

Tuberculosis Drug Assistance Program Formulary

TB Specific Drugs

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| <ul style="list-style-type: none"> • Amikacin • Amoxicillin/Clavulanate • Bedaquiline^{1,2} • Capreomycin • Ciprofloxacin • Cycloserine • Ethambutol • Ethionamide • Isoniazid • Levofloxacin (Levaquin) • Linezolid (Zyvox) | <ul style="list-style-type: none"> • Moxifloxacin (Avelox) • Pyrazinamide • Rifabutin • Isoniazid/Rifampin (Rifamate) • Rifampin • Rifapentine (Priftin) • Isoniazid/Pyrazinamide/Rifampin (Rifater) • Ofloxacin • Pretomanid³ • Streptomycin |
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Other Drugs

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| <ul style="list-style-type: none"> • Allopurinol • Cetirizine • Cholecalciferol • Clobetasol cream • Colchicine • Diphenhydramine • Famotidine • Gabapentin • Guaifensein (Mucinex) • Hydroxyzine • Ibuprofen • Loratadine • N-acetyl cysteine (NAC) • Naproxen • Nutritional Supplements (Ensure, Glucerna, Nepro) • Omeprazole | <ul style="list-style-type: none"> • Ondansetron • Oraplast • OraSweet/OraSweet SF • Orabland • Pantoprazole (Protonix) • Prednisone • Promethazine • Pyridoxine (Vitamin B6) • Q Tussin DM • Simple Syrup • Sodium Chloride (saline), 3% • Sodium Chloride (saline), 7% • Tessalon Perles (benzonatate) • Vitamin D • Zofran (Ondansetron Hydrochloride tablets and Oral Dissolving Tablets) |
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Please contact the TB Drug Assistance Program at (617) 502-1700 extension 2 or tdap@crine.org with any inquiries regarding TB medications. For assistance enrolling patients in the appropriate patient assistance programs, please contact DPH or the TB Drug Assistance Program.

¹ Providers are expected to utilize the Janssen CarePath patient assistance program when insurance claims are associated with > \$100 copays. If Janssen CarePath is unable to assist, prior authorization from MDPH is required in order for TDAP to assist. Please review the *Bedaquiline (Sirturo®) Prescribing Tip Sheet for TDAP Providers*.

² Providers are expected to utilize J&J Patient Assistance when patients do not have insurance.

³ For patients who are uninsured or whose insurance rejects to cover Pretomanid, providers are expected to apply for the Viatris payment assistance program before TDAP can cover. Pretomanid full cost claims require prior authorization from MDPH.