



Carlos Alvarez, Mayor

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Ryan White Program  
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February 1, 2011

SENT VIA ELECTRONIC MAIL

Dear Ryan White Part A and/or MAI-funded Service Provider:

Enclosed for your information and immediate distribution is a **revised** Ryan White Program Prescription Drug Formulary sorted in the order of drug classification, brand name, generic name and HRSA d-code and the comments/notations page, revised January 31, 2011. This new version is being sent in electronic PDF format in all four (4) sorts to facilitate its use and dissemination to all interested parties. Please note that this new version will also be available on the Office of Grants Coordination's Ryan White Program website ([www.miamidade.gov/RyanWhite/](http://www.miamidade.gov/RyanWhite/)).

In response to the Florida AIDS Drug Assistance Program (ADAP) crisis and lack of funds, the Miami-Dade HIV/AIDS Partnership has approved, effective immediately, as a cost containment measure a temporary suspension of several non-antiretroviral medications that were previously listed on the Ryan White Program Prescription Drug Formulary. The Partnership also placed limitations on other medications. However, in order to allow some time for providers to notify clients of these changes, this version of the Prescription Drug Formulary is effective Tuesday, February 8, 2011. The affected medications are listed in the table below under "TEMPORARILY SUSPENDED?"; those medications with an indication of "YES" are NOT available to Ryan White Part A or MAI Program clients until further notice. Other changes are indicated in bold type (e.g., changes to Comments/Notations, etc.).

At its special meeting on Friday, January 21, 2011, the Miami-Dade HIV/AIDS Partnership approved the following changes to the Formulary:

- 1) The following medications are temporarily suspended, until further notice:

Brand Name (for reference)	HRSA d-code
Amoxil	d00088
Antioxidant Formula (generic)	d03145
Aquaphor	dxxx12
Aspirin	d00170
Atarax	d00907
Augmentin	d00089
Beconase	d00760
Benadryl	d00212
Delatestryl (generic only)	d00558
Depakene	d00083
Depo-Testosterone (generic only)	d00558

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1) The following medications are temporarily suspended, until further notice: (continued)

<b>Brand Name (for reference)</b>	<b>HRSA d-code</b>
Erytab, Eryc, EES	d00046
Humatin	d01104
Hytone	d03205
Kenalog	d03206
Lactaid	d03897
Lactinex	d03644
Levaquin	d04109
Lidex	d01294
Lortab 5/500mg (generic only)	d03428
Maalox	d03478
Matulane	d00354
Megace Suspension (generic only)	d01348
Multivitamin - B Complex Vitamins (generic)	d03140a
Mycelex	d01236
Mycostatin	d01233
Mylanta	d03478
Nasarel (generic only)	d04279
NebuPent	d00030
Nizoral (oral)	d00103
Pamelor	d00144
Primaquine (generic only)	d00351
Reglan	d00298
Robitussin AC	d03393
Robitussin DM	d03400
Robitussin Plain	d00797
Robitussin PSE	d03379
Silvadene	d01259
Sudafed	d00769
Tetracycline (generic only)	d00041
Tincture of Opium (generic only)	d00824
Tofranil	d00259
Vicodin 5/500mg (generic only)	d03428
Vistaril	d00907

- 2) The following medications have a change in the notations section; see the Prescription Drug Formulary Comments attachment for details:

<b>Brand Name (for reference)</b>	<b>HRSA d-code</b>	<b>Notations</b>
Adalat CC	d00051	CC
Bactrim	d00124	A, CC
Biaxin	d00097	A, DD
Calan	d00048	CC
Capoten	d00006	CC
Cardizem CD	d00045	CC
Celexa	d04332	CC
Crestor	d04851	CC
Depakote	d03833	CC
Desyrel	d00395	CC
Diabeta, Micronase	d00248	CC
Dilantin	d00143	CC
Elavil	d00146	CC
Eskalith	d00061	CC
Glucophage	d03807	CC
Glucotrol	d00246	CC
Glucovance	d04703	CC
Humalog	d04373	Z, CC
Humulin (R, N, 70/30)	d00262	CC
Hydrodiuril	d00253	CC
K-DUR, Klor-Con	d00345	CC
Lamictal	d03809	CC
Lanoxin	d00210	CC
Lantus	d04538	Z, CC
Lasix	d00070	CC
Levemir	d05436	Z, CC
Lipitor	d04105	CC
Lopid	d00245	CC

- 2) The following medications have a change in the notations section; see the Prescription Drug Formulary Comments attachment for details: (continued)

<b>Brand Name (for reference)</b>	<b>HRSA d-code</b>	<b>Notations</b>
Lopressor	d00134	CC
Lotensin	d00730	CC
Neurontin (generic only)	d03182	CC
Niaspan	d00314	CC
Nitroglycerin (generic)	d00321	CC
Nitro-stat or Nitrotab	d00321d	CC
Novolin (R, N, 70/30) (no generic available)	d00262a	CC
Novolog	d04697	Z, CC
Paxil (generic only)	d03157	CC
Pravachol	d00348	CC
Prenatal Vitamin	d03148	FF
Prilosec (generic only)	d00325	EE
Procardia XL	d00051	CC
Remeron (generic only)	d04025	CC
Risperdal	d03180	CC
Seroquel	d04220	CC, T
Sinequan	d00217	CC
Tegretol	d00058	CC
Tenormin	d00004	CC
Teveten	d04266	L, CC
Vasotec	d00013	CC
Vitamin B6	d00412	GG
Wellbutrin (generic only)	d00181	CC
Zantac	d00021	EE
Zolofit (generic only)	d00880	CC
Zyprexa	d04050	CC

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The Ryan White Program Prescription Drug Formulary is revised periodically by the Miami-Dade HIV/AIDS Partnership. It is imperative that all revisions to the Formulary be carefully reviewed and understood by direct service staff and recipients of the Ryan White Part A and Minority AIDS Initiative (MAI)-funded medications. Please notify program staff and clients immediately of this revision as appropriate. If further clarification is needed on these changes to the Formulary, please contact Vigermina Vega, Contracts Officer, or Carla Valle-Schwenk, Program Administrator, at (305) 375-4742.

Sincerely,



Theresa Fiaño  
Assistant Director

Attachments

- c: Carla Valle-Schwenk, Program Administrator, OGC
- Clarisol Nilsen, Fiscal Officer, OGC
- Vigermina Vega, Contracts Officer, OGC
- Andrae Corrigan, President, ACMS, Inc. (local office)
- Beth Hayden, Senior Administrator, Behavioral Science Research Corporation