



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

TEXAS HIV MEDICATION PROGRAM PARTICIPATING PHARMACY GUIDELINES

Last Updated: December 22, 2016

- Each pharmacy approved by the Texas Department of State Health Services (DSHS) Texas HIV Medication Program (Program) will be assigned a unique 3-digit Pharmacy ID number. Once approved, the pharmacy is considered to be a participating pharmacy (pharmacy). The pharmacy will be required to renew the contract with the Program every three (3) years.
- Each client approved to receive medication from the Program will receive a letter containing a unique 6-digit client code number, the name and address of his/her assigned pharmacy, the list of their approved medications and instructions for receiving medications from the Program. A copy of the letter is also sent to the pharmacy to which the client has been assigned. Program clients are not required to show their Program approval letters when submitting prescriptions or requesting medications to be ordered by the pharmacy. The pharmacy is always welcome to call the Program for verbal verification of the client's eligibility. If a pharmacy needs another copy of a client letter for its files, one should be requested from the Program.
- The Program will provide medication ordered for an approved client by a participating pharmacy in accordance with the terms of the agreement. The Program will not replace any medication that is lost, stolen, or damaged unless adequate documentation of the circumstances is provided.
- Please remember that the Texas HIV Medication Program is a provider program, not a reimbursement program. Once the pharmacy has placed an order for a client's medications, the Program processes the order and ships the approved medications to the ordering pharmacy for dispensation to said client. If participating pharmacies dispense medications from their inventories to Program clients and then use medications from the Program to replenish those inventories, the Program is not responsible for providing a replacement for any medications dispensed to a client that was not approved to receive them from the Program at the time of said dispensation. Please consult with Program staff to secure approval for any special circumstances prior to dispensing medications from store inventory.
- Due to reporting deadline requirements imposed upon the Program, all replacement requests for medications dispensed by a pharmacy must be received no later than the tenth day of the month following the original dispense date; for example, a medication dispensed on January 31st would need to be submitted to the Program for approval by February 10th. Requests for replacement medications received by the Program after this deadline has passed cannot be approved.
- The Program reserves the right to limit the number of clients assigned to a particular pharmacy at any given time. Pharmacies may also contact the Program at any time to tell us if they feel they have reached a capacity level for the clients that they can handle so that a hold may be instituted on that location's roster.

Procedures for Ordering and Receiving Medications

- An approved Program client will receive a prescription from his/her physician for each approved medication and take it to the pharmacy to which he/she was assigned. Or, subject to the constraints of any relevant and prevailing laws, the prescription order may be phoned or faxed in by the physician to the pharmacy. The prescription order may also be transferred to/from another pharmacy.

