Idaho Department of Health and Welfare
AIDS Drug Assistance Program (ADAP) Formulary

Effective Date: May 12, 2025

Note: IDHW mandates the use of generic products whenever possible in accordance with applicable law or regulations.

Generic Name	Brand Name	Criteria/Notes
Antiretrovirals		
Multiclass Single-Tablet Regimens		
abacavir/lamivudine/dolutegravir	Triumeq	
bictegravir/emtricitabine/tenofovir alafenamide	Biktarvy	
darunavir/cobicistat/emtricitabine/ tenofovir alafenamide	Symtuza	
doravirine/lamivudine/tenofovir disoproxil	Delstrigo	
dolutegravir/lamivudine	Dovato	
efavirenz/emtricitabine/tenofovir disoproxil fumarate	Atripla	
efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi	
efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi-Lo	
elvitegravir/cobicistat/emtricitabine/ tenofovir disoproxil fumarate	Genvoya	
elvitegravir/cobicistat/emtricitabine/ tenofovir disoproxil fumarate	Stribild	
emtricitabine/rilpivirine/tenofovir disoproxil fumarate	Complera	
emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	

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Idaho Department of Health and Welfare, AIDS Drug Assistance Program (ID ADAP)

Formulary by Drug Class

Effective Date: May 12, 2025

Generic Name	Brand Name	Criteria/Notes
Combination Medications		
abacavir/lamivudine	Epzicom	
abacavir/lamivudine/zidovudine	Trizivir	
atazanavir/cobicistat	Evotaz	
cabotegravir/rilpivirine	Cabenuva	
darunavir/cobicistat	Prezcobix	
emtricitabine/tenofovir disoproxil fumarate	Truvada	
emtricitabine/tenofovir alafenamide	Descovy	
lamivudine/zidovudine	Combivir	
lamivudine/tenofovir disoproxil fumarate	Cimduo	
lamivudine/tenofovir disoproxil fumarate	Temixys	
lopinavir/ritonavir	Kaletra	
Capsid Inhibitor Medications		
lenacapavir	Sunlenca	
Nucleoside Reverse Transcriptase Inhibitor (NRTI) Medications		
abacavir	Ziagen	
doravirine	Pifeltro	
emtricitabine	Emtriva	
lamivudine	Epivir	Epivir HBV is not covered
stavudine	Zerit	
tenofovir alafenamide fumarate	Vemlidy	Clinical PA required; approved for off-label use for HIV
tenofovir disoproxil fumarate	Viread	
zidovudine	Retrovir	

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Generic Name	Brand Name	Criteria/Notes
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs) Medications		
efavirenz	Sustiva	
etravirine	Intelence	
nevirapine	Viramune/Viramune XR	
rilpivirine	Edurant	
Protease Inhibitor Medications		
atazanavir	Reyataz	
darunavir	Prezista	
fosamprenavir	Lexiva	
indinavir	Crixivan	
nelfinavir	Viracept	
ritonavir	Norvir	
tipranavir	Aptivus	
Attachment Inhibitor Medications		
fostemsavir	Rukobia	
Entry Inhibitor Medications		
enfuvirtide	Fuzeon	
maraviroc	Selzentry	
Integrase Inhibitor Medications		
dolutegravir	Tivicay	
dolutegravir/rilpivirine	Juluca	
raltegravir	Isentress, Isentress HD	
Boosting Agent		
cobicistat	Tybost	

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Formulary by Drug Class

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Generic Name	Brand Name	Criteria/Notes
Monoclonal Antibody		
ibalizumab	Trogarzo	Clinical PA required
Opportunistic Infection Treatment Medications		
acyclovir	Zovirax	
albendazole	Albenza	
atovaquone	Mepron	
azithromycin	Zithromax	
clarithromycin	Biaxin	
clotrimazole tablets	Mycelex	
dapsone		
fluconazole	Diflucan	
ethambutol	Myambutol	
griseofulvin		
itraconazole	Sporanox	
leucovorin		
metronidazole	Flagyl	
pentamidine	Nebupent	Inhalation powder covered only
pyrimethamine	Daraprim	
rifabutin	Mycobutin	
sulfadiazine		
sulfamethoxazole/trimethoprim	Bactrim/Bactrim DS	
tinidazole	Tindamax	
valacyclovir	Valtrex	
valganciclovir	Valcyte	
voriconazole	Vfend	
Anti-Neoplastic Medications		
Bicalutamide	Casodex	

