

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
RYAN WHITE HIV/AIDS PROGRAM (RWHAP) PART B
AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY**

**FORMULARY BY DRUG CLASS NAME
Effective 9/1/2019**

P: 888-311-7632 www.ramsellcorp.com F: 800-848-4241 Version 8, 2019

Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to U.S. states and territories. The AIDS Drug Assistance Program (ADAP) is a state and territory-administered program authorized under Part B that provides FDA-approved medications to low-income people living with HIV (PLWH) who have limited or no health coverage from private insurance, Medicaid, or Medicare. ADAP formularies must include at least one drug from each class of HIV antiretroviral medications (ARV). ADAP funds may also be used to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of drug treatments.

Although there is no cure for HIV infection, PLWH who adhere to effective ARV regimens can achieve and maintain suppressed viral loads (<200 copies/mL), slowing the progression of HIV. PLWH who are virally suppressed are 96 percent less likely to pass HIV on to their sexual partners. For PLWH who maintain undetectable levels of HIV, there are no documented cases of sexual transmission. This is the premise of the Prevention Access Campaign's Undetectable Equals Untransmittable (U=U) initiative, which the Centers for Disease Control and Prevention supports agreeing there is "effectively no risk" of sexually transmitting HIV when on treatment and undetectable. For the first time ever, we have the tools to end the HIV epidemic!

Alabama ADAP Program Guidelines and Eligibility Criteria

1. HIV Positive
2. Alabama Resident
3. Total Gross Income at or below 400 percent of the Federal Poverty Level (FPL)
4. No third party payer (e.g., Medicaid, Medicare Part D, All Kids, Private Insurance paying >50 percent of the cost of medications)
5. Remain compliant with birth month and half birth month ADAP Client Eligibility Renewal

Generic formulations will be dispensed when available unless the Clinician specifically requests the Brand formulation when ordering ADAP medications.

Failure to pick up ADAP HIV medications for 90 days or (3) consecutive months will result in program disenrollment due to non-compliance with medication adherence.

Alabama's RWHAP Part B ADAP website: <http://www.alabamapublichealth.gov/hiv/adap.html>.

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	Generic Name	Brand Name	Restrictions or Notes
1a. ANTIRETROVIRALS-ENTRY INHIBITORS			
•	maraviroc	Selzentry	
1b. ANTIRETROVIRALS-INTEGRASE INHIBITOR			
•	dolutegravir	Tivicay	
•	raltegravir	Isentress, Isentress HD	
•	elvitegravir (EVG)	Vitekta	
1c. ANTIRETROVIRALS-NUCLEOSIDE & NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS			
•	abacavir	Ziagen	
•	abacavir/lamivudine	Epzicom	
•	abacavir/lamivudine/zidovudine	Trizivir	
•	didanosine	Videx, Videx EC	
•	emtricitabine	Emtriva	
•	emtricitabine/tenofovir alafenamide	Descovy	
•	lamivudine	Epivir	
•	lamivudine/zidovudine	Combivir	
•	lamivudine/tenofovir	Cimduo	
•	stavudine	Zerit	
•	tenofovir disoproxil fumarate	Viread	
•	tenofovir/emtricitabine	Truvada	
•	zidovudine	Retrovir	
1d. ANTIRETROVIRALS-NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)			
•	efavirenz	Sustiva	
•	etravirine	Intelence	
•	delavirdine mesylate	Rescriptor	
•	doravirine	Pifeltro	
•	nevirapine	Viramune, Viramune EC	
•	rilpivirine	Edurant	
1e. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NRTI COMBINATION			
•	bictegravir-emtricitabine-tenofovir AF	Biktarvy	
•	elvitegravir/cobicistat/ emtricitabine/tenofovir	Stribild	
•	dolutegravir/lamivudine/ abacavir	Triumeq	
•	dolutegravir/lamivudine	Dovato	

RWHAP Part B and ADAP Grant X07HA00049 (HRSA-17-036 CFDA No. 93.917),
Current FY 2019 project period 04.01.2019 – 03.31.2020

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1e. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NRTI COMBINATION CONTINUED			
•	elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide	Genvoya	
1f. ANTIRETROVIRALS NNRTI/NRTI COMBINATION			
•	efavirenz /lamivudine/tenofovir	Symfi, Symfi Lo	
•	emtricitabine/tenofovir/efavirez	Atripla	
•	emtricitabine/tenofovir/rilpivirine	Complera	
•	emtricitabine/rilpivirine/ tenofovir alafenamide	Odefsey	
•	dolutegravir/rilpivirine	Juluca	
•	doravirine/lamivudine/tenofovir	Delstrigo	
1g. ANTIRETROVIRALS CYP3A/INHIBITOR PHARMACOKINETIC ENHANCER			
•	cobicistat	Tybost	
1h. ANTIRETROVIRALS PROTEASE INHIBITORS			
•	atazanavir	Reyataz	
•	atazanavir/cobicistat	Evotaz	
•	darunavir	Prezista	
•	darunavir/cobicistat	Prezcobix	
•	fosamprenavir	Lexiva	
•	indinavir	Crixivan	
•	lopinavir/ritonavir	Kaletra	
•	nelfinavir	Viracept	
•	ritonavir	Norvir	
•	saquinavir	Invirase	
•	tipranavir	Aptivus	
1i. ANTIRETROVIRALS-FUSION INHIBITOR			
^ •	enfuvirtide	Fuzeon	Requires prior authorization
1j. ANTIRETROVIRALS PROTEASE INHIBITOR/NRTI COMBINATION			
•	darunavir/cobicistat/ emtricitabine/tenofovir alafenamide	Symtuza	Added effective 9/1/2019
2. ANTIBIOTICS			
	amoxicillin	Amoxil	
	atovaquone	Mepron	

