

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

This is a comprehensive list of medications that may be required by individuals who have HIV or AIDS. To access these medications funded by the Ryan White Part A/MAI Program, eligible clients must also reside permanently in Miami-Dade County and have a gross household income below 400% of the most current Federal Poverty Level (FPL) guidelines used by the local Part A/MAI Program.

There may be special situations where medications are needed that are not on this list (i.e., HIV-related heart disease or HIV-related kidney failure) and there is a mechanism set up to deal with such extenuating circumstances. However, additions to the Formulary are currently restricted to life-saving or cost-saving medications.

IMPORTANT NOTES:

¹ Effective March 1, 2016, use local drug coding system (i.e., "RW Miami Pharma Code") as developed by Miami-Dade County Office of Management and Budget.

² Medications assigned a letter notation "A" are available through the Florida AIDS Drug Assistance Program (ADAP). These medications will only be covered by the County's Ryan White Part A or Minority AIDS Initiative Programs if the ADAP has a waitlist or the medications are not available through ADAP. In addition, if another letter notation is indicated, the specified criteria under the designated letter must be met. Refer to the accompanying Comments/Notations attachment for more details on each letter notation. Green shading is a new addition. Red shading is a new notation.

³ Prescription Drug referrals will be good for the life of the prescription and may be written for one (1) initial (original) and no more than five (5) monthly refills for medications listed on this Formulary as deemed necessary by the client's physician and as allowable by State of Florida law; unless the client becomes ineligible for Ryan White Part A or MAI Program-funded services.

⁴ Vaccines (Hep A, Hep B, Pneumovax, etc.) have been removed from the Ryan White Program Prescription Drug Formulary. Where applicable, vaccines may be provided and billed for under the Ryan White Program outpatient medical care services using the appropriate Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code, only if these vaccines are not available from any other funding source (e.g., Medicaid, ADAP, private insurance, etc.).

⁵ All medications dispensed should be generic unless a generic is not available. However, Ryan White Part A/MAI Program-funded prescription drug service providers must use the most cost-effective product, either brand or generic, whichever is less expensive at the time of dispensing.

⁶ There is no limitation on dosage or formulation unless otherwise noted specifically on this Formulary.

⁷ The Ryan White Program must always be used as the payer of last resort.

⁸ Effective August 19, 2019, all antiretrovirals will be automatically added to the Ryan White Program Part A Prescription Drug Formulary once they are added to the Florida ADAP Formulary, unless the Part A Recipient (i.e., Miami-Dade County) deems discussion with the Partnership necessary.

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

| Therapeutic Classification | Pharmacologic Classification | Brand Name(s) | Generic Name(s) | RW Miami Pharma-Code | Notation | TTRA Med? Yes/No |
|---|--|-----------------------------|---|----------------------|----------|------------------|
| Device | Other | ACE Aerosol Cloud Enhancer® | inhaler spacer (one time only) | A4627 | A | No |
| Cardiovascular Agent | Calcium Channel Blocker | Adalat CC®, Procardia XL® | nifedipine | RX0806 | A | No |
| Analgesic; Anti-inflammatory | Nonsteroidal Anti-inflammatory Drug (NSAID) | Advil®, Motrin® | ibuprofen | RX0106 | A,RR | No |
| Hormone Therapy (Management of Edema; Antihypertensive; Diagnosis of Primary Hyperaldosteronism; Treatment of Diuretic-induced Hypokalemia) | Potassium-sparing Diuretic | Aldactone® | spironolactone | RX1210 | A, LLL | No |
| Skin and Mucous Membrane Preparation, Anti-infective | Immune Modular | Aldara Cream® | imiquimod 5% | RX1909 | A | No |
| Ophthalmic Agent; Antiglaucoma | Alpha 2 Agonist | Alphagan P® | brimonidine ophthalmic | RX1402 | | No |
| Anti-infective | Antibiotic-Penicillin | Amoxil® | amoxicillin | RX0505 | | No |
| Hormone | Androgen | Androderm® | testosterone patch | RX1206 | A | No |
| Hormone | Androgen | Androgel® | testosterone gel | RX1207 | A | No |
| Anti-HIV Agent | Antiretroviral Agent-Protease Inhibitor | Aptivus® | tipranavir (TPV) | RX0314 | A,V | No |
| Central Nervous System, Anxiolytic, Sedatives and Hypnotics | Benzodiazepine | Ativan® | lorazepam | RX0924 | | No |
| Anti-HIV Agent Combination | Anti-Retroviral Agent-Nucleoside Reverse Transcriptase Inhibitors, Non-Nucleoside Reverse Transcriptase Inhibitors Combination | Atripla® | efavirenz / emtricitabine / tenofovir (EFV / FTC / TDF) | RX0417 | A | No |
| Anti-infective | Antibiotic-Penicillin | Augmentin® | amoxicillin / clavulanate | RX0506 | | No |
| Analgesic; Antiplatelet Agent | Salicylate | Bayer®, Ecotrin® | aspirin | RX0108 | A,QQ | No |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

