

**AIDS DRUG ASSISTANCE PROGRAM (ADAP)  
CALIFORNIA FORMULARY  
FORMULARY ALPHA BY GENERIC  
Effective 12/16/2011**



**P: 888-311-7632**

**www.ramsellcorp.com**

**F: 800-848-4241**

Version 8, 2012

| Generic Name  | Brand Name        | Restrictions  |
|---|-------------------|---|
| <b>ADAP mandates the use of generic products whenever possible in accordance with applicable law or regulations. Dispensing a brand name product when a generic is available requires prior authorization and a DAW 1 code. Exceptions are noted by drug.</b> |                   |   |
| ● abacavir  | Ziagen            | Brand only; generic covered for co-pay only   |
| ● abacavir/lamivudine   | Epzicom           | Brand only  |
| ● abacavir/lamivudine/zidovudine  | Trizivir          | Brand only  |
| acyclovir   | Zovirax           |   |
| albendazole   | Albenza           |   |
| alitretinoin gel  | Panretin          | Gel form only   |
| alprazolam  | Xanax             | Oral form only  |
| ^ amikacin sulfate  | Amikin            | Injectable and generic forms only   |
| ^ amikacin sulfate  | Amikin            | Injectable and generic forms only   |
| amitriptyline   | Elavil            | Oral form only  |
| amoxicillin   | Amoxil            | Oral form only  |
| amphotericin B  | Fungizone         | Injectable and oral solutions only  |
| ● amprenavir  | Agenerase         | Brand only  |
| aripiprazole  | Abilify           | Discmelt not covered; 2mg, 5mg, 10mg, 15mg, 20mg, 30mg tablets only   |
| ● atazanavir  | Reyataz           | Brand only  |
| ● atorvastatin  | Lipitor           |   |
| atovaquone  | Mepron            |   |
| azithromycin  | Zithromax         |   |
| ^ bleomycin   | Blenoxane         | Generic and injectable forms only   |
| * bupropion   | Wellbutrin        | Not payable for smoking cessation, document diagnosis on original RX  |
| buspirone   | Buspar            | Oral form only  |
| ^ capreomycin   | Capastat          | 1 gram injection only. Use of this medication is restricted for use in the treatment of multi-drug resistant tuberculosis (MDR-TB). Documentation required  |
| ^* caspofungin  | Cancidas          | 50mg and 70mg IV forms only; Use is restricted to treatment of invasive aspergillosis in patients refractory to or intolerant of other therapies (ie: amphotericin B, lipid formulations of amphotericin B, and /or itraconazole) |
| cephalexin  | Keflex            | Oral generic forms only. Brand name Keflex discontinued 6/11/10   |
| cidofovir   | Vistide           |   |
| ^* ciprofloxacin  | Cipro             | Oral and injectable forms for treatment of MAC only. Please provide treatment regimen.  |
| citalopram  | Celexa            |   |
| clarithromycin  | Biaxin            |   |
| clindamycin   | Cleocin           | Oral and injectable forms only  |
| clofazimine   | Lamprene          |   |
| clotrimazole  | Lotrimin, Mycelex | Oral, topical, vaginal forms only   |
| codeine sulfate   |                   | Oral form only  |
| codeine/APAP  |                   | Oral form only  |
| codeine/ASA   |                   | Oral generic only   |
| cyclophosphamide  | Cytosan           | Oral, injectable and generic forms only   |

