

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Therapeutic Classification)

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:**

<sup>1</sup> 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.

<sup>2</sup> 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. **Yellow** shading in the list below reflects the addition of **any** new medication, ADAP or other. **Green** shading is a new or revised notation to an existing medication.

<sup>3</sup> 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.

<sup>4</sup> 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.).

<sup>5</sup> 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.

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

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

<sup>8</sup> If the Notation cell on the Part A Formulary indicates an "A" and is highlighted yellow (or shaded) this means the medication was recently added to the ADAP Formulary through its Phase 2 expansion; and these medications are part of a transition grace period through June 30, 2018. During this grace period, clients may continue to use Part A to access these highlighted medications; but, they are expected to enroll in or maintain active enrollment in ADAP before June 30, 2018. An original prescription or electronic prescription (eScript) is required for ADAP enrollment. **This Notation is no longer applicable.**

<sup>9</sup> 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.

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| Therapeutic Classification    | Pharmacologic Classification                | Brand Name(s)                     | Generic Name(s)                   | RW Miami Pharma-Code | Notation <sup>2, 8</sup> |
|-------------------------------|---|-----------------------------------|-----------------------------------|----------------------|--------------------------|
| Analgesic                     | Miscellaneous                               | Tylenol®                          | acetaminophen                     | RX0100               | A,QQ                     |
| Analgesic                     | Opiate Agonist                              | Percocet® 5/325mg                 | oxycodone & acetaminophen 5/325mg | RX0102               | Y                        |
| Analgesic                     | Opiate Agonist                              | Roxicodone®                       | oxycodone                         | RX0103               | Y                        |
| Analgesic Combination         | Opiate Agonist                              | Tylenol #3®, Tylenol #4®          | acetaminophen and codeine         | RX0105               |                          |
| Analgesic; Anti-inflammatory  | Nonsteroidal Anti-inflammatory Drug (NSAID) | Advil®, Motrin®                   | ibuprofen                         | RX0106               | A (Motrin only), RR      |
| Analgesic; Anti-inflammatory  | Nonsteroidal Anti-inflammatory Drug (NSAID) | Naprosyn®                         | naproxen                          | RX0107               | A,RR                     |
| Analgesic; Antiplatelet Agent | Salicylate                                  | Bayer®, Ecotrin®                  | aspirin                           | RX0108               | A,QQ                     |
| Antidiabetic Agent            | Biguanide                                   | Glucophage®, Glucophage XR®       | metformin, metformin ER           | RX0200               | A                        |
| Antidiabetic Agent            | Sulfonylurea                                | Diabeta®                          | glyburide                         | RX0202               | A                        |
| Antidiabetic Agent            | Sulfonylurea                                | Glucotrol®, Glucotrol XL®         | glipizide, glipizide ER           | RX0201               | A                        |
| Antidiabetic Agent, Insulin   | Insulin 70/30                               | Humulin® 70/30 and Novolin® 70/30 | insulin NPH and insulin regular   | RX0203               | A                        |
| Antidiabetic Agent, Insulin   | Insulin, Intermediate-Acting                | Humulin N® and Novolin N®         | isophane insulin                  | RX0204               | A                        |
| Antidiabetic Agent, Insulin   | Insulin, Intermediate-to-Long-Acting        | Levemir®                          | insulin detemir injection         | RX0205               | A,Z                      |
| Antidiabetic Agent, Insulin   | Insulin, Long-Acting                        | Lantus®                           | insulin glargine injection        | RX0206               | A,Z                      |
| Antidiabetic Agent, Insulin   | Insulin, Rapid-Acting                       | Humalog®                          | insulin lispro injection          | RX0207               | A,Z                      |
| Antidiabetic Agent, Insulin   | Insulin, Rapid-Acting                       | NovoLog®                          | insulin aspart injection          | RX0208               | A,Z                      |
| Antidiabetic Agent, Insulin   | Insulin, Short-Acting                       | Humulin R® and Novolin R®         | insulin regular                   | RX0209               | A                        |