| Therapeutic Classification | Pharmacologic Classification | Brand Name(s) | Generic Name(s) | RW Miami Pharma-Code | Notation | TTRA Med? Yes/No |
|--|--|---|---|----------------------|--|------------------|
| Pulmonary, Allergy | H1 Receptor Antagonist (1st Gen) | Benadryl® | diphenhydramine | RX1800 | A | No |
| Skin and Mucous Membrane Preparation, Acne | Antibiotic, Keratolytic | Benzoyl Peroxide topical | benzoyl peroxide topical | RX1900 | A,RR | No |
| Skin and Mucous Membrane Preparation, Corticosteroid | Corticosteroid | Betamethasone topical or Diprolene® | betamethasone (valerate or dipropionate) | RX1912 | A | No |
| Anti-infective | Antibiotic-Macrolide | Biaxin® | clarithromycin | RX0503 | A,DD | No |
| Anti-HIV Agent Combination | Antiretroviral Agent - Integrase Strand Transfer Inhibitors / Nucleoside Reverse Transcriptase Inhibitors (INSTI / NRTI combo) | Biktarvy® | bictegravir / emtricitabine / tenofovir alafenamide (BIC / TAF / FTC) | RX0425 | A, GGG | Yes |
| Anti-infective, Antifungal | Antibiotic-Polyene Antifungals | Bio-Statin® (suspension), Mycostatin® (suspension), nystatin suspension | nystatin suspension | RX0527 | | No |
| Cardiovascular Agent | Calcium Channel Blocker | Calan®, Calan SR® | verapamil | RX0807 | A | No |
| Gastrointestinal Agent, Anti-inflammatory Agent | 5-Aminosalicylic Acid Derivative | Canasa® (suppository) | mesalamine (suppository) | RX1107 | | No |
| Cardiovascular Agent | Calcium Channel Blocker | Cardizem CD® | diltiazem | RX0808 | A | No |
| Central Nervous System, Antidepressants | Selective Serotonin Reuptake Inhibitor | Celexa® | citalopram | RX0910 | A | No |
| Anti-infective | Antibiotic-Quinolone | Cipro® | ciprofloxacin | RX0508 | | No |
| Skin and Mucous Membrane Preparation, Anti-infective | Antibiotic-Lincosamide | Cleocin T® | clindamycin topical (cream, lotion, gel) | RX1905 | A | No |
| Anti-infective | Antibiotic-Lincosamide | Cleocin® | clindamycin capsules | RX0502 | | No |
| Anti-HIV Agent Combination | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor | Combivir® | lamivudine / zidovudine (3TC / AZT) | RX0414 | A | No |
| Central Nervous System, Antipsychotic, Antiemetic | Phenothiazine | Compazine®, Compro® | prochlorperazine | RX0923 | REMOVED FROM ADAP FORMULARY EFF. 2/15/2019 | No |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

| Therapeutic Classification | Pharmacologic Classification | Brand Name(s) | Generic Name(s) | RW Miami Pharma-Code | Notation | TTRA Med? Yes/No |
|--|---|---|--|----------------------|-----------|------------------|
| Anti-HIV Agent Combination | Antiretroviral Agent-Non-nucleoside reverse transcriptase inhibitor (NNRTI) and nucleos [t]ide reverse transcriptase inhibitors (NRTIs) | Complera® | emtricitabine / rilpivirine / tenofovir disoproxil fumarate (FTC / RPV / TDF) | RX0412 | A, KK | No |
| Otic Preparation, Anti-infective Combination | Antibiotic-Corticosteroid | Cortisporin otic® | hydrocortisone / neomycin / polymyxin B otic | RX1601 | | No |
| Blood Formation and Coagulation | Vitamin K Antagonist | Coumadin® | warfarin | RX0702 | A | No |
| Cardiovascular Agent; Antilipemic | HMG-CoA Reductase Inhibitor | Crestor® | rosuvastatin [5 mg, 10 mg & 20 mg (maximum of 30 tablets)] | RX0816 | A | No |
| Anti-HIV Agent | Antiretroviral Agent-Protease Inhibitor | Crixivan® | indinavir (IDV) | RX0315 | A | No |
| Vitamin | Vitamin | Cyanocobalamin®, vitamin B12 (injection only) | cyanocobalamin, vitamin B12 (injection only) | RX2004 | A, HH, TT | No |
| Anti-infective | Antibiotic-Sulfonamide Derivative | Dapsone® | dapsone | RX0511 | A | No |
| Anti-infective | Antibiotic-Antimalarial | Daraprim® | pyrimethamine | RX0500 | A | No |
| Hormone | Androgen | Delatestryl® | testosterone enanthate injection <i>(NOTE: testosterone gel / patch available through ADAP)</i> | RX1204 | H | No |
| Hormone | Estrogen Derivative | Delestrogen® | estradiol valerate (injection) | RX1209 | A, LLL | No |
| Central Nervous System, Anticonvulsant | Histone Deacetylase Inhibitor | Depakene® | valproic acid | RX0904 | A | No |
| Central Nervous System, Anticonvulsant | Histone Deacetylase Inhibitor | Depakote® | divalproex sodium | RX0905 | A | No |
| Hormone | Androgen | Depo®-Testosterone | testosterone cypionate injection <i>(NOTE: testosterone gel / patch available through ADAP)</i> | RX1201 | H | No |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

