

STD/HIV Bureau/Care and Services Division

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Patient Eligibility Sheet

AIDS Drug Assistance Program (ADAP – Contact Eva Thomas or Carolyn Anderson)

<p>Financial Criterion –</p> <ul style="list-style-type: none"> The patient must have total household income less than 400% of the Federal Poverty Level <p>General Medical Criteria –</p> <ul style="list-style-type: none"> Verifiable report of HIV Infection CD4+ < 350 or VL > 100,000 in treatment naive patients (copy of most recent, actual qualifying laboratory results required with application) 	<p><u>Non-nucleoside Reverse Transcriptase Inhibitors (NNRTIs)</u></p> <ul style="list-style-type: none"> Intelence® – (etravirine, TMC 125) – 100mg tablets, 120/bottle. <i>Documentation of treatment failure required.</i> Sustiva® (efavirenz, EFV) – 50mg capsules, 30/bottle; 100mg capsules, 30/bottle; 200mg capsules, 90/bottle; 600mg tablets, 30/bottle Viramune® (nevirapine, NVP) – 200mg tablets, 60/bottle; 50mg/5mL suspension (240mL) <p><u>Protease Inhibitors</u></p> <ul style="list-style-type: none"> Agenerase® (amprenavir, APV) – 150mg capsules are discontinued. 15mg/mL oral solution still available (240mL) Aptivus® (tipranavir, TPV) – 250mg capsules, 120/bottle Crixivan® (indinavir, IDV) – 400mg capsules, 180/bottle. Invirase® (saquinavir, SQV) – tablets, 120/bottle Kaletra® (lopinavir/ritonavir, LPV) – **133.3mg-33.3mg softgel capsules available through special order from BioScrip at 1-866-366-7912 or www.bioscrip.com.** 200mg/50mg tablets, 120/bottle; 80mg-20mg/mL oral liquid (160mL) Lexiva® (fosamprenavir, FPV) – 700mg tablets, 60/bottle Norvir® (ritonavir, RTV) – 100mg capsules, 30/bottle; 80mg/mL oral solution (240mL) Prezista® (darunavir) – 600mg tablets, 60/bottle. <i>Documentation of treatment failure required.</i> Reyataz® (atazanavir, ATV) – 200mg capsules, 60/bottle; 300mg capsules, 30/bottle Viracept® (nelfinavir, NFV) – 250mg tablets, 300/bottle; 625mg tablets, 120/bottle; 50mg/gm pediatric powder (144 gm) <p><u>Fusion Inhibitor</u></p> <ul style="list-style-type: none"> Fuzeon® (enfuvirtide, T-20) – 90mg subcutaneous injection kits (1 month supply). <i>Documentation of treatment failure required.</i> <p>.....continued on back</p>
<p>Antiretroviral Formulary and Specific Medical Criteria</p> <p><u>Nucleoside (Nucleotide Analogs) Reverse Transcriptase Inhibitors (NRTIs)</u></p> <ul style="list-style-type: none"> Atripla® (efavirenz 600mg {EFV}/emtricitabine 200mg {FTC }/tenofovir disoproxil fumarate 300mg {TDF}) - 30 tablets/bottle Combivir® (lamivudine 150mg / zidovudine 300mg) – 60 tablets/bottle Emtriva® (emtricitabine, FTC) – 200mg capsules, 30/bottle; 10mg/mL oral solution (170mL) Epivir® (lamivudine, 3TC) – 150mg tablets, 60/bottle; 300mg tablets, 30/bottle; 10mg/mL oral solution (240mL) Epzicom® (abacavir 600mg / lamivudine 300mg) -- 30 tablets/bottle Retrovir® (zidovudine, AZT, ZDV) – 100mg capsules, 60/bottle; 300mg tablets, 60/bottle; 50mg/5mL syrup (240mL) Trizivir® (abacavir 300mg / lamivudine 300mg / zidovudine 300mg) – 60 tablets/bottle Truvada® (emtricitabine 200mg / tenofovir disoproxil 300mg) – 30 tablets/bottle Videx EC® (didanosine enteric coated capsules) – 250mg and 400mg capsules, 30/bottle Viread® (tenofovir disoproxil, TDF) – 300mg tablets, 30/bottle. Zerit® (stavudine, d4T) – 20mg capsules, 60/bottle; 30mg capsules, 60/bottle; 40mg capsules, 60/bottle; 1mg/mL oral powder for solution available (200mL) Ziagen® (abacavir, ABC) – 300mg tablets, 60/bottle; 20mg/mL oral solution (240mL) 	

