

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

Formulary (Alphabetical by Generic)

Effective Date: November 8, 2024

Phone:  
1-800-424-3310

<https://ctdph.primetherapeutics.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   |
| albendazole                           | Albenza                                      |  |
| albuterol MDI & nebulization solution | Proair, Proair Resplick, Proventil, Ventolin | ADAP only clients: ProAir/Proventil-both brand and generic forms covered; Ventolin HFA-brand forms covered only<br>ADAP with insurance 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  |

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|--|---------------------|--|
| ampicillin   |                     |  |
| apixaban   | Eliquis             | 2.5 mg strength tablets covered only   |
| aripiprazole   | Abilify             |  |
| aspirin  |                     | 81 mg strength tablets covered only  |
| 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            |  |
| benzonatate  | Tessalon            |  |
| benztropine  | Cogentin            |  |
| betamethasone dipropionate/valerate                        | Beta-Val, Diprolene |  |
| bictegravir sodium / emtricitabine / tenofovir alafenamide | Biktarvy            |  |
| bismuth subcitrate potassium/metronidazole/tetracycline    | Pylera              |  |
| brimonidine  | Alphagan P          |  |
| brimonidine/timolol  | Combigan            |  |
| brompheniramine/dextromethorphan                           | Bromfed DM          |  |
| budesonide   | Rhinocort AQ        |  |
| budesonide/formoterol                                      | Symbicort           | ADAP only clients: Brand forms only<br>ADAP with insurance clients: Both brand and generic forms covered |
| bumetanide   | Bumex               | Oral tablets covered only  |
| buprenorphine  | Subutex             |  |

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|---|--|--|
| buprenorphine (transdermal)   | Butrans                                  | ADAP only clients: Brand forms only<br>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<br>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.  |
| canagliflozin   | Invokana                                 |  |
| canagliflozin/metformin   | Invokamet IR & XR                        |  |
| 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  |
| chlorthalidone  |  |  |
| cholestyramine  | Questran                                 | Questran Light products not covered  |
| cidofovir   | Vistide                                  |  |
| ciprofloxacin   | Cipro                                    | Oral forms covered only  |
| ciprofloxacin/dexamethasone otic suspension   | Ciprodex                                 |  |
| citalopram  | Celexa                                   | Oral tablet forms covered only   |

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|--|-----------------------|---|
| 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               |   |
| COVID-19 vaccine   | Comirnaty<br>Spikevax | Comirnaty: Maximum quantity per fill 0.3; Minimum age limit=12<br>Spikevax: Maximum quantity per fill 0.5; Minimum age limit=12 |
| cyclobenzaprine  | Amrix, Fexmid         |   |
| cycloserine  |                       |   |
| cyclosporine   | Restasis              |   |
| dapagliflozin  | Farxiga               |   |
| dapagliflozin/metformin                                  | Xigduo                |   |
| dapsone  |                       | Oral forms covered only   |
| darunavir  | Prezista              | ADAP only clients: Brand forms only<br>ADAP with insurances clients: Both brand and generic forms covered                       |
| darunavir/cobicistat                                     | Prezcobix             |   |
| darunavir/cobicistat/emtricitabine/tenofovir alafenamide | Symtuza               |   |
| desloratadine  | Clarinx               |   |
| desvenlafaxine   | Pristiq               | ADAP only clients: Brand forms only<br>ADAP with insurances clients: Both brand and generic forms covered                       |
| 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 |                            |
| 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                                    | lo                         |
| elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate | Stribild                                   |                            |
| empagliflozin   | Jardiance                                  |                            |

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|---|---|--|
| empagliflozin/metformin                                 | Synjardy IR & XR  |  |
| 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 72189040303.<br>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; Minimum Age Limit = 20<br>10 mcg/mL strength: Maximum quantity per fill of 0.5; Maximum Age Limit = 19           |
| entecavir   | Baraclude   |  |
| ertugliflozin   | Steglatro   |  |
| ertugliflozin/metformin                                 | Segluromet  |  |
| 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   |  |
| exenatide   | Byetta  |  |

