

**AIDS DRUG ASSISTANCE PROGRAM (ADAP)  
CALIFORNIA FORMULARY  
FORMULARY ALPHA BY GENERIC  
Effective 5/6/2013**



P: 888-311-7632      www.ramsellcorp.com      F: 800-848-4241      Version 5 2013

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
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	Cytoxan	Oral, injectable and generic forms only
^ 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 - 800mg tablet covered effective 11/19/12
^ daunorubicin	Daunoxome	
● delavirdine	Rescriptor	Brand only

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desipramine	Norpramin	Oral form only
dexamethasone	Decadron	Oral or injectable forms only
▲* dextroamphetamine	Dexedrine, 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. Generic covered for co-pay only.
● efavirenz	Sustiva	Brand only
● elvitegravir/cobicistat/emtricitabine/tenofovir	Stribild	Brand only; coverage start 9/26/12
● emtricitabine	Emtriva	Brand only
● emtricitabine/tenofovir/efavirez	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
fenoprofen		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
fomivirsen	Vitravene	
● fosamprenavir	Lexiva	Brand only
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
● gemfibrozil	Lopid	
● glipizide	Glucotrol	
● glyburide/metformin	Glucovance	1.25mg/250mg, 2.5mg/500mg, 5mg/500mg tablets only

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^	hepatitis A vaccine	Havrix, Vaqta	
^*	hepatitis A/hepatitis B vaccine	Twinrix	
^	hepatitis B vaccine	Engerix B, Recombivix HB	
	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
	imiquimod	Aldara	
●	indinavir	Crixivan	Brand only
	indomethacin	Indocin	Oral form only
^	interferon alfa-2b	Intron-A	
^	interferon alfa-2a	Roferon-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	Brand only; generic covered for co-pay only. 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
	loperamide	Immodium	Generic form only
●	lopinavir/ritonavir	Kaletra	Brand only
	lorazepam	Ativan	Oral form only
●^	maraviroc	Selzentry	Brand only
	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 generic form only

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	methotrexate	Rheumatrex, Trexall
Λ*	methylphenidate	Ritalin
	metoclopramide	Reglan
	metronidazole	Flagyl
	minocycline HCL	Minocin
	mirtazapine	Remeron
	Morphine sulfate (immediate release)	
	Morphine sulfate (sustained release)	
Λ*	moxifloxacin	Avelox
Λ*	nandrolone	Deca-Durabolin
	naproxen	Naprosyn
	nefazodone	Serzone
●	nelfinavir	Viracept
	neomycin sulfate	
●	nevirapine	Viramune
	nortriptyline	Pamelor
	nystatin	Mycostatin
	olanzapine	Zyprexa
Λ*	omeprazole	Prilosec
	opium tincture	
Λ*	oxandrolone	Anavar, Oxandrin
	oxycodone	
	oxycodone/APAP	Percocet
	oxycodone/ASA	Percodan
Λ*	paclitaxel	Taxol
	pancrelipase	
Λ*	para-aminosalicylate	Paser
	paromomycin	
	paroxetine	Paxil
Λ	pegylated interferon	Peg-Intron, Pegasys
	penicillin G benzathine	Bicillin LA
	penicillin V potassium	Pen-Vee K
	pentamidine	Nebupent, Pentam
	phenytoin	Dilantin
●	pioglitazone	Actos
Λ*	pneumococcal vaccine	Pneumovax, Pnu-Immune

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● 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.	
^ ribavirin/interferon alfa 2B	Rebetron		
rifabutin	Mycobutin		
rifampin	Rifadin		
rifampin/isoniazid	Rifamate		
● rilpivirine	Eduvant	Brand only; Coverage start 6/13/2011	
risperidone	Risperdal		
● ritonavir	Norvir	Brand only	
^● 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		
^* 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	
^* 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 start or change in treatment.	
tetracycline	Sumycin	Oral forms only	
● tipranavir	Aptivus	Brand only	
trazodone	Desyrel	Oral forms only	
trimethoprim	Trimplex, Proloprim	Oral forms only	
trimetrexate	Neutrexin		
^*	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 ADAP formulary.

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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	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

**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 "Λ" 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.
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. The following drug manufacturers are excluded from reimbursement thru the CA ADAP program:

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