



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
LOUISIANA HAP UN-INSURED FORMULARY
FORMULARY ALPHA BY GENERIC**



Effective **1.1.2024**

P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version **1.2024**

Generic Name			Brand Name			Restrictions		
The use of generic products is required when available, unless otherwise specified by clinician.								
•	abacavir sulfate			Ziagen				
•	abacavir/lamivudine			Epzicom				
•	abacavir/lamivudine/zidovudine			Trizivir				
	acyclovir			Zovirax				
	amphotericin B			Fungizone				
•	atazanavir			Reyataz				
•	atazanavir/cobicistat			Evotaz				
	atovaquone			Mepron				
	azithromycin			Zithromax				
	buprenorphine			Belbuca, Probuphine, Buprenex, Butrans				All Brand names covered eff. 2/1/2020
	buprenorphine - naloxone			Suboxone				All Brand names covered eff. 2/1/2020
•	bictegravir/emtricitabine/tenofovir alafenamide			Biktarvy				
	cidofovir			Vistide				
	clarithromycin			Biaxin				
	clindamycin			Cleocin				
•	cobicistat			Tybost				
	dapsone							
•	darunavir			Prezista				
•	darunavir/cobicistat			Prezcobix				
•	doravirine			Pifeltro				
•	doravirine/lamivudine/tenofovir			Delstrigo				
•	darunavir/cobicistat/ emtricitabine/tenofovir alafenamide			Symtuza				
•	delavirdine			Rescriptor				
•	didanosine			Videx, Videx EC				
•	dolutegravir			Tivicay				
•	dolutegravir/abacavir/lamivudine			Triumeq				
•	dolutegravir/lamivudine			Dovato				Effective 6/1/2019
•	dolutegravir/rilpivirine			Juluca				
•	efavirenz			Sustiva				
•	efavirenz/emtricitabine/tenofovir			Atripla				
•	efavirenz 600 mg/lamivudine/tenofovir			Symfi, Symfi Lo				
^	elbasvir-grazoprevir			Zepatier				PA Required. Fax the completed supplemental form and supporting laboratory results to Ramsell at 1-800-848-424. Please call Ramsell at 1-888-311-7632 for supplemental form or access it via web at www.ramsellcorp.com
•	elvitegravir/cobicistat/emtricitabine/tenofovir			Stribild				
•	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide			Genvoya				
•	emtricitabine			Emtriva				
•	emtricitabine/tenofovir			Truvada				
•	emtricitabine/tenofovir alafenamide			Descovy				
•	enfuvirtide			Fuzeon				

• = Drug must be dispensed with a minimum 28 day supply

^ = Prior authorization required



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	ethambutol	Myambutol
•	etravirine	Intelence
	famciclovir	Famvir
	fluconazole	Diflucan
	flucytosine	Ancobon
•	fosamprenavir	Lexiva
	foscarnet	Foscavir
•	fostemsavir	Rukobia
	ganciclovir	Cytovene
^	glecaprevir/pibrentasvir	Mavyret
	ibalizumab-uiyk	Trogarzo
•	indinavir	Crixivan
	isoniazid (INH)	Lanizid, Nydrazid
	itraconazole	Sporanox
•	lamivudine (3TC)	Epivir
•	lamivudine/tenofovir	Cimduo
^	ledipasvir-sofosbuvir	Harvoni
	leucovorin calcium	Wellcovorin
•	lopinavir/ritonavir	Kaletra
•	maraviroc	Selzentry
	naloxone	Evzio, Narcan
•	nelfinavir	Viracept
•	nevirapine	Viramune/ Viramune XR
^	peginterferon alfa-2a	Pegasys
	pentamidine	Nebupent
	Prednisone	Sterapred
	probenecid	
	pyrazinamide (PZA)	
	pyridoxine	Vitamin B6
	pyrimethamine	Daraprim
•	raltegravir	Isentress, Isentress HD
	ribavirin	Virazole, Rebetol, Copegus
	rifabutin	Mycobutin

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rifampin (RIF)	Rifadin, Rimactane	
● rilpivirine	Edurant	
● rilpivirine/emtricitabine/tenofovir disoproxil fumarate	Complera	
● rilpivirine/emtricitabine/tenofovir alafenamide	Odefsey	
● ritonavir	Norvir	
● saquinavir mesylate	Invirase	
^ sofosbuvir	Sovaldi	PA Required. Fax the completed supplemental form and supporting laboratory results to Ramsell at 1-800-848-424. Please call Ramsell at 1-888-311-7632 for supplemental form or access it via web at www.ramsellcorp.com
^ sofosbuvir-velpatasvir	Epclusa	
^ sofosbuvir-velpatasvir-voxilaprevir	Vosevi	
● stavudine (d4T)	Zerit	
sulfadiazine	Microsulfon	
tesamorelin acetate	Egrifta SV	
● tenofovir disoproxil fumarate	Viread	
● tipranavir	Aptivus	
trimethoprim/sulfamethoxazole	Bactrim, Septra	
valacyclovir	Valtrex	
valganciclovir	Valcyte	
● zidovudine (AZT)	Retrovir	
● zidovudine/lamivudine	Combivir	

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, Ramsell will request additional information (client and drug specific) before considering the authorization.
 3. Refills may be obtained after 75% of the previously dispensed days-supply has been used (Louisiana ADAP allows up to 7 days prior); however, there is an annual maximum of 13 fills per prescription.
 4. 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.
 5. Non-formulary drugs are not covered if not listed on the Louisiana ADAP Formulary.
 6. Use of generic products is required when available, unless otherwise specified by clinician.
 7. All Glaxosmithkline (GSK) products are excluded from the LA Uninsured formulary effective 4/28/23 - Labeler Code
- PLEASE NOTE: 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). (Ramsell Corporation 1-888-311-7632)

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