DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

DELAWARE AIDS DRUG ASSISTANCE PROGRAM (ADAP)
FORMULARY ALPHA BY GENERIC
Effective 1/1/2023

P: 888-311-7632 **www.ramsellcorp.com** **F: 800-848-4241** **Version 1.2023**

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	●	abacavir	Ziagen	All strengths are covered
A	●	abacavir/lamivudine	Epzicom	
A	●	abacavir/lamivudine/zidovudine	Trizivir	
B	●	acarbose	Precose	
B		acyclovir	Zovirax	
B		adult diapers		
B		albuterol Inhaler	Ventolin	
B		albuterol/Ipratropium	Combivent	
B		alendronate	Fosamax	
B		alprazolam	Xanax	
B		amikacin sulfate	Amikin	
B		amitriptyline	Elavil	
B	●	amlodipine	Norvasc	
B	●	amlodipine/atorvastatin	Caduet	
B	●	amlodipine/benazepril	Lotrel	
B		amoxapine	Asendin	
B		amoxicillin	Amoxil, Polymox, Trimox	
B		amoxicillin/potassium clavulanate	Augmentin	Brand and generic covered for co-pay
B		ampicillin	Omnipen, Principen	
B		APAP/oxycodone	Percocet, Roxicet, Endocet	
B	●	apresoline	Hydralazine	
B		aripiprazole	Abilify	
B		asenapine	Saphris	
B	●	aspirin		All formulations, all generics are covered
A	●	atazanavir	Reyataz	
A	●	atazanavir/cobicistat	Evotaz	
B	●	atenolol	Tenormin	All generics are covered
B	●	atorvastatin	Lipitor	
B		atovaquone	Mepron	Brand and generic covered for co-pay
B		azelastine	Astelin	
B		azithromycin	Zithromax	
B		beclomethasone	Qvar, Qvar Redihaler	
B		benztropine	Cogentin	
A	●	bictegravir/emtricitabine/tenofovir	Biktarvy	
B		brompheniramine	Dimetapp	Various brands are covered
B		budesonide	Pulmicort	
B		bupropion	Wellbutrin, Zyban	
B		buspirone	Buspar	
A	^●	cabotegravir & rilpivirine	Cabenuva	Covered as of 6/10/2022.Call 302-744-1050 for PA inquiries. Fax completed PA Form to 302-320-1373
B		carafate	Sucralfate	

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
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		Generic Name	Brand Name	Restrictions
B		carbamazepine	Tegretol	
B	●	carvedilol	Coreg	
B		catheters		
A	●	cd4-directed post-attachment inhibitor	Trogarzo	
B		cefixime	Suprax	
B		cefuroxime	Ceftin	
B		cephalexin	Keflex, Biocef, Keftab	
B		cetirizine	Zyrtec	
B		chlordiazepoxide	Librium	
B		chlorpromazine	Thorazine	
B	●	cholestyramine	Questran	
B		cidofovir	Vistide	
B		ciprofloxacin	Cipro	
B		citalopram	Celexa	
B		clarithromycin	Biaxin	
B		clemastine	Tavist	
B		clindamycin	Cleocin	
B		clomipramine	Anafranil	
B		clonazepam	Klonopin	
B	●	clonidine	Catapres	All formulations, all generic are covered
B	●	clopidogrel	Plavix	
B		clorazepate	Tranxene	
B		clotrimazole troches	Mycelex	
B		clotrimazole vaginal	Gyne-Lotrimin	
A	●	cobicistat	Tybost	
B		codeine containing pain relievers		
B	●	colesevelam	Welchol	
B		crofelemer tab	Mytesi	
B		cyproheptadine	Periactin	
B	●	dapagliflozin	Farxiga	All strengths covered effective 10/18/2022
B		dapsone	Avo-Sulfon	
A	●	darunavir (TMC-114)	Prezista	
A	●	darunavir/cobicistat	Prezcobix	
A	●	darunavir/cobicistat/emtricitabine/ tenofovir alafenamide	Symtuza	
A	●	delavirdine	Rescriptor	
B		desipramine	Norpramin	
B		desloratadine	Clarinex	
B		desvenlafaxine	Pristiq	
B		dexamethasone		All forms, all strengths are covered

