



**WYOMING DEPARTMENT OF HEALTH  
AIDS DRUG ASSISTANCE PROGRAM  
OPEN FORMULARY AND PRESCRIBING GUIDELINES**

Effective March 2019

*This formulary supersedes all previous editions.*

Drugs provided by the Wyoming AIDS Drug Assistance Program (ADAP) must not exceed \$50,000 per year / \$5,000 per month / \$3400 per claim per client. Claims beyond that cap must be pre-authorized. Except for the following drug and class exclusions, this is an open formulary for all eligible enrollees.

Specific Exclusions

Examples

Hemophilia medications	
Botulinum toxin	<i>Botox, Myobloc</i>
Gonadotropin	
Finasteride (except for prostate disorders)	
Hyaluronic acid derivatives	<i>Hyalgan, Synvisc</i>
Immune globulin intravenous (IGIV)	<i>Sandoglobulin, Venoglobulin</i>
Injectable muscle relaxants	<i>Lioresal</i>
Mifepristone	
Minoxidil	
Antirheumatic injectables	<i>Enbrel</i>
Monoclonal antibodies	<i>Remicade, Synagis</i>
Nutritional supplements	<i>Ensure</i>
Propoxyphene	
Recombinant human growth hormone (HGH)	<i>Geref, Humatrope</i>
Synthetic growth hormone	<i>Egrifta</i>

Class Exclusions

Examples

Durable medical equipment	
Cosmetic medications	
Erectile dysfunction pharmaceuticals	<i>Viagra, Levitra, Cialis, Caverject</i>
Female sexual dysfunction pharmaceuticals	<i>Addyi</i>
Fertility drugs	
Herbal medications	
Nicotine cessation products	

Other Special Provisions

- Vitamins and pain relievers (i.e. ibuprofen) are covered when prescribed by a physician.
- Opioid limits: 120 MME plus 4-6 SA tabs per day.
- Hepatitis C treatment medications (i.e. Harvoni, Viekira XR, Sovaldi, Ribavirin, Zepatier, Technivie, Daklinza, Epclusa) must be prior authorized. To be eligible, clients must have applied for prior authorization from their insurance plan and the *WY ADAP Hepatitis C Treatment* checklist must be completed and signed by the provider and client.
- Enrollees with health insurance must use that insurance as the primary payer; the Wyoming ADAP program will become the secondary payer.



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