



Oklahoma  
State  
Department  
of Health

Effective January 1, 2014  
**HIV DRUG ASSISTANCE PROGRAM (HDAP)**

The HIV Drug Assistance Program (HDAP), through the Oklahoma State Department of Health and the contracted pharmacy, OU Pharmacist Care Center, provides specific HIV medications to eligible low-income individuals living with HIV disease in Oklahoma (through mail order or pharmacy).

HDAP is funded by the Federal Ryan White CARE Act Part B grant to the states. HDAP is the payor of last resort.

**Eligibility Requirements**

Applicants must:

- be an Oklahoma resident.
- Have documented HIV infection and/or a documented AIDS diagnosis.
- Have a physician's prescription(s) for the drugs listed on the HDAP formulary.
- Have a monthly family household gross income of not more than 200% of the Federal Poverty Guidelines (e.g. 1 person - \$1,915 a month) for those with no health insurance and 400% of the Federal Poverty Guidelines (e.g. 1 person - \$3830 a month) for those with health insurance and applying for health insurance assistance for premiums and program drug formulary prescription co-payments through HDAP.
- Applicants with health insurance & Medicare D prescription coverage may qualify for health insurance premium and prescription co-pay assistance.
- Applicants eligible for any third party coverage including Medicaid, COBRA, Insure Oklahoma, employer, Federal Marketplace must make application and access prescription coverage available.

**HDAP Access**

- The HDAP application and assistance with completing the application is available through one of the designated HDAP access case managers.
- The HDAP case manager submits the completed application with documentation to OSDH for review and determination of eligibility.
- Certifications will be up to 6 months of the program year (April 1- March 31) or calendar year for Med D and Federal Marketplace.
- Applicants who qualify for third party coverage (e.g. Medicaid) will be given a provisional certification .

## What Drugs Are Covered?

The HDAP will cover up to a 30-day supply per month of the following medications *(subject to change)*.

| <b><u>Brand Name</u></b> | <b><u>Generic Name</u></b> |
|--------------------------|----------------------------|
| Atripla                  |                            |
| Bactrim DS/              | Trimethoprim/              |
| Septra DS                | Sulfamethoxazole           |
| Combivir                 | AZT/3TC                    |
| Complera                 |                            |
| Crixivan                 | Indinavir                  |
| Dapsone                  | Dapsone                    |
| Diflucan                 | Fluconazole                |
| Edurant                  | Rilpivirine                |
| Emtriva                  | Emtricitabine              |
| Epivir                   | Lamivudine (3TC)           |
| Epzicom                  | 3TC/Abacavir               |
| Fuzeon                   | Enfuvirtide                |
| Intelence                | Etravirine                 |
| Invirase                 | Saquinavir                 |
| Isentress                | Raltegravir                |
| Kaletra                  | Lopinavir                  |
| Lexiva                   | Fosamprenavir              |
| Myambutol                | Ethambutol                 |
| Norvir                   | Ritonavir                  |
| Prezista                 | Darunavir                  |
| Pyrazinamide             |                            |
| Pyrimethamine            | Daraprim, Fansidar         |
| Rescriptor               | Delavirdine                |
| Retrovir                 | Zidovudine (AZT)           |
| Reyataz                  | Atazanavir                 |
| Selzentry                | Maraviroc                  |
| Stribild                 |                            |
| Testosterone             |                            |
| Trizivir                 | Abacavir/3TC/AZT           |
| Truvada                  | Emtriva/Viread             |
| Videx                    | Didanosine (ddl)           |
| Viracept                 | Nelfinavir                 |
| Viramune                 | Nevirapine                 |
| Valcyte                  | Valgancyclovir             |
| Viread                   | Tenofovir                  |
| Zerit                    | Stavudine (d4T)            |
| Zithromax                | Azithromycin               |
| Ziagen                   | Abacavir                   |
| Zovirax                  | Acyclovir                  |

***Other formulary drugs include antibiotics, antihypertensives, diuretics, antidepressants, lipid control, anti-nausea, Anti-anxiolytic, anti-psychotic, anti-epileptic and opportunistic infection medications.***

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| <b>HDAP Access Case Manager Sites</b> |
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For 918 Area Code

Tulsa CARES

3507 E. Admiral Pl., Tulsa, OK  
(918) 834-4194; (800) 474-4872

Dept. of Human Services – ACIS  
444 S. Houston, Tulsa, OK  
(800) 734-7516; (918) 581-2178 or 581-2146

OSU-COM I.M. Specialty Clinic  
717 S. Houston Ave, Tulsa, OK  
(918) 382-5058; (800) 586-0754

For 405/580 Area Code

RAIN – Oklahoma City

5001 N. Pennsylvania Ste 100, OKC, OK  
(405) 232-2437, (800) 285-2273

RAIN – Lawton  
1103 SW C #4, Lawton, OK  
(580) 353-7900

Dept. of Human Services – ACIS  
940 N.E. 13<sup>th</sup> St., Ste. 2100, OKC, OK  
(405) 271-3325, (800) 884-1572

OUHSC ID Institute  
711 Stanton Young Blvd. #430, OKC, OK  
(405) 271-6431