



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
LOUISIANA HAP UN-INSURED FORMULARY
FORMULARY BY DRUG CLASS
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.		
1. ANTIRETROVIRALS-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs)		
● abacavir sulfate	Ziagen	
● abacavir/lamivudine	Epzicom	
● abacavir/lamivudine/zidovudine	Trizivir	
● didanosine	Videx, Videx EC	
● emtricitabine	Emtriva	
● lamivudine (3TC)	Epivir	
● stavudine (d4T)	Zerit	
● tenofovir disoproxil fumarate	Viread	
● tenofovir/emtricitabine	Truvada	
● zidovudine (AZT)	Retrovir	
● zidovudine/lamivudine	Combivir	
2. ANTIRETROVIRALS-NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)		
● efavirenz	Sustiva	
● etravirine	Intelence	
● delavirdine	Rescriptor	
● doravirine	Pifeltro	
● nevirapine	Viramune/ Viramune XR	
● rilpivirine	Edurant	
3. ANTIRETROVIRALS-FUSION INHIBITOR		
● enfuvirtide	Fuzeon	
4. ANTIRETROVIRALS-COMBINATION TREATMENT		
● atazanavir/cobicistat	Evotaz	
● bictegravir/emtricitabine/tenofovir alafenamide	Biktarvy	
● darunavir/cobicistat	Prezcobix	
● emtricitabine/tenofovir alafenamide	Symtuza	
● doravirine/lamivudine/tenofovir	Delstrigo	
● dolutegravir/abacavir/lamivudine	Triumeq	
● dolutegravir/lamivudine	Dovato	Effective 6/1/2019
● dolutegravir/rilpivirine	Juluca	
● efavirenz/emtricitabine/tenofovir	Atripla	
● efavirenz 600 mg/lamivudine/tenofovir	Symfi, Symfi Lo	
● elvitegravir/cobicistat/emtricitabine/tenofovir	Stribild	
● elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Genvoya	
● emtricitabine/tenofovir alafenamide	Descovy	
● lamivudine/tenofovir	Cimduo	
● rilpivirine/emtricitabine/tenofovir	Complera	
● rilpivirine/emtricitabine/tenofovir alafenamide	Odefsey	
5. ANTIRETROVIRALS-PROTEASE INHIBITORS		
● atazanavir	Reyataz	
● darunavir	Prezista	
● fosamprenavir	Lexiva	
● indinavir	Crixivan	
● lopinavir/ritonavir	Kaletra	

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^ = Drug requires prior authorization



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5. ANTIRETROVIRALS-PROTEASE INHIBITORS CONTINUED			
●	nelfinavir	Viracept	
●	ritonavir	Norvir	
●	saquinavir mesylate	Invirase	
●	tipranavir	Aptivus	
6. ANTIRETROVIRALS-CCR5 CO-RECEPTOR INHIBITORS			
●	maraviroc	Selzentry	
7. ANTIRETROVIRALS-INTEGRASE INHIBITOR			
●	raltegravir	Isentress, Isentress HD	
●	dolutegravir	Tivicay	
8. ANTIRETROVIRAL - BOOSTING AGENTS			
●	cobicistat	Tybost	
9. ANTIRETROVIRALS-CD4-DIRECTED POST- ATTACHMENT INHIBITOR			
	ibalizumab-uiyk	Trogarzo	Effective 7/1/18
9a. ANTIRETROVIRALS - gp 120 - DIRECTED ATTACHMENT INHIBITOR			
●	fostemsavir	Rukobia	Effective 9/1/20
10. ANTIVIRALS-HEPATITIS			
	ribavirin	Virazole, Rebetol, Copegus	
^	peginterferon alfa-2a	Pegasys	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
10a. ANTIVIRALS (Direct Acting Antivirals- DAA)-HEPATITIS			
^	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
^	glecaprevir/pibrentasvir	Mavyret	
^	ledipasvir-sofosbuvir	Harvoni	
^	sofosbuvir	Sovaldi	
^	sofosbuvir-velpatasvir	Epclusa	
^	sofosbuvir-velpatasvir-voxilaprevir	Vosevi	
11. ANTIVIRALS-MISCELLANEOUS			
	acyclovir	Zovirax	
	famciclovir	Famvir	
	valacyclovir	Valtrex	
	cidofovir	Vistide	
	foscarnet	Foscavir	
	ganciclovir	Cytovene	
	valganciclovir	Valcyte	
12. URICOSURIC AGENTS			
	probenecid		

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13. ANTIBIOTICS		
atovaquone	Mepron	
azithromycin	Zithromax	
clarithromycin	Biaxin	
clindamycin	Cleocin	
dapsone		
pentamidine	Nebupent	
sulfadiazine	Microsulfon	Oral Generic
Trimethoprim/Sulfamethoxazole	Bactrim, Septra	
14. ANTIFUNGALS		
amphotericin B	Fungizone	
fluconazole	Diflucan	
flucytosine	Ancobon	
itraconazole	Sporanox	
15. ANTITUBERCULOSIS		
ethambutol	Myambutol	
isoniazid (INH)	Lanizid, Nydrazid	
pyrazinamide (PZA)		
rifabutin	Mycobutin	
rifampin (RIF)	Rifadin, Rimactane	
16. ORAL STERIODS		
Prednisone	Sterapred	
17. GROWTH HORMONE		
tesamorelin acetate	Egrifta SV	
18. MISCELLANEOUS		
pyrimethamine	Daraprim	Available thru a limited distribution arrangement. Call Ramsell for more information
leucovorin calcium	Wellcovorin	
pyridoxine	Vitamin B6	
19. OPIOIDS		
buprenorphine	Belbuca, Probuphine, Buprenex, Butrans	All Brand names covered eff. 2/1/2020
buprenorphine - naloxone	Suboxone	All Brand names covered eff. 2/1/2020
Naloxone	Evzio, Narcan	Added to Formulary effective 12/1/2019

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 Uninusred formulary effective 4/28/23- Labeler Code

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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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