

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

Formulary by Class

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	Restrictions
<b>ANTIRETROVIRALS</b>		
<b>Multi-class Single Tablet Regimens</b>		
abacavir/lamivudine/dolutegravir	Triumeq	
bictegravir/emtricitabine/tenofovir alafenamide	Biktarvy	
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
darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Symtuza	
dolutegravir/lamivudine	Dovato	
dolutegravir/rilpivirine	Juluca	
doravirine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	
efavirenz/emtricitabine/tenofovir disoproxil fumarate	Atripla	
efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi	
efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi Lo	
elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Genvoya	
elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate	Stribild	
emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	

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Generic Name	Brand Name	Restrictions
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 and all generic NDCs covered EXCEPT 42291043930. ADAP with insurance clients: Both brand and generic forms covered
lamivudine/zidovudine	Combivir	
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
<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	

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Generic Name	Brand Name	Restrictions
nevirapine	Viramune Viramune XR	
rilpivirine	Edurant	
<b>Protease Inhibitors (PIs)</b>		
atazanavir	Reyataz	
darunavir	Prezista	ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
fosamprenavir	Lexiva	
ritonavir	Norvir	
saquinavir	Invirase	
tipranavir	Aptivus	
<b>Attachment Inhibitors</b>		
fostemsavir	Rukobia	
<b>Capsid Inhibitors</b>		
lenacapavir	Sunlenca	
<b>Entry Inhibitors</b>		
enfuvirtide, T-20	Fuzeon	
maraviroc	Selzentry	ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
<b>Integrase Inhibitors</b>		
dolutegravir	Tivicay, Tivicay PD	
raltegravir	Isentress, Isentress HD	
<b>Boosting Agent</b>		
cobicistat	Tybost	
<b>Monoclonal Antibody</b>		
ibalizumab	Trogarzo	

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Generic Name	Brand Name	Restrictions
<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	
oseltamivir	Tamiflu	
valacyclovir	Valtrex	
valganciclovir	Valcyte	
<b>ANTIVIRALS: HEPATITIS B/HEPATITIS C MEDICATIONS</b>		
zanamivir	Relenza	
entecavir	Baraclude	
glecaprevir/pibrentasvir	Mavyret	
ledipasvir/sofosbuvir	Harvoni	ADAP only clients: Brand forms and Generic NDC 72626260101 are covered 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	Epclusa	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	
<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

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Generic Name	Brand Name	Restrictions
celecoxib	Celebrex	
diclofenac 1% gel	Voltaren	
diclofenac 3% gel		Generic form covered only
diclofenac sodium	Voltaren, Voltaren XR	
fentanyl (transdermal)	Duragesic	
gabapentin	Neurontin	
hydrocortisone		Suppository and rectal foam covered
ibuprofen	Motrin	
lidocaine transdermal	Lidoderm	5% strength covered only
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	
amoxicillin/clavulanic 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

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Generic Name	Brand Name	Restrictions
ciprofloxacin	Cipro	Oral forms covered only
ciprofloxacin/dexamethasone otic suspension	Ciprodex	
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	
nirmatrelvir/ritonavir	Paxlovid	
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	

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Generic Name	Brand Name	Restrictions
pentamidine	Pentam 300, NebuPent	Inhaled and injection forms covered only
pretomanid		
primaquine		
pyrazinamide		
pyrimethamine		Generic forms covered only
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	Wellbutrin, Wellbutrin XL, Wellbutrin SR	
bupirone	Buspar	
citalopram	Celexa	Oral tablet forms covered only
clonazepam	Klonopin	
desvenlafaxine	Pristiq	ADAP only clients: Brand forms only

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Generic Name	Brand Name	Restrictions
		ADAP with insurance clients: Both brand and generic forms covered
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	Eskalith, Lithobid	
lorazepam	Ativan	Oral tablet forms covered only
lurasidone	Latuda	
mirtazapine	Remeron	
naltrexone	Revia	Oral tablet forms covered only
nicotine patches/gum/lozenges	Nicoderm, Nicotrol	
nortriptyline	Pamelor	
olanzapine	Zyprexa	
paroxetine	Paxil	
quetiapine	Seroquel	
risperidone	Risperdal	
sertraline	Zoloft	
temazepam	Restoril	
trazodone	Desyrel	
varenicline	Chantix	NDCs 60505476505 & 60505476606 are not covered
venlafaxine	Effexor, Effexor XR	Effexor XR: Capsule formulations covered only
vortioxetine	Trintellix	

