

Iowa ADAP Formulary Exclusion List

The Iowa ADAP covers any medication prescribed by a physician unless it is listed on the ADAP Formulary Exclusion List or falls under a category listed on the ADAP Formulary Exclusion List.

If a client's insurance does not cover a prescribed medication and an equivalent medication is not available on the insurance formulary, the ADAP may be able to cover the medication through the ADAP Medication Assistance Program upon request.

IOWA ADAP FORMULARY EXCLUSION LIST

1. Abortifacients
2. Acne medications
3. Anti-rheumatic injectables - Cimzia, Enbrel, Humira, Kineret, etc.
4. Blood Sera
5. Botulinum Toxin
6. Compound medications (prior authorization required*)
7. Cosmetic medications – Botox, creams and ointments, etc.
8. Durable medical equipment
9. Erectile dysfunction medications - Viagra, Cialis, sildenafil
10. Fertility medications - Clomid, Menopur, Follistem, etc.
11. Hair removal/growth medications
12. Human Growth Hormone**
13. Hyaluronic Acid derivatives
14. Immune Globulin intravenous
15. Infusions
16. Injectable muscle relaxants
17. Provider administered medications/injections*** (Egrifta, etc.)
18. Medical cannabidiol
19. Schedule 2 controlled substances – Percocet, Adderall, hydrocodone, methadone, etc.****
20. Cough suppressants that contain controlled substances – hydrocodone, codeine, etc.****

*The prior authorization for compound medications will be facilitated by NuCara Pharmacy and coverage will be determined by the Iowa ADAP depending on cost.

**Hormone therapy for medical purposes is covered by ADAP

***Provider-administered Cabenuva is covered by the ADAP formulary

****Due to a high risk of abuse and ADAP's mail-order model these are not covered by the ADAP. Other Ryan White funds may pay for these medications if arrangements are made with a local pharmacy.