MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
HIV/AIDS DRUG ASSISTANCE PROGRAM
DRUG FORMULARY

ELIGIBLE DRUGS

ANTI-RETROVIRALS***

Zidovudine, AZT (Retrovir®)
Didanosine, ddI (Videx®)
Hydroxyurea (Hydrea®)†
Zalcitabine, ddC (Hivid®)
Stavudine, d4T (Zerit®)
Lamivudine, 3TC (Epivir®)
Nevirapine (Viramune®)
Delavirdine Mesylate (Rescriptor®)
AZT/3TC Combo (Combivir®)
Efavirenz (Sustiva®)
Abacavir Sulfate (Ziagen®)
Trizivir (3TC, AZT, Ziagen)

PCP & MAI PROPHYLAXIS & TREATMENT

Trimethoprim-Sulfamethoxazole:
(Bactrim®, Septra® Cotrim®)
Dapsone (Dapsone®)
Pentamidine (Pentam®, Nebupent®)
Zithromax (Azithromycin®)
Clarithromycin (Biaxin®)
Rifabutin (Mycobutin®)

ANTI-FUNGALS

Clotrimazole (Mycelex®)
Ketoconazole (Nizoral®) **
Amphotericin B (Fungizone®)
Fluconazole (Diflucan®) *
Itraconazole (Sporonox®)

PROTEASE INHIBITORS***

Saquinavir (Invirase®)
Ritonavir (Norvir®)
Indinavir (Crixivan®)
Nelfinavir Mesylate (Viracept®)
Fortovase®
Amprenavir (Agenerase®)
Lopinavir/Ritonavir (Kaletra®)

MENTAL HEALTH

Paroxetine (Paxil®)
Fluoxetine (Prozac®)
Lorazepam (Ativan®)
Buspirone (Buspar®)
Amitriptyline (Elavil®)
Alprazolam (Xanax®)
Setraline (Zoloft®)
Zolpidem (Ambien®)

ANTI-VIRALS

Acyclovir (Zovirax®)**
Famciclovir (Famvir®)
Valacyclovir (Valtrex®)

STEROIDAL/WASTING

Megestrol (Megace®)
Diphenox (Lomotil®)
Trimethobenzamide (Tigan®)
Testosterone:
(Testoderm®, Delatestryl ®, Androderm®)
Immodium(Loperamide®, Lomotil®)
Prochlorperazine (Compazine®)

HYPERTENSION/CHOLESTEROL

Quinapril (Accupril®)
Hydrochlorathyazide
Furosemide (Lasix®)
Gemfibrozil (Lopid®)
Atorvastatin (Lipitor®)
Nefedipine (Procardia®)
Fenofibrate (Tricor®)
Enalapril (Vasotec®)

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PHS GUIDELINE ELIGIBLE DRUGS ****

Atovaquone	Mepron®
Cidofovir	Vistide®
Ciprofloxacin	Cipro®
Clindamycin	Clindamycin®
Doxycycline	Monodox®
Erythromycin	Erythromycin®
Ethambutol	Myambutol®
Fomivirsen	Vitravine®
Foscarnet	Foscavir®
Ganciclovir	Cytovene®
Leucovorin	Leucovorin®
Levofloxacin	Levaquin®
Ofloxacin	Ocuflox®
Primaquine	Primaquine®
Pyrimethamine	Pyrimethamine®
Respirgard II	Respirgard II®
Rimantadine	Flumadine®
Sulfadiazine	Sulfadiazine®

ASTHMA/ALLERGIES

Albuterol:
(Airet®, Proventil®, Ventolin®, Volmax®)
Fexofenadine (Allegra®)
Laratadine-Pseudoephedrine (Claritin D®)
Cetirizine (Zyrtec®)

GASTROINTESTINAL

Famotidine (Pepcid®)
Omeprazole (Prilosec®)
Lansoprazole (Prevacid®)

MISCELLANEOUS

Metformin (Glucophage®)
Insulin/Syringes
Gabapentin (Neurontin®)
Bupropion hydrochloride (Wellbutrin®, Zyban®)
Nicotine (Nicotrol, Habitrol, NTS)

VACCINES

Hepatitis A Vaccine
Hepatitis B Vaccine
Influenza Vaccine
Pneumococcal Vaccine

We encourage the use of generic brands when available and appropriate.

† **Hydrea should only be used in combination with ddI.**

* **Fluconazole reimbursable if treatment with Clotrimazole and Ketoconazole fails or if treating Cryptococcal Meningitis.**

** **I.V. non-reimbursable**

*** **For use in the context of the attached protocol.**

**** **For use in the context of the PHS Guidelines**