DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

DELAWARE AIDS DRUG ASSISTANCE PROGRAM (ADAP)
FORMULARY BY CLASS
Effective 11/6/2019

P: 888-311-7632 **www.ramsellcorp.com** **F: 800-848-4241** **Version 4.2019**

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		Generic Name	Brand Name	Restrictions
A-1. ANTIRETROVIRALS-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS				
A	●	abacavir	Ziagen	All strengths are covered
A	●	abacavir/lamivudine	Epzicom	
A	●	abacavir/lamivudine/zidovudine	Trizivir	
A	●	didanosine	Videx, Videx EC	All strengths are covered
A	●	emtricitabine	Emtriva	
A	●	lamivudine	Epivir	All strengths are covered
A	●	stavudine	Zerit	
A	●	tenofovir disoproxil fumarate	Viread	
A	●	tenofovir disoproxil fumarate/ emtricitabine	Truvada	
A	●	tenofovir alafenamide/ emtricitabine	Descovy	
A	●	zidovudine	Retrovir	
A	●	zidovudine/lamivudine	Combivir	
A-2. ANTIRETROVIRALS-NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS				
A	●	delavirdine	Rescriptor	
A	●	doravirine	Pifeltro	Covered as of 7/19/2019
A	●	efavirenz	Sustiva	All strengths are covered
A	●	etravirine	Intelence	
A	●	nevirapine	Viramune	
A	●	rilpivirine	Edurant	
A-3. ANTIRETROVIRALS-FUSION INHIBITORS				
A	●	enfuvirtide	Fuzeon	
A-4. ANTIRETROVIRALS-COMBINATION TREATMENT				
A	●	atazanavir/cobicistat	Evotaz	
A	●	bictegravir/emtricitabine/tenofovir	Biktarvy	
A	●	cd4-directed post-attachment inhibitor	Trogarzo	
A	●	darunavir/cobicistat	Prezcobix	
A	●	darunavir/cobicistat/emtricitabine/ tenofovir alafenamide	Symtuza	
A	●	dolutegravir/abacavir/lamivudine	Triumeq	
A	●	dolutegravir/lamivudine	Dovato	Covered as of 5/15/2019
A	●	dolutegravir/rilpilvirine	Juluca	
A	●	doravirine/lamivudine/tenofovir	Delstrigo	Covered as of 7/19/19
A	●	emtricitabine/tenofovir disoproxil fumarate/efavirenz	Atripla	
A	●	emtricitabine/rilpivirine/efavirenz	Complera	
A	●	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
A	●	elvitegravir/cobicistat/ emtricitabine/tenofovir disoproxil fumarate	Stribild	
A	●	elvitegravir/ cobicistat/ emtricitabine/ tenofovir alafenamide	Genvoya	
A-5. ANTIRETROVIRALS-PROTEASE INHIBITORS				
A	●	atazanavir	Reyataz	
A	●	darunavir (TMC-114)	Prezista	
A	●	fosamprenavir	Lexiva	
A	●	indinavir	Crixivan	
A	●	lopinavir/ritonavir	Kaletra	
A	●	nelfinavir	Viracept	All strengths are covered
A	●	ritonavir	Norvir	
A	●	saquinavir mesylate	Invirase	All strengths are covered
A	●	tipranavir	Aptivus	
A-6. ANTIRETROVIRALS-CCR5 CO-RECEPTOR ANTAGONISTS				
A	●^	maraviroc	Selzentry	Pre- approval is REQUIRED. Call 302-744-1050
A-7. ANTIRETROVIRALS-INTEGRASE INHIBITOR				
A	●	dolutegravir	Tivicay	
A	●	elvitegravir	Vitekta	
A	●	raltegravir	Isentress	

