

**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
CALIFORNIA FORMULARY
FORMULARY ALPHA BY GENERIC
Effective 12/16/2011**



P: 888-311-7632

www.publichealthrx.com

F: 800-848-4241

Version 11, 2011

Generic Name	Brand Name	Restrictions
ADAP mandates the use of generic products whenever possible in accordance with applicable law or regulations. Dispensing a brand name product when a generic is available requires prior authorization and a DAW 1 code. Exceptions are noted by drug.		
● abacavir	Ziagen	Brand only
● abacavir/lamivudine	Epzicom	Brand only
● abacavir/lamivudine/zidovudine	Trizivir	Brand only
acyclovir	Zovirax	
albendazole	Albenza	
alitreinoin gel	Panretin	Gel form only
alprazolam	Xanax	Oral form only
^ amikacin sulfate	Amikin	Injectable and generic forms only
amitriptyline	Elavil	Oral form only
amoxicillin	Amoxil	Oral form only
amphotericin B	Fungizone	Injectable and oral solutions only
● amprenavir	Agenerase	Brand only
aripiprazole	Abilify	Discmelt not covered; 2mg, 5mg, 10mg, 15mg, 20mg, 30mg tablets only
● atazanavir	Reyataz	Brand only
● atorvastatin	Lipitor	
atovaquone	Mepron	
azithromycin	Zithromax	
^ bleomycin	Blenoxane	Generic and injectable forms only
* bupropion	Wellbutrin	Not payable for smoking cessation, document diagnosis on original RX
buspirone	Buspar	Oral form only
^ capreomycin	Capastat	1 gram injection only. Use of this medication is restricted for use in the treatment of multi-drug resistant tuberculosis (MDR-TB). Documentation required
^* caspofungin	Cancidas	50mg and 70mg IV forms only; Use is restricted to treatment of invasive aspergillosis in patients refractory to or intolerant of other therapies (ie: amphotericin B, lipid formulations of amphotericin B, and /or itraconazole)
cephalexin	Keflex	Oral form forms only. Brand name Keflex discontinued 6/11/10
cidofovir	Vistide	
^* ciprofloxacin	Cipro	Oral and injectable forms for treatment of MAC only. Please provide treatment regimen
citalopram	Celexa	
clarithromycin	Biaxin	
clindamycin	Cleocin	Oral and injectable forms only
clofazimine	Lamprene	
clotrimazole	Lotrimin, Mycelex	Oral, topical, vaginal forms only
codeine sulfate		Oral form only
codeine/APAP		Oral form only
codeine/ASA		Oral form only
cyclophosphamide	Cytoxan	Oral, injectable and generic forms only
^ cycloserine	Seromycin	250mg capsules only. Use of this medication is restricted for use in the treatment of multi-drug resistant tuberculosis (MDR-TB) Documentation required
dapsone		Oral forms only

* = Drug restricted to specific diagnosis, dose, form or circumstance

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● darunavir (TMC-114)	Prezista	Brand only
^ daunorubicin	DaunoXome	
● delavirdine	Rescriptor	Brand only
desipramine	Norpramin	Oral form only
dexamethasone	Decadron	Oral or injectable forms only
▲* dextroamphetamine	Dexedrine, Dextrostat	Restricted to treatment of severe debilitating depression; only 5mg and 10mg tablet form covered
dicloxacillin	Dynapen	Oral forms only
● didanosine	Videx, Videx EC	Brand only; generic covered for co-pay only
diphenoxylate/atropine	Lomotil	
divalproex	Depakote	
^ doxorubicin	Adriamycin, Rubex	Generic form available
doxycycline	Vibramycin	Oral form only; 50mg and 100mg strength only
dronabinol	Marinol	Brand only. Copays for generic reimbursement thru third party payers are allowed.
● efavirenz	Sustiva	Brand only
● emtricitabine	Emtriva	Brand only
● emtricitabine/tenofovir/efavirez	Atripla	Brand only
● emtricitabine/tenofovir/rilpivirine	Complera	Brand only
●^ enfuvirtide	Fuzeon	Brand only; please call or check website for special supplemental PA form
^ epoetin alpha	Procrit	Procrit™ brand only; Epogen™ is NOT covered
erythromycin base		Oral forms only
erythromycin ethylsuccinate		Oral forms only
erythromycin stearate		Oral forms only
ethambutol	Myambutol	
^ ethionamide	Trecator	250mg tablets only. Use of this medication is restricted for use in the treatment of multi-drug resistant tuberculosis (MDR-TB) Documentation required
● etravirine	Intelence	Brand only
famcyclovir	Famvir	
famotidine	Pepcid	Prescription strength only
● fenofibrate	Tricor	48mg, 54mg, 145mg, 160mg tablets only
fenoprofen		Oral form only
▲* fentanyl	Duragesic	Restricted to hospice patients only with intolerance to oral analgesics
^ filgrastim	Neupogen	
fluconazole	Diflucan	
flucytosine	Ancobon	
fluoxetine	Prozac	Prozac weekly not covered
fomivirsen	Vitravene	
● fosamprenavir	Lexiva	Brand only