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CCR5 Inhibitor

- **Selzentry® (maraviroc)** – 150mg tablets, 60/bottle and 300mg tablets, 60/bottle. *Requires documentation of repeated antiretroviral therapy failure and tropism test (currently Trofile®) results indicating effectiveness. (Payment for test requires additional application and prior approval.)*

Integrase Inhibitor

- **ISENTRESS® (raltegravir)** – 400mg tablets, 60/bottle. *Documentation of treatment failure required.*

General Formulary

- **Bactrim ss (Sulfatrim, TMP/SMX, trimethoprim/sulfamethoxazole)** – 80mg/400mg tablets, 100/bottle; 40mg-200mg/5mL oral suspension
- **Biaxin (clarithromycin)** – 500mg tablets, 60/bottle. *Requires documented diagnosis of MAC.*
- **Celexa® (citalopram)** – 20mg tablets, 100/bottle; 40mg tablets, 100/bottle
- **Cleocin® (clindamycin)** – 150mg capsules, 100/bottle
- **Copegus® (ribavirin)** – 200mg capsules, 168/bottle. *Diagnosis of co-infection with HCV required.*
- **Dapsone** – 25mg tablets, 100/bottle; 100mg tablets, 100/bottle
- **Daraprim® (pyrimethamine)** – 25mg tablets, 100/bottle. *Diagnosis of Toxoplasmosis*
- **Diflucan® (fluconazole)** – 100mg tablets, 100/bottle; 200mg tablets, 30/bottle; 10mg/mL and 40mg/mL oral solution. *Diagnosis of severe fungal Infection. Treatment of recurrent vaginal candidiasis only after 3 episodes.*
- **Elavil® (amitriptyline HCl)** – 25mg tablets and 50mg tablets, 1000/bottle. *Diagnosis of peripheral neuropathy.*

- **Leucovorin** – 5mg tablets, 100/bottle
- **Lipitor® (atorvastatin)** – 10mg, 20mg and 40mg tablets, 90/bottle
- **Myambutol® (ethambutol)** – 400mg tablets, 100/bottle. *Must conform to existing policy—contact ADAP Coordinator.*
- **Mycelex Troches® (clotrimazole)** 10mg, 70 troches /bottle
- **NebuPent (pentamidine)** – 300mg aerosol/vial
- **Neurontin® (gabapentin)** – 300mg capsules, 100/bottle; 400mg, 600mg and 800mg tablets, 100/bottle. *Diagnosis of peripheral neuropathy.*
- **Niacin® (nicotinic acid)** – 500mg and 1000mg (all time-released tablets), 100/bottle.
- **Oxandrin® (oxandrolone)** -- 2.5mg tablets, 60/bottle; 10mg tablets, 100/bottle. *Special criteria: ≥ to 10% documented weight loss from baseline; compliant with antiretroviral therapy for ≥3 months. Treatment limited to up to 12 weeks of therapy.*
- **Pegasys® (peg interferon alfa 2a)** – 180mcg/mL subcutaneous injection, one month supply kit. *Diagnosis of co-infection with HCV required.*
- **Sporanox® (itraconazole)** – 100mg capsules, 30/bottle; 10mg/mL oral solution. *Diagnosis of Histoplasmosis.*
- **Sulfadiazine** – 500mg tablets, 100/bottle. *Diagnosis of Toxoplasmosis.*
- **Valcyte® (valgancyclovir)** – 450mg tablets, 60/bottle
- **Valtrex® (valacyclovir)** – 1gm tablets, 30/bottle
- **Zithromax® (azithromycin)** – 250mg and 600mg tablets, 30/bottle; 100mg/5mL (15mL bottle); 200mg/5mL (15mL bottle); 200mg/5mL (23mL bottle); 200mg/5mL (30mL bottle).
- **Zoloft® (sertraline)** – 50mg and 100mg tablets, 100/bottle. *Diagnosis of Depression.*
- **Zovirax® (acyclovir)** –200mg and 400mg capsules, 100/bottle

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Home Based Program – (Contact Eva Thomas)

Financial Criterion

- The patient must have total household income less than 400% of the Federal Poverty Level

Medical Criteria

- Provision of IV therapy and aerosolized pentamidine for medically or chronically dependent HIV/AIDS patients in the home. Written physicians’ orders required.

HOPWA

(Housing Opportunities for Persons with HIV/AIDS) – (Contact Valencia Evans)

Financial Criterion

- The income limit is based on the cost of living per county. The amount of rental assistance is based on fair market rent per county. For additional information, contact Social Services at your local health department or the CARE and Services Division.

Medical Criterion

- Verifiable diagnosis of HIV or AIDS