

NNRTIs	CCR5 Antagonists	ANTI CONVULSANTS
Delavirdine, DLV (Rescriptor [®])	See Prior Authorization	Levetiracetam (Keppra)
Efavirenz, EFV (Sustiva [®])	FUSION INHIBITORS	ANTI DIARRHEALS
Etravirine (Intence [®])	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, ddl (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	Duloxetine HCl (Cymbalta [®])
Indinavir sulfate (Crixivan [®])	(Pevnar 13)	Fluoxetine (Prozac [®])
Nelfinavir (Viracept [®])	Tetanus Vaccine (to include Td and Tdap)	Lamotrigine (Lamictal [®])
Ritonavir (Norvir [®])	TB TREATMENT	Levetiracetam (Keppra [®])
Ritonavir + Lopinavir (Kaletra [®])	Ethambutol (Myambutol [®])	Mirtazapine (Remeron [®])
Saquinavir (Invirase [®])	Isoniazid (INH)	Nefazodone (Serzone [®])
Tipranavir (Aptivus [®])	Sirturo (Bedaquiline)	Paroxetine (Paxil [®])
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 + Edurant (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 (Evotaz [®])	Tetanus Vaccine (to include Td and Tdap)	LIMITED PRESCRIBING
	Epoetin alfa (Epoger [®] , Procrit [®])	LPAP clients undergoing treatment for co-morbid HCV only
	Filgrastim (Neupogen [®])	
	HPV Vaccine (Gardasil [®])	For ages 9-26 only
PRIOR AUTHORIZATION REQUIRED*		
Albuterol sulfate inhaler	Provide documentation that client is starting pentamidine.	
Atovaquone (Mepro [®])	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.