



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

Effective Date: December 17, 2020

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	Alcovate	
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	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, Welbutrin SR	
bupirone	BuSpar	
calcium supplements (calcium, calcium + vitamin D, calcium + vitamin D + magnesium)		
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	
desloratadine	Clarinx	
dexamethasone	Decadron	Oral forms covered only
diazepam	Valium	Oral tablet forms covered only

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diclofenac 1% gel	Voltaren	
diclofenac 3% gel		Generic form covered only
diclofenac sodium	Voltaren, Voltaren XR	
dicloxacillin		
digoxin	Digitek, Lanoxin	Oral forms covered only
diltiazem HCl	Cardizem, Cardizem LA, Cardizem CD, Tiazac	
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	ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi/Symfi Lo	ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
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 only ADAP with insurance clients: Both brand and generic forms covered
emtricitabine/tenofovir alafenamide	Descovy	
enalapril	Vasotec	
enfuvirtide	Fuzeon	
	Engerix-B	20 mcg/mL strength: Maximum quantity per fill of 1 10 mcg/mL strength: Maximum quantity per fill of 0.5
entecavir	Baraclude	
erythropoietin	Epogen, Procrit	
escitalopram	Lexapro	

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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	
exenatide	Byetta	
ezetimibe	Zetia	
famciclovir	Famvir	
famotidine	Pepcid	Oral forms covered only
fenofibrate	Tricor	
fenofibric acid	Trilipix	
fentanyl (transdermal)	Duragesic	
ferrous sulfate		
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	
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	
	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	
^ glecaprevir/pibrentasvir	Mavyret	Clinical PA required
glipizide	Glucotrol, Glucotrol XL	
glyburide		
guaifenesin/codeine	Robitussin AC	
	Havrix	Maximum quantity per fill of 1
	Hepelisav-B	Maximum quantity per fill of 0.5
hydrochlorthiazide	HCTZ	

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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	Basaglar covered only for ADAP with other insurance clients
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		
ipratropium bromide/albuterol sulfate	Combivent Respimat	
isoniazid		
isosorbide mononitrate	Imdur	
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 only ADAP with insurance clients: Both brand and generic forms covered
leucovorin		
levocarnitine	Carnitor	
levofloxacin	Levaquin	

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levothyroxine	Synthroid/Levoxyl/Unithroid	
linezolid	Zyvox	
lisinopril	Prinivil/Zestril	
lisinopril/hydrochlorothiazide	Prinizide/Zestoretic	
lithium	Eskolith/Lithobid	
loperamide	Imodium	Prescription formulations covered only
lopinavir/ritonavir	Kaletra	
lorazepam	Ativan	Oral tablet forms covered only
losartan	Cozaar	
losartan/hydrochlorothiazide	Hyzaar	
maraviroc	Selzentry	
megestrol	Megace	
meloxicam	Mobic	
meningococcal vaccine	Menactra/Menveo	Maximum quantity per fill of 0.5
metformin	Glucophage, Glucophage XR	
metoprolol succinate	Toprol XL	
metoprolol tartarate	Lopressor	
metronidazole	Flagyl	
metronidazole cream	MetroCream	
minocycline hcl	Minocin	
minoxidil		Oral tablet forms covered only
mirtazapine	Remeron	
mometasone furoate monohydrate	Nasonex	
moxifloxacin	Avelox	
multivitamin w/ iron		
mupirocin	Bactroban	Ointment formulation covered only
naloxone nasal spray/syringes/vials	Narcan	
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	

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Generic Name	Brand Name	Notes/Restrictions
oxycodone IR		Oral tablet and solution forms covered only
oxycodone/acetaminophen	Percocet/Roxicet	
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 Nebupent - ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
pimecrolimus	Elidel	
pioglitazone	Actos	
pneumococcal conjugate vaccine (pcv13)	Prevnar 13	Maximum quantity per fill of 0.5
pneumococcal vaccine	Pneumovax	Maximum quantity per fill of 0.5
pravastatin	Pravachol	
prednisone		
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
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	

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	Generic Name	Brand Name	Notes/Restrictions
	saquinavir mesylate	Invirase	
	sennosides	Senokot	
	sertraline	Zoloft	
^	sofosbuvir and velpatasvir	Epclusa	Clinical PA required. ADAP only clients: Brand forms only 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	
	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	Androderm, AndroGel, Depo-Testosterone, Testim 1%	Injectable: Cypionate forms covered only Transdermal: AndroGel forms covered only
	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
	valacyclovir	Valtrex	
	valganciclovir	Valcyte	
	valsartan	Diovan	
	valsartan/hydrochlorothiazide	Diovan HCT	
	vancomycin	Vancocin	Oral capsule form covered only
		Vaqta	Maximum quantity per fill of 1
	varicella-zoster	Shingrix	Maximum quantity per fill of 1
	venlafaxine	Effexor, Effexor XR	Effexor XR: Capsule formulations covered only
	verapamil	Covera HS	
	vitamin D supplements		All strengths covered
	voriconazole	Vfend	
	warfarin	Coumadin	
	zanamivir	Relenza	
	zidovudine	Retrovir	Generic covered only

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	Generic Name	Brand Name	Notes/Restrictions
	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.
- 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 240 tablets/capsules per fill (except Tivicay PD which has a quantity limit of 540 tablets per fill).
- All covered formulary liquid formulations have a quantity limit of 500 mL per fill (except for Serostim which has a quantity limit per fill of 28 mL per fill).
- All covered formulary inhalers have a quantity limit of 2 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:

<ul style="list-style-type: none"> – 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. – CambridgeTherapeutic Technologies – Canton Laboratories, LLC. – Celegene Corporation – Cephazone 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 	<ul style="list-style-type: none"> – Gallipoint, Inc. – Generamed, Inc. – Gericare 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 	<ul style="list-style-type: none"> – 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 – Sancillo & 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.