

RYAN WHITE PART A PROGRAM
Letter of Medical Necessity
for Roxicodone (Oxycodone) and Percocet (Oxycodone/APAP)

Date: _____

As the primary care physician treating _____ and in accordance with F.A.C. 64B8-9.013¹ it is my considered opinion that (check one of the following)

Roxicodone (Oxycodone)

Percocet (Oxycodone/APAP) 5/325 *generic only*

is medically necessary for this patient.

The patient's diagnosis related to the reason for prescribing this medication is _____.
The above medication will be prescribed for _____ (length of time) at a strength of _____ with a frequency of _____ (e.g. bid).

- I have documented that other pain medications have been used and have failed or were not tolerated.
- I have discussed the issue of dependency with the patient.

I attest the above conditions have been met and are fully documented in the patient's medical record.

Sincerely,

_____, M.D./D.O.

Print M.D./D.O. name

Florida Medical License # (MEO#)

Patient's 10 Digit Medicaid # (if applicable)

Patient's CIS # (ID number assigned by the Ryan White Part A 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.

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¹ Florida Administrative Code 64B8-9.013 Standards for the Use of Controlled Substances for the Treatment of Pain. Specific Authority Florida Statute 458.309 and 458.331.