

**\* Notation: RYAN WHITE PROGRAM PRESCRIPTION DRUG FORMULARY COMMENTS**

**Updates Effective 9/8/2014 (unless otherwise noted)**

	<u>REVISED</u>
<b>A</b>	THESE MEDICATIONS MAY BE COVERED BY THE RYAN WHITE PART A/MINORITY AIDS INITIATIVE PROGRAMS WHEN THE MEDICATIONS ARE NOT AVAILABLE THROUGH THE STATE OF FLORIDA'S AIDS DRUG ASSISTANCE PROGRAM (ADAP).
<b>B</b>	In order for a client to obtain this medication through the Part A or MAI Programs, one of the two conditions (histoplasmosis or aspergillosis) <u>must</u> have been identified and documented in the client's chart by his/her physician. In addition, the <b>Ryan White Program Letter of Medical Necessity for Sporanox</b> is required. Part A or MAI funds may <u>only</u> be used to cover one of the two conditions. (Rev. 5/12/2008)
<b>C</b>	(Notation no longer applicable.)
<b>D</b>	These nutritional supplements are available in powder form only and require a referral from both a Physician and a Nutritionist.
<b>E</b>	(Notation no longer applicable.)
<b>F</b>	Part A or MAI funds may only be used to reimburse for this medication for the treatment of Toxoplasmosis, and must be written as such on the prescription.
<b>G</b>	(Notation no longer applicable.)
<b>H</b>	To qualify for Part A or MAI coverage, the patient's testosterone level must be below a normal reading. Prescribing physicians must include the patient's most recent testosterone level on the prescription for this medication. If this information is not provided on the prescription, Part A or MAI will not cover the cost of this medication.
<b>I</b>	(Notation no longer applicable.)
<b>J</b>	Part A or MAI funds may only be used to reimburse for these medications for the treatment of indications experienced by HIV+ children 12 years and under. These medications are only available in liquid or suspension form.
<b>K</b>	(Notation no longer applicable.)
<b>L</b>	In order to receive Eprosartan (Teveten) through the Ryan White Part A or MAI Programs, the patient must have had a prior history of intolerance to the use of Angiotensin Converting Enzyme (ACE) Inhibitors.
<b>M</b>	(Notation no longer applicable.)
<b>N</b>	(Notation no longer applicable.)
<b>O</b>	(Notation no longer applicable.)
<b>P</b>	Ofloxacin (Ocuflox) is restricted to ophthalmic/ophthalmologist use only.
<b>Q</b>	Physicians prescribing Neupogen to patients needing to access Part A or MAI pharmaceutical services are required to complete a Ryan White Program Prior Authorization Form for Neupogen (Filgrastim). Prescribing physicians <u>must</u> submit the Ryan White Program Prior Authorization Form to the Part A or MAI pharmacy along with the <u>original</u> prescription and <u>lab</u> results dated within the last two (2) months.
<b>R</b>	Physicians prescribing Procrit or Epogen to patients needing to access Part A or MAI pharmaceutical services are required to complete a Ryan White Program Prior Authorization Form for Procrit or Epogen (Epoetin Alpha). Prescribing physicians <u>must</u> submit the Ryan White Program Prior Authorization Form to the Part A or MAI pharmacy along with the <u>original</u> prescription and <u>lab</u> results dated within the last two (2) months.
<b>S</b>	There is no generic equivalent for this new brand name product.
	<u>REVISED</u>
<b>T</b>	This drug is not indicated as a sleep aid and should only be used to treat bipolar disorders and schizophrenia.
<b>U</b>	<p>The <b>Ryan White Program Letter of Medical Necessity for Enfuvirtide (Fuzeon)</b> is required. The primary medical provider must certify it to be medically necessary to add Enfuvirtide (Fuzeon) to this patient's antiretroviral regimen. The patient has been on Enfuvirtide (Fuzeon) through another funding source but this funding source is no longer available. This condition necessitates Ryan White Part A or MAI coverage for continuity of care. In addition, the patient must meet one (1) of the following appropriate criteria below:</p> <ol style="list-style-type: none"> <li>1. The patient is eligible for the AIDS Drug Assistance Program (ADAP) and there is a completed application pending approval. A new prescription is allowed for a maximum of <b>60 days</b> and no refill authorizations are accepted;</li> </ol> <p align="center"><b>OR</b></p> <ol style="list-style-type: none"> <li>2. The patient is not eligible for ADAP and must be covered under Ryan White Part A or MAI pending another payment source. A new prescription is allowed for a maximum of <b>90 days</b> and no refill authorizations are accepted.</li> </ol>