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		Generic Name	Brand Name	Restrictions
B		dexchlorpheniramine	Polaramine, various	Various brands approved
B		dexlansoprazole	Dexilant	
B		diabetic supplies		Other FDA approved supplies for management of DM (Limited to syringes, alchohol swabs, blood glucose monitors and test strips)
B		diazepam	Valium	
B		diclofenac	Cataflam, Voltaren	
B		dicloxacillin	Dycill, Dynapen, Pathocill	
A	●	didanosine	Videx, Videx EC	All strengths are covered
B	●	digoxin		All manufacturer are covered
B	●	diltiazem	Cardizem CD,Cardizem SR, Tiazac, Cardia XT	
B		diphenhydramine	Benadryl	
B		diphenoxylate/atropine	Lomotil	
B		disposable syringes		
B		docusate-sennoside	Senokot –S	
A	●	dolutegravir	Tivicay	
A	●	dolutegravir/abacavir/lamivudine	Triumeq	
A	●	dolutegravir/lamivudine	Dovato	
A	●	dolutegravir/rilpivirine	Juluca	
A	●	doravirine	Pifeltro	
A	●	doravirine/lamivudine/tenofovir	Delstrigo	
B		doxycycline	Vibramycin, Doxy, Doxychel, Monodox	
B		duloxetine	Cymbalta	
B		econazole nitrate 1% cream	Spectazole	
A	●	efavirenz	Sustiva	All strengths are covered
A	●	elvitegravir	Vitekta	
A	●	elvitegravir/cobicistat/ emtricitabine/tenofovir	Stribild	
A	●	elvitegravir/ cobicistat/ emtricitabine/ tenofovir alafenamide	Genvoya	
A	●	emtricitabine	Emtriva	
A	●	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
A	●	emtricitabine/rilpivirine/efavirenz	Complera	
A	●	emtricitabine/tenofovir/efavirenz	Atripla	
B	●	enalapril	Vasotec	All generics are covered
A	●	enfuvirtide	Fuzeon	
B		entecavir	Baraclude	
B		epoetin alfa	Epo, Procrit	Various brands are covered

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		Generic Name	Brand Name	Restrictions
B		erythromycin base		
B		erythromycin ethylsuccinate		
B		erythromycin stearate		
B		escitalopram	Lexapro	
B		esomeprazole	Nexium	Brand and generic covered for co-pay
B		estazolam	Prosom	
B		ethambutol	Myambutol	
B		ethosuximide	Zarontin	
B		etodolac	Lodine	
A	●	etravirine	Intelence	
B	●	ezetimibe	Zetia	
B	●	ezetimibe/simvastatin	Vytorin	
B		famciclovir	Famvir	
B		famotidine	Pepcid	
B	●	felodipine	Plendil	
B	●	fenofibrate	Tricor	Brand and generic covered for co-pay
B	●	fenofibrate micronized	Antara	
B		fenoprofen	Nalfon	
B		fentanyl transdermal system	Duragesic	
B		ferrous sulfate	Feosol, Mol-Iron, Slow Fe	
B		fexofenadine	Allegra	
B		filgrastim	Neupogen	
B		florinef acetate	Fludrocortisone	
B		fluconazole	Diflucan	
B		flunisolide	Aerobid	
B		fluocinonide	Fluonex, Lidex, Lidex-E, Lonide, Lyderm, and Vanos	
B		fluoxetine	Prozac	
B		flurazepam	Dalmane	
B		flurbiprofen	Ansaid	
B		fluticasone	Flovent	
B		fluticasone/salmeterol	Advair Diskus	
B		fluvoxamine	Luvox	
B		fomivirsen	Vitravene	
A	●	fosamprenavir	Lexiva	
B		foscarnet	Fascavir	
B	●	fosinopril	Monopril	
B	●	furosemide	Lasix	All generics are covered
B		gabapentin	Neurontin	
B		ganciclovir	Cytovene	Capsules
B		gatifloxacin	Tequin	
B	●	gemfibrozil	Lopid	

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		Generic Name	Brand Name	Restrictions
B	●	glimepiride	Amary	
B	●	glipizide	Glucotrol, Glucotrol XL	All generics are covered
B	●	glyburide	DiaBeta, Micronase,	All generics are covered
B		haloperidol	Haldol	
B		hemorrhoidal creams & suppository		All brands are covered
B		hepatitis A & hepatitis B combined vaccine	Twinrix	
B		hepatitis A vaccine	Havrix, Vaqta	
B		hepatitis B vaccine	Engerix B, Recombivix HB, Comvax, Heplisav-B	
B		human papillomavirus (HPV) 9-valent recombinant vaccine	Gardasil 9	
B	●	hydrochlorothiazide		All generics are covered
B		hydrocodone and derivatives		
B		hydrocodone/IBU	Reprexain	
B		hydrocortisone	Cortef, Hydrocortone, Cortisol	Topical forms and tablets covered
B		hydromorphone and derivatives		
B		hydroxyzine	Vistaril	All generics are covered
B		ibandronate	Boniva	
B		ibuprofen	Motrin	
B		imipenem/cilastatin	Primaxin	
B		imipramine	Tofranil	
B		imiquimod	Aldara	
A	●	indinavir	Crixivan	
B		influenza vaccine - seasonal	Afluria, Fluzone, Fluzone HD, Flulaval, Fluarix, Fluvirin, Fluad, Flumist, Flublock	
B	●	insulins		All types, all manufacturers
B		interferon alfa-2b	Intron-A	
B		ipratropium	Atrovent	
B		isoniazid (INH)		
B		isoproterenol	Isuprel	
B	●	isradipine	Dynacirc CR	
B		itraconazole	Sporanox	
B		ketoconazole	Nizoral	Tablets and creams
B		ketoconazole cream	Nizoral	
B		ketoprofen	Orudis	
B		ketorolac	Toradol	
B	●	labetalol	Trandate, Normodyne	
A	●	lamivudine	Epivir	All strengths are covered
B		lamotrigine	Lamictal	
B		lancets		
B		lansoprazole	Prevacid	