\* = Drug restricted to specific diagnosis, dose, form or circumstance

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|    |                                     |                          |  |
|----|-------------------------------------|--------------------------|--|
| ^  | cycloserine                         | Seromycin                | 250mg capsules only. Use of this medication is restricted for use in the treatment of multi-drug resistant tuberculosis (MDR-TB). Documentation required |
|    | dapsone                             |                          | Oral forms only  |
| ●  | darunavir (TMC-114)                 | Prezista                 | Brand only   |
| ^  | daunorubicin                        | Daunoxome                |  |
| ●  | delavirdine                         | Rescriptor               | Brand only   |
|    | desipramine                         | Norpramin                | Oral form only   |
|    | dexamethasone                       | Decadron                 | Oral or injectable forms only  |
| ^* | dextroamphetamine                   | Dexedrine,<br>Dextrostat | Restricted to treatment of severe debilitating depression; only 5mg and 10mg tablet form covered   |
|    | dicloxacillin                       | Dynapen                  | Oral forms only  |
| ●  | didanosine                          | Videx, Videx EC          | Brand only; generic covered for co-pay only  |
|    | diphenoxylate/atropine              | Lomotil                  |  |
|    | divalproex                          | Depakote                 |  |
| ^  | doxorubicin                         | Adriamycin               | Generic form available   |
|    | doxycycline                         | Vibramycin               | Oral generic forms only; 50mg and 100mg strength only  |
|    | dronabinol                          | Marinol                  | Brand only.<br>Generic covered for co-pay only.  |
| ●  | efavirenz                           | Sustiva                  | Brand only   |
| ●  | emtricitabine                       | Emtriva                  | Brand only   |
| ●  | emtricitabine/tenofovir/efavirenz   | Atripla                  | Brand only   |
| ●  | emtricitabine/tenofovir/rilpivirine | Complera                 | Brand only   |
| ●^ | enfuvirtide                         | Fuzeon                   | Brand only; please call or check website for special supplemental PA form  |
| ^  | epoetin alpha                       | Procrit                  | Procrit™ brand only; Epogen™ is NOT covered  |
|    | erythromycin base                   |                          | Oral forms only  |
|    | erythromycin ethylsuccinate         |                          | Oral forms only  |
|    | erythromycin stearate               |                          | Oral forms only  |
|    | ethambutol                          | Myambutol                |  |
| ^  | ethionamide                         | Trecator                 | 250mg tablets only. Use of this medication is restricted for use in the treatment of multi-drug resistant tuberculosis (MDR-TB). Documentation required  |
| ●  | etravirine                          | Intelence                | Brand only   |
|    | famcyclovir                         | Famvir                   |  |
|    | famotidine                          | Pepcid                   | Prescription strength only   |
| ●  | fenofibrate                         | Tricor                   | 48mg, 54mg, 145mg, 160mg tablets only  |
|    | fenopropfen                         |                          | Oral form only   |
| ^* | fentanyl                            | Duragesic                | Restricted to hospice patients only with intolerance to oral analgesics  |
| ^  | filgrastim                          | Neupogen                 |  |
|    | fluconazole                         | Diflucan                 |  |
|    | flucytosine                         | Ancobon                  |  |
|    | fluoxetine                          | Prozac                   | Prozac weekly not covered  |

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|   | fomivirsen                      | Vitravene  |
| ●   | fosamprenavir                   | Lexiva<br>Brand only   |
|   | foscarnet                       | Foscavir   |
|   | gabapentin                      | Neurontin<br>Oral form only  |
| Λ*  | ganciclovir                     | Cytovene<br>Oral form does not require a prior authorization; only the implant or injectable forms requires a prior authorization  |
| ●   | gemfibrozil                     | Lopid  |
| ●   | glipizide                       | Glucotrol  |
| ●   | glyburide/metformin             | Glucovance<br>1.25mg/250mg, 2.5mg/500mg, 5mg/500mg tablets only  |
| Λ   | hepatitis A vaccine             | Havrix, Vaqta  |
| Λ   | hepatitis A vaccine             | Havrix, Vaqta  |
| Λ*  | hepatitis A/hepatitis B vaccine | Twinrix  |
| Λ   | hepatitis B vaccine             | Engerix B,<br>Recombivix HB  |
| Λ   | hepatitis B vaccine             | Engerix B,<br>Recombivix HB  |
|   | hydrocodone/APAP                | Vicodin<br>Oral form only  |
|   | hydrocodone/ibuprofen           | Vicoprofen<br>Oral form only   |
|   | hydroxyurea                     | Hydrea   |
|   | ibuprofen                       | Motrin<br>Oral form only; prescription strength only   |
| Λ*  | imipenem/cilastatin             | Primaxin<br>500mg IM/IV vials only. Use of this medication is restricted for use in the treatment of EXTENSIVELY-drug resistant tuberculosis (XDR-TB). Documentation required                  |
| Λ*  | imipenem/cilastatin             | Primaxin<br>500mg IM/IV vials only. Use of this medication is restricted for use in the treatment of extensively-drug resistant tuberculosis (XDR-TB). Documentation required                  |
|   | imiquimod                       | Aldara   |
| ●   | indinavir                       | Crixivan<br>Brand only   |
|   | indomethacin                    | Indocin<br>Oral form only  |
| Λ   | interferon alfa-2b              | Intron-A   |
| Λ   | interferon alfa-2a              | Roferon-A  |
| Λ   | interferon alfacon 1            | Infergen   |
| Λ   | interferon alfa-N3              | Alferon-N  |
|   | isoniazid                       |  |
| Λ●  | itraconazole                    | Sporanox<br>Restricted to use for indications other than onychomycosis. Prior Authorization required   |
|   | ketoconazole                    | Nizoral<br>Oral and topical creams only  |
|   | ketoprofen                      | Orudis<br>Oral form only   |
| Λ   | ketorolac tromethamine          | Toradol<br>Injectable form only; limited to a max of 120mg/day and 5 days therapy  |
| ●   | lamivudine                      | Epivir<br>Brand only; generic covered for co-pay only. Epivir HB is NOT covered  |
|   | lamotrigine                     | Lamictal   |
| Λ*  | lansoprazole                    | Prevacid<br>Restricted to use after trial of famotidine or ranitidine. Unrestricted in the treatment of erosive esophagitis and H. Pylori related Peptic Ulcer Disease. Documentation required |
|   | leucovorin                      |  |

