

**SAN ANTONIO SERVICE DELIVERY AREA**  
**LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

**Introduction:**

The San Antonio Service Delivery Area (SASDA) 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 Clinical Quality Management (CQM) Committee of the Ryan White Program is the local advisory board for the development and implementation of the formulary for the SASDA 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 formulary contains active drug names and does not include brand names unless necessitated for identification purposes.

The formulary can be found at [www.saplanningcouncil.com](http://www.saplanningcouncil.com) 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.

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

All drugs for various drug formulations, routes of administration, (ie oral, topical, intranasal, transdermal, inhaler, injector pens, 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 to be reviewed to be placed on the formulary through submission of this form.

The Ryan White CQM Committee has developed the attached form for providers to fill out to request a medication be permanently placed on the formulary for Ryan White to pay for. To be eligible to request this, 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 Texas HIV Medication Program (THMP) formulary nor the LPAP formulary. The form must be signed by a staff member and emailed to the email address listed on the form. The form must be reviewed and approved by the members of the CQM Committee before being permanently placed on the LPAP formulary for RW LPAP to pay for the medication. During the evaluation period and before the medication has been placed on the formulary, the medication must be purchased through an alternative funding source such as program income, Patient Assistant Program, or Ryan White Emergency Financial Assistance (EFA). The formulary will be updated as needed and providers may check [www.hiv210.org](http://www.hiv210.org) for revisions and updates.

**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 pre-filled medication Syringes
- Medications that are available without cost from other sources (e.g. TB Treatment provided by Health Department)
- Erectile Dysfunction (ED) Medications
- Vaccines (See Standards of Care and [Adult Safety Net](#))

**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: Standards of

**SAN ANTONIO SERVICE DELIVERY AREA  
LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

Ryan White Program Request for Medication placement on the Ryan White Formulary			
<i>(Please Print or Type)</i>		Email to:	<a href="mailto:Lisa.garces@uhs-sa.com">Lisa.garces@uhs-sa.com</a>
Agency Name:		Agency Tel#:	
Agency Address:			
<u>Staff person information</u>			
Name/Position:		Email:	
Signature:		Date:	
<u>Patient and Medication information</u>			
Patient's Agency ID:		Prescriber:	
<b>Exact Prescription Name</b> (Generic and Brand Name)* <i>Generic prescriptions are always preferred</i> <i>All routes of administration and dosage strength are acceptable</i>			
Dosage: (# of mg/tabs):	# of Pills:	# of Refills:	Administration frequency
Please identify the HIV related condition requiring medication not on the THMP or LPAP 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 THMP or LPAP Formulary:			
Reminder:			
<p>This request will be reviewed by the members of the CQM Committee to decide if the medication will be permanently placed on the RW LPAP formulary in order for RW LPAP service category to pay for the medication. During the evaluation period, the medication must be purchased through an alternative funding source such as Program Income, Patient Assistant Programs (PAPs), or RW Emergency Financial Assistance (EFA) service category. Please refer to the Standards of Care for additional guidance on allowable services. The formulary will be updated as needed and providers may check <a href="http://www.hiv210.org">www.hiv210.org</a> for revisions and updates.</p>			

**SAN ANTONIO SERVICE DELIVERY AREA  
LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

<b>ANTIRETROVIRAL AGENTS: NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS)</b>
abacavir sulphate (ABC)
didanosine, ddl EC
stavudine, d4T
<b>ANTIRETROVIRAL AGENTS: NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIS)</b>
delavirdine mesylate (DLV)
<b>ANITRETROVIRAL AGENTS: COMBINED NRTIS AND NNRTIS</b>
ibalizumab-uiyk
<b>ANTIRETROVIRAL: PROTEASE INHIBITORS (PI)</b>
indinavir sulfate
<b>ANTI-VIRAL AGENTS: HERPES/CMV DISEASE</b>
cidofovir
famciclovir
trifluridine 1% ophthalmic solution
valacyclovir/valganciclovir hydrochloride/valcyte
<b>ANTI-VIRAL AGENTS: HEPATITIS B/C TREATMENTS</b>
hepsera
interferon-alfa 2a and 2b
PEG-interferon alfa-2a and 2b
ribavirin
telbivudine
tenofovir alafenamide
<b>OTHER ANTIMICROBIAL / ANTIMYCOBACTERIAL AGENTS</b>
albendazole
amantadine hcl
amoxicillin / clavulanate / potassium
amoxicillin trihydrate
amphotericin B
amikacin sulphate
ampicillin
ampicillin sulbactam
anidulafungin
atovaquone
atovaquone/proguanil
aztreonam
azithromycin
capreomycin
caspofungin
cefazolin sodium
cefdinir
cefditoren pivoxil
cefepime
cefixime
cefoxitin

