



## **SAN ANTONIO TGA RYAN WHITE PART A** **LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

### **Introduction:**

The San Antonio TGA Local Pharmacy Assistance Program (LPAP) provides HIV/AIDS and HIV-related pharmaceutical services to clients who are not eligible for medications through private insurance, Medicaid/Medicare, State ADAP, State SPAP or other sources. As with other RW funded programs, the LPAP program is the payer of last resort. Clients who are eligible for the LPAP services must have incomes at or below 300% of the Federal Poverty Level. In accordance with the Health Resources and Services Administration (HRSA) recommendations for a local advisory body for LPAP programs, the Quality Management Committee of the Ryan White Program will be the local advisory board for the development and implementation of the formulary for the San Antonio TGA LPAPs.

HRSA guidelines require that the LPAP formulary be consistent with the most current U.S. Public Health Services (US PHS) guidelines for the treatment of HIV/AIDS and co-morbidities. Several resources were utilized in the development of the formulary; including formularies from other Ryan White Part A funded LPAP programs throughout the state, US PHS guidelines for antiretroviral therapy, and guidelines for the prevention and treatment of opportunistic infections (see reference section). The drug d-codes were derived from the Multum Lexicon Database (Multum Lexicon Database Inc., 2007).

The formulary can be found at HIV210.org and has been emailed to all providers. It is imperative that service providers follow this formulary to ensure uniformity of services throughout the service system.

### **Waiver Process for Medications Not Listed on the Formulary:**

All drug codes for various drug formulations, routes of administration, (ie oral, topical, intranasal, transdermal, inhaler, pens, venous, etc.), strengths for each listed medication, and monthly supplies of medical equipment used in monitoring (ie glucose lancets/strips/monitor) are allowable, provided they do not fall under the non-allowable medication description below. Other FDA-approved prescription medications necessary for the treatment of HIV-related conditions that are not listed on the formulary may be requested on a case by case basis with prior approval from the Administrative Agent for the Bexar County Ryan White Program.

The Drug Formulary Subcommittee of the Ryan White Quality Management Committee has developed the attached form for providers to fill out to request a waiver for medications that are not on the formulary. To be eligible for a waiver two criteria must be met: 1) the condition treated must be HIV-related; and 2) it is not feasible to treat the condition adequately with medications available on the formulary. The waiver must be signed by a staff member and emailed to the email address listed on the form. The waiver must be approved by the Ryan White Director and/or Operations and Grants Manager before the medication can be reimbursed. The provider will be notified within (2) business days of approval or denial of the waiver.

### **The following are not allowable:**

- Medications that are dispensed or administered during the course of a regular medical visit or that are considered part of the services provided during that visit
- Non insulin Syringes, test kits or other similar items
- Medications that are available without cost from other sources (e.g. TB Treatment provided by Health Department)
- Erectile Dysfunction (ED) Medications

### **Concerning Over The Counter (OTC) Medications:**

“Over-the-Counter medications to include vitamins may be purchased with LPAP funds if the medication is listed on the LPAP formulary and the provider has deemed that the medication is needed for prevention and treatment of opportunistic infections or to prevent the serious deterioration of health.” (Source:

[http://www.hiv210.org/images/pc\\_documents/SoC/2018-01-25\\_SoC\\_Approved.pdf](http://www.hiv210.org/images/pc_documents/SoC/2018-01-25_SoC_Approved.pdf))

A waiver will be required prior to requesting reimbursement of OTC costs.

## Ryan White Program Waiver Application for Medications Not on Ryan White Formulary

(Please Print or Type)

E-mail To:	<a href="mailto:Lisa.garces@uhs-sa.com">Lisa.garces@uhs-sa.com</a>	Agency Name:	Tel #:
Attention:  <b>Ryan White Formulary Waiver Processing</b>	Address:	Email:	
	From:		
<b>To Be Completed by Service Provider:</b>			
Patient's Agency ID:		Date of birth:	
Prescriber:		National Drug Code:	
Prescription type: <input type="checkbox"/> original <input type="checkbox"/> renewal <input type="checkbox"/> OTC <b>Please refer to LPAP Introduction for OTC Medications</b>		Dosage: (# of mg./tabs)	
Exact Prescription Name: Generic and Brand Name *Generic prescriptions are always preferred <b>All routes of administration and dosage strength are acceptable</b>		How Administered/ Frequency:	
		Refills:	
		# of Pills:	
Please identify the condition requiring medication not on the Ryan White Formulary:			
Please describe how the condition is related to the patient's HIV diagnosis:			
Please explain why the condition cannot be treated with a medication on the Ryan White Formulary:			
Staff person requesting this waiver:			
Name:		Position:	
Signature:		Date:	
<b>To Be Completed by Ryan White Program:</b>			
<input type="checkbox"/> Approved		Date:	
Ryan White Program Director/Operations and Grants Manager		Date:	
<b>This approval is contingent upon the following conditions:</b>			
1. Approval is for no more than <u>one (1) year</u> from the date of approval.			
<input type="checkbox"/> Denied		Date:	
Ryan White Program Director/Operations and Grants Manager		Date:	