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|    |                                      |                              |  |
|----|--------------------------------------|------------------------------|--|
|    | levofloxacin                         | Levaquin                     | 250mg, 500mg, 750mg tablets only   |
|    | levorphanol                          | Levo-Dromoran                | Injectable, oral forms only  |
| ▲* | linezolid                            | Zyvox                        | 600mg tablets only; restricted to treatment of Community Acquired MRSA resistant to Vancomycin or the treatment of EXTENSIVELY drug resistant tuberculosis (XDR-TB). Documentation required. Please call or check website for special supplemental PA form |
|    | loperamide                           | Immodium                     | Generic form only  |
| ●  | lopinavir/ritonavir                  | Kaletra                      | Brand only   |
|    | lorazepam                            | Ativan                       | Oral form only   |
| ●▲ | maraviroc                            | Selzentry                    | Brand only   |
|    | megestrol                            | Megace,<br>Megace ES         |  |
| ●  | metformin                            | Glucophage,<br>Glucophage XR | 500mg, 850mg, 1000mg tablets and 500mg ER and 750mg ER tablets only  |
| ▲* | methadone                            |                              | Not payable for detoxification treatment; must indicate diagnosis on PA; oral generic form only  |
|    | methotrexate                         | Rheumatrex, Trexall          | Oral and injectable forms only   |
| ▲* | methylphenidate                      | Ritalin                      | Restricted to treatment of severe debilitating depression; restricted to 5mg, 10mg, 20mg tablets and 20mg ER tablets only  |
|    | metoclopramide                       | Reglan                       |  |
|    | metronidazole                        | Flagyl                       | Oral forms only  |
|    | minocycline HCL                      | Minocin                      | Oral forms only  |
|    | mirtazapine                          | Remeron                      | SolTabs not covered; 15mg, 30mg, 45mg tablets form only  |
|    | Morphine sulfate (immediate release) |                              | Oral form only   |
|    | Morphine sulfate (sustained release) |                              | Oral form only   |
| ▲* | moxifloxacin                         | Avelox                       | 400mg tablets only. Use of this medication is restricted for use in the treatment of multi-drug resistant tuberculosis (MDR-TB) Documentation of medications tried and failed required   |
| ▲* | nandrolone                           | Deca-Durabolin               | Long acting for wasting only. Commercially available products only. Compounded products not approved.  |
|    | naproxen                             | Naprosyn                     | Oral form only   |
|    | nefazodone                           | Serzone                      |  |
| ●  | nelfinavir                           | Viracept                     | Brand only   |
|    | neomycin sulfate                     |                              | Oral generic forms only  |
| ●  | nevirapine                           | Viramune                     | Brand only; IR and XR formulations covered; generic covered for co-pay only  |
|    | nortriptyline                        | Pamelor                      | Oral forms only  |
|    | nystatin                             | Mycostatin                   | Oral, topical and vaginal forms only   |
|    | olanzapine                           | Zyprexa                      |  |
| ▲* | omeprazole                           | Prilosec                     | Restricted to use after trial of famotidine or ranitidine AND lansoprazole. Unrestricted in the treatment of erosive esophagitis and H. Pylori related Peptic Ulcer Disease. Documentation required  |
|    | opium tincture                       |                              |  |
| ▲* | oxandrolone                          | Anavar, Oxandrin             | Restricted to treatment in females only  |
|    | oxycodone                            |                              | Immediate release form only; Oral form only  |

