

**VERMONT HIV/AIDS MEDICATION ASSISTANCE PROGRAM (AMAP) FORMULARY**

Effective November 1, 1996 – Updated March 24, 2008

Generic Name	Medication Type	Trade Name
<b>Antivirals</b>		
Acyclovir		Zovirax
Famciclovir		Famvir
Valtrex		Valacyclovir
<b>Integrase Inhibitors</b>		
Raltegravir		Isentress
<b>Nucleoside Reverse Transcriptase Inhibitors</b>		
Abacavir		Ziagen
Abacavir/Lamivudine/Zidovudine		Trizivir
DDI (Didanosine)		Videx, Videx EC
DDC (Dideoxycytidine)		HIVID
Efavirenz, Emtricitabine, and Tenofovir		Atripla
Emtricitabine		Emtriva
Emtricitabine/ Tenofovir		Truvada
Lamivudine (3TC)		Epivir
Lamivudine 300mg/ Abacavir		Epzicom
Lamivudine 150mg/Zidovudine 300mg		Combivir
Stavudine (d4T)		Zerit
Tenofovir		Viread
Zidovudine (AZT)		Retrovir
<b>Non – Nucleoside Reverse Transcriptase Inhibitors</b>		
Delavirdine		Rescriptor
Efavirenz		Sustiva
Etravirine		Intelence
Nevirapine		Viramune
<b>Protease Inhibitors</b>		
Agenerase		Amprenavir
Aptivus		Tipranavir
Atazanavir		Reyataz
Darunavir		Prezista
Indinavir		Crixivan
Lexiva		Fosamprenavir Calcium
Lopinavir/Ritonavir		Kaletra
Nelfinavir		Viracept
Ritinovir		Norvir

Saquinavir

Invirase, Fortovase

### Antifungals

**Amphotericin B (Liposomal requires Prior Authorization (802) 863-7245)	Fungizone
Fluconazole	Diflucan
Clotrimazole	Mycelex, Lotrimin
Itraconazole	Sporanox
Ketoconazole	Nizoral
Nystatin	Mycostatin

### Antibiotics

Azithromycin	Zithromax
Ciprofloxacin	Cipro
Clarithromycin	Biaxin
Clindamycin	Clindamycin, Cleocin
Ethambutol	Myambutol
Rifabutin	Mycobutin
Sulfadiazine	Sulfadiazine
Trimethoprim	Trimethoprim
Trimethoprim/Sulfamethoxazole	Bactrim, BactrimDS, Septra, SeptraDS, Sulfatrim

### Antidiarrheals (*Prescription Required*)

Loperamide	Immodium
Polycarbophil	Fibercon
Psyllium	Metamucil

### Fusion Inhibitors

Enfuvirtide <i>(only available with prior approval. Physician must complete application process)</i>	Fuzeon
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### CCR5 Antagonists

**Maraviroc	** Selzentry
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### Antidepressants

Sertraline	Zoloft
Citalopram	Celexa
Paroxetine	Paxil
Fluoxetine	Prozac
Venlafaxine	Effexor
Nefazodone	Serzone
Trazodone	Desyrel
Amitriptyline	Elavil
Bupropion	Wellbutrin/ Wellbutrin SR
Escitalopram	Lexapro

**Pain Medications** *(Added 08/01/00)*

Fentanyl	Duragesic
Gabapentin	Neurontin
*Ibuprofen (Prescription required for all strengths).	Motrin
Morphine Sulfate	MS Contin

**Antihyperlipidemic Agents**

Atorvastatin	Lipitor
Ezetimibe	Zetia
Fenofibrate	Tricor
Fluvastatin	Lescol
Gemfibrozil	Lopid
Lovastatin	Mevacor
Niacin	Niaspan
Simvastatin	Zocor
Pravastatin	Pravachol

**Cytomegalovirus:** *(Prior Authorization Required: 802-863-7245)*

**Cidofovir	Vistide
**Foscarnet	Foscavir
**Valganciclovir	Valcyte

**Miscellaneous:**

Atovaquone	Mepron
Dapsone	Dapsone
Doxorubicin (Liposomal)	DOXIL
**GCSF (Prior Authorization Required (802) 863-7245)	Neupogen
Hydroxyurea	Hydrea
Leucovorin	Wellcovorin & others
Megastrol Acetate	Megace
Pyramethamine	Daraprim
Primaquin	Primaquin
Pentamidine***	Pentam, Nebupent
Albuterol (inhaled) *Will cover one-time use only for relief of acute infection, not chronic asthma	Ventolin; Proventil

**Vaccines:** AMAP will now cover Hep A, Hep B, Hep A/B together and pneumococcal vaccines as out patient drugs through retail pharmacy with prescription. Patient must return to their health clinic for administration of vaccine.

Vatqua, Havrix, Energix, Recombivax, Twinrix and Pneumovax, Pnu-umune

**Notes**

\*\*These are prescription medications and require prior authorization when prescribing. Please have your **doctor** call AMAP Coordinator. Claims will not be processed until prior authorization is complete.

\*\*\*For administering Pentamidine, also covered: Respirguard II nebulizer system and one 12 ml syringe with 20 gauge needle. One 10 ml container of sterile water and one unit dos Alupent with hand-held nebulizer.