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		Generic Name	Brand Name	Restrictions
A-8. ANTIRETROVIRAL - BOOSTING AGENTS				
A	●	cobicistat	Tybost	
B-1a. ANALGESICS: NARCOTIC ANALGESICS				
B		APAP/oxycodone	Percocet, Roxicet, Endocet	
B		codeine containing pain relievers		
B		fentanyl transdermal system	Duragesic	
B		hydrocodone and derivatives		
B		hydrocodone/IBU	Reprexain	
B		hydromorphone and derivatives		
B		meperidine	Demerol	All generics are covered
B		morphine sulfate	Avinza, MSIR, Oramorph SR, MS Contin	
B		oxycodone	Endocodone, OxyIR, Oxycontin, Roxicodone, OxyFAST, M-oxy	
B-1b. ANALGESICS: NON- NARCOTIC ANALGESICS				
B		diclofenac	Cataflam, Voltaren	
B		etodolac	Lodine	
B		fenoprofen	Nalfon	
B		flurbiprofen	Ansaid	
B		ibuprofen	Motrin	
B		ketoprofen	Orudis	
B		ketorolac	Toradol	
B		meclofenamate		
B		meloxicam	Mobic	
B		methylprednisone	Medrol	
B		nabumetone	Relafen	
B		naproxen	Aleve, Anaprox, Naprosyn, Naprelan	
B		oxaprozin	Daypro	
B		piroxicam	Feldene	All generics are covered
B		sulindac	Clinoril	
B		tolmentin	Tolectin	
B		tramadol	Ultram	
B-2. ANTIBIOTICS - MISCELLANEOUS				
Note: Includes Antimicrobials and Antimalarials. Injectable forms not covered				
All antibiotics are covered - most even if not listed here				
B		amikacin sulfate	Amikin	
B		amoxicillin	Amoxil, Polymox, Trimox	
B		amoxicillin/potassium clavulanate	Augmentin	
B		ampicillin	Omnipen, Principen	
B		atovaquone	Mepron	Brand only; generic covered for co-pay only
B		azithromycin	Zithromax	
B		cefixime	Suprax	
B		cefuroxime	Ceftin	
B		cephalexin	Keflex, Biocef, Keftab	
B		ciprofloxacin	Cipro	
B		clarithromycin	Biaxin	
B		clindamycin	Cleocin	
B		dapsone	Avo-Sulfon	
B		dicloxacillin	Dycill, Dynapen, Pathocill	
B		doxycycline	Vibramycin, Doxy, Doxychel,	
B		erythromycin base		
B		erythromycin ethylsuccinate		
B		erythromycin stearate		
B		ethambutol	Myambutol	
B		gatifloxacin	Tequin	
B		imipenem/cilastatin	Primaxin	
B		isoniazid (INH)		
B		levofloxacin	Levaquin	
B		linezolid	Zyvox	
B		metronidazole	Flagyl	

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B-2. ANTIBIOTICS - MISCELLANEOUS continued				
Note: Includes Antimicrobials and Antimalarials. Injectable forms not covered				
All antibiotics are covered - most even if not listed here				
B		minocycline HCL	Minocin	
B		moxifloxacin	Avelox	
B		neomycin sulfate		
B		nitrofurantoin	Macrobid	Oral only
B		ofloxacin	Floxin	
B		paromomycin	Humatin	
B		penicillin G benzathine	Bicillin LA	
B		penicillin V potassium	Pen Vee K, Veetids, Beepen-VK, V-Cillin K	
B		pentamidine	Nebupent	
B		primaquine phosphate	Primaquine	
B		pyrazinamide	Pyrazinamide	
B		pyrimethamine	Daraprim	
B		rifabutin	Mycobutin	
B		rifampin		
B		sulfadiazine	Microsulfon	
B		sulfamethoxazole/trimethoprim	Bactrim, Septra	Various brands are covered
B-3. ANTICONVULSANTS				
B		carbamazepine	Tegretol	
B		clonazepam	Klonopin	
B		ethosuximide	Zarontin	
B		gabapentin	Neurontin	
B		lamotrigine	Lamictal	
B		levetiracetam	Keppra	
B		pentobarbital	Nembutal	
B		phenytoin	Dilantin	
B		tiagabine	Gabitril	
B		valproate	Depakene	
B		valproic acid	Depakote	
B		pregabalin	Lyrica	
B-4. ANTIDEPRESSANTS/ANTIPSYCHOTICS/AGENTS OF SLEEP				
B		alprazolam	Xanax	
B		amitriptyline	Elavil	
B		amoxapine	Asendin	
B		aripiprazole	Abilify	
B		asenapine	Saphris	
B		benztropine	Cogentin	
B		bupropion	Wellbutrin, Zyban	
B		buspirone	Buspar	
B		chlordiazepoxide	Librium	
B		chlorpromazine	Thorazine	
B		citalopram	Celexa	
B		clomipramine	Anafranil	
B		clorazepate	Tranxene	
B		desipramine	Norpramin	
B		desvenlafaxine	Pristiq	
B		diazepam	Valium	
B		duloxetine	Cymbalta	
B		escitalopram	Lexapro	
B		estazolam	Prosom	
B		fluoxetine	Prozac	
B		flurazepam	Dalmane	
B		fluvoxamine	Luvox	

