

KENTUCKY AIDS DRUG ASSISTANCE PROGRAM

KADAP

May 1, 2016

ANTIRETROVIRAL THERAPY

Nucleoside/Nucleotide Analogs

abacavir (Ziagen)
 abacavir/lamivudine (Epzicom)
 abacavir/lamivudine/zidovudine (Trizivir)
 didanosine (ddI, Videx, Videx EC)
 emtricitabine (Emtriva)
 emtricitabine/tenofovir (Truvada)
 lamivudine (3TC, Epivir)
 lamivudine/zidovudine (Combivir)
 stavudine (d4T, Zerit)
 tenofovir (Viread)
 zidovudine (AZT, Retrovir)

Non-Nucleoside Reverse Transcriptase Inhibitors

rilpivirine (Edurant)
 delavirdine (Rescriptor)
 efavirenz (Sustiva)
 nevirapine (Viramune)
 etravirine (Intelence)

Protease Inhibitors

amprenavir (Agenerase)
 atazanavir (Reyataz)
 darunavir (Prezista)
 fosamprenavir (Lexiva)
 indinavir (Crixivan)
 lopinavir-ritonavir (Kaletra)
 tipranavir (Aptivus)
 nelfinavir (Viracept)
 ritonavir (Norvir)
 saquinavir (Invirase)
 Evotaz (atazanavir/cobicistat)
 Prezcoibix (darunavir/cobicistat)

Other

Tybost (cobicistat)

Fusion Inhibitor

enfuvirtide (Fuzeon, T-20)*

Entry Inhibitor

maraviroc (Selzentry)

Integrase Inhibitor

raltegravir (Isentress)
 Tivcay (dolutgravir)

Multi-Class Antiretroviral Agent

abacavir/dolutegravir/lamivudine (Trimeq)
 rilpivirine/tenofovir/emtricitabine (Complera)
 efavirenz/emtricitabine/tenofovir (Atripla)
 elvitegravir/cobicistat/emtricitabine/tenofovir (Stribild)
 elvitegravir/cobicistat/emtricitabine/tenofovir (Genvoya)
 emtricitabine and tenofovir alafenamide (Descovy)
 emtricitabine/rilpivirine/tenofovir (Odefsey)

OPPORTUNISTIC INFECTIONS

Acyclovir (Zovirax*)
 Atovaquone (Mepron*)
 Azithromycin ◀ (Zithromax*)
 Ciprofloxacin (Cipro* Ciloxan* Centraxal*)
 Clarithromycin (Biaxin*)
 Clotrimazole (Canesten* Lotrimin*)
 Dapsone (Aczone*)
 Ethambutol (Myambutol* Servambutol*)
 Doxycycline (Oracea*)
 Monodox* Doryx* Periostat*
 Atridox* VibraTabs*
 Morgidox* Alodox* Ocudox*)

Isoniazid
 Itraconazole (Sporanox*)
 Fluconazole • (Diflucan*)
 Leucovorin
 Nystatin (NyStop*)
 Paramomycin
 Primaquine
 Valganciclovir (Valcyte*)

*** Requires pre-authorization: call 1-866-510-0005 for required forms (Generic forms do not require prior authorization, only use of Brand names)**

Pyrimethamine (Daraprim*)
 Rifabutin (Mycobutin*)
 Rifampin (Rifadin*)
 Rimactane
 Sulfadiazine
 Sulfamethoxazole (Bactrim* Septra* Sulfatrim*)
 Ketoconazole ▲ (Nizoral* Xolegel* Extina*)
 Trimethoprim (Proloprim*)

▲ Generic available in cream form only
◀ Generic available only in 250mg and 600mg tablets
► Requires pre-authorization for long term use over 6 months
• Available only in 100mg & 200mg tablets.

ANTIBIOTICS

Amoxicillin

Cephalexin

Paromomycin

OTHER RELATED CONDITIONS

Vaccines

Hepatitis A Vaccine
 Hepatitis B Vaccine
 Hepatitis A and B Vaccine

Other

Megestrol acetate ►
 Imiquimod
 Vitamin D
 Prenatal Vitamins

Immodium
 Promethazine HCl (any brand name*)
 Testosterone *