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V	<p>The <b>Ryan White Program Letter of Medical Necessity for Tipranavir (Aptivus)</b> is required. As the prescribing healthcare provider, it is his/her considered opinion that Tipranavir (Aptivus) is medically necessary for the patient, and should be added to his/her antiretroviral regimen. In addition, the prescribing healthcare provider must certify that the following criteria have been met:</p> <p>1. The patient has failed treatment with Lopinavir/ritonavir (Kaletra) and all three classes of antiretrovirals;</p> <p align="center"><b>AND</b></p> <p>2. The healthcare provider has fully discussed all issues and consequences related to non-adherence with the patient.</p>
W	<p><u>REVISED</u></p> <p>This medication was added to the Ryan White Program Prescription Drug Formulary effective March 1, 2008. Before prescribing Maraviroc (Selzentry) to any client, physicians and other prescribing clinicians must complete a <b>Ryan White Program Letter of Medical Necessity for the Trofile Co-Receptor Tropism Assay</b> (billing encounter code: TROF). Providers must adhere to the "Sample Collection and Handling Requirements for PhenoSense™ HIV, GeneSeq™ HIV, PhenoSense GT™, PhenoSense™ Entry, and Trofile™ Co-Receptor Tropism Assays," when obtaining the specimen for delivery to the laboratory.</p>
X	<p>This medication was added to the Ryan White Program Prescription Drug Formulary effective March 1, 2008. The Florida Department of Health issued an Interoffice Memorandum, dated January 31, 2008, with information regarding Intelence (Etravirine). Accompanying this Memorandum was a document titled "Intelence (Etravirine) Tablets – Full Prescribing Information." This information comes from the manufacturer. It is extremely important for providers and clients to understand the prescribing information related to Intelence (Etravirine).</p>
Y	<p>The <b>Ryan White Program Letter of Medical Necessity for Roxicodone (Oxycodone) and Percocet (Oxycodone/APAP)</b>, approved by the Miami-Dade HIV/AIDS Partnership on August 11, 2008, is required. In addition, physicians prescribing these pain medications must adhere to the related legislation found in Florida Administrative Code 64B8-9.013, Standards for the Use of Controlled Substances for the Treatment of Pain, and Florida Statutes 458.309 and 458.331.</p>
Z	<p>Lantus, Levemir, Humalog and Novolog are restricted to dispensing in vial form only. Miami-Dade County Office of Grants Coordination staff is authorized to make an exception to this restriction subject to consulting with the medical provider.</p>
AA	<p>Strattera (Atomoxetine) is restricted to prescribing by a psychiatrist for patients with a diagnosis of attention-deficit hyperactivity disorder (ADHD) and a history of substance abuse only.</p>
BB	<p>This medication was added to the Ryan White Program Prescription Drug Formulary effective September 13, 2010 as a cost saving measure to prevent costly complications for anorectal surgery patients. This medication is restricted to anorectal surgery patients with a maximum utilization of a 30-day supply. This medication is also limited to generic only.</p>
CC	<p>(Notation no longer applicable.)</p>
DD	<p>This medication is temporarily limited to treatment for Mycobacterium avium-intracellulare (MAI), Mycobacterium avium complex (MAC), and Pneumocystis carinii pneumonia (PCP) only, until further notice.</p>
EE	<p>Ranitidine must be used (now allowable in 75mg, 150mg, and 300mg dosages) for at least one month prior to filling a prescription for Omeprazole, unless the client has failed on Ranitidine or if complications require the use of Omeprazole only. Documentation in the client chart must support the failure of Ranitidine in the client's case.</p>
FF	<p>Prenatal vitamins are restricted to pregnant women only.</p>
GG	<p>Vitamin B6 is restricted to clients who are taking Isoniazid (INH).</p>
HH	<p>Effective March 14, 2011, the following vitamins may be dispensed as a 90-day supply: Prenatal, B-6, B-12, and multivitamins. Prescribing practitioners and pharmacies are <u>strongly encouraged</u> to write and fill prescriptions, respectively, for these vitamins as a 90-day supply, where appropriate to the client's treatment plan. This is a cost saving measure that will yield significant savings to the program since one monthly dispensing fee would be incurred for a 90-day supply rather than three monthly dispensing fees for three individual 30-day supplies of vitamins.</p>
II	<p>This medication was added to the Ryan White Program Prescription Drug Formulary effective August 12, 2011. The Florida Department of Health issued an Interoffice Memorandum, dated July 18, 2011, with information regarding the approval by the Food and Drug Administration (FDA) of Edurant (Rilpivirine), a new NNRTI for the treatment of HIV in antiretroviral (ARV) naïve patients.</p>
JJ	<p>These dental medications were added to the Ryan White Program Prescription Drug Formulary effective December 12, 2011. The Partnership reviewed and/or approved a request by the Oral Health Care Subcommittee to recommend adding two fluoride products, both PreviDent Brush-on Gel and PreviDent 5000 Dry Mouth toothpaste to the Ryan White Program Prescription Drug Formulary. These dental medications would be cost effective in that they would prevent tooth decay that would cause more costly dental procedures.</p>

