Kansas Ryan White Title II ADAP Formulary [1]

(Updated 12/02)

Acyclovir
Agenerase (Amprenavir)
Amitriptyline

Bactrim (Trimethoprim/Sulfamethaxazole)
Bactrim DS (Trimeth/Sulfameth DS)
Biaxin (Clarithromycin)

Cleocin (Clindamycin)
Combivir
Crixivan (Indinavir)

Dapsone
Diflucan (Fluconazole)

Epivir (Lamivudine)

Famvir (Famciclovir)
Flagyl (Metronidazole)
Fortovase (Saquinavir)

Hivid (Zalcitabine)
Hydroxyurea
Humatin (Paromomycin)

Invirase (Fortovase, Saquinavir)
Itraconazole (Sporanox)

Kaletra

Marinol (Dronadinol)
Megace (Megestrol Acetate)
Mepron (Atovaquone)
Myambutol (Ethambutol)
Mycelex Trouche (Clotrimazole)
Mycobutin (Rifabutin)
Mycostatin (Nystatin)

Nebupent (Pentamidine Isethionate)
Nizoral (Ketoconazole)
Norvir (Ritonavir)

Keflex (Cephalexin)
Keftab (Cephalexin Hydrochloride)
Klonopin (Clonazepam) [3]

Oxandrin

Rescriptor (Delavirdine Mesylate)
Retrovir (Ziduvudine)

Septra/Septra DS (SMZ-TMP/SMZ-TMP DS)
Sporanox (Itraconazole)
Sustiva (Efavirenz)

Trazadone [3]
Trizivir

Valcyte (Valgancyclovir) [2]
Valtrex (Valacyclovir)
Videx (Didanosine)
Videx EC
Viread (tenofovir disoproxil fumarate)
Viracept (Nelfinavir Mesylate)
Viramune (Nevirapine)

Zerit (Stavudine)
Ziagen (Abacavir Sulfate)
Zithromax (Azithromycin)

[1] The program reimburses on generic, when available, at the Medicaid rate.

[2] Indicated for **active treatment** of CMV. Documentation of CMV-related disease must to provided. Cytovene (Gancyclovir) will only be continued for those clients still utilizing this therapy.

[3] Indicates "Psychotrophic Medication" other medications that may be used will be covered based upon committee review by a request from provider

Bold indicates newly added medication to formulary.