

**Rhode Island AIDS Drug Assistance Program Formulary\***

Acyclovir	Epzicom (Epivir and Ziagen)	Myambutol (Ethambutol)	Roxycodone
Agenerase	Fluoxetine	Mycobutin (Rifabutin)	**Selzentry
Amitriptyline	Folinic Acid (Leukovorin)	Nebupent	Sporanox
Aptivus(tipranavir)	Fortovase	Neurontin	Sulfadiazine
Atripla	**Fuzeon	Norvir	Sustiva
Bactrim/Septra (Trimethoprim)	HIVID	Oxycodone	Trazadone
Biaxin	Hydroxyurea	Oxycontin	Trizivir
Celexa	Intelence	Paxil	Truvada (Viread and Emtriva)
Cipro	**Interferon alfa	**Pegasys	Valcyte
Clonazepam	Invirase	**PEG-Intron	Valtrex
Combivir	**Isentress (raltegravir)	Prezista	Videx
**Copegus	Isoniazid	Primaquine	Viracept
Crixivan	Kaletra	Prozac	Viramune
Cytovene <u>IV only</u>	Lexiva	Pyrimethamine	Viread
**Cytovene oral	Lorazepam	**Rebetol	Zerit
Dapsone	Mepron	Rescriptor	Ziagen
Diffucan	Morphine Sulfate	Retrovir	Zithromax
Duragesic		Reyataz	Zoloft
Emtriva		Risperdal	Zovirax
Epivir			Zyprexa

\*When a generic is available, it must be dispensed, unless written approval for the Brand Name is obtained.

\*\*PRIOR APPROVAL REQUIRED.

Updated April 2008