



**HealthPAC**  
Health Program of Alameda County

**HEALTHPAC HIV  
LIHP FORMULARY  
ALPHA BY GENERIC  
Effective 8/1/2012**



P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Generic Name	Brand Name	Restrictions
<b>This program 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	
● abacavir/lamivudine	Epzicom	
● abacavir/lamivudine/zidovudine	Trizivir	
acyclovir	Zovirax	
albendazole	Albenza	
alitretinoin gel	Panretin	Gel form only
alprazolam	Xanax	Oral form only
amikacin sulfate	Amikin	
amikacin sulfate	Amikin	
amitriptyline	Elavil	Oral form only
amoxicillin	Amoxil	Oral form only
amphotericin B	Fungizone	Injectable and oral solutions only
aripiprazole	Abilify	Discmelt not covered; 2mg, 5mg, 10mg, 15mg, 20mg, 30mg tablets only
● atazanavir	Reyataz	
● 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	
▲* 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 voriconazole)
cephalexin	Keflex	Oral form forms only. Brand name Keflex discontinued
cidofovir	Vistide	
ciprofloxacin	Cipro	
citalopram	Celexa	
clarithromycin	Biaxin	
clindamycin	Cleocin	Oral and injectable forms only
clotrimazole	Lotrimin, Mycelex	Oral, topical, vaginal forms only
codeine sulfate		Oral form only
codeine/APAP		Oral form only
cyclophosphamide	Cytoxan	Oral, injectable and generic forms only
cycloserine	Seromycin	
dapsone		Oral forms only
● darunavir (TMC-114)	Prezista	
▲ daunorubicin	DaunoXome	

▲ = Drug requires a prior authorization

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

● = Drug must be dispensed with a minimum 28 day supply



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● delavirdine	Rescriptor	
desipramine	Norpramin	Oral form only
dexamethasone	Decadron	Oral or injectable forms only
dicloxacillin	Dynapen	Oral forms only
● didanosine	Videx, Videx EC	
diphenoxylate/atropine	Lomotil	
divalproex	Depakote	
^ doxorubicin	Adriamycin, Rubex	Generic form available
doxycycline	Vibramycin	Oral form only; 50mg and 100mg strength only
dronabinol	Marinol	
● efavirenz	Sustiva	
● emtricitabine	Emtriva	
● emtricitabine/tenofovir/efavirenz	Atripla	
● emtricitabine/tenofovir/rilpivirine	Complera	
● ^ enfuvirtide	Fuzeon	Please call (510)-383-1790 for special supplemental PA form
^ epoetin alpha	Procrit, Epogen	Please provide documentation of Hgb on prior authorization request form.
erythromycin base		Oral forms only
erythromycin ethylsuccinate		Oral forms only
erythromycin stearate		Oral forms only
ethambutol	Myambutol	
ethionamide	Trecator	
● etravirine	Intelence	
famcyclovir	Famvir	
famotidine	Pepcid	Prescription strength only
● fenofibrate	Tricor	48mg, 54mg, 145mg, 160mg tablets only
fenoprofen		Oral form only
^* fentanyl	Duragesic	Restricted to hospice patients only with intolerance to oral analgesics
^ filgrastim	Neupogen	Please provide documentation of ANC on prior authorization request form.
fluconazole	Diflucan	
flucytosine	Ancobon	
fluoxetine	Prozac	Prozac weekly not covered
● fosamprenavir	Lexiva	
foscarnet	Foscavir	
gabapentin	Neurontin	Oral form only
^* ganciclovir	Cytovene	Oral form does not require a prior authorization; only the implant or injectable forms requires a prior authorization. Please provide a copy of the original prescription with PA form.
● gemfibrozil	Lopid	