- All medications should be dispensed by the pharmacy unopened, without re-packaging, in full-bottle amounts, not to exceed the maximum quantities allowed (see Medication Formulary and Maximum Quantities table below). Prescriptions for clients under this program should be written in amounts as close to 30-day increments as a full bottle will allow. If the full bottle quantity is different than the standard 30-day supply, please provide the # days supply the bottle will last with each order.
- Upon receipt of the prescription, the pharmacist may remind the client that it will take approximately 3-5 working days for the pharmacy to receive the medication from the Program. The client should receive confirmation from the pharmacy that the medication has arrived before returning to pick it up.
- Program clients who are concurrently approved for Medicaid must first utilize their Medicaid prescription benefits each month in order to be eligible to receive medications from the Program during that month. The Program is responsible for verifying eligibility.
- The pharmacy may collect a dispensing fee not to exceed \$5.00 for each prescription dispensed to a non-Medicaid eligible client under this Program. However, the pharmacy may not refuse to dispense medications to an approved client because of inability to pay.
- A dispensing fee will not be charged to an approved client concurrently approved for Medicaid. The Program will automatically reimburse a \$5.00 dispensing fee per prescription processed for these clients via a periodic lump sum payment (approximately twice per year). It is not necessary for the pharmacy to submit invoices or billing receipts to the Program for the reimbursement of these dispensing fees.
- The pharmacy will order the medication from the Program using the client's assigned code number (example: 035189) and dispense to the client upon receipt from the Program. To place a medication order verbally, the pharmacy should call 1-800-255-1090. Or, written orders (preferred method) may be faxed in to (512) 371-4671 on the personalized pharmacy fax order form that has been provided by the Program. If a pharmacy needs another copy (or revision of) the personalized pharmacy fax order form, one should be requested from the Pharmacy Coordinator at 1-800-255-1090. The Pharmacy Coordinator is available for consultation Monday-Friday, 8:00 a.m.-5:00 p.m. CST.
- When calling or faxing in an order, the pharmacy should provide the following information:
 - Pharmacy ID Number;
 - Client Code Number;
 - Name, strength, and full-bottle quantity of the medication(s);
 - Number of days supply **if the full-bottle quantity is not equal to 30 days supply**;
 - Name of pharmacy representative placing the order.
- When the medication order is received by the pharmacy, it should include a Purchase Order Requisition (packing slip) stating the order batch # and the date ordered by the program, the pharmacy ID # and name, the client code #, and the medication name, strength, form and quantity of the enclosed medications. ***Please Note*** Refrigerated medications will be shipped in a separate box and will never be shipped on the last working day of the week or the day before a closed holiday. Any refrigerated shipments held for a weekend or closed holiday will be shipped on the first working day after the weekend or closed holiday.
- If there is a concern about an undelivered order, a discrepancy between the packing slip and the contents of the order, or any other problem with a shipment, the pharmacy should call the Program's Pharmacy Coordinator at 1-800-255-1090 (press option 1, then option 2) as soon as possible. It is important to research undelivered orders and report order discrepancies immediately so that corrections can be made as quickly as possible to minimize any potential disruptions to the client's therapy.

PROVISION OF MEDICATION(S) - The Program will provide the following medication(s) each month:

