

**RYAN WHITE PART A
DRUG REIMBURSEMENT FORULARY**

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| Analgesics (Schedules C-II thru C-V) | Antidiarrheals |
| Fentanyl | Diphenoxylate/Atropine |
| Mesperidine | Loperamide |
| MS Contin | |
| Roxicodone Supeudol (Oxycodone) | Antifungals |
| | Clotrimazole (topical) |
| Analgesics | Clotrimazole Troches |
| Tramadol | Ketoconazole |
| Vicodin | Nystatin |
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| Antianxiety | Antimetics |
| Alprazolam | Promethazine |
| Lorazepam | |
| | Antihypertensives |
| Anticoagulant | Cardizem (Diltiazem) |
| Warfarin | Diovan (Valsartan)* |
| | Diovan HCT |
| Anticonvulsants | Lisinopril (P) |
| Carbamazepine | Norvasc (Amlodipine) |
| Clonazepam | Trprol XL (Metoprolol) |
| Divalproex Sodium | |
| Phenobarbital | Antibiotics |
| Phenytoin | Augmentin (Amoxicillin) |
| | Avelox (Moxifloxacin) |
| Antidepressants | Cephalexin |
| CitalopramV(P) | Ciprofloxin |
| Effexor XR (Venlafaxine)* | Dicloxacillin |
| | Doxycycline |
| | Erythromycin |
| Antidiabetics^{1, 2} | Metronidazole |
| Pioglitazone | Neomycin (oral) |
| Metformin | Penicillin VK |
| Insulin Syringes | |
| Rosiglitazone | Antilipidemics |
| | Gemfibrozil |
| Bronchodilators | |
| Albuterol Inhalation | Appetite Stimulants |
| Advair Diskus* | Marinol |
| Symbicort | Oxandrin |
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¹ Eligibility is limited to diagnosis which has occurred as a result of, or exacerbated by HIV/AIDS therapy.

² Available for 5 business Days only until ADAP provides coverage.

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

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| Histamine-H2Blockers/Anti-Ulcer Agents | Antipsychotics |
| Nexium* | Chorpromazine |
| Ranitidine | Haloperidol |
| | Lithium |
| Hematinic | Ikabzaoube |
| Ferrous Sulfate | Seroquel (Quetiapine)* |
| | Thiothixene |
| Immunomodulator | |
| Aldara (Imiquimod Cream) | Sedative-Hypnotics |
| | Ambien (Zolpiem) (PAP w/fee) |
| Nonsteroidal Antiinflammatories | |
| Motrin (Ibuprofen 800 mg) | Topical Anesthetics |
| | Lidocaine Transdermal* |
| Ophthalmic Antiinfectives | Lidocaine 2% Viscous |
| Bacitracin Ophthalmic | |
| Cortisporin Ophthalmic/Otic Suspension | Topical Antivirals |
| Neosporin Ophthalmic Ointment/Suspension | Zovirax Ointment (Acyclovir Topical) |
| Trifluridine | |
| | Topical Glucocorticoids |
| | Hydrocortisone |
| | Triamcinolone |
| | Triamcinolone/Nystatin |
| | Eucerine: Triamcinolone |
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| Opportunistic Infection (OI) Treatments | (3-5 Days only) |
| Acyclovir | Itraconazole |
| Atrovoquone | Leucovorin |
| Azithromycin | Prednisone |
| Clarithromycin | Primaquine |
| Clindamycin | Pryamethamine |
| Ethambutol | Sulfadiazine |
| Famciclovir | Trimethoprim Sulfamethoxazole |
| Fluconazole | Valganciclovir |
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It is the policy of the Ryan White Park A Norfolk TGA to offer comprehensive support to all eligible persons infected with HIV within the policies outlines by the Health Resources and Services Administration. As delineated in the Ryan White CARE Act Park 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.