



## Connecticut Department of Public Health, AIDS Drug Assistance Program (ADAP) Formulary (Alphabetical by Generic)

Effective Date: June 2, 2022

Phone: 1-800-424-3310

<https://ctdph.magellanrx.com/>

Prior Authorization Fax: 1-855-461-2759

**CT DPH mandates the use of generic products whenever possible in accordance with applicable law or regulations. Exceptions are noted by drug.**

Generic Name	Brand Name	Notes/Restrictions
abacavir	Ziagen	
abacavir/dolutegravir/lamivudine	Triumeq	
abacavir/lamivudine	Epzicom	
abacavir/lamivudine/zidovudine	Trizivir	
acetaminophen with codeine		Oral elixir, solution and tablets forms covered only
acyclovir	Zovirax	Oral suspension and capsule, tablet forms covered only
albuterol MDI	Proventil, ProAir, Ventolin	ADAP only clients: Brand forms only ADAP with insurances clients: Both brand and generic forms covered
alclometasone dipropionate	Aclovate	
alendronate sodium	Fosamax	Oral tablets covered only
alendronate sodium/cholecalciferol	Fosamax + Vitamin D	
allopurinol		
alprazolam	Xanax	Oral tablets covered only
amikacin injection		
aminosalicylic acid	Paser	
amitriptyline	Elavil	Oral forms covered only
amlodipine	Norvasc	
amoxicillin	Amoxil	
amoxicillin/clavulanic acid	Augmentin, Augmentin XR	Oral tablet and suspension covered only
amphotericin b	Fungizone	Injectable forms covered only
ampicillin		
aripiprazole	Abilify	
atazanavir	Reyataz	
atazanavir/cobicistat	Evotaz	
atenolol	Tenormin	
atenolol/chlorthalidone	Tenoretic	
atorvastatin	Lipitor	
atovaquone	Mepron	
azelastine	Astelin	137 mcg nasal spray and eye drops covered only
azithromycin	Zithromax	
benazepril	Lotensin	
benztropine	Cogentin	
betamethasone dipropionate/valerate	Beta-Val, Diprolene	
bictegravir sodium / emtricitabine / tenofovir alafenamide	Biktarvy	
brompheniramine/dextromethorphan	Bromfed DM	

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Generic Name	Brand Name	Notes/Restrictions
budesonide	Rhinocort AQ	
bumetanide	Bumex	Oral tablets covered only
buprenorphine	Subutex	
buprenorphine (transdermal)	Butrans	ADAP only clients: Brand forms only ADAP with insurances clients: Both brand and generic forms covered
buprenorphine/naloxone	Suboxone	
bupropion	Wellbutrin, Wellbutrin XL, Wellbutrin SR	
buspirone	BuSpar	
cabotegravir/rilpivirine	Cabenuva	600 MG/900 MG Strength: Maximum quantity per fill of 6.0 ML 400 MG/600 MG Strength: Maximum quantity per fill of 4.0 ML
calcium supplements (calcium, calcium + vitamin D, calcium + vitamin D + magnesium)		See separate document "Vitamin Covered Products" for listing of covered products.
carbamazepine	Tegretol	
carvedilol	Coreg	Oral immediate release forms covered only
cefditoren	Spectracef	
cefixime	Suprax	
ceftriaxone	Rocephin	IM injection covered only
cefuroxime	Ceftin	
celecoxib	Celebrex	
cephalexin	Keflex	
chlorhexidine gluconate	Peridex	Oral rinse covered only
cholestyramine	Questran	Questran Light products not covered
cidofovir	Vistide	
ciprofloxacin	Cipro	Oral forms covered only
citalopram	Celexa	Oral tablet forms covered only
clarithromycin	Biaxin, Biaxin XL	
clindamycin	Cleocin	
clindamycin (topical)	Cleocin T	Topical gel forms covered only
conjugated estrogens	Premarin	Oral tablet forms covered only
clobetasol	Temovate	Topical cream and ointment forms covered only
clonazepam	Klonopin	
clopidogrel	Plavix	
clotrimazole	Lotrimin, Mycelex	Oral and topical forms covered only
cobicistat	Tybost	
colesevelam	Welchol	
cycloserine		
dapsone		Oral forms covered only
darunavir	Prezista	
darunavir/cobicistat	Prezcobix	
darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Symtuza	