**SAN ANTONIO SERVICE DELIVERY AREA  
LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

<b>OTHER ANTIMICROBIAL / ANTIMYCOBACTERIAL AGENTS</b>
cefotaxime
cefotetan
ceftizoxime
ceftriaxone
cefuroxime
cephalexin
chlorhexadine
chloroquine
ciprofloxacin-dexamethasone
ciprofloxacin
clarithromycin
clindamycin
clofazimine
colistimethate sodium
cycloserine
dapsone
daptomycin
dicloxacillin
doxycycline (calcium, hyclate, all other combos)
erythromycin
ethambutol
ethionamide
fluconazole
flucytosine
gatifloxacin
gentamicin
itraconazole
kanamycin
ketoconazole
leucovorin
levofloxacin
linezolid
mefloquine
meropenem
metronidazole
micafungin
miconazole
minocycline HCL
moxifloxacin
nafcillin sodium
natamycin
nitazoxanide
nitrofurantoin monohydrate
ofloxacin
oseltamivir phosphate
oxacillin

**SAN ANTONIO SERVICE DELIVERY AREA  
LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

<b>OTHER ANTIMICROBIAL / ANTIMYCOBACTERIAL AGENTS</b>
paromomycin
penicillin G benzathine
penicillin V potassium
piperacillin/tazobactam
posaconazole
primaquine phosphate
procaine penicillin G
pyrazinamide
quinidine glucuronate
quinine sulphate
rifabutin
rifampin
streptomycin sulphate
sulfadiazine
sulfisoxazole
terbinafine
terconazole
tetracycline hydrochloride
trimethoprim
trimethoprim-sulfamethoxazole
trimetrexate
Voriconazole (Vfend)
zanamivir
<b>ANALGESIC AGENTS</b>
acetaminophen (all combinations and strengths)
APAP/isometheptene/dichloralphenazone
anhydrous morphine (Opium)
buprenorphine
codeine sulphate
diclofenac
fentanyl transdermal system
hydrocodone
hydrocodone/acetaminophen
hydromorphone
morphine sulphate SR
methadone
metaxalone
morphine sulphate
naloxone hydrochloride
oxycodone HCL – CR
oxycodone / APAP 5/325
oxycodone / APAP SLN
oxymorphone
pregabalin
propoxyphene HCL

**SAN ANTONIO SERVICE DELIVERY AREA  
LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

<b>ANALGESIC AGENTS</b>
propoxyphene, napsylate and acetaminophen
sumatriptan
sumatriptan/naproxen sodium
tramadol HCL
tramadol/APAP
<b>DECONGESTANT &amp; EXPECTORANT AGENTS</b>
acetylcysteine inhalation
chlorpheniramine-hydrocodone
chlorpheniramine/hydrocodone/phenylephrine
codeine/guaifenesin/PSE
guaifenesin/codeine PH
guaifenesin/DM HBr
pseudoephedrine
<b>ANTI-INFLAMMATORY AGENTS (NSAID)</b>
celecoxib
diflunisal
fenoprofen calcium
hydroxychloroquine
ibuprofen (Prescription Strength)
indomethacin
ketoprofen
ketorolac tromethamine
meloxicam
mesalamine
naproxen (Prescription Strength)
prioxicam
sulfasalazine
sulindac
<b>ANTI-HYPERLIPIDEMIC AGENTS</b>
atorvastatin
cholestyramine
clofibrate
colesevelam HCl
colestipol
ezetimibe
ezetimibe/simvastatin
fenofibric acid
fenofibrate
fluvastatin sodium
gemfibrozil
niacin
pravastatin
rosuvastatin calcium
simvastatin

**SAN ANTONIO SERVICE DELIVERY AREA  
LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

<b>DERMATOLOGICAL AGENTS</b>
acyclovir
alclometasone dipropionate
alitretinoin 0.1%
amcinonide
ammonium lactate
bacitracin
benzoyl peroxide
betamethasone-calcipotriene
betamethasone-clotrimazole
betamethasone
calcipotriene
chlorhexidine gluconate solution
ciclopirox olamine
clindamycin
clobetasol propionate
collagenase
econazole 1%
fluocinonide
fluorouracil
fluticasone
fluticasone propionate, locoid lipocream
hydrocortisone
hydrocortisone with lidocaine
hydrocortisone-pramoxine
imiquimod
ketoconazole 2%
mupirocin
nystatin/triamcinolone
permethrine
pimecrolimus
podofilox
salicylic acid
selenium sulfide
tetracycline
triamcinolone-acetonide
<b>ANTI-HYPERTENSIVE/CARDIAC AGENTS</b>
acebutelol hcl
aliskiren hemifumarate
amiloride hcl/hctz
amiodarone
amlodipine
amlodipine besylate/atorvastatin
amlodipine besylate/benazepril
apixaban
atenolol
benazepril

