



Idaho Department of Health and Welfare AIDS Drug Assistance Program (ADAP) Formulary

Effective Date: August 22, 2019

Note: **generic substitution will be made over brand when available.

Generic Name	Brand Name	Criteria/Notes
Antiretrovirals		
Multiclass Single Tablet Regimens		
abacavir/lamivudine/dolutegravir	Triumeq	
bictegravir/emtricitabine/tenofovir alafenamide	Biktarvy	
darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Symtuza	
doravirine/lamivudine/tenofovir disoproxil	Delstrigo	
dolutegravir/lamivudine	Dovato	
efavirenz/emtricitabine/tenofovir disoproxil fumarate	Atripla	
efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi	
efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi-Lo	
elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate	Genvoya	
elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate	Stribild	
emtricitabine/rilpivirine/tenofovir disoproxil fumarate	Complera	
emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
Combination Medications		
abacavir/lamivudine	Epzicom	
abacavir/lamivudine/zidovudine	Trizivir	

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Generic Name	Brand Name	Criteria/Notes
Antiretrovirals (cont.)		
Combination Medications (cont.)		
atazanavir/cobicistat	Evotaz	
darunavir/cobicistat	Prezcobix	
emtricitabine/tenofovir disoproxil fumarate	Truvada	
emtricitabine/tenofovir alafenamide	Descovy	
lamivudine/zidovudine	Combivir	
lopinavir/ritonavir	Kaletra	
Nucleoside Reverse Transcriptase Inhibitor (NRTI) Medications		
abacavir	Ziagen	
doravirine	Pifeltro	
emtricitabine	Emtriva	
lamivudine	Epivir	Epivir HBV is not covered
stavudine	Zerit	
tenofovir alafenamide fumarate	Vemlidy	Clinical PA required; approved for off label use for HIV
tenofovir disoproxil fumarate	Viread	
zidovudine	Retrovir	
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs) Medications		
efavirenz	Sustiva	
etavirine	Intelence	
nevirapine	Viramune/Viramune XR	
rilpivirine	Edurant	
Protease Inhibitor Medications		
atazanavir	Reyataz	
darunavir	Prezista	
fosamprenavir	Lexiva	
indinavir	Crixivan	
nelfinavir	Viracept	
ritonavir	Norvir	
tipranavir	Aptivus	
Entry Inhibitor Medications		
enfuvirtide	Fuzeon	
maraviroc	Selzentry	

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Antiretrovirals (cont.)		
Integrase Inhibitor Medications		
dolutegravir	Tivicay	
dolutegravir/rilpivirine	Juluca	
raltegravir	Isentress, Isentress HD	
Boosting Agent		
cobicistat	Tybost	
Monoclonal Antibody		
ibalizumab	Trogarzo	Clinical PA required
Opportunistic Infection Treatment Medications		
acyclovir	Zovirax	
albendazole	Albenza	
atovaquone	Mepron	
azithromycin	Zithromax	
clarithromycin	Biaxin	
dapsone		
fluconazole	Diflucan	
ethambutol	Myambutol	
itraconazole	Sporanox	
leucovorin		
metronidazole	Flagyl	
pentamidine	Nebupent	Inhalation Powder covered only
pyrimethamine	Daraprim	
rifabutin	Mycobutin	
sulfadiazine		
sulfamethoxazole/trimethoprim	Bactrim/Bactrim DS	
tinidazole	Tindamax	
valacyclovir	Valtrex	
valganciclovir	Valcyte	
voriconazole	Vfend	
Antituberculosis Medications		
isoniazid		

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Antituberculosis Medications (cont.)		
pyrazinamide		
moxifloxacin	Avelox	
rifampin	Rifadin	
rifapentine	Priftin	
Sexual Transmitted Infections Treatment Medications		
benzathine penicillin G	Bicillin	
ceftriaxone	Rocephin	
clindamycin	Cleocin	
doxycycline hyclate	Vibramycin	
doxycycline monohydrate	Adoxa/Monodox	
levofloxacin	Levaquin	
Alcohol Dependence/Substance Use Disorder Medications		
acamprosate	Campral	
buprenorphine	Subutex	Clinical PA required-approved only for clients who are pregnant Dosage limitation: 24 mg/day
buprenorphine/naloxone	Suboxone	Tablet and film formulations covered
disulfiram	Antabuse	
naloxone	Narcan	
naltrexone	Vivitrol	
Antianxiety/Sedative Medications		
chlordiazepoxide	Librium	
hydroxyzine pamoate	Vistaril	Clinical PA required-approved only for 4 months for clients who use for anxiety
Anticonvulsant Medications		
gabapentin	Neurontin	Clinical PA required-approved only for client who have a diagnosis of partial onset seizures or postherpetic neuralgia Quantity limit = 3 capsules/day
lamotrigine	Lamictal	Only IR and ODT formulations covered
levetiracetam	Keppra	
Antidepressant Medications		
amitriptyline	Elavil	
bupropion	Wellbutrin, Wellbutrin SR, Wellbutrin XL	