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Generic Name	Brand Name	Notes/Restrictions
desloratadine	Clarinet	
desvenlafaxine	Pristiq	ADAP only clients: Brand forms only ADAP with insurances clients: Both brand and generic forms covered
dexamethasone	Decadron	Oral forms covered only
diazepam	Valium	Oral tablet forms covered only
diclofenac 1% gel	Voltaren	
diclofenac 3% gel		Generic form covered only
diclofenac sodium	Voltaren, Voltaren XR	
dicloxacillin		
digoxin	Digitex, Lanoxin	Oral forms covered only
diltiazem HCl	Cardizem, Cardizem LA, Cardizem CD, Tiazac	
diphenhydramine	Benadryl	Generic forms covered only
diphenoxylate/atropine	Lomotil	
divalproex	Depakote, Depakote DR, Depakote ER	
docusate calcium and sodium	Colace	
docusate/sennosides	Senokot-S	
dolutegravir	Tivicay/Tivicay PD	
dolutegravir/lamivudine	Dovato	
dolutegravir/rilpivirine	Juluca	
doravirine	Pifeltro	
doravirine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	
doxycycline hyclate	Vibramycin	
dronabinol	Marinol	Oral forms covered only
duloxetine	Cymbalta	
efavirenz	Sustiva	
efavirenz/emtricitabine/tenofovir disoproxil fumarate	Atripla	
efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi/Symfi Lo	
elvitegravir/cobicistat/emtricitabine/ tenofovir alafenamide	Genvoya	
elvitegravir/cobicistat/emtricitabine/ tenofovir disoproxil fumarate	Stribild	
emtricitabine	Emtriva	
emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
emtricitabine/rilpivirine/tenofovir disoproxil fumarate	Complera	
emtricitabine/tenofovir disoproxil fumarate	Truvada	ADAP only clients: Brand forms and all generic NDCs covered EXCEPT 42291043930 and 00904717207. ADAP with insurance clients: Both brand and generic forms covered
emtricitabine/tenofovir alafenamide	Descovy	
enalapril	Vasotec	
enfuvirtide	Fuzeon	

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	Engerix-B	20 mcg/mL strength: Maximum quantity per fill of 1; Minimum Age Limit = 20 10 mcg/mL strength: Maximum quantity per fill of 0.5; Maximum Age Limit = 19
entecavir	Baraclude	
erythropoietin	Epogen, Procrit	
escitalopram	Lexapro	
esomeprazole	Nexium	Oral capsule forms covered only
estradiol	Alora, Climara, Delestrogen, Depo-Estradiol, Dotti, Estraderm, Estrace, Minivelle, Vivelle, Vivelle-Dot	Injectable forms, oral tablet forms, and transdermal forms covered only
ethambutol	Myambutol	
ethionamide	Trecator	
etravirine	Intelence	ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
exenatide	Byetta	
ezetimibe	Zetia	
famciclovir	Famvir	
famotidine	Pepcid	Oral forms covered only
fenofibrate	Tricor	
fenofibric acid	Trilipix	
fentanyl (transdermal)	Duragesic	
ferrous sulfate		See separate document "Vitamin Covered Products" for listing of covered products.
fexofenadine	Allegra	Generic forms covered only
fexofenadine/pseudoephedrine	Allegra D	Generic forms covered only
filgrastim	Neupogen	
fluconazole	Diflucan	
flunisolide	AeroBid	
fluocinonide	Lidex	Topical gel form covered only
fluoxetine	Prozac	Oral capsule forms covered only
fluticasone propionate (topical)	Cutivate	
fluticasone propionate (inhalation)	Flovent	<b>Flovent HFA:</b> ADAP Only clients: Brand forms only; ADAP with insurance clients: Both brand and generic forms covered
fluticasone propionate/salmeterol	Advair Diskus	ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
fosamprenavir	Lexiva	
foscarnet	Foscavir	
fostemsavir	Rukobia	
furosemide	Lasix	
gabapentin	Neurontin	
ganciclovir	Cytovene	