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		Generic Name	Brand Name	Restrictions
		B-4. ANTIDEPRESSANTS / ANTIPSYCHOTICS / AGENTS OF SLEEP continued		
B		haloperidol	Haldol	
B		lorazepam	Ativan	
B		lurasidone	Latuda	All strengths are covered
B		maprotiline	Ludiomil	
B		mirtazapine	Remeron	
B		nefazodone	Serzone	
B		nortriptyline	Aventyl, Pamelor	
B		olanzapine	Zyprexa	
B		oxazepam	Serax	
B		paliperidone	Invega	
B		paroxetine	Paxil, Paxil Cr	
B		protriptyline	Vivactil	
B		quetiapine	Seroquel	
B		risperidone	Risperdal	
B		sertraline	Zoloft	
B		sinequan	Doxepin	
B		temazepam	Restoril	
B		trazodone	Desyrel	
B		trifluoperazine	Stelazine	
B		trimipramine	Surmontil	
B		venlafaxine	Effexor, Effexor SR	
B		vilazodone	Viibryd	
B		zolpidem	Ambien	
B		ziprasidone	Geodon	All strengths are covered
		B-5. ANTIDIARRHEALS		
B		crofelemer tab	Mytesi	
B		diphenoxylate/atropine	Lomotil	
B		loperamide	Imodium	
		B-6. ANTIEMETIC		
B		ondansetron	Zofran	
B		promethazine	Phenergan	Various generics are covered
B		prochlorperazine	Compazine	
		B-7. ANTIFUNGALS		
B		clotrimazole troches	Mycelex	
B		clotrimazole vaginal	Gyne-Lotrimin	
B		econazole nitrate 1% cream	Spectazole	
B		fluconazole	Diflucan	
B		itraconazole	Sporanox	
B		ketoconazole	Nizoral	Tablets and creams
B		miconazole 2%	Monistat	Vaginal suppositories and cream
B		mycostatin	Nystatin	
B		terconazole	Terazol 3	
B		voriconazole	Vfend	
		B-8. ANTIHISTAMINES		
B		azelastine	Astelin	
B		brompheniramine	Dimetapp	Various brands are covered
B		cetirizine	Zyrtec	
B		desloratadine	Clarinex	
B		diphenhydramine	Benadryl	
B		fexofenadine	Allegra	
B		hydroxyzine	Vistaril	All generics are covered
B		loratadine	Claritin	
B		cyproheptadine	Periactin	
B		promethazine	Phenergan	