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Formulary by Drug Class

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Generic Name	Brand Name	Criteria/Notes
Anti-tuberculosis Medications		
isoniazid		
pyrazinamide		
moxifloxacin	Avelox	
rifampin	Rifadin	
rifapentine	Priftin	
Sexual Transmitted Infections Treatment Medications		
benzathine penicillin G	Bicillin	
ceftriaxone	Rocephin	
clindamycin	Cleocin	
doxycycline hyclate	Vibramycin	
doxycycline monohydrate	Adoxa/Monodox	
levofloxacin	Levaquin	
Alcohol Dependence/Substance Use Disorder Medications		
acamprosate	Campral	
buprenorphine	Subutex	Clinical PA required-approved only for clients who are pregnant Dosage limitation: 24 mg/day
buprenorphine/naloxone	Suboxone	Tablet and film formulations covered
disulfiram	Antabuse	
naloxone	Narcan	
naltrexone	Vivitrol	
Alzheimer's Medications		
donepezil	Aricept	All forms except 23 mg tablet covered
galantamine	Razadyne	
memantine	Namenda	All immediate release forms covered

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Generic Name	Brand Name	Criteria/Notes
rivastigmine	Exelon	
Analgesic Medications		
acetaminophen	Tylenol	Capsule, tablet, oral suspension, and rectal suppository forms covered
buprenorphine	Butrans	
celecoxib	Celebrex	
diclofenac	Cataflam/Voltaren	50 mg tablet, 25/50/75 delayed release tablets, 100 mg extended release tablets, and 1% gel forms covered
hydrocodone/APAP	Norco	Generic forms only
ibuprofen	Motrin	
indomethacin	Indocin	
lidocaine transdermal	Lidoderm	
meloxicam	Mobic	
morphine sulfate IR		Generic forms only
morphine sulfate ER	MS Contin	
nabumetone	Relafen	
naproxen	Naprosyn	
oxycodone/APAP	Percocet	Generic forms only
sulindac	Clinoril	
tramadol	Ultram/Ultram ER	Generic forms only
tramadol/APAP	Ultracet	Generic forms only
Anaphylactic Shock Prevention Medications		
epinephrine	EpiPen/EpiPen Jr.	Generic and brand forms covered
Antianxiety/Sedative Medications		
buspirone	Buspar	
clonazepam		Generic forms only

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Generic Name	Brand Name	Criteria/Notes
chlordiazepoxide	Librium	
diazepam	Valium	
hydroxyzine pamoate	Vistaril	
lorazepam		Oral tablets covered only
Anticonvulsant Medications		
cannabidiol	Epidiolex	Clinical PA required-diagnosis of Lennox-Gastaut or Dravet Syndrome required
carbamazepine	Tegretol/Carbatrol	
clobazam	Onfi	
diazepam rectal	Diastat/Diastat AcuDial	
eslicarbazepine	Aptiom	
ethosuximide	Zarontin	
gabapentin	Neurontin	Quantity limit = 3 capsules/day
lacosamide	Vimpat	
lamotrigine	Lamictal	Only IR and ODT formulations covered
levetiracetam	Keppra/Keppra XR	
oxcarbazepine	Trileptal	
phenobarbital		
phenytoin	Dilantin	
pregabalin	Lyrica	
primidone		
tiagabine	Gabitril	
topiramate	Qudexy XR/Topamax	
valproic acid	Depakene	
zonisamide	Zonegran	
Antidepressant Medications		
amitriptyline	Elavil	

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Generic Name	Brand Name	Criteria/Notes
bupropion	Wellbutrin/Wellbutrin SR/Wellbutrin XL	
citalopram	Celexa	
desvenlafaxine	Pristiq	
duloxetine	Cymbalta	
escitalopram	Lexapro	
fluoxetine	Sarafem/Prozac	
fluvoxamine	Luvox	Immediate release forms covered only
mirtazapine	Remeron	
nortriptyline	Pamelor	
paroxetine	Paxil	
prazosin	Minipress	
sertraline	Zoloft	
trazodone	Desyrel	
venlafaxine	Effexor/Effexor XR	
vortioxetine	Trintellix	
Anti-Diabetic Medications		
acarbose	Precose	
canagliflozin	Invokana	
canagliflozin/metformin	Invokamet	Immediate release forms covered only
dapagliflozin	Farxiga	
dapagliflozin/metformin	Xigduo XR	
dulaglutide	Trulicity	
empagliflozin	Jardiance	
empagliflozin/linagliptin	Glyxambi	
empagliflozin/metformin	Synjardy	Immediate release forms covered only

