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Ramsell™

RYAN WHITE HIV/AIDS PROGRAM (RWHAP) PART B
AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY

FORMULARY BY DRUG CLASS NAME
Effective 5/1/2026

P: 888-311-7632 www.ramsellcorp.com F: 800-848-4241 Version 7, 2026

Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to U.S. states and territories. The AIDS Drug Assistance Program (ADAP) is a state and territory-administered program authorized under Part B that provides FDA-approved medications to low-income people living with HIV (PLWH) who have limited or no health coverage from private insurance, Medicaid, or Medicare. ADAP formularies must include at least one drug from each class of HIV antiretroviral medications (ARV). ADAP funds may also be used to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of drug treatments.

Although there is no cure for HIV infection, PLWH who adhere to effective ARV regimens can achieve and maintain suppressed viral loads (<200 copies/mL), slowing the progression of HIV. PLWH who are virally suppressed are 96 percent less likely to pass HIV on to their sexual partners. For PLWH who maintain undetectable levels of HIV, there are no documented cases of sexual transmission. This is the premise of the Prevention Access Campaign's Undetectable Equals Untransmittable (U=U) initiative, which the Centers for Disease Control and Prevention supports agreeing there is "effectively no risk" of sexually transmitting HIV when on treatment and undetectable. For the first time ever, we have the tools to end the HIV epidemic!

Alabama ADAP Program Guidelines and Eligibility Criteria

1. HIV Positive
2. Alabama Resident
3. Total Gross Income at or below 400 percent of the Federal Poverty Level (FPL)
4. No third party payer (e.g., Medicaid, Medicare Part D, All Kids, Private Insurance paying >50 percent of the cost of medications)
5. Remain compliant with birth month and half birth month ADAP Client Eligibility Renewal

Generic formulations will be dispensed when available unless the Clinician specifically requests the Brand formulation when ordering ADAP medications.

Failure to pick up ADAP HIV medications for 90 days or (3) consecutive months will result in program disenrollment due to non-compliance with medication adherence.

Alabama's RWHAP Part B ADAP website: http://www.alabamapublichealth.gov/hiv/adap.html.

● = Drug must be dispensed with a minimum 28 day supply
^ = Drug requires prior authorization

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	Generic Name	Brand Name	Restrictions or Notes
	1a. ANTIRETROVIRALS-ENTRY INHIBITORS		
●	maraviroc	Selzentry	
	1b. ANTIRETROVIRALS-INTEGRASE INHIBITOR		
●	dolutegravir	Tivicay	
●	raltegravir	Isentress, Isentress HD	
●	elvitegravir (EVG)	Vitekta	
	1c. ANTIRETROVIRALS-NUCLEOSIDE& NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
●	abacavir	Ziagen	
●	abacavir/lamivudine	Epzicom	
●	abacavir/lamivudine/zidovudine	Trizivir	
●	didanosine	Videx, Videx EC	
●	emtricitabine	Emtriva	
●	emtricitabine/tenofovir alafenamide	Descovy	
●	lamivudine	Epivir	
●	lamivudine/zidovudine	Combivir	
●	lamivudine/tenofovir disoproxil fumarate	Cimduo	
●	stavudine	Zerit	
●	tenofovir disoproxil fumarate	Viread	
●	tenofovir disoproxil fumarate/emtricitabine	Truvada	
●	zidovudine	Retrovir	
	1d. ANTIRETROVIRALS-NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)		
●	efavirenz	Sustiva	
●	etravirine	Intelence	
●	delavirdine mesylate	Rescriptor	
●	doravirine	Pifeltro	
●	nevirapine	Viramune, Viramune EC	
●	rilpivirine	Edurant	
	1e. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NNRTI COMBINATION		
	cabotegravir & rilpivirine IM Susp ER	Cabenuva	
	1f. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NRTI COMBINATION		
●	bictegravir-emtricitabine-tenofovir AF	Biktarvy	
●	elvitegravir/cobicistat/emtricitabine/tenofovir DF	Stribild	