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	foscarnet	Foscavir
▲*	ganciclovir	Cytovene
	gabapentin	Neurontin
▲*	ganciclovir	Cytovene
●	gemfibrozil	Lopid
●	glipizide	Glucotrol
●	glyburide/metformin	Glucovance
▲	hepatitis A vaccine	Havrix, Vaqta
▲	hepatitis A vaccine	Havrix, Vaqta
▲*	hepatitis A/hepatitis B vaccine	Twinrix
▲	hepatitis B vaccine	Engerix B, Recombivix HB
▲	hepatitis B vaccine	Recombivax HB, Engerix B
	hydrocodone/APAP	Vicodin
	hydrocodone/ibuprofen	Vicoprofen
	hydroxyurea	Hydrea
	ibuprofen	Motrin
▲*	imipenem/cilastatin	Primaxin
▲*	imipenem/cilastatin	Primaxin
	imiquimod	Aldara
●	indinavir	Crixivan
	indomethacin	Indocin
▲	interferon alfa-2b	Intron-A
▲	interferon alfa-2a	Roferon-A
▲	interferon alfacon 1	Infergen
▲	interferon alfa-N3	Alferon-N
	isoniazid	
▲●	itraconazole	Sporanox
	ketoconazole	Nizoral
	ketoprofen	Orudis
▲	ketorolac tromethamine	Toradol
●	lamivudine	Epivir
	lamotrigine	Lamictal
▲*	lansoprazole	Prevacid
	leucovorin	

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	levofloxacin	Levaquin	250mg, 500mg, 750mg tablets only
	levorphanol	Levo-Dromoran	Injectable, oral forms only
▲*	linezolid	Zyvox	600mg tablets only; restricted to treatment of Community Acquired MRSA resistant to Vancomycin or the treatment of EXTENSIVELY drug resistant tuberculosis (XDR-TB). Documentation required. Please call or check website for special supplemental PA form
▲*	linezolid	Zyvox	600mg tablets only; restricted to treatment of Community Acquired MRSA resistant to Vancomycin or the treatment of extensively drug resistant tuberculosis (XDR-TB) Documentation required. Please call or check website for special supplemental PA form
	loperamide	Immodium	Generic form only
●	lopinavir/ritonavir	Kaletra	Brand only
	lorazepam	Ativan	Oral form only
●^	maraviroc	Selzentry	Brand only
	megestrol	Megace, Megace ES	
●	metformin	Glucophage, Glucophage XR	500mg, 850mg, 1000mg tablets and 500mg ER and 750mg ER tablets only
▲*	methadone		Not payable for detoxification treatment; must indicate diagnosis on PA; Oral form only
	methotrexate	Rheumatrex, Trexall	Oral and injectable forms only
▲*	methylphenidate	Ritalin	Restricted to treatment of severe debilitating depression; restricted to 5mg, 10mg, 20mg tablets and 20mg ER tablets only
	metoclopramide	Reglan	
	metoclopramide	Reglan	
	metronidazole	Flagyl	Oral forms only
	minocycline HCL	Minocin	Oral forms only
	mirtazapine	Remeron	SoITabs not covered; 15mg, 30mg, 45mg tablets form only
	Morphine sulfate (immediate release)		Oral form only
	Morphine sulfate (sustained release)		Oral form only
▲*	moxifloxacin	Avelox	400mg tablets only. Use of this medication is restricted for use in the treatment of multi-drug resistant tuberculosis (MDR-TB) Documentation required
▲*	nandrolone	Deca-Durabolin	Long acting for wasting only. Commercially available products only. Compounded products not approved.
	naproxen	Naprosyn	Oral form only
	nefazodone	Serzone	
●	nelfinavir	Viracept	Brand only
	neomycin sulfate		Oral form forms only
●	nevirapine	Viramune	Brand only
	nortriptyline	Pamelor	Oral forms only