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Generic Name	Brand Name	Criteria/Notes
glipizide	Glucotrol/Glucotrol XL	
glimepiride	Amaryl	
glucagon emergency kits		Emergency kit and nasal spray covered
glyburide	DiaBeta	
glyburide/metformin	Glucovance	
insulin aspart	Novolog/Novolog FlexPen	
insulin aspart/protamine	Novolog Mix	Vials and pens covered
insulin detemir [rDNA origin]	Levemir/Levemir FlexPen	
insulin glargine	Lantus/Lantus Solostar	
insulin lispro	Humalog/Humalog KwikPen	Vials and pens covered
insulin lispro/protamine	Humalog Mix	
insulin NPH	Novolin N/Humulin N/ Humulin N KwikPen	
insulin regular	Novolin R/Humulin R	
linagliptin	Tradjenta	
linagliptin/metformin	Jentadueto	
liraglutide	Victoza	
metformin HCL	Glucophage/Glucophage XR	
nateglinide		
pioglitazone	Actos	
pramlintide	Symlin	
repaglinide		
semaglutide	Ozempic/Rybelsus/Wegovy	
sitagliptin	Januvia	
sitagliptin/metformin	Janumet/Janumet XR	

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Generic Name	Brand Name	Criteria/Notes
Anti-Diarrheal Medications		
crofelemer	Mytesi	Clinical PA required — client must have tried and failed loperamide or diphenoxylate/atropine
diphenoxylate/atropine	Lomotil	
loperamide	Imodium	
Antiemetic Medications		
aprepitant	Emend	
dimenhydrinate	Dramamine	
doxylamine/pyridoxine	Diclegis	For use in pregnant adults and adolescents
meclizine	Antivert	Generic forms covered only
metoclopramide	Reglan	
ondansetron	Zofran/Zofran ODT	
prochlorperazine	Compazine	
promethazine	Phenergan	
scopolamine	Transderm-Scop	
Antihistamine Medications		
azelastine	Astelin/Astepro	
beclomethasone	Qnasl	
cetirizine	Zyrtec	
diphenhydramine HCl	Benadryl	
fluticasone	Flonase	
hydroxyzine HCl	Atarax	
levocetirizine	Xyzal	
loratadine	Claritin	
Anticoagulant Medications		
apixaban	Eliquis	

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Generic Name	Brand Name	Criteria/Notes
dabigatran	Pradaxa	
enoxaparin	Lovenox	
rivaroxaban	Xarelto	
warfarin	Coumadin	
Anti-Constipation Medications		
linaclotide	Linzess	
lubiprostone	Amitiza	
naloxegol	Movantik	
polyethylene glycol	Miralax	
Anti-Hyperuricemic Medications		
allopurinol	Zyloprim	
colchicine	Mitigare	
febuxostat	Uloric	
probenecid	Benemid	
Antimigraine Medications		
eletriptan	Relpax	
fremanezumab-vfrm	Ajovy	Clinical PA required; trial and failure of 2 formulary migraine prophylactic medications (topiramate, divalproex, metoprolol, propranolol, atenolol, amitriptyline, venlafaxine, or duloxetine)
galcanezumab-gnlm	Emgality	Clinical PA required; trial and failure of 2 formulary migraine prophylactic medications (topiramate, divalproex, metoprolol, propranolol, atenolol, amitriptyline, venlafaxine, or duloxetine)