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Generic Name	Brand Name	Restrictions
zolpidem tartrate	Ambien, Ambien CR	
<b>ANTICONVULSANT MEDICATIONS</b>		
carbamazepine	Tegretol	
lamotrigine	Lamictal, Lamictal XR	
phenytoin	Dilantin	
<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>ANTHELMINTIC MEDICATIONS</b>		
albendazole	Albenza	
<b>CARDIOVASCULAR MEDICATIONS</b>		
amlodipine	Norvasc	
apixaban	Eliquis	2.5 mg strength tablets covered only
aspirin		81 mg strength tablets covered only
atenolol	Tenormin	
atenolol/chlorthalidone	Tenoretic	
atorvastatin	Lipitor	
benazepril	Lotensin	
bumetanide	Bumex	Oral tablets covered only
carvedilol	Coreg	Oral immediate release forms covered only
chlorthalidone		

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Generic Name	Brand Name	Restrictions
cholestyramine	Questran	Questran Light products not covered
clopidogrel	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	
isosorbide mononitrate	Imdur	
labetalol	Normodyne	
lisinopril	Prinivil, Zestril	
lisinopril/hydrochlorothiazide	Prinzide, 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	
pitavastatin	Livalo	
pravastatin	Pravachol	

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Generic Name	Brand Name	Restrictions
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>ANTI-HISTAMINE/DECONGESTANT/EXPECTORANT AGENTS</b>		
brompheniramine/dextromethorphan	Bromfed DM	
desloratadine	Clarinex	
diphenhydramine	Benadryl	Generic forms covered only
fexofenadine	Allegra	Generic forms covered only
fexofenadine/pseudoephedrine	Allegra D	Generic forms covered only
guaifenesin/codeine	Robitussin AC	
loratadine	Claritin	Generic forms covered only
<b>DERMATOLOGIC MEDICATIONS</b>		
alclometasone dipropionate	Aclovate	
betamethasone dipropionate/valerate	Beta-Val, 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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Generic Name	Brand Name	Restrictions
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	
canagliflozin	Invokana	
canagliflozin/metformin	Invokamet IR & XR	
conjugated estrogens	Premarin	Oral tablet forms covered only
dapagliflozin	Farxiga	
dapagliflozin/metformin	Xigduo	
dexamethasone	Decadron	Oral forms covered only
dronabinol	Marinol	
empagliflozin	Jardiance	
empagliflozin/metformin	Synjardy IR & XR	
ertugliflozin	Steglatro	
ertugliflozin/metformin	Segluromet	
estradiol	Alora, Climara, Delestrogen, Depo-Estradiol, Dotti, Estraderm, Estrace, Minivelle, Vivelle, Vivelle- Dot	Injectable forms, oral tablet forms, and transdermal forms covered only
exenatide	Byetta	
exenatide microspheres	Bydureon Bcise	
glipizide	Glucotrol, Glucotrol XL	
glimepiride	Amaryl	

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glucometer/test strips/lancets		Relion, Prodigy and TrueMetrix branded products covered only
glyburide		
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	
insulin NPH	Humulin N KwikPen	
insulin pen needles	BD, NovoFine, NovoTwist, Unifine	
insulin regular	Humulin R KwikPen	
intramuscular needles/syringes combo	Easy Touch, Integra, UltiCare	

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	levothyroxine	Levoxyl, Synthroid, Unithroid	
	liraglutide	Victoza	
	medroxyprogesterone	Depo-Provera	Vials and prefilled syringes covered
	megestrol acetate	Megace	
	metformin	Glucophage, Glucophage XR	
	methimazole		
	oxandrolone	Anavar, Oxandrin	
	pioglitazone	Actos	
	prednisone		
	progesterone capsules		
	semaglutide	Ozempic	
^	somatropin	Serostim	Clinical PA required Restricted to 48 weeks treatment
	testosterone cypionate	Depo- Testosterone	
^	testosterone enanthate	Xyosted	
	testosterone	Androderm, AndroGel, Testim 1%	
<b>GASTROINTESTINAL MEDICATIONS</b>			
	bismuth subcitrate potassium/metronidazole/tetracycline	Pylera	
	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	

