



DELAWARE AIDS DRUG ASSISTANCE PROGRAM (ADAP)
FORMULARY BY CLASS

Effective 10/19/2011

P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 4, 2012



Clients on prescriptions other than antiretrovirals or treatments for opportunistic infections require documentation on file at their physicians' office stating that **'The disorder is related to or exacerbated by HIV/AIDS'**

Generic Name		Brand Name	Restrictions
A-1. ANTIRETROVIRALS-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS			
A	• abacavir	Ziagen	
A	• abacavir/lamivudine	Epzicom	
A	• abacavir/lamivudine/zidovudine	Trizivir	
A	• didanosine	Videx, Videx EC	All strengths are covered
A	• emtricitabine	Emtriva	
A	• lamivudine	Epivir	All strengths are covered
A	• stavudine	Zerit	
A	• tenofovir disoproxil fumarate	Viread	
A	• tenofovir/emtricitabine	Truvada	
A	• zidovudine	Retrovir	
A	• zidovudine/lamivudine	Combivir	
A-2. ANTIRETROVIRALS-NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS			
A	• delavirdine	Rescriptor	
A	• efavirenz	Sustiva	All strengths are covered
A	• etravirine	Intelence	
A	• nevirapine	Viramune	
A	• rilpivirine	Edurant	Covered as of 6/15/2011
A-3. ANTIRETROVIRALS-FUSION INHIBITORS			
A	• enfuvirtide	Fuzeon	
A-4. ANTIRETROVIRALS-COMBINATION TREATMENT			
A	• emtricitabine/tenofovir/efavirenz	Atripla	
A	• emtricitabine/rilpivirine/efavirenz	Complera	Covered as of 8/11/2011
A-5. ANTIRETROVIRALS-PROTEASE INHIBITORS			
A	• amprenavir	Agenerase	
A	• atazanavir	Reyataz	
A	• darunavir (TMC-114)	Prezista	
A	• fosamprenavir	Lexiva	
A	• indinavir	Crixivan	
A	• lopinavir/ritonavir	Kaletra	
A	• nelfinavir	Viracept	All strengths are covered
A	• ritonavir	Norvir	
A	• saquinavir mesylate	Invirase	All strengths are covered
A	• tipranavir	Aptivus	
A-6. ANTIRETROVIRALS-CCR5 CO-RECEPTOR ANTAGONISTS			
A	• [^] maraviroc	Selzentry	Pre- approval is REQUIRED. Call 302-744-1050
A-7. ANTIRETROVIRALS-INTEGRASE INHIBITOR			
A	• raltegravir	Isentress	
B-1a. ANALGESICS: NARCOTIC ANALGESICS			
B	APAP/oxycodone	Percocet, Roxicet, Endocet	
B	codeine containing pain relievers		
B	fentanyl transdermal system	Duragesic	
B	hydrocodone and derivatives		
B	hydrocodone/IBU	Reprexain	
B	hydromorphone and derivatives		
B	meperidine	Demerol	All generics are covered
B	morphine sulfate	Avinza, MSIR, Oramorph SR, MS Contin	
B	oxycodone	Endocodone, OxyIR, Oxycontin,	
B-1b. ANALGESICS: NON- NARCOTIC ANALGESICS			
B	diclofenac	Cataflam, Voltaren,	
B	etodolac	Lodine	
B	fenoprofen	Nalfon	
B	flurbiprofen	Ansaid	
B	ibuprofen	Motrin	
B	ketoprofen	Orudis	
B	ketorolac	Toradol	
B	meclofenamate		

