

MEDICATIONS FORMULARY
NEW MEXICO AIDS DRUG ASSISTANCE PROGRAM
REVISED April 9, 2008

ANTIRETROVIRALS

NUCLEOSIDE ANALOGUE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

Abacavir (Ziagen®)
Combination of Zidovudine and Lamivudine (Combivir®)
Didanosine (ddl; Videx®)
Emtricitabine (Emtriva, FTC)
Combination of Lamivudine and Abacavir (Epzicom®)
Lamivudine (3TC; Epivir®)
Stavudine (d4T; Zerit®)
Tenofovir (Viread®)
Combination of Zidovudine, Lamivudine, and Abacavir (Trizivir®)
Combination of Emtricitabine and Tenofovir DF (Truvada®)
Zalcitabine (ddC; Hivid®) **(RESTRICTED SUPPLY)**
Zidovudine (AZT; Retrovir®)

NON-NUCLEOSIDE ANALOGUE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

Delavirdine (Rescriptor®)
Efavirenz (Sustiva®)
Nevirapine (Viramune®)
Etravirine (Intelence)

NRTI and NNRTI Combinations

Efavirenz/Tenofovir/Emtricitabine (Atripla®)

HIV PROTEASE INHIBITORS (PI)

Darunavir (Prezista®) **(requires MAC Approval)**
Fosamprenavir (Lexiva®)
Indinavir (Crixivan®)
Combination Ritonavir / Lopinavir (Kaletra®)
Nelfinavir (Viracept®)
Atazanavir (Reyataz®)
Ritonavir (Norvir®)
Saquinavir (Invirase®)
Tipranavir (Aptivus®)

HIV-FUSION INHIBITOR

Enfuvirtide (Fuzeon®) **(requires MAC approval)**

HIV-ATTACHMENT INHIBITOR

Maraviroc (Selzentry®) **(requires prior approval)**

INTEGRASE INHIBITOR

Raltegravir (Isentress®) **(requires prior approval)**

OTHER ANTIVIRAL MEDICATIONS

Acyclovir (Zovirax®)
Famciclovir (Famvir®) (restricted to one-month without approval)
Foscarnet (Forcavir®)
Ganciclovir (Cytovene®) (requires prior approval)
Valacyclovir (Valtrex®)
Valganciclovir (Valcyte®) (requires prior approval)

ANTIMYCOBACTERIAL AGENTS

Ethambutol (Myambutol®)
Rifabutin (Mycobutin®)

ANTIBACTERIAL AND ANTIPARASITIC AGENTS

Atovaquone (Mepron®) (requires prior approval)
Azithromycin (Zithromax®)
Ciprofloxacin (Cipro®)
Clarithromycin (Biaxin®)
Clindamycin (Cleocin®)
Dapsone
Metronidazole (Flagyl®)
Pentamidine for inhalation (Nebupent®) and injection (Pentam®)
Primaquine
Pyrimethamine (Daraprim®)
Sulfadiazine (Microsulfon)
Trimethoprim (Proloprim®)
Trimethoprim-Sulfamethoxazole (Bactrim-DS®)

ANTIFUNGAL AGENTS

Clotrimazole troches (Mycelex®)
Fluconazole (Diflucan®) (restricted to one-month without approval)
Itraconazole (Sporanox®) (requires prior approval)
Ketoconazole (Nizoral®)
Nystatin (Mycostatin®) suspension
Voriconazole (Vfend®) (requires prior approval)

APPETITE STIMULANTS

Megestrol (Megace®) (restricted to one-month without approval)

BLOOD LIPID LOWERING AGENTS

Atorvastatin (Lipitor®)
Pravastatin (Pravachol®)
Rosuvastatin (Crestor®)

BLOOD TRIGLYCERIDE LOWERING AGENTS

Fenofibrate (TriCor/Lofibra®)

BLOOD GLUCOSE LOWERING AGENT

Metformin (Glucophage®)
Pioglitazone (Actos® 15mg)

MULTIVITAMINS

Prenatal-S® (**PREGNANT WOMEN ONLY REQUIRES PRIOR APPROVAL**)

PSYCHOTROPIC AGENTS

Bupropion SR (Wellbutrin® SR)
Divalproex (Depakote® ER)
Sertraline (Zoloft®)
Venlafaxine (Effexor® ER)

MISCELLANEOUS

Leucovorin calcium (Wellcovorin®)

INJECTIONS

ANTIBIOTIC & ANTIFUNGAL

Amikacin (Amikin®) (**requires prior approval**)
Trimethoprim-Sulfamethoxazole (Bactrim® for infusion)
Amphotericin-B (Fungizone)
Penicillin Benzathine (Bicillin L-A®)

BIOLOGICALS

Erythropoietin (Epogen®) (**requires prior approval**)
Filgrastim (G-CSF; Neupogen®) (**requires prior approval**)

HEPATITIS VACCINES

Engerix-B Vaccine (HBV)
Havrix Vaccine (HAV)
Twinrix Vaccine (HAV and HBV)

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