

**INDIANA DEPARTMENT OF HEALTH – HIV SERVICES PROGRAM**  
**ADAP/EIP FORMULARY**

The Indiana Department of Health (IDOH) AIDS Drug Assistance Program and Early Intervention Program (ADAP/EIP) functions as a temporary medication and fee-for-service assistance program. It provides a limited array of FDA-approved medications for the treatment of HIV and related conditions (ADAP Formulary: HIV Antiretrovirals and ADAP Formulary: All Other Drugs) and medical services (EIP Services). IDOH pays 100% for the prescription medications and the associated fees for the medical services. Payment for any non-formulary medication or service is the client's responsibility.

**Important note regarding the ADAP Formulary (HIV Antiretrovirals and All Other Drugs):** It is a requirement of Ryan White HIV/AIDS Program legislation that state ADAPs may only purchase medications approved by the FDA and the devices needed to administer them. An ADAP formulary must be consistent with the most recent Adolescent and Adult HIV/AIDS Treatment Guidelines published by the Department of Health and Human Services. All therapeutic treatment and ancillary devices included on the ADAP formulary, and all ADAP-funded services must be equally and consistently available to all eligible enrolled individuals throughout the State/Territory.

Additions and deletions made since the previous edition of this formulary are listed in **RED** and **RED**, respectively.

For more information, contact the HIV Services Program at 1-866-588-4948 (option 1).

**ADAP FORMULARY: HIV ANTIRETROVIRALS**

*Refer to the DHHS Prescribing Guidelines at [www.aidsinfo.nih.gov/guidelines](http://www.aidsinfo.nih.gov/guidelines) for information regarding the treatment of experienced and naive patients with highly active antiretroviral drugs.*

Antiretrovirals: NRTI's

1. Abacavir (Ziagen, ABC)
2. Didanosine (Videx, Videx EC, ddl)
3. Emtricitabine (Emtriva, FTC)
4. Lamivudine (Epivir, 3TC)
5. Stavudine (Zerit, d4T)
6. Tenofovir (Viread, TDF)
7. Zidovudine (Retrovir, AZT, ZDV)

Antiretrovirals: NNRTI's

8. Delavirdine (Rescriptor, DLV)
9. Doravirine (Pifeltro, DOR)
10. Efavirenz (Sustiva, EFV)
11. Etravirine (Intelence, ETR)
12. Nevirapine (Viramune, Viramune XR, NVP)
13. Rilpivirine (Edurant, RPV)

Antiretrovirals: Protease Inhibitors

14. Atazanavir Sulfate (Reyataz, ATV)
15. Darunavir (Prezista, DRV)
16. Fosamprenavir (Lexiva, fAPV)
17. Indinavir (Crixivan, IDV)
18. Nelfinavir (Viracept, NFV)
19. Ritonavir (Norvir, RTV)
20. Saquinavir (Invirase, SQV)
21. Tipranavir (Aptivus, TPV)

Antiretrovirals: Integrase Inhibitors

22. Dolutegravir (Tivicay, DTG)
23. Elvitegravir (Vitekta)
24. Raltegravir (Isentress, RAL)

Antiretrovirals: Fusion Inhibitors

25. Enfuvirtide (Fuzeon, ENF)

Antiretrovirals: CCR5 Antagonists

26. Maraviroc (Selzentry, MVC)

Antiretrovirals: Post-attachment Inhibitors

27. Ibalizumab (Trogarzo, IBA)
28. Rukobia (Fostemsavir)

Antiretrovirals: Pharmacokinetic Enhancers

29. Cobicistat (Tybost)

Antiretrovirals: Capsid Inhibitor

30. Lenacapavir (Sunlenca)

Antiretrovirals: Combination Medications

31. Abacavir+Lamivudine (Epzicom)
32. Abacavir+Dolutegravir+Lamivudine (Triumeq)
33. Abacavir+Lamivudine+Zidovudine (Trizivir)
34. Atazanavir+Cobicistat (Evotaz)
35. Bictegravir+Emtricitabine+Tenofovir Alafenamide (Biktarvy)