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<b>KK</b>	<i>This medication was added to the Ryan White Program Prescription Drug Formulary effective February 13, 2012 as a life saving medication. The Florida Department of Health issued an Interoffice Memorandum, dated November 17, 2011, with information regarding the approval by the Food and Drug Administration (FDA) of Complera (Emtricitabine/Rilpivirine/Tenofovir DF), a complete regimen for the treatment of HIV infection in antiretroviral (ARV) naïve patients because it contains a Nonnucleoside Reverse Transcriptase Inhibitor [i.e., Edurant (Rilpivirine)] and two Nucleoside Reverse Transcriptase Inhibitors [i.e., Truvada (Emtricitabine and Tenofovir DF)].</i>
<b>LL</b>	<i>Effective December 10, 2012, a Selzentry (maraviroc) prescription must be accompanied by a copy of the Trofile Tropism Assay (test) that is CCR5-tropic on the initial prescription. Any patient (client) entering the Ryan White Program already on Selzentry (maraviroc) is exempt from this requirement, but will need to have the previous usage clearly documented on the prescription.</i>
<b>MM</b>	<i>Effective December 10, 2012, these mesalamine products, both Rowasa (mesalamine enema) and Canasa (mesalamine suppository), were added to the Ryan White Program Prescription Drug Formulary as a cost saving measure with the restriction that mesalamine must be prescribed by a colorectal surgeon.</i>
<b>NN</b>	<i>This medication was added to the Ryan White Program Prescription Drug Formulary effective December 10, 2012 as a cost saving measure to prevent hospitalization and fracture complication for patients (clients). This medication is for treatment and prevention of osteoporosis.</i>
<b>OO</b>	<i>This medication was added to the Ryan White Program Prescription Drug Formulary effective December 10, 2012 as a life saving medication. The Florida Department of Health issued an Interoffice Memorandum, dated October 1, 2012, with information regarding the approval by the Food and Drug Administration (FDA) of Stribild (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Disoproxil Fumarate), for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults who are antiretroviral treatment-naïve. This pill also contains a pharmacologic boosting agent (cobicistat) used to prolong the effect of elvitegravir.</i>
<b>PP</b>	<i>This medication was added to the Ryan White Program Prescription Drug Formulary effective May 13, 2013 as a cost saving measure. Colonoscopies are a life-saving procedure and without this preparatory medication the procedure cannot be performed.</i>
<b>QQ</b>	<b>For reporting purposes only, this product is classified as an over-the-counter (OTC) drug.</b>
<b>RR</b>	<i>Some formulations of this medication are available over-the-counter (OTC).</i>
<b>SS</b>	<i>This medication was added to the Ryan White Program Prescription Drug Formulary effective December 9, 2013 as a life-saving medication. The Florida Department of Health issued an Interoffice Memorandum, dated September 27, 2013, with information regarding the approval by the Food and Drug Administration (FDA) of Tivicay (dolutegravir), for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults who are antiretroviral treatment-naïve.</i>
<b>TT</b>	<i>This comment was added to the Ryan White Program Prescription Drug Formulary effective June 9, 2014. For new and renewal prescriptions of Vitamin B-12 (cyanocobalamin), lab work must accompany the prescription indicating the Vitamin B-12 levels are less than 400 (picograms per milliliter) in order for the medication to be dispensed.</i>