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nystatin	Mycostatin	Oral, topical and vaginal forms only
olanzapine	Zyprexa	
▲* omeprazole	Prilosec	Restricted to use after trial of famotidine or ranitidine AND lansoprazole. Unrestricted in the treatment of erosive esophagitis and H. Pylori related Peptic Ulcer Disease. Documentation required
opium tincture		
▲* oxandrolone	Anavar, Oxandrin	Restricted to treatment in females only
oxycodone		Immediate release form only; Oral form only
oxycodone/APAP	Percocet	Oral form only
oxycodone/ASA	Percodan	Oral form only
▲* paclitaxel	Taxol	Restricted for use in Kaposi's Sarcoma
pancrelipase		Enteric coated encapsulated microspheres/microtablets. (Axcan Products: Ultase MT 12, Ultrase MT 20, Ultrase MT 18 and Ultrase MS4 have been removed from the formulary effective 12/28/10)
▲* para-aminosalicylate	Paser	4 gram packets only. Use of this medication is restricted for use in the treatment of multi-drug resistant tuberculosis (MDR-TB) Documentation required
paromomycin	Humatin	
paroxetine	Paxil	
▲ pegylated interferon	Peg-Intron, Pegasys	Peg-Intron is available through Merck's free drug program only. Please call or check website for supplemental PA form
penicillin G benzathine	Bicillin LA	Only the 1.2 MU per syringe (2ml) and 2.4MU per syringe (4ml) covered
penicillin V potassium	Pen-Vee K	Oral forms only
pentamidine	Nebupent, Pentam	Inhaled or injections forms only
phenytoin	Dilantin	100mg Extended Release Capsules only; generic form only
● pioglitazone	Actos	15mg, 30mg, 45mg tablets only
▲* pneumococcal vaccine	Pneumovax, Pnu-Immune	Single dose dispensing, 1 time dispensing every 6 years
● pravastatin	Pravachol	
prednisone	Deltasone	Oral and generic forms only
probenecid	Benemid	
prochlorperazine	Compazine	
promethazine	Phenergan	Oral and suppository forms only
pyrazinamide		
pyrimethamine	Daraprim	
quetiapine	Seroquel	
● raltegravir	Isentress	Brand only
ranitidine	Zantac	Prescription strength only; oral form only
ribavirin	Rebetol, Copegus	Rebetol, Copegus; please note that not all generics are covered,
▲ ribavirin/interferon alfa 2B	Rebetron	
rifabutin	Mycobutin	
rifampin	Rifadin	
rifampin/isoniazid	Rifamate	
● rilpivirine	Edurant	Brand only. Coverage start 6/13/2011

