

Maryland AIDS Drug Assistance Program Formulary^{1,2}

MADAP requires that a generic be dispensed, if available, unless a prescription is marked “brand medically necessary” by the prescribing clinician.

1. Abacavir (Ziagen)	33. Enfuvirtide (Fuzeon)²	76. Nystatin (Mycostatin)	110. Venlafaxine HCl (Effexor, Effexor XR)
2. Abacavir/ Lamivudine/Zidovudine (Trizivir)	34. Epoetin Alpha (Epoegen, Procrit)²	77. Octreotide (Sandostatin)	111. Zalcitabine (HIVID)
3. Acyclovir (Zovirax)	35. Erythromycin	78. Olanzapine (Zyprexa)	112. Zidovudine (Retrovir, AZT)
4. Albuterol Sulfate (Proventil)	36. Escitalopram Oxalate (Lexapro)	79. Oxandrolone (Oxandrin)²	113. Zidovudine 300/ Lamivudine 150 (Combivir)
5. Amitriptyline Hydrochloride (Elavil)	37. Ethambutol (Myambutol)	80. Oxymetholone (Anadrol-50)	
6. Amphotericin-B (Fungisone)	38. Famciclovir (Famvir)	81. Paromomycin (Humatin)	
7. Amoxicillin	39. Fenofibrate (Tricor)	82. Paroxetine (Paxil)	
8. Amprenavir (Agenerase)	40. Filgrastim (Neupogen)²	83. Peginterferon Alfa 2a (Pegasys)^{2,3}	
9. Atazanavir (Reyataz)	41. Fluconazole (Diflucan)	84. Peginterferon Alfa 2b (Peg-Intron)^{2,3}	
10. Atorvastatin (Lipitor)	42. Fluoxetine (Prozac)	85. Pentamidine (Pentam, NebuPent)	
11. Atovaquone (Mepron)	43. Fluphenazine (Prolixin)	86. Perphenazine (Trilafon)	
12. Augmentin	44. Fomivirsen (Vitravene)	87. Polymyxin b Sulfate/Trimethoprim Sulfate (Polytrim)	
13. Azithromycin (Zithromax)	45. Fosamprenivir (Lexiva)	88. Pravastatin (Pravachol)	
14. Bupropion (Wellbutrin, Zyban)	46. Foscarnet (Foscavir)	89. Primaquine	
15. Cephalexin	47. Gabapentin (Neurontin)	90. Prochlorperazine (Compazine)	
16. Cidofovir (Vistide)	48. Ganciclovir (Cytovene)	91. Pyrazinamide	
17. Ciprofloxacin (Cipro, Ciloxan)	49. Gemfibrozil (generic only)	92. Pyrimethamine (Daraprim, Fansidar)	
18. Citalopran HBr (Celexa)	50. Glipizide (Glucotrol XL)	93. Ribavirin (Rebetol, Copegus)^{2,3}	
19. Clarithromycin (Biaxin)	51. Haldoperidol (Haldol)	94. Rifabutin (Mycobutin)	
20. Clindamycin (Cleocin)	52. Hydroxyzine (Atarax)	95. Rifampin (Rifadin, Rimactane)	
21. Clotrimazole (Lotrimin, Mycelex)	53. Hydroxyurea (Hydrea)	96. Risperidone (Risperdal)	
22. Clotrimazole/ Betamethasone Cream (Lotrisone Cream)	54. Imiquimod (Aldara Cream)	97. Ritonavir (Norvir)	
23. Dapsone	55. Indinavir (Crixivan)	98. Saquinavir (Invirase, Fortovase)	
24. Daunorubicin Citrate Liposomal (DaunoXome)	56. Interferon Alpha-2A (Roferon-A, Intron-A)	99. Sertraline (Zoloft)	
25. Delavirdine (Rescriptor)	57. Isoniazid (Nydrazid, Rifamate)	100. Stavudine (Zerit, d4T)	
26. Didanosine (Videx)	58. Itraconazole (Sporanox)	101. Sulfadiazine	
27. Diphenoxylate/Atropine (Lomotil)	59. Ketoconazole (Nizoral)	102. Tenofovir isoproxil Fumarate (Viread)	
28. Divalproex, Valproic Acid (Depakote, Depakene)	60. Lamivudine (Epivir)	103. Testosterone (injection & patches)	
29. Doxycycline	61. Lamivudine Abacavir (Epzicom)	104. Thalidomide (Thalomid) TMP-SMX (Bactrim, Septra)	
30. Efavirenz (Sustiva)	62. Leucovorin	105. Trazadone HCL (Desyrel/Desyrel Dividose)	
31. Emtricitabine (Emtriva)	63. Levetiracetam (Keppra)	106. Trimethoprim	
32. Emtricitabine Tenofovir (Truvada)	64. Lithium	107. Valacyclovir (Valtrex)	
	65. Loperamide (Imodium)	108. Valganciclovir (Valcyte)	
	66. Lopinavir/Ritonavir (Kaletra)		
	67. Megestrol Acetate (Megace)		
	68. Metformin (Glucophage)		
	69. Metronidazole		
	70. Miconazole (Monistat)		
	71. Miratazapine (Remeron)		
	72. Nandrolone		
	73. Nelfinavir (Viracept)		
	74. Nevirapine (Viramune)		
	75. Nortriptyline (Pamelor, Aventyl)		

NOTES:

¹ Brand names are provided in parentheses for reference purposes. There may be other brand names than those listed here for a particular medication.

² Coverage of medications noted in *italics* requires that patients meet specific medical criteria. Contact MADAP at (410) 767-6535 for more information.

³ Peginterferon alfa (including 2b and 2a) and ribavirin covered in combination, and only for treatment of HCV infection in HIV co-infected clients.