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		Generic Name	Brand Name	Restrictions
B		latex gloves		
B		ledipasvir-sofosbuvir	Harvoni	
B		leucovorin	Wellcovorin	
B		levetiracetam	Keppra	
B		levofloxacin	Levaquin	
B		levothyroxine	Synthroid, Levothyroid, Levoxyl	All generics are covered
B	●	linagliptin	Tradjenta	
B		linezolid	Zyvox	
B	●	lisinopril	Prinivil, Zestril	All generics are covered
B	●	lisinopril/HCTZ	Prinzide, Zestoretic	
B		lithium carbonate	Lithobid	All brands are covered
B		loperamide	Imodium	
A	●	lopinavir/ritonavir	Kaletra	
B		loratadine	Claritin	
B		lorazepam	Ativan	
B	●	losartan	Cozaar	
B	●	lovastatin	Mevacor	
B		lurasidone	Latuda	All strengths are covered
B		maprotiline	Ludiomil	
A	●^	maraviroc	Selzentry	Pre-approval is REQUIRED. Call 302-744-1050
B		meclofenamate		
B		meloxicam	Mobic	
B		meningococcal conj vaccine A/C/Y/W-135	Menveo	
B		meperidine	Demerol	All generics are covered
B		metaproterenol inhaler	Alupent	
B	●	metformin	Glucophage, Glucophage XR, Fortamet	
B	●	metformin/repaglinide	PrandiMet	
B	●	metformin/rosiglitazone	Avandamet	
B	●	metformin/sitagliptin	Janumet	
B		methylprednisone	Medrol	
B	●	metolazone	Mykrox, Zaroxolyn	All generics are covered
B	●	metoprolol	Lopressor, Toprol XL	All generics, all formulations are covered
B		metronidazole	Flagyl	
B		miconazole cream	Baza-AF, Desenex, Zeasorb-AF	
B		miconazole 2%	Monistat	Vaginal suppositories and cream
B		minocycline HCL	Minocin	
B	●	minoxidil	Loniten	
B		mirtazapine	Remeron	
B		montelukast	Singulair	

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		Generic Name	Brand Name	Restrictions
B		morphine sulfate	Avinza, MSIR, Oramorph SR, MS Contin	
B		moxifloxacin	Avelox	
B		mycostatin	Nystatin	
B		nabumetone	Relafen	
B		nandrolone	Deca-Durabolin	
B		naproxen	Aleve, Anaprox, Naprosyn, Naprelan	
B		nefazodone	Serzone	
A	●	nelfinavir	Viracept	All strengths are covered
B		neomycin sulfate		
A	●	nevirapine	Viramune	
B	●	niacin	Niaspan, Nicotinic Acid, Slo-Niacin	
B	●	nifedipine	Adalat, Adalat CC, Procardia, Procardia XL	All generics are covered
B		nitrofurantoin	Macrobid	Oral only
B		nizatidine	Axid	
B		nortriptyline	Aventyl, Pamelor	
S		nutritional supplements		Includes nutritional shake, nutritional supplements, nutritional plus, nutritional advanced formula, Ensure + generics, nutritional liquid
B		nystatin cream		All brands of nystatin cream (with or without triamcinolone) are covered
B		ofloxacin	Floxin	
B		olanzapine	Zyprexa	
B	●	olmesartan	Benicar	
B	●	omega-3-acid ethyl esters	Lovaza	
B		omeprazole	Prilosec	
B		ondansetron	Zofran	
B		oxandrolone	Oxandrin	
B		oxaprozin	Daypro	
B		oxazepam	Serax	
B		oxycodone	Endocodone, OxyIR, Oxycontin, Roxicodone, OxyFAST, M-oxy	
B		paliperidone	Invega	
B		pancrease enzymes		All commercially available formulations and generics are covered
B		pantoprazole	Protonix	
B		paromomycin	Humatin	
B		paroxetine	Paxil, Paxil Cr	
B		pegylated interferon	Peg-Intron, Pegasys	