A = Antiretroviral Formulary

B = Non-Antiretrovirals and Opportunistic Infection Treatments

S = Supplement Formulary and Nutritional

• = Drug must be dispensed with a minimum 21 day supply

^ = Drug requires a prior authorization



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Generic Name		Brand Name	Restrictions
B-1b. ANALGESICS: NON- NARCOTIC ANALGESICS (CONTINUED)			
B	meloxicam	Mobic	
B	methylprednisone	Medrol	
B	nabumetone	Relafen	
B	naproxen	Aleve, Anaprox, Naprosyn, Naprelan	
B	oxaprozin	Daypro	
B	piroxicam	Feldene	All generics are covered
B	sulindac	Clinoril	
B	tolmentin	Tolectin	
B	tramadol	Ultram	
B-2. ANTIBIOTICS - MISCELLANEOUS			
Note: Includes Antimicrobials and Antimalarials. Injectable forms not covered			
All antibiotics are covered - most even if not listed here			
B	amikacin sulfate	Amikin	
B	amoxicillin	Amoxil, Polymox, Trimox	
B	amoxicillin/potassium clavulanate	Augmentin	
B	ampicillin	Omnipen, Principen	
B	atovaquone	Mepron	
B	azithromycin	Zithromax	
B	cefixime	Suprax	
B	cefuroxime	Ceftin	
B	cephalexin	Keflex, Biocef, Keftab	
B	ciprofloxacin	Cipro	
B	clarithromycin	Biaxin	
B	clindamycin	Cleocin	
B	dapsone	Avo-Sulfon	
B	dicloxacillin	Dycill, Dynapen, Pathocill	
B	doxycycline	Vibramycin, Doxy, Doxychel, Monodox	
B	erythromycin base		
B	erythromycin ethylsuccinate		
B	erythromycin stearate		
B	ethambutol	Myambutol	
B	gatifloxacin	Tequin	
B	imipenem/cilastatin	Primaxin	
B	isoniazid (INH)		
B	levofloxacin	Levaquin	
B	linezolid	Zyvox	
B	metronidazole	Flagyl	
B	minocycline HCL	Minocin	
B	moxifloxacin	Avelox	
B	neomycin sulfate		
B	ofloxacin	Floxin	
B	paromomycin	Humatin	
B	penicillin G benzathine	Bicillin LA	
B	penicillin V potassium	Pen Vee K, Veetids, Beepen-VK, V-Cillin K	
B	pentamidine	Nebupent	
B	primaquine phosphate	Primaquine	
B	pyrazinamide	Pyrazinamide	
B	pyrimethamine	Daraprim	
B	rifabutin	Mycobutin	
B	rifampin		
B	sulfadiazine	Microsulfon	
B	sulfamethoxazole/trimethoprim	Bactrim, S eptra	Various brands are covered

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B-3. ANTICONVULSANTS			
B	carbamazepine	Tegretol	
B	clonazepam	Klonopin	
B	ethosuximide	Zarontin	
B	gabapentin	Neurontin	
B	lamotrigine	Lamictal	
B	levetiracetam	Keppra	
B	pentobarbital	Nembutal	
B	phenytoin	Dilantin	
B	tiagabine	Gabitril	
B	valproate	Depakene, Depakote	
B	pregabalin	Lyrica	25mg, 50mg, 75mg, 100mg and 150mg are covered as
B-4. ANTIDEPRESSANTS/ANTIPSYCHOTICS/AGENTS OF SLEEP			
B	alprazolam	Xanax	
B	amitriptyline	Elavil	
B	amoxapine	Asendin	
B	aripiprazole	Abilify	
B	asenapine	Saphris	
B	benztropine	Cogentin	
B	bupropion	Wellbutrin, Zyban	
B	buspirone	Buspar	
B	chlordiazepoxide	Librium	
B	chlorpromazine	Thorazine	
B	citalopram	Celexa	
B	clomipramine	Anafranil	
B	clorazepate	Tranxene	
B	desipramine	Norpramin	
B	diazepam	Valium	
B	duloxetine	Cymbalta	
B	escitalopram	Lexapro	
B	estazolam	Prosom	
B	fluoxetine	Prozac	
B	flurazepam	Dalmane	
B	fluvoxamine	Luvox	
B	haloperidol	Haldol	
B	Imipramine	Tofranil	
B	lithium carbonate	Lithobid	All brands are covered
B	lorazepam	Ativan	
B	maprotiline	Ludiomil	
B	mirtazapine	Remeron	
B	nefazodone	Serzone	
B	nortriptyline	Aventyl, Pamelor	
B	olanzapine	Zyprexa	
B	oxazepam	Serax	
B	paliperidone	Invega	
B	paroxetine	Paxil, Paxil Cr	
B	protriptyline	Vivactil	
B	quetiapine	Seroquel	
B	risperidone	Risperdal	
B	sertraline	Zoloft	
B	sinequan	Doxepin	
B	temazepam	Restoril	
B	trazodone	Desyrel	
B	trifluoperazine	Stelazine	
B	trimipramine	Surmontil	
B	venlafaxine	Effexor, Effexor SR	
B	zolpidem	Ambien	

