



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH,
OFFICE OF AIDS, AIDS DRUG ASSISTANCE PROGRAM (CDPH/OA/ADAP)
Formulary (Alphabetical by Generic)**

Effective Date: October 8, 2021

Phone: 1-800-424-5906

<https://cdph.magellanrx.com/>

Fax: 1-800-424-5927

CDPH/OA/ADAP 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
abacavir	Ziagen	
abacavir/lamivudine	Epzicom	Generic covered for co-pay only
abacavir/lamivudine/zidovudine	Trizivir	Generic covered for co-pay only
acamprosate	Campral	
acyclovir	Zovirax	
albendazole	Albenza	
alitretinoin gel	Panretin	Gel form only
alprazolam	Xanax	Oral form only
amikacin sulfate	Amikin	Injectable and generic forms only
amitriptyline	Elavil	Oral form only
amoxicillin	Amoxil	Oral form only
amoxicillin/clavulanic acid	Augmentin, Augmentin XR, Augmentin ES	Excludes chewable tablet and 125 mg-31.25 mg/5ml and 200 mg-28.5 mg/5ml oral suspensions
amphotericin b	Fungizone	Injectable and oral solutions only
aripiprazole	Abilify	Discmelt not covered; 2mg, 5mg, 10mg, 15mg, 20mg, and 30mg tablets only
atazanavir	Reyataz	Generic covered for co-pay only
atazanavir/cobicistat	Evotaz	
atorvastatin	Lipitor	
atovaquone	Meproon	Generic covered for co-pay only
azithromycin	Zithromax	
baclofen	Lioresal	Oral tablet only
bictegravir sodium / emtricitabine / tenofovir alafenamide	Biktarvy	
bleomycin	Blenoxane	Generic and injectable forms only
buprenorphine	Subutex	
buprenorphine/naloxone	Bunavail, Suboxone, Zubsolv	
bupropion	Wellbutrin, Wellbutrin XL, Wellbutrin SR	
buspirone	BuSpar	Oral form only.
cabotegravir/rilpivirine	Cabenuva	Reimbursement for medication only, not administration

^ = Drug requires a prior authorization for specific diagnosis or circumstance. Please call 1-800-424-5906 or check website for diagnosis or specific PA form at <https://cdph.magellanrx.com>

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	capreomycin	Capastat	1-gram injection only; <i>Temporary lift</i> of Clinical PA requirements
	capsaicin	Qutenza	Topical patch only
	caspofungin	Cancidas	50mg and 70mg IV forms only
	cefixime	Suprax	Excludes labeler codes 50268, 54569, and 54868.
	ceftriaxone		
	cephalexin		Oral generic form only
	cidofovir	Vistide	
	ciprofloxacin	Cipro	
	citalopram	Celexa	
	clarithromycin	Biaxin	
	clindamycin	Cleocin	Oral and injectable forms only
	clonazepam	Klonopin	
	clonidine	Catapres	
	clotrimazole	Lotrimin, Mycelex	Oral, topical, and vaginal forms only
	cobicistat	Tybost	
	codeine sulfate		Oral form only
	codeine/apap		Oral form only
	codeine/asa		Oral form only
	crofelemer	Mytesi	<i>Temporary lift</i> of Clinical PA requirements
	cyclophosphamide	Cytoxan	Oral, injectable, and generic forms only
	cycloserine	Seromycin	250mg capsules only; <i>Temporary lift</i> of Clinical PA requirements
	dapsone		Oral form only
	darunavir (tmc-114)	Prezista	
	darunavir/cobicistat	Prezcobix	
	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Symtuza	
	daunorubicin	DaunoXome	
	delavirdine	Rescriptor	
	desipramine	Norpramin	Oral form only
	dexamethasone	Decadron	Oral or injectable forms only
^	dextroamphetamine	Dexedrine, Dextrostat	Restricted to treatment of severe debilitating depression; only 5mg and 10mg tablet form covered; must indicate diagnosis on PA.
	dicloxacillin		Oral form only
	didanosine	Videx, Videx EC	Generic only
	diphenoxylate/atropine	Lomotil	
	disulfiram	Antabuse	
	divalproex	Depakote	
	dolutegravir	Tivicay	
	dolutegravir/lamivudine	Dovato	
	dolutegravir/lamivudine/abacavir	Triumeq	
	dolutegravir/rilpivirine	Juluca	