**SAN ANTONIO TGA RYAN WHITE PART A LOCAL DRUG ASSISTANCE  
PROGRAM FORMULARY**

<b>ANTIRETROVIRAL AGENTS: NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS)</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Abacavir Sulphate (ABC)	Ziagen	d04376
Abacavir Sulphate/ Lamivudine (ABC/3TC)	Epzicom EPZ	d05354
Abacavir Sulphate/Lamivudine/ Zidovudine, (ABC/3TC/AZT)	Trizivir TRZ	d04727
Didanosine, ddl EC	Videx EC	d00078
Emtricitabine ,(FTC)	Emtriva	d04884
Emtricitabine/Tenofovir (FTC/TDF)	Truvada (TVD)	d05352
Lamivudine (3TC)	Epivir	d03858
Lamivudine/Zidovudine (AZT/3TC,	Combivir (CBV)	d04219
Stavudine, d4T	Zerit	d03773
Tenofovir (TDF)	Viread	d04774
Zidovudine (AZT or ZDV)	Retrovir	d00034
<b>ANTIRETROVIRAL AGENTS: NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIS)</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Delavirdine mesylate (DLV)	Rescriptor	d04119
Efavirenz (EFV)	Sustiva	d04355
Etravirine (ETV)	Intelence	d07076
Nevirapine (NVP)	Viramune	d04029
Rilpivirine (RPV)	Edurant	d07776
<b>ANTIRETROVIRAL AGENTS: COMBINED NRTIS AND NNRTIS</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Efavirenz/Emtricitabine/Tenofovir (EFV/FTC/TDF)*	Atripla ATR	d05847
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir alafenamide	Genvoya	61958-1901
Emtricitabine/Tenofovir alafenamide	Descovy	
Emtricitabine/Tenofovir/E;votegravir/Cobicistat	Stribild	d07899
Emtricitabine/Rilpivirine/Tenofovir alafenamide	Odefsey	
Emtricitabine/Rilpivirine/Tenofovir (FTC/RPV/TDF)	Complera	d07796
Dolutegravir/abacavir sulfate/lamivudine (DRV/ABC/3TC	Triumeq	d08284
Darunavir/Cobicistat	Prexcobix	d08305
Atazanavir/Cobicistat	Evotaz	d08340
<b>ANTIRETROVIRALS: INTEGRASE INHIBITORS</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Dolutegravir (DRV)	Tivicay	d08117
Elvitegravir (EVG)	Vitekta	999999
Raltegravir (RAL)	Isentress	d07048
<b>ANTIRETROVIRALS: PROTEASE INHIBITORS (PIS)</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Atazanavir Sulphate (ATV)	Reyataz	d04882
Darunavir (DRV )	Prezista PRZ	d05825
Darunavir/Cobicistat	Prexcobix	d08305
Fosamprenavir FPV	Lexiva	d04901
Indinavir	Crixivan	d03985
Lopinavir/Ritonavir (LPV/RTV or LPV/r)	Kaletra	d04717
Nelfinavir mesylate, NFV	Viracept	d04118
Ritonavir RTV	Norvir	d03984
Saquinavir mesylate (SQV-HGC)	Invirase	d03860
Tipranavir TPV	Aptivus	d05538

