



## **NORTH DAKOTA RYAN WHITE AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DISEASE CONTROL AND FORENSIC PATHOLOGY  
(7-2023)

The North Dakota Ryan White AIDS Drug Assistance Program (ADAP) covers prescribed medication except for categories listed on the exclusion list. Certain medications on the formulary may require a prior authorization. For authorization, please contact the Ryan White program coordinator at 701-328-2379 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.** All clients must be screened for primary health coverage. 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. Herbal medications
18. Human growth hormone
19. Hyaluronic acid derivatives
20. Immunoglobulin – intravenous
21. Infusions
22. Muscle relaxants

\*ND ADAP reimburses HIV-injectable and Hepatitis C medication copays/deductibles/co-insurance only. Exceptions will be addressed on an individual basis.