

**VERMONT HIV/AIDS MEDICATION ASSISTANCE PROGRAM (VMAP)  
FORMULARY**

Effective November 1, 1996. Updated October 2019

Generic Name	Medication Type	Trade Name
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**Antivirals**

Acyclovir		Zovirax
Famciclovir		Famvir
Valtrex		Valacyclovir

**Integrase Inhibitors**

Dolutegravir		Tivicay
Raltegravir		Isentress

**Nucleoside Reverse Transcriptase Inhibitors**

Abacavir		Ziagen
Abacavir/Dolutegravir/Lamivudine		Triumeq
Abacavir/Lamivudine/Zidovudine		Trizivir
Bictegravir/emtricitabine/tenofovir alafenamide		Biktarvy
DDC (Dideoxycytidine)		HIVID
DDI (Didanosine)		Videx, Videx EC
Dolutegravir/Lamivudine		Dovato
Efavirenz, Emtricitabine, and Tenofovir		Atripla
Elivitegravir/Cobicistat/Emtricitabine/Tenofovir disoproxil fumarate		Stribild
Elvitegravir/Cobicistat/Emtricitabine/Emtricitabine		Genvoya
Emtricitabine/ Tenofovir		Emtriva
Emtricitabine/Rilpivirine/Tenofovir		Truvada
Emtricitabine/Tenofovir alafenamide		Descovy
Lamivudine (3TC)		Epivir
Lamivudine 150mg/Zidovudine 300mg		Combivir
Lamivudine 300mg/ Abacavir		Epzicom
Rilpivirine/Emtricitabine/Tenofovir alafenamide		Odefsey
Stavudine (d4T)		Zerit
Tenofovir		Viread
Zidovudine (AZT)		Retrovir

<b>Non – Nucleoside Reverse Transcriptase Inhibitors</b>
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Delavirdine	Rescriptor
Dolutegravir/Rilpivirine	Juluca
Efavirenz	Sustiva
Etravirine	Intelence
Nevirapine	Viramune
Rilpivirine	Edurant

<b>Protease Inhibitors</b>
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Agenerase	Amprenavir
Aptivus	Tipranavir
Atazanavir	Reyataz
Atazanavir/Cobicistat	Evotaz
Darunavir	Prezista
Darunavir/Cobicistat	Prezcobix
Indinavir	Crixivan
Lexiva	Fosamprenavir Calcium
Lopinavir/Ritonavir	Kaletra
Nelfinavir	Viracept
Ritonavir	Norvir
Saquinavir	Invirase, Fortovase

<b>Post -Attachment Inhibitors</b>
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Ibalizumab-uiyk	Trogarzo
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<b>Antifungals</b>
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Amphotericin B	Fungizone
Clotrimazole	Mycelex, Lotrimin
Fluconazole	Diflucan
Itraconazole	Sporanox
Ketoconazole	Nizoral
Nystatin	Mycostatin

<b>Antibiotics</b>
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Azithromycin	Zithromax
Clarithromycin	Biaxin
Ciprofloxacin	Cipro
Clindamycin	Clindamycin, Cleocin
Ethambutol	Myambutol
Rifabutin	Mycobutin
Sulfadiazine	Sulfadiazine

Trimethoprim  
Trimethoprim/Sulfamethoxazole

Trimethoprim  
Bactrim, BactrimDS, Septra, SeptraDS,  
Sulfatrim

### **Antidiarrheals** (*Prescription Required*)

Loperamide	Immodium
Polycarbophil	Fibercon
Psyllium	Metamucil

### **Fusion Inhibitors**

Enfuvirtide	Fuzeon
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### **CCR5 Antagonists**

Maraviroc	Selzentry
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### **Antidepressants**

Amitriptyline	Elavil
Bupropion	Wellbutrin/ Wellbutrin SR
Citalopram	Celexa
Escitalopram	Lexapro
Fluoxetine	Prozac
Nefazodone	Serzone
Paroxetine	Paxil
Sertraline	Zoloft
Trazodone	Desyrel
Venlafaxine	Effexor

### **Pain Medications**

Fentanyl	Duragesic
Gabapentin	Neurontin
Ibuprofen (Prescription required for all strengths).	Motrin
Morphine Sulfate	MS Contin

### **Antihyperlipidemic Agents**

Atorvastatin	Lipitor
Ezetimibe	Zetia
Fenofibrate	Tricor
Fluvastatin	Lescol
Gemfibrozil	Lopid
Lovastatin	Mevacor

Niacin  
Pravastatin  
Simvastatin

Niaspan  
Pravachol  
Zocor

### Cytomegalovirus

Cidofovir  
Foscarnet  
Valganciclovir

Vistide  
Foscavir  
Valcyte

### Bronchodialator

Albuterol (inhaled)  
Levoalbuterol

Ventolin HFA; Proventil HFA, Proair HFA  
Xopenex

### Miscellaneous:

Atovaquone  
Dapsone  
Doxorubicin (Liposomal)  
GCSF  
Hydroxyurea  
Leucovorin  
Megestrol Acetate  
Oseltamivir phosphate  
Pentamidine\*\*\*  
Prednisone  
Primaquin  
Pyramethamine  
Zanamivir

Mepron  
Dapsone  
DOXIL  
Neupogen  
Hydrea  
Wellcovorin & others  
Megace  
Tamiflu  
Pentam, Nebupent  
Prednisone  
Primaquin  
Daraprim  
Relenza

**Vaccines:** VMAP will now cover Hep A, Hep B, Hep A/B together and pneumococcal vaccines as out patient drugs through retail pharmacy with prescription. Patient must return to their health clinic for administration of vaccine.

Vatqua, Havrix, Energix, Recombivax, Twinrix and Pneumovax, Pnu-immune

### Notes

\*\*\*For administering Pentamidine, also covered: Respirguard II nebulizer system and one 12 ml syringe with 20 gauge needle. One 10 ml container of sterile water and one unit dos Alu-pent with hand-held nebulizer.