36. Darunavir+Cobicistat (Prezcobix)
37. Darunavir+Cobicistat+Emtricitabine+Tenofovir Alafenamide (Symtuza)
38. Dolutegravir+Lamivudine (Dovato)
39. Dolutegravir+Rilpivirine (Juluca)
40. Doravirine+Lamivudine+Tenofovir Disoproxil Fumarate (Delstrigo)
41. Efavirenz+Emtricitabine+Tenofovir Disoproxil Fumarate (Atripla)
42. Efavirenz+Lamivudine+Tenofovir Disoproxil Fumarate (Symfi, Symfi Lo)
43. Cobicistat+Elvitegravir+Emtricitabine+Tenofovir Alafenamide (Genvoya)
44. Cobicistat+Elvitegravir+Emtricitabine+Tenofovir Disoproxil Fumarate (Stribild)

45. Emtricitabine+Rilpivirine+Tenofovir Alafenamide (Odefsey)
46. Emtricitabine+Rilpivirine+Tenofovir Disoproxil Fumarate (Complera)
47. Emtricitabine+Tenofovir Alafenamide (Descovy)
48. Emtricitabine+Tenofovir Disoproxil Fumarate (Truvada)
49. Lamivudine+Tenofovir Disoproxil Fumarate (Cimduo, Temixys)
50. Lamivudine+Zidovudine (Combivir)
51. Lopinavir+Ritonavir (Kaletra, LPV/RTV)
52. Cabotegravir+Rilpivirine (Cabenuva)

### ADAP FORMULARY: ALL OTHER DRUGS

**Generics are preferred.** Branded medications must be pre-approved prior to each fill by IDOH.

#### Antibiotics

53. Amoxicillin (Amoxil)
54. Amoxicillin+Clavulanate Acid (Augmentin)
55. Atovaquone (Mepron)
56. Azithromycin (Zithromax)
57. Ceftriaxone (Rocephin)
58. Cephalexin (Keflex)
59. Chlorhexidine Gluconate (Peridex)
60. Ciprofloxacin (Cipro)
61. Ciprofloxacin+dexamethasone (Ciprodex)
62. Clarithromycin (Biaxin, Biaxin XL)
63. Clindamycin (Clindagel, Evoclin, ClindaMax)
64. Diaminodiphenylsulfone (Dapsone)
65. Doxycycline (Vibramycin)
66. Ethambutol (Myambutol)
67. Fidaxomicin (Difcid)
68. Isoniazid, INH
69. Levofloxacin (Levaquin)
70. Moxifloxacin (Avelox)
71. Mupirocin (Bactroban) *TOPICAL ONLY*
72. Nitrofurantoin (Macrobid)
73. Penicillin G Benzathine (Bicillin L-A)
74. Penicillin VK *TABLET ONLY*
75. Pentamidine (Nebupent)
76. Pyrimethamine (Daraprim)
77. Rifabutin (Mycobutin)
78. Rifampin (Rifadin)
79. Sulfadiazine (Microsulfon)
80. Suprax (Cefixime)
81. Trimethoprim+Sulfamethoxazole (Septra, Bactrim, TMP/SMZ)
82. Vancomycin (Vancocin) *ORAL ONLY*

#### Antifungals

83. Clotrimazole (Mycelex, Gyne-Lotrimin) *TROCHES, VAGINAL CREAM, OR TABLETS*

84. Fluconazole (Diflucan)
85. Flucytosine (Ancobon)
86. Fluocinonide (Lidex)
87. Itraconazole (Sporanox) *SOLUTION AND CAPSULES*
88. Ketoconazole (Nizoral) *CREAM AND SHAMPOO*
89. Mary's Magic Mouthwash
90. Metronidazole (Flagyl)
91. Nystatin (Mycostatin) *LIQUID, CREAM, OR TABLETS*
92. Terbinafine (Lamisil)
93. Voriconazole (Vfend)

#### Antivirals

94. Acyclovir (Zovirax) *ORAL OR TOPICAL*
95. Entecavir (Baraclude)
96. Oseltamivir (Tamiflu)
97. Ribavirin (Copegus)
98. Tenofovir alafenamide (Vemlidy, TAF)
99. Valacyclovir (Valtrex)
100. Valganciclovir (Valcyte) *ORAL ONLY*

#### Cardiovascular Management

101. Amlodipine (Norvasc)
102. Apixaban (Eliquis)
103. Atorvastatin (Lipitor)
104. Carvedilol (Coreg)
105. Clonidine (Catapres)
106. Clopidogrel (Plavix)
107. Digoxin (Lanoxin, Digitek)
108. Fenofibrate (Tricor)
109. Furosemide (Lasix)
110. Gemfibrozil (Lopid)
111. Hydrochlorothiazide (Microzide, HCTZ)
112. Isosorbide Dinitrate (Isordil)

