



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
LOUISIANA HAP UN-INSURED FORMULARY
FORMULARY ALPHA BY GENERIC
Effective 9/1/2020**



P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 3.2020

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	
^	daclatasvir dihydrochloride		Daklinza	PA Required. Fax the completed supplemental form and supporting laboratory results to LA HAP at 504-568-3157. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com
	dapsone			
●	darunavir		Prezista	
●	darunavir/cobicistat		Prezcobix	
●	doravirine		Pifeltro	
●	doravirine/lamivudine/tenofovir		Delstrigo	
●	emtricitabine/tenofovir alafenamide		Symtuza	
^	dasabuvir-ombitasvir-paritaprevir-ritonavir		Viekira Pak	PA Required. Fax the completed supplemental form and supporting laboratory results to LA HAP at 504-568-3157. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com
^	dasabuvir-ombitasvir-paritaprevir-ritonavir		Viekira XR	PA Required. Fax the completed supplemental form and supporting laboratory results to LA HAP at 504-568-3157. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com
●	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	

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^	elbasvir-grazoprevir		Zepatier	PA Required. Fax the completed supplemental form and supporting laboratory results to LA HAP at 504-568-3157. Please call Ramsell for supplemental form or access it 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	
•	ethambutol		Myambutol	
•	etravirine		Intelence	
•	famciclovir		Famvir	
•	fluconazole		Diflucan	
•	flucytosine		Ancobon	
•	fosamprenavir		Lexiva	
•	foscarnet		Foscavir	
•	fostemsavir		Rukobia	Effective 9/1/20
•	ganciclovir		Cytovene	
^	glecaprevir/pibrentasvir		Mavyret	PA Required. Fax the completed supplemental form and supporting laboratory results to LA HAP at 504-568-3157. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com
•	ibalizumab-uiyk		Trogarzo	Effective 7/1/2018
•	indinavir		Crixivan	
•	isoniazid (INH)		Lanizid, Nydrazid	
•	itraconazole		Sporanox	
•	lamivudine (3TC)		Epivir	
•	lamivudine/tenofovir		Cimduo	
^	ledipasvir-sofosbuvir		Harvoni	PA Required. Fax the completed supplemental form and supporting laboratory results to LA HAP at 504-568-3157. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com
•	leucovorin calcium		Wellcovorin	
•	lopinavir/ritonavir		Kaletra	
•	maraviroc		Selzentry	
•	naloxone		Evzio, Narcan	Added to Formulary effective 12/1/2019
•	nelfinavir		Viracept	
•	nevirapine		Viramune/ Viramune XR	
^	ombitasvir-paritaprevir-ritonavir		Technivie	PA Required. Fax the completed

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^	peginterferon alfa-2a		Pegasys	supplemental form and supporting laboratory results to LA HAP at 504-568-3157. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com
	pentamidine		Nebupent	
	Prednisone		Sterapred	
	probenecid			
	pyrazinamide (PZA)			
	pyridoxine		Vitamin B6	
	pyrimethamine		Daraprim	Available thru a limited distribution arrangement. Call Ramsell for more information
●	raltegravir		Isentress, Isentress HD	
	ribavirin		Virazole, Rebetol, Copegus	
	rifabutin		Mycobutin	
	rifampin (RIF)		Rifadin, Rimactane	
●	rilpivirine		Edurant	
●	rilpivirine/emtricitabine/tenofovir disoproxil fumarate		Complera	
●	rilpivirine/emtricitabine/tenofovir alafenamide		Odefsey	
●	ritonavir		Norvir	
●	saquinavir mesylate		Invirase	
^	simeprevir		Olysio	PA Required. Fax the completed supplemental form and supporting laboratory results to LA HAP at 504-568-3157. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com
^	sofosbuvir		Sovaldi	
^	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	

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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.

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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