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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	
pentoxifylline		
<b>MUSCLE RELAXANT MEDICATIONS</b>		
cyclobenzaprine	Amrix, Fexmid	
<b>OPHTHALMIC MEDICATIONS</b>		
brimonidine	Alphagan P	
brimonidine/timolol	Combigan	
cyclosporine	Restasis	
lifitegrast	Xiidra	
prednisolone acetate	Pred Forte	
<b>OPIATE ANTIDOTE</b>		
naloxone nasal spray, syringe, vials	Narcan	Nasal Spray Formulation: ADAP only clients: Brand forms and all generic NDCs covered EXCEPT 00093216519, 00093216568, and 45802081100. ADAP with insurance clients: Both brand and generic forms covered

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<b>PANCREATIC ENZYME MEDICATIONS</b>		
pancrelipase	Creon/Zenpep	
<b>PROSTATE MEDICATIONS</b>		
finasteride	Proscar	5 mg strength tablets covered only
tadalafil	Cialis	5 mg strength tablets covered only
<b>RESPIRATORY MEDICATIONS</b>		
albuterol MDI & nebulization solution	ProAir, ProAir Respiclick, Proventil, Ventolin	ADAP only clients: ProAir/Proventil-both brand and generic forms covered; Ventolin HFA-brand forms covered only ADAP with insurance clients: Both brand and generic forms covered
azelastine HCl	Astelin	137 mcg nasal spray and eye drops covered only
benzonatate	Tessalon	
budesonide	Rhinocort AQ	
budesonide/formoterol	Symbicort	ADAP only clients: Brand forms only ADAP with insurance clients: Both brand and generic forms covered
flunisolide	AeroBid	
fluticasone furoate/umeclidinium/vilanterol	Trelegy Ellipta	
fluticasone propionate	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 ADAP with insurance clients: Both brand and generic forms covered
ipratropium bromide/albuterol sulfate	Combivent Respimat	
mometasone	Asmanex HFA, Asmanex Twisthaler	

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tiotropium	Spiriva Handihaler	
mometasone furoate monohydrate	Nasonex	
montelukast	Singulair	
salmeterol xinafoate	Serevent Diskus	
triamcinolone acetonide	Nasacort AQ	
<b>URIC ACID INHIBITOR MEDICATIONS</b>		
allopurinol		
<b>URINARY RETENTION MEDICATIONS</b>		
oxybutynin	Ditropan	
tamsulosin	Flomax	
<b>VACCINES</b>		
	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
COVID-19 vaccine	Comirnaty Spikevax	Comirnaty: Maximum quantity per fill 0.3; Minimum age limit=12 Spikevax: Maximum quantity per fill 0.5; Minimum age limit=12
	Gardasil-9	Maximum Age Limit = 49 Maximum quantity per fill of 0.5
	Havrix	Maximum quantity per fill of 1; Minimum Age Limit = 1
	Hepelisav-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 Menomune: Minimum Age Limit = 2

^ = Drug requires a prior authorization for specific diagnosis or circumstance.

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Generic Name	Brand Name	Restrictions
	Menomune, Menq uadfi	
	PreHevbrio	Maximum quantity per fill of 1
pneumococcal vaccine	Pneumovax-23, Pevnar 13, Pevnar-20	Maximum quantity per fill of 0.5 Pneumovax-23: Minimum Age Limit = 2
	Recombivax HB	Maximum quantity per fill of 1
	Twinrix	Maximum quantity per fill of 1; Minimum Age Limit = 18
	Vaqta	Maximum quantity per fill of 1; Minimum Age Limit = 1
respiratory syncytial virus (RSV) vaccine	Abrysvo Arevvy	Abrysvo: Maximum quantity per fill = 1 Arevvy: Maximum quantity per fill = 1; Minimum Age Limit = 50
smallpox and monkeypox vaccine	Jynneos	Maximum quantity per fill = 0.5 Minimum Age Limit = 18
tetanus/diphtheria/pertussis vaccine	Adacel Boostrix	Adacel: maximum quantity per fill 0.5; minimum age limit=10; maximum age=64 Boostrix: maximum quantity per fill 0.5; minimum age limit=10
varicella-zoster	Shingrix	Maximum quantity per fill of 1; Minimum Age Limit = 19
<b>VITAMINS AND MINERALS</b>		
calcium supplements (calcium, calcium + Vitamin D, calcium + Vitamin D + magnesium)		See separate document "Vitamin Covered Products" for listing of covered products.
ferrous sulfate		See separate document "Vitamin Covered Products" for listing of covered products.
levocarnitine	Carnitor	
multivitamin w/ iron	Strovite Forte/Forte Plus D/Forte Advance and Forte One	See separate document "Vitamin Covered Products" for listing of covered products.