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|----------------------------|---|---------------------------|--|----------------------|--------------------------|
| Anti-HIV Agent             | Antiretroviral Agent-CCR5 Antagonist                                | Selzentry®                | maraviroc (MVC)                            | RX0300               | A,W,LL                   |
| Anti-HIV Agent             | Antiretroviral Agent-Fusion Protein Inhibitor                       | Fuzeon®                   | enfuvirtide (ENF, T-20)                    | RX0301               | A,U                      |
| Anti-HIV Agent             | Antiretroviral Agent-Integrase Strand Transfer Inhibitor            | ISENTRESS®, ISENTRESS HD® | raltegravir (RAL), raltegravir HD (RAL HD) | RX0302               | A                        |
| Anti-HIV Agent             | Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitor | Intelence®                | etravirine                                 | RX0303               | A,X                      |
| Anti-HIV Agent             | Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitor | Sustiva®                  | efavirenz (EFV)                            | RX0305               | A                        |
| Anti-HIV Agent             | Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitor | Viramune®, Viramune XR®   | nevirapine (NVP), nevirapine XR (NVP)      | RX0306               | A                        |
| Anti-HIV Agent             | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor     | Emtriva®                  | emtricitabine (FTC)                        | RX0307               | A                        |
| Anti-HIV Agent             | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor     | Epivir®                   | lamivudine (3TC)                           | RX0308               | A                        |
| Anti-HIV Agent             | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor     | Retrovir®                 | zidovudine (AZT)                           | RX0309               | A                        |
| Anti-HIV Agent             | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor     | Ziagen®                   | abacavir (ABC)                             | RX0312               | A,UU                     |
| Anti-HIV Agent             | Antiretroviral Agent-Nucleotide Reverse Transcriptase Inhibitor     | Viread®                   | tenofovir disoproxil fumarate (TDF)        | RX0313               | A                        |
| Anti-HIV Agent             | Antiretroviral Agent-Protease Inhibitor                             | Aptivus®                  | tipranavir (TPV)                           | RX0314               | A,V                      |
| Anti-HIV Agent             | Antiretroviral Agent-Protease Inhibitor                             | Crixivan®                 | indinavir (IDV)                            | RX0315               | A                        |
| Anti-HIV Agent             | Antiretroviral Agent-Protease Inhibitor                             | Invirase®                 | saquinavir (SQV)                           | RX0316               | A                        |
| Anti-HIV Agent             | Antiretroviral Agent-Protease Inhibitor                             | Lexiva®                   | fosamprenavir calcium (FPV)                | RX0317               | A                        |

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|----------------------------|--|---------------|--|----------------------|--------------------------|
| Anti-HIV Agent             | Antiretroviral Agent-Protease Inhibitor  | Norvir®       | ritonavir (RTV)  | RX0318               | A                        |
| Anti-HIV Agent             | Antiretroviral Agent-Protease Inhibitor  | Prezista®     | darunavir (DRV)  | RX0319               | A                        |
| Anti-HIV Agent             | Antiretroviral Agent-Protease Inhibitor  | Reyataz®      | atazanavir (ATV)   | RX0320               | A                        |
| Anti-HIV Agent             | Antiretroviral Agent-Protease Inhibitor  | Viracept®     | nelfinavir (NFV)   | RX0321               | A                        |
| Anti-HIV Agent             | Antiretroviral Agent-Integrase Strand Transfer Inhibitor   | Tivicay®      | dolutegravir (DTG)   | RX0322               | SS,A                     |
| Anti-HIV Agent             | Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitors   | Edurant®      | rilpivirine (RPV)  | RX0323               | A,II                     |
| 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                   |
| 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                    |
| 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                    |
| Anti-HIV Agent Combination | Antiretroviral Agent, Nucleoside Reverse Transcriptase Inhibitor   | Truvada®      | emtricitabine / tenofovir disoproxil fumarate (FTC / TDF)  | RX0410               | A                        |
| Anti-HIV Agent Combination | Antiretroviral Agent-Antiretroviral, Integrase strand transfer inhibitor, pharmacokinetic enhancer, nucleoside analog HIV-1 reverse transcriptase inhibitors | Stribild      | cobicistat / elvitegravir / emtricitabine / tenofovir disoproxil fumarate (EVG / COBI / FTC / TDF) | RX0411               | A,OO                     |

