

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.

This

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