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	Generic Name	Brand Name	Restrictions
	prenatal vitamins		See separate document "Vitamin Covered Products" for listing of covered products
	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.
	vitamin D supplements		All strengths covered. See separate document "Vitamin Covered Products" for listing of covered products.

## 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.
- 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.

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- The following drug manufacturers or manufacturer label code/s are excluded from reimbursement through the CT DPH ADAP Program:

- |                                      |   |  |
|--------------------------------------|---|--|
| • Actavis Kadian LLC                 | • Generamed, Inc.                                       | • Prestium Pharma, Inc.                  |
| • Akron Pharmaceuticals              | • Geri-Care Pharmaceuticals                             | • Proctor & Gamble Pharmaceuticals       |
| • Altaire Pharmaceuticals, Inc.      | • Glendale, Inc.  | • Profunda, Inc.                         |
| • American Antibiotics, Inc.         | • Gloucester Pharmaceuticals, Inc.                      | • PruGen, Inc.                           |
| • Aristos Pharmaceuticals            | • Health Point Medical                                  | • Quality Care Product, Inc.             |
| • Aytu Bioscience, Inc.              | • Ironwood Pharmaceuticals                              | • RIJ Pharmaceutical Corporation         |
| • Beford Laboratories                | • Johnson & Johnson Consumer, Inc. (Labeler Code 16837) | • Rochester Pharmaceuticals              |
| • Belcher Pharmaceuticals LLC        | • Kastle Therapeutics LLC                               | • Romark Laboratories                    |
| • Biomes Pharmaceuticals             | • LaboPharm Pharmaceuticals, Inc.                       | • Sallus Laboratories                    |
| • Blenheim Pharmacal, Inc.           | • Laser Pharmaceuticals                                 | • Sancilo & Company, Inc.                |
| • Cambridge Therapeutic Technologies | • Mason Distributors, Inc.                              | • Sanofi Pasteur, Inc. (except vaccines) |
| • Canton Laboratories LLC            | • Meda Pharmaceuticals                                  | • Sherwood Medical Company               |
| • Celgene Corporation                | • Medisca   | • SmithKline Beecham Corp.               |
| • Cephalone Pharma LLC               | • Meridian  | • Sprout Pharmaceuticals, Inc.           |
| • Chain Drug Consortium LLC          | • Nautilus Neurosciences, Inc.                          | • Stiefel Laboratories, Inc.             |
| • Coloplast Manufacturing US LLC     | • NeurogesX   | • TAP Pharmaceuticals, Inc.              |
| • Concordia Pharmaceuticals          | • NextSource Biotechnology                              | • Targeted Medical Pharmaceuticals       |
| • Creekwood Pharmaceuticals          | • Nostrum Laboratories, Inc.                            | • Taro Pharmaceuticals                   |
| • EKR Therapeutics                   | • Octapharma USA, Inc.                                  | • Triax Pharmaceuticals                  |
| • Elan Pharmaceuticals               | • Ortho Pharmaceuticals                                 | • Victory Pharma, Inc.                   |
| • Focus Laboratories                 | • PD-RX Pharmaceuticals                                 | • Vistakon Pharmaceuticals               |
| • Forest Laboratories                | • Pfizer Consumer Health                                | • Weeks & Leo Co., Inc.                  |
| • Foundation Consumer Healthcare LLC | • Polygen Pharmaceuticals                               |  |
| • Gallipoint, 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.

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