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Generic Name	Brand Name	Criteria/Notes
erenumab-aooe	Aimovig	Clinical PA required; trial and failure of 2 formulary migraine prophylactic medications (topiramate, divalproex, metoprolol, propranolol, atenolol, amitriptyline, venlafaxine, or duloxetine)
rimegepant	Nurtec ODT	Clinical PA required: trial and failure of 2 formulary triptan medications (eletriptan, rizatriptan and sumatriptan)
rizatriptan	Maxalt/Maxalt-MLT	
sumatriptan	Imitrex	
ubrogepant	Ubrelvy	Clinical PA required: trial and failure of 2 formulary triptan medications (eletriptan, rizatriptan and sumatriptan)
Anti-Parkinson's Medications		
amantadine		Capsule, solution, and tablet forms covered
benztropine		
carbidopa/levodopa		Extended release/immediate release forms covered
entacapone		
pramipexole	Mirapex	Immediate release forms covered only
ropinirole	Requip	Immediate release forms covered only
selegiline		
trihexyphenidyl		

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Generic Name	Brand Name	Criteria/Notes
Antipsychotic/Mood Stabilizer Medications		
aripiprazole	Abilify/Abilify Maintena Aristada/Aristada Initio	
cariprazine	Vraylar	
chlorpromazine	Thorazine	
clozapine	Clozaril	Oral disintegrating tablet forms not covered
divalproex	Depakote	
fluphenazine		Oral and injectable forms covered
haloperidol	Haldol	
lithium	Eskalith/Lithotabs/Eskalith CR/Lithobid	
loxapine		
lurasidone	Latuda	
olanzapine	Zyprexa/Zyprexa ODT	
paliperidone	Invega/Invega Hayfera/Invega Sustenna/Invega Trinza	
perphenazine		
perphenazine/amitriptyline		
quetiapine	Seroquel/Seroquel XR	
risperidone	Risperdal/Risperdal Consta/Perseris	
trifluoperazine		
thiothixene		
ziprasidone	Geodon	
Anti-Thyroid Medications		
levothyroxine	Levoxyl/Synthroid/Unithroid	

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Generic Name	Brand Name	Criteria/Notes
BPH Medications		
alfuzosin	Uroxatral	
doxazosin		
dutasteride	Avodart	
finasteride	Proscar	
tamsulosin	Flomax	
terazosin		
Bladder Relaxant Medications		
fesoterodine	Toviaz	
mirabegron	Myrbetriq	
oxybutynin	Ditropan/Ditropan XL	
solifenacin	Vesicare	
Bone Resorption Suppression Medications		
alendronate	Fosamax	
calcitonin-salmon		
ibandronate	Boniva	
Cardiovascular Medications		
amlodipine	Norvasc	
amlodipine/atorvastatin	Caduet	
amlodipine/benazepril	Lotrel	
amlodipine/valsartan	Exforge	
amlodipine/olmesartan	Azor	
atenolol	Tenormin	
atenolol/chlorthalidone	Tenoretic	
benazepril		Generic forms only
benazepril/hydrochlorothiazide		Generic forms only
bisoprolol	Zebeta	
bisoprolol/hydrochlorothiazide	Ziac	

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Generic Name	Brand Name	Criteria/Notes
bumetanide	Bumex	
carvedilol	Coreg/Coreg CR	
chlorthalidone		
clonidine	Catapres/Catapres-TTS	
digoxin	Lanoxin/Digitek	
diltiazem	Cardizem/Cardizem CD	Generic forms only
enalapril	Epaned/Vasotec	
enalapril/hydrochlorothiazide		Generic forms only
furosemide	Lasix	
guanfacine	Tenex	
hydrochlorothiazide	HCTZ	
indapamide		
irbesartan	Avapro	
irbesartan/hydrochlorothiazide	Avalide	
isosorbide dinitrate		
isosorbide mononitrate		
labetalol	Normodyne	
lisinopril	Prinivil/Zestril	
lisinopril/hydrochlorothiazide	Prinzide/Zestoretic	
losartan	Cozaar	
losartan/hydrochlorothiazide	Hyzaar	
metolazone		
methyldopa		
metoprolol succinate	Toprol XL	
metoprolol tartrate	Lopressor	
nadolol	Corgard	
nifedipine		
nitroglycerin	Nitrostat	