<b>ANTIRETROVIRAL: FUSION INHIBITORS</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Enfuvirtide, T-20 – injectable (with prior Grantee approval)	Fuzeon	d04853
<b>CCR5 ANTAGONIST</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Maraviroc (MVC)	Selzentry	d06852
<b>ANTIRETROVIRAL: CYP3A INHIBITORS</b>		
<b>Generic Name</b>	<b>Generic Name</b>	<b>Generic Name</b>
Cobicistat	Tybost	999999
<b>ANTI-VIRAL AGENTS: HERPES/CMV DISEASE</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Acyclovir	Zovirax	d00001
Cidofovir	Vistide	d04028
Famciclovir	Famvir	d03775
Trifluridine 1% ophthalmic Solution	Viroptic	d01215
Valacyclovir	Valtrex	d03838
Valganciclovir	Valcyte	d04755
<b>ANTI-VIRAL AGENTS: HEPATITIS B/C TREATMENTS</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Adefovir	Hepsera	d04814
Entecavir	Baraclude	d05525
Interferon-alfa 2a	Roferon-A	d01368
Interferon-alfa 2b	Intron-A	d01369
PEG-Interferon alfa-2a	Pegasys	d04821
PEG-Interferon alfa-2b	PEG-Intron/PI-Redipen	d04746
Ribavirin	Rebetol/Copegus	d00085
Telbivudine	Tyzeka	d05912
<b>OTHER ANTIMICROBIAL / ANTIMYCOBACTERIAL AGENTS</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Albendazole	Albenza	d03806
Amantadine HCL	Symmetrel	d00086
Amoxicillin/Clavulanate pot.	Augumentin	d00089
Amoxicillin trhydrate	Amoxil	d00088
Amphotericin B	Fungizone B	d00077
Amikacin Sulphate	Amikin	d00087
Ampicillin	Principen	d00003
Ampicillin Sulbactam	Unasyn	d00090
Anidulafungin	Eraxis	d05767
Atovaquone	Mepron	d01120
Atovaquone/proguanil	Malarone	d04547
Aztreonam	Azactam	d00067
Azithromycin	Zithromax	d00091
Capreomycin	Capastat	d01103
Caspofungin	Cancidas	d04748
Chloroquine	Aralen	d00035
Cefazolin Sodium	Ancef, Kefzol	d00007
Cefdinir	Omnicef	
Cefditoren Pivoxil	Spectracef	d04767
Cefepime	Maxipime	d03882
Cefixime	Suprax	d00072
Cefoxitin	Mefoxin	d00094
Cefotaxime	Claforan	d00008
Cefotetan	Cefotan	d00055

Ceftizoxime	Cefizox	d00010
Ceftriaxone	Rocephin	d00052
Cefuroxime	Zinacef,Ceftin	d00056
Cephalexin	Keflex	d00096
Chlorhexadine Topical	Peridex	d01231
Ciprofloxacin	Cipro	d00011
Clarithromycin	Biaxin	d00097
Clindamycin	Cleocin	d00043
Clofazimine	Lamprene	d01121
Colistimethate Sodium	Coly-Mycin M	d01113
Cycloserine	Seromycin	d01101
Dapsone	Avlosulfon	d00098
Daptomycin	Cubicin	d04894
Dicloxacillin	Dynapen	d00153
Doxycycline calcium	Vibramycin	d00037
Erythromycin	E-mycin	d00046
Ethambutol	Myambutol	d00068
Ethionamide	Trecator-SC	d01100
Fluconazole	Diflucan	d00071
Flucytosine	Ancobon	d00038
Gatifloxacin	Tequin	d04504
Gentamicin	Garamycin	d00014
Isoniazid INH	Isoniazid	d00101
Itraconazole	Sporanox Injection	d00102
Itraconazole	Sporanox (capsules)	d00102a
Kanamycin	Kantrex	d00271
Ketoconazole	Nizoral	d00103
Leucovorin	Wellcovorin	d00275
Levofloxacin	Levaquin	d04109
Linezolid	Zyvox	d04534
Mefloquine	Larium	d00286
Meropenem	Merrem	d04027
Metronidazole	Flagyl	d00108
Micafungin	mycamine	d05487
Miconazole	Oravig	d00155
Minocycline HCL	Dynacin	d00110
Moxifloxacin	Avelox	d04500
Nafcillin Sodium	Nafcil, Nallpen,	d00029
Natamycin	Natacyn	d01213
Nitazoxanide	Alinia	d04826
Nitrofurantoin Monohydrate	Macrobid	d00112
Nystatin	Bio-Statin	d01233
Ofloxacin	Floxin	d00114
Oseltamivir Phosphate	Tamiflu	d04462
Oxacillin	Bactocill	d00115
Paromomycin	Humatin	d01104
Penicillin G Benzathine	Bicillin	d00116
Penicillin V Potassium	Veetids	d00116
Pentamidine	Pentam 300, NebuPent	d00030
Piperacillin/tazobactam	Zosyn	d03165
Posaconazole	Noxafil	d05853
Primaquine Phosphate	Premaquine	d00351
Procaine penicillin G	Wycillin	d07390
Pyrazinamide	Pyrazinamide	d00117
Pyrimethamine	Daraprim	d00364
Quinidine glucuronate	Quinaglute	d00020
Quinine Sulphate	Quinam	d00366
Rifabutin	Mycobutin	d01097
Rifampin	Rifadin, Rimactane	
Streptomycin Sulphate	Streptomycin sulphate	d00159