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	Gardasil-9	For clients over the age of 26 years of age, pharmacy will need to call prescriber and submit appropriate DUR codes to obtain a paid claim Maximum quantity per fill of 0.5
gemfibrozil	Lopid	
gentamicin	Garamycin	
<sup>^</sup> glecaprevir/pibrentasvir	Mavyret	Clinical PA required
glipizide	Glucotrol, Glucotrol XL	
glyburide		
guaifenesin/codeine	Robitussin AC	
	Havrix	Maximum quantity per fill of 1; Minimum Age Limit = 1
	Hepilisav-B	Maximum quantity per fill of 0.5
hydrochlorothiazide	HCTZ	
hydrocortisone		
hydroxyurea	Hydrea	
hydroxyzine HCl	Atarax	
ibalizumab	Trogarzo	
ibuprofen	Motrin	
imiquimod	Aldara	
influenza vaccine	Afluria, Fluad, Flublok, Flucelvax, FluLaval, Fluzone, Fluzone High Dose	Afluria, Fluad, Flublok, FluLaval, Fluzone: Maximum quantity per fill of 0.5 Fluzone High Dose: Maximum quantity per fill of 0.7
insulin aspart	Novolog FlexPen	
insulin detemir	Levemir FlexTouch	
insulin glargine	Lantus Solostar, Basaglar	ADAP Only clients: Lantus Solostar: Brand forms only; Basaglar: not covered ADAP with insurance clients: Lantus Solostar: Brand and generic forms covered; Basaglar: covered
insulin glulisine	Apidra Solostar	
insulin lispro	Admelog Solostar/Humalog KwikPen	ADAP only clients: Humalog KwikPen brand and generic forms only ADAP with insurance clients: Humalog KwikPen and Admelog Solostar brand and generic forms covered
insulin mix	Humalog Mix 75/25 KwikPen/Humalog 50/50 KwikPen/Novolog Mix 70/30 FlexPen	ADAP only clients: Brand forms only ADAP with insurances clients: Both brand and generic forms covered
insulin NPH	Humulin N KwikPen	
insulin pen needles	BD/NovoFine/NovoTwist/Unifine	
insulin regular	Humulin R KwikPen	
intramuscular needles/syringes combo	Easy Touch/Integra/UlitiCare	
ipratropium bromide/albuterol sulfate	Combivent Respimat	
isoniazid		
isosorbide mononitrate	Imdur	

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	itraconazole	Sporanox	
	ketoconazole	Nizoral	Oral, topical cream and shampoo forms covered only
	labetalol	Normodyne	
	lactic acid cream/lotion		
	lactulose	Kristalose	
	lamivudine	Epivir/Epivir HB	
	lamivudine/zidovudine	Combivir	
	lamotrigine	Lamictal, Lamictal XR	
	lansoprazole	Prevacid	
^	ledipasvir/sofosbuvir	Harvoni	Clinical PA required ADAP only clients: Brand forms and Generic NDC 72626260101 are covered ADAP with insurance clients: Both brand and generic forms covered
	leucovorin		
	levocarnitine	Carnitor	
	levofloxacin	Levaquin	
	levothyroxine	Synthroid/Levoxyl/Unithroid	
	linezolid	Zyvox	
	lisinopril	Prinivil/Zestril	
	lisinopril/hydrochlorothiazide	Prinzide/Zestoretic	
	lithium	Eskalith/Lithobid	
	loperamide	Imodium	Prescription formulations covered only
	lopinavir/ritonavir	Kaletra	ADAP only clients: Brand forms and all generic NDCs covered EXCEPT 42385093360, and 42385093412 ADAP with insurance clients: Both brand and generic forms covered
	loratadine	Claritin	Generic forms covered only
	lorazepam	Ativan	Oral tablet forms covered only
	losartan	Cozaar	
	losartan/hydrochlorothiazide	Hyzaar	
	maraviroc	Selzentry	ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
	megestrol	Megace	
	meloxicam	Mobic	
	meningococcal vaccine	Menactra/Menveo/Menomune	Maximum quantity per fill of 0.5 Menomune: Minimum Age Limit = 2
	metformin	Glucophage, Glucophage XR	
	metoprolol succinate	Toprol XL	
	metoprolol tartrate	Lopressor	
	metronidazole	Flagyl	
	metronidazole cream	MetroCream	
	minocycline hcl	Minocin	
	minoxidil		Oral tablet forms covered only