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Generic Name	Brand Name	Criteria/Notes
olmesartan	Benicar	
olmesartan/hydrochlorothiazide	Benicar HCT	
propranolol	Inderal/Inderal ER	
quinapril	Accupril	
quinapril/hydrochlorothiazide	Accuretic	
ramipril	Altace	
sacubitril/valsartan	Entresto	
sotalol	Betapace/Betapace AF	
spironolactone	Aldactone	
telmisartan	Micardis	
telmisartan/hydrochlorothiazide	Micardis HCT	
torsemide	Demadex	
valsartan	Diovan	
valsartan/hydrochlorothiazide	Diovan HCT	
verapamil	Calan/Calan SR	
Central Nervous System Stimulant Medications		
amphetamine/dextroamphetamine	Adderall/Adderall XR	Prior Authorization required: Diagnosis of ADD/ADHD or narcolepsy required Quantity limit: 2 tablets/day
atomoxetine	Strattera	
clonidine ER	Kapvay	
dexmethylphenidate	Focalin/Focalin XR	Prior Authorization required: Diagnosis of ADD/ADHD required Focalin IR Quantity Limit: 2 tablets/day Focalin XR Quantity limit: 1 capsule/day

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Generic Name	Brand Name	Criteria/Notes
guanfacine	Intuniv	
methylphenidate	Concerta/Metadate CD/Metadate ER/Ritalin	Prior Authorization required: Diagnosis of ADD/ADHD required Concerta (18 mg, 27 mg, 36 mg strengths): Quantity limit: 2 tablets/day Concerta (54 mg strength): Quantity limit: 1 tablet/day Ritalin IR Quantity limit: 3 tablets/day Metadate CD Quantity Limit: 1 capsule/day Metadate ER Quantity Limit: 2 tablets/day
lisdexamfetamine	Vyvanse	Prior Authorization required: Diagnosis of ADD/ADHD & Binge Eating Disorder Vyvanse 10 mg, 20 mg, 30 mg, and 40 mg capsules: Quantity limit of 2 capsules/day Vyvanse 50 mg, 60 mg, and 70 mg capsules: Quantity limit of 1 capsule/day
Colony Stimulating Factors		
filgrastim	Neupogen	
peg-filgrastim-apgf	Nyvepria	
tbo-filgrastim	Granix	
Contraceptive Medications		
desogestrel-ethinyl estradiol/ethinyl estradiol	Azurette/Kariva/Mircette/Viorele	
desogestrel/ethinyl estradiol	Apri/Desogen/Ortho-Cept	
drospirenone/ethinyl estradiol/levomefolate	Beyaz/Safyral	

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Generic Name	Brand Name	Criteria/Notes
drospirenone/ethinyl estradiol	Gianvi/Ocella/Yasmin/Yaz	
estradiol valerate/dienogest	Natazia	
ethynodiol d-ethinyl estradiol	Demulen/Kelnor/Zovia	
etonogestrel	Nexplanon/Implanon	
etonogestrel/ethinyl estradiol	NuvaRing	
levonorgestrel/ethinyl estradiol/iron	Balcoltra	
levonorgestrel	Kyleena/Mirena/Next Choice/Norplant/Plan B	
levonorgestrel/ethinyl estradiol	Alesse/Altavera/Aviane/Triphasil/ Trivora	
levonorgestrel/ethinyl estradiol/ethinyl estradiol	Seasonique/Lo-Seasonique	
medroxyprogesterone acetate	Depo-Provera	
norelgestromin/ethinyl estradiol	Ortho-Evra	
norethindrone	Nor-QD/Ortho-Micronor	
norethindrone/ethinyl estradiol/iron	Estrostep Fe/Loestrin Fe/Lo-Loestrin Fe/Minastrin Fe/Lo-Minastrin Fe/Zeosa	
norethindrone/mestranol	Ortho-Novum	
norgestimate/ethinyl estradiol	Ortho-Cyclen/Ortho Tri-Cyclen/ Ortho Tri-Cyclen Lo	
norgestrel/ethinyl estradiol	Lo-Ogestrel/Ogestrel	
COVID-19 Related Medications		
COVID-19 At-Home Antigen Tests		
COVID-19 vaccines		
molnupiravir	Lagevrio	
nirmatrelvir/ritonavir	Paxlovid	

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Idaho Department of Health and Welfare, AIDS Drug Assistance Program (ID ADAP)