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| Anti-HIV Agent Combination | reverse transcriptase inhibitor (NNRTI) and nucleos [t]ide reverse transcriptase inhibitors (NRTIs)                            | Complera®     | emtricitabine / rilpivirine / tenofovir disoproxil fumarate (FTC / RPV / TDF)              | RX0412               | A, KK                    |
| Anti-HIV Agent Combination | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor  | Trizivir®     | abacavir / lamivudine / zidovudine (ABC / 3TC / AZT)                                       | RX0413               | A, UU                    |
| Anti-HIV Agent Combination | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor  | Combivir®     | lamivudine / zidovudine (3TC / AZT)  | RX0414               | A                        |
| Anti-HIV Agent Combination | Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor  | Epzicom®      | abacavir / lamivudine (ABC / 3TC)  | RX0415               | A, UU                    |
| 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                |
| 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                        |
| Anti-HIV Agent Combination | Antiretroviral Agent-Protease Inhibitor  | Kaletra®      | lopinavir / ritonavir (LPV / RTV)  | RX0418               | A                        |
| Anti-HIV Agent Combination | Antiretroviral Agent-Protease Inhibitor and Pharmacokinetic Enhancer Combination   | Evotaz®       | atazanavir / cobicistat (ATV / COBI)   | RX0419               | A, WW                    |
| Anti-HIV Agent Combination | Antiretroviral Agent-Protease Inhibitor and Pharmacokinetic Enhancer Combination   | Prezcobix®    | darunavir / cobicistat (DRV / COBI)  | RX0420               | A, XX                    |
| 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                    |
| Anti-HIV Agent Combination | Integrase Strand Transfer Inhibitor / Nucleoside Reverse Transcriptase Inhibitor (INSTI / NRTI Combo)                          | Dovato®       | dolutegravir / lamivudine  | RX0427               | A                        |

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|----------------------------|---|---|--|----------------------|--------------------------|
| Anti-HIV Agent Combination | Integrase Strand Transfer Inhibitors / Nucleoside Reverse Transcriptase Inhibitors (INSTI / NRTI combo) | Juluca®   | dolutegravir 50 mg / rilpivirine 25 mg   | RX0424               | A                        |
| Anti-HIV Agent Combination | Protease Inhibitor / Nucleoside Reverse Transcriptase Inhibitor (PI / NRTI Combo)                       | Symtuza®  | darunavir / cobicistat / emtricitabine / and tenofovir alafenamide                             | RX0426               | A                        |
| Anti-infective             | Antibiotic-Antimalarial   | Daraprim®   | pyrimethamine  | RX0500               | A                        |
| Anti-infective             | Antibiotic-Cephalosporin (1st Gen)  | Keflex®   | cephalexin   | RX0501               |                          |
| Anti-infective             | Antibiotic-Lincosamide  | Cleocin®  | clindamycin capsules   | RX0502               | <b>A</b>                 |
| Anti-infective             | Antibiotic-Macrolide  | Biaxin®   | clarithromycin   | RX0503               | A,DD                     |
| Anti-infective             | Antibiotic-Macrolide  | Zithromax®  | azithromycin   | RX0504               | A                        |
| Anti-infective             | Antibiotic-Penicillin   | Amoxil®   | amoxicillin  | RX0505               |                          |
| Anti-infective             | Antibiotic-Penicillin   | Augmentin®  | amoxicillin / clavulanate  | RX0506               |                          |
| Anti-infective             | Antibiotic-Penicillin   | Penicillin VK®, Bicillin L-A®, Penicillin G®, Benzathine Penicillin G®, Penicillin G Potassium® | penicillin (VK, benzathine, aqueous)   | RX0507               |                          |
| Anti-infective             | Antibiotic-Quinolone  | Cipro®  | ciprofloxacin  | RX0508               |                          |
| Anti-infective             | Antibiotic-Quinolone  | Levaquin®   | levofloxacin   | RX0509               | A                        |
| Anti-infective             | Antibiotic-Sulfonamide  | Septra®, Septra DS®, Bactrim®, Bactrim DS®  | sulfamethoxazole / trimethoprim (SMX / TMP), sulfamethoxazole / trimethoprim DS (SMX / TMP DS) | RX0510               | A                        |
| Anti-infective             | Antibiotic-Sulfonamide Derivative   | Dapsone®  | dapsone  | RX0511               | A                        |
| Anti-infective             | Antibiotic-Sulfonamide Derivative   | Sulfadiazine  | sulfadiazine   | RX0512               | A                        |