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Generic Name		Brand Name	Restrictions
B-5. ANTIDIARRHEALS			
B	diphenoxylate/Atropine	Lomotil	
B	loperamide	Imodium	
B-6. ANTIEMETIC			
B	promethazine	Phernergan	Various generics are covered
B	prochlorperazine	Compazine	
B-7. ANTIFUNGALS			
B	clotrimazole troches	Mycelex	
B	clotrimazole vaginal	Gyne-Lotrimin	
B	econazole nitrate 1% cream	Spectazole	
B	fluconazole	Diflucan	
B	Itraconazole	Sporanox	
B	ketoconazole	Nizoral	Tablets and creams
B	mycostatin	Nystatin	
B	terconazole		
B	voriconazole	Vfend	
B-8. ANTIHISTAMINES			
B	azelastine	Astelin	
B	brompheniramine	Dimetapp	Various brands are covered
B	cetirizine	Zyrtec	
B	desloratadine	Clarinex	
B	diphenhydramine	Benadryl	
B	fexofenadine	Allegra	
B	hydroxyzine	Vistaril	All generics are covered
B	loratadine	Claritin	
B	cycloheptadine	Periactin	
B	promethazine	Phenergan	
B-9. ANTIHYPERTENSIVES/CARDIAC MEDICATIONS			
Note: Combination products of those listed below are covered			
B	• amlodipine	Norvasc	
B	• amlodipine/atorvastatin	Caduet	
B	• apresonline	Hydralazine	
B	• aspirin		All formulations, all generics are covered
B	• atenolol	Tenormin	All generics are covered
B	• carvedilol	Coreg	
B	• clonidine	Catapres	All formulations, all generic are covered
B	• digoxin		All manufacturer are covered
B	• diltiazem	Cardizem CD, Cardizem SR, Tiazac, Cardia XT	
B	• enalapril	Vasotec	All generics are covered
B	• felodipine	Plendil	
B	• fosinopril	Monopril	
B	• furosemide	Lasix	All generics are covered
B	• hydrochlorothiazide		All generics are covered
B	• isradipine	Dynacirc CR	
B	• labetalol	Trandate, Normodyne	
B	• lisinopril	Prinivil, Zestril	All generics are covered
B	• losartan	Cozaar	
B	• metolazone	Mykrox, Zaroxolyn	All generics are covered
B	• metoprolol	Lopressor, Toprol XL	All generics, all formulations are covered
B	• minoxidil	Loniten	
B	• nifedipine	Adalat, Adalat CC, Procardia, Procardia XL	All generics are covered
B	• olmesartan	Benicar	
B	• propranolol	Inderal	All generics are covered
B	• quinapril	Accupril	
B	• ramipril	Altace	

