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Ramsell™

ALABAMA DEPARTMENT OF PUBLIC HEALTH
RYAN WHITE HIV/AIDS PROGRAM (RWHAP) PART B
AIDS DRUG ASSISTANCE PROGRAM (ADAP)

FORMULARY - ALPHA BY GENERIC 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
●	abacavir	Ziagen	
●	abacavir/lamivudine	Epzicom	
●	abacavir/lamivudine/zidovudine	Trizivir	
	acyclovir	Zovirax	
	adefovir	Hepsera	
	albuterol	Proventil HFA, Proair HFA, Ventolin HFA	
	amitriptyline HCL	Elavil	
●	amlodipine	Norvasc	
	amoxicillin	Amoxil	
	amphotericin B	Abelcet, Fungizone	
●	atazanavir	Reyataz	
●	atazanavir/cobicistat	Evotaz	
●	atorvastatin	Lipitor	
	atovaquone	Mepron	
	azithromycin	Zithromax	
●	benazepril	Lotensin	
●	bictegravir-emtricitabine-tenofovir AF	Biktarvy	
	budesonide-formoterol	Symbicort	
	buprenorphine HCl-naloxone HCl SL	Suboxone, Zubsolv	
	bupropion	Wellbutrin	
	cabotegravir & rilpivirine IM Susp ER	Cabenuva	
	carbamazepine	Tegretol	
●	carvedilol	Coreg	
	cephalexin	Keflex	
	cidofovir	Vistide	
	citalopram	Celexa	
	clarithromycin	Biaxin	
	clindamycin	Cleocin	
●	clonidine	Clonidine	
●	cobicistat	Tybost	
	dapsone	Dapsone	
●	darunavir	Prezista	
●	darunavir/cobicistat	Prezcobix	

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	Generic Name	Brand Name	Restrictions or Notes
●	darunavir/cobicistat/emtricitabine/tenofovir AF	Symtuza	
●	delavirdine mesylate	Rescriptor	
●	didanosine	Videx, Videx EC	
●	dolutegravir	Tivicay	
●	dolutegravir/lamivudine	Dovato	
●	dolutegravir/lamivudine/ abacavir	Triumeq	
●	dolutegravir/rilpivirine	Juluca	
●	doravirine (DOR)	Pifeltro	
●	doravirine/lamivudine/tenofovir DF	Delstrigo	
	doxycycline	Vibramycin	
●	efavirenz	Sustiva	
●	efavirenz /lamivudine/tenofovir DF	Symfi, Symfi Lo	
	elbasvir-grazoprevir	Zepatier	
●	elvitegravir (EVG)	Vitekta	
●	elvitegravir/cobicistat/emtricitabine/tenofovir DF	Stribild	
●	elvitegravir/cobicistat/emtricitabine/tenofovir AF	Genvoya	
●	emtricitabine	Emtriva	
●	emtricitabine/rilpivirine/tenofovir AF	Odefsey	
●	emtricitabine/tenofovir alafenamide fumarate	Descovy	
●	emtricitabine/efavirez/tenofovir DF	Atripla	
●	emtricitabine/rilpivirne/tenofovir DF	Complera	
●	enfuvirtide	Fuzeon	
	entecavir	Baraclude	
●	epoetin alpha	Procrit	
	escitalopram	Lexapro	
	ethambutol	Myambutol	
●	etravirine	Intelence	
	famciclovir	Famvir	
●	fenofibrate	Tricor	
	fluconazole	Diflucan	
	flucytosine	Ancobon	
	fluoxetine	Prozac	
	fluticasone/salmeterol 100mcg/50mcg	Advair Diskus	
●	fosamprenavir	Lexiva	

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	Generic Name	Brand Name	Restrictions or Notes
	foscarnet	Foscavir	
●	fostemsavir	Rukobia	
●	furosemide	Lasix	
	ganciclovir	Cytovene	
	gapentin	Neurontin	
	glecaprevir/pibrentasvir	Mavyret	
●	glyburide	DiaBeta, Micronase,	
●	glyburide/metformin	Glucovance	
	hepatitis A vaccine	Havrix	
	hepatitis A/hepatitis B vaccine	Twinrix	
	hepatitis B vaccine	Engerix B, Recombivix HB	
	hepatitis B Recom vaccine	Heplisav-B	
	human papillomavirus-9 (HPV-9) vaccine	Gardasil 9	
	human papillomavirus (HPV) quadrivalent	Gardasil	
●	hydrochlorothiazide	Hydrochlorothiazide	
	Ibalizumab-uiyk	Trogarzo	
	imiquimod topical	Aldara	
●	indinavir	Crixivan	
	Insulin Aspart	Novolog	
	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 Aspart Soln Cartridge	Novolog Penfill	
	Insulin Aspart Soln Pen-injector	Novolog Flexpen	
	Insulin Detemir	Levemir	
	Insulin Detemir Soln Pen-injector	Levemor Flextouch	
	Insulin Glargine	Lantus	
	Insulin Glargine Soln Pen-Injector	Lantus Solostar	
	Insulin Lispro	Humalog	
	Insulin Lispro Soln Pen-injector	Humalog Junior Kwikpen	
	Insulin Lispro Soln Pen-injector	Humalog Kwikpen	
	Insulin NPH & Regular Susp Pen-Inj (70-30)	Humulin 70/30 Kwikpen	
	Insulin NPH (Human) (Isophane) Inj	Novolin N	
	Insulin NPH (Human) (Isophane) Inj	Humulin N	
	Insulin NPH (Human) (Isophane) Susp Pen-injector	Novolin N Flexpen	