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	risperidone	Risperdal
●	ritonavir	Norvir Brand only
●	rosiglitazone maleate	Avandia
●	rosuvastatin	Crestor 5mg, 10mg, 20mg, 40mg tablets only
●	saquinavir mesylate	Invirase Brand only
	sertraline	Zoloft
●	simvastatin	Zocor
▲*	somatropin	Serostim Restricted to HIV/AIDS wasting syndrome; requires supplemental form and PA form with each request; limited to 28-days supply
●	stavudine	Zerit Brand only; generic covered for co-pay only
	sulfadiazine	Oral forms only
	sulfamethoxazole/TMP	Bactrim, Septra Oral or injectable forms only
	sulindac	Clinoril Oral form only
●	tenofovir disoproxil fumarate	Viread Brand only
●	tenofovir/emtricitabine	Truvada Brand only
▲*	testosterone	Androderm, Testoderm TTS, Androgel, Testim Long acting for wasting or hypogonadism; transdermal, gel and injectable forms covered. Maximum of 200mg weekly. Must provide copy of the original RX with every refill request.
	tetracycline	Sumycin Oral forms only
●	tipranavir	Aptivus Brand only
	trazodone	Desyrel Oral forms only
	trimethoprim	Trimplex, Proloprim Oral forms only
	trimetrexate	Neutrexin
▲*	valacyclovir	Valtrex 500mg Brand Only. Generic covered for co-pay only. Drug is restricted to diagnosis of herpes simplex (HSV) or herpes zoster (HZV). HSV-max 10 days for acute treatment. Acute treatment and chronic suppressive therapy is approved only after failed trial of acyclovir. Drug is not payable for chronic suppressive treatment.
		Valtrex 1000mg Valtrex 1000mg NDCs: 00173-0565-04 & 00173-0565-10 have been taken off the ADAP formulary.
▲*	valganciclovir	Valcyte Restricted to a diagnosis of CMV. Payable for active treatment or suppressive treatment only; not payable for primary prophylaxis of CMV
	vancomycin	Vancocin Oral tablet form only, IV not covered
	venlafaxine	Effexor, Effexor XR
▲	vinblastine	Velban Injectable and generic forms only
▲	vincristine	Oncovin
▲*	voriconazole	Vfend 50mg and 200mg tablets and 200mg IV forms only; Use is restricted to treatment
●	zidovudine	Retrovir Brand only; generic covered for co-pay only
●	zidovudine/lamivudine	Combivir Brand only
	ziprasidone	Geodon 20mg, 40mg, 60mg, 80mg capsules only

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Program Dispensing Policies

1. Drugs marked with "*" are to be dispensed with a minimum 28 day supply. Exceptions will require prior authorization.
2. Drugs marked with "**" Code 1 are restricted by a specific diagnosis, dose, form or circumstance of the client. Prior authorization may be required and granted only when Code 1 requirements are met.
3. Drugs marked with "A" require a prior authorization, Ramsell will request additional information (client and drug specific) before considering the authorization.
4. All drugs are to be dispensed with a maximum 30 – day supply. Exceptions will require a prior authorization.
5. Refills may be obtained after 80% of the previously dispensed days-supply has been used; however, there is an annual maximum of 13 fills per prescription.
6. 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.
7. Prior authorization is required for DEA class II and III drugs when quantity exceeds 120 and 240 respectively.
8. ADAP mandates the use of generic products whenever possible in accordance with applicable law or regulations. Dispensing a brand name product when a generic is available requires prior authorization and a DAW 1 code. Exceptions are noted by drug.
9. The following drug manufacturers are excluded from reimbursement thru the CA ADAP program:

- Able LABS, INC.
- Acura Pharmaceuticals aka HALSEY
- Allscripts
- Axcan Pharmaceutical
- Bedford Labs/BenVenue
- Bay labs
- Blu Pharmaceuticals
- Ceph International
- Dispense Express, Inc.
- GSMS, INC.
- H L MOORE
- Liberty Pharmaceutical
- Marlex Pharmaceuticals Inc.
- Middlebrook Pharmaceutical Inc.
- MOVA Pharmaceuticals
- Patheon Inc. (Puerto Rico)
- Physicians Total Care
- Pre-Package Specialists/PD-RX Pharmaceuticals
- Prescript Pharmaceuticals
- Quality Care/Lake Erie Medical & Surgical Supply
- Rebel Distributors Corp (now Physician Partners)
- Southwood Pharmaceuticals
- Sun Pharmaceuticals

PLEASE NOTE: There may be some SPECIFIC DOSE FORMS of products on this formulary that may NOT BE COVERED OR REQUIRE PRIOR AUTHORIZATION. 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# or NPI and the drug's 11 digit national drug code (NDC).
(Ramsell 1-888-311-7632)

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