



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
LOUISIANA HAP UN-INSURED FORMULARY
FORMULARY BY DRUG CLASS
Effective 10/1/2018**



P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 10.2018

Generic Name	Brand Name	Restrictions
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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	Edurant	

3. ANTIRETROVIRALS-FUSION INHIBITOR

• enfuvirtide	Fuzeon	
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4. ANTIRETROVIRALS-COMBINATION TREATMENT

• atazanavir/cobicistat	Evotaz	
• bictegravir/emtricitabine/tenofovir alafenamide	Biktarvy	
• darunavir/cobicistat	Prezcobix	
• darunavir/cobicistat/ emtricitabine/tenofovir alafenamide	Symtuza	
• dolutegravir/abacavir/lamivudine	Triumeq	
• dolutegravir/rilpivirine	Juluca	
• efavirez/emtricitabine/tenofovir	Atripla	
• elvitegravir/cobicistat/emtricitabine/tenofovir	Stribild	
• elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Genvoya	
• emtricitabine/tenofovir alafenamide	Descovy	
• rilpivirine/emtricitabine/tenofovir disoproxil fumarate	Complera	
• rilpivirine/emtricitabine/tenofovir alafenamide	Odefsey	

5. ANTIRETROVIRALS-PROTEASE INHIBITORS

• atazanavir	Reyataz	
• darunavir	Prezista	
• fosamprenavir	Lexiva	
• indinavir	Crixivan	
• lopinavir/ritonavir	Kaletra	
• nelfinavir	Viracept	
• ritonavir	Norvir	
• saquinavir mesylate	Invirase	
• tipranavir	Aptivus	

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

^ = Drug requires prior authorization



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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
10. ANTIVIRALS-HEPATITIS		
ribavirin	Virazole, Rebetol, Copegus	
^ peginterferon alfa-2a	Pegasys	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
10a. ANTIVIRALS (Direct Acting Antivirals- DAA)-HEPATITIS		
^ 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
^ dasabuvir-ombitasvir-paritaprevir-ritonavir	Viekira Pak	
^ dasabuvir-ombitasvir-paritaprevir-ritonavir	Viekira XR	
^ elbasvir-grazoprevir	Zepatier	
^ glecaprevir/pibrentasvir	Mavyret	
^ ledipasvir-sofosbuvir	Harvoni	
^ ombitasvir-paritaprevir-ritonavir	Technivie	
^ simeprevir	Olysio	
^ 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	
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17. GROWTH HORMONE

tesamorelin acetate	Egrifta	
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18. MISCELLANEOUS

pyrimethamine	Daraprim	Available thru a limited distribution arrangement. Call Ramsell for more information
leucovorin calcium	Wellcovorin	
pyridoxine	Vitamin B6	

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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