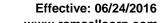
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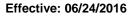
	Generic Name	Brand Name	Restrictions
			never possible in accordance with applicable law or regulations.
-		t when a generic	is available requires prior authorization and a DAW 1 code.
	eptions are noted by drug.	7:	Decad salar sarada sarada de sarada sarada
•	abacavir	Ziagen	Brand only; generic covered 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
	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	Brand only
•	atazanavir/cobicistat	Evotaz	Coverage start 2/27/2015
•	atorvastatin .	Lipitor	D 101
	atovaquone	Mepron	Brand Only
_	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
۸*	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	
۸*	ciprofloxacin	Cipro	Oral and injectable forms for treatment of MAC only. Please provide treament regimen.
	citalopram	Celexa	
	clarithromycin	Biaxin	
	clindamycin	Cleocin	Oral and injectable forms only
	clofazimine	Lamprene	
	clotrimazole	Lotrimin, Mycelex	Oral, topical, vaginal forms only
•	cobicistat	Tybost	Brand only
	codeine sulfate		Oral form only
	codeine/APAP		Oral form only
	codeine/ASA		Oral generic only
	cyclophosphamide	Cytoxan	Oral, injectable and generic forms only
٨	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

^{* =} Drug restricted to specific diagnosis, dose, form or circumstance

^{• =} Drug must be dispensed with a minimum 30 day supply

^{^ =} Drug requires a prior authorization

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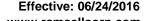
	P: 888-311-	·/632 www	w.ramsellcorp.com F: 800-848-4241 Version 6, 2016
	Generic Name	Brand Name	Restrictions
		•	never possible in accordance with applicable law or regulations.
Disp	pensing a brand name produc	t when a generic	is available requires prior authorization and a DAW 1 code.
Exc	eptions are noted by drug.		
	dapsone		Oral forms only
•	darunavir (TMC-114)	Prezista	Brand only - 800mg tablet covered effective 11/19/12
•	darunavir/cobicistat	Prezcobix	Coverage start 2/27/2015
^	daunorubicin	Daunoxome	
•	delavirdine	Rescriptor	Brand only
	desipramine	Norpramin	Oral form only
	dexamethasone	Decadron	Oral or injectable forms only
۸*	dextroamphetamine	Dexedrine,	Restricted to treatment of severe debilitating depression; only 5mg and 10mg tablet
	·	Dextrostat	form covered
	dicloxacillin	Dynapen	Oral forms only
•	didanosine	Videx, Videx EC	Brand only; generic covered for co-pay only
	diphenoxylate/atropine	Lomotil	
	divalproex	Depakote	
•	dolutegravir	Tivicay	Brand Only
^	doxorubicin	Adriamycin	Generic form available
	doxycycline	Vibramycin	Oral generic forms only; 50mg and 100mg strength only
	dronabinol	Marinol	Brand only.
	arenasirier		Generic covered for co-pay only.
•	dolutegravir/lamivudine/abacavir	Triumeq	Brand only; coverage start 9/22/14
•	efavirenz	Sustiva	Brand only
•	elvitegravir	Vitekta	Brand only
•	elvitegravir/cobicistat/emtricitabine/te nofovir alafenamide	Genvoya	Brand only; coverage statrt 12/02/2015
•	elvitegravir/cobicistat/emtricitabine/te nofovir	Stribild	Brand only; coverage start 9/26/12
•	emtricitabine	Emtriva	Brand only
•	emtricitabine/tenofovir/efavirez	Atripla	Brand only
•	emtricitabine/tenofovir/rilpivirine	Complera	Brand only
•	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	Brand Only, coverage start 3/30/2016
•^	enfuvirtide	Fuzeon	Brand only; please call or check website for special supplemental PA form
٨	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
Ť	famciclovir	Famvir	·
 	famotidine	Pepcid	Prescription strength only
•	fenofibrate	Tricor	48mg, 54mg, 145mg, 160mg tablets only
<u> </u>		111001	Oral form only
۸*	fenoprofen	Durazzia	
-	fentanyl	Duragesic	Restricted to hospice patients only with intolerance to oral analgesics
^	filgrastim	Neupogen	
<u> </u>	fluconazole	Diflucan	
	flucytosine	Ancobon	
	fluoxetine	Prozac	Prozac weekly not covered
	fomivirsen	Vitravene	
•	fosamprenavir	Lexiva	Brand only