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Generic Name	Brand Name	Notes/Restrictions
mirtazapine	Remeron	
mometasone furoate monohydrate	Nasonex	
moxifloxacin	Avelox	
multivitamin w/ iron	Strovite Forte, Forte Plus D, Forte Advance, and Forte One	See separate document "Vitamin Covered Products" for listing of covered products.
mupirocin	Bactroban	Ointment formulation covered only
naloxone nasal spray/syringes/vials	Narcan	Nasal Spray Formulation: ADAP only clients: Brand forms and all generic NDCs covered EXCEPT 00093216519 and 00093216568. ADAP with insurance clients: Both brand and generic forms covered
naproxen	Naprosyn	250 mg, 500 mg tablets covered only
neomycin/polymyxin B/hydrocortisone otic solution	Cortisporin	
neomycin sulfate		
nevirapine	Viramune, Viramune XR	
nitrofurantoin monohydrate	Macrobid	
nitroglycerin		Oral forms covered only
nortriptyline	Pamelor	
nystatin		Oral and topical forms covered only
ofloxacin	Floxin	Ophthalmic and Otic formulations covered only
olanzapine	Zyprexa	
olmesartan	Benicar	
olmesartan/hydrochlorothiazide	Benicar HCT	
omega-3 acid ethyl esters	Lovaza	
ondansetron	Zofran/Zofran ODT	
oseltamivir	Tamiflu	
oxandrolone	Anavar, Oxandrin	
oxycodone CR	Oxycontin	
oxycodone IR		Oral tablet and solution forms covered only
oxycodone/acetaminophen	Percocet/Roxicet	
pancrelipase	Creon/Zenpep	
pantoprazole		
paromomycin	Humatin	
paroxetine	Paxil	
pegylated interferon alfa-2a	Pegasys	
pegylated interferon alfa-2b	Peg-Intron	
penicillin g benzathine	Bicillin LA	
penicillin v potassium	Pen-Vee K/Veetids	
pentamidine	NebuPent, Pentam	Inhaled or injection forms covered only
pimecrolimus	Elidel	
pioglitazone	Actos	
pneumococcal conjugate vaccine (pcv13)	Prevnar 13	Maximum quantity per fill of 0.5
pneumococcal conjugate vaccine (pcv20)	Prevnar 20	Maximum quantity per fill of 0.5
pneumococcal vaccine	Pneumovax-23	Maximum quantity per fill of 0.5 Minimum Age Limit = 2

