



Carlos Alvarez, Mayor

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Ryan White Program
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October 13, 2010

SENT VIA ELECTRONIC MAIL

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

Enclosed for your information and 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, dated 10/12/2010. 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/).

Effective October 12, 2010, at the recommendation and approval of the Miami-Dade HIV/AIDS Partnership, the following changes were made to the Formulary:

- 1) The following medications have been removed from the Ryan White Program Prescription Drug Formulary due to their lack of utilization in Fiscal Years 2007 through 2009 (Years 17, 18, and 19):

Table with 2 columns: Brand Name and HRSA d-code. Lists 20 medications such as Boost Liquid\*, Ceclor, Foscavir, etc.

\*NOTE: The Ryan White Program Letter of Medical Necessity for Supplementation in Children has been discontinued due to the removal of Boost Liquid and Resource Just for Kids from the Formulary.



- 2) The following medications have also been removed from the Formulary due to a lack of utilization from Year 17 through 19, and/or because there is an alternate medication on the Formulary:

<u>Brand Name</u>	<u>HRSA d-code</u>
➤ Cytovene (ganciclovir oral)	d00066
➤ Floxin (oral)	d00114

- 3) The following medication has been removed from the Formulary because it has an adverse reaction with Norvir (ritonavir), an antiretroviral (ARV) medication:

<u>Brand Name</u>	<u>HRSA d-code</u>
➤ Flonase	d04283

- 4) The following medication has been removed from the Formulary because it has a cost effective equivalent that will subsequently be added during this Formulary update:

<u>Brand Name</u>	<u>HRSA d-code</u>
➤ Beconase AQ (spray)	d04275

- 5) The following medication is being added to the Formulary as a replacement for Flonase, because it has no adverse reaction with ARVs; and as the cost effective replacement for Beconase AQ:

<u>Brand Name</u>	<u>Generic Name</u>	<u>HRSA d-code</u>
➤ Nasarel (generic only)	Flunisolide nasal	d04279

- 6) A notation will be added to the Formulary indicating that the following medications are only available from the local Ryan White Program in their generic equivalents:

<u>Brand Name</u>	<u>Generic Name</u>	<u>HRSA d-code</u>
➤ Depo-Testosterone (generic)	Testosterone Injection Cypionate	d00558
➤ Delatestryl (generic)	Testosterone Injection Enanthate	d00558
➤ Effexor (generic)	Venlafaxine	d03181
➤ Megace Suspension (generic)	Megestrol Acetate Suspension	d01348
➤ Nasarel (generic)	Flunisolide - nasal	d04279
➤ Neurontin (generic)	Gabapentin	d03182
➤ Paxil (generic)	Paroxetine	d03157
➤ Prilosec (generic)	Omeprazole	d00325
➤ Remeron (generic)	Mirtazapine	d04025
➤ Valtrex (generic)	Valaciclovir	d03838
➤ Wellbutrin (generic)	Bupropion	d00181
➤ Zoloft (generic)	Sertraline	d00880

(Note: Reimbursement for name brand items will only be permitted in the event that a generic equivalent is not available on the market. The purpose of adding “generic” to items in the list above is for clarification and emphasis, and is not intended to mean that these are the only medications where generic equivalents are required.)

- 7) The Ryan White Program Prescription Drug Formulary’s “Comments/Notations” column and corresponding attachment have also been updated to address the AIDS Drug Assistance Program’s (ADAP) Reduced Formulary and list of medications that have been removed from ADAP’s Formulary; effective August 1, 2010.

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