*Notation: RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY COMMENTS

(Changes effective as highlighted below.)

NOTE: The following notation letters have been **discontinued** (i.e., no longer applicable or used), and have been removed from the table below:

C, D, E, G, I, J, K, M, N, O, CC, JJ, MM, AAA, and KK_ (not used)

A	*These medications may be covered by the Ryan White Part A/Minority AIDS Initiative (MAI) Programs **only** when the medications are not available through the State of Florida's AIDS Drug Assistance Program (ADAP). This reflects Phase 1 of the Florida ADAP Formulary expansion.*
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) must have been identified and documented in the client's chart by his/her physician. Part A or MAI funds may only be used to cover one of the two conditions.* ***Letter of Medical Necessity is no longer required.***
F	*Part A or MAI funds may only be used to reimburse for this medication for treatment of Toxoplasmosis; this diagnosis must be written on the prescription.*
H	***The Ryan White Program Letter of Medical Necessity for Testosterone is no longer required.***
L	*In order to receive Eprosartan (Teveten) through the Ryan White Part A or MAI Programs, the patient must have had a prior history of intolerability to the use of Angiotensin Converting Enzyme (ACE) Inhibitors.*
P	*Ofloxacin (Ocuflox) is restricted to ophthalmic/ophthalmologist use only.*
Q	*Physicians prescribing Neupogen to patients needing to access Part A or MAI pharmaceutical services are required to complete a Ryan White Program Letter of Medical Necessity for Neupogen (Filgrastim). Prescribing physicians **must** submit the Ryan White Program Letter of Medical Necessity to the appropriate Ryan White Program pharmacy based on Average Wholesale Pricing (AWP)/Public Health Services 340B (PHS) limitations along with the **original** prescription and **lab** results dated within the last two (2) months.*
R	*Physicians prescribing Procrit or Epogen to patients needing to access Part A or MAI pharmaceutical services are required to complete a Ryan White Program Letter of Medical Necessity for Procrit or Epogen (Epoetin Alpha). Prescribing physicians **must** submit the Ryan White Program Letter of Medical Necessity to the appropriate Ryan White Program pharmacy based on Average Wholesale Pricing (AWP)/Public Health Services 340B (PHS) limitations along with the **original** prescription and **lab** results dated within the last two (2) months.*

***Notation: RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY COMMENTS**

(Changes effective as highlighted below.)

S	*There is no generic equivalent for this brand name product.*
T	*This drug is not indicated as a sleep aid and should only be used to treat bipolar disorders and schizophrenia.*
U	***The Ryan White Program Letter of Medical Necessity for Enfuvirtide (Fuzeon) is no longer required.***
V	***The Ryan White Program Letter of Medical Necessity for Tipranavir (Aptivus) is no longer required.***
W	*Before prescribing Selzentry (Maraviroc) to any client**, and only if ViiV Healthcare is no longer covering the cost of the assays through its Tropism Assistance Program (TAP)**, physicians and other prescribing clinicians must complete a Ryan White Program Letter of Medical Necessity for a Highly Sensitive Tropism Assay (Trofile, Trofile DNA, or Quest Diagnostics Tropism assay). Providers must adhere to the Sample Collection and Handling Requirements for the Trofile, Trofile DNA, and Quest Diagnostics Tropism assays.*
X	*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).*
Y	*The **Ryan White Program Letter of Medical Necessity for Roxicodone (Oxycodone) and Percocet (Oxycodone/APAP)** is required. This Letter of Medical Necessity must be submitted to the appropriate Ryan White Program pharmacy based on Average Wholesale Pricing (AWP)/Public Health Services 340B (PHS) limitations. 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.*
Z	*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.*
AA	*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.*
BB	*This medication was added to the Ryan White Program Prescription Drug Formulary 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.*

*Notation: RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY COMMENTS

(Changes effective as highlighted below.)