Formulary by Drug Class

Effective Date: May 12, 2025

Generic Name	Brand Name	Criteria/Notes
Diabetic Supplies		
Blood Glucose Control Solution		All Major Brands Covered
Blood Glucose Glucometer		All Major Brands Covered
Blood Glucose Lancets		All Major Brands Covered
Blood Glucose Test Strip		All Major Brands Covered
Insulin Syringes		All Major Brands Covered
Insulin Pen Needles		All Major Brands Covered
Erythropoiesis-Stimulating Medications		
darbepoetin	Aranesp	
epoetin	Procrit/Retacrit	
Gastrointestinal Medications		
dexlansoprazole	Dexilant	
esomeprazole	Nexium	Suspension packets covered only
famotidine	Pepcid	
lansoprazole	Prevacid	
omeprazole	Prilosec	
pantoprazole	Protonix	
plecanatide	Trulance	
sucralfate	Carafate	
General Monoclonal Antibody Medications		
dupilumab	Dupixent	Prior Authorization required Diagnosis of Atopic Dermatitis and trial and failure of two topical corticosteroids
Hepatitis B Medications		
entecavir	Baraclude	
Hepatitis C Medications		
glecaprevir/pibrentasvir	Mavyret	
ledipasvir/sofosbuvir	Harvoni	

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	Generic Name	Brand Name	Criteria/Notes
sofosbuvir/velpatasvir		Epclusa	
sofosbuvir/velpatasvir/voxilaprevir		Vosevi	
Hormone Medications			
^	conjugated equine estrogens	Premarin	Prior Authorization Required
^	estradiol	Alora, Climara, Delestrogen, Depo-Estradiol, Dotti, Estraderm, Estrace, Minivelle, Vivelle, Vivelle-Dot	Prior Authorization Required. Injectable, oral tablet and transdermal formulations covered if PA approved
^	progesterone capsules		Prior Authorization Required
Huntington's/Tardive Dyskinesia Medications			
deutetrabenazine		Austedo	Prior Authorization Required: Diagnosis of Huntington's Chorea or Tardive Dyskinesia required; if Tardive Dyskinesia, documentation of diagnosis, documentation of steps taken to reduce risk and verification AIMS test has been performed required
tetrabenazine		Xenazine	Prior Authorization Required: Diagnosis of Huntington's Chorea required
valbenazine		Ingrezza	Prior Authorization Required: Diagnosis of Huntington's Chorea or Tardive Dyskinesia required; if Tardive Dyskinesia, documentation of diagnosis, documentation of steps taken to reduce risk and verification AIMS test has been performed required
Immunologic Medications			
mycophenolic acid		Myfortic	
upadacitinib		Rinvoq	

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Generic Name	Brand Name	Criteria/Notes
Lipid-Lowering Medications		
alirocumab	Praluent	
atorvastatin	Lipitor	
cholestyramine	Questran/Questran Light	
colestipol		
evolocumab	Repatha	
ezetimibe	Zetia	
fenofibrate	Fenoglide/Lofibra/Lipofen/Tricor	48 mg, 50 mg, 54 mg, 67 mg, 120 mg, 134 mg, 145 mg, 150 mg, 160 mg, and 200 mg capsules/tablets covered only
gemfibrozil		
lovastatin	Mevacor	
omega-3 fatty acids	Lovaza	
pitavastatin	Zypitamag	
pravastatin	Pravachol	
rosuvastatin	Crestor	
Multiple Sclerosis Medications		
dalfampridine	Ampyra	
dimethyl fumarate	Tecfidera	
finglimod	Gilenya	
glatiramer	Copaxone	
interferon beta-1A	Avonex/Betaseron	
ofatumumab	Kesimpta	
teriflunomide	Aubagio	
Ophthalmic Medications		
bacitracin/polymyxin		
ciprofloxacin	Ciloxan	

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Generic Name	Brand Name	Criteria/Notes
cromolyn		
cyclosporine	Cequa/Restasis/Xiidra	
dexamethasone	Maxidex	
diclofenac		
difluprednate	Durezol	
fluorometholone		
flurbiprofen	Ocufen	
erythromycin		
gentamicin	Garamycin	
ketorolac	Acular	
lifitegrast	Xiidra	
loteprednol	Lotemax	
moxifloxacin	Moxeza	
neomycin/polymyxin B/dexamethasone	Maxitrol	
olopatadine	Patanol/Pazeo	
polymyxin B sulfate/trimethoprim		
prednisolone acetate		
sulfacetamide/prednisolone		
tobramycin	Tobrex	
tobramycin/dexamethasone	TobraDex	
Other Anti-Infective Medications		
amoxicillin		
amoxicillin/clavulanate	Augmentin	
aztreonam	Cayston	Inhaled nebulizer form covered only
bismuth/metronidazole/tetracycline	Pylera	
cefadroxil		

