	Lovaza		
Mental Health	Seroquel		Any
	Symbyax		Any
	Zyprexa	Olanzapine	Any
Migraine	Treximet		Any
	Zomig		Any