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|---|---------------------------|--|
| exenatide microspheres                      | Bydureon Bcise            |  |
| 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                  |  |
| finasteride                                 | Proscar                   | 5 mg strength tablets covered only   |
| fluconazole                                 | Diflucan                  |  |
| flunisolide                                 | AeroBid                   |  |
| fluocinonide                                | Lidex                     | Topical gel form covered only  |
| fluoxetine                                  | Prozac                    | Oral capsule forms covered only  |
| fluticasone furoate/umeclidinium/vilanterol | Trelegy Ellipta           |  |
| 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, Advair HFA | ADAP only clients: Brand forms only<br>ADAP with insurance clients: Both brand and generic forms covered                   |
| fosamprenavir                               | Lexiva                    |  |
| foscarnet                                   | Foscavir                  |  |
| fostemsavir                                 | Rukobia                   |  |
| furosemide                                  | Lasix                     |  |
| gabapentin                                  | Neurontin                 |  |

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|--------------------------------|--|---|
| ganciclovir                    | Cytovene   |   |
|                                | Gardasil-9   | Maximum Age Limit = 49<br>Maximum quantity per fill of 0.5  |
| gemfibrozil                    | Lopid  |   |
| gentamicin                     | Garamycin  |   |
| glecaprevir/pibrentasvir       | Mavyret  |   |
| glimepiride                    | Amaryl   |   |
| glipizide                      | Glucotrol, Glucotrol XL  |   |
| glucometer/test strips/lancets |  | Relion, Prodigy and TrueMetrix branded products covered only  |
| glyburide                      |  |   |
| guaifenesin/codeine            | Robitussin AC  |   |
|                                | Havrix   | Maximum quantity per fill of 1; Minimum Age Limit = 1   |
|                                | Heplisav-B   | Maximum quantity per fill of 0.5  |
| hydrochlorothiazide            | HCTZ   |   |
| hydrocortisone                 |  | Suppositories, rectal foam and topical forms covered  |
| 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<br>Fluzone High Dose: Maximum quantity per fill of 0.7 |
| insulin aspart                 | Novolog FlexPen  |   |
| insulin detemir                | Levemir FlexTouch  |   |

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|---------------------------------------|--|---|
| insulin glargine                      | Lantus Solostar,<br>Basaglar   | ADAP Only clients: Lantus Solostar:<br>Brand forms only; Basaglar: not<br>covered<br>ADAP with insurance clients: Lantus<br>Solostar: Brand and generic forms<br>covered; Basaglar: covered |
| insulin glulisine                     | Apidra Solostar  |   |
| insulin lispro                        | Admelog<br>Solostar/Humalog<br>KwikPen   | ADAP only clients: Humalog KwikPen<br>brand and generic forms only<br>ADAP with insurance clients: Humalog<br>KwikPen and Admelog Solostar brand<br>and generic forms covered               |
| insulin mix                           | Humalog Mix 75/25<br>KwikPen/Humalog<br>50/50 KwikPen/Novolog<br>Mix 70/30 FlexPen | ADAP only clients: Brand forms only<br>ADAP with insurances clients: Both<br>brand and generic forms covered  |
| insulin NPH                           | Humulin N KwikPen  |   |
| insulin pen needles                   | BD/NovoFine/NovoTwis<br>t/<br>Unifine  |   |
| insulin regular                       | Humulin R KwikPen  |   |
| intramuscular needles/syringes combo  | Easy<br>Touch/Integra/UltiCare   |   |
| ipratropium bromide/albuterol sulfate | Combivent Respimat   |   |
| isoniazid                             |  |   |
| isosorbide mononitrate                | Imdur  |   |
| itraconazole                          | Sporanox   |   |
| ketoconazole                          | Nizoral  | Oral, topical cream and shampoo forms<br>covered only   |
| labetalol                             | Normodyne  |   |
| lactic acid cream/lotion              |  |   |
| lactulose                             | Kristalose   |   |
| lamivudine                            | Epivir/Epivir HB   |   |
| lamivudine/zidovudine                 | Combivir   |   |