Sulfadiazine	Lantrisol	d00118
Sulfisoxazole	Truxazole	d00120
Terbinafine	Lamisil	d04012
Terconazole	Terazol	d01238
Tetracycline Hydrochloride	Sumycin	d00041
Trimethoprim	Proloprim	d00123
Trimethoprim-sulfamethoxazole, TMP-SMX	Bactrim, Septra	d00124
Trimetrexate	Neutrexin	d03169
Voriconazole	Vfend	d04803
Zanamivir	Relenza	d04443

#### ANALGESIC AGENTS

Generic Name	Brand Name	Drug Code
Acetaminophen with butalbital	Phrenilin	d03456
Acetaminophen with codeine	Tylenol with codeine no. 3	d03423
APAP/isometheptene/dichloralphenazone	Midrin	d03459
Anhydrous Morphine (Opium)	Paregoric	d00824
Buprenorphine	Buprenex	d00840
Codeine Sulphate	Codeine	d00012
Docusate	Colace Sodium	d01021
Diclofenac gel/liquid	Voltaren (gel); Pennsaid (liquid)	
Fentanyl Transdermal System	Duragesic	d00233
Hydrocodone	Hydrocodol	d03075
Hydrocodone/acetaminophen	Vicodin	d03428
Hydromorphone	Dilaudid	d00255
Morphine Sulphate SR	MS Contin, Kadian	d00308
Methadone	Dolophine	d00050
Metaxalone	Skelaxin	d00964
Morphine Sulphate	Roxanol, Avinza	d00308
Naloxone Hydrochloride	Narcan	
Oxycodone HCL – CR	Oxycontin	d00329
Oxycodone / APAP 5/325	Percocet	d03431
Oxycodone/ APAP SLN	Roxicet	d03431
Oxymorphone	Numorphan	d00833
Pregabalin	Lyrica	d05508
Propoxyphene HCL	Darvon	d00360
Propoxyphene, napsylate and acetaminophen	Darvocet N	d03434
Sumatriptan	Imitrex	d03160
Sumatriptan/naproxen sodium	Treximet	d07130
Tramadol HCL	Ultram	d03826
Tramadol/APAP	Ultracet	d04766

#### DECONGESTANT & EXPECTORANT AGENTS

Generic Name	Brand Name	Drug Code
Chlorpheniramine-hydrocodone	Tussionex Pennkinetic	d03356
Chlorpheniramine/hydrocodone/phenylephrine	Poly- Tussion	d03361
Codeine/guaifenesin/PSE	Cheratussin DAC	d03398
Guaifenesin/Codeine PH	Tussi-organidin S-NR	d03393
Guaifenesin/DM HBr	Tussi-Organidin DM-S-NR	d03400

#### ANTI-INFLAMMATORY AGENTS (NSAID)

Generic Name	Brand Name	Drug Code
Celecoxib	Celebrex	d04380
Diflunisal	Dolobid	d00208
Fenoprofen Calcium	Nalfon	d00026
Ibuprofen (Prescription Strength)	Motrin (Rx Strength)	d00015
Indomethacin	Indocin	d00039
Ketoprofen	Orudis	d00028
Meloxicam	Mobic	d04532

