



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES GUIDELINES FOR THE TEXAS HIV MEDICATION PROGRAM (THMP)

Last Updated: December 22, 2016

**BACKGROUND** - The Texas HIV Medication Program provides medications approved by the Food and Drug Administration (FDA) for the treatment of HIV infection to Texas residents meeting the program's eligibility criteria.

### **MEDICATIONS AND CRITERIA**

**Antiretroviral Options** - A monthly maximum of four (4) of the following medications is allowed per applicant:

#### **Nucleoside Reverse Transcriptase Inhibitors (RTIs)**

- zidovudine (AZT, generic of Retrovir)
- didanosine (DDI, generic of Videx)
- stavudine (D4T, generic of Zerit)
- lamivudine (3TC, generic of Epivir)
- Combivir (lamivudine 150mg/zidovudine 300mg, comes in generic form) **(counts as two medications)**
- abacavir (Ziagen)
- Trizivir (zidovudine 300mg/lamivudine 150mg/abacavir 300mg) **(counts as three medications)**
- emtricitabine (Emtriva)
- Truvada (emtricitabine 200mg/tenofovir TDF 300mg) **(counts as two medications)**
- Epzicom (lamivudine 300mg/abacavir 600mg) **(counts as two medications)**
- Descovy (emtricitabine 200mg/tenofovir TAF 25mg) **(counts as two medications)**

#### **Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)**

- nevirapine (Viramune, some versions come in generic form)
- delavirdine (Rescriptor)
- efavirenz (Sustiva)
- etravirine (Intelence)
- rilpivirine (Edurant)

#### **Protease Inhibitors (PIs) & CYP3A Inhibitors**

- inirase (Saquinavir)
- ritonavir (Norvir)
- indinavir (Crixivan)
- nelfinavir mesylate (Viracept)
- lopinavir/ritonavir (Kaletra)
- atazanavir (Reyataz)
- Evotaz (atazanavir 300mg/cobicistat 150mg) **(counts as two medications)**
- fosamprenavir (Lexiva)
- tipranavir (Aptivus)
- darunavir (Prezista)
- Prezcobix (darunavir 800mg/cobicistat 150mg) **(counts as two medications)**
- cobicistat (Tybost)

#### **Single Tablet Regimens**

- Atripla (Sustiva 600mg/Emtriva 200mg/Viread TDF 300mg) **(counts as three medications)**
- Complera (Emtriva 200mg/Edurant 25mg/Viread TDF 300mg) **(counts as three medications)**
- Stribild (Vitekta 150mg/Tybost 150mg/Emtriva 200mg/Viread TDF 300mg) **(counts as four medications)**
- Triumeq (abacavir 600mg/Tivicay 50mg/lamivudine 300mg) **(counts as three medications)**
- Genvoya (Vitekta 150mg/Tybost 150mg/Emtriva 200mg/Viread TAF 25mg) **(counts as four medications)**
- Odefsey (Emtriva 200mg/Edurant 25mg/Viread TAF 25mg) **(counts as three medications)**

#### **Nucleotide Reverse Transcriptase Inhibitors (NRTIs)**

- Tenofovir TDF (Viread)

#### **Entry and Fusion Inhibitors**

- enfuvirtide (Fuzeon)
- maraviroc (Selzentry)

#### **Integrase Inhibitors**

- raltegravir (Isentress)
- dolutegravir (Tivicay)
- elvitegravir (Vitekta)

**Antiretroviral Qualifications** - A person must be diagnosed with HIV infection and have a current CD4+ T Lymphocyte count and Plasma RNA Viral Load count reported to the THMP prior to receiving medication. Additional medical criteria may also apply for individual antiretroviral medications, as detailed on the Medical Certification Form completed by the physician.

**Additional Medications and Eligibility Criteria**

**acyclovir** - Diagnosed HIV infection and acute or chronic herpetic infections (HSV, VCV).

**atovaquone** - Diagnosed HIV infection and either toxoplasmosis or acute, mild to moderate Pneumocystis carinii Pneumonia (PCP) and intolerance to sulfamethoxazole-trimethoprim (SMZ-TMP).

**azithromycin** - Diagnosed HIV infection, current/previous MAC diagnosis, failed therapy on/intolerance to clarithromycin.