113. Isosorbide Mononitrate (Imdur)
114. Labetalol (Trandate, Normodyne)
115. Lisinopril (Prinivil, Zestril)
116. Lisinopril/Hydrochlorothiazide (Zestoretic)
117. Losartan (Cozaar)
118. Methyldopa (Aldomet)
119. Metoprolol (Lopressor, Toprol XL)
120. Nifedipine (Adalat CC, Procardia)
121. Nitroglycerin (Nitro-Bid, Nitro-Dur, Nitrostat, Nitrolingual)
122. Omega-3-Acid Ethyl Esters (Lovaza)
123. Pravastatin (Pravachol)
124. Spironolactone (Aldactone)
125. Warfarin (Coumadin)

#### Chemical Dependency

126. Acamprosate (Campral)
127. Buprenorphine+Naloxone (Suboxone)
128. Disulfiram (Antabuse)
129. Naloxone (Narcan)
130. Naltrexone (ReVia, Depade, Vivitrol)
131. Nicotine Patches (Nicoderm CQ) *MAX 14 PATCHES PER DISPENSE*
132. Varenicline (Chantix)

#### Diabetes Management/Endocrinology

133. Accu Check Aviva Test Strips
134. Accu Check Fastclix Lancets
135. Accu Check Guide Test Strips
136. Accu Chek Freestyle Lite Meter
137. Accu Chek Guide Meter
138. Conjugated Estrogen (Premarin)
139. Diabetic Alcohol Swabs (any brand) *MAX \$2 PER 100 CT BOX*
140. Diabetic Pen Needles *BD ONLY*
141. Diabetic Syringes *BD ONLY*
142. Empagliflozin (Jardiance)
143. Estradiol, Delestrogen
144. Ethinyl estradiol norethindrone (Loestrin)
145. Ethinyl estradiol norgestimate (Ortho Tri-Cyclen Lo)
146. Finasteride (Proscar)
147. Freestyle Lancets
148. Freestyle Lite Test Strips
149. Glipizide (Glucotrol, Glucotrol XL)
150. Glyburide (Diabeta, Glynase)
151. Insulin Detemir (Levemir)
152. Insulin Glargine (Lantus)
153. Insulin Lispro (Humalog)
154. Insulin NPH/Insulin Regular (Humulin 70/30, Novolin 70/30)
155. Levothyroxine (Levoxyl, Synthroid)
156. Medroxyprogesterone (Provera)
157. Metformin (Glucophage, Glucophage XR, Fortamet)
158. Methylprednisolone (Medrol)

159. Norethindrone (Aygestin, Camila, Errin, Incassia, Jolivette, Ortho Micronor, Tulana)
160. Pioglitazone (Actos)
161. Precision Xtra Test Strips
162. Prednisolone (Orapred)
163. Prednisone (Sterapred)
164. Progesterone
165. Semaglutide (Ozempic)
166. Sitagliptin (Januvia)
167. Softclix Lancets
168. Tamsulosin (Flomax)
169. Testosterone (Androderm, Androgel, Testim) *TOPICAL AND INJECTABLE ONLY*

#### Gastrointestinal Care

170. Dicyclomine (Bentyl)
171. Diphenoxylate+Atropine (Lomotil)
172. Docusate Sodium (Colace)
173. Esomeprazole (Nexium)
174. Famotidine (Pepcid)
175. Loperamide (Imodium)
176. Omeprazole (Prilosec)
177. Ondansetron (Zuplenz, Zofran, Zofran ODT)
178. Pantoprazole (Protonix)
179. Polyethylene Glycol (Miralax)
180. Prochlorperazine (Compazine)
181. Promethazine (Phenergan)
182. Ranitidine (Zantac)

#### Hepatitis C Management

183. Glecaprevir+Pibrentasvir (Mavyret)
184. Ledipasvir +Sofosbuvir (Harvoni)
185. Ribavirin (Copegus)
186. Sofosbuvir (Sovaldi)
187. Velpatasvir+Sofosbuvir (Epclusa)
188. Velpatasvir+Sofosbuvir+Voxilaprevir (Vosevi)