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● glipizide	Glucotrol	
● glyburide/metformin	Glucovance	1.25mg/250mg, 2.5mg/500mg, 5mg/500mg tablets only
hydrocodone/APAP	Vicodin	Oral form only
hydrocodone/ibuprofen	Vicoprofen	Oral form only
hydroxyurea	Hydrea	
ibuprofen	Motrin	Oral form only; prescription strength only
▲* imipenem/cilastatin	Primaxin	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
imipenem/cilastatin	Primaxin	
imiquimod	Aldara	
● indinavir	Crixivan	
indomethacin	Indocin	Oral form only
▲ interferon alfa-2b	Intron-A	
▲ interferon alfacon 1	Infergen	
▲ interferon alfa-N3	Alferon-N	
isoniazid		
▲*● itraconazole	Sporanox	Restricted to use for indications other than onychomycosis. Prior Authorization required
ketoconazole	Nizoral	Oral and topical creams only
ketoprofen	Orudis	Oral form only
▲ ketorolac tromethamine	Toradol	Injectable form only; limited to a max of 120mg/day and 5 days therapy
● lamivudine	Epivir	Epivir HB is NOT covered
lamotrigine	Lamictal	
▲* lansoprazole	Prevacid	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		
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
▲* 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 (510) -383 -1790 or check website: www.ramsellcorp.com, for special supplemental PA form
loperamide	Immodium	Generic form only
● lopinavir/ritonavir	Kaletra	
lorazepam	Ativan	Oral form only

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●^	maraviroc	Selzentry	Please call (510)-383-1790 for special supplemental PA form
	megestrol	Megace, Megace ES	
●	metformin	Glucophage, 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 form only
	methotrexate	Rheumatrex, Trexall	Oral and injectable forms only
	metoclopramide	Reglan	
	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	
^*	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	
	neomycin sulfate		Oral form forms only
●	nevirapine	Viramune	
	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. 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
	oxycodone/APAP	Percocet	Oral form only
	oxycodone/ASA	Percodan	Oral form only
^*	paclitaxel	Taxol	Restricted for use in Kaposi's Sarcoma
	pancrelipase		Enteric coated encapsulated microspheres/microtablets.
	para-aminosalicylate	Paser	
	paromomycin	Humatin	
	paroxetine	Paxil	

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pegylated interferon	Peg-Intron, Pegasys	
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
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	
ranitidine	Zantac	Prescription strength only; oral form only
ribavirin	Rebetol, Copegus	
rifabutin	Mycobutin	
rifampin	Rifadin	
rifampin/isoniazid	Rifamate	
rilpivirine	Edurant	
risperidone	Risperdal	
ritonavir	Norvir	
rosiglitazone maleate	Avandia	Please call (510) -383 -1790 for special supplemental PA form
rosuvastatin	Crestor	5mg, 10mg, 20mg, 40mg tablets only
saquinavir mesylate	Invirase	
sertraline	Zoloft	
simvastatin	Zocor	
somatropin	Serostim	Restricted to HIV/AIDS wasting syndrome; requires supplemental form and PA form with each request; limited to 28-days supply
stavudine	Zerit	
sulfadiazine		Oral forms only
sulfamethoxazole/TMP	Bactrim, Septra	Oral or injectable forms only
sulindac	Clinoril	Oral form only
tenofovir disoproxil fumarate	Viread	
tenofovir/emtricitabine	Truvada	
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.

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tetracycline	Sumycin	Oral forms only
● tipranavir	Aptivus	
trazodone	Desyrel	Oral forms only
trimethoprim	Trimplex, Proloprim	Oral forms only
▲* valacyclovir	Valtrex	
▲* 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 tablet form only, IV not covered
venlafaxine	Effexor, Effexor XR	
▲ vinblastine	Velban	Injectable and generic forms only
▲ vincristine	Oncovin	
▲* voriconazole	Vfend	50mg and 200mg tablets and 200mg IV forms only; Use is restricted to treatment of invasive aspergillosis.
● zidovudine	Retrovir	
● zidovudine/lamivudine	Combivir	
ziprasidone	Geodon	20mg, 40mg, 60mg, 80mg capsules only

**Program Dispensing Policies**

1. Drugs marked with "●" are to be dispensed with a minimum 28 day supply. Exceptions will require a 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; Log onto Ramsell's website: [www.ramsellcorp.com](http://www.ramsellcorp.com), or call HealthPAC HIV at (510) 383 - 1790 for a copy of the PA form. HealthPAC HIV will request additional information (client and drug specific) before considering the authorization.
4. Please fax completed PA forms to HealthPAC HIV at (510) 567- 6850.
5. All drugs are to be dispensed with a maximum 30 – day supply. Exceptions will require a prior authorization.
6. 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.
7. All HealthPAC HIV prescriptions must be reauthorized by the prescriber every 6 months. The claims adjudication system will accept 5 as the maximum number of refills.
8. Prior authorization is required for DEA class II and III drugs when quantity exceeds 120 and 240 respectively.
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**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).  
(Ramsell Corporation 1-888-311-7632)

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