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	Generic Name	Brand Name	Restrictions or Notes
	1f. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NRTI COMBINATION CONTINUED		
●	dolutegravir/lamivudine/ abacavir	Triumeq	
●	dolutegravir/lamivudine	Dovato	
●	elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide	Genvoya	
	1g. ANTIRETROVIRALS NNRTI/NRTI COMBINATION		
●	efavirenz /lamivudine/tenofovir DF	Symfi, Symfi Lo	
●	emtricitabine/tenofovir DF/efavirez	Atripla	
●	emtricitabine/tenofovir DF/rilpivirine	Complera	
●	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
●	dolutegravir/rilpivirine	Juluca	
●	doravirine/lamivudine/tenofovir DF	Delstrigo	
	1h. ANTIRETROVIRALS CYP3A/INHIBITOR PHARMACOKINETIC ENHANCER		
●	cobicistat	Tybost	
	1i. ANTIRETROVIRALS PROTEASE INHIBITORS		
●	atazanavir	Reyataz	
●	atazanavir/cobicistat	Evotaz	
●	darunavir	Prezista	
●	darunavir/cobicistat	Prezcobix	
●	fosamprenavir	Lexiva	
●	indinavir	Crixivan	
●	lopinavir/ritonavir	Kaletra	
●	nelfinavir	Viracept	
●	ritonavir	Norvir	
●	saquinavir	Invirase	
●	tipranavir	Aptivus	
	1j. ANTIRETROVIRALS-FUSION INHIBITOR		
●	enfuvirtide	Fuzeon	
	1k. ANTIRETROVIRALS PROTEASE INHIBITOR/NRTI COMBINATION		
●	darunavir/cobicistat/ emtricitabine/tenofovir alafenamide	Symtuza	
	1l. ANTIRETROVIRALS - GP 120 - DIRECTED ATTACHMENT INHIBITOR		
●	fostemsavir	Rukobia	

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	Generic Name	Brand Name	Restrictions or Notes
	1m. ANTIRETROVIRALS-CD4-DIRECTED POST-ATTACHMENT INHIBITOR		
	Ibalizumab-uiyk	Trogarzo	
	1n. ANTIRETROVIRALS - CAPSID INHIBITOR		
^	lenacapavir Sodium	Sunlenca	Drug accessible via PA requirement ONLY at ProCare Pharmacy Direct, LLC, (CVS SPECIALITY PHARMACY #2921) Monroeville.. See detailed PA criteria.
	2. ANTIBIOTICS		
	amoxicillin	Amoxil	
	atovaquone	Mepron	
	azithromycin	Zithromax	
	cephalexin	Keflex	
	clarithromycin	Biaxin	
	clindamycin	Cleocin	
	doxycycline	Vibramycin	
	metronidazole	Flagyl	
	minocycline	Dynacin	
	moxifloxacin	Avelox	
	penicillin V potassium	Pen-Vee K	
	pentamidine	Nebupent, Pentam	
	pyrimethamine	Daraprim	Not available at this time
	sulfadiazine	Sulfadiazine	
	sulfamethoxazole/TMP	Bactrim, Septra	
	3. ANTICHOLESTEROL		
●	atorvastatin	Lipitor	
●	fenofibrate	Tricor	
●	pravastatin	Pravachol	
●	rosuvastatin	Crestor	
	4. ANTICOAGULANTS		
	rivaroxaban	Xarelto	

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	Generic Name	Brand Name	Restrictions or Notes
	5. ANTICONVULSANTS		
	carbamazepine	Tegretol	
	gapentin	Neurontin	
	lamotrigine	Lamictal	
	levetiracetam	Keppra	
	6. ANTIDEPRESSANTS/ANTIPSYCHOTICS		
	amitriptyline HCL	Elavil	
	6. ANTIDEPRESSANTS/ANTIPSYCHOTICS CONTINUED		
	bupropion	Wellbutrin	
	citalopram	Celexa	
	escitalopram	Lexapro	
	fluoxetine	Prozac	
	lithium	Eskalith	
	nortriptyline	Pamelor	
	paroxetine	Paxil	
	risperidone	Risperdal	
	sertraline	Zoloft	
	trazodone	Desyrel	
	venlafaxine	Effexor	
	ziprasidone	Geodon	
	7. ANTIDIABETICS		
●	glyburide	DiaBeta, Micronase,	
●	glyburide/metformin	Glucovance	
●	metformin	Glucophage	
	Insulin Detemir	Levemir	
	Insulin Detemir Soln Pen-injector	Levemor Flextouch	
	Insulin Glargine	Lantus	
	Insulin Glargine Soln Pen-Injector	Lantus Solostar	
	Insulin Aspart	Novolog	
	Insulin Aspart Soln Cartridge	Novolog Penfill	
	Insulin Aspart Soln Pen-injector	Novolog Flexpen	
	Insulin Lispro	Humalog	
	Insulin Lispro Soln Pen-injector	Humalog Junior Kwikpen	
	Insulin Lispro Soln Pen-injector	Humalog Kwikpen	