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	Generic Name	Brand Name	Restrictions or Notes
	Insulin NPH Isophane & Regular Human Inj (70-30)	Humulin 70/30	
	Insulin Regular (Human) Inj	Humulin R	
	Insulin Regular (Human) Inj	Novolin R	
	Insulin Regular (Human) Soln Pen-Injector	Novolin R Flexpen	
	inteferon alfa-2b	Intron-A	
	interferon alfa-2a	Roferon-A	
	interferon alfacon 1	Infergen	
	ipratropium bromide/albuterol	Combivent	
	isoniazid	Isoniazid	
	itraconazole	Sporanox	
	ketoconazole	Nizoral	
●	lamivudine	Epivir	
●	lamivudine/tenofovir DF	Cimduo	
●	lamivudine/zidovudine	Combivir	
	lamotrigine	Lamictal	
^	lenacapavir Sodium	Sunlenca	Drug accessible via PA requirement ONLY at ProCare Pharmacy Direct, LLC, (CVS SPECIALITY PHARMACY #2921) Monroeville.. See detailed PA criteria.
	leucovorin	Wellcovorin	
	levetiracetam	Keppra	
●	lisinopril	Zestril, Prinivil	
	lithium	Eskalith	
●	lopinavir/ritonavir	Kaletra	
●	losartan	Cozaar	
●	maraviroc	Selzentry	
	megestrol acetate	Megace	
	meningococcal ACWY	Menquadfi	
	meningococcal ACWY	Menveo	
●	metformin	Glucophage	

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	Generic Name	Brand Name	Restrictions or Notes
●	methylphenidate	Concerta	Must fill every 30 days
●	metoprolol	Toprol XL	
	metronidazole	Flagyl	
	minocycline	Dynacin	
●	modafinil	Provigil	Must fill every 30 days
	moxifloxacin	Avelox	
	naloxone HCl nasal spray	Narcan	
●	nelfinavir	Viracept	
●	nevirapine	Viramune, Viramune EC	
	nortriptyline	Pamelor	
	paroxetine	Paxil	
	pegylated interferon	Peg-Intron, Pegasys	
	penicillin V potassium	Pen-Vee K	
	pentamidine	Nebupent, Pentam	
	pneumococcal vaccine	Pneumovax, Pnu-Immune	
	pneumococcal-20 vaccine	Prevnar 20	
	Pneumococcal-13 Vaccine	Prevnar 13	
	Pneumococcal-15 Vaccine	Vaxneuvance	
	Pneumococcal-21 Vaccine	Capvaxive	
●	pravastatin	Pravachol	
	prednisone	Deltasone	
	probenecid	Benemid	
	promethazine	Phenergan	
	pyrazinamide	Pyrazinamide	
	pyrimethamine	Daraprim	Not available at this time
●	raltegravir	Isentress, Isentress HD	
	ribavirin	Rebetol,Virazole,Copegus	
	rifabutin	Mycobutin	
	rifampin	Rifadin	
●	rilpivirine	Edurant	
	risperidone	Risperdal	
●	ritonavir	Norvir	
	rivaroxaban	Xarelto	
●	rosuvastatin	Crestor	

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	Generic Name	Brand Name	Restrictions or Notes
●	saquinavir	Invirase	
	sertraline	Zoloft	
●	stavudine	Zerit	
	sulfadiazine	Sulfadiazine	
	sulfamethoxazole-trimethoprim	Bactrim	
●	tenofovir disoproxil fumarate	Viread	
●	tenofovir DF/emtricitabine	Truvada	
	tetanus-diphtheria-pertussis (Tdap)	Boostrix	
	tetanus-diphtheria-pertussis (Tdap)	Adacel	
●	tipranavir	Aptivus	
	trazodone	Desyrel	
	triamcinolone acetonide cream	Triamcinolone Acetonide	
	valacyclovir	Valtrex	
	valganciclovir	Valcyte	
	venlafaxine	Effexor	
	voriconazole	Vfend	
	warfarin Sodium	Coumadin	
●	zidovudine	Retrovir	
	ziprasidone	Geodon	
	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 drug specific) 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)

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