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| BRAND NAME | GENERIC NAME |
| NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI’s) | |
| Combivir | Lamivudine/Zidovudine |
| Descovy | Emtricitabine/Tenofovir alafenamide (TAF) |
| Emtriva | Emtricitabine (FTC) |
| Epivir | Lamivudine (3TC) |
| Epzicom | Abacavir/Lamivudine |
| Retrovir | Zidovudine (AZT) |
| Trizivir | Abacavir/Lamivudine/Zidovudine |
| Truvada | Tenofovir/Emtricitabine |
| Viread | Tenofovir (TDF) |
| Videx, Videx EC\*\* | Didanosine/EC |
| Zerit\*\* | Stavudine (d4T) |
| Ziagen | Abacavir (ABC) |
| NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI’s) | |
| Intelence | Etravirine (TMC) |
| Edurant | Rilpivirine (RPV) |
| Pifeltro | Doravirine (DOR) |
| Sustiva | Efavirenz (EFV) |
| Viramune, Viramune XR | Nevirapine (NVP) |
| PROTEASE & CYP3A INHIBITORS | |
| Aptivus | Tipranivir (TPV) |
| Crixivan | Indinavir (IDV) |
| Evotaz | Atazanavir/Cobicistat |
| Invirase | Saquinavir (SQV) |
| Kaletra | Lopinavir/Ritonavir |
| Lexiva | Fosamprenavir (FPV) |
| Norvir | Ritonavir |
| Prezista | Darunavir (DRV) |
| Prezcobix | Darunavir/Cobicistat |
| Reyataz | Atazanavir (ATV) |
| Viracept | Nelfinavir (NFV) |
| FUSION INHIBITOR | |
| Fuzeon\*\* | Enfuvirtide (ENV) |
| INTEGRASE INHIBITOR(INSTI) | |
| Isentress, Isentress HD | Raltegravir (RAL) |
| Tivicay | Dolutegravir (DTG) |
| CCR5 ENTRY INHIBITOR | |
| Selzentry\*\*\* | Maraviroc (MVC) |
| SINGLE TABLET REGIMENS (STR’s) | |
| Atripla | Efavirenz/ Emtricitabine/ Tenofovir |
| Biktarvy | Bictegravir/Emtricitabine/TAF |
| Complera | Emtricitabine/Rilpivirine/Tenofovir |
| Delstrigo | Doravirine/Lamivudine/Tenofovir |
| Genvoya | Elvitegravir/Cobicistat/Emtricitabine/TAF |
| Juluca | Dolutegravir/Rilpivirine |
| Odefsey | Emtricitabine/Rilpivirine/TAF |
| Stribild | Elvitegravir/Cobicistat/Emtricitabine/Tenofovir |
| Triumeq | Dolutegravir/Abacavir/Lamivudine |
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| BRAND NAME | GENERIC NAME |
| ANTIVIRALS | |
| Famvir\* | Famciclovir |
| Valcyte\* | Valganciclovir |
| Valtrex\* | Valacyclovir |
| Zovirax | Acyclovir |
| TUBERCULOSIS & MAC PROPHYLAXIS | |
| Biaxin | Clarithromycin |
| Isoniazid | INH |
| Myambutol | Ethambutol |
| Mycobutin | Rifabutin |
| Pyrazinamide | PZA |
| Rifadin | Rifampin |
| Zithromax | Azithromycin |
| ANTIFUNGALS | |
| Diflucan | Fluconazole |
| Mycelex | Clotrimazole |
| Mycostatin/Nilstat | Nystatin |
| Nizoral | Ketoconazole |
| Sporanox | Itraconazole |
| PCP PROPHYLAXIS/TREATMENT | |
| Bactrim/Septra | TMP/SMX SS & DS |
| Cleocin | Clindamycin |
|  | Dapsone |
| Mepron | Atovaquone |
|  | Primaquine |
|  | Trimethoprim |
| TOXOPLASMOSIS | |
| Daraprim\*\*\*\* | Pyrimethamine |
| Leucovorin | Folinic Acid |
|  | Sulfadiazine |
| ANTI-CONVULSANT/ NEUROPATHIES | |
| Neurontin | Gabapentin |
| ANTI-INFLAMMATORY/ STEROID | |
|  | Prednisone |
| ANTI-EMETIC/ ANTIDIARRHEAL | |
| Compazine | Prochlorperazine |
|  | Loperamide |
| HEMATOLOGIC AGENTS | |
| Epogen, Procrit | Epoetin alpha |

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| \**Medications temporarily added to the formulary due to Acyclovir backorder and shortage.* |
| \*\**Prior Approval Application is required prior to dispensing.* | |
| \*\*\**Trophile® test is required indicating sensitivity to the drug.* | |

\*\*\*\****Pyrimethamine is not available in retail pharmacies in the United States. It is only available through a special pharmacy program (***[***http://www.daraprimdirect.com/how-to-prescribe)***](http://www.daraprimdirect.com/how-to-prescribe)) *and therefore is not available for dispensing for ADAP* ***uninsured*** *clients.*

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| HEPATITIS C MEDICATIONS | |
| BRAND NAME | GENERIC NAME |
| Daklinza | **Daclatasvir** |
| Epclusa | **Sofosbuvir/Velpatasvir** |
| Harvoni | **Ledipasvir/Sofosbuvir** |
| Mavyret | **Glecaprevir/pibrentasvir** |
| Sovaldi | **Sofosbuvir** |
| Technivie | **Ombitasvir/Paritaprevir/Ritonavir** |
| Viekira Pak | **Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir** |
| Zepatier | **Elbasvir/Grazoprevir** |
|  | **Ribavirin** |

* Prior Approval Application is required prior to dispensing Hepatitis C medications.