



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

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	Restrictions
<b>ANTIRETROVIRALS</b>		
<b>MULTICLASS SINGLE TABLET REGIMENS</b>		
abacavir/lamivudine/dolutegravir	Triumeq	
bicetgravir/emtricitabine/tenofovir alafenamide	Biktarvy	
darunavir/cobicstat/emtricitabine/tenofovir alafenamide	Symtuza	
dolutegravir/lamivudine	Dovato	
dolutegravir/rilpivirine	Juluca	
doaravine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	
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	ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
efavirenz/lamivudine/tenofovir disoproxil fumarate	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/rilpivirine/tenofovir alafenamide	Odefsey	
emtricitabine/rilpivirine/tenofovir disoproxil fumarate	Complera	
<b>COMBINATION MEDICATIONS</b>		
abacavir/lamivudine	Epzicom	
abacavir/lamivudine/zidovudine	Trizivir	
atazanavir/cobicistat	Evotaz	
darunavir/cobicistat	Prezcobix	
emtricitabine/tenofovir alafenamide	Descovy	
emtricitabine/tenofovir disoproxil fumarate	Truvada	ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
lamivudine/zidovudine	Combivir	

^ = Drug requires a prior authorization for specific diagnosis or circumstance. Please call 1-800-424-3310 or check website for diagnosis or specific PA form at <https://ctdph.magellanrx.com>

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<b>ANTIRETROVIRALS (continued)</b>		
<b>COMBINATION MEDICATIONS (continued)</b>		
lopinavir/ritonavir	Kaletra	
<b>NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs)</b>		
abacavir	Ziagen	
emtricitabine	Emtriva	
lamivudine	Epivir, Epivir HBV	
tenofovir alafenamide	Vemlidy	
tenofovir disoproxil fumarate	Viread	
zidovudine	Retrovir	Generic covered only
<b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)</b>		
doravirine	Pifeltro	
efavirenz	Sustiva	
etravirine	Intelence	
nevirapine	Viramune Viramune XR	
rilpivirine	Edurant	
<b>PROTEASE INHIBITORS (PIs)</b>		
atazanavir	Reyataz	
darunavir	Prezista	
fosamprenavir	Lexiva	
ritonavir	Norvir	
saquinavir	Invirase	
tipranavir	Aptivus	
<b>ATTACHMENT INHIBITORS</b>		
fostemsavir	Rukobia	
<b>ENTRY INHIBITORS</b>		
enfuvirtide, T-20	Fuzeon	
maraviroc	Selzentry	
<b>INTEGRASE INHIBITORS</b>		
dolutegravir	Tivicay, Tivicay PD	
raltegravir	Isentress, Isentress HD	
<b>BOOSTING AGENT</b>		
cobicistat	Tybost	
<b>MONOCLONAL ANTIBODY</b>		
ibalizumab	Trogarzo	
<b>ANTIVIRALS: HERPES/CMV/FLU MEDICATIONS</b>		
acyclovir	Zovirax	Oral suspension and capsule, tablet forms covered only
cidofovir	Vistide	
famciclovir	Famvir	
foscarnet	Foscavir	
ganciclovir	Cytovene	

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<b>ANTIVIRALS: HERPES/CMV/FLU MEDICATIONS (continued)</b>		
oseltamivir	Tamiflu	
valacyclovir	Valtrex	
valganciclovir	Valcyte	
<b>ANTIVIRALS: HEPATITIS B/HEPATITIS C MEDICATIONS</b>		
zanamivir	Relenza	
entecavir	Baraclude	
^ glecaprevir/pibrentasvir	Mavyret	Clinical PA required
^ ledipasvir/sofosbuvir	Harvoni	Clinical PA required ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
pegylated interferon alfa-2a	Pegasys	
pegylated interferon alfa-2b	Peg-Intron	
ribavirin	Copegus, Rebetol	Oral capsules, solution, and tablets covered only
^ sofosbuvir/velpatasvir	Eplclusa	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
<b>ANALGESIC/ANTI-INFLAMMATORY MEDICATIONS</b>		
acetaminophen with codeine		Oral elixir, solution and tablet forms covered only
buprenorphine (transdermal)	Butrans	ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
celecoxib	Celebrex	
diclofenac 1% gel	Voltaren	
diclofenac 3% gel		Generic form covered only
diclofenac sodium	Voltaren, Voltaren XR	
fentanyl (transdermal)	Duragesic	
gabapentin	Neurontin	
ibuprofen	Motrin	
meloxicam	Mobic	
naproxen	Anaprox	250 mg, 500 mg tablets covered only
oxycodone/acetaminophen	Roxicet, Percocet	
oxycodone CR	Oxycontin	
oxycodone IR		Oral tablet and solution forms covered only
tramadol	Ultram	50 mg tablets covered only
<b>ANTIBIOTIC/ANTI-INFECTIVE MEDICATIONS</b>		
amikacin injection		
aminosalicylic acid	PASER	
amoxicillin	Amoxil	