| Therapeutic Classification | Pharmacologic Classification | Brand Name(s) | Generic Name(s) | RW Miami Pharma-Code | Notation | TTRA Med? Yes/No |
|--|--|-----------------------|---|----------------------|----------|------------------|
| Anti-HIV Agent Combination | Antiretroviral Agent, Non-nucleoside Reverse Transcriptase Inhibitor (NNRTI) and Nucleoside Reverse Transcriptase Inhibitors (NRTIs) | Descovy® | emtricitabine / tenofovir alafenamide (FTC / TAF) | RX0423 | A,CCC | Yes |
| Central Nervous System, Antidepressants | Serotonin Reuptake Inhibitor | Desyrel® | trazodone | RX0913 | A | No |
| Antidiabetic Agent | Sulfonylurea | Diabeta® | glyburide | RX0202 | A | No |
| Anti-infective, Antifungal | Antibiotic-Azole Antifungal | Diflucan® | fluconazole | RX0519 | A | No |
| Central Nervous System, Anticonvulsant | Hydantoin | Dilantin® | phenytoin | RX0906 | | No |
| Anti-HIV Agent Combination | Integrase Strand Transfer Inhibitor / Nucleoside Reverse Transcriptase Inhibitor (INSTI / NRTI Combo) | Dovato® | dolutegravir / lamivudine | RX0427 | A | Yes |
| Anti-HIV Agent | Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitors | Edurant® | rilpivirine (RPV) | RX0323 | A,II | No |
| Central Nervous System, Antidepressants | Serotonin/Norepinephrine Reuptake Inhibitor | Effexor®, Effexor XR® | venlafaxine | RX0914 | A | No |
| Skin and Mucous Membrane Preparation, Antineoplastic | Pyrimidine Analog | Efudex® | fluorouracil topical | RX1911 | | No |
| Central Nervous System, Antidepressants | Tricyclic Antidepressant (Tertiary Amine) | Elavil® | amitriptyline | RX0915 | A | No |
| Skin and Mucous Membrane Preparation, Anti-infective | Antiparasitic, Scabacidal | Elimite® | permethrin topical | RX1908 | | No |
| Anti-HIV Agent | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor | Emtriva® | emtricitabine (FTC) | RX0307 | A | No |
| Anti-HIV Agent | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor | Epivir® | lamivudine (3TC) | RX0308 | A | No |
| Blood Formation and Coagulation | Erythropoiesis-Stimulating Agent | Epogen®, Procrit® | erythropoietin (epoetin alpha) | RX0700 | A,R | No |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

| Therapeutic Classification | Pharmacologic Classification | Brand Name(s) | Generic Name(s) | RW Miami Pharma-Code | Notation | TTRA Med? Yes/No |
|--|--|---|--|----------------------|----------|------------------|
| Anti-HIV Agent Combination | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor | Epzicom® | abacavir / lamivudine (ABC / 3TC) | RX0415 | A,UU | No |
| Hormone | Estrogen Derivative | Estrace®, Femtrace®, Cenestin®, Enjuvia®, Gynodiol® | estradiol (oral, topical) | RX1208 | A, LLL | No |
| Anti-HIV Agent Combination | Antiretroviral Agent-Protease Inhibitor and Pharmacokinetic Enhancer Combination | Evotaz® | atazanavir / cobicistat (ATV / COBI) | RX0419 | A,WW | No |
| Blood Formation and Coagulation, Anemia | Iron Salt | ferrous sulfate, Feosol®, FeroSul®, FerrouSul® | ferrous sulfate (iron) | RX0703 | A,RR | No |
| Anti-infective, Amebicide | Amebicide, Trichomonaside | Flagyl® | metronidazole | RX0518 | A | No |
| Otic Preparation, Anti-infective | Antibiotic-Quinolone | Floxin otic®, Ocuflax® | ofloxacin otic | RX1600 | | No |
| Skin and Mucous Membrane Preparation, Corticosteroid | Corticosteroid | Fluocinonide topical® | fluocinonide topical | RX1914 | | No |
| Vitamin | Vitamin | Folic acid | folic acid | RX2000 | A | No |
| Osteoporosis | Bisphosponate | Fosamax® | alendronate sodium | RX1500 | A,NN | No |
| Anti-HIV Agent | Antiretroviral Agent-Fusion Protein Inhibitor | Fuzeon® | enfuvirtide (ENF, T-20) | RX0301 | A,U | No |
| Anti-HIV Agent Combination | Integrase Inhibitor, CYP3A Inhibitor, Nucleoside Analog Reverse Transcriptase Inhibitors (NRTIs) | Genvoya® | elvitegravir / cobicistat / emtricitabine / tenofovir alafenamide (EVG / COBI / FTC / TAF) | RX0421 | A, ZZ | No |
| Antidiabetic Agent | Biguanide | Glucophage®, Glucophage XR® | metformin, metformin ER | RX0200 | A | No |
| Antidiabetic Agent | Sulfonylurea | Glucotrol®, Glucotrol XL® | glipizide, glipizide ER | RX0201 | A | No |
| Gastrointestinal Agent, Cathartic | Osmotic Laxative | GoLYTELY®, Colyte®, MoviPret®, NuLYTELY®, TriLyte® | PEG-3350 (polyethylene glycol) and electrolytes oral solution | RX1108 | PP | No |
| Antidiabetic Agent, Insulin | Insulin, Rapid-Acting | Humalog® | insulin lispro injection | RX0207 | A,Z | No |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

