



# REDUCED FORMULARY

## ANTIRETROVIRALS (ARV's)

APTIVUS (Tipranavir)  
ATRIPLA (Tenofovir/Emtricitabine/  
Efavirenz)  
COMBIVIR (Zidovudine/Lamivudine)  
CRIXIVAN (Indinavir)  
EMTRIVA (Emtricitabine)  
EPIVIR (Lamivudine)  
EPZICOM (Abacavir/Lamivudine)  
FUZEON (Enfuvirtide)   
INTELENCE (Etravirine)  
INVIRASE (Saquinavir)  
ISENTRESS (Raltegravir)  
KALETRA (Lopinavir/Ritonavir)  
LEXIVA (Fosamprenavir)  
NORVIR (Ritonavir)  
PREZISTA (Darunavir)  
RESCRIPTOR (Delavirdine)  
RETROVIR (Zidovudine)  
REYATAZ (Atazanavir)  
SELZENTRY (Maraviroc)   
SUSTIVA (Efavirenz)  
TRIZIVIR (Abacavir/Lamivudine/Zidovudine)  
TRUVADA (Tenofovir/Emtricitabine)  
VIDEX (Didanosine)  
VIRACEPT (Nelfinavir)  
VIRAMUNE (Nevirapine)  
VIREAD (Tenofovir)  
ZERIT (Stavudine)  
ZIAGEN (Abacavir)

## OPPORTUNISTIC INFECTION (OI)

BACTRIM DS (TMP/SMZ DS)  
BIAXIN (Clarithromycin)  
DARAPRIM (Pyrimethamine)  
DAPSONE (Diamino-diphenyl Sulfone)  
DIFLUCAN (Fluconazole)  
LEUCOVORIN (Folinic Acid)  
MEPRON (Atovaquone)  
MONISTAT (Miconazole)  
MYAMBUTOL (Ethambutol)  
MYCELEX TROCHE (Clotrimazole)  
MYCOBUTIN (Rifabutin)  
NIZORAL (Ketoconazole)  
SPORANOX (Itraconazole)  
SULFADIAZINE  
TERAZOL (Terconazole)  
VALCYTE (Valganciclovir Hcl)  
VALTREX (Valacyclovir)  
ZITHROMAX (Azithromycin)  
ZOVIRAX (Acyclovir)

Note to providers: For eligible ADAP clients who need to receive Hepatitis C treatment, please call Makeshia Barnes in the ADAP office at 850-245-4444, ext. 2549.