Mesalamine	Apriso	d01031
Naproxen (Prescription Strength)	Naprosyn (Rx Strength)	d00019
Prioxicam	Feldene	00093-0757
Sulindac	Clinoril	d00033
<b>ANTI-HYPERLIPIDEMIC AGENTS</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Atorvastatin	Lipitor	d04105
Cholestyramine	Questran	d00193
Clofibrate	Atromid-S	d00196
Colesevelam HCl	Welchol	d04695
Colestipol	Colestid	d00744
Ezetimibe	Zetia	d04824
Ezetimide/simvastatin	Vytorin	d05348
Fenofibric acid	Trilipix	d07371
Fenofibrate	Tricor, Antara	d04286
Fluvastatin sodium	Lescol	d03183
Gemfibrozil	Lopid	d00245
Niacin	Niaspan	d00314
Pravastatin	Pravachol	d00348
Rosuvastatin Calcium	Crestor	d04851
Simvastatin	Zocor	d00746
<b>DERMATOLOGICAL AGENTS</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Acyclovir Topical	Zovirax topical	d03201
Alclometasone Dipropionate	Aclovate	d01282
Alitretinoin Gel 0.1%	Panretin Gel	d04385
Amcinonide	Cyclocort	d01283
Ammonium lactate topical (Rx Strength Only)	Lac-Hydrin	d04049
Betamethasone-calcipotriene	Taclonex Scalp	d05044
Betamethasone-Clotrimazole Topical	Lotrisone	d03561
Betamethasone-topical	Diprolene	d03197
Collagenase	Santyl	0064-5010-30
Ciclopirox Olamine	Loprox	d01272
Clindamycin Gel	Cleocin T	d01241
Clobetasol Propionate	Temovate	d01288
Calcipotriene	Dovonex	
Fluocinonide	Lidex	d01294
Fluticasone topical	Cutivate	d04284
Fluticasone propionate, locoid lipocream	Cutivate	d03205
Hydrocortisone Topical	Anucort/Anusol HC/ Proctozone	d03205
Hydrocortisone with Lidocaine	Anamantle	d04765
Hydrocortisone-pramoxine topical	Proctofoam	d03546
Imiquimod	Aldara	d04125
Ketoconazole 2%	Nizoral Shampoo	d03202
Mupirocin Ointment.	Bactroban	d01267
Nystatin/Triamcinolone	Mycolog II	d03562
Permethrine Topical	Elimite	d01279
Pimecrolimus	Elidel	d04784
Podofilox	Condylox	d01309
Salicylic Acid	Akurza	
Selenium Sulfide	Exsel	d03210
Tetracycline Topical	Achromycin	d03738
Triamcinolone-Acetonide Topical	Kenalog	d03206

**ANTI-HYPERTENSIVE/CARDIAC AGENTS**

<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Acebutelol hcl	Sectral	d00128
Aliskiren hemifumarate	Tekturna	d06665
Amiloride HCL/HCTZ	Moduretic	d03193
Amiodarone	Cordarone	d00002
Amlodipine	Norvasc	d00689
Amlodipine besylate/atorvastatin	Caduet	d05048
Amlodipine Besylate/Benazepril	Lotrel	d03829
Atenolol	Tenormin	d00004
Benazepril	Lotensin	d00730
Benazepril HCTZ	Lotensin HCTZ	d03265
Betaxolol	Kerlone	d00176
Bumetanide	Bumex	d00179
Captopril	Capoten	d00006
Clonidine	Catapres	d00044
Carvedilol	Coreg	d03847
Clopidogrel Bisulfate	Plavix	d04258
Digoxin	Lanoxicaps	d00210
Digoxin Immune	Digibind	d01410
Diltiazem HCL	Cardizem	d00045
Dipyridamole/aspirin	Aggrenox	d04497
Dipyridamole	Persantine	d00213
Doxazosin mesylate	Cardura	d00726
Enalapril	Vasotec	d00013
Fosinopril	Monopril	d00242
Furosemide	Lasix	d00070
Hydrochlorothiazide (HCT)	Hydrodiuril	d00253
Hydrochlorothiazide-lisinopril	Prinzide	d03266
Hydrochlorothiazide-Triamterene	Maxzide, Dyazide	d03052
HCT-valsartan-amlodipine	Exforge HCT	d07440
Hydralazine	Apresoline	d00132
Irbesartan	Avapro	d04222
Isosorbide	Isosorbide	d00653
Isosorbide Dinitrate	Isordil	d00268
Isosorbide Mononitrate	Imdur	d00269
Labetalol HCL	Normodyne, Trandate	d00016
Lisinopril	Prinivil, Zestril	d00732
Losartan potassium	cozaar	d03821
Metoprolol Succinate	Toprol-XL	d00134
Metoprolol Tartrate	Lopressor	d00134
Minoxidil	Loniten	d00135
Nadolol	Corgard	d00018
Nicardipine	Cardene	d00315
Nifedipine	Adalat	d00051
Nisoldipine	Sular	d03825
Nitroglycerin	Nitroglycerin	d00321
Olmесartan medoxomil	Benicar	d04801
Prazosin hcl	Minipress	d00138
Propranolol	Inderal	d00032
Quinapril	Accupril	d00365
Ramipril	Altace	d00728
Sildenafil	Viagra	d04299
Spironolactone	Aldactone	d00373
Telmisartan	Micardis	d04364
Terazosin	Hytrin	d00386
Ticagrelor	Brilinta	00186-0777-60
Triamterene	Dyrenium	d00396