| Therapeutic Classification | Pharmacologic Classification | Brand Name(s) | Generic Name(s) | RW Miami Pharma-Code | Notation | TTRA Med? Yes/No |
|---|---|-----------------------------------|---|----------------------|----------|------------------|
| Antidiabetic Agent, Insulin | Insulin, Intermediate-Acting | Humulin N® and Novolin N® | isophane insulin | RX0204 | A | No |
| Antidiabetic Agent, Insulin | Insulin, Short-Acting | Humulin R® and Novolin R® | insulin regular | RX0209 | A | No |
| Antidiabetic Agent, Insulin | Insulin 70/30 | Humulin® 70/30 and Novolin® 70/30 | insulin NPH and insulin regular | RX0203 | A | No |
| Skin and Mucous Membrane Preparation, Corticosteroid | Corticosteroid | Hydrocortisone topical® | hydrocortisone topical (cream and ointment) | RX1915 | FFF | No |
| Gastrointestinal Agent, Antidiarrheal | Other | Imodium® | loperamide | RX1103 | QQ | No |
| Anti-HIV Agent | Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitor | Intelence® | etravirine | RX0303 | A,X | No |
| Anti-HIV Agent | Antiretroviral Agent-Protease Inhibitor | Invirase® | saquinavir (SQV) | RX0316 | A | No |
| Anti-HIV Agent | Antiretroviral Agent-Integrase Strand Transfer Inhibitor | Isentress®, Isentress HD® | raltegravir (RAL), raltegravir HD (RAL HD) | RX0302 | A | Yes |
| Anti-infective, Antitubercular | Antitubercular | Isoniazid®, Nydrazid® | isoniazid (INH) | RX0531 | A | No |
| Anti-HIV Agent Combination | Integrase Strand Transfer Inhibitors / Nucleoside Reverse Transcriptase Inhibitors (INSTI / NRTI combo) | Juluca® | dolutegravir 50 mg / rilpivirine 25 mg | RX0424 | A | No |
| Anti-HIV Agent Combination | Antiretroviral Agent-Protease Inhibitor | Kaletra® | lopinavir / ritonavir (LPV / RTV) | RX0418 | A | No |
| Anti-infective | Antibiotic-Cephalosporin (1st Gen) | Keflex® | cephalexin | RX0501 | | No |
| Skin and Mucous Membrane Preparation, Corticosteroid | Corticosteroid | Kenalog® | triamcinolone topical (cream and ointment) | RX1916 | | No |
| Central Nervous System, Anxiolytic, Sedatives and Hypnotics | Benzodiazepine | Klonopin® | clonazepam | RX0925 | | No |
| Cardiovascular Agent | Electrolyte Replacement | Klor-Con®, potassium chloride | potassium chloride | RX0810 | A | No |
| Gastrointestinal Agent, Antidiarrheal, Probiotic | Probiotic | Lactinex® | lactobacillus acidophilus (granules) | RX1105 | QQ | No |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

