



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
LOUISIANA ADAP UN-INSURED FORMULARY
FORMULARY BY DRUG CLASS
Effective 3/15/2016**



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.		
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	
• nevirapine	Viramune/ Viramune XR	
• rilpivirine	Eduvant	
3. ANTIRETROVIRALS-FUSION INHIBITOR		
• enfuvirtide	Fuzeon	
4. ANTIRETROVIRALS-COMBINATION TREATMENT		
• atazanavir/cobicistat	Evotaz	Effective 3/9/2015
• darunavir/cobicistat	Prezcobix	Effective 2/4/2015
• dolutegravir/abacavir/lamivudine	Triumeq	Effective 9/15/2014
• elvitegravir/cobicistat/emtricitabine/tenofovir	Stribild	
• elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Genvoya	Effective 12/07/2015
• efavirenz/emtricitabine/tenofovir	Atripla (Sustiva/Truvada)	
• rilpivirine/emtricitabine/tenofovir disoproxil fumarate	Complera (Eduvant/Truvada)	
• rilpivirine/emtricitabine/tenofovir alafenamide	Odefsey	Effective 3/15/2016
5. ANTIRETROVIRALS-PROTEASE INHIBITORS		
• atazanavir	Reyataz	
• darunavir	Prezista	
• fosamprenavir	Lexiva	
• indinavir	Crixivan	
• lopinavir/ritonavir	Kaletra	
• nelfinavir	Viracept	
• ritonavir	Norvir	
• saquinavir mesylate	Invirase	
• tipranavir	Aptivus	
6. ANTIRETROVIRALS-CCR5 CO-RECEPTOR INHIBITORS		
• maraviroc	Selzentry	
7. ANTIRETROVIRALS-INTEGRASE INHIBITOR		
• raltegravir	Isentress	
• dolutegravir	Tivicay	
8. ANTIRETROVIRAL - BOOSTING AGENTS		
• cobicistat	Tybost	Effective 4/10/2015
8. ANTIVIRALS-HEPATITIS		
ribavirin	Virazole, Rebetol, Copegus	
^ 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
^ sofosbuvir	Sovaldi	
^ ombitasvir-paritaprevir-ritonavir-dasabuvir	Viekira Pak	
^ simeprevir	Olysio	
^ daclatasvir dihydrochloride	Daklinza	
^ ombitasvir-paritaprevir-ritonavir	Technivie	
^ peginterferon alfa-2a	Pegasys	
9. ANTIVIRALS-MISCELLANEOUS		
acyclovir	Zovirax	
famciclovir	Famvir	
valacyclovir	Valtrex	
cidofovir	Vistide	
foscarnet	Foscavir	
ganciclovir	Cytovene	
valganciclovir	Valcyte	

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



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10. URICOSURIC AGENTS		
probenecid		
11. ANTIBIOTICS		
atovaquone	Mepron	
azithromycin	Zithromax	
clarithromycin	Biaxin	
clindamycin	Cleocin	
dapsone		
pentamidine	Nebupent	
sulfadiazine	Microsulfon	Oral Generic
Trimethoprim/Sulfamethoxazole	Bactrim, Septra	
12. ANTIFUNGALS		
amphotericin B	Fungizone	
fluconazole	Diflucan	
flucytosine	Ancobon	
itraconazole	Sporanox	
13. ANTITUBERCULOSIS		
ethambutol	Myambutol	
isoniazid (INH)	Lanizid, Nydrazid	
pyrazinamide (PZA)		
rifabutin	Mycobutin	
rifampin (RIF)	Rifadin, Rimactane	
14. ORAL STERIODS		
Prednisone	Sterapred	
15. MISCELLANEOUS		
leucovorin calcium	Wellcovorin	
pyridoxine	Vitamin B6	
<p>Program Dispensing Policies</p> <ol style="list-style-type: none"> 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. <p>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)</p>		

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