TEXAS HIV MEDICATION PROGRAM FORMULARY

PRIORITY 1

Reverse Transcriptase Inhibitors (RTIs)
Didanosine (DDI) (Videx)
Stavudine (D4T) (Zerit)
Zalcitabine (DDC) (Hivid)
Zidovudine (AZT) (Retrovir)
Lamivudine (3TC) (Epivir)
Abacavir (Ziagen)
Combivir (AZT 300/3TC 150)
Emtricitabine (Emtriva)
Trizivir (AZT 300/3TC 150/Ziagen 300)
Truvada (Viread/Emtriva)
Epzicom (3TC 300/Ziagen 600)

Protease Inhibitors
Fortovase (Saquinavir)
Invirase (Saquinavir)
Ritonavir (Norvir)
Indinavir (Crixivan)
Nelfinavir (Viracept)
Amprenavir (Agenerase)
Lopinavir/Ritonavir (Kaletra)
Atazanavir (Reyataz)
Fosamprenavir (Lexiva)

Non-Nucleoside RTIs
Nevirapine (Viramune)
Delavirdine (Rescriptor)
Efavirenz (Sustiva)

Nucleotide RTI
Tenofovir (Viread)

Entry Inhibitors
Enfuvirtide (Fuzeon)

PCP Medications
Dapsone
Pentamidine (Nebupent)
Sulfamethoxazole/Trimethoprim (SMZ/TMP)
Trimethoprim

PRIORITY 2

Mycobacterial Infections
Azithromycin (Zithromax)
Clarithromycin (Biaxin)
Ethambutol (Myambutol)
Rifabutin (Mycobutin)

Antiviral
Acyclovir
Ganciclovir (Cytovene)
Valganciclovir (Valcyte)

Antifungal
Itraconazole (Sporanox)
Fluconazole (Diflucan)

PRIORITY 3

Other
Megesterol Acetate (Megace)

PCP Medications
Atovaquone (Mepron)

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