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	doravirine	Pifeltro	<i>Temporary lift</i> of Clinical PA requirements
	doravirine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	<i>Temporary lift</i> of Clinical PA requirements
	doxorubicin	Adriamycin	Generic form only.
	doxycycline		Oral generic form only; 50mg and 100mg strength only
	dronabinol	Marinol	
	duloxetine	Cymbalta	
	dutasteride	Avodart	
	efavirenz	Sustiva	Generic covered for co-pay only
	efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi, Symfi Lo	Generic covered for co-pay only
	elvitegravir/cobicistat/emtricitabine/ tenofovir	Stribild	
	elvitegravir/cobicistat/emtricitabine/ tenofovir alafenamide	Genvoya	
	emtricitabine	Emtriva	Generic covered for co-pay only
	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
	emtricitabine/tenofovir/efavirenz	Atripla	Generic covered for co-pay only
	emtricitabine/tenofovir/rilpivirine	Complera	
	enfuvirtide	Fuzeon	<i>Temporary lift</i> of Clinical PA requirements
	epoetin alpha	Procrit	Procrit brand only; Epogen is NOT covered.
	erythromycin base		Oral form only
	erythromycin ethylsuccinate		Oral form only
	erythromycin stearate		Oral form only
	escitalopram	Lexapro	
	Estradiol	Estrace, Vivelle Dot, Delestrogen	
	ethambutol	Myambutol	
	ethionamide	Trecator	<i>Temporary lift</i> of Clinical PA requirements
	etravirine	Intelence	Generic covered for co-pay only
	famciclovir	Famvir	
	famotidine	Pepcid	Prescription strength only
	fenofibrate	Tricor	48mg, 54mg, 145mg, and 160mg tablets only
	fenoprofen		Oral form only
^	fentanyl	Duragesic	Restricted to hospice patients only with intolerance to oral analgesics; must indicate circumstance on PA
	filgrastim	Neupogen	
	finasteride	Propecia, Proscar	
	fluconazole	Diflucan	
	flucytosine	Ancobon	
	fluoxetine	Prozac	Prozac weekly not covered
	fomivirsen	Vitravene	
	fosamprenavir	Lexiva	Generic covered for co-pay only
	foscarnet	Foscavir	
^	fostemsavir	Rukobia	Clinical PA required (attestation)
	gabapentin	Neurontin	Oral form only

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	ganciclovir	Cytovene	Oral form does not require a PA; implant or injectable forms have a <i>temporary lift</i> of Clinical PA requirements
	gemfibrozil	Lopid	
	gemifloxacin	Factive	Oral form only; 320mg only; <i>Temporary lift</i> of Clinical PA requirements
	gentamicin	Gentamicin	IM only; 240mg only
^	glecaprevir/pibrentasvir	Mavyret	Clinical PA required
	glipizide	Glucotrol	
	glyburide/metformin	Glucovance	1.25mg/250mg, 2.5mg/500mg, and 5mg/500mg tablets only
^	grazoprevir/elbasvir	Zepatier	Clinical PA required
	hepatitis a vaccine	Havrix, Vaqta	
	hepatitis a/hepatitis b vaccine	Twinrix	
	hepatitis b vaccine	Engerix-B, Recombivax HB, Hepilisav-B	
^	human papillomavirus (hvp) 9- valent recombinant vaccine	Gardasil 9	This vaccine will be available to clients up to 45 years of age. Clients who turn 46 years of age after the vaccine series has begun will continue to be covered to ensure completion of the treatment series.
	hydrocodone/apap	Vicodin	Oral form only
	hydrocodone/ibuprofen	Vicoprofen	Oral form only
	hydroxyurea	Hydrea	
	hydroxyzine pamoate	Vistaril	Oral form only
^	ibalizumab	Trogarzo	Clinical PA required
	ibuprofen	Motrin	Oral form only; prescription strength only.
	imipenem/cilastatin	Primaxin	500mg IM/IV vials only; <i>Temporary lift</i> of Clinical PA requirements
	imiquimod	Aldara	
	indomethacin	Indocin	Oral form only
	influenza virus vaccine	Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, Fluzone, Fluzone-High Dose	
	interferon alfa-2a	Roferon-A	
	interferon alfa-2b	Intron-A	
	interferon alfacon 1	Infergen	
	interferon alfa-n3	Alferon-N	
	isoniazid		
	itraconazole	Sporanox	
	ketoconazole	Nizoral	Oral and topical creams only
	ketoprofen	Orudis	Oral form only
	ketorolac tromethamine	Toradol	Injectable form only; limited to a max of 120mg/day and 5 days' therapy.
	lamivudine	Epivir	Epivir HB is NOT covered
	lamivudine/tenofovir disoproxil fumarate	Cimduo, Temixys	