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	Generic Name	Brand Name	Notes/Restrictions
	pravastatin	Pravachol	
	prednisone		
	pretomanid		
	primaquine		
	prochlorperazine	Compazine	Oral tablet form covered only
	progesterone capsules		
	pyrazinamide		
	pyridoxine		25 mg, 50 mg, 100 mg tablets and 25 mg lozenge covered only See separate document "Vitamin Covered Products" for listing of covered products.
	pyrimethamine	Daraprim	ADAP only clients: Brand forms and generic NDCs 72647033001 and 72647033003 covered ADAP with insurance clients: Both brand and generic forms covered
	quetiapine	Seroquel, Seroquel XR	
	rabeprazole	Aciphex	
	raltegravir	Isentress, Isentress HD	
	ramipril	Altace	
	ranitidine	Zantac	Prescription strength covered only
		Recombivax HB	Maximum quantity per fill of 1
	ribavirin	Copegus, Rebetol	Oral capsules, solution, and tablets covered only
	rifabutin	Mycobutin	
	rifampin	Rifadin	
	rifapentine	Priftin	
	rilpivirine	Edurant	
	risperidone	Risperdal	
	ritonavir	Norvir	
	rivaroxaban	Xarelto	
	rosuvastatin	Crestor	
	salmeterol xinafoate	Serevent Diskus	
	saquinavir mesylate	Invirase	
	sennosides	Senokot	
	sertraline	Zoloft	
^	sofosbuvir and velpatasvir	Epclusa	Clinical PA required ADAP only clients: Brand forms and Generic NDC 76226270101 are covered ADAP with insurance clients: Both brand and generic forms covered
^	sofosbuvir/velpatasvir/voxilaprevir	Vosevi	Clinical PA required
^	somatropin	Serostim	Clinical PA required Restricted to 48 weeks treatment
	spironolactone	Aldactone	
	sulfadiazine		
	sulfamethoxazole/trimethoprim	Bactrim SS/DS, Septra	
	tamsulosin	Flomax	

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	Generic Name	Brand Name	Notes/Restrictions
	telmisartan	Micardis	
	telmisartan/hydrochlorothiazide	Micardis HCT	
	temazepam	Restoril	
	tenofovir alafenamide	Vemlidy	
	tenofovir disoproxil fumarate	Viread	
	terbinafine	Lamisil	Oral and topical forms covered only
	terconazole	Terazol 3 & 7	
	testosterone cypionate	Depo-Testosterone	
^	testosterone enanthate	Xyosted	
	testosterone	Androderm, AndroGel, Testim 1%	
	tipranavir	Aptivus	
	torseamide	Demadex	
	tramadol	Ultram	50 mg tablets covered only
	trazodone	Desyrel	
	triamcinolone acetonide	Nasacort AQ	
	triamcinolone acetonide topical	Kenalog	
	trimethoprim	Trimpex, Proloprim	
		Twinrix	Maximum quantity per fill of 1 Minimum Age Limit = 18
	valacyclovir	Valtrex	
	valganciclovir	Valcyte	
	valsartan	Diovan	
	valsartan/hydrochlorothiazide	Diovan HCT	
	vancomycin	Vancocin	Oral capsule form covered only
		Vaqta	Maximum quantity per fill of 1 Minimum Age Limit = 1
	varenicline	Chantix	NDCs 60505476505 & 60505476606 are not covered
	varicella-zoster	Shingrix	Maximum quantity per fill of 1 Minimum Age Limit = 19
	venlafaxine	Effexor, Effexor XR	Effexor XR: Capsule formulations covered only
	verapamil	Covera HS	
	vitamin D supplements		All strengths covered See separate document "Vitamin Covered Products" for listing of covered products.
	voriconazole	Vfend	
	vortioxetine	Trintellix	
	warfarin	Coumadin	
	zanamivir	Relenza	
	zidovudine	Retrovir	Generic covered only
	zolpidem tartrate	Ambien, Ambien CR	

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## CT DPH-ADAP Program Dispensing Policies