^{* =} Drug restricted to specific diagnosis, dose, form or circumstance

^{• =} Drug must be dispensed with a minimum 30 day supply

^{^ =} Drug requires a prior authorization

FORMULARY ALPHA BY GENERIC





P: 888-311-7632 www.ramsellcorp.com F: 800-848-4241 Version 6, 2016 Generic Name **Brand Name** Restrictions 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. foscarnet Foscavir Neurontin gabapentin Oral form only Oral form does not require a prior authorization; only the implant or injectable forms ganciclovir Cytovene requires a prior authorization gemfibrozil Lopid • glipizide Glucotrol • glyburide/metformin • Glucovance 1.25mg/250mg, 2.5mg/500mg, 5mg/500mg tablets only hepatitis A vaccine Havrix, Vaqta hepatitis A/hepatitis B vaccine Twinrix Engerix B, hepatitis B vaccine Recombivix HB This vaccine will be available to clients up to 26 years of age. Clients who turn 27 years Human Papillomavirus (HPV) 9 -Gardasil 9 of age after the vaccine series has begun will continue to be covered to ensure valent recombinat vaccine completion of the treatment series. Effective 4/22/2016 hydrocodone/APAP Vicodin Oral form only hydrocodone/ibuprofen Vicoprofen Oral form only Hydrea hydroxyurea ibuprofen Motrin Oral form only; prescription strength only 500mg IM/IV vials only. Use of this medication is restricted for use in the treatment of imipenem/cilastatin Primaxin extensively-drug resistant tuberculosis (XDR-TB). Documentation required imiquimod Aldara indinavir Crixivan Brand only • indomethacin Indocin Oral form only inteferon alfa-2b Intron-A ٨ interferon alfa-2a Roferon-A ۸ interferon alfacon 1 Infergen interferon alfa-N3 Alferon-N isoniazid itraconazole Sporanox Restricted to use for indications other than onychomycosis. Prior Authorization required Oral and topical creams only ketoconazole Nizoral Oral form only Orudis ketoprofen ketorolac tromethamine Toradol Injectable form only; limited to a max of 120mg/day and 5 days therapy lamivudine Epivir Brand only; generic covered for co-pay only. Epivir HB is NOT covered lamotrigine Lamictal Restricted to use after trial of famotidine or ranitidine. Unrestricted in the treatment of lansoprazole Prevacid erosive esophagitis and H. Pylori related Peptic Ulcer Disease. Documentation required Dispensing of this Hep C drug will only be approved after the PA criteria is FULLY met. ledipasvir/sofosbuvir Harvoni Requires a fully completed supplemental PA form and claim form with request. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com leucovorin 250mg, 500mg, 750mg tablets only levofloxacin Levaguin levorphanol Levo-Dromoran Injectable, oral forms only 600mg tablets only; restricted to treatment of Community Acquired MRSA resistant to linezolid Vancomycin or the treatment of EXTENSIVELY drug resistant tuberculosis (XDR-TB). Zyvox

Documentation required.

Generic form only

Brand only

Oral form only

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

Immodium

Kaletra

Ativan

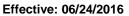
- = Drug must be dispensed with a minimum 30 day supply
- ^ = Drug requires a prior authorization

loperamide

lorazepam

lopinavir/ritonavir

FORMULARY ALPHA BY GENERIC



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	Generic Name	Brand Name	Restrictions
			ever possible in accordance with applicable law or regulations.
-	•	t when a generic	is available requires prior authorization and a DAW 1 code.
	eptions are noted by drug.	0.1	
•^	maraviroc	Selzentry	Brand only
	megestrol	Megace, Megace ES	
	Meningococcal Vaccine		Prior Authorization (PA) requirement removed effective 6/24/2016
•	metformin	Glucophage, Glucophage XR	500mg, 850mg, 1000mg tablets and 500mg ER and 750mg ER tablets only
۸*	methadone		Not payable for detoxification treatment; must indicate diagnosis on PA; oral generic form only
	methotrexate	Rheumatrex, Trexall	Oral and injectable forms only
۸*	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
۸*	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
۸*	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	
^	ombitasvir/paritaprevir/ritonavir	Technivie	Dispensing of this Hep C drug will only be approved after the PA criteria is FULLY met. Requires a fully completed supplemental PA form and claim form with request. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com
^	ombitasvir/paritaprevir/ritonavir + dasabuvir	Viekira Pak	Dispensing of this Hep C drug will only be approved after the PA criteria is FULLY met. Requires a fully completed supplemental PA form and claim form with request. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com
۸*	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		
۸*	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

^{* =} Drug restricted to specific diagnosis, dose, form or circumstance

^{• =} Drug must be dispensed with a minimum 30 day supply

^{^ =} Drug requires a prior authorization

FORMULARY ALPHA BY GENERIC Effective: 06/24/2016

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	Generic Name	Brand Name	Restrictions		
			ever 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.					
	paclitaxel	Taxol	Restricted for use in Kaposi's Sarcoma		
	pancrelipase		Enteric coated encapsulated microspheres/microtablets. (Axcan Products : Ultase MT 12, Ultrase MT 20, Ultrase MT 18 and Ultrase MS4 have been removed form the formulary effective 12/28/10)		
۸*	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			
^	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. NDC 67544-0066-45 not covered start 5/22/12		
۸*	pneumococcal vaccine	Pneumovax, Pnu-Immune	Single dose dispensing, 1 time dispensing every 6 years		
	pneumococcal conjugate vaccine (PCV13)		Effective 07/10/2015		
•	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.		
۸	ribavirin/interferon alfa 2B	Rebetron			
	rifabutin	Mycobutin			
	rifampin	Rifadin			
	rifampin/isoniazid	Rifamate			
	rilpivirine	Edurant	Brand only; Coverage start 6/13/2011		
	risperidone	Risperdal	5 · ·		
_	ritonavir	Norvir	Brand only		
	rosiglitazone maleate	Avandia	Supplemental form required		
•	rosuvastatin	Crestor	5mg, 10mg, 20mg, 40mg tablets only		
_	saquinavir mesylate	Invirase	Brand or Generic		
	sertraline	Zoloft			
•	simvastatin	Zocor			
^	simprevir	Olysio	Dispensing of this Hep C drug will only be approved after the PA criteria is FULLY met. Requires a fully completed supplemental PA form and claim form with request. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com		
^	sofosbuvir	Sovaldi	Dispensing of this Hep C drug will only be approved after the PA criteria is FULLY met. Requires a fully completed supplemental PA form and claim form with request. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com		
۸*	somatropin	Serostim	Restricted to HIV/AIDS wasting syndrome; requires supplemental form and PA form with each request; limited to 28-days supply		