| Therapeutic Classification | Pharmacologic Classification | Brand Name(s) | Generic Name(s) | RW Miami Pharma-Code | Notation | TTRA Med? Yes/No |
|--|--|---|--|-----------------------------|-----------------|-------------------------|
| Central Nervous System, Anticonvulsant | Phenyltriazine | Lamictal® | lamotrigine | RX0907 | A | No |
| Cardiovascular Agent | Cardiac Glycoside | Lanoxin® | digoxin | RX0809 | A | No |
| Antidiabetic Agent, Insulin | Insulin, Long-Acting | Lantus® | insulin glargine injection | RX0206 | A,Z | No |
| Cardiovascular Agent | Loop Diuretic | Lasix® | furosemide | RX0811 | A | No |
| Vitamin-Antidote | Vitamin | Leucovorin® | folinic acid, calcium folinate, leucovorin | RX2006 | A,F | No |
| Anti-infective | Antibiotic-Quinolone | Levaquin® | levofloxacin | RX0509 | A | No |
| Antidiabetic Agent, Insulin | Insulin, Intermediate-to-Long-Acting | Levemir® | insulin detemir injection | RX0205 | A,Z | No |
| Anti-HIV Agent | Antiretroviral Agent-Protease Inhibitor | Lexiva® | fosamprenavir calcium (FPV) | RX0317 | A | No |
| Cardiovascular Agent; Antilipemic | HMG-CoA Reductase Inhibitor | Lipitor® | atorvastatin | RX0817 | A | No |
| Central Nervous System, Antimanic | Mood stabilizer | Lithobid® | lithium (lithium carbonate) | RX0920 | A | No |
| Gastrointestinal Agent, Antidiarrheal, Combination | Other | Lomotil® | atropine / diphenoxylate | RX1104 | A | No |
| Cardiovascular Agent; Antilipemic | Fibric Acid | Lopid® | gemfibrozil | RX0815 | A | No |
| Cardiovascular Agent | Beta-Blocker | Lopressor® (tartrate), Toprol XL® (succinate) | metoprolol (tartrate and succinate) | RX0804 | A | No |
| Cardiovascular Agent | Angiotension Converting Enzyme Inhibitor | Lotensin® | benazepril | RX0801 | A | No |
| Anti-infective, Antifungal Combination | Antibiotic-Azole Antifungal | Lotrisone® | clotrimazole / betamethasone (cream, lotion & gel) | RX0528 | | No |
| Hormone | Anabolic Agent | Marinol® | dronabinol | RX1200 | A | No |
| Ophthalmic Agent; Anti-infective; Combination | Antibiotic-Corticosteroid | Maxitrol® | dexamethasone / neomycin / polymyxin B ophthalmic | RX1410 | | No |
| Hormone | Progestin | Megace® | megestrol acetate | RX1202 | A | No |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

| Therapeutic Classification | Pharmacologic Classification | Brand Name(s) | Generic Name(s) | RW Miami Pharma-Code | Notation | TTRA Med? Yes/No |
|--|---|---------------------------|---|----------------------|------------|------------------|
| Anti-infective, Antiprotozoal | Antiprotozoal | Mepron® | atovaquone | RX0530 | A | No |
| Cardiovascular Agent | Thiazide Diuretic | Microzide® | hydrochlorothiazide (HCTZ) | RX0812 | A | No |
| Vitamin | Vitamin | Multivitamin (OTC) | multivitamin | RX2001 | A,HH,QQ | No |
| Vitamin | Vitamin | Multivitamin B Complex | multivitamin B complex | RX2002 | A,QQ | No |
| Vitamin | Vitamin | Multivitamin prenatal | multivitamin prenatal | RX2003 | A,FF,HH,RR | No |
| Anti-infective, Antitubercular | Antitubercular | Myambutol® | ethambutol | RX0532 | A | No |
| Anti-infective, Antifungal | Antibiotic-Azole Antifungal | Mycelex® Troche | clotrimazole troches | RX0521 | A | No |
| Anti-infective, Antitubercular | Antitubercular | Mycobutin® | rifabutin | RX0533 | A | No |
| Analgesic; Anti-inflammatory | Nonsteroidal Anti-inflammatory Drug (NSAID) | Naprosyn® | naproxen | RX0107 | A,RR | No |
| Pulmonary, Corticosteroids | Nasal Corticosteroid | Nasarel® | flunisolide nasal | RX1804 | A | No |
| Blood Formation and Coagulation | Granulocyte-Stimulating Agent | Neupogen® | filgrastim | RX0701 | A,Q | No |
| Central Nervous System, Anticonvulsant | GABA Analog | Neurontin® | gabapentin | RX0903 | A | No |
| Cardiovascular Agent; Antilipemic | Water Soluble Vitamin | Niaspan® | niacin | RX0819 | A | No |
| Cardiovascular Agent | Vasodilating Agent | Nitroglycerin® (capsules) | nitroglycerin capsules | RX0813 | A | No |
| Cardiovascular Agent | Vasodilating Agent | Nitro-stat® (sublingual) | nitroglycerin sublingual | RX0814 | A | No |
| Anti-infective, Antifungal | Antibiotic-Azole Antifungal | Nizoral® | ketoconazole | RX0522 | A | No |
| Anti-infective, Antifungal | Antibiotic-Azole Antifungal | Nizoral® (topical) | ketoconazole topical (cream or shampoo) | RX0526 | A | No |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