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B-9. ANTIHYPERTENSIVES/CARDIAC MEDICATIONS				
Note: Combination products of those listed below are covered				
B	●	amlodipine	Norvasc	
B	●	amlodipine/atorvastatin	Caduet	
B	●	amlodipine/benazepril	Lotrel	
B	●	apresoline	Hydralazine	
B	●	aspirin		All formulations, all generics are covered
B	●	atenolol	Tenormin	All generics are covered
B	●	carvedilol	Coreg	
B	●	clonidine	Catapres	All formulations, all generic are covered
B	●	clopidogrel	Plavix	
B	●	digoxin		All manufacturer are covered
B	●	diltiazem	Cardizem CD,Cardizem SR, Tiazac, Cardia XT	
B	●	enalapril	Vasotec	All generics are covered
B	●	felodipine	Plendil	
B	●	fosinopril	Monopril	
B	●	furosemide	Lasix	All generics are covered
B	●	hydrochlorothiazide		All generics are covered
B	●	isradipine	Dynacirc CR	
B	●	labetalol	Trandate, Normodyne	
B	●	lisinopril	Prinivil, Zestril	All generics are covered
B	●	lisinopril/HCTZ	Prinzide, Zestoretic	
B	●	losartan	Cozaar	
B	●	metolazone	Mykrox, Zaroxolyn	All generics are covered
B	●	metoprolol	Lopressor, Toprol XL	All generics, all formulations are covered
B	●	minoxidil	Loniten	
B	●	nifedipine	Adalat, Adalat CC, Procardia, Procardia XL	All generics are covered
B	●	olmesartan	Benicar	
B	●	propranolol	Inderal	All generics are covered
B	●	quinapril	Accupril	
B	●	ramipril	Altace	
B	●	spironolactone	Aldactone	All generics are covered
B	●	telmisartan/HCTZ	Micardis Hct	
B	●	triamterene	Dyrenium	All generics and combinations are covered
B	●	valsartan	Diovan	
B	●	verapamil	Calan, Calan SR, Covera,Isoptin,	All generics are covered
B	●	warfarin	Coumadin	
B-10a. ANTIVIRALS				
B		acyclovir	Zovirax	
B		cidofovir	Vistide	
B		entecavir	Baraclude	
B		famciclovir	Famvir	
B		fomivirsen	Vitravene	
B		foscarnet	Fascavir	
B		ganciclovir	Cytovene	Capsules
B		imiquimod	Aldara	
B		leucovorin	Wellcovorin	
B		valacyclovir	Valtrex	
B		valganciclovir	Valcyte	Brand and generic covered for co-pay
B-10b. ANTIVIRALS-HEPATITIS				
B		interferon alfa-2b	Intron-A	
B		pegylated interferon	Peg-Intron, Pegasys	
B		ribavirin	Copegus	
B		ledipasvir-sofosbuvir	Harvoni	Restricted coverage

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		Generic Name	Brand Name	Restrictions
B-11. GASTROINTESTINAL AGENTS				
B		carafate	Sucralfate	
B		esomeprazole	Nexium	
B		dexlansoprazole	Dexilant	
B		famotidine	Pepcid	
B		hemorrhoidal creams & suppository		All brands are covered
B		lansoprazole	Prevacid	
B		nizatidine	Axid	
B		omeprazole	Prilosec	
B		pancrease enzymes		All commercially available formulations and generics are covered
B		pantoprazole	Protonix	
B		rabeprazole	Aciphex	
B		ranitidine	Zantac	
B-12. INHALERS/BRONCHODILATORS/ORAL STERIODS/ASTHMA PROPHYLAXIS				
B		albuterol Inhaler	Ventolin	
B		albuterol/Ipratropium	Combivent	
B		beclomethasone	Qvar, Qvar Redihaler	
B		budesonide	Pulmicort	
B		dexamethasone		All forms, all strengths are covered
B		flunisolide	Aerobid	
B		fluticasone	Flovent	
B		fluticasone/salmeterol	Advair Diskus	
B		ipratropium	Atrovent	
B		isoproterenol	Isuprel	
B		metaproterenol Inhaler	Alupent	
B		montelukast	Singulair	
B		prednisone	Deltasone	
B		salmeterol	Serevent	
B		terbutaline	Brethine, Brethaire	
B		triamcinolone	Azmacort, generic	
B-13. LIPID LOWERING AGENTS				
B	●	atorvastatin	Lipitor	
B	●	cholestyramine	Questran	
B	●	colesevelam	Welchol	
B	●	ezetimibe	Zetia	
B	●	ezetimibe/simvastatin	Vytorin	
B	●	fenofibrate	Tricor	
B	●	fenofibrate micronized	Antara	
B	●	gemfibrozil	Lopid	
B	●	lovastatin	Mevacor	
B	●	niacin	Niaspan, Nicotinic Acid, Slo-Niacin	
B	●	omega-3-acid ethyl esters	Lovaza	Brand and generic covered
B	●	pravastatin	Pravachol	
B	●	rosuvastatin	Crestor	
B	●	simvastatin	Zocor	
B-14. MISCELLANEOUS				
B		epoetin alfa	Epogen, Procrit	Various brands are covered
B		filgrastim	Neupogen	
B		florinef acetate	Fludrocortisone	
B		hydrocortisone	Cortef, Hydrocortone, Cortisol	Topical forms and tablets covered
B		levothyroxine	Synthroid, Levothyroid, Levoxyl	All generics are covered
B		probenecid		Covered for cidofovir therapy
B		pyridoxine	Vitamin B-6	
B		triamcinolone 0.1% dental paste	Aristocort	
B		adult diapers		
B		disposable syringes		
B		catheters		
B		latex gloves		