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|----|------------------------------|-----------------------|---|
|    | oxycodone/APAP               | Percocet              | Oral form only  |
|    | oxycodone/ASA                | Percodan              | Oral form only  |
| Λ* | paclitaxel                   | Taxol                 | Restricted for use in Kaposi's Sarcoma  |
|    | pancrelipase                 |                       | Enteric coated encapsulated microspheres/microtablets. ( <b>Axcan Products:</b> Ultase MT 12, Ultrase MT 20, Ultrase MT 18 and Ultrase MS4 have been removed from the formulary effective 12/28/10) |
| Λ* | para-aminosalicylate         | Paser                 | 4 gram packets only. Use of this medication is restricted for use in the treatment of multi-drug resistant tuberculosis (MDR-TB). Documentation of medications tried and failed required            |
|    | paromomycin                  |                       |   |
|    | paroxetine                   | Paxil                 |   |
| Λ  | pegylated interferon         | Peg-Intron, Pegasys   | Peg-Intron is available through Merck's free drug program only. Please call or check website for supplemental PA form   |
|    | penicillin G benzathine      | Bicillin LA           | Only the 1.2 MU per syringe (2ml) and 2.4MU per syringe (4ml) covered   |
|    | penicillin V potassium       | Pen-Vee K             | Oral forms only   |
|    | pentamidine                  | Nebupent, Pentam      | Inhaled or injections forms only  |
|    | phenytoin                    | Dilantin              | 100mg Extended Release Capsules only; generic form only   |
| ●  | pioglitazone                 | Actos                 | 15mg, 30mg, 45mg tablets only   |
| Λ* | pneumococcal vaccine         | Pneumovax, Pnu-Immune | Single dose dispensing, 1 time dispensing every 6 years   |
| ●  | pravastatin                  | Pravachol             |   |
|    | prednisone                   | Deltasone             | Oral and generic forms only   |
|    | probenecid                   | Benemid               |   |
|    | prochlorperazine             | Compazine             |   |
|    | promethazine                 | Phenergan             | Oral and suppository forms only   |
|    | pyrazinamide                 |                       |   |
|    | pyrimethamine                | Daraprim              |   |
|    | quetiapine                   | Seroquel              |   |
| ●  | raltegravir                  | Isentress             | Brand only  |
|    | ranitidine                   | Zantac                | Prescription strength only; Oral form only  |
|    | ribavirin                    | Rebetol, Copegus      | Rebetol, Copegus; please note that not all generics are covered.  |
| Λ  | ribavirin/interferon alfa 2B | Rebetron              |   |
|    | rifabutin                    | Mycobutin             |   |
|    | rifampin                     | Rifadin               |   |
|    | rifampin/isoniazid           | Rifamate              |   |
| ●  | rilpivirine                  | Edurant               | Brand only; Coverage start 6/13/2011  |
|    | risperidone                  | Risperdal             |   |
| ●  | ritonavir                    | Norvir                | Brand only  |
| Λ● | rosiglitazone maleate        | Avandia               | Supplemental form required  |
| ●  | rosuvastatin                 | Crestor               | 5mg, 10mg, 20mg, 40mg tablets only  |
| ●  | saquinavir mesylate          | Invirase              | Brand only  |
| ●  | saquinavir-soft gel caps     | Fortovase             | Brand only  |
|    | sertraline                   | Zoloft                |   |
| ●  | simvastatin                  | Zocor                 |   |