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	lamotrigine	Lamictal	
	lansoprazole	Prevacid	
^	ledipasvir/sofosbuvir	Harvoni	Clinical PA required Generic covered for co-pay only
	leucovorin		
	levofloxacin	Levaquin	250mg, 500mg, and 750mg tablets only
	levorphanol	Levo-Dromoran	Injectable and oral forms only
	linezolid	Zyvox	<i>Temporary lift</i> of Clinical PA requirements
	loperamide	Imodium	Generic form only
	lopinavir/ritonavir	Kaletra	Generic covered for co-pay only
	lorazepam	Ativan	Oral form only
	maraviroc	Selzentry	
	measles, mumps, rubella vaccine	M-M-R II	
	megestrol	Megace, Megace ES	
	meningococcal vaccines	Bexsero, Menactra, Menomune, Menveo, Trumenba	
	metformin	Glucophage, Glucophage XR	500mg, 850mg, 1,000mg tablets, and 500mg ER and 750mg ER tablets only
^	methadone		Not payable for detoxification treatment; must indicate diagnosis on PA; oral generic form only.
	methotrexate	Rheumatrex, Trexall	Oral and injectable forms only
^	methylphenidate	Ritalin	Restricted to treatment of severe debilitating depression; restricted to 5mg, 10mg, 20mg tablets, and 20mg ER tablets only; must indicate diagnosis on PA.
	metoclopramide	Reglan	
	metronidazole	Flagyl	Oral form only
	minocycline hcl	Minocin	Oral form only
	mirtazapine	Remeron	SolTabs not covered; 15mg, 30mg, and 45mg tablets form only.
	morphine sulfate (immediate release)		Oral form only
	morphine sulfate (sustained release)		Oral form only
	moxifloxacin	Avelox	<i>Temporary lift</i> of Clinical PA requirements
	naltrexone	ReVia, Vivitrol	
	naproxen	Naprosyn	Oral form only
	naloxone	Narcan	
	nefazodone	Serzone	
	nelfinavir	Viracept	
	neomycin sulfate		Oral generic form only
	nevirapine	Viramune	IR and XR formulations covered. Generic for copay only (exception is 200 mg tablets)
	nicotine		Transdermal patch, Gum, and mini Lozenge formulations only
	nortriptyline	Pamelor	Oral form only
	nystatin	Mycostatin	Oral, topical, and vaginal forms only

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	olanzapine	Zyprexa	
	omeprazole	Prilosec	
	ondansetron	Zofran	
	opium tincture		
	oseltamivir	Tamiflu	
^	oxandrolone	Anavar, Oxandrin	Clinical PA required
	oxycodone		Immediate release form only; Oral form only
	oxycodone/apap	Percocet	Oral form only
	oxycodone/asa	Percodan	Oral form only
^	paclitaxel	Taxol	Restricted for use in Kaposi's Sarcoma; must indicate diagnosis on PA.
	pancrelipase		Enteric coated encapsulated microspheres/ micro tablets. (Axcan Products: Ultrase MT 12, Ultrase MT 20, Ultrase MT 18, and Ultrase MS4 are not covered.)
	para-aminosalicylate	Paser	4-gram packets only; <i>Temporary lift</i> of Clinical PA requirements
	paromomycin		
	paroxetine	Paxil	
^	pegylated interferon	Peg-Intron, Pegasys	Clinical PA required
	penicillin g benzathine	Bicillin LA	Only the 1.2 MU per syringe (2ml) and 2.4MU per syringe (4ml) covered
	penicillin v potassium	Pen-Vee K	Oral form only
	pentamidine	NebuPent, Pentam	Inhaled or injections forms only
	phenytoin	Dilantin	100mg Extended Release Capsules only; generic form only.
	pioglitazone	Actos	15mg, 30mg, and 45mg tablets only. NDC 67544-0066-45 not covered.
	pitavastatin	Zypitamag	
	pneumococcal conjugate vaccine (pcv13)		
^	pneumococcal vaccine	Pneumovax, Pnu-Immune	Single dose dispensing; 1 time dispensing every 5 years.
	pravastatin	Pravachol	
	pregabalin	Lyrica	Excludes oral solution and extended release tablets.
	prednisone	Deltasone	Oral and generic forms only
	probenecid	Benemid	
	prochlorperazine	Compazine	
	promethazine	Phenergan	Oral and suppository forms only
	pyrazinamide		
	pyrimethamine	Daraprim	
	quetiapine	Seroquel	
	raltegravir	Isentress, Isentress HD	
	ranitidine	Zantac	***Temporarily suspended from the formulary due to FDA recalls over the concern for potential contamination with N-nitrosodimethylamine (NDMA).
^	ribavirin	Rebetol	Capsule formulation only; Clinical PA required.
	ribavirin/interferon alfa 2b	Rebetron	