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2. ANTIBIOTICS CONTINUED			
	azithromycin	Zithromax	
	cephalexin	Keflex	
	clarithromycin	Biaxin	
	clindamycin	Cleocin	
	doxycycline	Vibramycin	
	metronidazole	Flagyl	
	minocycline	Dynacin	
	moxifloxacin	Avelox	
	penicillin V potassium	Pen-Vee K	
	pentamidine	Nebupent, Pentam	
	pyrimethamine	Daraprim	Not available at this time
	sulfadiazine	Sulfadiazine	
	sulfamethoxazole/TMP	Bactrim, Septra	
3. ANTICHOLESTEROL			
•	atorvastatin	Lipitor	
•	fenofibrate	Tricor	
•	pravastatin	Pravachol	
•	rosuvastatin	Crestor	
4. ANTICONVULSANTS			
	carbamazepine	Tegretol	
	gabapentin	Neurontin	
	lamotrigine	Lamictal	
	levetiracetam	Keppra	
5. ANTIDEPRESSANTS/ANTIPSYCHOTICS			
	amitriptyline HCL	Elavil	
	bupropion	Wellbutrin	
	citalopram	Celexa	
	escitalopram	Lexapro	
	fluoxetine	Prozac	
	lithium	Eskalith	
	nortriptyline	Pamelor	
	paroxetine	Paxil	
	risperidone	Risperdal	

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	Generic Name	Brand Name	Restrictions or Notes
5. ANTIDEPRESSANTS/ANTIPSYCHOTICS CONTINUED			
	sertraline	Zoloft	
	trazodone	Desyrel	
	venlafaxine	Effexor	
	ziprasidone	Geodon	
6. ANTIDIABETICS			
•	glyburide	DiaBeta, Micronase,	
•	glyburide/metformin	Glucovance	
•	metformin	Glucophage	
7. ANTIEMETICS			
	promethazine	Phenergan	
8. ANTI-FUNGALS			
	amphotericin B	Ambisome, Amphotec, Abelcet, Fungizone	
	fluconazole	Diflucan	
	flucytosine	Ancobon	
	itraconazole	Sporanox	
	ketoconazole	Nizoral	
	voriconazole	Vfend	
9. ANTIHYPERTENSIVES/CARDIAC MEDICATIONS			
•	benazepril	Lotensin	
•	hydrochlorothiazide	Hydrochlorothiazide	
•	amlodipine	Norvasc	
•	lisinopril	Zestril, Prinivil	
10. ANTINEOPLASTICS			
	leucovorin	Wellcovorin	
	megestrol acetate	Megace	
11. ANTITUBERCULOSIS			
	ethambutol	Myambutol	
	isoniazid	Isoniazid	
	pyrazinamide	Pyrazinamide	
	rifabutin	Mycobutin	
	rifampin	Rifadin	

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12. ANTI-VIRALS			
	acyclovir	Zovirax	
	imiquimod topical	Aldara	
	cidofovir	Vistide	
	dapsone	Dapsone	
	famciclovir	Famvir	
	foscarnet	Foscavir	
	ganciclovir	Cytovene	
	valacyclovir	Valtrex	
	valganciclovir	Valcyte	
13. ANTIVIRALS-HEPATITIS B TREATMENT			
	adefovir	Hepsera	
	entecavir	Baraclude	
14. ANTIVIRALS-HEPATITIS C TREATMENT			
	interferon alfa-2b	Intron-A	
	interferon alfacon 1	Infergen	
	pegylated interferon	Peg-Intron, Pegasys	
	ribavirin	Rebetol, Virazole, Copegus	
15. ANTIVIRAL-HEPATITIS C (DIRECT ACTING ANTIVIRALS- DAA)			
	elbasvir-grazoprevir	Zepatier	
	glecaprevir/pibrentasvir	Mavyret	
16. HEMATOPOIETIC AGENTS			
^ •	epoetin alpha	Procrit	Requires prior authorization
17. INHALERS/BRONCHODILATORS			
	albuterol	Proventil HFA, Proair HFA, Ventolin HFA	
	ipratropium bromide/albuterol	Combivent	
	fluticasone/salmeterol 100mcg/50mcg	Advair Diskus	Added effective 9/1/2019
18. STEROIDS			
	prednisone	Deltasone	
19. STIMULANTS			
•	methylphenidate	Concerta	Must fill every 30 days
•	modafinil	Provigil	Must fill every 30 days

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	Generic Name	Brand Name	Restrictions or Notes
20. URICOSURIC AGENTS			
	probenecid	Benemid	
21. VACCINES			
	hepatitis A vaccine	Havrix	
	hepatitis A/hepatitis B vaccine	Twinrix	
	hepatitis B vaccine	Engerix B, Recombivix HB	
	human papillomavirus (HPV) quadrivalent	Gardasil	
	pneumococcal vaccine	Pneumovax, Pnu-Immune	

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, Ramsell will request additional information (client and drug-specific) before considering the authorization.
3. Refills may be obtained after 80% of the previously dispensed days-supply has been used (Alabama ADAP allows up to 6 days prior); however, there is an annual maximum of 13 fills per prescription.
4. 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.
5. Non-formulary drugs are not covered if not listed on the Alabama ADAP Formulary.
6. Use of generic products is required when available, unless otherwise specified by clinician.

PLEASE NOTE: 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)