

RYAN WHITE PART A DRUG REIMBURSEMENT FORMULARY

It is the policy of the Ryan White Part A Norfolk TGA to offer comprehensive support to all eligible persons infected with HIV within the policies outlined by the Health Resources and Services Administration. As delineated in the Ryan White CARE Act Part A Manual:

“CARE Act funds are intended to support only the HIV-related needs of eligible individuals. Grantees, Planning Councils and consortia should be able to make an explicit connection between any services support with CARE Act funds and the intended recipient’s HIV status”.

While it is understood that Ryan White eligible clients often have a variety of health conditions, not every condition has an explicit connection to the recipient’s HIV status. Treatment for conditions without that explicit connection cannot be funded using Part A money. Also, treatment for pre-existing conditions cannot be funded using Part A funds.

This policy will be effective upon receipt for all new and existing clients and prescriptions for new and existing clients.

Any medication provided with Part A funds must be issued in the general formulation if a generic product is available. With the ever-changing pharmaceutical industry, it is possible new generic formulas are produced on a regular basis.

The following drugs cannot be provided with Part A funds under any circumstances:

- Viagra
- Non FDA approved herbal medications
- Over the Counter Medications which can be obtained at any commercial pharmacy.

There are no exceptions to this policy and only the following medications can be purchased using Part A funds as prioritized and allocated by the Part A Planning Council of the Norfolk TGA.

Case Managers and Primary Medical Providers are required to assist clients in their application for Patient Assistance Programs for identified medications listed on the formulary. Medications that are identified as available under a Patient Assistance Program will be covered by Ryan White Part A for a maximum of 30 days. If the client is denied coverage by the Patient Assistance Program, the medication will continue to be provided to the client through Part A Drug Reimbursement. Client file must contain verification of submission of documents to PAP.

Ryan White Part A
Drug Reimbursement Formulary

Type of Medication	Name of Medication	Alternate Names	Other Affordable Options
Analgesics (C-II through CV)	Fentanyl*	Duragesic, Fentanyl Buccal	No
	Mesperidine	Demerol	No
	MS Contin	Morphine	No
	Roxicodone Supeudol	Oxycodone	No
Analgesics	Tramadol*	Ultram, Ultram ER, Ultracet	30 day supply for \$4 @ Kmart, CVS
	Vicodin	Hydrocodone	No
Anti-anxiety	Alprazolam	Xanax	No
	Lorazepam	Ativan	No
Anti-coagulant	Warfarin	Coumadin, Jantoven	30 and 90 day supply @ Kroger, Wal-Mart, Target
Anti-convulsants	Carbamazepine	Carbatrol, Equetro, Tegretol, Tegretol XR	Chew tab and tab available in 30 and 90 day supply at Kroger, Wal-Mart, Target
	Clonazepam	Klonopin	No
	Phenobarbital		No
	Phenytoin*	Dilantin	No
Anti-diabetics	Pioglitazone	Actoplusmet, XR, Actos, Duetact	No
	Insulin Syringes		No
	Rosiglitazone*	Avandamet, Avandaryl, Avandia	No
Bronchodilators	Albuterol Inhalation*	Proventil, Ventolin	No
	Advair Diskus*		No
	Symbicort*		No
Anti-diarrheals	Diphenoxylate/Atropine	Lonox	No
Anti-fungals	Clotrimazole Topical*	Lotrisone	No
	Clotrimazole Troches		No
	Ketoconazole	Extina Foam, Nizoral	No
	Nystatin	Pediaderm AF Cream	90 days at Kmart for \$5 30 and 90 day supply @ Kroger, Wal-Mart, Target

* Patient Assistance Program available. Eligible for no more than 30 days under RWPA Drug Reimbursement Service. If denial of PAP occurs, documentation must be submitted in order to continue RWPA assistance.

¹These medications have a PAP; however, they are only written for a 7 day period, so accessing the PAP may be a barrier for client.

