CUYAHOGA COUNTY BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Cleveland TGA- Ryan White Part A Program Formulary

Effective: April 1, 2016

NNRTIs	CCR5 Antagonists	ANTI CONVULSANTS
Delavirdine, DLV (Rescriptor®)	See Prior Authorization	Levetiracetam (Keppra®)
Efavirenz, EFV (Sustiva®)	**FUSION INHIBITORS**	**ANTI DIARRHEALS**
Etravirine (Intelence®)	Enfuviritide (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®)
Emtricitabine + Tenofovir (Truvada®)	Azithromycin (Zithromax®)	Itraconazole (Sporanox®)
Emtricitabine + Tenofovir Alafenamide (Descovy®)	Rifabutin (Mycobutin, RFB)	Ketoconazole (Nizoral®)
Lamivudine, 3TC (Epivir®) NOT Epivir HBV	**PCP PROPHYLAXIS & Tx**	Nystatin (Nilstat®)
Stavudine, d4T (Zerit®)	Dapsone (Dapsone®)	**ANTI NAUSEA**
Zidovudine, AZT (Retrovir®)	Pentamidine (Pentam®)	Promethazine (Phenergan®)
AZT + 3TC (Combivir®)	TMP/SMZ (Bactrim®/Septra®)	**CARDIAC-RELATED Tx**
AZT + 3TC + Abacavir (Trizivir®)	**TOXO PROPHYLAXIS & Tx**	Atorvastatin (generic only)
Abacavir+Lamivudine (Epzicom®)	Leucovorin	Fenofibrate (Tricor®, Lofibra®)
NUCLEOTIDE ANALOGUES	Pyrimethamine (Daraprim®)	**MENTAL HEALTH**
Tenafovir (Viread®)	Sulfadiazine	Amitriptyline (generic only)
INTEGRASE INHIBITORS	**VACCINES**	Aripiprazole (Abilify®)
Dolutegravir (Tivicay®)	Hep A vaccine (Havrix®)	Buproprion/Budeprion (generic only)
Raltegravir (Isentress®)	Hep B vaccine (Engerix®/Recombivax®)	Citalopram HBr (Celexa®)
PROTEASE INHIBITORS	Hep A/HepB vaccine (Twinrix®)	Desipramine (Norpramin®)
Atazanavir (Reyataz®)	Pneumococcal Pneumonia Vaccine	Divalproex sodium (Depakote®)
Darunavir (Prezista®)	Pneumococcal 13-valent Conjugate Vaccine (Prevnar 13®)	Duloxetine HCl (Cymbalta®)
Fosamprenavir (Lexiva®)		Fluoxetine (Prozac®)
Indinavir sulfate (Crixivan®)	Tetanus Vaccine (to include Td and Tdap)	Lamotragine (Lamictal®)
Nelfinavir (Viracept®)	**TB TREATMENT**	Levetiracetam (Keppra®)
Ritonavir (Norvir®)	Ethambutol (Myambutol®)	Mirtazapine (Remeron®)
Ritonavir + Lopinavir (Kaletra®)	Isoniazid (INH)	Nefazodone (Serzone®)
Saquinavir (Invirase®)	Bedaquiline (Sirturo®)	Paroxetine (Paxil®)
Tipranavir (Aptivus®)	**OTHER FORMULARY MEDICATIONS**	Quetiapine fumerate (Seroquel®)
CROSS-CLASS COMBOS	Gabapentin (generic only)	Risperidone (Risperdal®)
Abacavir+Dolutegravir+Lamivudine (Triumeq®)	Imiquimod (Aldara®)	Sertraline (Zoloft®)
Atazanavir + Cobicistat (Evotaz®)	Medroxyprogesterone	Trazodone (Desyrel®, Trialodine®)
Darunavir + Cobicistat (Prezcobix®)	Penicillin G benzathine (Bicillin LA®)	Venlafaxine (Effexor®)
Elvitegravir + Cobicistat + Emtricitabine + Tenofovir Alafenamide (Genvoya®)	Valganciclovir (Valcyte®)	Ziprasidone Hcl (Geodon®)
	Varenicline (Chantix) 6 months/lifetime	
Elvitegravir + Cobicistat + Emtricitabine + Tenofovir DF (Stribild®)	**LIMITED PRESCRIBING**	
Emtricitabine + Rilpivirine + Tenofovir AF (Odefsey®)	Epoetin alfa (Epogen®, Procrit®)	LPAP clients undergoing treatment for co-morbid HCV only
Tenofovi DF + Emtricitabine + Rilpivirine (Complera®)	Filgrastim (Neupogen®)	
Tenofovir DF + Emtricitabine + Efavirenz (Atripla®)	HPV Vaccine (Gardasil®)	For ages 9-26 only

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
Rifapentine (Priftin®)	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.**