

**STATE OF NEVADA
AIDS DRUG ASSISTANCE PROGRAM
FORMULARY AND ELIGIBILITY REQUIREMENTS**

HIV ANTIRETROVIRALS:

NUCLEOSIDE REVERSE

TRANSCRIPTASE INHIBITORS

AZT, zidovudine (Retrovir™) Glaxo
3TC, lamivudine (Epivir™) Glaxo
ddI, didanosine (Videx™) Bristol-Myers Squibb
d4T, stavudine (Zerit™) Bristol-Myers Squibb
lamivudine/ zidovudine (Combivir™) Glaxo
Abacavir (Ziagen™) Glaxo
Abacavir sulfate/Lamivudine/Zidovudine (Trizivir™) Glaxo
Emtricitabine (Emtriva™) Gilead Sciences
Epivir/Ziagen (Epzicom™) Glaxo
Emtricitabine/Tenofovir (Truvada™) Gilead

NUCLEOTIDE ANALOG

Tenofovir (Viread™) Gilead Sciences

NON-NUCLEOSIDE REVERSE

TRANSCRIPTASE INHIBITORS

Nevirapine (Viramune™) Boehringer Ingelheim
Delavirdine (Rescriptor™) Agouron
Efavirenz (Sustiva™) DuPont
Atripla™ Gilead
Intelence Tibotec

PROTEASE INHIBITORS

Saquinavir (Invirase™) Roche
Ritonavir (Norvir™) Abbott
Indinavir (Crixivan™) Merck
Nelfinavir (Viracept™) Agouron
Lopinavir/Ritonavir (Kaletra™) Abbott
Atazanavir sulfate (Reyataz™) Bristol-Myers Squibb
Fosamprenavir calcium (Lexiva™) Glaxo
Tipranavir (Aptivus™) Boehringer Ingelheim
Darunavir, TMC-14 (Prezista™) Tibotec Therapeutics

CELL ENTRY INHIBITORS

Enfuvirtide/T-20 (Fuzeon™) Roche
Selzentry (Maraviroc)

INTEGRASE INHIBITOR

Isentress (Raltegravir) Merck

ELIGIBILITY REQUIREMENTS:

- ◆ **Client income must not exceed 400% of Federal Poverty Guidelines-approx \$41,600/year for one**
- ◆ **Client may own a single-family home and a car.**
- ◆ **Additional assets of the client may not exceed \$4,000.**
- ◆ **Lab tests for T-Cell and Viral Load must be done every six months.**
- ◆ **ADAP eligibility recertification every six months.**
- ◆ **For more information, please call Nevada State Health Division, ADAP staff at 775-684-3499**

MISCELLANEOUS

Actos
Acyclovir
Amitriptyline (Elavil™)
Atenolol
Atorvastatin Calcium (Lipitor™)
Atovaquone (Mepron™)
Augmentin
Azithromycin (Zithromax™)
Cefpodoxime
Ciprofloxacin (Cipro™)
Clarithromycin (Biaxin™)
Clindamycin (Cleocin™)
Clotrimazole (Mycelex™)
Dapsone
Diphenoxylate/Atropine (Lomotil™)
Diprolene Ointment and Cream
Divalproex Sodium (Depakote™) *HIV seizures only*
Doxycycline
Dronabinol (Marinol™)
Darbopoeiten
Erythropoetin
Ethambutol (Myambutol™)
Fenofibrate (Tricor™) *second line treatment*
Fluconazole (Diflucan™) *for treatment only*
Gabapentin (Neurontin™)
GCSF (Neupogen™)
Glyburide
Gemfibrozil (Lopid™) *first line treatment*
Hydrochlorothiazide
Ibuprofen
Itraconazole (Sporanox™)
Leucovorin
Levaquin
Lisinopril
Losartan
Loperamide (Imodium™)
Megestrol (Megace™)
Metformin
Naprosyn
Norvasc
Nystatin (Nilstat™)
Niaspan *first line treatment*
Omacor
Ondansetron-only after Compazine™ (Zofran™)
Paromomycin (Humatin™)
Phenytoin (Dilantin™) *HIV seizures only*
Prochlorperazine (Compazine™)
Pyramethamine
Rifabutin *for treatment of MAC*
Sulfadiazine
Testosterone *topical or injectable only*
Trazodone (Desyrel™)
Triamcinolone Ointment and Cream
Trimethoprim/Sulfa (Septra™ Bactrim™)
Ultrase MT-20™ -Pancreatic Enzymes
Valganciclovir (Valcyte™)

