

Kansas Ryan White Title II Medication Formulary

(Updated 03/08)

Acyclovir	Lexiva (fos-amprenavir)
Agenerase (amprenavir)	Maravoroc (Selzentry)*
Atripla (efavirenz/emtricitabine/tenofovir)	Megastrol acetate
Amitriptyline	Metronidazole
Aptivus (tipranavir)	Norvir (ritonavir)
Atovaquone	Nystatin
Azithromycin	
	Oxandrin
Cephalexin	
Clarithromycin	Paromomycin
Clindamycin	Pentamidine isethionate
Clotrimazole	Prezista (darunavir)
Combivir (zidovudine + lamivudine)	
Crixivan (indinavir)	Raltegravin (Isentress)*
	Rescriptor (delavirdine)
Dapsone	Retrovir (zidovudine)
Doxycycline	Reyetaz (atazanavir)
Dronabinol (Marinol)	Rifabutin
Emtriva (emtricitabine)	Sustiva (efaviring)
Epivir (lamivudine)	
Epzicom (abacavir sulfate-lamivudine)	Trazadone 3
Ethambutol	Trimethoprim/Sulfamethaxazole (TMP/SMZ)
	Trimethoprim/Sulfamethaxazole DS (TMP/SMZ-DS)
Famciclovir	Trizivir (abacavir sulfate + zidovudine + lamivudine)
Fluconazole	Truvada (emtricitabine + tenofovir DF)
Fortovase (saquinavir)	
Fuzeon/T-20 (enfuvirtide) 4	
Hivid (zalcitavine)	Valgancyclovir 2
Intelence (etravirine)*	Valacyclovir
Invirase (saquinavir)	Videx/Videx EC (didanosine)
Itraconazole	Viread (tenofovir)
	Viracept (nelfinavir)
Kaletra (lopinavir + ritonavir)	Viramune (nevirapine)
Ketoconazole	
Ketoconazole Cream *	
Klonopin 3	Zerit (stavudine)
	Ziagen (abacavir)

1. The program ONLY reimburses on generic, when available, at the Medicaid rate.
2. Indicated for active treatment of CMV. Documentation of CMV-related disease must be provided. Cytovene (Gancyclovir) will only be continued for those clients still utilizing this therapy.
3. Indicates "Psychotropic Medication" other medications that may be used will be covered based upon committee review by a request from provider.
4. Fuzeon is currently covered; however, medication is only available through **PRIOR AUTHORIZATION**.
5. Medications indicated are pending Medical Advisory Approval and will not be added to formulary at this time.