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Generic Name	Brand Name	Criteria/Notes
cefdinir		
cefixime	Suprax	
cefprozil		
cefuroxime		
cephalexin	Keflex	
ciprofloxacin		
ciprofloxacin	Ciprodex	
ciprofloxacin/hydrocortisone	Cipro HC	
colistin/neomycin/hydrocortisone	Coly-Mycin S	
erythromycin		
linezolid	Zyvox	
minocycline	Minocin	
mupirocin	Bactroban	Ointment form covered only
neomycin		
neomycin/polymyxin B/hydrocortisone		
ofloxacin	Floxin	Otic formulations covered only
oseltamivir phosphate	Tamiflu	
tinidazole		
tobramycin	Bethkis/Kitabis/TOBI Podhaler	
vancomycin	Vancocin	Generic forms only
Pancreatic Enzyme Medications		
pancreatic enzymes	Creon/Pancreaze/Zenpep	
Phosphate Binder Medications		
calcium acetate	PhosLo	
sevelamer	Renagel/Renvela	
Platelet Aggregation Inhibitor Medications		
clopidogrel	Plavix	
dipyridamole		

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Generic Name	Brand Name	Criteria/Notes
prasugrel	Effient	
ticagrelor	Brilinta	
Respiratory Medications		
albuterol	Proair HFA/Proventil HFA/Ventolin HFA	
beclomethasone	QVAR/QVAR RediHaler	
benzonatate	Tessalon Perles	
budesonide	Pulmicort Respules	
budesonide/formoterol	Symbicort	
fluticasone	Flovent Diskus/Flovent HFA	
fluticasone/salmeterol	Advair Diskus	
ipratropium	Atrovent HFA	Nebulizer solution and HFA inhaler covered
ipratropium/albuterol	Combivent Respimat/DuoNeb	
mometasone	Asmanex	
montelukast	Singulair	
salmeterol	Serevent Diskus	
tiotropium/olodaterol	Stiolto Respimat	
prednisone		
tiotropium	Spiriva HandiHaler/Spiriva Respimat	
umeclidinium/vilanterol	Anoro Ellipta	
Rheumatoid Arthritis Medications		
hydroxychloroquine	Plaquenil	
leflunomide	Arava	
methotrexate		
sulfasalazine		
Sedative Hypnotic Medications		
doxepin	Sinequan	

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Generic Name	Brand Name	Criteria/Notes
eszopiclone	Lunesta	
lemborexant	Dayvigo	
ramelteon	Rozerem	
zolpidem	Ambien	Immediate release forms covered only
Skeletal Muscle Relaxant Medications		
baclofen		
cyclobenzaprine	Flexeril	
methocarbamol		
tizanidine	Zanaflex	Tablet forms covered only
Smoking Cessation Medications		
bupropion	Zyban	
nicotine gum/lozenges/patches		
varenicline	Chantix	
Topical Medications		
acyclovir	Zovirax	Cream and ointment covered
betamethasone dipropionate		Cream, lotion, ointment covered Generic formulations covered only
betamethasone valerate		Cream, foam, lotion, ointment covered Generic formulations covered only
betamethasone/clotrimazole	Lotrisone	
benzoyl peroxide/clindamycin	Acanya/BenzaClin	
capsaicin		
clindamycin phosphate		
clindamycin vaginal	Cleocin Ovules/Clindesse	
clotrimazole	Mycelex/Lotrimin	Topical solution not covered