| Therapeutic Classification | Pharmacologic Classification | Brand Name(s) | Generic Name(s) | RW Miami Pharma-Code | Notation | TTRA Med? Yes/No |
|---|--|---|---|----------------------|----------|------------------|
| Anti-HIV Agent | Antiretroviral Agent-Protease Inhibitor | Norvir® | ritonavir (RTV) | RX0318 | A | No |
| Antidiabetic Agent, Insulin | Insulin, Rapid-Acting | NovoLog® | insulin aspart injection | RX0208 | A,Z | No |
| Ophthalmic Agent; Anti-infective | Antibiotic-Quinolone | Ocuflox® (ophthalmic) | ofloxacin (ophthalmic) | RX1407 | P | No |
| Anti-HIV Agent Combination | Antiretroviral Agent, Non-nucleoside reverse transcriptase inhibitor (NNRTI) and nucleoside reverse transcriptase inhibitors (NRTIs) | Odefsey® | emtricitabine / rilpivirine / tenofovir alafenamide (RPV / FTC / TAF) | RX0422 | A,BBB | No |
| Central Nervous System, Antidepressants | Tricyclic Antidepressant (Tertiary Amine) | Pamelor® | nortriptyline | RX0917 | A | No |
| Anti-infective, Amebicide | Amebicide | Paromycin®, Humatin® | paromomycin | RX0517 | | No |
| Central Nervous System, Antidepressants | Selective Serotonin Reuptake Inhibitor | Paxil® | paroxetine | RX0911 | A | No |
| Anti-infective | Antibiotic-Penicillin | Penicillin VK®, Bicillin L-A®, Penicillin G®, Benzathine Penicillin G®, Penicillin G Potassium® | penicillin (VK, benzathine, aqueous) | RX0507 | | No |
| Analgesic | Opiate Agonist | Percocet® 5/325mg | oxycodone & acetaminophen 5/325mg | RX0102 | Y | No |
| Pulmonary, Allergy, Appetite Stimulant | Antihistamine | Periactin® | cyproheptadine | RX1801 | | No |
| Dental, Anti-infective | Antibiotic | Peridex® | chlorhexidine gluconate (0.12%) | RX1000 | | No |
| Skin and Mucous Membrane Preparation, Anti-infective, Keratolytic Agent | Antiviral | Podofilox topical® | podofilox topical | RX1910 | | No |
| Cardiovascular Agent; Antilipemic | HMG-CoA Reductase Inhibitor | Pravachol® | pravastatin | RX0818 | A | No |
| Ophthalmic Agent; Corticosteroid | Corticosteroid | Pred Forte® (ophthalmic) | prednisolone acetate (ophthalmic) | RX1411 | | No |
| Hormone, Corticosteroid | Corticosteroids | Prednisone® | prednisone | RX1205 | | No |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

| Therapeutic Classification | Pharmacologic Classification | Brand Name(s) | Generic Name(s) | RW Miami Pharma-Code | Notation | TTRA Med? Yes/No |
|---|--|---|--|----------------------|----------|------------------|
| Anti-HIV Agent Combination | Antiretroviral Agent-Protease Inhibitor and Pharmacokinetic Enhancer Combination | Prezcobix® | darunavir / cobicistat (DRV / COBI) | RX0420 | A,XX | Yes |
| Anti-HIV Agent | Antiretroviral Agent-Protease Inhibitor | Prezista® | darunavir (DRV) | RX0319 | A | Yes |
| Gastrointestinal Agent | Proton Pump Inhibitor | Prilosec® | omeprazole | RX1101 | A,EE,RR | No |
| Anti-infective, Antimalarial | Antimalarial | Primaquine® | primaquine | RX0529 | A | No |
| Hormone Therapy (Genitourinary; Benign Prostatic Hypertrophy Agent) | 5-Alpha Reductase Inhibitor | Proscar®, Propecia® (oral) | finasteride (oral) | RX1211 | A, LLL | No |
| Pulmonary, Bronchodilator | Beta2-Adrenergic Agonist | Proventil HFA®, Ventolin®, ProAir®, Combivent Respimat® | albuterol HFA, albuterol / ipratropium | RX1803 | A | No |
| Hormone | Progesterone | Provera® | medroxyprogesterone acetate | RX1212 | A | No |
| Anti-infective, Antitubercular | Antitubercular | Pyrazinamide® | pyrazinamide | RX0534 | A | No |
| Vitamin | Vitamin | Pyridoxine®, vitamin B6 | pyridoxine, vitamin B6 | RX2005 | A,GG,HH | No |
| Pulmonary, Corticosteroids | Oral Corticosteroid | QVAR® (oral inhaler), Qnasi® (nasal spray) | beclomethasone (oral inhaler, nasal spray) | RX1805 | A | No |
| Gastrointestinal Agent, Antiemetic | Dopamine Antagonist | Reglan® | metoclopramide | RX1106 | A | No |
| Central Nervous System, Antidepressants | Alpha-2 Antagonist | Remeron® | mirtazapine | RX0908 | A | No |
| Central Nervous System, Anxiolytic, Sedatives and Hypnotics | Benzodiazepine | Restoril® | temazepam | RX0926 | | No |
| Anti-HIV Agent | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor | Retrovir® | zidovudine (AZT) | RX0309 | A | No |
| Anti-HIV Agent | Antiretroviral Agent-Protease Inhibitor | Reyataz® | atazanavir (ATV) | RX0320 | A | No |
| Anti-infective, Antitubercular | Antitubercular | Rifadin®, Rimactane® | rifampin | RX0535 | A | No |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

