



RYAN WHITE AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF DISEASE CONTROL

Revised 08/01/2019

The North Dakota Ryan White AIDS Drug Assistance Program (ADAP) covers prescribed medication with the exception of categories listed on the exclusion list. Certain medications on the formulary may require a prior authorization. For authorization, please contact the Ryan White program at 701.328.2378 or 800.472.2180.

North Dakota ADAP billing information:

- BIN: 601364
- PCN: DRNDPROD
- Group ID: NDMEDIRYNWHT
- Client's ADAP ID

The Ryan White program is a payer of last resort. Claims for clients with primary health coverage (e.g., Medicaid, Medicare or private insurance) may be submitted to ADAP for copays and deductibles only.

North Dakota ADAP Formulary Exclusion List (not all-inclusive):

1. Abortifacients
2. Acne medications
3. All controlled substances
4. Antipsychotics
5. Antirheumatic injectables
6. Blood
7. Botulinum toxin
8. Chemotherapeutic agents
9. Compounded medications
10. Cosmetic medications
11. Cough suppressants
12. Durable medical equipment
13. Erectile dysfunction treatments
14. Fertility medications
15. Gabapentinoids
16. Hair removal/growth medications
17. Hepatitis C treatments (assistance with copays/deductibles only)
18. Herbal medications
19. Human growth hormone
20. Hyaluronic acid derivatives
21. Immunoglobulin – intravenous
22. Infusions
23. Muscle relaxants