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	Generic Name	Brand Name	Restrictions
	rifabutin	Mycobutin	
	rifampin	Rifadin	
	rifampin/isoniazid	Rifamate	
	rilpivirine	Edurant	
	risperidone	Risperdal	
	ritonavir	Norvir	Generic covered for co-pay only
	rosuvastatin	Crestor	5mg, 10mg, 20mg, and 40mg tablets only
	saquinavir mesylate	Invirase	
	sertraline	Zoloft	
	simvastatin	Zocor	
^	sofosbuvir	Sovaldi	Clinical PA required
^	sofosbuvir and velpatasvir	Eplusa	Clinical PA required Generic covered for co-pay only
^	sofosbuvir/velpatasvir/voxilaprevir	Vosevi	Clinical PA required
	somatropin	Serostim	Clinical PA required
	spironolactone	Aldactone, Carospir	
	sulfadiazine		Oral form only.
	sulfamethoxazole/tmp	Bactrim, Septra	Oral or injectable forms only
	sulindac	Clinoril	Oral form only
	tenofovir alafenamide	Vemlidy	<i>Temporary lift</i> of Clinical PA requirements
	tenofovir alafenamide/emtricitabine	Descovy	
	tenofovir disoproxil fumarate	Viread	Generic covered for co-pay only
	tenofovir/emtricitabine	Truvada	Generic covered for co-pay only. Labelers 51407 and 72189 are not eligible for reimbursement.
^	tesamorelin	Egrifta SV	Clinical PA required.
^	testosterone	Androderm, Testoderm TTS, AndroGel, Testim	Injectable weekly maximum of 200mg weekly. Topical and transdermal forms are limited to 700mg/week with some limitations and exceptions. Generic covered for co-pay only
	tetanus, diphtheria, pertussis vaccine	Adacel TDAP, Boostrix TDAP	
	tetracycline	Sumycin	Oral form only
	tipranavir	Aptivus	
	topiramate	Topamax, Qudexy XR	Excludes sprinkle capsule
	tramadol	Ultram, Ultram ER, Ryzolt	Excludes oral solution and extended release capsules
	trazodone	Desyrel	Oral form only
	trimethoprim	Trimplex, Proloprim	Oral form only
	valacyclovir	Valtrex	Generic preferred. Generic preferred. Valtrex 1,000mg NDCs 00173-0565-04 and 00173-0565-10 are not covered.
	valganciclovir	Valcyte	<i>Temporary lift</i> of Clinical PA requirements
	vancomycin	Vancocin	Oral capsule form only, IV not covered
	varenicline	Chantix	
^	varicella-zoster	Shingrix	Restricted to clients 50 years of age or older
	venlafaxine	Effexor, Effexor XR	

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	Generic Name	Brand Name	Restrictions
	vinblastine	Velban	Injectable and generic forms only
	vincristine	Oncovin	
	voriconazole	Vfend	50mg and 200mg tablets and 200mg IV forms only; <i>Temporary lift</i> of Clinical PA requirements
	zidovudine	Retrovir	Generic only
	zidovudine/lamivudine	Combivir	Generic covered for co-pay only. Labeler 72865 is not eligible for reimbursement.
	ziprasidone	Geodon	20mg, 40mg, 60mg, and 80mg capsules only