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	7. ANTIDIABETICS CONTINUED		
	Insulin NPH (Human) (Isophane) Inj	Humulin N	
	Insulin NPH (Human) (Isophane) Inj	Novolin N	
	Insulin NPH (Human) (Isophane) Susp Pen-injector	Novolin N Flexpen	
	Insulin NPH & Regular Susp Pen-Inj (70-30)	Humulin 70/30 Kwikpen	
	Insulin NPH Isophane & Regular Human Inj (70-30)	Humulin 70/30	
	Insulin Aspart Prot & Aspart (Human) Inj (70-30)	Novolog 70/30	
	Insulin Aspart Prot & Aspart Sus Pen-in(70-30)	Novolog Mix 70/30 Prefill	
	Insulin Regular (Human) Inj	Humulin R	
	Insulin Regular (Human) Inj	Novolin R	
	Insulin Regular (Human) Soln Pen-Injector	Novolin R Flexpen	
	8. ANTIEMETICS		
	promethazine	Phenergan	
	9. ANTI-FUNGALS		
	amphotericin B	Ambisome, Amphotec, Abelcet, Fungizone	
	fluconazole	Diflucan	
	flucytosine	Ancobon	
	itraconazole	Sporanox	
	ketoconazole	Nizoral	
	voriconazole	Vfend	
	10. ANTIHYPERTENSIVES/CARDIAC MEDICATIONS		
●	amlodipine	Norvasc	
●	benazepril	Lotensin	
●	carvedilol	Coreg	
●	clonidine	Clonidine	
●	furosemide	Lasix	
●	hydrochlorothiazide	Hydrochlorothiazide	
●	lisinopril	Zestril, Prinivil	
●	losartan	Cozaar	
●	metoprolol	Toprol XL	
	11. ANTINEOPLASTICS		
	leucovorin	Wellcovorin	
	megestrol acetate	Megace	

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	11. ANTINEOPLASTICS CONTINUED		
	warfarin sodium	Coumadin	
	12. ANTITUBERCULOSIS		
	ethambutol	Myambutol	
	isoniazid	Isoniazid	
	pyrazinamide	Pyrazinamide	
	rifabutin	Mycobutin	
	rifampin	Rifadin	
	13. ANTI-VIRALS		
	acyclovir	Zovirax	
	imiquimod topical	Aldara	
	cidofovir	Vistide	
	dapsone	Dapsone	
	famciclovir	Famvir	
	foscarnet	Foscavir	
	ganciclovir	Cytovene	
	valacyclovir	Valtrex	
	valganciclovir	Valcyte	
	14. ANTIVIRALS-HEPATITIS B TREATMENT		
	adefovir	Hepsera	
	entecavir	Baraclude	
	15. ANTIVIRALS-HEPATITIS C TREATMENT		
	inteferon alfa-2b	Intron-A	
	interferon alfacon 1	Infergen	
	pegylated interferon	Peg-Intron, Pegasys	
	ribavirin	Rebetol, Virazole, Copegus	
	16. ANTIVIRAL-HEPATITIS C (DIRECT ACTING ANTIVIRALS- DAA)		
	elbasvir-grazoprevir	Zepatier	
	glecaprevir/pibrentasvir	Mavyret	
	17. HEMATOPOIETIC AGENTS		
●	epoetin alpha	Procrit	
	warfarin Sodium	Coumadin	

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	18. INHALERS/BRONCHODILATORS		
	albuterol	Proventil HFA, Proair HFA, Ventolin HFA	
	ipratropium bromide/albuterol	Combivent	
	fluticasone/salmeterol 100mcg/50mcg	Advair Diskus	
	budesonide-formoterol	Symbicort	
	19. OPIOD USE DISORDER TREATMENT		
	Naloxone HCl Nasal Spray	Narcan	
	Buprenorphine HCl-Naloxone HCl SL	Suboxone, Zubsolv	
	20. STEROIDS		
	prednisone	Deltasone	
	triamcinolone acetonide cream	Triamcinolone Acetonide	
	21. STIMULANTS		
●	methylphenidate	Concerta	Must fill every 30 days
●	modafinil	Provigil	Must fill every 30 days
	22. URICOSURIC AGENTS		
	probenecid	Benemid	
	23. VACCINES		
	hepatitis A vaccine	Havrix	
	hepatitis B vaccine	Engerix B, Recombivix HB	
	hepatitis B Recom vaccine	Heplisav-B	
	hepatitis A/hepatitis B vaccine	Twinrix	
	human papillomavirus-9 (HPV-9) vaccine	Gardasil 9	
	human papillomavirus (HPV) Quadrivalent	Gardasil	
	meningococcal ACWY	Menquadfi	
	meningococcal ACWY	Menveo	
	pneumococcal-20 vaccine	Prevnar 20	
	pneumococcal vaccine	Pneumovax, Pnu-Immune	
	Pneumococcal-13 Vaccine	Prevnar 13	
	Pneumococcal-15 Vaccine	Vaxneuvance	
	Pneumococcal-21 Vaccine	Capvaxive	
	tetanus-diphtheria-pertussis (Tdap)	Boostrix	
	tetanus-diphtheria-pertussis (Tdap)	Adacel	

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	Generic Name	Brand Name	Restrictions or Notes
23. VACCINES CONTINUED			
	zoster Recom vaccine	Shingrix	

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 drugspecific) before considering the authorization.
3. Refills may be obtained after 80% of the previously dispensed days-supply has been used (Alabama ADAP allows up to 6 days prior); however, there is an annual maximum of 13 fills per prescription.
4. 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 Alabama 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)