

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

**FORMULARY BY DRUG CLASS NAME**

**Effective 5/10/2021**

**P: 888-311-7632      www.ramsellcorp.com      F: 800-848-4241      Version 3, 2021**

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>.

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	<b>Generic Name</b>	<b>Brand Name</b>	<b>Restrictions or Notes</b>
<b>1a. ANTIRETROVIRALS-ENTRY INHIBITORS</b>			
•	maraviroc	Selzentry	
<b>1b. ANTIRETROVIRALS-INTEGRASE INHIBITOR</b>			
•	dolutegravir	Tivicay	
•	raltegravir	Isentress, Isentress HD	
•	elvitegravir (EVG)	Vitekta	
<b>1c. ANTIRETROVIRALS-NUCLEOSIDE&amp; NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS</b>			
•	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	
<b>1d. ANTIRETROVIRALS-NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)</b>			
•	efavirenz	Sustiva	
•	etravirine	Intelence	
•	delavirdine mesylate	Rescriptor	
•	doravirine	Pifeltro	
•	nevirapine	Viramune, Viramune EC	
•	rilpivirine	Edurant	
<b>1e. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NNRTI COMBINATION</b>			
	cabotegravir & rilpivirine IM Susp ER	Cabenuva	Added effective 5/10/2021
<b>1f. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NRTI COMBINATION</b>			
•	bictegravir-emtricitabine-tenofovir AF	Biktarvy	
•	elvitegravir/cobicistat/emtricitabine/tenofovir DF	Stribild	

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<b>1f. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NRTI COMBINATION CONTINUED</b>			
•	dolutegravir/lamivudine/ abacavir	Triumeq	
•	dolutegravir/lamivudine	Dovato	
•	elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide	Genvoya	
<b>1g. ANTIRETROVIRALS NNRTI/NRTI COMBINATION</b>			
•	efavirenz /lamivudine/tenofovir DF	Symfi, Symfi Lo	
•	emtricitabine/tenofovir DF/efavirenz	Atripla	
•	emtricitabine/tenofovir DF/rilpivirine	Complera	
•	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
•	dolutegravir/rilpivirine	Juluca	
•	doravirine/lamivudine/tenofovir DF	Delstrigo	
<b>1h. ANTIRETROVIRALS CYP3A/INHIBITOR PHARMACOKINETIC ENHANCER</b>			
•	cobicistat	Tybost	
<b>1i. ANTIRETROVIRALS PROTEASE INHIBITORS</b>			
•	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	
<b>1j. ANTIRETROVIRALS-FUSION INHIBITOR</b>			
^ •	enfuvirtide	Fuzeon	Requires prior authorization
<b>1k. ANTIRETROVIRALS PROTEASE INHIBITOR/NRTI COMBINATION</b>			
•	darunavir/cobicistat/ emtricitabine/tenofovir alafenamide	Symtuza	Added effective 9/1/2019

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<b>1I. ANTIRETROVIRALS - GP 120 - DIRECTED ATTACHMENT INHIBITOR</b>			
●	fostemsavir	Rukobia	Added effective 9/1/2020
<b>1m. ANTIRETROVIRALS-CD4-DIRECTED POST-ATTACHMENT INHIBITOR</b>			
^	Ibalizumab-uiyk	Trogarzo	Effective 5/10/2021. PA required. Fax completed PA form to Ryan White Network at 334-206-5853
<b>2. ANTIBIOTICS</b>			
	amoxicillin	Amoxil	
	atovaquone	Meproin	
	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	
<b>3. ANTICHOLESTEROL</b>			
●	atorvastatin	Lipitor	
●	fenofibrate	Tricor	
●	pravastatin	Pravachol	
●	rosuvastatin	Crestor	
<b>4. ANTICONVULSANTS</b>			
	carbamazepine	Tegretol	
	gabapentin	Neurontin	
	lamotrigine	Lamictal	
	levetiracetam	Keppra	
<b>5. ANTIDEPRESSANTS/ANTIPSYCHOTICS</b>			
	amitriptyline HCL	Elavil	

RWHAP Part B and ADAP Grant X07HA00049 (HRSA-17-036 CFDA No. 93.917),  
Current FY 2020 project period 04.01.2021 – 03.31.2022.