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B-15a. ORAL HYPOGLYCEMICS				
B	●	acarbose	Precose	
B	●	glimepiride	Amary	
B	●	glipizide	Glucotrol, Glucotrol XL	All generics are covered
B	●	glyburide	DiaBeta, Micronase,	All generics are covered
B	●	linagliptin	Tradjenta	Covered as of 5/14/2019
B	●	metformin	Glucophage, Glucophage XR, Fortamet	
B	●	metformin/rosiglitazone	Avandamet	
B	●	metformin/sitagliptin	Janumet	
B	●	metformin/repaglinide	PrandiMet	
B	●	pioglitazone	Actos	
B	●	repaglinide	Prandin	
B	●	rosiglitazone	Avandia	
B	●	sitagliptin	Januvia	
B-15b. INSULIN				
B	●	insulins		All types, all manufacturers
B		diabetic supplies		Other FDA approved supplies for management of DM (Limited to syringes, alchohol swabs, blood glucose monitors and test strips)
B		lancets		
B-16. OSTEOPENIA/OSTEOPOROSIS				
B		alendronate	Fosamax	
B		ibandronate	Boniva	
B		risedronate	Actonel	
B-17. TOPICALS				
B		fluocinonide	Fluonex, Lidex, Lidex-E, Lonide, Lyderm, and Vanos	
B		ketoconazole cream	Nizoral	
B		miconazole cream	Baza Antifungal	
B		nystatin cream		All brands of nystatin cream (with or without triamcinolone) are covered
B-18. TESTOSTERONE REPLACEMENT PRODUCTS				
Note: All types are covered				
B		testosterone	Androderm, Testoderm, TTS, Androgel, Testim	
B		oxandrolone	Oxandrin	
B		nandrolone	Deca-Durabolin	
B		somatropin	Serostim	
B-19. VACCINES				
B		hepatitis A vaccine	Havrix, Vaqta	
B		hepatitis B vaccine	Engerix B, Recombivix HB, Comvax, Heplisav-B	
B		hepatitis A & hepatitis B combined vaccine	Twinrix	
B		human papillomavirus (HPV) 9-valent recombinant vaccine	Gardasil 9	
B		influenza vaccine - seasonal	Afluria, Fluzone, Fluzone HD, Flulaval, Fluarix, Fluvirin, Fluad, Flumist, Flublock	
B		meningococcal conj vaccine A/C/Y/W-135	Menveo	
B		pneumococcal conjugate vaccine (PCV13)	Prevnar 13	
B		pneumococcal polysaccharide vaccine (PPSV23)	Pneumovax 23	
B		Td (tetanus/diphtheria)		
B		Tdap (tetanus, diphtheria, acellular pertussis)		
B		Zoster Vaccine Recombinant	Shingrix	Covered effective 11/6/2019
B		Zoster Vaccine Live	Zostavax	Covered effective 11/6/2019

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B-20. PRESCRIPTION REQUIRED OTCs				
B		brompheniramine	Dimetapp	Various brands approved
B		clemastine	Tavist	
B		clotrimazole vaginal	Gyne-Lotrimin	
B		dexchlorpheniramine	Polaramine, various	Various brands approved
B		diphenhydramine	Benadryl	
B		docusate-sennoside	Senokot –S	
B		famotidine	Pepcid	
B		ferrous sulfate	Feosol, Mol-Iron, Slow Fe	
B		ibuprofen	Motrin	
B		loperamide	Imodium	
B		loratadine	Claritin	
B		naproxen	Aleve, Anaprox, Naprosyn, Naprelan	
B		nizatidine	Axid	
S-1. SUPPLEMENTAL FORMULARY				
S		nutritional supplements		Includes nutritional shake, nutritional supplements, nutritional plus, nutritional advanced formula, Ensure + generics, nutritional liquid

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