

AIDS DRUG ASSISTANCE PROGRAM FORMULARY

7/09

The ADAP in WV assists eligible persons with HIV infection obtain the drugs listed on the formulary below. Applicants must apply at their county office of the Department of Health and Human Resources. Formulary drugs available in generic must be dispensed in generic.

To be eligible for the ADAP, HIV infected WV residents with a family income less than 325% of the federal poverty level who are not eligible for other forms of reimbursement such as Medicaid or full insurance coverage (ADAP will cover co-pays for eligible residents with insurance) **must** complete the applications at the Department of Health and Human Resources.

	<u>TRADE NAME</u>	<u>GENERIC NAME</u>
1.	AZT, Retrovir	Zidovudine
2.	Bactrim, or equivalent	Cotrimoxazole
3.	Dapsone	Dapsone
4.	DDC, Hivid	Zalcitabine
5.	DDI, Videx	Didanosine
6.	Epivir, 3TC	Lamivudine
7.	Mycelex	Clotrimazole
8.	Mycostatin	Nystatin
9.	Nebupent, Pentam	Pentamidine
10.	Wellcovorin	Leucovorin
11.	Zerit, D4T	Stavudine
12.	Norvir	Ritonavir
13.	Crixivan	Indinavir
14.	Viramune	Nevirapine
15.	Viracept	Nelfinavir
16.	Rescriptor	Delavirdine
17.	Combivir	Lamivudine/Zidovudine
18.	Invirase	Saquinavir
19.	Sustiva	Efavirenz
20.	Ziagen	Abacavir
21.	Zithromax	Azithromycin
22.	Kaletra	Lopinavir
23.	Trizivir	Lamivudine/Zidovudine/Abacavir
24.	Zovirax	Acyclovir
25.	Diflucan	Fluconazole
26.	Viread	Tenofovir
27.	Emtriva	Emtricitabine
28.	Reyataz	Atazanavir
29.	Lexiva	Fosamprenavir Calcium
30.	Epzicom	Lamivudine/Abacavir
31.	Truvada	Tenofovir/Emtricitabine
32.	Prezista	Darunavir
33.	Atripla	Efavirenz/Emtricitabine/Tenofovir
34.	Aptivus	Tipranavir
35.	Fuzeon	Evfuvintide (Prior Authorization)
36.	Daraprim	Pyrimethamine
37.	Sulfadiazine	Sulfadiazine
38.	Lipitor	Atorvastatin
39.	Biaxin	Clarithromycin
40.	Havrix	Hepatitis A Vaccine
41.	Twinrix	Hepatitis A&B Vaccines
42.	Engerix	Hepatitis B Vaccine
43.	Myambutol	Ethambutol
44.	Mycobutin	Rifabutin

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| 45. Cleocin | Clindamycin |
| 46. Sporanox | Itraconazole |
| 47. Neurontin | Gabapentin |
| 48. Cytovene | Ganciclovir |
| 49. Foscavir | Foscarnet (Prior Authorization) |
| 50. Imodium | Loperamide |
| 51. Compazine | Prochlorperazine |
| 52. Isentress | Raltegravir |
| 53. Selzentry | Maraviroc (Prior Authorization) |
| 54. Deltasone | Prednisone |
| 55. Niaspan | Niacin |
| 56. Elavil | Amitriptyline |
| 57. Tricor | Fenofibrate |
| 58. Toprol,Lopressor | Metoprolol |
| 59. Paxil | Paroxetine |
| 60. Prozac | Fluoxetine |
| 61. Zoloft | Sertraline |
| 62. Klonopin | Clonazepam |
| 63. Valium | Diazepam |
| 64. Seroquel | Quetiapine |
| 65. Zestril | Lisinopril |
| 66. Lexapro | Escitalopram |
| 67. Glucophage | Metformin |
| 68. Crestor | Rosuvastatin |
| 69. Celexa | Citalopram |
| 70. Effexor | Venlafaxine |
| 71. Intelence | Etravirine |

Applications and information are available by calling the WV Ryan White Part B Program Office at 304-232-6822 or by writing Jay Adams, HIV Care Coordinator, PO Box 6360, Wheeling, WV 26003.