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Antidepressant Medications (cont.)		
citalopram	Celexa	
duloxetine	Cymbalta	
escitalopram	Lexapro	
fluoxetine	Prozac	
mitrazapine	Remeron	
nortriptyline	Pamelor	
paroxetine	Paxil	
prazosin	Minipress	
sertraline	Zoloft	
trazodone	Desyrel	
venlafaxine	Effexor/Effexor XR	
Anti-diabetic Medications		
glipizide	Glucotrol, Glucotrol XL	
glyburide	Diabeta	
insulin aspart	Novolog/Novolog Flexpen	
insulin detemir [rDNA origin]	Levemir/Levemir Flexpen	
insulin glargine	Lantus/Lantus Solostar	
insulin lispro	Humalog/Humalog Kwikpen	
insulin NPH	Novolin N, Humulin N, Humulin N Kwikpen	
metformin HCL	Glucophage, Glucophage XR	
Anti-diarrheal Medications		
crofelemer	Mytesi	Clinical PA required-client must have tried and failed loperamide or diphenoxylate/atropine
diphenoxylate/atropine	Lomotil	
loperamide	Imodium	OTC formulations will require a faxed copy of Rx be submitted to Magellan
Antiemetic Medications		
metoclopramide	Reglan	
ondansetron	Zofran, Zofran ODT	
promethazine	Phenergan	
Antihistamine Medications		
beclometasone	Qnasl	
cetirizine	Zyrtec	OTC formulations will require a faxed copy of Rx be submitted to Magellan

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Antihistamine Medications (cont.)		
diphenhydramine HCl	Benadryl	OTC formulations will require a faxed copy of Rx be submitted to Magellan
hydroxyzine HCl	Atarax	
loratidine	Claritin	OTC formulations will require a faxed copy of Rx be submitted to Magellan
Anti-platelet Medications		
apixaban	Eliquis	
dabigatran	Pradaxa	
rivaroxaban	Xarelto	
warfarin	Coumadin	
Antipsychotic/Mood Stabilizer Medications		
divalproex	Depakote	
lithium	Eskalith/Lithotabs/Eskalith CR/Lithobid	
lurasidone	Latuda	
olanzapine	Zyprexa	
paliperidone	Invega Sustenna	
quetiapine	Seroquel	IR formulation only
Anti-Thyroid Medications		
levothyroxine	Levoxyl/Synthroid/Unithroid	
Cardiovascular Medications		
amlodipine	Norvasc	
atenolol	Tenormin	
digoxin	Lanoxin/Digitek	
furosemide	Lasix	
hydrochlorothiazide	HCTZ	
lisinopril	Prinivil/Zestril	
lisinopril/HCTZ	Prinzide/Zestoretic	
metoprolol tartarate	Lopressor	
nitroglycerin	Nitrostat	
spironolactone	Aldactone	

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Central Nervous System Stimulant Medications		
amphetamine mixed salts	Adderall	IR formulation only Clinical PA required-client must have diagnosis of ADHD or narcolepsy Quantity limit: 2 tablets/day
methylphenidate	Ritalin	IR formulation only Clinical PA required-client must have diagnosis of ADHD Quantity limit: 3 tablets/day
Contraceptive Medications		
desogestrel-ethinyl estradiol/ethinyl estradiol	Azurette/Kariva/Mircette/Viorele	
desogestrel/ethinyl estradiol	Apri/Desogen/Ortho-Cept	
drospironone/ethinyl estradiol/levomefol	Beyaz/Safyral	
drospironone/ethinyl estradiol	Gianvi/Ocella/Yasmin/Yaz	
estradiol valerate/dienogestrol	Natazia	
ethynodiol d-ethinyl estradiol	Demulen/Kelnor/Zovia	
etonogestrel	Nexplanon/Implanon	
etonogestrel/ethinyl estradiol	Nuvaring	
levonorgestrol/ethinyl estradiol/iron	Balcoltra	
levonorgestrol	Kyleena/Mirena/Next Choice/Norplant/Plan B	
levonorgestrol/ethinyl estradiol	Alesse/Altavera/Aviane/Triphasal/Trivora	
levonorgestrol/ethinyl estradiol/ethinyl estradiol	Seasonique/Lo-Seasonique	
medroxyprogesterone acetate	Depo-Provera	
norelgestremin/ethinyl estradiol	Ortho-Evra	
norethindrone	Nor-QD/Ortho-Micronor	
norethindrone/ethinyl estradiol/iron	Estrostep Fe/Loestrin Fe/Lo-Loestrin Fe/Minastrin Fe/Lo-Minastrin Fe/Zeosa	
norethindrone/mestranol	Ortho-Novum	
norgestimate/ethinyl estradiol	Ortho-Cyclen/Ortho Tri-Cyclen/Othro Tri-Cyclen Lo	
norgestrel/ethinyl estradiol	Lo-Ogestrel/Ogestrel	
Diabetic Supplies		
Blood Glucose Control Solution		All Major Brands Covered OTC formulations will require a faxed copy of Rx be submitted to Magellan