**SAN ANTONIO SERVICE DELIVERY AREA  
LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

<b>ANTI-HYPERTENSIVE/CARDIAC AGENTS</b>
benazepril hctz
betaxolol
bisoprolol fumarate
bumetanide
captopril
clonidine
carvedilol
clopidogrel bisulfate
digoxin
digoxin immune
diltiazem hcl
dipyridamole/aspirin
dipyridamole
doxazosin mesylate
enalapril
fosinopril
furosemide
hydrochlorothiazide (hct)
hydrochlorothiazide-lisinopril
hydrochlorothiazide-triamterene
hct-valsartan-amlodipine
hydralazine
irbesartan
isosorbide
isosorbide dinitrate
isosorbide mononitrate
labetalol hcl
losartan potassium
metolazone
metoprolol succinate
metoprolol tartrate
minoxidil
nadolol
nicardipine
nifedipine
nisoldipine
nitroglycerin
olmesartan medoxomil
prazosin hcl
propranolol
quinapril
ramipril
rivaroxaban
sildenafil
spironolactone
telmisartan



**SAN ANTONIO SERVICE DELIVERY AREA  
LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

<b>ANTI-HYPERTENSIVE/CARDIAC AGENTS</b>
terazosin
ticagrelor
triamterene
toremide
valsartan
verapamil
<b>ANTI-DEPRESSANTS/PSYCHOTROPIC AGENTS</b>
acamprosate calcium
alprazolam
amitriptyline hcl
amphetamine
amphetamine-dextroamphetamine
aripiprazole
asenapine
atomoxetine hcl
baclofen
benztropine mesylate
bupropion hcl
bupirone
carbamazepine
carisoprodol
chlordiazepoxide hcl
chlorpromazine hcl
citalopram
clomipramine
clonazepam
cyclobenzaprine
desipramine
desvenlafaxine
diazepam
divalproex sodium
donepezil
doxepin
duloxetine
escitalopram oxalate
eszopiclone
fluoxetine hcl
fluvoxamine
gabapentin
haloperidol
hydroxyzine hcl
imipramine
L-alpha-acetyl-methadol (LAAM)
lamotrigine
levetiracetam
lisdexamfetamine

**SAN ANTONIO SERVICE DELIVERY AREA  
LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

<b>ANTI-DEPRESSANTS/PSYCHOTROPIC AGENTS</b>
lithium
lorazepam
lurasidone
memantine hydrochloride
methocarbamol
methylphenidate hcl
mirtazapine
modafinil
naltrexone
nefazodone
nortriptyline hcl
olanzapine
olanzapine/fluoxetine hcl
oxazepam
oxcarbazepine
paliperidone
paroxetine
phenytoin
pimozide
pramipexole
quetiapine fumarate
risperidone
sertraline
temazepam
topiramate
trazodone
valproic acid
trihexyphenidyl
venlafaxine
zaleplon
ziprasidone
zolpidem tartrate
<b>ANTINEOPLASTIC AGENTS</b>
bleomycin
chlorambucil
cytarabine
cyclophosphamide
daunorubicin
doxorubicin
daunorubicin liposomal
etoposide
hydroxyurea
megestrol acetate
methotrexate
paclitaxel
tamoxifen

**SAN ANTONIO SERVICE DELIVERY AREA  
LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

<b>URINARY - GYNOCOLOGIC / PROSTATE</b>
tolterodine
tamsulosin
finasteride
<b>GASTROINTESTINAL AGENTS</b>
bisacodyl
crofelemer
dicyclomine
diphenoxylate/atropine
docusate
esomeprazole
famotidine
granisetron
hyoscyamine sulphate
lactulose
lansoprazole
linaclotide
loperamide
metoclopramide hcl
omeprazole
omeprazole-sodium bicarbonate
ondansetron
pancrelipase
pantoprazole sodium
polyethylene glycol 3550
prochlorperazine
rabeprazole sodium
scopolamine
sucalfate
vancomycin
<b>ENDOCRINE/METABOLIC AGENTS (STEROIDS)</b>
alendronate
alendronate sodium/cholecalciferol
allopurinol
betamethasone sodium phosphate
conjugated estrogens
liothyronine sodium
dexamethasone
dronabinol
estradiol-norethindrone
estradiol
estradiol valerate
fludrocortisone
hydrocortisone
levothyroxine
medroxyprogesterone
methimazole