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CDPH/OA/ADAP Program Dispensing Policies

- Drugs marked with “^” require a prior authorization for specific diagnosis or circumstance. Magellan Rx Management will request additional information (client and drug specific) before considering the authorization. Please call 1-800-424-5906 or check website for diagnosis or specific PA form at <https://cdph.magellanrx.com>.
- All drugs are to be dispensed with a maximum 30-day supply for uninsured clients. Insured clients may receive a dispense of up to a 90-day supply.
- Refills may be obtained after 80 percent of the previously dispensed days’ supply has been used; however, there is an annual maximum of 13 fills per prescription.
- All ADAP prescriptions must be reauthorized by the prescriber every six months. The claims adjudication system will accept five as the maximum number of refills.
- DEA class II and III drugs when quantity exceeds 120 and 240 respectively, require an override from the Pharmacy Call Center by calling 1-800-424-5906.
- Formulary brand ARVs are preferred except where noted. Generics are covered for a co-pay only when available.
- CDPH/OA/ADAP mandates the use of generic products whenever possible in accordance with applicable law or regulations.
- Dispensing a brand name product when a generic is available requires a DAW 1 code and calling the Pharmacy Call Center at 1-800-424-5906. Exceptions are noted by drug. Brand ARVs preferred.
- Hematological and Antineoplastic agents- Must provide a copy of the original RX for first fill.
- All Antiretroviral combinations are screened against the most recent DHHS guidelines for the use antiretroviral therapy in adolescents and adults <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf> for high dosage and non-recommended combinations. Regimens not conforming to these guidelines may be rejected at adjudication.
- Medications from manufacturers who are noted to be re-packagers are excluded from reimbursement through CDPH/OA/ADAP.
- The following drug manufacturers or manufacturer label code/s are excluded from reimbursement through the CDPH/OA/ADAP:

Labeler Code	Labeler Name	Labeler Code	Labeler Name
00089, 21200, 51119, 55326	3M Professional Health	68258, 68387	Keltman Pharmaceuticals
42549	4Uortho LLC	00440	Liberty Pharmaceutical
53265	Able LABS, INC	10135	Marlex Pharmaceuticals Inc.
48964	Acura Pharmaceuticals (aka Halsey)	63739	McKesson Pharmaceuticals
60687	AHP	69235	MHC Pharma LLC
43353, 67544, 71610	Aphena Pharma Solutions	55370	MOVA Pharmaceuticals
50090, 54569	A-S Medication Solutions	53150	Mylan Institution
35561	AustarPharma LLC	58517	New Horizon Rx Group
42291	AvKare, Inc.	66267, 68071	Nucare Pharmacy
50268	Avpak	23490	Palmetto State
49848	Biogen Pharmaceuticals	38396	Perrigo Diabetes
63629, 71335	Bryant Ranch Prepack	54868	Physicians Total Care
70882	Cambridge Therapeutics Technologies LLC	55289, 72789	Pre-Package Specialists/PD-RX Pharmaceuticals
08189, 57565	Can-Am Surgical	00247	Prescript Pharmaceuticals
59212	Concordia Pharma	62451	Prescription Solution
70934	Denton Pharma	63187, 71205	Proficient Rx L
55887	DHS Inc.	55700, 60346, 62682	Quality Care/Lake Eerie Medical and Surgical Supply
61919, 70934, 72189	Direct Rx	77771	Radha Pharmaceuticals
12280, 55045, 60429, 66336, 68115	Dispense Express, Inc. Dispensing Solutions Inc. GSMS, Inc.	33358	RxChange Co

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71921	Florida Pharmaceuticals	00490, 58016	Southwood Pharmaceuticals
13453, 15456	Graceway Pharmaceuticals, LLC	60760	St. Mary's MPP
51407	GSMS, Inc.	16590	Stat Rx USA
53041	Guardian Drug	00363, 11917, 49022	Walgreens Co.
50580	J&J Consumer Inc.	72865	XLCare Pharmaceuticals
00179	Kaiser Foundation Hospital		

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 Magellan Rx 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). (Magellan Rx Management at 1-800-424-5906).