ANTIRETROVIRAL MEDICATIONS - AVAILABLE STRENGTHS AND MONTHLY MAXIMUM QUANTITIES

- (1) A maximum of 400 capsules of 100 mg zidovudine (AZT, generic of Retrovir) - #100/btl, or
A maximum of 60 tablets of 300 mg zidovudine (AZT, generic of Retrovir) - #60/btl;
Zidovudine suspension is available in 10 mg/ml, 240 ml (8 oz) bottles, 8 bottles maximum.
- (2) A maximum of 30 enteric coated capsules of didanosine EC (generic of Videx EC) - #30/btl, or
A maximum of 4 units of didanosine (DDI, Videx) pediatric powder for oral solution;
Strengths available are 125 mg, 200 mg, 250 mg, or 400 mg enteric coated capsules; pediatric powder is not routinely stocked and subject to manufacturer availability.
- (3) A maximum of 60 capsules of stavudine (D4T, generic of Zerit) - #60/btl;
Strengths available are 15 mg, 20 mg, 30 mg or 40 mg capsules.
Stavudine suspension is available in 1 mg/ml, 200 ml (6.67 oz) bottles, 12 bottles maximum.
- (4) A maximum of 60 tablets of 150 mg lamivudine (3TC, generic of Epivir) - #60/btl, or
A maximum of 30 tablets of 300 mg lamivudine (3TC, generic of Epivir) - #30/btl;
Lamivudine suspension is available in 10 mg/ml, 240 ml (8 oz) bottles, 4 bottles maximum.
- (5) A maximum of 60 tablets of Combivir (AZT 300 mg/3TC 150 mg), brand or generic - #60/btl;
- (6) A maximum of 60 tablets of 300 mg abacavir (Ziagen) - #60/btl;
Abacavir suspension is available in 20 mg/ml, 240 ml (8 oz) bottles, 4 bottles maximum.
- (7) A maximum of 60 tablets of Trizivir (AZT 300mg/3TC 150mg/Ziagen 300mg) - #60/btl;
- (8) A maximum of 30 capsules of 200 mg emtricitabine (Emtriva) - #30/btl;
Emtriva suspension is available in 10 mg/ml, 170ml bottles, 1 btl maximum, not routinely stocked.
- (9) A maximum of 30 tablets of Truvada (Viread TDF 300 mg/Emtriva 200 mg) - #30/btl;
- (10) A maximum of 30 tablets of Epzicom (Epivir 300 mg/Ziagen 600 mg) - #30/btl;
- (11) A maximum of 270 tablets of 200 mg saquinavir (Invirase) - #270/btl, or
A maximum of 120 tablets of 500 mg saquinavir (Invirase) - #120/btl;
- (12) A maximum of 360 tablets of 100 mg ritonavir (Norvir) - #30/btl;
Norvir suspension is available in 80mg/ml 240ml bottles, 2 btl max, only by special request due to limited shelf life.
- (13) A maximum of 360 capsules of 200 mg indinavir (Crixivan) - #360/btl, or
A maximum of 180 capsules of 400 mg indinavir (Crixivan) - #180/btl;
- (14) A maximum of 300 tablets of 250 mg nelfinavir mesylate (Viracept) - #300/btl, or
A maximum of 120 tablets of 625 mg nelfinavir mesylate (Viracept) - #120/btl;
Nelfinavir oral powder is available in 50 mg/gm, 144 gm bottles, 12 bottles maximum.
- (15) A maximum of 120 tablets of 200 mg/50 mg lopinavir/ritonavir (Kaletra) - #120/btl, or
A maximum of 240 tablets of 100 mg/25 mg lopinavir/ritonavir (Kaletra) - #60/btl;
Kaletra suspension is available in 400 mg/100 mg/5 ml, 160 ml bottles, 2 btls max.
- (16) A maximum of 60 capsules of 100mg, 150mg or 200mg atazanavir (Reyataz) - #60/btl, or
A maximum of 30 capsules of 300mg atazanavir (Reyataz) - #30/btl;
Reyataz oral powder is available in 50mg packets, 30 per box, 5 boxes (150 packets) maximum.
- (17) A maximum of 60 tablets of 700 mg fosamprenavir (Lexiva) - #60/btl, taken in the recommended boosted dose (one bottle per month, taken with low-dose ritonavir as an additional antiretroviral). Written justification from the prescribing physician is required for unboosted doses (two bottles per month, taken without low-dose ritonavir).
- (18) A maximum of 120 capsules of 250 mg tipranavir (Aptivus) - #120/btl;
- (19) A maximum of 60 tablets of either 600 mg or 800 mg darunavir (Prezista) - #60/btl;
Prezista suspension is available in 100mg/ml 200ml bottles, 1 btl max by special request, not routinely stocked.
- (20) A maximum of 30 tablets of Atripla (Sustiva 600 mg/Emtriva 200 mg/Viread TDF 300 mg) - #30/btl;