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amoxicillin/clavunlanic acid	Augmentin, Augmentin XR	Oral tablet and suspension covered only
ampicillin		
atovaquone	Mepron	
azithromycin	Zithromax	
cefditoren	Spectracef	
cefixime	Suprax	
ceftriaxone	Rocephin	IM injection covered only
cefuroxime	Ceftin	
cephalexin	Keflex	
chlorhexidine gluconate	Peridex	Oral rinse covered only
ciprofloxacin	Cipro	Oral forms covered only
clarithromycin	Biaxin, Biaxin XL	
clindamycin	Cleocin	
cycloserine		
dapsone		
dicloxacillin		
doxycycline Hyclate	Vibramycin	
ethambutol	Myambutol	
ethionamide	Trecator	
gentamicin	Garamycin	
isoniazid		
leucovorin		
levofloxacin	Levaquin	
linezolid	Zyvox	
metronidazole	Flagyl	
minocycline	Minocin	
moxifloxacin	Avelox	
mupirocin	Bactroban	Ointment formulation covered only
neomycin/polymyxin B/hydrocortisone otic solution	Cortisporin	
nitrofurantoin monohydrate	Macrobid	
ofloxacin	Floxin	Ophthalmic and Otic formulations covered only
paromomycin	Humatin	
penicillin G benzathine	Bicillin LA	
penicillin V potassium	Pen-Vee K, Veetids	
pentamidine	Pentam 300, NebuPent	Inhaled and injection forms covered only <b>Nebupent</b> - ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
primaquine		
pyrazinamide		

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<b>ANTIBIOTICS/ANTI-INFECTIVE MEDICATIONS (continued)</b>		
pyrimethamine	Daraprim	ADAP only clients: Brand forms and generic NDCs 72647033001 and 72647033003 covered ADAP with insurance clients: Both brand and generic forms covered
rifabutin	Mycobutin	
rifampin	Rifadin	
rifapentine	Priftin	
sulfadiazine		
sulfamethoxazole/trimethoprim	Bactrim SS/DS, Septra	
trimethoprim	Trimpex, Proloprim	
vancomycin	Vancocin	Oral capsule form covered only
<b>ANTIDEPRESSANT/PSYCHOTROPIC/HYPNOTIC MEDICATIONS</b>		
alprazolam	Xanax	Oral tablets covered only
amitriptyline	Elavil	Oral forms covered only
aripiprazole	Abilify	
benztropine	Cogentin	
buprenorphine	Subutex	
buprenorphine/naloxone films	Suboxone	
bupropion	Wellbutin, Wellbutrin XL, Wellbutrin SR	
buspirone	Buspar	
citalopram	Celexa	Oral tablet forms covered only
clonazepam	Klonopin	
diazepam	Valium	Oral tablet forms covered only
divalproex	Depakote, Depakote DR, Depakote ER	
duloxetine	Cymbalta	
escitalopram	Lexapro	
fluoxetine	Prozac	Oral capsule forms covered only
gabapentin	Neurontin	
hydroxyzine HCl	Atarax	
lithium	Eskolith, Lithobid	
lorazepam	Ativan	Oral tablet forms covered only
mirtazapine	Remeron	
nortriptyline	Pamelor	
olanzapine	Zyprexa	
paroxetine	Paxil	
quetiapine	Seroquel	
risperidone	Risperdal	