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|--|--------------------------------|---|--|----------------------|--------------------------|
| Anti-infective                         | Antibiotic-Tetracycline        | Tetracycline  | tetracycline                                       | RX0513               |                          |
| Anti-infective                         | Antibiotic-Tetracycline        | Vibra-Tabs®, Vibramycin®  | doxycycline (oral)                                 | RX0514               |                          |
| Anti-infective                         | Antiviral                      | Tamiflu®  | oseltamivir  | RX0516               | A                        |
| Anti-infective, Amebicide              | Amebicide                      | Paromycin®, Humatin®  | paromomycin  | RX0517               | A                        |
| Anti-infective, Amebicide              | Amebicide, Trichomonaside      | Flagyl®   | metronidazole                                      | RX0518               | A                        |
| Anti-infective, Antifungal             | Antibiotic-Azole Antifungal    | Diflucan®   | fluconazole  | RX0519               | A                        |
| Anti-infective, Antifungal             | Antibiotic-Azole Antifungal    | Mycelex® Troche   | clotrimazole troches                               | RX0521               | A                        |
| Anti-infective, Antifungal             | Antibiotic-Azole Antifungal    | Nizoral®  | ketoconazole                                       | RX0522               | A                        |
| Anti-infective, Antifungal             | Antibiotic-Azole Antifungal    | Nizoral® (topical)  | ketoconazole topical (cream or shampoo)            | RX0526               | A                        |
| Anti-infective, Antifungal             | Antibiotic-Azole Antifungal    | Sporanox® (solution)  | itraconazole (oral solution)                       | RX0523               | A,B                      |
| Anti-infective, Antifungal             | Antibiotic-Azole Antifungal    | Terazol®  | terconazole topical                                | RX0524               | A                        |
| Anti-infective, Antifungal             | Antibiotic-Polyene Antifungals | Bio-Statin® (suspension), Mycostatin® (suspension), nystatin suspension | nystatin suspension                                | RX0527               | <b>A</b>                 |
| Anti-infective, Antifungal Combination | Antibiotic-Azole Antifungal    | Lotrisone®  | clotrimazole / betamethasone (cream, lotion & gel) | RX0528               |                          |
| Anti-infective, Antimalarial           | Antimalarial                   | Primaquine®   | primaquine   | RX0529               | A                        |
| Anti-infective, Antiprotozoal          | Antiprotozoal                  | Mepron®   | atovaquone   | RX0530               | A                        |
| Anti-infective, Antitubercular         | Antitubercular                 | Isoniazid®, Nydrazid®   | isoniazid (INH)                                    | RX0531               | A                        |

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|--------------------------------|---|----------------------|--|----------------------|-------------------------|
| Anti-infective, Antitubercular | Antitubercular  | Myambutol®           | ethambutol   | RX0532               | A                       |
| Anti-infective, Antitubercular | Antitubercular  | Mycobutin®           | rifabutin  | RX0533               | A                       |
| Anti-infective, Antitubercular | Antitubercular  | Pyrazinamide®        | pyrazinamide   | RX0534               | A                       |
| Anti-infective, Antitubercular | Antitubercular  | Rifadin®, Rimactane® | rifampin   | RX0535               | A                       |
| Anti-infective, Antiviral      | Antiviral   | Valcyte®             | valganciclovir hydrochloride   | RX0536               | A                       |
| Anti-infective, Antiviral      | Antiviral   | Valtrex®             | valacyclovir hydrochloride   | RX0537               | A                       |
| Anti-infective, Antiviral      | Antiviral   | Zovirax®             | acyclovir  | RX0538               | A                       |
| <b>Antiretroviral</b>          | <b>CD4 post-attachment HIV-1 inhibitor</b>  | <b>Trogarzo®</b>     | <b>ibalizumab-viik injection</b>                                       | <b>RX0432</b>        | <b>A</b>                |
| <b>Antiretroviral</b>          | <b>Gp-120 directed attachment inhibitor</b>   | <b>Rukobia®</b>      | <b>fostemsavir</b>   | <b>RX0325</b>        | <b>A</b>                |
| <b>Antiretroviral</b>          | <b>Integrase Strand Transfer Inhibitor (INSTI)</b>  | <b>Vocabria®</b>     | <b>cabotegravir (CAB) (oral)</b>                                       | <b>RX0327</b>        | <b>A</b>                |
| <b>Antiretroviral</b>          | <b>Integrase Strand Transfer Inhibitor / Non-Nucleoside Reverse Transcriptase Inhibitor (INSTI / NNRTI Combo)</b> | <b>Cabenuva®</b>     | <b>cabotegravir / rilpivirine (CAB / RPV) (long-acting injectable)</b> | <b>RX0428</b>        | <b>A</b>                |
| <b>Antiretroviral</b>          | <b>Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI)</b>   | <b>Pifeltro®</b>     | <b>doravirine (DOR)</b>  | <b>RX0326</b>        | <b>A</b>                |