Torsemid	Demadex	
Valsartan	Diovan	d04113
Verapamil	Covera HS	d00048
<b>ANTI-DEPRESSANTS/PSYCHOTROPIC AGENTS</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Acamprosate calcium	Campral	d04986
Alprazolam	Xanax	d00168
Amitriptyline HCL	Elavil	d00146
Amphetamine	Amphetamine	d00803
Amphetamine-Dextroamphetamine	Adderall	d04035
Aripiprazole	Abilify	d04825
Asenapine	Saphris	d07473
Atomoxetine HCL	Strattera	d04827
Baclofen	Lioresal	d00967
Benzotropine Mesylate	Cogentin	d00175
Bupropion HCL	Wellbutrin	d00181
Buspirone	BuSpar	d00182
Carbamazepine	Tegretol, Carbatrol	d00058
Carisoprodol	Soma	d00960
Chlordiazepoxide HCL	Librium	d00189
Chlorpromazine HCL	Thorazine	d00064
Citalopram	Celexa	d04332
Clomipramine	Anafranil	d00876
Clonazepam	Klonopin	d00197
Cyclobenzaprine	Flexeril	d00963
Desipramine	Norpramin	d00145
Desvenlafaxine	Pristiq	d07113
Diazepam	Valium	d00148
Divalproex Sodium	Depakote	d03833
Donepezil	Aricept	d04099
Doxepin	Sinequan	d00217
Duloxetine	Cymbalta	d05355
Escitalopram Oxalate	Lexapro	d04812
Eszopiclone	Lunesta	d05421
Fluoxetine HCL	Prozac	d00236
Fluvoxamine	Luvox	d03804
Gabapentin	Neurontin	d03182
Haloperidol	Haldol	d00027
Hydroxyzine HCL	Atarax	d00907
Imipramine	Tofranil	d00259
L-alpha-acetyl-methadol (LAAM),	Orlaam	d03187
Lamotrigine	Lamictal XR	d03809
Levetiracetam	Keppra	d04499
Lisdexamfetamine	Vyvanse	d06663
Lithium	Lithane, Eskalith	d00061
Lorazepam	Ativan	d00149
Lurasidone	Latuda	d07705
Memantine hydrochloride	Namenda	d04899
Methocarbamol	Robaxin	d00965
Methylphenidate HCL	Ritalin, Concerta	d00900
Mirtazapine	Remeron	d04025
Modafinil	Provigil	d04378
Naltrexone	Revia	d01406
Nefazodone	Serzone	d03808
Nortriptyline HCL	Pamelor	d00144
Olanzapine	Zyprexa	d04050
Olanzapine/fluoxetine hcl	Symbyax	d04917
Oxazepam	Serax	d00040
Oxcarbazepine	Trileptal	d04513

Paliperidone	Invega	d06297
Paroxetine	Paxil	d03157
Phenytoin	Dilantin	d00143
Pimozide	Orap	d00898
Pramipexole	Mirapex	d04145
Quetiapine Fumarate	Seroquel	d04220
Risperidone	Risperdal	d03180
Sertraline	Zoloft	d00880
Temazepam	Restoril	d00384
Topiramate	Topamax	d04115
Trazodone	Desyrel	d00395
Valproic Acid	Depakene	d00083
Trihexyphenidyl	Artane; Tremin	
Venlafaxine	Effexor XR	d03181
Zaleplon	Sonata	d04452
Ziprasidone	Geodon	d04747
Zolpidem Tartrate	Ambien	d00910

#### ANTINEOPLASTIC AGENTS

Generic Name	Brand Name	Drug Code
Bleomycin	Blenoxane	d00177
Chlorambucil	Leukeran	d00188
Cytarabine	Cytosar-U	d00201
Cyclophosphamide	Cytoxan	d00036
Daunorubicin	Cerubidine	d00205
Doxorubicin	Adriamycin	d00218
Daunorubicin Liposomal	DaunoXome	d04239
Etoposide	Etopophus	d00230
Hydroxyurea	Hydrea	d01373
Megestrol acetate	Megace	d01348
Methotrexate	Trexall	d00060
Paclitaxel	Taxol	d01376
Tamoxifen	Nolvadex	d00381

