DISTRICT OF COLUMBIA ~ DEPARTMENT OF HEALTH ~ ADAP
Lamivudine 300 mg and tenofovir disoproxil fumarate 300 mg
(Cimduo™) and (Temixys™)
PRIOR AUTHORIZATION PROGRAM Request Form

CLIENT'S NAME: _____ ADAP ID: _____

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

DC ADAP Policy: Cimduo™ and **Temixys™** (lamivudine 300 mg and tenofovir disoproxil fumarate 300 mg) are fixed-dose combination tablets of two HIV nucleoside reverse transcriptase inhibitors (NRTIs) HIV-1 available for once daily administration.
(Cimduo™) and (Temixys™) require prior approval for coverage. Allow up to 96 hours for completion of request.
Fax complete current medication list

Indication for Use:
The fixed-dose combination of lamivudine 300 mg and tenofovir disoproxil fumarate 300 mg has been approved for the treatment of HIV-1 infection in adult and pediatric clients with a weight of at least 35 kg, in combination with other antiretroviral agents in adults.

Criteria for use:
Please complete and check all that apply:

1. Medical Provider is experienced in the management and care of HIV infection.
   YES ☐ NO ☐
2. This order for lamivudine 300 mg and tenofovir disoproxil fumarate 300 mg is a new start antiretroviral.
   YES ☐ NO ☐
3. Client's most recent estimated creatinine clearance (CrCl) was _____ mL/min on (date)_____
4. Client's antiretroviral regimen will consist of: 1. ☐Cimduo OR ☐Temixys 1 tablet daily
   2. _____ 3. _____

Recommended dosage and administration: The recommended dose* of **Cimduo™** and **Temixys™** is one tablet once daily in combination with other antiretroviral agents.

- Patient has been tested for hepatitis B virus infection
- For adult and pediatric patients who weigh at least 35 kg, the recommended dose is 1 tablet once daily with or without food
- Not recommended in patients with renal impairment estimated CrCl <50 mL/min or end-stage renal disease (ESRD

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_____