DD	*This medication is limited to treatment for Mycobacterium avium-intracellulare (MAI), Mycobacterium avium complex (MAC), and Pneumocystis carinii pneumonia (PCP) only.*
EE	*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.*
FF	*Prenatal vitamins are restricted to pregnant women only.*
GG	*Vitamin B6 is restricted to clients who are taking Isoniazid (INH).*
HH	*The following vitamins may be dispensed as a 90-day supply: Prenatal, B-6, B-12, and multivitamins. Prescribing practitioners and pharmacies are strongly encouraged 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.*
II	*The Florida Department of Health issued an Interoffice Memorandum, dated July 18, 2011, with information regarding the approval by the U.S. Food and Drug Administration (FDA) of Edurant (Rilpivirine), a new NNRTI for the treatment of HIV in antiretroviral (ARV) naïve patients.*
KK	*The Florida Department of Health issued an Interoffice Memorandum, dated November 17, 2011, with information regarding the approval by the U.S. 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)].*
LL	*A Selzentry (maraviroc) prescription must be accompanied by a copy of the Highly Sensitive 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*
NN	*This medication was added to the Ryan White Program Prescription Drug Formulary as a cost saving measure to prevent hospitalization and fracture complication for patients (clients). This medication is for treatment and prevention of osteoporosis.*
OO	*The Florida Department of Health issued an Interoffice Memorandum, dated October 1, 2012, with information regarding the approval by the U.S. 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.*

***Notation: RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY COMMENTS**

(Changes effective as highlighted below.)

PP	*Colonoscopies are a life-saving procedure [diagnostic] and without this preparatory medication the procedure cannot be performed.*
QQ	*For reporting/tracking purposes only, this product is classified as over-the-counter (OTC).*
RR	*For reporting/tracking purposes only, some formulations of this medication are available over-the-counter (OTC).*
SS	*The Florida Department of Health issued an Interoffice Memorandum, dated September 27, 2013, with information regarding the approval by the U.S. 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.*
TT	*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.*
UU	*Per HHS guidelines it is recommended that abacavir-naïve patients be tested for HLA-B*5701 hypersensitivity. HLA-B*5701 positive patients should not be prescribed this medication (Epzicom, Ziagen, or Trizivir). A copy of the test results should be placed in the patient's file. The HLA-B*5701 test should only be conducted once.*
V V	*The Florida Department of Health issued an electronic mail message, dated October 29, 2014, with information regarding the approval by the U.S. Food and Drug Administration (FDA) of Triumeq (abacavir/dolutegravir/lamivudine), for the treatment of HIV-1 infection.*
WW	*The Florida Department of Health issued an Interoffice Memorandum, dated March 9, 2015, with information regarding the approval by the U.S. Food and Drug Administration (FDA) of Evotaz (atazanavir/cobicistat), for use in combination with other antiretroviral agents for the treatment of HIV-1 infection. Related contraindications are included in this memorandum.*
XX	*The Florida Department of Health issued an Interoffice Memorandum, dated March 9, 2015, with information regarding the approval by the U.S. Food and Drug Administration (FDA) of Prezcobix (darunavir/cobicistat), a human immunodeficiency virus (HIV-1) protease inhibitor combined with a CYP3A4 inhibitor for use in the treatment of HIV-1 in combination with other antiretroviral agents for treatment in adults who are antiretroviral treatment-naïve with no darunavir resistance-associated substitutions. Related contraindications are mentioned in this memorandum.*
YY	*The Florida Department of Health issued an Interoffice Memorandum, dated March 9, 2015, with information regarding the approval by the U.S. Food and Drug Administration (FDA) of Tybost (cobicistat), a pharmacokinetic enhancer (booster) to be used in combination with other drugs, such as Reyataz, Prezista, Stribild, Evotaz and Prezcobix, for the treatment of HIV-1 infection. Related contraindications are mentioned in this memorandum.*

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(Changes effective as highlighted below.)