- Drugs marked with “ ^ ” require a prior authorization for specific diagnosis or circumstance. Magellan Rx Management will request additional information (client and drug specific) before considering the authorization. Please call 1-800-424-3310 or check website for diagnosis or specific PA form at <https://ctdph.magellanrx.com>.
- All drugs are to be dispensed with a maximum 90-day supply.
- **For clients with other insurance:** If your other insurance does not cover a CADAP covered formulary medication, you will still be able to get your medication through CADAP, for assistance with these situations the pharmacy can call Magellan Rx Management at 1-800-424-3310.
- Refills may be obtained after 93 percent of the previously dispensed days’ supply and 85 percent if days’ supply of 15 or less is dispensed; however, there is an annual maximum of 13 fills per prescription.
- All covered formulary capsule and tablet formulations have a quantity limit of 720 tablets/capsules per fill (except Tivicay PD which has a quantity limit of 1,620 tablets per fill). **NOTE:** Your pharmacy may have to call 1-800-424-3310 to obtain an override.
- All covered formulary liquid formulations have a quantity limit of 1,500 mL per fill (except for Serostim which has a quantity limit per fill of 28 mL per fill). **NOTE:** Your pharmacy may have to call 1-800-424-3310 to obtain an override.
- All covered formulary inhalers have a quantity limit of 6 units per fill.
- CT DPH 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 a DAW 1 code and calling the Pharmacy Call Center at 1-800-424-3310. Exceptions are noted by drug.
- All Antiretroviral combinations are screened against the most recent DHHS guidelines for the use antiretroviral therapy in adolescents and adults <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-treatment-guidelines/0> for high dosage and non-recommended combinations. Regimens not conforming to these guidelines may be rejected at adjudication.
- The following drug manufacturers or manufacturer label code/s are excluded from reimbursement through the CT DPH ADAP Program:
  - Actavis Kadian LLC
  - Akron Pharmaceuticals
  - Altaire Pharmaceuticals, Inc.
  - American Antibiotics, Inc.
  - Aristos Pharmaceuticals
  - Aytu Bioscience, Inc.
  - Beford Laboratories
  - Belcher Pharmaceuticals, LLC
  - Biomes Pharmaceuticals
  - Blenheim Pharmacal, Inc.
  - Cambridge Therapeutic Technologies
  - Canton Laboratories, LLC
  - Celgene Corporation
  - Cephalone Pharma, LLC
  - Chain Drug Consortium, LLC
  - Coloplast Manufacturing US, LLC
  - Concordia Pharmaceuticals
  - Creekwood Pharmaceuticals
  - EKR Therapeutics
  - Elan Pharmaceuticals
  - Focus Laboratories
  - Forest Laboratories
  - Foundation Consumer Healthcare LLC
  - Gallipoint, Inc.
  - Generamed, Inc.
  - Geri-Care Pharmaceuticals
  - Glendale Inc.
  - Gloucester Pharmaceuticals Inc.
  - Health Point Medical
  - Ironwood Pharmaceuticals
  - Johnson & Johnson Consumer, Inc. (Labeler Code 16837)
  - Kastle Therapeutics, LLC
  - LaboPharm Pharmaceuticals, Inc.
  - Laser Pharmaceuticals
  - Mason Distributors, Inc.
  - Meda Pharmaceuticals
  - Medisca
  - Meridian
  - Nautilus Neurosciences, Inc.
  - NeurogesX
  - NextSource Biotechnology
  - Nostrum Laboratories, Inc.
  - Octapharma USA, Inc.
  - Ortho Pharmaceuticals
  - PD-RX Pharmaceuticals
  - Pfizer Consumer Health
  - Polygen Pharmaceuticals
  - Prestium Pharma, Inc.
  - Proctor & Gamble Pharmaceuticals
  - Profunda, Inc.
  - PruGen, Inc.
  - Quality Care Product, Inc.
  - RIJ Pharmaceutical Corporation
  - Rochester Pharmaceuticals
  - Romark Laboratories
  - Sallus Laboratories
  - Sancilo & Company, Inc.
  - Sanofi Pasteur, Inc. (except vaccines)
  - Sherwood Medical Company
  - SmithKline Beecham Corp.
  - Sprout Pharmaceuticals, Inc.
  - Stiefel Laboratories, Inc.
  - TAP Pharmaceuticals, Inc.
  - Targeted Medical Pharmaceuticals
  - Taro Pharmaceuticals
  - Triax Pharmaceuticals
  - Victory Pharma, Inc.
  - Vistakon Pharmaceuticals
  - Weeks & Leo Co., Inc.

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**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 Magellan Rx Management phone number listed below and select option 8 to speak with a live Pharmacy Call Center Representative. You will need your pharmacy National Provider Identifier (NPI) number and the drug's 11-digit national drug code (NDC). For additional questions, you can call the Magellan Rx Management call center at 1-800-424-3310.