

**RYAN WHITE PROGRAM**  
**Letter of Medical Necessity for Sporanox (Itraconazole)**

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

As the primary care physician treating \_\_\_\_\_, I consider it medically necessary to prescribe Sporanox (Itraconazole). The medication will be utilized to treat **ONLY** one of the following two conditions (please check one box):

	Histoplasmosis
	Aspergillosis

The diagnosis above is fully documented in the patient's medical record.

Sincerely,

\_\_\_\_\_, M.D./D.O.

\_\_\_\_\_  
Print M.D./D.O. name

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

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

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

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**Please note:** All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, 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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