ZZ	*The Florida Department of Health (FDOH) issued an electronic mail message, dated December 21, 2015, with information regarding the approval by the U.S. Food and Drug Administration (FDA) of Genvoya (elvitegravir/ cobicistat/emtricitabine/tenofovir alafenamide) for use in combination with other antiretroviral agents for the treatment of HIV infection. Related contraindications are included in this communication from FDOH.*
BBB	*The Florida Department of Health (FDOH) issued an electronic mail message, dated May 27, 2016, with information regarding FDA approval of Odefsey (*emtricitabine 200 mg/rilpivirine 25 mg/tenofovir alafenamide 25 mg*). This medication has a reformulated tenofovir component. Additional information and recommended regimens are included in this communication from FDOH.*
CCC	*The Florida Department of Health (FDOH) issued an electronic mail message, dated May 27, 2016, with information regarding FDA approval of Descovy (*emtricitabine (FTC) 200 mg/tenofovir alafenamide (TAF) 25 mg). *This medication has a reformulated tenofovir component. Additional information and recommended regimens are included in this communication from FDOH.*
DDD	*Vicoprofen is restricted to prescriptions by dentists (DDS or DMD) only for a maximum of 50 tablets per prescription. This medication is further restricted in dosage to 7.5 mg hydrocodone bitartrate/200 mg ibuprofen combination only.*
EEE	*The Florida Department of Health (FDOH) issued an electronic mail message, dated February 19, 2018, with information regarding FDA approval of Juluca® (dolutegravir 50mg/rilpivirine 25mg). This combination medication would reduce pill burden. Additional information and recommended regimens are included in this communication from FDOH.*
FFF	*Available through Ryan White Part A/MAI Program in prescription strength only.*
GGG	*The Florida Department of Health (FDOH) issued an electronic mail message, dated March 13, 2018, with information regarding FDA approval of Biktarvy® [50 mg of bictegravir (BIC), 200 mg of emtricitabine (FTC), and 25 mg of tenofovir alafenamide (TAF)]. This combination medication is a complete regimen indicated for the treatment of HIV-1 in adults with no previous antiretroviral (ARV) treatment or to replace a current ARV regimen in those individuals with a suppressed viral load (HIV-1 RNA less than 50 copies per mL). Additional information is included in this communication from FDOH.*
HHH	*The Florida Department of Health (FDOH) issued an electronic mail message, dated July 15, 2019, with product information regarding FDA approval of Symtuza® (darunavir, cobicistat, emtricitabine and tenofovir alafenamide) and Dovato® (dolutegravir and lamivudine). These combination medications would reduce pill burden. Additional product information is included in the email communication from FDOH. These medications were added to the local Ryan White Part A Prescription Drug Formulary effective July 16, 2019.*

***Notation: RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY COMMENTS**

(Changes effective as highlighted below.)

III	*Suboxone® is an opioid agonist/antagonist medication used to treat opioid addiction. Suboxone® (buprenorphine and naloxone) is added to the Ryan White Part A/MAI Prescription Drug Formulary, effective October 21, 2019, as payer of last resort for patients who ARE NOT PREGNANT, since naloxone may cause fetal distress. This medication is commonly used to lessen opioid withdrawal symptoms and encourage abstinence from opioid drug use. Patients are strongly encouraged to receive substance abuse outpatient counseling while taking Suboxone®. This medication requires a Practitioner Waiver from SAMHSA to prescribe. For more information on how to apply for a waiver, go to: https://www.samhsa.gov/medication-assisted-treatment/training-materials-resources/apply-for-practitioner-waiver .*
JJJ	*Buprenorphine is an opioid agonist/antagonist medication used to treat opioid addiction. Buprenorphine is added to the Ryan White Part A/MAI Prescription Drug Formulary, effective October 21, 2019, as payer of last resort for patients who ARE PREGNANT, since naloxone may cause fetal distress. This medication is commonly used to lessen opioid withdrawal symptoms and encourage abstinence from opioid drug use. Patients are strongly encouraged to receive substance abuse outpatient counseling while taking buprenorphine. This medication requires a Practitioner Waiver from SAMHSA to prescribe. For more information on how to apply for a waiver, go to: https://www.samhsa.gov/medication-assisted-treatment/training-materials-resources/apply-for-practitioner-waiver .*
LLL	*This medication is available as Hormone Replacement Therapy for individuals of trans experience only. Trans experience must be indicated in the patient's medical record and on the prescription in order to have this prescription filled by the local Ryan White Part A Program.*
MMM	***This medication may also be available as hormone replacement therapy for individuals of trans experience.***