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Generic Name	Brand Name	Criteria/Notes
clobetasol propionate	Temovate	
crisaborole	Eucrisa	
desonide		Cream, gel, lotion and ointment covered Generic formulations covered only
fluocinonide		Cream, gel, ointment and solution covered Generic formulations covered only
fluticasone		Cream and ointment covered Generic formulations covered only
hydrocortisone		Cream, ointment, gel, lotion, and solution covered only
imiquimod	Aldara	
ketoconazole	Nizoral	Topical forms covered only
metronidazole vaginal	Metrogel/Nuvessa/Vandazole	
miconazole		Topical cream, powder, and spray forms covered only
mometasone	Elocon	
nystatin	Nystop	Suspension/cream/powder covered only
nystatin/triamcinolone	Mycolog	Cream/ointment covered
permethrin	Elimite	
pimecrolimus	Elidel	
piperonyl butoxide/pyrethrins		
sodium fluoride	Clinpro	Fluoride toothpaste
spinosad	Natroba	
terbinafine	Lamisil	Oral and topical forms covered

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Generic Name	Brand Name	Criteria/Notes
terconazole	Terazol-3/Terazol-7	
tolnaftate	Tinactin	
triamcinolone	Kenalog	
Ulcerative Colitis Medications		
mesalamine	Apriso, Lialda, Canasa	
sulfasalazine		Immediate release and delayed release formulations covered
Vaccines		
hepatitis A vaccine	Vaqta	
hepatitis B vaccine	Heplisav-B/Recombivax HB	
hepatitis A/B vaccine combination	Twinrix	
human papillomavirus (HPV)-9 valent recombinant vaccine	Gardasil-9	
influenza virus vaccine	Afluria/Fluzone/Flucelvax/Fluarix/ Fluad/ Flulaval FluMist	
measles, mumps, rubella vaccine	MMR-II	
meningococcal vaccine	Trumenba/Menveo/Menactra	
pneumococcal vaccine	Pneumovax	
pneumococcal conjugate vaccine	Prevnar-13/Prevnar-20	
respiratory syncytial virus vaccine	Abrysvo	
smallpox and monkeypox vaccine	Jynneos	
tetanus, diphtheria, pertussis vaccine	Adacel, Boostrix TDAP	
typhoid vaccine	Typhim VI	
zoster vaccine recombinant, adjuvanted	Shingrix	
zoster vaccine live	Zostavax	

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Idaho Department of Health and Welfare, AIDS Drug Assistance Program (ID ADAP)

Formulary by Drug Class

Effective Date: May 12, 2025

Generic Name	Brand Name	Criteria/Notes
Vitamin/Mineral Medications		
calcium carbonate	Caltrate	
calcium citrate	Citracal	
calcium gluconate		
calcium citrate + vitamin D	Citracal+ Vitamin D	
calcium carbonate + vitamin D		
ergocalciferol	Drisdol	
ferrous sulfate	Feosol	324 (65) mg tablets, 325 (65) mg tablets, and 220 mg/5 mL solution and elixir covered only
folic acid		Prescription formulations covered only
potassium chloride	Klor-Con, Klor-Con M	Prescription formulations covered only
prenatal vitamins	CitraNatal B-Calm/Select OB +DHA/OB Complete/Prenate/Vitafol-OB/Vitafol-One	
vitamin B-1	Thiamine	100 mg formulations covered only
vitamin B-6	Pyridoxine	All strengths covered
vitamin D		400 IU, 1000 IU, 2000 IU, 5000 IU, 10000 IU, and 50000 IU formulations covered only
Weight Loss/Wasting Medications		
calorie/protein supplements	Boost/Ensure	Boost and Ensure liquid products covered only
megestrol acetate	Megace	
^ testosterone cypionate	Depo-Testosterone	Prior Authorization Required
^ testosterone	Androderm/AndroGel/Testim 1%	Prior Authorization Required
dronabinol	Marinol	

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IDHW-ADAP Program Dispensing Polices

- For drugs that require prior authorization, reference the “Criteria/Notes” column for details. Prime Therapeutics Management will request additional information (client and drug specific) before considering authorization. For further information or questions, please call **800-424-5734**. To obtain applicable prior authorization forms, please visit https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=3768&dbid=0&repo=PUBLIC-DOCUMENTS.
- All drugs and supplies are to be dispensed with a maximum 30-day supply.
- Refills may be obtained after 70 percent of the previously dispensed days’ supply is exhausted.
- IDHW mandates the use of generic products whenever possible in accordance with applicable law or regulations.
- All Antiretroviral combinations are screened against the most recent DHHS guidelines for the use antiretroviral therapy in adolescents and adults https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/whats-new-guidelines for high dosage and non-recommended combinations. Regimens not conforming to these guidelines may be rejected at adjudication.

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