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Generic Name		Brand Name	Restrictions
B-9. ANTIHYPERTENSIVES/CARDIAC MEDICATIONS (CONTINUED)			
Note: Combination products of those listed below are covered			
B	• spironolactone	Aldactone	All generics are covered
B	• telmisartan/HCTZ	Micardis Hct	
B	• triamterene	Dyrenium	All generics and combinations are covered
B	• valsartan	Diovan	
B	• verapamil	Calan, Calan SR, Covera, Isoptin, Verelan,	All generics are covered
B	• warfarin	Coumadin	
B-10a. ANTIVIRALS			
B	acyclovir	Zovirax	
B	cidofovir	Vistide	
B	famcyclovir	Famvir	
B	fomivirsen	Vitravene	
B	foscarnet	Fascavir	
B	ganciclovir	Cytovene	Capsules
B	imiquimod	Aldara	
B	leucovorin	Wellcovorin	
B	valacyclovir	Valtrex	
B	valganciclovir	Valcyte	
B-10b. ANTIVIRALS-HEPATITIS			
B	interferon alfa-2b	Intron-A	
B	interferon alfa-2b + Ribavirin	Intron-A + Rebetrol, Rebetron	
B	pegylated interferon	Peg-Intron, Pegasys	
B	ribavirin	Copegus	
B-11. GASTROINTESTINAL AGENTS			
B	carafate	Sucralfate	
B	esomeprazole	Nexium	
B	famotidine	Pepcid	
B	hemorrhoidal creams & suppository		All brands are covered
B	lansoprazole	Prevacid	
B	nizatidine	Axid	
B	omeprazole	Prilosec	
B	pancrease enzymes		All commercially available formulations and generics are covered
B	pantoprazole	Protonix	
B	rabeprazole	Aciphex	
B	ranitidine	Zantac	
B-12. INHALERS/BRONCHODILATORS/ORAL STEROIDS/ASTHMA PROPHYLAXIS			
B	albuterol Inhaler	Ventolin	
B	albuterol/Ipratropium	Combivent	
B	beclomethasone	Qvar	
B	budesonide	Pulmicort	
B	dexamethasone		All forms, all strengths are covered
B	flunisolide	Aerobid	
B	fluticasone	Flovent	
B	fluticasone/salmeterol	Advair Diskus	
B	ipratropium	Atrovent	
B	isoproterenol	Isuprel	
B	metaproterenol Inhaler	Alupent	
B	montelukast	Singulair	
B	prednisone	Deltasone	
B	salmeterol	Serevent	
B	terbutaline	Brethine, Brethaire	
B	triamcinolone	Azmacort, generic	

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Generic Name		Brand Name	Restrictions
B-13. LIPID LOWERING AGENTS			
B •	atorvastatin	Lipitor	
B •	cholestyramine	Questran	
B •	colesevelam	Welchol	
B •	ezetimibe	Zetia	
B •	ezetimibe/simvastatin	Vytorin	
B •	fenofibrate	Tricor	
B •	fenofibrate micronized	Antara	
B •	gemfibrozil	Lopid	
B •	lovastatin	Mevacor	
B •	niacin	Niaspan, Nicotinic Acid, Slo-Niacin, Niacin	
B •	omega-3-acid ethyl esters	Lovaza	
B •	pravastatin	Pravachol	
B •	rosuvastatin	Crestor	
B •	simvastatin	Zocor	
B-14. MISCELLANEOUS			
B	epoetin Alfa	Epo, Procrit	Various brands are covered
B	filgrastim	Neupogen	
B	florinef acetate	Fludrocortisone	
B	Hydrocortisone	Cortef, Hydrocortone, Cortisol	Topical forms and Tablets covered
B	levothyroxine	Synthroid, Levothyroid, Levoxyl	All generics are covered
B	probenecid		Covered for cidofovir therapy
B	pyridoxine	Vitamin B-6	
B	triamcinolone 0.1% dental paste	Aristocort	
B	Adult diapers		Covered as of 8/1/2011
B	Disposable Syringes		Covered as of 8/1/2011
B	Catheters		Covered as of 8/1/2011
B	Latex gloves		Covered as of 8/1/2011
B-15a. ORAL HYPOGLYCEMICS			
B •	acarbose	Precose	
B •	glimepiride	Amary	
B •	glipizide	Glucotrol, Glucotrol XL	All generics are covered
B •	glyburide	DiaBeta, Micronase,	All generics are covered
B •	metformin	Glucophage, Glucopahage XR, Fortamet	
B •	metformin/rosiglitazone	Avandamet	
B •	metformin/sitagliptin	Janumet	
B •	metformin/repaglinide	PrandiMet	
B •	pioglitazone	Actos	
B •	repaglinide	Prandin	
B •	rosiglitazone	Avandia	
B •	sitagliptin	Januvia	
B-15b. INSULIN			
B •	Insulins		All types, all Manufacturers
B	Diabetic Supplies		Other FDA approved supplies for management of DM (Limited to syringes, alcohol swabs, blood glucose monitors and test strips)
B	Lancets		
B-16. OSTEOPENIA/OSTEOPOROSIS			
B	alendronate	Fosamax	
B	ibandronate	Boniva	
B	risedronate	Actonel	
B-17. TOPICALS			
B	Fluocinonide	Fluonex, Lidex, Lidex-E, Lonide, Lyderm, and Vanos	
B	Ketoconazole Cream	Nizoral	
B	Miconazole Cream	Monistat	
B	Nystatin cream		All brands of nystatin cream (with or without Triamcinolone) are covered