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<b>ANTIDEPRESSANTS/PSYCHOTROPIC/HYPNOTIC MEDICATIONS (continued)</b>		
sertraline	Zoloft	
temazepam	Restoril	
trazodone	Desyrel	
venlafaxine	Effexor, Effexor XR	Effexor XR: Capsule formulations covered only
zolpidem tartrate	Ambien, Ambien CR	
<b>ANTICONVULSANT MEDICATIONS</b>		
carbamazepine	Tegretol	
lamotrigine	Lamictal, Lamictal XR	
<b>ANTIFUNGAL MEDICATIONS</b>		
amphotericin B	Fungizone	Injectable forms covered only
clotrimazole	Mycelex, Lotrimin	Oral and topical forms covered only
fluconazole	Diflucan	
itraconazole	Sporanox	
ketoconazole	Nizoral	Oral, topical cream and shampoo forms covered only
nystatin		Oral and topical forms covered only
terbinafine	Lamisil	Oral and topical forms covered only
terconazole	Terazol 3 & 7	
voriconazole	Vfend	
<b>CARDIOVASCULAR MEDICATIONS</b>		
amlodipine	Norvasc	
atenolol	Tenormin	
atenolol/chlorthalidone	Tenoretic	
atorvastatin	Lipitor	
benazepril	Lotensin	
bumetanide	Bumex	Oral tablets covered only
carvedilol	Coreg	Oral immediate release forms covered only
cholestyramine	Questran	Questran Light products not covered
clopidigrel	Plavix	
colesevelam	Welchol	
digoxin	Digitek, Lanoxin	Oral forms covered only
diltiazem HCl	Cardizem, Cardizem LA, Cardizem CD, Tiazac	
enalapril	Vasotec	
ezetimibe	Zetia	
fenofibrate	Tricor	
fenofibric acid	Trilipix	
furosemide	Lasix	
gemfibrozil	Lopid	
hydrochlorothiazide	HCTZ	

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<b>CARDIOVASCULAR MEDICATIONS (continued)</b>		
isosorbide mononitrate	Imdur	
labetalol	Normodyne	
lisinopril	Prinivil, Zestril	
lisinopril/hydrochlorothiazide	Prinizide, Zestoretic	
losartan	Cozaar	
losartan/hydrochlorothiazide	Hyzaar	
metoprolol succinate	Toprol XL	
metoprolol tartrate	Lopressor	
minoxidil		Oral tablet forms covered only
nitroglycerin		Oral forms covered only
olmesartan	Benicar	
olmesartan/hydrochlorothiazide	Benicar HCT	
omega-3 acid ethyl esters	Lovaza	
pravastatin	Pravachol	
ramipril	Altace	
rivaroxaban	Xarelto	
rosuvastatin	Crestor	
spironolactone	Aldactone	
telmisartan	Micardis	
telmisartan/hydrochlorothiazide	Micardis HCT	
torseamide	Demadex	
valsartan	Diovan	
valsartan/hydrochlorothiazide	Diovan HCT	
verapamil	Covera HS	
warfarin	Coumadin	
<b>DECONGESTANT/EXPECTORANT AGENTS</b>		
brompheniramine/dextromethorphan	Bromfed DM	
desloratadine	Clarinex	
guaifenesin/codeine	Robitussin AC	
<b>DERMATOLOGIC MEDICATIONS</b>		
alclometasone dipropionate	Aclovate	
betamethasone	Diprolene	
clindamycin	Cleocin T	Topical gel forms covered only
clobetasol	Temovate	Topical cream and ointment forms covered only
fluocinonide	Lidex	Topical gel form covered only
fluticasone propionate	Cutivate	
hydrocortisone		
imiquimod	Aldara	
ketoconazole	Nizoral	Topical cream and shampoo forms covered only

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<b>DERMATOLOGIC MEDICATIONS (continued)</b>		
lactic acid cream/lotion		
metronidazole	MetroCream	
pimecrolimus	Elidel	
triamcinolone acetonide	Kenalog	
<b>ENDOCRINE/METABOLIC MEDICATIONS</b>		
alendronate	Fosamax	Oral tablet forms covered only
alendronate/cholecalciferol	Fosamax + Vitamin D	
conjugated estrogens	Premarin	Oral tablet forms covered only
dexamethasone	Decadron	Oral forms covered only
dronabinol	Marinol	Oral 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
exenatide	Byetta	
glipizide	Glucotrol, Glucotrol XL	
glyburide		
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	
insulin NPH	Humulin N Kwikpen	
insulin pen needles	BD, Novofine, Novotwist, Unifine	
insulin regular	Humulin R Kwikpen	
intramuscular needles/syringes combo		
levothyroxine	Levoxyl, Synthroid, Unithroid	
megestrol acetate	Megace	
metformin	Glucophage, Glucophage XR	
oxandrolone	Anavar, Oxandrin	