- (21) A maximum of 30 tablets of 400 mg nevirapine (Viramune XR) - #30/btl, or
A maximum of 60 capsules of 200mg nevirapine (Viramune) - #60/btl;
First-time 400mg XR users may also receive an initial 2 week induction dose of 14 200 mg tablets.
Nevirapine suspension is available in 50 mg/5 ml, 240 ml/bottles, 4 bottles maximum.
- (22) A maximum of 180 capsules of 200 mg delavirdine (Rescriptor) - #180/btl;
- (23) A maximum of 30 tablets of 600 mg efavirenz (Sustiva) - #30/btl, or
A maximum of 90 capsules of 200 mg efavirenz (Sustiva) - #90/btl, or
A maximum of 90 capsules of 50 mg efavirenz (Sustiva) - #30/btl;
- (24) A maximum of 30 tablets of 300 mg tenofovir disoproxil fumarate (Viread TDF) - #30/btl;
- (25) A maximum of 1 injection kit of 90 mg enfuvirtide (Fuzeon) - #60 vials/kit;
- (26) A maximum of 60 tablets of 400 mg raltegravir (Isentress) - #60/btl, or
A maximum of 240 chewable tablets of 100 mg raltegravir (Isentress) - #60/btl;
- (27) A maximum of 30 tablets of 50mg dolutegravir (Tivicay) - #30/btl;
NOTE: A max of 60 tabs is allowed when taken with efavirenz, fosamprenavir/ritonavir or tipranavir/ritonavir.
- (28) A maximum of 60 tablets of 150 mg maraviroc (Selzentry) – 60/btl, or
A maximum of 60 tablets of 300 mg maraviroc (Selzentry) – 60/btl;
NOTE: A max of 120 tabs of 300 mg maraviroc is allowed when taken in combination with efavirenz **ONLY**.
- (29) A maximum of 60 tablets of 200 mg etravirine (Intelence) – 60/btl;
- (30) A maximum of 30 tablets of 25 mg rilpivirine (Edurant) – 30/btl;
- (31) A maximum of 30 tablets of Complera (Emtriva 200mg/Edurant 25mg/Viread TDF 300mg) - #30/btl;
- (32) A maximum of 30 tablets of Stribild (Vitekta 150mg/Tybost 150mg/Emtriva 200mg/Viread TDF 300mg) - #30/btl;
- (33) A maximum of 30 tablets of Triumeq (abacavir 600mg/dolutegravir 50mg/lamivudine 300mg) - #30/btl;
- (34) A maximum of 30 tablets of 150mg cobicistat (Tybost) - #30/btl, not routinely stocked by the program;
- (35) A maximum of 30 tablets of Evotaz (atazanavir 300mg/cobicistat 150mg) - #30/btl;
- (36) A maximum of 30 tablets of Prezcoibix (darunavir 800mg/cobicistat 150mg) - #30/btl;
- (37) A maximum of 30 tablets of elvitegravir (Vitekta) in 85mg or 150mg dosages - #30/btl, not routinely stocked;
- (38) A maximum of 30 tablets of Genvoya (Vitekta 150mg/Tybost 150mg/Emtriva 200mg/Viread TAF 10mg) - #30/btl;
- (39) A maximum of 30 tablets of Odefsey (Vitekta 150mg/Tybost 150mg/Emtriva 200mg/Viread TAF 25mg) - #30/btl;
- (40) A maximum of 30 tablets of Descovy (Viread TAF 25 mg/Emtriva 200 mg) - #30/btl

OTHER FORMULARY MEDICATIONS - AVAILABLE STRENGTHS AND MONTHLY MAXIMUM QUANTITIES

- (41) A maximum of 200 tablets of 800 mg/160 mg sulfamethoxazole-trimethoprim (SMZ-TMP DS) - #100/btl;
SMZ-TMP suspension is available in 200 mg/40 mg/5 ml, 473 ml (1 pint) bottles, 2 bottles maximum.
- (42) A maximum of 90 tablets of 25 mg Dapsone - #30/btl, or
A maximum of 60 tablets of 100 mg Dapsone - #30/btl;
- (43) A maximum of 1 vial of 300 mg aerosolized pentamidine (Nebupent), subject to manufacturer availability;
THMP will only provide a monthly supply of either SMZ-TMP DS, Dapsone or pentamidine.
- (44) A maximum of 200 capsules/tablets of acyclovir - #100/btl;
Strengths available are 200 mg capsules and 400 mg tablets.