**butoconazole** topical cream - Diagnosed HIV infection and mucocutaneous candidiasis.

**clarithromycin** - Diagnosed HIV infection and current or previous diagnosis of Mycobacterium Avium Complex (MAC).

**clindamycin** – Diagnosed HIV infection and toxoplasmosis or PCP.

**clotrimazole troche** – Diagnosed HIV infection and mucocutaneous candidiasis.

**Dapsone, pentamidine** (aerosolized), or **sulfamethoxazole-trimethoprim (SMZ-TMP)** - Diagnosed HIV infection and CD4 cell count less than or equal to 200, or diagnosed HIV infection and constitutional symptoms such as thrush or unexplained fever greater than 100 degrees Fahrenheit for greater than two weeks; children under age 13 with ACTG clinical indicators.

**ethambutol** - Diagnosed HIV infection and current or previous diagnosis of MAC.

**famciclovir** – Diagnosed HIV infection and acute or chronic herpetic infections (HSV, VCV).

**fluconazole** – Diagnosed HIV infection and cryptococcal meningitis or esophageal candidiasis or coccidioidomycosis.

**isoniazid (INH)** - Diagnosed HIV infection and prophylaxis or treatment for mycobacterium tuberculosis (MTB).

**itraconazole** - Diagnosed HIV infection and diagnosed histoplasmosis or blastomycosis or esophageal candidiasis.

**leucovorin calcium** – Diagnosed HIV infection and toxoplasmosis.

**megestrol acetate** - AIDS diagnosis and cachexia or anorexia with profound, involuntary, acute weight loss greater than or equal to 10% of baseline body weight or chronic weight loss greater than or equal to 20% of baseline body weight.

**miconazole buccal tablets (Oravig)** - Diagnosed HIV infection and mucocutaneous candidiasis.

**nystatin** oral suspension – Diagnosed HIV infection and mucocutaneous candidiasis.

**prednisone** – Diagnosed HIV infection and PCP.

**primaquine phosphate** - Diagnosed HIV infection and PCP.

**pyrimethamine (Daraprim)** - Diagnosed HIV infection and toxoplasmosis.

**rifabutin** - Diagnosed HIV infection and treatment for MAC or MTB.

**rifampin** – Diagnosed HIV infection and treatment for MTB.

**sulfadiazine** – Diagnosed HIV infection and toxoplasmosis.

**terconazole** topical cream - Diagnosed HIV infection and mucocutaneous candidiasis.

**tioconazole** topical cream - Diagnosed HIV infection and mucocutaneous candidiasis.

**valacyclovir** – Diagnosed HIV infection and acute or chronic herpetic infections (HSV, VCV).

**valganciclovir** – Diagnosed HIV infection and CMV disease, which has resulted in retinitis or infections of other major organs or organ systems.

**voriconazole** – Diagnosed HIV infection and histoplasmosis or mucocutaneous candidiasis or coccidioidomycosis.

**HCV Direct Acting Antiviral Pilot Program Medications for patients co-infected with HIV and HCV**

(Please consult the separate HCV Medical Certification Form for full details on Eligibility Criteria and pilot limitations)

**ribavirin** (when prescribed in combination with either Viekira XR or Zepatier)

**Viekira XR** (ombitasvir/paritprevir/ritonavir/dasaburvir)

**Zepatier** (elbasvir/grazoprevir)

**ELIGIBLE PERSONS** - Any Texas resident who:

- (1) has a diagnosis of HIV disease and meets the drug-specific eligibility criteria of one or more of the drugs listed above and;
- (2) is under the care of a Texas-licensed physician who prescribes the medication(s) and;
- (3) meets the financial eligibility criteria of the program.

**CRITERIA FOR FINANCIAL ELIGIBILITY** - A person is financially eligible if he or she:

- (1) is not presently covered for the medication(s) under the Texas Medicaid Program, or has utilized their Medicaid pharmacy benefits for the month and;
- (2) is not covered for the medication(s) by any other third-party payor and;
- (3) has an adjusted gross income, when combined with the gross income of his/her spouse, that does not exceed 200 percent of the current Federal Poverty Income Guidelines (as shown below). The THMP will determine if the person satisfies this criterion from information provided by the person on the Program application.

Eligibility and access to medications for newborn infants and pregnant women is considered a program priority.

**INCOME GUIDELINES (based on 200% of Federal Poverty Income Guidelines for 2016) –**

If the size of the family unit is:	The family gross annual income may not exceed:
1	\$23,760
2	\$32,040
3	\$40,320
4	\$48,600
5	\$56,880
>5	\$ 8,320 for each additional person

**CONFIDENTIALITY** - THMP regards the information in the application as part of the applicant's medical record and confidential by law. No information that could identify the individual applicant will be released except as authorized by law. Within THMP, physical security and administrative controls exist to safeguard the confidentiality of the applications and other means of identifying the individual. Applicants should realize that their physician and pharmacist would also be aware of their diagnosis.

