

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

Effective November 1, 1996. Current as of January 2025

Generic Name	Medication Type	Trade Name
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Cabotegravir, rilpivirine		Cabenuva
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Antivirals

Acyclovir		Zovirax
Famciclovir		Famvir
Valacyclovir		Valtrex

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
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir disproxil fumarate		Stribild
Elvitegravir/Cobicistat/Emtricitabine/Emtricitabine		Genvoya
Emtricitabine/ Tenofovir		Emtriva
Emtricitabine/Rilpivirine/Tenofovir		Truvada
Emtricitabine/Tenofovir alafenamide		Complera
Lamivudine (3TC)		Descovy
Lamivudine 150mg/Zidovudine 300mg		Epivir
Lamivudine 300mg/ Abacavir		Combivir
Rilpivirine/Emtricitabine/Tenofovir alafenamide		Epzicom
Stavudine (d4T)		Odefsey
Tenofovir		Zerit
		Viread

Zidovudine (AZT)

Retrovir

**Non – Nucleoside Reverse
Transcriptase Inhibitors**

Delavirdine	Rescriptor
Dolutegravir/Rilpivirine	Juluca
Doravirine	Pifeltro
Efavirenz	Sustiva
Etravirine	Intelence
Nevirapine	Viramune
Rilpivirine	Edurant

Protease Inhibitors

Agenerase	Amprenavir
Aptivus	Tipranavir
Atazanavir	Reyataz
Atazanavir/Cobicistat	Evotaz
Darunavir	Prezista
Darunavir/Cobicistat	Prezcobix
Fosamprenavir Calcium	Lexiva
Lopinavir/Ritonavir	Kaletra
Nelfinavir	Viracept
Ritinovir	Norvir
Saquinavir	Invirase, Fortovase

Attachment Inhibitors

Fostemsavir	Rukobia
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Post -Attachment Inhibitors

Ibalizumab-uiyk	Trogarzo
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Antifungals

Amphotericin B	Fungizone
Clotrimazole	Mycelex, Lotrimin
Fluconazole	Diflucan
Itraconazole	Sporanox
Ketoconazole	Nizoral
Nystatin	Mycostatin

Antibiotics

Azithromycin	Zithromax
Clarithromycin	Biaxin

Ciprofloxacin	Cipro
Clindamycin	Clindamycin, Cleocin
Ethambutol	Myambutol
Rifabutin	Mycobutin
Sulfadiazine	Sulfadiazine
Trimethoprim	Trimethoprim
Trimethoprim/Sulfamethoxazole	Bactrim, BactrimDS, Septra, SeptraDS, Sulfatrim

Antidiarrheals (Prescription Required)

Loperamide	Immodium
Polycarbophil	Fibercon
Psyllium	Metamucil

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	Niaspan
Pravastatin	Pravachol
Simvastatin	Zocor

Cytomegalovirus

Cidofovir	Vistide
Foscarnet	Foscavir
Valganciclovir	Valcyte

Bronchodialator

Albuterol (inhaled)	Ventolin HFA; Proventil HFA, Proair HFA
Levoalbuterol	Xopenex

Miscellaneous:

Atovaquone	Mepron
Dapsone	Dapsone
Doxorubicin (Liposomal)	DOXIL
GCSF	Neupogen
Hydroxyurea	Hydrea
Leucovorin	Wellcovorin & others
Megestrol Acetate	Megace
Oseltamivir phosphate	Tamiflu
Pentamidine***	Pentam, Nebupent
Prednisone	Prednisone
Primaquin	Primaquin
Pyramethamine	Daraprim
Zanamivir	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.