



AIDS DRUG ASSISTANCE PROGRAM FORMULARY



ABACAVIR (Ziagen)
ABACAVIR/LAMIVUDINE (Epzicom)
ABACAVIR/LAMIVUDINE
/ZIDOVUDINE (Trizivir)
ACYCLOVIR (Zovirax)
AMANTADINE (Symmetrel)#
AMITRIPTYLINE (Elavil)
AMPRENAVIR (Agenerase)
ATAZANAVIR (Reyataz)
ATORVASTATIN (Lipitor)
ATOVAQUONE (Mepron)
AZITHROMYCIN (Zithromax)
CLARITHROMYCIN (Biaxin)
DAPSONE (DDS)
DARUNAVIR (Prezista)
DELAVIRDINE (Rescriptor)
DIDANOSINE (Videx, Videx EC)
DIPHENOXYLATE (Lomotil)
DRONABINOL (Marinol) ▮
DULOXETINE (Cymbalta)
EFAVIRENZ (Sustiva)
EMTRICITABINE (Emtriva)
ENFUVRTIDE (Fuzeon)▮
ERYTHROPOIETIN (Procrit) ▮

ETHAMBUTOL (Myambutol)
FILGRASTIM (Neupogen)▮
FLUCONAZOLE (Diflucan)
FOSAMPRENAVIR (Lexiva)
GABAPENTIN (Neurontin)
GEMFIBROZIL (Lopid)
GLIPIZIDE (Glucotrol)
GLYBURIDE (Micronase, DiaBeta)
HYDROXYUREA (Hydrea)
INDINAVIR (Crixivan)
ITRACONAZOLE (Sporanox)
LAMIVUDINE (EpiVir)
LAMOTRIGINE (Lamictal)
FOLINIC ACID (Leucovorin)
LOPINAVIR (Kaletra)
PREGABALIN (Lyrica)
MEGESTROL (Megace) ▮
METFORMIN (Glucophage)
MICONAZOLE (Monistat)
NANDROLONE ▮
NELFINAVIR (Viracept)
NEVIRAPINE (Viramune)
NORTRIPTYLINE (Pamelor)
OSELTAMIVIR (Tamiflu)#
OXANDROLONE (Oxandrin)▮

PRAVASTATIN (Pravachol)
PROCHLORPERAZINE (Compazine)
PYRIMETHAMINE (Daraprim)
RIFABUTIN (Mycobutin)
RIMANTADINE (Flumadine)#
RITONAVIR (Norvir)
ROSUVASTATIN (Crestor)
SAQUINAVIR (Fortovase, Invirase)
STAVUDINE (Zerit)
SULFADIAZINE
TENOFVIR (Viread)
TENOFVIR/EMTRICITABINE (Truvada)
TENOFVIR/EMTRICITABINE
/EFAVIRENZ (Atripla)
TERCONAZOLE (Terazol)
TESTOSTERONE (gel, patch, injectable)▮
TIPRANAVIR (Aptivus)▮
TMP/SMZ (Bactrim, Septra)
VACCINES
 HEPATITIS A & B
 PNEUMOCOCCAL
ZALCITABINE (Hivid)
ZANAMIVIR (Relenza)#
ZIDOVUDINE (AZT, Retrovir)
ZIDOVUDINE/LAMIVUDINE (Combivir)

▮ Prior authorization only # Seasonal availability only ▮ Form required

Pediatric formulations may be available by special arrangements with Central Pharmacy.



AIDS DRUG ASSISTANCE PROGRAM HEPATITIS FORMULARY

ADEFOVIR (Hepsera)
BUPROPION (Wellbutrin) ⌘
CESCITALPRAM OXALATE (Lexapro) ⌘
DIVALPROEX (Depakote) ⌘
ENTECAVIR (Baraclude)
FLUOXETINE (Prozac) ⌘
MIRTAZAPINE (Remeron) ⌘
PEGINTERFERON ALFA (2A) (Pegasys) 📄
PEGINTERFERON ALFA (2B) (Peg-Intron) 📄
RIBAVIRIN (Ribasphere) 📄
SERTRALINE (Zoloft) ⌘

📄 By prior authorization only

⌘ Limited to patients on hepatitis C treatment only