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<b>ENDOCRINE/METABOLIC MEDICATIONS (continued)</b>		
pioglitazone	Actos	
prednisone		
progesterone capsules		
<sup>^</sup> somatropin	Serostim	Clinical PA required Restricted to 48 weeks treatment
testosterone cypionate	Depo-Testosterone	
testosterone	Androderm, AndroGel, Depo-Testosterone, Testim 1%	Injectable: Cypionate forms covered only Transdermal: AndroGel forms covered only
<b>GASTROINTESTINAL MEDICATIONS</b>		
diphenoxylate/atropine	Lomotil	
docusate calcium and sodium	Colace	
docusate/sennosides	Senokot-S	
esomeprazole	Nexium	Oral capsule forms covered only
famotidine	Pepcid	Oral forms covered only
lactulose	Kristalose	
lansoprazole	Prevacid	
loperamide	Imodium	Prescription formulations covered only
ondansetron	Zofran, Zofran ODT	
pantoprazole sodium	Protonix	
prochlorperazine	Compazine	Oral tablet form covered only
rabeprazole	Aciphex	
ranitidine	Zantac	Prescription strength covered only
sennosides	Senokot	
<b>HEMATOLOGIC MEDICATIONS</b>		
erythropoietin	Epogen, Procrit	
filgrastim	Neupogen	
hydroxyurea	Hydrea	
<b>OPIATE ANTIDOTE</b>		
naloxone nasal spray, syringe, vials	Narcan	
<b>RESPIRATORY MEDICATIONS</b>		
albuterol MDI	ProAir, Proventil, Ventolin	ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
azelastine HCl	Astelin	137 mcg nasal spray and eye drops covered only
budesonide	Rhinocort AQ	
flunisolide	Aerobid	
fluticasone propionate	Flovent	
fluticasone propionate/salmeterol	Advair Diskus	ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered

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<b>RESPIRATORY MEDICATIONS (continued)</b>		
ipratropium bromide/albuterol sulfate	Combivent Respimat	
mometasone furoate monohydrate	Nasonex	
salmeterol xinafoate	Serevent Diskus	
triamcinolone acetonide	Nasacort AQ	
<b>URIC ACID INHIBITOR MEDICATIONS</b>		
allopurinol		
<b>URINARY RETENTION MEDICATIONS</b>		
tamsulosin	Flomax	
<b>VACCINES</b>		
	Engerix-B	20 mcg/mL strength: Maximum quantity per fill of 1 10 mcg/mL strength: Maximum quantity per fill of 0.5
	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
	Havrix	Maximum quantity per fill of 1
	Hepislav-B	Maximum quantity per fill of 0.5
influenza vaccine	Afluria, Fluad, Flublok, 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
meningococcal	Menactra, Menveo	Maximum quantity per fill of 0.5
pneumococcal vaccine	Pneumovax-23, Prevnar 13	Maximum quantity per fill of 0.5
	Recombivax HB	Maximum quantity per fill of 1
	Twinrix	Maximum quantity per fill of 1
	Vaqta	Maximum quantity per fill of 1
varicella-zoster	Shingrix	Maximum quantity per fill of 1
<b>VITAMINS AND MINERALS</b>		
calcium supplements (calcium, calcium + Vitamin D, calcium + Vitamin D + magnesium)		
ferrous sulfate		
levocarnitine	Carnitor	
multivitamin w/ iron	Strovite Forte/Forte Plus D/Forte Advance and Forte One	
pyridoxine		25 mg, 50 mg, 100 mg tablets and 25 mg lozenge covered only
vitamin D supplements		All strengths covered

# Connecticut Department of Public Health

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#### CT DPH-ADAP Program Dispensing Polices

- 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.
- 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.
  - 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
  - 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
  - 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.