

| NNRTIs | CCR5 Antagonists | ANTI CONVULSANTS |
|---|---|---|
| Delavirdine, DLV (Rescriptor [®]) | See Prior Authorization | Levetiracetam (Keppra) |
| Efavirenz, EFV (Sustiva [®]) | FUSION INHIBITORS | ANTI DIARRHEALS |
| Etravirine (Intelence [®]) | Enfuvirtide (Fuzeon [®]) | Atropine diphenoxylate (Lomotil [®]) |
| Nevirapine (Viramune [®]) | PK ENHANCER (Booster Agent) | Crofelemer (Fulyzaq) |
| Rilpivirine (Edurant [®]) | Cobicistat (Tybost [®]) | Loperamide (Immodium [®]) |
| NRTIs | HERPES Tx | ANTI FUNGALS |
| Abacavir (Ziagen [®]) | Acyclovir (Zovirax [®]) | Clotrimazole (Mycelex [®] Troche) |
| Didanosine, ddI (Videx EC [®]) | Valacyclovir (Valtrex [®]) | Clotrimazole+betamethazone dipropionate |
| Emtricitabine, FTC (Emtriva [®]) | MAI PROPHYLAXIS & Tx | Fluconazole (Diflucan [®]) |
| Lamivudine, 3TC (EpiVir [®]) NOT EpiVir HBV | Azithromycin (Zithromax [®]) | Itraconazole (Sporanox [®]) |
| Stavudine, d4T (Zerit [®]) | Rifabutin (Mycobutin, RFB) | Ketoconazole (Nizoral [®]) |
| Zidovudine, AZT (Retrovir [®]) | PCP PROPHYLAXIS & Tx | Nystatin (Nilstat [®]) |
| AZT + 3TC (Combivir [®]) | Dapsone (Dapsone [®]) | ANTI NAUSEA |
| AZT + 3TC + Abacavir (Trizivir [®]) | Pentamidine (Pentam [®]) | Promethazine (Phenergan [®]) |
| Abacavir+Lamivudine (Epzicom [®]) | TMP/SMZ (Bactrim [®] /Septra [®]) | CARDIAC-RELATED Tx |
| NUCLEOTIDE ANALOGUES | TOXO PROPHYLAXIS & Tx | Atorvastatin (generic only) |
| Tenofovir (Viread [®]) | Leucovorin | Fenofibrate (Tricor [®] , Lofibra [®]) |
| Emtricitabine + Tenofovir (Truvada [®]) | Pyrimethamine (Daraprim [®]) | MENTAL HEALTH |
| INTEGRASE INHIBITORS | Sulfadiazine | Amitriptyline (generic only) |
| Dolutegravir (Tivicay [®]) | VACCINES | Aripiprazole (Abilify [®]) |
| Raltegravir (Isentress [®]) | Hep A vaccine (Havrix [®]) | Bupropion/Budeprion (generic only) |
| PROTEASE INHIBITORS | Hep B vaccine (Engerix [®] /Recombivax [®]) | Citalopram HBr (Celexa [®]) |
| Atazanavir (Reyataz [®]) | Hep A/HepB vaccine (Twinrix [®]) | Desipramine (Norpramin [®]) |
| Darunavir (Prezista [®]) | Pneumococcal Pneumonia Vaccine | Divalproex sodium (Depakote [®]) |
| Fosamprenavir (Lexiva [®]) | Pneumococcal 13-valent Conjugate Vaccine (Prevnar 13) | Duloxetine HCl (Cymbalta [®]) |
| Indinavir sulfate (Crixivan [®]) | Tetanus Vaccine (to include Td and Tdap) | Fluoxetine (Prozac [®]) |
| Nelfinavir (Viracept [®]) | TB TREATMENT | Lamotrigine (Lamictal [®]) |
| Ritonavir (Norvir [®]) | Ethambutol (Myambutol [®]) | Levetiracetam (Keppra [®]) |
| Ritonavir + Lopinavir (Kaletra [®]) | Isoniazid (INH) | Mirtazapine (Remeron [®]) |
| Saquinavir (Invirase [®]) | Sirturo (Bedaquiline) | Nefazodone (Serzone [®]) |
| Tipranavir (Aptivus [®]) | CROSS-CLASS COMBOS | Paroxetine (Paxi [®]) |
| CROSS-CLASS COMBOS | OTHER FORMULARY MEDICATIONS | Quetiapine fumerate (Seroquel [®]) |
| Abacavir+Dolutegravir+Lamivudine (Triumeq [®]) | Gabapentin (generic only) | Risperidone (Risperdal [®]) |
| Efavirenz+Emtricitabine+Tenofovir (Atripla [®]) | Imiquimod (Aldara [®]) | Sertraline (Zoloft [®]) |
| Truvada + Efavirenz (Complera [®]) | Penicillin G benzathine (Bicillin LA [®]) | Trazodone (Desyrel [®] , Trialodine [®]) |
| Tenofovir+Emtricitabine+Elvitegravir+Cobicistat (Stribild [®]) | Valganciclovir (Valcyte [®]) | Venlafaxine (Effexor [®]) |
| Darunavir + Cobicistat (Prezcobix [®]) | Varenicline (Chantix) 6 months/lifetime | Ziprasidone Hcl (Geodon [®]) |
| Atazanavir + Cobicistat (Eviortaz [®]) | Tetanus Vaccine (to include Td and Tdap) | LIMITED PRESCRIBING |
| Elvitegravir + Cobicistat + Emtricitabine + Tenofovir Alafenamide (Genvoya [®]) | Epoetin alfa (Epogen [®] Procrit [®]) | LPAP clients undergoing treatment for co-morbid HCV only |
| | Filgrastim (Neupogen [®]) | For ages 9-26 only |
| | HPV Vaccine (Gardasil [®]) | |
| PRIOR AUTHORIZATION REQUIRED* | | |
| Albuterol sulfate inhaler | Provide documentation that client is starting pentamidine. | |
| Atovaquone (Mepron [®]) | Provide documentation of failed dose escalation on TMP/SMZ or provide documentation of resistance to TMP/SMZ and dapsone. | |
| Doxycycline | Provide documentation of Sexually Transmitted Disease. | |
| Penicillin G Procaine | Provide documentation (LP results) indicating neurosyphilis | |
| Priftin (rifapentine) | Provide statement that physician office is using the medication for latent TB treatment in the setting of Directly Observed Therapy given with weekly isoniazid | |
| Rosuvastatin calcium (Crestor [®]) | Provide documentation of failure on two other lipid lowering medications. | |
| Selzentry (Maraviroc [®]) | Provide documentation of CCR5-tropic virus. | |
| Testosterone (non-injectable forms) | Provide documentation of low testosterone. | |

*For Prior Authorizations, please email an Exception Request Form with appropriate documentation to Melissa Rodrigo at mrodrigo@ccbh.net.