#### Insomnia Management

189. Doxepin (Silenor, Sinequan)
190. Hydroxyzine (Atarax, Vistaril)
191. Temazepam (Restoril)
192. Trazodone (Desryl)
193. Zolpidem (Ambien)

#### Neurologic/Psychiatric Management

194. Alprazolam (Xanax)
195. Amitriptyline (Elavil)
196. Aripiprazole (Abilify)
197. Bupropion (Wellbutrin, Zyban)
198. Buspirone (BuSpar)
199. Carbamazepine (Tegretol)
200. Citalopram (Celexa)
201. Clonazepam (Klonopin)
202. Desipramine (Norpramine)
203. Duloxetine (Cymbalta)
204. Escitalopram (Lexapro)

- 205. Fluoxetine (Prozac)
- 206. Lamotrigine (Lamictal)
- 207. Levetiracetam (Keppra)
- 208. Lithium (Eskalith, Lithobid)
- 209. Lorazepam (Ativan)
- 210. Mirtazapine (Remeron)
- 211. Nortriptyline (Pamelor)
- 212. Olanzapine (Zyprexa)
- 213. Oxcarbazepine (Trileptal)
- 214. Paliperidone (Invega) *ORAL ONLY*
- 215. Paroxetine (Paxil)
- 216. Phenobarbital (Solfoton)
- 217. Phenytoin (Dilantin)
- 218. Quetiapine (Seroquel)
- 219. Risperidone (Risperdal)
- 220. Ropinirole (Requip)
- 221. Sertraline (Zoloft)
- 222. Sumatriptan (Imitrex)
- 223. Topiramate (Topamax)
- 224. Valproate (Depakote, Depakote ER)
- 225. Venlafaxine (Effexor, Effexor XR)
- 226. Ziprasidone Hydrochloride (Geodon)

Pain Management

- 227. Acetaminophen (Tylenol)
- 228. Acetaminophen+Codeine (Tylenol 3)
- 229. Acetaminophen+Hydrocodone (Vicodin, Norco;  
2.5/325mg, 5/325mg, 7.5/325mg, 10/325mg)  
*MAX 8 TABS PER DAY*
- 230. Acetaminophen+Oxycodone (Percocet;  
2.5/325mg, 5/325, 7.5/325, 10/325mg) *MAX 8  
TABS PER DAY*
- 231. Aspirin (Ecotrin, Fasprin, Rugby)
- 232. Cyclobenzaprine (Flexeril)
- 233. Diclofenac (Voltaren, Cambia, Solaraze)
- 234. Gabapentin (Neurontin)
- 235. Ibuprofen (Motrin)
- 236. Meloxicam (Mobic)
- 237. Morphine Sulfate (MSIR, MS Contin)
- 238. Naproxen (Naprosyn)
- 239. Oxycodone (Roxicodone, Oxycontin, OxyIR)
- 240. Pregabalin (Lyrica)
- 241. Tramadol (Ultram)

Respiratory/Allergy Management

- 242. Albuterol (ProAir, Ventolin) *HFA  
FORMULATION ONLY*
- 243. Beclomethasone (QVAR)
- 244. Budesonide+Formoterol (Symbicort)
- 245. Cetirizine (Zyrtec)
- 246. Diphenhydramine (Benadryl)
- 247. Flunisolide (Aerobid, Aerospan)
- 248. Fluticasone Furoate+Vilanterol (Breo Ellipta)
- 249. Fluticasone NS (Flonase)
- 250. Hydroxyzine (Vistaril, Atarax)
- 251. Ipratropium+Albuterol (Combivent)
- 252. Loratadine (Claritin)
- 253. Montelukast Sodium (Singulair)
- 254. Tiotropium (Spiriva)
- 255. Triamcinolone Acetonide (Nasacort AQ)
- 256. Umeclidinium (Incruse Ellipta)
- 257. Umeclidinium+Vilanterol (Anoro Ellipta)

