

**RYAN WHITE PROGRAM**  
**Letter of Medical Necessity to Accompany Prescription for Tipranavir (Aptivus®)**

Date: \_\_\_\_\_

As the prescribing healthcare provider for \_\_\_\_\_, I consider it to be medically necessary to add Tipranavir (Aptivus®) to this patient's antiretroviral regimen.

In addition, I hereby certify that the following criteria have been met:

1. The patient has failed treatment with Lopinavir/ritonavir (Kaletra®) and all three classes of antiretrovirals;

-AND-

2. I have fully discussed all issues and consequences related to non-adherence with the patient.

Sincerely,

\_\_\_\_\_, M.D.

\_\_\_\_\_  
Print Physician's name

\_\_\_\_\_  
Florida medical license # (MEO#)

\_\_\_\_\_  
Patient's 10 digit Medicaid # (if applicable)

\_\_\_\_\_  
Patient's CIS # (assigned by the Ryan White Program Service Delivery Information System)

---

**Please note:** All questions should be addressed to Ms. Theresa Fiaño, Assistant Director, Office of Grants Coordination, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.).

Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.