DISTRICT OF COLUMBIA ~ DEPARTMENT OF HEALTH ~ ADAP

Saquinavir mesylate (Invirase®)

PRIOR AUTHORIZATION PROGRAM Request Form - Initial Request 12 weeks maximum

CLIENT'S NAME: _____ ADAP ID: _____

CLIENT'S DATE OF BIRTH: _____ ADAP Pharmacy: _____

DC ADAP Policy: Invirase® (saquinavir mesylate) is an HIV-1 protease inhibitor. It is available as 200 mg oral capsule and 500 mg film-coated oral tablet.

Invirase® requires prior approval for coverage. Allow up to 96 hours for completion of request.

Please fax applicable diagnostic test results

Indication for Use:
Saquinavir mesylate has been approved for use in clients for treatment of HIV-1 infection, in combination with ritonavir and other antiretroviral agents in adults.

Criteria for use:
Please complete and checkall that apply:

1. Medical Provider is experienced in the management and care of HIV infection.

   YES ☐ NO ☐
2. Client does not have adherence issues with antiretrovirals or other medications.

   YES ☐ NO ☐
3. Client has completed an EKG (pre-treatment) with a QT interval <450msec and will have a repeat EKG, within 10 days of starting saquinavir mesylate.

   YES ☐ NO ☐
4. Client does not have congenital long QT syndrome, refractory hypokalemia, or hypomagnesemia.

   YES ☐ NO ☐
5. Client is not at risk for complete (atrioventricular) AV block.

   YES ☐ NO ☐
6. Client is appropriately monitored, if currently taking drugs that may cause QT prolongation (e.g. amiodarone, methadone, trazodone, etc.).

   YES ☐ NO ☐
7. Client does not have severe hepatic impairment.

   YES ☐ NO ☐
8. Client is not currently taking drugs that are CYP3A substrates (e.g. alfuzosin, amiodarone, trazodone, clarithromycin, atazanavir, etc.).

   YES ☐ NO ☐
9. Client will concurrently take ritonavir.

   YES ☐ NO ☐

10. Client has been informed of potential benefits and risks associated with saquinavir mesylate therapy.

    YES ☐ NO ☐

11. Client's daily dose of saquinavir mesylate is_____

Recommended dosage and administration: The recommended dose* of saquinavir mesylate is 1000 mg twice daily (5 x 200 mg capsules or 2 x 500 mg tablets) in combination with ritonavir 100 mg twice daily.

- For treatment-naïve patients the recommended dose is 500 mg twice daily with ritonavir 100 mg twice daily for the first 7 days. After 7 days, increase dose to 1000 mg twice daily with ritonavir 100 mg twice daily.
- If switching from a non-nucleoside reverse transcriptase inhibitor (NNRTI) based regimen or a ritonavir-containing regimen, the recommended dose is 1000 mg twice daily with ritonavir 100 mg twice daily.
- If switching from delavirdine- or rilpivirine-containing regimen, the recommended dose is 500mg twice daily with ritonavir 100 mg twice daily.
- Saquinavir mesylate and ritonavir should be taken within 2 hours after a meal.
- Ritonavir should be taken at the same time as saquinavir mesylate.

*There are no dose recommendations for patients with severe renal impairment or end stage renal disease.

Physician's signature: _____ Date: _____

Physician's Name (Print): _____Phone #: _____Fax #: _____

Fax Completed Form to Clinical Pharmacy Associates, Inc.

Fax: 1 (888) 971-7229 Phone: 1 (800) 745-0434 ext 150 Attention: Prior Approval Program

Approval: YES ☐ NO ☐ Date_____ Initials_____ Office use only

Reason for denial_____