**SAN ANTONIO SERVICE DELIVERY AREA  
LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

<b>ENDOCRINE/METABOLIC AGENTS (STEROIDS)</b>
methylprednisolone
nandrolone decanoate
norethindrone
oxandrolone
oxymetholone
pentazocine
prednisone
probenecid
progesterone
propylthioracil
somatropin
testosterone
testosterone cypionate IM
triamcinolone
<b>BRONCHIAL DILATORS/RESPIRATORY AGENTS</b>
albuterol/ipratropium
albuterol sulphate
albuterol sulfate inhalation aerosol
azelastine hydrochloride
beclomethasone
benzonatate
brompheniramine/phenylephrine
budesonide
budesonide Nasal
budesonide/formoterol fumarate dihydrate - Inhaler
cetirizine
cyproheptadine
desloratadine
desloratadine-pseudoephedrine
mometasone furoate / formoterol fumarate dihydrate
fexofenadine
flunisolide inhaler
fluticasone propionate nasal spray
fluticasone-salmeterol
ipratropium bromide
levalbuterol tartrate
levocetirizine
mometasone
mometasone furoate monohydrate
montelukast
salmeterol
tiotropium

**SAN ANTONIO SERVICE DELIVERY AREA  
LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

<b>DIABETES AGENTS</b>
acarbose
empaglifozin
exenatide
glimepiride
glipizide
glipizide-metformin
glyburide
glyburide-metformin
insulin (aspart (r DNA origin))
insulin aspart protamine and insulin aspart (r DNA origin)
insulin detemir
insulin glargine
insulin (Human Recombinant)
insulin lispro
insulin lispro protamine
liraglutide
metformin hcl (exclude Extended Release Tablets, USP 750 mg due to 2021 recall)
metformin-rosiglitazone
miglitol
nateglinide
pioglitazone hcl
repaglinide
rosiglitazone maleate
semaglutide
sitagliptin
<b>MISCELLANEOUS</b>
bimatoprost
brimonidine tartrate
brinzolamide
calcium acetate
carbachol
cevimeline hcl
chlorthalidone
cholecalciferol (Vitamin D)
cinacalcet
cyanocobalamin
dipivefrin ophthalmic
dorzolamide
dorzolamide/timolol
doxercalciferol
enoxaparin
epoetin alfa
ergocalciferol
ferrous sulfate
filgrastim
fluorometholone ophthalmic

**SAN ANTONIO SERVICE DELIVERY AREA  
LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

<b>MISCELLANEOUS</b>
homatropine ophthalmic
k phos mono-sod phos di & mono
latanoprost
lidocaine (all routes and strength)
L-Methylfolate /B12/B6/B2
neomycin/polymyxin B/hydrocortisone
nicotine products such as lozenge, patch, or other form of transmission
nitazoxanide
omega-3 acid ethyl esthers
olapatadine hydrochloride
oxybutynin
pilocarpine
pentoxifylline
pink magic
potassium acetate
potassium chloride
prednisolone acetate 1%
promethazine hcl
promethazine DM (dextromethorphan)
pyridoxine (vitamin B6)
tesamorelin injection
tetracycline hydrochloride opth
thalidomide
timolol maleate
tizanidine hcl
tobramycin ophthalmic
travatan
tropicamide
tuberculin purified protein derivative (PPD)
varenicline
warfarin sodium

**SAN ANTONIO SERVICE DELIVERY AREA**  
**LOCAL PHARMACY ASSISTANCE PROGRAM DRUG FORMULARY**

**References**

Centers for Disease Control and Prevention. *Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV*. MMWR 2009; 58 (No. RR-#4)

Cerner Multum, Inc. (2007, August). Cerner Multum Lexicon Drug d-Codes. Kansas City, MO.

Corporate Author: AIDS Education & Training Centers National Resource Center (2006). Adverse reactions to HIV medications. In Coffey S, ed. *Clinical Manual for Management of the HIV-Infected Adult* (2006 Ed.), 4, 21-26. Newark, NJ: Author

Panel on Antiretroviral Guidelines for Adults and Adolescents. *Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents*. Department of Health and Human Services. Available at <http://aidsinfo.nih.gov/contentfiles/lvguidelines/AdultandAdolescentGL.pdf>. Section accessed August 15, 2012.