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<b>5. ANTIDEPRESSANTS/ANTIPSYCHOTICS CONTINUED</b>			
	bupropion	Wellbutrin	
	citalopram	Celexa	
	escitalopram	Lexapro	
	fluoxetine	Prozac	
	lithium	Eskalith	
	nortriptyline	Pamelor	
	paroxetine	Paxil	
	risperidone	Risperdal	
	sertraline	Zoloft	
	trazodone	Desyrel	
	venlafaxine	Effexor	
	ziprasidone	Geodon	
<b>6. ANTIDIABETICS</b>			
•	glyburide	DiaBeta, Micronase,	
•	glyburide/metformin	Glucovance	
•	metformin	Glucophage	
	Insulin Detemir	Levemir	Added effective 12/4/2020
	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	
	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	

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<b>6. ANTIDIABETICS CONTINUED</b>			
	Insulin Regular (Human) Inj	Humulin R	Added effective 12/4/2020
	Insulin Regular (Human) Inj	Novolin R	
	Insulin Regular (Human) Soln Pen-Injector	Novolin R Flexpen	
<b>7. ANTIEMETICS</b>			
	promethazine	Phenergan	
<b>8. ANTI-FUNGALS</b>			
	amphotericin B	Ambisome, Amphotec, Abelcet, Fungizone	
	fluconazole	Diflucan	
	flucytosine	Ancobon	
	itraconazole	Sporanox	
	ketoconazole	Nizoral	
	voriconazole	Vfend	
<b>9. ANTIHYPERTENSIVES/CARDIAC MEDICATIONS</b>			
•	amlodipine	Norvasc	
•	benazepril	Lotensin	
•	carvedilol	Coreg	Added effective 12/4/2020
•	clonidine	Clonidine	Added effective 12/4/2020
•	furosemide	Lasix	Added effective 12/4/2020
•	hydrochlorothiazide	Hydrochlorothiazide	
•	lisinopril	Zestril, Prinivil	
•	losartan	Cozaar	Added effective 12/4/2020
•	metoprolol	Toprol XL	Added effective 12/4/2020
<b>10. ANTINEOPLASTICS</b>			
	leucovorin	Wellcovorin	
	megestrol acetate	Megace	
	warfarin sodium	Coumadin	
<b>11. ANTITUBERCULOSIS</b>			
	ethambutol	Myambutol	
	isoniazid	Isoniazid	
	pyrazinamide	Pyrazinamide	
	rifabutin	Mycobutin	
	rifampin	Rifadin	

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<b>12. ANTI-VIRALS</b>			
	acyclovir	Zovirax	
	imiquimod topical	Aldara	
	cidofovir	Vistide	
	dapsone	Dapsone	
	famciclovir	Famvir	
	foscarnet	Foscavir	
	ganciclovir	Cytovene	
	valacyclovir	Valtrex	
	valganciclovir	Valcyte	
<b>13. ANTIVIRALS-HEPATITIS B TREATMENT</b>			
	adefovir	Hepsera	
	entecavir	Baraclude	
<b>14. ANTIVIRALS-HEPATITIS C TREATMENT</b>			
	interferon alfa-2b	Intron-A	
	interferon alfacon 1	Infergen	
	pegylated interferon	Peg-Intron, Pegasys	
	ribavirin	Rebetol, Virazole, Copegus	
<b>15. ANTIVIRAL-HEPATITIS C (DIRECT ACTING ANTIVIRALS- DAA)</b>			
	elbasvir-grazoprevir	Zepatier	
	glecaprevir/pibrentasvir	Mavyret	
<b>16. HEMATOPOIETIC AGENTS</b>			
^ ●	epoetin alpha	Procrit	Requires prior authorization
	warfarin Sodium	Coumadin	Added effective 12/4/2020
<b>17. INHALERS/BRONCHODILATORS</b>			
	albuterol	Proventil HFA, Proair HFA, Ventolin HFA	
	ipratropium bromide/albuterol	Combivent	
	fluticasone/salmeterol 100mcg/50mcg	Advair Diskus	Added effective 9/1/2019
<b>18. STEROIDS</b>			
	prednisone	Deltasone	
	triamcinolone acetonide cream	Triamcinolone Acetonide	Added effective 12/4/2020

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	Generic Name	Brand Name	Restrictions or Notes
<b>19. STIMULANTS</b>			
•	methylphenidate	Concerta	Must fill every 30 days
•	modafinil	Provigil	Must fill every 30 days
<b>20. URICOSURIC AGENTS</b>			
	probenecid	Benemid	
<b>21. VACCINES</b>			
	hepatitis A vaccine	Havrix	
	hepatitis A/hepatitis B vaccine	Twinrix	
	hepatitis B vaccine	Engerix B, Recombivix HB	
	human papillomavirus (HPV) quadrivalent	Gardasil	
	pneumococcal vaccine	Pneumovax, Pnu-Immune	

**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. 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 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)