

OHDAP FORMULARY

Client Name: _____

SSN: _____

Please check the appropriate box next to any of the following medications you are prescribing for the above-referenced patient.

This list is the current OHDAP Formulary through **June 2009**.

NNRTIs	Anti Acids	Mental Health
Delavirdine, DLV (Rescriptor ®)	Nizatidine (Axid ®)	Amitriptyline (Elavil ®)
Efavirenz, EFV (Sustiva ®)	Omeprazole (Prilosec ®)	Aripiprazole (Abilify ®)
Etravirine (Intelligence ®)	Ranitidine (Zantac ®)	Bupropion/Budeprion (Wellbutrin ®)
Nevirapine (Viramune ®)	Anti Diarrheals	Citalopram HBr (Celexa ®)
NRTIs	Atropine diphenoxylate (Lomotil ®)	Desipramine (Norpramin ®)
Abacavir (Ziagen ®)	Loperamide (Immodium ®)	Divalproex sodium (Depakote ®)
Didanosine, ddI (Videx EC ®)	Anti Fungals	Duloxetine HCl (Cymbalta ®)
Emtricitabine, FTC (Emtriva ®)	Clotrimazole (Mycelex ® Troche)	Fluoxetine (Prozac ®)
Lamivudine, 3TC (Epivir ®)	Clotrimazole & betamethazone dipropionate (Lotrazone ®)	Lamotrigine (Lamictal ®)
Stavudine, d4T (Zerit ®)	Fluconazole (Diflucan ®)	Mirtazapine (Remeron ®)
Zidovudine, AZT (Retrovir ®)	Nystatin (Nilstat ®)	Nefazodone (Serzone ®)
AZT + 3TC (Combivir ®)	Itraconazole (Sporanox ®)	Paroxetine (Paxil ®)
AZT + 3TC + Abacavir (Trizivir ®)	Ketoconazole (Nizoral ®)	Levetiracetam (Keppra ®)
Abacavir + Lamivudine (Epzicom ®)	Anti Nausea	Quetiapine fumerate (Seroquel ®)
	Prochloroperazine (Compazine ®)	Risperidone (Risperdal ®)
	Promethazine (Phenergan ®)	Sertraline (Zoloft ®)
Nucleotide Analogues	Diabetes Treatment	Trazodone (Desyre ®, Trialodine ®)
Tenofovir (Viread ®)	Acarbose (Precose ®)	Venlafaxine (Effexor ®)
Emtricitabine + Tenofovir (Truvada ®)	Glipizide (Gluco ®)	Ziprasidone Hcl (Geodon ®)
	Insulin and supplies (need rx for syringes)	PCP Prophylaxis & Tx
Protease Inhibitors	Metformin (Gluco ®)	Atovaquone (Mepron ®)
	Piaglitazone (Actos ®)	Dapsone (Dapsone ®)
Amprenavir (Agenerase ®)	Rosiglitazone maleate (Avandia ®)	Pentamidine (Pentam ®)
Atazanavir (Reyataz ®)	Herpes Treatment	TMP/SMZ (Bactrim ®/ Septra ®)
Darunavir (Prezista ®)	Acyclovir (Zovirax ®)	
Fosamprenavir (Lexiva ®)	Famciclovir (Famvir ®)	Toxo Prophylaxis & Tx
Indinavir sulfate (Crixivan ®)	Valacyclovir (Valtrex ®)	Leucovorin
Nelfinavir (Viracept ®)	Cardiac-Related Treatment	Pyrimethamine (Daraprim ®)
Ritonavir (Norvir ®)	Atorvastatin (Lipitor ®)	Sulfadiazine
Ritonavir + Lopinavir (Kaletra ®)	Clopidogrel bisulfate (Plavix ®)	TB Treatment
Saquinavir (Invirase ®)	Ezetimibe (Zetia ®)	Ethambutol (Myambutol ®)
Tipranavir (Aptivus ®)	Fenofibrate (Tricor ®)	Isoniazid (INH)
	Gemfibrozil (Lopid ®)	Other Formulary Medications
	Lisinopril (generic only)	albuterol sulfate inhaler (generic only)
	Pravastatin (Pravachol ®)	gabapentin (generic only)
Cross-Class Combos	Simvastatin (Zocor ®)	Podofilox (Condylox ®)
Efavirenz + Emtricitabine + Tenofovir (Atripla ®)	Rosuvastatin calcium (Crestor ®)	Levonorgestrel (Nordett ®, Loestrin Fe ®)
	MAI Prophylaxis & Tx	Norgestimate (Sprintec ®)
	Azithromycin (Zithromax ®)	Pregabalin (Lyrica ®)
Integrase Inhibitors	Clarithromycin (Biaxin ®)	Penicillin G benzathine (Bicillin LA ®)
Raltegravir (Isentress ®)	Rifabutin (Mycobutin ®)	Valganciclovir (Valcyte ®)
CCR5 Antagonists	Vaccines	Varenicline (Chantix ®) 6 months/lifetime
Maraviroc (Selzentry ®)*****	Hep A vaccine (Havrix ®)	Imiquimod (Aldara ® Cream)
Fusion Inhibitors	Hep B vaccine (Engerix ®/ Recombivax ®)	Medroxyprogesterone (Depo-Provera ®) No prefilled syringes
Enfuvirtide (Fuzeon ®)*****	Hep A/Hep B vaccine (Twinrix ®)	
	Pneumococcal Pneumonia Vaccine	Wasting Syndrome
**Requires prior authorization	Tetanus Vaccine	Testosterone (all non-injectible forms)

**For instructions on obtaining authorization for Fuzeon or Selzentry, please contact the OHDAP nurse at

1-800-777-4775