| Therapeutic Classification | Pharmacologic Classification | Brand Name(s) | Generic Name(s) | RW Miami Pharma-Code | Notation | TTRA Med? Yes/No |
|--|---|--|--|----------------------|----------|------------------|
| Central Nervous System, Antimanic | Benzisoxazole | Risperdal® | risperidone | RX0919 | A | No |
| Analgesic | Opiate Agonist | Roxicodone® | oxycodone | RX0103 | Y | No |
| Anti-HIV Agent | Antiretroviral Agent-CCR5 Antagonist | Selzentry® | maraviroc (MVC) | RX0300 | A,W,LL | No |
| Anti-infective | Antibiotic-Sulfonamide | Septra®, Septra DS®, Bactrim®, Bactrim DS® | sulfamethoxazole / trimethoprim (SMX / TMP), sulfamethoxazole / trimethoprim DS (SMX / TMP DS) | RX0510 | A | No |
| Central Nervous System, Antipsychotic | Dibenzothiazepine | Seroquel® | quetiapine | RX0922 | A,T | No |
| Central Nervous System, Antidepressants | Tricyclic Antidepressant (Tertiary Amine) | Silenor® | doxepin | RX0916 | A | No |
| Skin and Mucous Membrane Preparation, Anti-infective | Antibiotic-Sulfonamide Derivative | Silvadene® | silver sulfadiazine topical | RX1907 | | No |
| Anti-infective, Antifungal | Antibiotic-Azole Antifungal | Sporanox® (solution) | itraconazole (oral solution) | RX0523 | A,B | No |
| Central Nervous System, ADHD | Norepinephrine Reuptake Inhibitor | Strattera® | atomoxetine | RX0900 | AA | No |
| Anti-HIV Agent Combination | Antiretroviral Agent-Antiretroviral, Integrase strand transfer inhibitor, pharmacokinetic enhancer, nucleos(t)ide analog HIV-1 reverse transcriptase inhibitors | Stribild | cobicistat / elvitegravir / emtricitabine / tenofovir disoproxil fumarate (EVG / COBI / FTC / TDF) | RX0411 | A,OO | No |
| Opioid Dependency | Opioid Agonist / Antagonist | Suboxone® | buprenorphine and naloxone | RX2100 | III | No |
| Opioid Dependency | Opioid Agonist / Antagonist | Subutex®, Buprenex®, Butrans®, Probuphine® | buprenorphine | RX2101 | JJJ | No |
| Ophthalmic Agent; Anti-infective | Antibiotic-Sulfonamide Derivative | Sulfacetamide Sodium® (ophthalmic eye drops) | sulfacetamide sodium (ophthalmic eye drops) | RX1408 | | No |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

| Therapeutic Classification | Pharmacologic Classification | Brand Name(s) | Generic Name(s) | RW Miami Pharma-Code | Notation | TTRA Med? Yes/No |
|--|---|---------------|--|----------------------|----------|------------------|
| Anti-infective | Antibiotic-Sulfonamide Derivative | Sulfadiazine | sulfadiazine | RX0512 | A | No |
| Anti-HIV Agent | Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitor | Sustiva® | efavirenz (EFV) | RX0305 | A | No |
| Anti-HIV Agent Combination | Protease Inhibitor / Nucleoside Reverse Transcriptase Inhibitor (PI / NRTI Combo) | Symtuza® | darunavir / cobicistat / emtricitabine / and tenofovir alafenamide | RX0426 | A | No |
| Anti-infective | Antiviral | Tamiflu® | oseltamivir | RX0516 | A | No |
| Central Nervous System, Anticonvulsant | Dibenzazepine Carboxamide | Tegretol® | carbamazepine | RX0902 | | No |
| Skin and Mucous Membrane Preparation, Corticosteroid | Corticosteroid | Temovate® | clobetasol topical (ointment) | RX1917 | | No |
| Cardiovascular Agent | Beta-Blocker | Tenormin® | atenolol | RX0805 | A | No |
| Anti-infective, Antifungal | Antibiotic-Azole Antifungal | Terazol® | terconazole topical | RX0524 | A | No |
| Anti-infective | Antibiotic-Tetracycline | Tetracycline | tetracycline | RX0513 | | No |
| Cardiovascular Agent | Angiotension II Receptor Blocker | Teveten® | eprosartan | RX0803 | L | No |
| Ophthalmic Agent, Antiglaucoma | Beta-Blocker, Non-selective | Timoptic® | timolol ophthalmic | RX1400 | | No |
| Anti-HIV Agent | Antiretroviral Agent-Integrase Strand Transfer Inhibitor | Tivicay® | dolutegravir (DTG) | RX0322 | SS,A | Yes |
| Ophthalmic Agent; Anti-infective | Antibiotic-Aminoglycoside | Tobrex® | tobramycin ophthalmic (solution and ointment) | RX1406 | | No |
| Anti-HIV Agent Combination | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitors Plus Integrase Strand Transfer Inhibitor | Triumeq® | abacavir / dolutegravir / lamivudine (DTG / ABC / 3TC) | RX0416 | A,UU,VV | No |
| Anti-HIV Agent Combination | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor | Trizivir® | abacavir / lamivudine / zidovudine (ABC / 3TC / AZT) | RX0413 | A,UU | No |
| Ophthalmic Agent; Antiglaucoma | Carbonic Anhydrase Inhibitor | Trusopt® | dorzolamide ophthalmic | RX1404 | | No |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