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Type of Medication	Name of Medication	Alternate Names	Other Affordable Options
Anti-emetics	Promethazine	Phenergam	30 and 90 day supply @ Kroger, Wal-Mart, Target
	Zofran	Ondansetron, Zofran ODT, Zuplenz	No
Anti-hypertensives	Cardizem/Diltiazem		30 and 90 day supply @ Kroger, Wal-Mart, Target
	Diovan	Valsartan	No
	Diovan HCT	Valsartan/HCTZ	No
	Lisinopril	Prinivil, Zestoretic, Zestril	30 and 90 day supply @ Kroger, Wal-Mart, Target
	Norvasc	Amlodipine	90 days at Kmart for \$10
	Toprol XL*	Metoprolol, Lopressor	30 and 90 day supply @ Kroger, Wal-Mart, Target
Anti-biotics	Augmentin	Amoxicillin	90 days at Kmart for \$5 30 and 90 day supply @ Kroger, Wal-Mart, Target
	Avelox ¹	Moxifloxacin	No
	Cephalexin		No
	Ciprofloxin		No
	Dicloxacillin		No
	Doxycycline	Alodox, Oracea, Vibramycin	90 days at Kmart for \$5 30 and 90 day supply @ Kroger, Wal-Mart, Target
	Erythromycin		90 days at Kmart for \$5 30 and 90 day supply @ Kroger, Wal-Mart, Target
	Metronidazole	Flagyl	
	Neomyvin Oral		No
	Penicillin VK		90 days at Kmart for \$5 30 and 90 day supply @ Kroger, Wal-Mart, Target
Anti-lipidemics	Gemfibrozil	Lopid	No
Appetite Stimulants	Marinol*		No
	Oxandrin		No
Hematinics	Ferrous Sulfate		90 days at Kmart for \$5

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Immunomodulator	Aldara	Imiquimod Cream	Max of 4 months supply only d/t recommended use
Non-steroidal anti-inflammatories	Motrin	Ibuprofen 800 mg	30 and 90 day supply @ Kroger, Wal-Mart, Target
Ophthalmic anti-infectives	Bacitracin Ophthalmic		90 days at Kmart for \$5 30 and 90 day supply @ Kroger, Wal-Mart, Target
	Cortisporin Ophthalmic/Otic Suspension		90 days at Kmart for \$5 30 and 90 day supply @ Kroger, Wal-Mart, Target
	Neosporin Ophthalmic Ointment/Suspension		No
	Trifluridine*		No
Anti-virals	Tamiflu		No
	Relenza ¹		No
Anti-psychotics	Seroquel		No
Sedative-Hypnotics	Ambien		\$8.99 for 30, \$15.99 for 90 @ Rite-Aid
Topical Anesthetics	Lidocaine Transdermal		No
	Lidocaine 2% viscous		90 days at Kmart for \$5 30 and 90 day supply @ Kroger, Wal-Mart, Target
Topical Anti-virals	Zovirax Ointment	Acyclovir	No
Topical Glucocorticoids	Hydrocortisone		90 days at Kmart for \$5 30 and 90 day supply @ Kroger, Wal-Mart, Target
	Triamcinolone		90 days at Kmart for \$5 30 and 90 day supply @ Kroger, Wal-Mart, Target
	Triamcinolone/Nystatin		No
	Eucerine: Triamcinolone		No

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Opportunistic Infection (OI) Treatments
(3-7 days only to include treatment dosing for PJP Pneumonia)

Acyclovir	Leucovorin
Atrovoquone	Mycobutin
Azithromycin	Prednisone
Clarithromycin	Primaquine
Clindamycin	Pryamethamine
Ethambutol	Sulfadiazine
Famciclovir	Trimethoprim Sulfamethoxazole
Fluconazole	Valganciclovir
Itraconazole	

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**Medication on the Norfolk TGA Formulary with Prescription Assistance Programs (PAP)
At-A-Glance**

Name of Medication	Alternate Names	PAP Available
Fentanyl	Duragesic, Fentanyl Buccal	Yes
Tramadol	Ultram, Ultram ER, Ultracet	Yes
Phenytoin	Dilantin	Yes
Rosiglitazone	Avandamet, Avandaryl, Avandia	Yes
Albuterol Inhalation	Proventil, Ventolin	Yes
Advair Diskus		Yes
Symbicort		Yes
Clotrimazole Topical	Lotrisone	Yes (lotion/cream only)
Toprol XL	Metoprolol, Lopressor	Yes
Marinol		Yes
Trifluridine		Yes

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