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|----|-------------------------------|--|--|
| Λ* | somatropin                    | Serostim                                   | Restricted to HIV/AIDS wasting syndrome; requires supplemental form and PA form with each request; limited to 28-days supply   |
| ●  | stavudine                     | Zerit                                      | Brand only; generic covered for co-pay only  |
|    | sulfadiazine                  |  | Oral forms only  |
|    | sulfamethoxazole/TMP          | Bactrim, Septra                            | Oral or injectable forms only  |
|    | sulindac                      | Clinoril                                   | Oral form only   |
| ●  | tenofovir disoproxil fumarate | Viread                                     | Brand only   |
| ●  | tenofovir/emtricitabine       | Truvada                                    | Brand only   |
| Λ* | testosterone                  | Androderm, Testoderm TTS, AndroGel, Testim | Long acting for wasting or hypogonadism; transdermal, gel and injectable forms covered. <b>Maximum of 200mg weekly.</b> Must provide copy of the original RX with every refill request   |
|    | tetracycline                  | Sumycin                                    | Oral forms only  |
| ●  | tipranavir                    | Aptivus                                    | Brand only   |
|    | trazodone                     | Desyrel                                    | Oral forms only  |
|    | trimethoprim                  | Trimplex, Proloprim                        | Oral forms only  |
|    | trimetrexate                  | Neutrexin                                  |  |
| Λ* | valacyclovir                  | Valtrex 500mg                              | Brand Only. Generic covered for co-pay only. Drug is restricted to diagnosis of herpes simplex (HSV) or herpes zoster (HZV). HSV-max 10 days for acute treatment. Acute treatment and chronic suppressive therapy is approved only after failed trial of acyclovir. Drug is not payable for chronic suppressive treatment. |
| Λ* | valganciclovir                | Valcyte                                    | Restricted to a diagnosis of CMV. Payable for active treatment or suppressive treatment only; not payable for primary prophylaxis of CMV   |
|    | vancomycin                    | Vancocin                                   | Oral capsule form only, IV not covered   |
|    | venlafaxine                   | Effexor, Effexor XR                        |  |
| Λ  | vinblastine                   | Velban                                     | Injectable and generic forms only  |
| Λ  | vincristine                   | Oncovin                                    |  |
| Λ* | voriconazole                  | Vfend                                      | 50mg and 200mg tablets and 200mg IV forms only; Use is restricted to treatment of invasive aspergillosis in patients refractory to or intolerant of other therapies (ie: amphotericin B, lipid formulations of amphotericin B, and /or itraconazole)   |
| ●  | zalcitabine                   | Hivid                                      | Brand only   |
| ●  | zidovudine                    | Retrovir                                   | Brand only; generic covered for co-pay only  |
| ●  | zidovudine/lamivudine         | Combivir                                   | Brand only; generic covered for co-pay only  |
|    | ziprasidone                   | Geodon                                     | 20mg, 40mg, 60mg, 80mg capsules only   |
|    |                               | Valtrex 1000mg                             | Valtrex 1000mg NDCs: 00173-0565-04 & 00173-0565-10 have been taken off the ADAP formulary.   |

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**Program Dispensing Policies**

1. Drugs marked with "\*" are to be dispensed with a minimum 28 day supply. Exceptions will require prior authorization.
  2. Drugs marked with "\*" Code 1 are restricted by a specific diagnosis, dose, form or circumstance of the client. Prior authorization may be required and granted only when Code 1 requirements are met.
  3. Drugs marked with "^" require a prior authorization, Ramsell will request additional information (client and drug specific) before considering the authorization.
  4. All drugs are to be dispensed with a maximum 30 – day supply. Exceptions will require a prior authorization.
  5. Refills may be obtained after 80% of the previously dispensed days-supply has been used; however, there is an annual maximum of 13 fills per prescription.
  6. All ADAP prescriptions must be reauthorized by the prescriber every 6 months. The claims adjudication system will accept 5 as the maximum number of refills.
  7. Prior authorization is required for DEA class II and III drugs when quantity exceeds 120 and 240 respectively.
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9. The following drug manufacturers are excluded from reimbursement thru the CA ADAP program:

- Able LABS, INC.
- Acura Pharmaeaceuticals aka HALSEY
- Allscripts
- Avpak
- Axcan Pharmaceutical
- Bedford Labs/BenVenue
- Bay labs
- Blu Pharmaceuticals
- Ceph International
- Dispense Express, Inc.
- GSMS, INC.
- H L MOORE
- Liberty Pharmaceutical
- Marlex Pharmaceuticals Inc.
- Middlebrook Pharmaceutical Inc.
- MOVA Pharmaceuticals
- Patheon Inc. (Puerto Rico)
- Physicians Total Care
- Pre-Package Specialists/PD-RX Pharmaceuticals
- Prescript Pharmaceuticals
- Quality Care/Lake Erie Medical & Surgical Supply
- Rebel Distributors Corp (now Physician Partners)
- Southwood Pharmaceuticals
- Sun Pharmaceuticals

PLEASE NOTE: There may be some SPECIFIC DOSE FORMS of products on this formulary that may NOT BE COVERED OR REQUIRE PRIOR AUTHORIZATION. You can verify drug coverage by dialing the toll free Ramsell number listed below and select the Electronic Verification option. You will need your pharmacy NCPDP# and the drug's 11 digit national drug code (NDC).  
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