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|--------------------------------|-----------------------------|--|
| lamotrigine                    | Lamictal, Lamictal XR       |  |
| lansoprazole                   | Prevacid                    |  |
| ledipasvir/sofosbuvir          | Harvoni                     | ADAP only clients: Brand forms and Generic NDC 72626260101 are covered<br>ADAP with insurance clients: Both brand and generic forms covered                          |
| lenacapavir                    | Sunlenca                    |  |
| leucovorin                     |                             |  |
| levocarnitine                  | Carnitor                    |  |
| levofloxacin                   | Levaquin                    |  |
| levothyroxine                  | Synthroid/Levoxyl/Unithroid |  |
| lidocaine transdermal          | Lidoderm                    | 5% strength covered only   |
| lifitegrast                    | Xiidra                      |  |
| linezolid                      | Zyvox                       |  |
| lisinopril                     | Prinivil/Zestril            |  |
| lisinopril/hydrochlorothiazide | Prinzide/Zestoretic         |  |
| liraglutide                    | Victoza                     |  |
| 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<br>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                      |  |
| lurasidone                     | Latuda                      |  |

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|--------------------------------|--|--|
| maraviroc                      | Selzentry  | ADAP only clients: Brand forms only<br>ADAP with insurance clients: Both brand and generic forms covered |
| medroxyprogesterone            | Depo-Provera   | Vials and prefilled syringes covered   |
| megestrol                      | Megace   |  |
| meloxicam                      | Mobic  |  |
| meningococcal vaccine          | Menactra/Menveo/Menomune/Menquadfi                         | Maximum quantity per fill of 0.5<br>Menomune: Minimum Age Limit = 2                                      |
| metformin                      | Glucophage,<br>Glucophage XR                               |  |
| methimazole                    |  |  |
| metoprolol succinate           | Toprol XL  |  |
| metoprolol tartrate            | Lopressor  |  |
| metronidazole                  | Flagyl   |  |
| metronidazole cream            | MetroCream   |  |
| minocycline hcl                | Minocin  |  |
| minoxidil                      |  | Oral tablet forms covered only   |
| mirtazapine                    | Remeron  |  |
| mometasone                     | Asmanex HFA,<br>Asmanex Twisthaler                         |  |
| mometasone furoate monohydrate | Nasonex  |  |
| montelukast                    | Singulair  |  |
| 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  |

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|---|-----------------------|---|
| naloxone nasal spray/syringes/vials               | Narcan                | Nasal Spray Formulation:<br>ADAP only clients: Brand forms and all generic NDCs covered EXCEPT 00093216519, 00093216568 and 45802081100.<br>ADAP with insurance clients: Both brand and generic forms covered |
| naltrexone  | Revia                 | Oral tablet forms covered only  |
| naproxen  | Naprosyn              | 250 mg, 500 mg tablets covered only   |
| neomycin/polymyxin B/hydrocortisone otic solution | Cortisporin           |   |
| neomycin sulfate                                  |                       |   |
| nevirapine  | Viramune, Viramune XR |   |
| nicotine patches/gum/lozenges                     | Nicoderm, Nicotrol    |   |
| nirmatrelvir/ritonavir                            | Paxlovid              |   |
| 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      |   |

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|--|-------------------|---|
| 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   |
| pentoxifylline                         |                   |   |
| phenytoin                              | Dilantin          |   |
| pimecrolimus                           | Elidel            |   |
| pioglitazone                           | Actos             |   |
| pitavastatin                           | Livalo            |   |
| 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<br>Minimum Age Limit = 2                         |
| pravastatin                            | Pravachol         |   |
| prednisolone acetate                   | Pred-Forte        |   |
| prednisone                             |                   |   |
|  | PreHevbrio        | Maximum quantity per fill of 1  |
| prenatal vitamins                      |                   | See separate document "Vitamin Covered Products" for listing of covered products. |
| pretomanid                             |                   |   |
| primaquine                             |                   |   |
| prochlorperazine                       | Compazine         | Oral tablet form covered only   |
| progesterone capsules                  |                   |   |
| pyrazinamide                           |                   |   |

