

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 supported 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 FORULARY**

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
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	Celphalexin
Citalopram V(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

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
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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