

RYAN WHITE PART A PHARMACY FORMULARY - Updated 03/21/12

TIER TWO

In order to access Tier Two, clients must be screened every six (6) months for the State AIDS Drugs Assistance Program (ADAP) eligibility and must be ineligible and meet the Ryan Part A eligibility requirements prior to the use of this formulary.

ANTIRETROVIRALS

Nucleosides/Nucleotide (NRTIs)

Atripla (Tenofovir/□Emtricitabine/Efavirenz)
Combivir (Zidovudine/Lamivudine)
Emtriva (Emtricitabine)
Epivir (Lamivudine)
Epzicom (Abacavir/Lamivudine)
Retrovir (Zidovudine)
Trizivir (Abacavir/Lamivudine□/Zidovudine)
Truvada (Tenofovir/Emtricitabine)
Videx (Didanosine)
Viread (Tenofovir)
Zerit (Stavudine)
Ziagen (Abacavir)

Nonnucleosides (NNRTIs)

Intelence (Etravirine)
Rescriptor (Delavirdine)
Sustive (Efavirenz)
Viramune (Nevirapine)

Protease Inhibitors (PIs)

Aptivus (Tipranavir)
Crixivan (Indinavir)
Invirase (Saquinavir)
Kaletra (Lopinavir/Ritonavir)
Lexiva (Fosamprenavir)
Norvire (Ritonavir)
Prezista (Darunavir)
Reyataz (Atazanavir)
Viracept (Nelfinavir)

Entry/Fusion Inhibitor

Fuzeon (Enfuvirtide)
Maraviroc (Selzentry)

Integrase Inhibitor

Isentress (Raltegravir)

OTHER CONDITIONS

Opportunistic Infections (OIs)

Bactrim DC (TMP/SMZ DS)
Biaxin (Clarithromycin)
Clotrimazole (Mycelex Troche)
Daraprim (Pyrimethamine)
Diflucan (Fluconazole)
Ketoconazole (Nizoral)
Leucovorin (Folinic Acid)
Mepron (Atovaquone)
Monistat (Miconazole)
Myambutol (Ethambutol)
Mycobutin (Rifabutin)
Sporanox (Itraconazole)
Sulfadiazine
Terazol (Terconazole)
Valacyclovir (Valtrex)
Valganciclovir HCL (Valcyte)
Zithromax (Azithromycin)
Zovirax (Acyclovir)