Miscellaneous

- 258. Alendronate (Fosamax)
- 259. Allopurinol (Aloprim, Zyloprim)
- 260. Benzonatate (Tessalon Perles)
- 261. Betamethasone (Diprolene) *TOPICAL ONLY*
- 262. Clobetasol
- 263. Dronabinol (Marinol)
- 264. Ferrous Sulfate
- 265. Flucelvax
- 266. Folic Acid
- 267. Hydrocortisone *TOPICAL ONLY*
- 268. Imiquimod (Aldara)
- 269. Leucovorin
- 270. Permethrin (Elimite)
- 271. Polysaccharide Iron Complex (Ferrex 150,  
Niferex 150 Forte)
- 272. Prenatal Vitamin
- 273. Prenatal Vitamin plus Low Iron
- 274. Pyridoxine (Vitamin B6)
- 275. Triamcinolone *TOPICAL ONLY*
- 276. Vitamins

Laboratory Studies

- 277. Human Chorionic Gonadotropin (HCG) 004416
- 278. NS5A Resistance Testing 87902
- 279. PT/INR 85610, 85611

**EIP SERVICES: FEE-FOR-SERVICE**

*It is a requirement of Ryan White HIV/AIDS Program legislation that all services must be provided in an outpatient setting and be related to the provision of their HIV care. A client's public (Medicare, Medicaid) or private insurance should be billed prior to requesting reimbursement from IDOH for the services included below, as the Ryan White HIV/AIDS Program must be the payor of last resort.*

SERVICE DESCRIPTION	CPT/HCPCS CODE	REVENUE CODE
<b>EVALUATION &amp; MANAGEMENT</b>		
<i>The codes listed below are also acceptable as a telemedicine e-visit by adding a modifier "95" to the code listed.</i>		
Office/Outpatient Visit	99201–99205, 99211–99215, 99241–99245 99395	0510-0529
Telephone E/M Visit	99441, 99442, 99443	
<b>MEDICINE</b>		
<b>MENTAL HEALTH</b>		
Diagnostic interview	90791–90792	
Pharmacology management	90863	
Psychotherapy	90832–90834, 90836–90838, 90785	
Testing	96101–96103, 96105, 96110, 96111, 96116	
<b>VISION</b>		
Exam	92002, 92004, 92012, 92014	
Fundus A Scan Biometry	76519	
Glaucoma Screening	92140 G0117–8	
Nerve Fiber Scan	92133–92134	
Refraction	92015	
<b>OTHER</b>		
Injection, Immune Globulin	90281, J1460, J1560	0636
Therapeutic, prophylactic, or diagnostic injection, subcutaneous (SQ) or intramuscular (IM)	96372	0636
Pentamidine, inhalation solution	94642, 94644, 94645, 94664, J2545	0410-0412 0636
<b>VACCINES, TOXOIDS</b>		
Administration	90460–90461, 90471–90474, G0008–G0010, S0195	0770-0779
Diphtheria, Tetanus, Acellular Pertussis, Haemophilus Influenzae Type b and Polio	90715, 90698, 90723	0770-0779
Hepatitis A	90632–90634	0770-0779
Hepatitis A/B	90636	0770-0779
Hepatitis B	<b>90739</b> , 90740, 90743, 90744, 90746, 90747	0770-0779
Hepatitis B/ Haemophilus Influenzae Type b	90748	0770-0779
Human Papillomavirus (HPV)	87624, 90649, 90650, 90651, 90471, 90472	
Influenza	90645–90648, 90655–90658, 90660, 90685– 90688, 90674, 90682	0770-0779
Mumps	90704	0770-0779
Measles	90705	0770-0779
MMR (not MMRV)	90707	0770-0779
Measles/Rubella	90708	0770-0779
Meningococcal A/C/W/Y	90734, 90619	0770-0779

