



REDUCED FORMULARY

Effective August 1, 2010

ANTIRETROVIRALS (ARV's)

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

OPPORTUNISTIC INFECTION (OI's)

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)
VALTRESX (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.

 Prior authorization only

Effective August 1, 2010