#### URINARY – GYNECOLOGIC / PROSTATE

Generic Name	Brand Name	Drug Code
Tamsulosin	Flomax	0781-2076-01

#### GASTROINTESTINAL AGENTS

Generic Name	Brand Name	Drug Code
Crofelemer	Fulyzaq	d00000
Dicyclomine	Bentyl	d00999
Diphenoxylate/Atropine	Lomotil	d03506
Esomeprazole	Nexium	d04749
Famotidine (Prescription Strength)	Pepcid	d00141
Granisetron	Kytril	d03171
Hyoscyamine Sulphate	Levsin	d00985
Lactulose	Kristalose	d01024
Lansoprazole (Prescription Strength)	Prevacid	d03828
Linaclotide	Linzess	
Loperamide (Prescription Strength)	Imodium	d01025
Metoclopramide hcl	Reglan	d00298
Omeprazole (Prescription Strength)	Prilosec	d00325
Omeprazole-Sodium Bicarbonate (Prescription Strength)	Zegerid (powder only)	d05770
Ondansetron	Zofran	d00867
Pancrelipase	Pancreaze, Creon	d01002
Pantoprazole Sodium	Protonix	d04514
Polyethylene Glycol 3550	Golytely	d05350
Prochlorperazine	Compazine	d00355
Rabeprazole Sodium	Aciphex	d04448

Ranitidine HCL (Prescription Strength)	Zantac	d00021
Scopolamine (Transdermal)	Transderm Scop	d00986
Sucralfate	Carafate	d00377
<b>VACCINES</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Haemophilus B Conjugate	HibTITER	d05341
Haemophilus b Conjugate and Hepatitis B (Recombinant)	Comvax	d04059
Hepatitis A Vaccine	Havrix	d05340
Hepatitis A Inactivated & Hepatitis B (Recombinant) Vaccine	Twinrix	d04685
Hepatitis B Vaccine (Recombinant)	Engerix-B	d01166
HPV Quadrivalent Vaccine	Gardasil	d05817
Influenza Virus Vaccine (inactivated; all injectable brands)	Fluarix; Fluzone Quadrivalent	d01164; 58160-905-52
Pneumococcal Vaccine (individual doses)	Pneumovax	d05337
Pneumococcal 13-valent Vaccine (individual doses)	Prevnar 13	d07586
Varicella vaccine	Varivax	d03832
Varicella zoster IG	VZIG	d01138
<b>ENDOCRINE/METABOLIC AGENTS (STEROIDS)</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Alendronate	Foxamax	d03849
Alendronate Sodium/ Cholecalciferol	Fosamax Plus D	d05526
Allopurinol	Zyloprim	d00023
Betamethasone sodium phosphate	Celestone	d00628
Conjugated estrogens	Premarin	d00541
Liothyronine sodium	Cytomel	d00658
Dexamethasone	Decadron	d00206
Dronabinol	Marinol	d00866
Estradiol-norethindrone	Activella, Combipatch	d04375
Estradiol Topical	Vivelle	d04210
Estradiol Valerate	Delestrogen	d00537
Fludrocortisone	Florinef acetate	d00608
Hydrocortisone	Cortef	d00254
Levothyroxine	Synthroid	d00278
Medroxyprogesterone	Depo-Provera	d00284
Methimazole	Tapazole	d00290
Methylprednisolone	Medrol	d00293
Nandrolone decanoate	Deca-Durabolin	d00568
Norethindrone	Aygestin	d00555
Oxandrolone	Oxandrin	d00566
Oxymetholone	Anadrol-50	d04295
Pentazocine	Talwin	d00334
Prednisone	Deltasone	d00350
Probenecid	Benemid	d00031
Propylthioracil	Propylthioracil	d00361
Somatropin	Serostim	d00577
Testosterone	Androgel, Testim	d00558
Testosterone cypionate IM	Depo-Testosterone	d00558
Testosterone Topical	Androderm Patch	d04273
Triamcinolone	Kenalog-40	d00620
<b>BRONCHIAL DILATORS/RESPIRATORY AGENTS</b>		
<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>
Albuterol/ipratropium	Combivent	d04066
Albuterol sulphate	Proventil	d00749
Azelastine Hydrochloride	Astelin	d04068
Beclomethasone	Beconase AQ, QNASL	D04275
Benzonatate	Tessalon	d00796

