



**Aptivus® (tipranavir) Supplemental Prior Authorization Application
Washington State Early Intervention Program (EIP)**

PATIENT INFORMATION

Name of Patient: _____ DOB: _____

Early Intervention Program # or Social Security #: _____

APPLICATION INFORMATION

Approval Period: Authorization for treatment is issued for the duration of treatment with Aptivus as long as client remains eligible for the program. The pharmacy provider will be required to submit the prescription PA form with each fill to assure verification of eligibility.

Other: *All clients that receive doses of ritonavir (Norvir) greater than or equal to 400mg will be required to access free ritonavir from the Abbott Patient Assistance Program.* Applications are available by calling 1-800-222-6885 or visiting www.rxabbott.com for an online application.

MEDICAL ELIGIBILITY (To be completed by the patient's clinician)

Section 1: FOR NEW START APTIVUS PATIENTS

Items 1, 2, and 3 and either 4 or 5 must all be true for Aptivus coverage. Washington State Early Intervention Program (EIP) (EIP) reserves the right to request documentation.

- 1. This patient has evidence of resistance to multiple protease inhibitors.
- 2. There is evidence of viral replication despite ongoing antiretroviral therapy (not required if treatment-naïve).
- 3. Aptivus has been associated with hepatic decompensation including fatalities. Liver function tests will be performed prior to the initiation of therapy and will be scheduled frequently during the course of treatment.
- 4. A recent HIV resistance test has been conducted and antiretroviral history has been reviewed to determine an optimal base regimen including at least one or more active and tolerated antiretrovirals.
- 5. If #4 is not applicable, Aptivus will be used as part of an alternative salvage regimen for a patient with CD4 count less than 200 who is at risk of serious opportunistic infections or death.



Section 2: FOR APTIVUS PATIENTS ROLLING OVER FROM CLINICAL TRIALS / EXPANDED ACCESS OR USE OF APTIVUS PRIOR TO ENROLLMENT IN WASHINGTON STATE EARLY INTERVENTION PROGRAM (EIP)

Items 1, 2, 3, 4 and either 5 or 6 must all be true for Aptivus coverage. EIP reserves the right to request documentation.

1. This patient had evidence of resistance to multiple protease inhibitors at the time Aptivus was initiated.
2. There was evidence of viral replication despite ongoing antiretroviral therapy at the time Aptivus was initiated.
3. Aptivus has been associated with hepatic decompensation including fatalities. Liver function tests were performed prior to the initiation of therapy and will be scheduled frequently during the course of treatment.
4. Aptivus continues to be effective in this patient as evidenced by virologic response and/or CD4 count stability.
5. An HIV resistance test was conducted and antiretroviral history was reviewed to determine an optimal base regimen of at least one active and tolerated antiretroviral at the time Aptivus was initiated.
6. If #5 is not applicable, Aptivus is being used as part of an alternative salvage regimen for a patient that had a CD4 count less than 200 who was at risk of serious opportunistic infections or death at the time Aptivus was initiated.

CLINICIAN INFORMATION

Printed name of clinician completing this form: _____

Clinician Signature: _____ Date: _____

Phone Number: _____ Fax Number: _____

FAX THIS APPLICATION TO Ramsell Public Health Rx 1.800.848.4241 Ramsell Public Health Rx is the pharmacy benefit manager for the Washington State Early Intervention Program (EIP). Ramsell Public Health Rx will notify all clinicians of approval or denial following review of this application.