^{* =} Drug restricted to specific diagnosis, dose, form or circumstance

^{• =} Drug must be dispensed with a minimum 30 day supply

^{^ =} Drug requires a prior authorization

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Brand Name Restrictions **Generic Name**

ADAP mandates the use of generic products whenever possible in accordance with applicable law or regulations.

•	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
•	tenofovir alafenamide/emtricitabine	Descovy	Brand only; coverage start 5/2/2016
۸*	testosterone	Androderm, Testoderm TTS, Androgel, Testim	Injectable weekly maximum of 200mg weekly. Topical and transdermal forms are limited to 700mg/week with some limitations and exceptions. Must provide copy of the original RX with every start or change in treatment.
	tetracycline	Sumycin	Oral forms only
•	tipranavir	Aptivus	Brand only
	trazodone	Desyrel	Oral forms only
	trimethoprim	Trimpex, Proloprim	Oral forms only
	trimetrexate	Neutrexin	
۸*	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.
		Valtrex 1000mg	Valtrex 1000mg NDCs: 00173-0565-04 & 00173-0565-10 have been taken off the ADAF formulary.
۸*	valganciclovir	Valcyte	Restricted to a diagnosis of CMV. Payable for active treatment or suppressive treatment only; not payable for primary prophylaxis of CMV. Generic covered for copayment ONLY effective 2/13/2015
	vancomycin	Vancocin	Oral capsule form only, IV not covered
	venlafaxine	Effexor, Effexor XR	
٨	vinblastine	Velban	Injectable and generic forms only
٨	vincristine	Oncovin	
۸*	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)
•	zidovudine	Retrovir	Generic covered for 300mg formulation only effective 10/30/12; all other formulations Brand required; generic covered for co-pay only other than 300mg formulation
•	zidovudine/lamivudine	Combivir	Brand only; generic covered for co-pay only
	ziprasidone	Geodon	20mg, 40mg, 60mg, 80mg capsules only

^{* =} Drug restricted to specific diagnosis, dose, form or circumstance

^{• =} Drug must be dispensed with a minimum 30 day supply

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Effective: 06/24/2016

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Ramsell

Generic Name

Brand Name Restrictions

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.

Program Dispensing Policies

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 requirements are met.

3. Drugs marked with "^" require a prior authorization, Ramsell will request additional information (client and drug specific) before considering the authorization.

All drugs are to be dispensed with a maximum 30 – day supply. Exceptions will require a prior authorization.

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.

8. 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. Brand ARVs preferred

9. All Antiretroviral combinations are screened against the most recent DHHS guidelines for the use antiretroviral therapy in adolesescents and adults

(http://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf) for high dosage and non-recommended combinations. Regimens not conforming to these guidelines may be rejected at adjudication.

10. The following drug manufacturers are excluded from reimbursement thru the CA ADAP program:

Able LABS, INC.

Acura Pharmaecuticals aka HALSEY

Allscripts

Amneal Pharmaceuticals

Avpak

AvKare, Inc.

Axcan Pharmaceutical

Aphena PhA Bedford Labs/BenVenue

Bay labs

Biogen Pharmaceuticsl Bleinheim Pharma

Blu Pharmaceuticals BluePoint Laboratories

Bryand Ranch PR

Ceph International Cipla USA

CORE Pharmaceuticals

Dispense Express, Inc.

Dispensing Solutions Inc. GSMS, INC.

Graceway Pharmaceuticals, LLC (Labeler code 00089 only)

3M Pharmaceuticals (Labeler code 00089)

HJ Harkin Co. H L MOORE

Hospira

Kaiser Foundation Hospital

Liberty Pharmaceutical Lupin Pharma

New Horizon Rx Group Nucare Pha

Marlex Pharmaceuticals Inc.

MHC Pharma, LLC

Middlebrook Pharmaceutical Inc.

MOVA Pharmaceuticals

Palmetto State

Patheon Inc. (Puerto Rico) Polygen Pharmaceuticals

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

Stat Rx USA

Virtus Pharmaceuticals

Walgreens Co.

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

• = Drug must be dispensed with a minimum 30 day supply

^ = Drug requires a prior authorization

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