

# 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 **December 2009**.

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

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

1-800-777-4775

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