



**STATE OF ARKANSAS**  
**RYAN WHITE PART B ADAP FORMULARY**



**HIV Services Program: 1-501-661-2433**

**AR ADAP Pharmacy: 1-877-288-8506**

**ANTIRETROVIRAL DRUGS**

<i><b>Nucleoside RTIs</b></i>	<i><b>Protease Inhibitors</b></i>	<i><b>CCR5 Antagonist</b></i>	<i><b>Multi-Class Antiretroviral Inhibitors</b></i>	<i><b>Non-Nucleoside RTIs</b></i>
Combivir	Aptivus	Selzentry *	Atripla	Intelence
Emtriva	Crixivan		Truvada	Rescriptor
Epivir	Invirase	<i><b>Fusion Inhibitor</b></i>		Sustiva
Epzicom	Kaletra	Fuzeon	<i><b>Nucleotide Analog RTIs</b></i>	Viramune
Hivid	Lexiva		Viread	
Retrovir	Norvir	<i><b>Integrase Inhibitor</b></i>		
Trizivir	Prezista	Isentress		
Videx EC	Reyataz			
Zerit	Viracept			
Ziagen				

**OPPORTUNISTIC INFECTION DRUGS**

Acyclovir	Clarithromycin	Ethambutol	Leucovorin	Noxafil **
Amoxicillin	Clindamycin	Famvir	Levaquin	Nystatin
Avelox	Cytovene	Fluconazole	Mepron	sulfamethoxazole/trimethoprim DS
azithromycin	Dapsone	Humatin	Metronidazole	Sulfadiazine
Cephalexin	Daraprim	Itraconazole	Mycelex Troche	Valcyte
Ciprofloxacin	Doxycycline	Ketoconazole cream	Mycobutin	Valtrex

**OTHER DRUGS**

Acular	Depakote ER	hydroxyzine HCl	Megestrol	Prednisone	Test Strips (blood sugar)
Advair Inhaler	Digoxin	Ibuprofen (Rx)	Metformin	Prevacid	Topamax
Aerobid	Diovan	Imitrex	Metoclopramide	Prochlorperazine	Trazodone
Albuterol HFA Inhaler	Diovan/HCTZ	Insulin N, R, 70/30 vials	metoprolol	Promethazine	Triamcinolone Cr/Oint
Amitriptyline	Diltiazem (any generic)	Insulin Syringes	Metoprolol XL	Propranolol	Tricor
Amlodipine	Effexor	Isoniazid	Mirtazapine	Pyridoxine	Trifluridine
Amlodipine/Benazepril	Famotidine	Lancets	Nasonex Spray	Ramipril	Verapamil (any generic)
Atenolol	Felodipine	lactulose	Nexium	ranitidine	Xopenex HFA Inhaler
Bisoprolol/HCTZ	Fluoxetine	Lantus Insulin	Nifedipine XL	Relpax	Xopenex Solution
Boniva	fluticasone spray	levetiracetam	Omeprazole	Rifampin	Zetia
Bupropion	Furosemide	Lexapro	Ondansetron	Risperdal	Zyprexa
Chantix ^	Gabapentin	Lipitor	Pantoprazole	Seroquel	
Citalopram	Gemfibrozil	lisinopril	Paroxetine	Sertraline	
Coumadin	Glipizide	Lisinopril/HCTZ	Peginterferon alpha-2a (and Ribavirin) ^^	Spiriva	
Crestor	Glyburide	Loperamide	phenytoin	spironolactone	
Cyclobenzaprine	Glyburide/Metformin	Loratadine	Plavix	Synthroid	
Cymbalta	Hepsera	Maxalt	Potassium Chloride	Tamoxifen	
Depakote	HCTZ	Megace ES	Pravastatin	Terazosin	

\* Tropism Test Required

\*\* Medically Necessary Documentation

^ 1 Starter Pak, 2 Continuing Paks/Year

^^ Prior Authorization