

Georgia AIDS Drug Assistance Program Formulary

Nucleoside Analogues (RTIs)

Epivir
Zidovudine
Zerit
Didanosine/EC
Combivir**
Ziagen
Trizivir
Viread
Emtriva
Epzicom
Truvada

Non-Nucleosides (NNRTIs)

Rescriptor
Viramune
Sustiva
Intelence™

Protease Inhibitors (PIs)

Crixivan
Viracept
Norvir
Invirase
Agenerase
Kaletra
Reyataz
Lexiva
Prezista
Aptivus

Fusion Inhibitor

Fuzeon**

Integrase Inhibitor

Isentress™ **

Combination Products

Atripla

CCR5 Entry Inhibitor

Selzentry™ **

Expanded Formulary (OIs)

Acyclovir
Mepron
Azithromycin
Biaxin
Clindamycin
Clotrimazole
Dapsone
Procrit
Epogen
Ethambutol
Ancobon
Fluconazole
Gabapentin
Ganciclovir
Hydroxyurea
Isoniazid
Itraconazole
Ketoconazole (Oral)
Leucovorin
Loperamide
Nystatin
Prednisone
Primaquine
Prochlorperazine
Daraprim
Pyrazinamide
Mycobutin
Rifampin
Sulfadiazine
TMP/SMX
TMP/SMX DS & SS
Trimethoprim
Valcyte

**A Prior Approval Application is required