





AIDS DRUG ASSISTANCE PROGRAM FORMULARY



ABILIFY (Aripiprazole)
AGENERASE (Amprenavir)
ALDARA (Imiquimod)
APTIVUS (Tipranavir)
ATRIPLA
(Tenofovir/Emtricitabine/Efavirenz)
BACTRIM DS (TMP/SMZ DS)
BACTROBAN (Mupirocin)
BARACLUDE (Entecavir)
BIAXIN (Clarithromycin)
COMBIVIR (Zidovudine/Lamivudine)
COMPAZINE (Prochlorperazine)
CRESTOR (Rosuvastatin)
CRIXIVAN (Indinavir)
CYMBALTA (Duloxetine)
DARAPRIM (Pyrimethamine)

DDS (Dapsone)
DEPAKOTE (Divalproex Sodium)
DIABETA (Glyburide)
DIFLUCAN (Fluconazole)
ELAVIL (Amitriptyline)
EMTRIVA (Emtricitabine)
ENGERIX-B (Hepatitis B)
EPIVIR (Lamivudine)
EPIVIR HBV (Lamivudine)
EPOGEN (Erythropoietin) 
EPZICOM (Abacavir/Lamivudine)
FLUMADINE (Rimantadine)
FOLINIC ACID (Leucovorin)
FUZEON (Enfuvirtide) 
GEODON (Ziprasidone HCL)
GLUCOPHAGE (Metformin)
GLUCOTROL (Glipizide)
HAVRIX (Hepatitis A)

HEPSERA (Adefovir)
HIVID (Zalcitabine)
HYDREA (Hydroxyurea)
INTELENCE (Etravirine)
INVIRASE (Saquinavir)
ISENTRESS (Raltegravir)
KALETRA (Lopinavir)
KEPPRA (Levetiracetam)
LAMICTAL (Lamotrigine)
LEVAQUIN (Levofloxacin)
LEXAPRO (Escitalopram Oxalate)
LEXIVA (Fosamprenavir)
LOMOTIL (Diphenoxylate)
LIPITOR (Atorvastatin)
LOPID (Gemfibrozil)
LYRICA (Pregabalin)
MARAVIROC (Selzentry) 

 **Prior authorization only – FUZEON, MARAVIROC**

 **Form required – EPOGEN**


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



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MARINOL (Dronabinol)
MEGACE (Megestrol)
MEPRON (Atovaquone)
MONISTAT (Miconazole)
MYAMBUTOL (Ethambutol)
MYCELEX TROCHE (Clotrimazole)
MYCOBUTIN (Rifabutin)
NEUPOGEN (Filgrastim) 
NEURONTIN (Gabapentin)
NIZORAL (Ketoconazole)
NORVIR (Ritonavir)
OXANDRIN (Oxandrolone)
PAMELOR (Nortriptyline)
PEGASYS (Peginterferon Alfa)(2A)
PEG-INTRON (Peginterferon Alfa)(2B)
PNEUMOVAX (Pneumococcal)
PRAVACHOL (Pravastatin)

PREZISTA (Darunavir)
PRILOSEC (Omeprazole)
PROCRIT (Epoetin Alfa) 
PROZAC (Fluoxetine)
RELENZA (Zanamivir)
REMERON (Mirtazapine)
RESCRIPTOR (Delavirdine)
RETROVIR (Zidovudine)
REYATAZ (Atazanavir)
RIBASPHERE (Ribavirin)
RISPERDAL (Risperidone)
SPORANOX (Itraconazole)
SULFADIAZINE
SUSTIVA (Efavirenz)
SYMMETREL (Amantadine)
TAMIFLU (Oseltamivir)
TERAZOL (Terconazole)
TESTOSTERONE (gel, patch, injectable)

TRICOR (Fenofibrate)
TRIZIVIR (Abacavir/Lamivudine/Zidovudine)
TRUVADA (Tenofovir/Emtricitabine)
TWINRIX (Hepatitis A/B)
VALGANCICLOVIR HCL (Valcyte)
VALTREX (Valacyclovir HCL)
VIDEX (Didanosine)
VIRACEPT (Nelfinavir)
VIRAMUNE (Nevirapine)
VIREAD (Tenofovir)
WELLBUTRIN (Bupropion)
ZERIT (Stavudine)
ZIAGEN (Abacavir)
ZITHROMAX (Azithromycin)
ZOLOFT (Sertraline)
ZOVIRAX (Acyclovir)

 Form required – NEUPOGEN, PROCRIT

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