- (45) A maximum of 60 capsules of valacyclovir - #30/btl;
Strengths available are 500mg or 1gm capsules.
THMP will only provide a monthly supply of either acyclovir, famciclovir or valacyclovir.
- (46) A maximum of 120 tablets of fluconazole - #30/btl;
Strengths available are 50 mg, 100 mg or 200 mg tablets.
- (47) A maximum of 120 capsules of 100 mg itraconazole - #30/btl;
Itraconazole suspension is available in 10 mg/ml, 150 ml (5 oz) bottles, 4 bottles maximum.
- (48) A maximum of 60 tablets of 500 mg clarithromycin - #60/btl;
THMP provides either clarithromycin or azithromycin each month.
- (49) A maximum of 60 tablets of 250 mg azithromycin - #30/btl, or
A maximum of 30 tablets of 600 mg azithromycin - #30/btl;
THMP provides either clarithromycin or azithromycin each month.
- (50) A maximum of 100 tablets of 400 mg ethambutol - #100/btl;
- (51) A maximum of 100 capsules of 150 mg rifabutin (Mycobutin) per 7-week period - #100/btl;
- (52) A maximum of 3 bottles of 40 mg/ml megestrol acetate suspension - 240ml btl;
- (53) A maximum of 120 tablets of 450 mg valganciclovir (Valcyte) during the first month of treatment, with a maximum of 60 tablets each month thereafter - #60/btl;
- (54) A maximum of 100 tablets of pyrimethamine (Daraprim) per 7-week period - #100/btl;
- (55) Folinic acid (leucovorin) (10-25 mg/day) when used to prevent hematologic toxicity of pyrimethamine;
Please contact the program with specific details on the strength and dosage requested for the patient, so that the program may attempt to accommodate the request, subject to manufacturer/wholesaler availability.
- (56) A maximum of 2 bottles of 750 mg/5 ml atovaquone suspension (Mepron) per 21-day treatment therapy, following **each** diagnosis of PCP - 210 ml btl
- (57) A maximum of 100 capsules of clindamycin – #100/btl;
Strengths available are 150mg or 300mg capsules.
- (58) A maximum of 70 tablets of clotrimazole troche (lozenges) - #70/btl;
- (59) A maximum of 60 tablets of famciclovir - #30/btl;
Strengths available are 250mg or 500mg tablets.
- (60) A maximum of 100 tablets of 100mg isoniazid (INH) - #100/btl, or
A maximum of 30 tablets of 300mg isoniazid (INH) - #30/btl;
- (61) A maximum of one bottle of nystatin oral suspension – 16oz/473ml, 100K units/ml per bottle;
- (62) A maximum of 28 tablets of 50mg Oravig (miconazole) buccal tablets - #14/btl;
- (63) A maximum of 100 tablets of 10mg prednisone - #100/btl;
- (64) A maximum of 100 tablets of 26.3mg primaquine phosphate - #100/btl;
- (65) A maximum of 60 capsules of 150mg rifampin - #30/btl, or
A maximum of 60 capsules of 300mg rifampin - #60/btl;
- (66) A maximum of 100 tablets of 500mg sulfadiazine - #100/btl;
- (67) A maximum of 30 tablets of voriconazole - #30/btl;
Strengths available are 50mg or 200mg.
Voriconazole oral suspension is available in 40mg/ml, 45g (75ml reconstituted) bottles, 1 bottle maximum.
- (68) A maximum of one tube of Gynazole-1 (butoconazole) 2% topical cream, 5gm/tube;

- (69) A maximum of one tube of Monistat-1 (tioconazole) 6.5% topical cream, 4.6gm/tube;
- (70) A maximum of one tube of terconazole-3 0.8% topical cream, 20gm/tube, or
A maximum of one tube of terconazole-7 0.4% topical cream, 45gm/tube.
THMP will only provide a monthly supply of either butoconazole, tioconazole or terconazole topical cream.

HCV PILOT PROGRAM MEDICATIONS - AVAILABLE STRENGTHS AND MONTHLY MAXIMUM QUANTITIES

- (71) Ribavirin is available in 200mg capsules when prescribed with either Viekira XR or Zepatier;
Maximum quantity dispensed is 3 bottles at a time, #84 caps/btl; daily dosage supply will vary per prescription.
- (72) Viekira XR PAK will be dispensed one 28-day (4 week) supply pack at a time over the course of the full 12-week or 24-week regimen.
- (73) Zepatier tablets will be dispensed one 28-day (4 week) supply pack at a time over the course of the full 12-week or 16-week regimen.

Due to numerous issues concerning product availability, please contact the Program directly should a patient wish to obtain the following medications: IV ganciclovir, interferon-alpha, amphotericin-B, or IVIG. Under most circumstances those items will **not** be readily available to order as they are not kept in stock by the program. If at all available, maximum quantities for those items are as follows:

- A maximum of 50 vials of 500 mg IV ganciclovir;
- A maximum of 50 vials of 18 mu interferon-alpha;
- A maximum of 50 vials of 50 mg amphotericin-B;
- A maximum of 4 vials of IVIG for pediatric usage (strengths available are 2.5gm & 5 gm vials).

PLEASE NOTE: All medications must be dispensed in full bottle amounts; partial fills are not allowed. Due to stocking and purchase limitations the THMP cannot provide brand name equivalents upon demand once generic equivalents of a formulary item are readily available and currently stocked by the program.