Pneumococcal	90670, 90677, 90732,	0770-0779
Polio	90712, 90713	0770-0779
Rubella	90706	0770-0779
Shingles	90750	0770-0779
Td	90714	0770-0779
Varicella	90716	0770-0779
<b>PATHOLOGY &amp; LABORATORY</b>		
Acute Hepatitis	80074	0300-0309
Amylase	82150	0300-0309
Basic Metabolic	80048	0300-0309
Comprehensive Metabolic	80053	0300-0309
Creatine kinase	82550, 82552–82554	0300-0309
Fibrospect, Fibrosure	83883, 83520, 82397, 550123	
General Health Panel	80050	0300-0309
Glucose	82947, 82948, 82950–82953, 82955, 82960, 82962	0300-0309
Hemoglobin A1C	83036	0300-0309
Hepatic Function	80076	0300-0309
HLA-B*5701 (Abacavir hypersensitivity)	81381	0300-0309
Lactate dehydrogenase	83615, 83625	0300-0309
Lipase	83690	0300-0309
Lipid	80061	0300-0309
Urinalysis	81000–81003, 81005, 81007, 81015, 81020, 81025, 81050	0300-0309
Testosterone (free and total)	84402, 84403	0300-0309
Thyroid Stimulating Hormone (TSH)	84443	0300-0309
Free T3, Free T4 W/ TSH	84481, 84439	0300-0309
Venipuncture	36400, 36405, 36406, 36410, 36415, 36416, 36420, 36425	0300-0309
Western Blot	84181, 84182, 88371, 88372	0300-0309
<b>HEMATOLOGY &amp; COAGULATION</b>		
Blood Count	85004, 85007–85009, 85013, 85014, 85018, 85025, 85027, 85032, 85041, 85044, 85046, 85048, 85049, G0306, G0307	0300-0309
Prothrombin Time	85610, 85611	0300-0309
<b>IMMUNOLOGY</b>		
Chlamydia	86631, 86632	0300-0309
Cytomegalovirus (CMV)	86644, 86645	0300-0309
Hepatitis B	86704–86707	0300-0309
Hepatitis A	86708, 86709	0300-0309
Hepatitis C	86803, 86804, 87522, 140659, 550475	0300-0309
Syphilis	86592, 86593	0300-0309
TB	86480 (Quantiferon), 86481 (T-Spot), 86580	0300-0309
T-cell	86359–86361	0300-0309
Toxoplasma	86777, 86778	0300-0309
Treponema pallidum	86780	
<b>MICROBIOLOGY</b>		
Bacillary angiomatosis (TB)	87116	0300-0309
Chlamydia	87110	0300-0309
Culture, bacterial (e.g., Gonorrhea)	87070, 87077	0300-0309
Hepatitis B Surface Antigen	87340, 87341, 87350, 87380	0300-0309

Histoplasma capsulatum	87385	0300-0309
HPV	87621	0300-0309
Infectious Agent Detection (includes HIV viral load, genotyping, phenotyping, co-receptor tropism assay, trichomonas testing)	87270, 87271, 87285, 87320, 87332, 87485–87487, 87490–87492, 87495–87497, 87515–87517, 87520–87522, 87534–87539, 87555–87557, 87590–87592, 87797–87799, 87801, 87810, 87850, 87900–87904, 87906, 87999	0300-0309
Varicella	87290	0300-0309
<b>CYTOPATHOLOGY</b>		
Flow Cytometry	88182, 88184, 88185, 88187–88189	0311
Pap (cervical or vaginal)	88141–88143, 88147, 88148, 88150, 88152–88155, 88164–88167, 88172–88175, 87480, 87510, 87660, 99395, 99396, 99397 G0123, P3000–P3001, Q0091	0311, 0923
Pap (any other source)	88160–88162	0311, 0923
<b>RADIOLOGY</b>		
Chest X-ray	71010, 71015, 71020–71023, 71030, 71034, 71035	0324
Mammogram/preventative screening	77067	0403
<b>CHEMICAL DEPENDENCY</b>		
Methadone maintenance	H0020	Not to exceed \$25 per day
<b>SURGERY</b>		
<i>It is required that services be provided in an outpatient setting.</i>		
Biopsy (floor of mouth)	41108	0300-0309
Bronchoscopy	31622–31625, 31628–31633	0300-0309
<b>DENTAL PROCEDURES</b>		
<i>It is required that Delta Dental be billed prior to requesting reimbursement from IDOH.</i>		
Amalgam (filling) Composite (materials) Sedative filling	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2940	
Extraction/ Root Removal/ Alveoloplasty	D7111, D7120, D7130, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7310, D7311	
Oral Examination	D0120, D0140, D0150, D0160, D0170, D0180	
Prophylaxis	D1110, D1120	
X-ray	D0210, D0220, D0230, D0240, D0250, D0260, D0270, D0272, D0274, D0277, D0330	
<b>VISION SERVICES</b>		
<i>It is required that a physician's statement that the eye condition is HIV-related be provided if eye wear is provided.</i>		
Eye Glass Frame (\$200 max.)	V2020	
Eye Glass Lens	V2100–V2118, V2121, V2199, V2200–V2221, V2299, V2300–V2321	