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Diabetic Supplies (cont.)		
Blood Glucose Glucometer		All Major Brands Covered OTC formulations will require a faxed copy of Rx be submitted to Magellan
Blood Glucose Lancets		All Major Brands Covered OTC formulations will require a faxed copy of Rx be submitted to Magellan
Blood Glucose Test Strip		All Major Brands Covered OTC formulations will require a faxed copy of Rx be submitted to Magellan
Insulin Syringes		All Major Brands Covered OTC formulations will require a faxed copy of Rx be submitted to Magellan
Insulin Pen Needles		All Major Brands Covered OTC formulations will require a faxed copy of Rx be submitted to Magellan
Gastrointestinal Medications		
famotidine	Pepcid	
omeprazole	Prilosec	
pantoprazole	Protonix	
ranitidine	Zantac	
Lipid Lowering Medications		
atorvastatin	Lipitor	
fenofibrate	Fenoglide/Lifibra/Lipofen	50 mg, 54 mg, 120 mg, 150 mg and 160 mg tablets covered only
pitavastatin	Zypitamag	
pravastatin	Pravachol	
rosuvastatin	Crestor	
Respiratory Medications		
albuterol	Proair HFA/Proventil HFA/Ventolin HFA	
beclomethasone	QVAR/QVAR Redihaler	
fluticasone/salmeterol	Advair Diskus	
ipratropium/albuterol	Combivent Respimat/Duoneb	
montelukast	Singulair	
prednisone		
tiotropium	Spiriva Handihaler/Spiriva Respimat	

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Smoking Cessation Medications		
bupropion	Zyban	
nicotine gum/lozenges/patches		
varenicline	Chantix	
Topical Medications		
acyclovir	Zovirax	Cream and ointment covered
clotrimazole	Mycelex/Lotrimin	
clobetasol proprionate	Temovate	
hydrocortisone		OTC formulations will require a faxed copy of Rx be submitted to Magellan Cream/ointment/gel/lotion/solution covered only
imiquimod	Aldara	
mometasone	Elocon	
nystatin	Nystop	Suspension/cream/powder covered only
terconazole	Terazol-3/Terazol-7	
triamcinolone	Kenalog	
Vaccines		
hepatitis A vaccine	Vaqta	
hepatitis B vaccine	Recombivax HB	
hepatitis A/B vaccine combination	Twinrix	
human papillomavirus (HPV)-9 valent recombinant vaccine	Garadsil-9	
influenza virus vaccine	Afluria/Fluzone/Flucelvax/Fluarix/Fluad/Flumist	
measles, mumps, rubella vaccine	MMR-II	
meningococcal vaccine	Trumenba/Menveo/Menactra	
pneumococcal vaccine	Pneumovax	
pneumococcal conjugate vaccine	Prevnar-13	
tetanus, diphtheria, pertussis vaccine	Adacel	
zoster vaccine recombinant, adjuvanted	Shingrix	
zoster vaccine live	Zostavax	
Vitamins/Minerals		
calcium carbonate	Caltrate	OTC formulations will require a faxed copy of Rx be submitted to Magellan

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Vitamins/Minerals (cont.)		
calcium citrate	Citracal	OTC formulations will require a faxed copy of Rx be submitted to Magellan
calcium gluconate		OTC formulations will require a faxed copy of Rx be submitted to Magellan
calcium citrate + vitamin D	Citracal+ Vitamin D	OTC formulations will require a faxed copy of Rx be submitted to Magellan
calcium carbonate + vitamin D		OTC formulations will require a faxed copy of Rx be submitted to Magellan
ergocalciferol	Drisdol	
ferrous sulfate	Feosol	OTC formulations will require a faxed copy of Rx be submitted to Magellan 324 (65) mg tablets, 325 (65) mg tablets and 220 mg/5 mL solution and elixir covered only
vitamin D		OTC formulations will require a faxed copy of Rx be submitted to Magellan 400 IU, 1000 IU, 2000 IU, 5000 IU, 10000 IU and 50000 IU formulations covered only
Weight Loss/Wasting Medications		
calorie/protein supplements	Boost/Ensure	OTC formulations will require a faxed copy of Rx be submitted to Magellan Boost and Ensure liquid shake products covered only
megestrol acetate	Megace	
testosterone cypionate	Depo-Testosterone	
testosterone	Androderm/Androgel/Testim 1%	