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Generic Name		Brand Name	Restrictions
B-18. TESTOSTERONE REPLACEMENT PRODUCTS			
Note: All types are covered			
B	testosterone	Androderm, Testoderm, TTS, Androgel, Testim	
B	oxandrolone	Oxandrin	
B	nandrolone	Deca-Durabolin	
B	somatropin	Serostim	
B-19. VACCINES			
B	hepatitis A vaccine	Havrix, Vaqta	
B	hepatitis B vaccine	Engerix B, Recombivix HB, Comvax	
B	Hepatitis A & Hepatitis B	Twinrix	
B	Influenza vaccine	Fluarix (Thimerosal Free)	NDC: 58160-0878-52. Coverage effective 10/19/2011.
B	Influenza vaccine - seasonal	Fluzone	Coverage limited to Fluzone brand vaccine. Coverage effective 10/19/11
B	influenza	H1N1	Covered as of 6/15/2011
B	pneumococcal 23	Pneumovax 23	Covered as of 6/15/2011
B	Td (Tetanus/Diph.)		Covered as of 6/15/2011
B	tdap (Tetanus, Diph., [acellular] Pert.)		Covered as of 6/15/2011
B-20. PRESCRIPTION REQUIRED OTCs			
B	brompheniramine	Dimetapp	Various brands approved
B	clemastine	Tavist	
B	clotrimazole Vaginal	Gyne-Lotrimin	
B	dexchlorpheniramine	Polaramine, various	Various brands approved
B	diphenhydramine	Benadryl	
B	docusate-sennoside	Senokot -S	
B	famotidine	Pepcid	
B	ferrous sulfate	Feosol, Mol-Iron, Slow Fe	
B	ibuprofen	Motrin	
B	loperamide	Imodium	
B	loratadine	Claritin	
B	naproxen	Aleve, Anaprox, Naprosyn, Naprelan	
B	nizatidine	Axid	
S-1. SUPPLEMENTAL FORMULARY			
S	Nutritional Supplements		Includes Nutritional shake, nutritional supplements, nutritional plus, nutritional advanced formula, Ensure + generics, Nutritional liquid

Program Dispensing Policies

1. Drugs marked with "*" are to be dispensed with a minimum 28 day supply.
2. Drugs marked with "^" require a prior authorization, ADAP will request additional information (client and drug specific) before considering the authorization.
3. Refills may be obtained after 70% of the previously dispensed days-supply has been used.
4. Prior authorization is required when quantity exceeds 120 for DEA class II and when qty exceeds 240 for DEA III drugs.
5. ADAP mandates the use of generic products whenever possible in accordance with applicable law or regulations.
6. ADAP mandates the use of DHHS guidelines for dispensing of Antiretroviral Agents in HIV-1 infected patients.

PLEASE NOTE: There may be some SPECIFIC DOSE FORMS of products on this formulary that may NOT BE COVERED. You can verify drug coverage by dialing the toll free Ramsell number 1-888-311-7632

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