



## **Iowa ADAP Formulary Exclusion List**

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

### **Iowa ADAP Formulary Exclusion List**

1. Abortifacients – misoprostol, etc.
2. Acne medications – tretinoin, benzoyl peroxide, Accutane, ect.
3. Anti-rheumatic injectables – Humira, 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. Medical Cannabidiol
18. Schedule 2 controlled substances – Percocet, Adderall, hydrocodone, methadone, etc.\*\*\*
19. 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

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