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|---|---|--|--|----------------------|--------------------------|
| Antiretroviral                          | Non-Nucleoside Reverse Transcriptase Inhibitor / Nucleoside/Nucleotide Reverse Transcriptase Inhibitor (NNRTI / NRTI combo) | Delstrigo®                                     | doravirine / lamivudine / tenofovir disoproxil fumarate                  | RX0431               | A                        |
| Antiretroviral                          | Non-Nucleoside Reverse Transcriptase Inhibitor / Nucleoside/Nucleotide Reverse Transcriptase Inhibitor (NNRTI / NRTI Combo) | Symfi®, SymfiLo®                               | efavirenz / lamivudine / tenofovir disoproxil fumarate (EFV / 3TC / TDF) | RX0433               | A                        |
| Antiretroviral                          | Nucleoside Reverse Transcriptase Inhibitor (NRTI combo)   | Cimduo®, Temixys®                              | tenofovir disoproxil fumarate / lamivudine (TDF/3TC)                     | RX0429               | A                        |
| Blood Formation and Coagulation         | Erythropoiesis-Stimulating Agent  | Epogen®, Procrit®                              | erythropoietin (epoetin alpha)   | RX0700               | A,R                      |
| Blood Formation and Coagulation         | Granulocyte-Stimulating Agent   | Neupogen®                                      | filgrastim   | RX0701               | A,Q                      |
| Blood Formation and Coagulation         | Vitamin K Antagonist  | Coumadin®                                      | warfarin   | RX0702               | A                        |
| Blood Formation and Coagulation, Anemia | Iron Salt   | ferrous sulfate, Feosol®, FeroSul®, FerrouSul® | ferrous sulfate (iron)   | RX0703               | A,RR                     |
| Cardiovascular Agent                    | Angiotension Converting Enzyme Inhibitor  | Lotensin®                                      | benazepril   | RX0801               | A                        |
| Cardiovascular Agent                    | Angiotension Converting Enzyme Inhibitor  | Vasotec®                                       | enalapril  | RX0802               | A                        |
| Cardiovascular Agent                    | Angiotension II Receptor Blocker  | Teveten®                                       | eprosartan   | RX0803               | L                        |
| Cardiovascular Agent                    | Beta-Blocker  | Lopressor® (tartrate), Toprol XL® (succinate)  | metoprolol (tartrate and succinate)                                      | RX0804               | A                        |
| Cardiovascular Agent                    | Beta-Blocker  | Tenormin®                                      | atenolol   | RX0805               | A                        |
| Cardiovascular Agent                    | Calcium Channel Blocker   | Adalat CC®, Procardia XL®                      | nifedipine   | RX0806               | A                        |