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**Connecticut Department of Public Health  
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| Generic Name                              | Brand Name              | Notes/Restrictions   |
|---|-------------------------|--|
| pyridoxine                                |                         | 25 mg, 50 mg, 100 mg tablets and 25 mg lozenge covered only<br>See separate document "Vitamin Covered Products" for listing of covered products. |
| pyrimethamine                             |                         | Generic forms covered only   |
| 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   |
| respiratory syncytial virus (RSV) vaccine | Abrysvo<br>Arexvy       | Abrysvo: Maximum quantity per fill = 1<br>Arexvy: Maximum quantity per fill = 1;<br>Minimum Age Limit = 50                                       |
| 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                |  |
| semaglutide                               | Ozempic,                |  |
| sennosides                                | Senokot                 |  |
| sertraline                                | Zoloft                  |  |
| smallpox and monkeypox vaccine            | Jynneos                 | Maximum quantity per fill = 0.5<br>Minimum Age Limit - 18  |

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|   | Generic Name                         | Brand Name                     | Notes/Restrictions   |
|---|--------------------------------------|--------------------------------|--|
|   | sofosbuvir/velpatasvir               | Epclusa                        | ADAP only clients: Brand forms and Generic NDC 76226270101 are covered<br>ADAP with insurance clients: Both brand and generic forms covered        |
|   | sofosbuvir/velpatasvir/voxilaprevir  | Vosevi                         |  |
| ^ | somatropin                           | Serostim                       | Clinical PA required<br>Restricted to 48 weeks treatment   |
|   | spironolactone                       | Aldactone                      |  |
|   | sulfadiazine                         |                                |  |
|   | sulfamethoxazole/trimethoprim        | Bactrim SS/DS, Septra          |  |
|   | tadalafil                            | Cialis                         | 5 mg strength tablets covered only   |
|   | 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 cypionate               | Depo-Testosterone              |  |
| ^ | testosterone enanthate               | Xyosted                        |  |
|   | testosterone                         | Androderm, AndroGel, Testim 1% |  |
|   | tetanus/diphtheria/pertussis vaccine | Adacel<br>Boostrix             | Adacel: maximum quantity per fill 0.5;<br>minimum age limit=10; maximum age=64<br>Boostrix: maximum quantity per fill 0.5;<br>minimum age limit=10 |
|   | tipranavir                           | Aptivus                        |  |
|   | tiotropium                           | Spiriva Handihaler             |  |
|   | toremide                             | Demadex                        |  |
|   | tramadol                             | Ultram                         | 50 mg tablets covered only   |

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| Generic Name                    | Brand Name          | Notes/Restrictions   |
|---------------------------------|---------------------|--|
| trazodone                       | Desyrel             |  |
| triamcinolone acetonide         | Nasacort AQ         |  |
| triamcinolone acetonide topical | Kenalog             |  |
| trimethoprim                    | Trimplex, Proloprim |  |
|                                 | Twinrix             | Maximum quantity per fill of 1<br>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<br>Minimum Age Limit = 1  |
| varenicline                     | Chantix             | NDCs 60505476505 & 60505476606<br>are not covered  |
| varicella-zoster                | Shingrix            | Maximum quantity per fill of 1<br>Minimum Age Limit = 19   |
| venlafaxine                     | Effexor, Effexor XR | Effexor XR: Capsule formulations<br>covered only   |
| verapamil                       | Covera HS           |  |
| vitamin D supplements           |                     | All strengths covered<br>See separate document "Vitamin<br>Covered Products" for listing of covered<br>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. Prime Therapeutics Management LLC 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.primetherapeutics.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 Prime Therapeutics 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
  - Generamed, Inc.
  - Geri-Care Pharmaceuticals
  - Glendale Inc.
  - Gloucester Pharmaceuticals Inc.
  - Health Point Medical
  - Ironwood Pharmaceuticals
  - Prestium Pharma, Inc.
  - Proctor & Gamble Pharmaceuticals
  - Profunda, Inc.
  - PruGen, Inc.
  - Quality Care Product, Inc.
  - RIJ Pharmaceutical Corporation
  - Rochester Pharmaceuticals

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- Biomes Pharmaceuticals
- Blenheim Pharmacal, Inc.
- Cambridge Therapeutic Technologies
- Canton Laboratories, LLC
- Celgene 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.
- 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
- 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.

**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 Prime Therapeutics 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 Prime Therapeutics Management call center at 1-800-424-3310.