| Therapeutic Classification | Pharmacologic Classification | Brand Name(s) | Generic Name(s) | RW Miami Pharma-Code | Notation | TTRA Med? Yes/No |
|---|---|-----------------------------|---|----------------------|----------|------------------|
| Anti-HIV Agent Combination | Antiretroviral Agent, Nucleos[ide] Reverse Transcriptase Inhibitor | Truvada® | emtricitabine / tenofovir disoproxil fumarate (FTC / TDF) | RX0410 | A | Yes |
| Pharmacokinetic Enhancer (For use in combination with other antiretrovirals) | CYP3A4 Inhibitor | Tybost® | cobicistat (COBI) | RX1700 | A,YY | No |
| Analgesic Combination | Opiate Agonist | Tylenol #3®, Tylenol #4® | acetaminophen and codeine | RX0105 | | No |
| Analgesic | Miscellaneous | Tylenol® | acetaminophen | RX0100 | A,QQ | No |
| Anti-infective, Antiviral | Antiviral | Valcyte® | valganciclovir hydrochloride | RX0536 | A | No |
| Anti-infective, Antiviral | Antiviral | Valtrex® | valacyclovir hydrochloride | RX0537 | A | No |
| Cardiovascular Agent | Angiotension Converting Enzyme Inhibitor | Vasotec® | enalapril | RX0802 | A | No |
| Anti-infective | Antibiotic-Tetracycline | Vibra-Tabs®, Vibramycin® | doxycycline (oral) | RX0514 | | No |
| Anti-HIV Agent | Antiretroviral Agent-Protease Inhibitor | Viracept® | nelfinavir (NFV) | RX0321 | A | No |
| Anti-HIV Agent | Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitor | Viramune®, Viramune XR® | nevirapine (NVP), nevirapine XR (NVP) | RX0306 | A | No |
| Anti-HIV Agent | Antiretroviral Agent-Nucleotide Reverse Transcriptase Inhibitor | Viread® | tenofovir disoproxil fumarate (TDF) | RX0313 | A | No |
| Central Nervous System, Antidepressants | Dopamine Reuptake Inhibitor | Wellbutrin®, Wellbutrin SR® | bupropion, bupropion SR | RX0909 | A | No |
| Ophthalmic Agent, Antiglaucoma | Prostaglandin | Xalatan® | latanoprost ophthalmic | RX1401 | | No |
| Skin and Mucous Membrane Preparation, Anesthetic | Anesthetic | Xylocaine® | lidocaine viscous | RX1902 | | No |
| Gastrointestinal Agent | H2 Histamine Receptor Antagonist | Zantac® | ranitidine (75mg, 150 mg, & 300mg) | RX1100 | A,EE,RR | No |
| Cardiovascular, Antihyperlipidemic | Cholesterol absorption inhibitor | Zetia® | ezetimibe | RX0820 | A | No |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Brand Name)

| Therapeutic Classification | Pharmacologic Classification | Brand Name(s) | Generic Name(s) | RW Miami Pharma-Code | Notation | TTRA Med? Yes/No |
|---|---|----------------------|------------------------|-----------------------------|-----------------|-------------------------|
| Anti-HIV Agent | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor | Ziagen® | abacavir (ABC) | RX0312 | A,UU | No |
| Anti-infective | Antibiotic-Macrolide | Zithromax® | azithromycin | RX0504 | A | No |
| Central Nervous System, Antidepressants | Selective Serotonin Reuptake Inhibitor | Zoloft® | sertraline | RX0912 | A | No |
| Skin and Mucous Membrane Preparation, Analgesic | Analgesia | Zostrix® | capsaicin topical | RX1901 | A,QQ | No |
| Anti-infective, Antiviral | Antiviral | Zovirax® | acyclovir | RX0538 | A | No |
| Central Nervous System, Antimanic | Serotonin/Dopamin/Histamine/ Alpha-1 Antagonist | Zyprexa® | olanzapine | RX0921 | A | No |