



DELAWARE AIDS DRUG ASSISTANCE PROGRAM (ADAP)
FORMULARY BY CLASS

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-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	
A	● efavirenz	Sustiva	All strengths are covered
A	● etravirine	Intelence	
A	● nevirapine	Viramune	
A	● rilpivirine	Eduvant	
A-3. ANTIRETROVIRALS-FUSION INHIBITORS			
A	● enfuvirtide	Fuzeon	
A-4. ANTIRETROVIRALS-COMBINATION TREATMENT			
A	● atazanavir/cobicistat	Evotaz	
A	● bictegravir/emtricitabine/tenofovir	Biktarvy	
A	^ ● cabotegravir & rilpivirine	Cabenuva	Eff 6/10/2022.Call 302-744-1050 for PA inquiries. Fax completed PA Form to 302-320-1373
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	
A	● dolutegravir/rilpivirine	Juluca	
A	● doravirine/lamivudine/tenofovir	Delstrigo	
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	

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Generic Name		Brand Name	Restrictions
A-5. ANTIRETROVIRALS-PROTEASE INHIBITORS CONTINUED			
A	● fosamprenavir	Lexiva	
A	● indinavir	Crixivan	
A	● lopinavir/ritonavir	Kaletra	
A	● nelfinavir	Viracept	All strengths are covered
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	
A-8. ANTIRETROVIRAL - BOOSTING AGENTS			
A	● cobicistat	Tybst	
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	

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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	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	Biacin	
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	
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	

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B-3. ANTICONVULSANTS CONTINUED			
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	
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

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Generic Name	Brand Name	Restrictions
B-5. ANTIDIARRHEALS		
B	crofelemer tab	Mytesi
B	diphenoxylate/atropine	Lomotil
B	loperamide	Imodium
B-6. ANTIEMETIC		
B	ondansetron	Zofran
B	promethazine	Phenergan
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
B	miconazole 2%	Monistat
B	mycostatin	Nystatin
B	terconazole	Terazol 3
B	voriconazole	Vfend
B-8. ANTIHISTAMINES		
B	azelastine	Astelin
B	brompheniramine	Dimetapp
B	cetirizine	Zyrtec
B	desloratadine	Clarinex
B	diphenhydramine	Benadryl
B	fexofenadine	Allegra
B	hydroxyzine	Vistaril
B	loratadine	Claritin
B	cyproheptadine	Periactin
B	promethazine	Phenergan
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	
B	• atenolol	Tenormin
B	• carvedilol	Coreg
B	• clonidine	Catapres
B	• clopidogrel	Plavix
B	• digoxin	
B	• diltiazem	Cardizem CD, Cardizem SR, Tiazac, Cardia XT
B	• enalapril	Vasotec
B	• felodipine	Plendil
B	• fosinopril	Monopril
B	• furosemide	Lasix
B	• hydrochlorothiazide	
B	• isradipine	Dynacirc CR
B	• labetalol	Trandate, Normodyne

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Generic Name	Brand Name	Restrictions
B-9. ANTIHYPERTENSIVES/CARDIAC MEDICATIONS CONTINUED		
Note: Combination products of those listed below are covered		
B •	lisinopril	Prinivil, Zestril
B •	lisinopril/HCTZ	Prinzide, Zestoretic
B •	losartan	Cozaar
B •	metolazone	Mykrox, Zaroxolyn
B •	metoprolol	Lopressor, Toprol XL
B •	minoxidil	Loniten
B •	nifedipine	Adalat, Adalat CC, Procardia, Procardia XL
B •	olmesartan	Benicar
B •	propranolol	Inderal
B •	quinapril	Accupril
B •	ramipril	Altace
B •	spironolactone	Aldactone
B •	telmisartan/HCTZ	Micardis Hct
B •	triamterene	Dyrenium
B •	valsartan	Diovan
B •	verapamil	Calan, Calan SR, Covera, Isoptin, Verelan
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
B	imiquimod	Aldara
B	leucovorin	Wellcovorin
B	valacyclovir	Valtrex
B	valganciclovir	Valcyte
B-10b. ANTIVIRALS-HEPATITIS		
B	interferon alfa-2b	Intron-A
B	pegylated interferon	Peg-Intron, Pegasys
B	ribavirin	Copegus
B	ledipasvir-sofosbuvir	Harvoni
B-11. GASTROINTESTINAL AGENTS		
B	carafate	Sucralfate
B	esomeprazole	Nexium
B	dexlansoprazole	Dexilant
B	famotidine	Pepcid
B	hemorrhoidal creams & suppository	
B	lansoprazole	Prevacid
B	nizatidine	Axid
B	omeprazole	Prilosec
B	pancrease enzymes	

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B-11. GASTROINTESTINAL AGENTS CONTINUED		
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
B	• pravastatin	Pravachol
B	• rosuvastatin	Crestor
B	• simvastatin	Zocor
B-14. MISCELLANEOUS		
B	epoetin alfa	Epogen, Procrit
B	filgrastim	Neupogen
B	florinef acetate	Fludrocortisone
B	hydrocortisone	Cortef, Hydrocortone, Cortisol
B	levothyroxine	Synthroid, Levothyroid, Levoxyl
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	
B-15a. ORAL HYPOGLYCEMICS		
B	• acarbose	Precose

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Generic Name		Brand Name	Restrictions
B-15a. ORAL HYPOGLYCEMICS CONTINUED			
B	● dapagliflozin	Farxiga	All strengths covered effective 10/18/2022
B	● glimepiride	Amary	
B	● glipizide	Glucotrol, Glucotrol XL	All generics are covered
B	● glyburide	DiaBeta, Micronase,	All generics are covered
B	● linagliptin	Tradjenta	
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	● semaglutide	Ozempic, Rybelsus	All strengths covered effective 10/18/2022
B-15b. INSULIN			
B	● insulins		All types, all manufacturers
B	diabetic supplies		Other FDA approved supplies for management of DM (Limited to syringes, alcohol 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, Hepelisav-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	

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	Generic Name	Brand Name	Restrictions
B-19. VACCINES CONTINUED			
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	Pneumococcal 20-Valent Conjugate Vaccine	Prevnar 20	NDC: 00005-2000-10 added effective 6/17/22
B	Td (tetanus/diphtheria)		
B	Tdap (tetanus, diphtheria, acellular pertussis)		
B	Zoster Vaccine Recombinant	Shingrix	
B	Zoster Vaccine Live	Zostavax	
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 "A" 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