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		Generic Name	Brand Name	Restrictions
B		penicillin G benzathine	Bicillin LA	
B		penicillin V potassium	Pen Vee K, Veetids, Beepen-VK, V-Cillin K	
B		pentamidine	Nebupent	
B		pentobarbital	Nembutal	
B		phenytoin	Dilantin	
B	●	pioglitazone	Actos	
B		piroxicam	Feldene	All generics are covered
B		pneumococcal conjugate vaccine (PCV13)	Prevnar 13	
B		pneumococcal polysaccharide vaccine (PPSV23)	Pneumovax 23	
B		Pneumococcal 20-Valent Conjugate Vaccine	Prevnar 20	NDC: 00005-2000-10 added effective 6/17/22
B	●	pravastatin	Pravachol	
B		prednisone	Deltasone	
B		pregabalin	Lyrica	
B		primaquine phosphate	Primaquine	
B		probenecid		Covered for cidofovir therapy
B		prochlorperazine	Compazine	
B		promethazine	Phenergan	Various generics are covered
B	●	propranolol	Inderal	All generics are covered
B		protriptyline	Vivactil	
B		pyrazinamide	Pyrazinamide	
B		pyridoxine	Vitamin B-6	
B		pyrimethamine	Daraprim	
B		quetiapine	Seroquel	
B	●	quinapril	Accupril	
B		rabeprazole	Aciphex	
A	●	raltegravir	Isentress	
B	●	ramipril	Altace	
B		ranitidine	Zantac	
B	●	repaglinide	Prandin	
B		ribavirin	Copegus	
B		rifabutin	Mycobutin	
B		rifampin		
A	●	rilpivirine	Edurant	
B		risedronate	Actonel	
B		risperidone	Risperdal	
A	●	ritonavir	Norvir	
B	●	rosiglitazone	Avandia	
B	●	rosuvastatin	Crestor	
B		salmeterol	Serevent	

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		Generic Name	Brand Name	Restrictions
A	●	saquinavir mesylate	Invirase	All strengths are covered
B		sertraline	Zoloft	
B	●	semaglutide	Ozempic, Rybelsus	All strengths covered effective 10/18/2022
B	●	simvastatin	Zocor	
B		sinequan	Doxepin	
B	●	sitagliptin	Januvia	
B		somatropin	Serostim	
B	●	spironolactone	Aldactone	All generics are covered
A	●	stavudine	Zerit	
B		sulfadiazine	Microsulfon	
B		sulfamethoxazole/trimethoprim	Bactrim, Septra	Various brands are covered
B		sulindac	Clinoril	
B		Td (tetanus/diphtheria)		
B		Tdap (tetanus, diphtheria, acellular pertussis)		
B	●	telmisartan/HCTZ	Micardis Hct	
B		temazepam	Restoril	
A	●	tenofovir disoproxil fumarate	Viread	
A	●	tenofovir/emtricitabine	Truvada	
A	●	tenofovir alafenamide fumarate /emtricitabine	Descovy	
B		terbutaline	Brethine, Brethaire	
B		terconazole		
B		testosterone	Androderm, Testoderm, TTS, Androgel, Testim	
B		tiagabine	Gabitril	
A	●	tipranavir	Aptivus	
B		tolmentin	Tolectin	
B		tramadol	Ultram	
B		trazodone	Desyrel	
B		triamcinolone	Azmacort, generic	
B		triamcinolone 0.1% dental paste	Aristocort	
B	●	triamterene	Dyrenium	All generics and combinations are covered
B		trifluoperazine	Stelazine	
B		trimipramine	Surmontil	
B		valacyclovir	Valtrex	
B		valganciclovir	Valcyte	Brand and generic covered for co-pay
B		valproate	Depakene	
B		valproic acid	Depakote	
B	●	valsartan	Diovan	
B		venlafaxine	Effexor, Effexor SR	
B	●	verapamil	Calan, Calan SR, Covera, Isoptin, Verelan,	All generics are covered

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		Generic Name	Brand Name	Restrictions
B		vilazodone	Viibryd	
B		voriconazole	Vfend	
B	•	warfarin	Coumadin	
A	•	zidovudine	Retrovir	
A	•	zidovudine/lamivudine	Combivir	
B		ziprasidone	Geodon	All strengths are covered
B		zolpidem	Ambien	
B		Zoster Vaccine Recombinant	Shingrix	
B		Zoster Vaccine Live	Zostavax	

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

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