



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
LOUISIANA ADAP UN-INSURED FORMULARY
FORMULARY ALPHA BY GENERIC
Effective 03/15/2016**



P: 888-311-7632 www.ramsellcorp.com F: 800-848-4241 Version 3, 2016

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	Effective 3/9/2015
• atovaquone	Mepron	
• azithromycin	Zithromax	
• cidofovir	Vistide	
• clarithromycin	Biaxin	
• clindamycin	Cleocin	
• cobicistat	Tybost	Effective 4/10/2015
^ daclatasvir dihydrochloride	Daklinza	PA Required. Fax the completed supplemental form and supporting laboratory results to Ramsell for clinical review. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com
• dapsone		
• darunavir	Prezista	
• darunavir/cobicistat	Prezcobix	Effective 2/4/2015
• delavirdine	Rescriptor	
• didanosine	Videx, Videx EC	
• dolutegravir	Tivicay	
• dolutegravir/abacavir/lamivudine	Triumeq	Effective 9/15/2014
• efavirenz	Sustiva	
• efavirenz/emtricitabine/tenofovir	Atripla (Sustiva/Truvada)	
• elvitegravir/cobicistat/emtricitabine/tenofovir	Stribild	
• elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Genvoya	Effective 12/07/2015
• emtricitabine	Emtriva	
• enfuvirtide	Fuzeon	
• ethambutol	Myambutol	
• etravirine	Intelence	
• famciclovir	Famvir	
• fluconazole	Diflucan	
• flucytosine	Ancobon	
• fosamprenavir	Lexiva	
• foscamet	Foscavir	
• ganciclovir	Cytovene	
• indinavir	Crixivan	
• isoniazid (INH)	Lanizid, Nydraxid	
• itraconazole	Sporanox	
• lamivudine (3TC)	Epivir	
^ ledipasvir-sofosbuvir	Harvoni	PA Required. Fax the completed supplemental form and supporting laboratory results to Ramsell for clinical review. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com
• leucovorin calcium	Wellcovorin	
• lopinavir/ritonavir	Kaletra	
• maraviroc	Selzentry	
• nelfinavir	Viracept	
• nevirapine	Viramune/ Viramune XR	
^ ombitasvir-paritaprevir-ritonavir	Technivie	PA Required. Fax the completed supplemental form and supporting laboratory results to Ramsell for clinical review. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com
^ ombitasvir-paritaprevir-ritonavir-dasabuvir	Viekira Pak	
^ peginterferon alfa-2a	Pegasys	
• pentamidine	Nebupent	
• Prednisone	Sterapred	
• probenecid		
• pyrazinamide (PZA)		
• pyridoxine	Vitamin B6	
• raltegravir	Isentress	
• ribavirin	Virazole, Rebetol, Copegus	
• rifabutin	Mycobutin	
• rifampin (RIF)	Rifadin, Rimactane	
• rilpivirine	Eduvant	
• rilpivirine/emtricitabine/tenofovir disoproxil fumarate	Complera (Eduvant/Truvada)	
• rilpivirine/emtricitabine/tenofovir alafenamide	Odefsey	Effective 3/15/2016
• ritonavir	Norvir	
• saquinavir mesylate	Invirase	
^ simeprevir	Olysio	PA Required. Fax the completed supplemental form and supporting laboratory results to Ramsell for clinical review. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com
^ sofosbuvir	Sovaldi	
• stavudine (d4T)	Zerit	
• sulfadiazine	Microsulfon	

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



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• tenofovir disoproxil fumarate	Viread	
• tenofovir/emtricitabine	Truvada	
• 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 "A" 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.

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)