Brompheniramine/Phenylephrine	Bromfed	d03311
Budesonide	Pulmicort Turbuhaler	d04276
Budesonide Nasal	Rhinocort AQUA	d03640
Cyproheptadine	Periactin	d00790
Desloratadine	Clarinet	d04785
Desloratadine-pseudoephedrine	Clarinet D	d05473
Dulera		
Flunisolide inhaler	Aerobid	d00761
Flunisolide nasal	Nasarel	d04279
Fluticasone	Flovent	d01296
Fluticasone Propionate Nasal Spray	Flonase, Veramyst	d04283
Fluticasone-Salmeterol	Advair Diskus	d04611
Ipratropium Bromide	Atrovent	d00265
Levalbuterol tartrate	Xopenex	d04427
Levocetirizine	Xyzal	d05851
Mometasone	Asmanex Twisthaler	d05262
Mometasone furoate monohydrate	Nasonex	d04223
Montelukast	Singulair	d04289
Salmeterol	Serevent	d03759
Tiotropium	Spiriva	d04829

### DIABETES AGENTS

Generic Name	Brand Name	Drug Code
Acarbose	Precose	d03846
Exenatide	Byetta	d05529
Glimepiride	Amaryl	d03864
Glipizide	Glucotrol	d00246
Glipizide-metformin	Metaglip	d04823
Glyburide	Micronase	d00248
Glyburide/metformin	Glucovance	d04703
Insulin (Aspart (r DNA origin))	Novolog	d04697
Insulin Aspart Protamine and Insulin Aspart (r DNA origin)	Novolog 70/30	d04839
Insulin Detemir	Levemir	d05436
Insulin Glargine	Lantus	d04538
Insulin (Human Recombinant)	Humulin /Novolin	d00262
Insulin Lispro	Humalog	d04373
Insulin Lispro protamine	Humalog 50/50	d04510
Metformin HCL	Glucophage	d03807
Liraglutide	Victoza	
Metformin-rosiglitazone	avandamet	d04820
Miglitol	Glyset	d04110
Nateglinide	Starlix	d04743
Pioglitazone HCL	Actos	d04442
Repaglinide	Prandin	d04267
Rosiglitazone Maleate	Avandia	d04434
Sitagliptin	Januvia	d05896

### MISCELLANEOUS

Generic Name	Brand Name	Drug Code
Bimatoprost	Lumigan	d04754
Brimonidine Tartrate	Alphagan P	d04048
Brinzolamide	Azopt	d04301
Calcium Acetate	Phoslo	d03689
Carbachol	Miostat	d01189
Cevimeline HCL	Evoxac	d04512
Chlorthalidone	Hygroton, Thalitone	
Cyanocobalamin	CaloMist	d00413
Dipivefrin ophthalmic	Propine	d01184
Dorzolamide	Trusopt	d03805

Dorzolamide/timolol	Cosopt	d04303
Enoxaparin	Lovenox	
Epoetin Alfa	Epogen, Procrit	d00223
Ergocalciferol	Vitamin D(oral/IV)	d03128
Ferrous Sulfate	Fer-In-Sol, Slow	a52885
Filgrastim	Neupogen	d00512
Fluorometholone Ophthalmic	FML liquifilm	d03227
Homatropine Ophthalmic	Isopto Homatropine	d01199
Latanoprost	Xalatan	d04017
Lidocaine	Lidoderm Patch	d00059
L-Methylfolate /B12/B6/B2	Cerefolin	d03140
Neomycin/polymyxin B/hydrocortisone	Cortisporin Ophthalmic	d03963
Neomycin/polymyxin B/hydrocortisone	Cortisporin Otic	d03543
Nicotine Patches	Nicoderm CQ	
Nitazoxanide	Alinia	d04826
Omega-3 Acid Ethyl Esters	Lovaza	d00497
Olapatadine Hydrochloride	Patanol	d04117
Oxybutynin	Ditropan XL II	D00328
Pilocarpine	Salagen	d04031
Pentoxifylline	Trental; Pentoxil	
Pink Magic		
Potassium Acetate	Potassium Acetate	d03777
Potassium Chloride	K-DUR, Klor-Con	d00345
Promethazine HCL	Phenergan	d00787
Promethazine DM (dextromethorphan)		
Tetracycline hydrochloride opth		d03738
Thalidomide	Thalomid	d04331
Timolol Maleate	Timoptic	d04037
Tizanidine HCL	Zanaflex	55111-180-15
Tobramycin ophthalmic	Tobrex	d03222
Travatan	Travoprost	d04753
Tropicamide	Mydral	d01200
Tuberculin Purified Protein Derivative (PPD)	Tubersol	d01171
Varenicline	Chantix	d05807
Warfarin Sodium	Coumadin	d00022

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