**OBTAINING THE APPLICATION MATERIALS** - An application packet containing instructions & all necessary forms may be requested by telephoning toll-free 1-800-255-1090, downloading forms from [www.dshs.texas.gov/hivstd/meds](http://www.dshs.texas.gov/hivstd/meds), or writing to:

Texas HIV Medication Program  
ATTN: MSJA – MC 1873  
PO Box 149347  
Austin, Texas 78714-9347

**DEFINITION OF FAMILY AND HOUSEHOLD FOR DETERMINING FAMILY SIZE/INCOME** - Family members whose incomes are considered are the applicant and his or her spouse (or common-law spouse), if applicable. For minor children, the parent's income is considered if said parent is residing in the same household. For determining household size, the applicant, spouse, and their dependent children residing in the household shall be included. A dependent child is a child under the age of 18 who is the biological, adoptive, or stepchild of the applicant. A child applicant is a person under the age of 18, living with his or her parent(s) and stepparent (when applicable).

**FOSTER CHILDREN** - In cases where a welfare agency is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency, the foster child is considered a one-member family. Therefore, if the foster child's income is not above the income guidelines the foster child meets the income criteria.

**DOCUMENTATION OF FINANCIAL ELIGIBILITY** - The applicant must document his or her income on the application form, and provide verification of income such as paycheck stubs, W-2 forms/IRS tax returns, and copies of benefit entitlement letters. If zero income is reported, the income verification form must be completed along with a letter of explanation signed by the applicant explaining when and where he/she was last employed and how he/she is able to live on zero income/cash assistance.

**DOCUMENTATION OF MEDICAL ELIGIBILITY** - All applications for new clients must be mailed in to the program. The patient's physician must submit an updated medical certification form for all medication changes. The medical certification forms may be faxed for clients in immediate need of changes to be made to their approved formulary so as not to disrupt their progress on combination antiretroviral therapy.

**DETERMINING INITIAL FINANCIAL ELIGIBILITY** - Using the current Public Health Service or ADAP contract prices, THMP calculates the annualized cost of Program formulary medications that the applicant's physician qualifies them for, and subtracts that amount from their gross annual income. The applicant is financially eligible if their adjusted gross income at the time of application is below the guidelines, and financially ineligible if the adjusted gross income is above the guidelines. Applicants are encouraged to request reconsideration if their income status changes such that it falls within the Program parameters.

**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.

**PLEASE NOTE: All medications must be ordered and dispensed in full bottle amounts; partial fills are not allowed. Due to stocking and purchasing 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.**

**PAYMENT OF A FEE BY THE PATIENT** - Persons who have been approved by the THMP for assistance and are not concurrently eligible for Medicaid prescription benefits may be required to pay a \$5.00 co-payment fee per prescription to the participating pharmacy for each month's supply at the time the drug is dispensed.

**MEDICAID ELIGIBLE APPLICANTS** - Applicants who are eligible for Medicaid assistance benefits must first utilize and

exhaust their monthly Medicaid pharmacy benefits in order to be eligible to receive medications from the Program. Medicaid eligible applicants shall be assigned to the nearest available participating THMP pharmacy outlet to receive medication. The pharmacy will not charge the \$5.00 co-payment to the patient.

**PARTICIPATING PHARMACY** – The THMP has designated specific pharmacies throughout the state to dispense medications for approved Program recipients. In order to ensure optimal physical security of the drugs and administrative control of the program, Program recipients must obtain medications from the pharmacy to which they are assigned. Recipients may call the Program anytime at 1-800-255-1090 or (512) 533-3000 to request assignment to a different participating pharmacy. Should the choices available for pharmacy assignments prove a hardship to the patient, they must explain to the THMP in writing why a hardship exists. The applicant must include in the explanation the name, address, and person to contact at the pharmacy where they would prefer to receive their medications. If that pharmacy wishes to participate in the program, the THMP will supply the pharmacy with a Program pharmacy agreement to complete and return to the Program for consideration.

**PROCEDURE FOR RECEIVING MEDICATION** - An approved Program recipient will receive the written prescription(s) from his or her physician for medication covered by the Program, and present it to their assigned pharmacy. The physician may also phone or fax prescription(s) to the pharmacy on the patient's behalf. The pharmacy will order the medication from the Program using the assigned recipient code and dispense to the patient upon receipt of the medication from the THMP.