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|--|-----------------------------------|-------------------------------|--|----------------------|-------------------------|
| Cardiovascular Agent                   | Calcium Channel Blocker           | Calan®, Calan SR®             | verapamil  | RX0807               | A                       |
| Cardiovascular Agent                   | Calcium Channel Blocker           | Cardizem CD®                  | diltiazem  | RX0808               | A                       |
| Cardiovascular Agent                   | Cardiac Glycoside                 | Lanoxin®                      | digoxin  | RX0809               | A                       |
| Cardiovascular Agent                   | Electrolyte Replacement           | Klor-Con®, potassium chloride | potassium chloride   | RX0810               | A                       |
| Cardiovascular Agent                   | Loop Diuretic                     | Lasix®                        | furosemide   | RX0811               | A                       |
| Cardiovascular Agent                   | Thiazide Diuretic                 | Microzide®                    | hydrochlorothiazide (HCTZ)                                 | RX0812               | A                       |
| Cardiovascular Agent                   | Vasodilating Agent                | Nitroglycerin® (capsules)     | nitroglycerin capsules                                     | RX0813               |                         |
| Cardiovascular Agent                   | Vasodilating Agent                | Nitro-stat® (sublingual)      | nitroglycerin sublingual                                   | RX0814               | A                       |
| Cardiovascular Agent; Antilipemic      | Fibric Acid                       | Lopid®                        | gemfibrozil  | RX0815               | A                       |
| Cardiovascular Agent; Antilipemic      | HMG-CoA Reductase Inhibitor       | Crestor®                      | rosuvastatin [5 mg, 10 mg & 20 mg (maximum of 30 tablets)] | RX0816               | A                       |
| Cardiovascular Agent; Antilipemic      | HMG-CoA Reductase Inhibitor       | Lipitor®                      | atorvastatin   | RX0817               | A                       |
| Cardiovascular Agent; Antilipemic      | HMG-CoA Reductase Inhibitor       | Pravachol®                    | pravastatin  | RX0818               | A                       |
| Cardiovascular Agent; Antilipemic      | Water Soluble Vitamin             | Niaspan®                      | niacin   | RX0819               | A                       |
| Cardiovascular, Antihyperlipidemic     | Cholesterol absorption inhibitor  | Zetia®                        | ezetimibe  | RX0820               | A                       |
| Central Nervous System, ADHD           | Norepinephrine Reuptake Inhibitor | Strattera®                    | atomoxetine  | RX0900               | AA                      |
| Central Nervous System, Anticonvulsant | Dibenzazepine Carboxamide         | Tegretol®                     | carbamazepine  | RX0902               |                         |
| Central Nervous System, Anticonvulsant | GABA Analog                       | Neurontin®                    | gabapentin   | RX0903               | A                       |

**RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Therapeutic Classification)**

| Therapeutic Classification              | Pharmacologic Classification                | Brand Name(s)               | Generic Name(s)             | RW Miami Pharma-Code | Notation <sup>2, 8</sup> |
|---|---|-----------------------------|-----------------------------|----------------------|--------------------------|
| Central Nervous System, Anticonvulsant  | Histone Deacetylase Inhibitor               | Depakene®                   | valproic acid               | RX0904               | A                        |
| Central Nervous System, Anticonvulsant  | Histone Deacetylase Inhibitor               | Depakote®                   | divalproex sodium           | RX0905               | A                        |
| Central Nervous System, Anticonvulsant  | Hydantoin                                   | Dilantin®                   | phenytoin                   | RX0906               |                          |
| Central Nervous System, Anticonvulsant  | Phenyltriazine                              | Lamictal®                   | lamotrigine                 | RX0907               | A                        |
| Central Nervous System, Antidepressants | Alpha-2 Antagonist                          | Remeron®                    | mirtazapine                 | RX0908               | A                        |
| Central Nervous System, Antidepressants | Dopamine Reuptake Inhibitor                 | Wellbutrin®, Wellbutrin SR® | bupropion, bupropion SR     | RX0909               | A                        |
| Central Nervous System, Antidepressants | Selective Serotonin Reuptake Inhibitor      | Celexa®                     | citalopram                  | RX0910               | A                        |
| Central Nervous System, Antidepressants | Selective Serotonin Reuptake Inhibitor      | Paxil®                      | paroxetine                  | RX0911               | A                        |
| Central Nervous System, Antidepressants | Selective Serotonin Reuptake Inhibitor      | Zoloft®                     | sertraline                  | RX0912               | A                        |
| Central Nervous System, Antidepressants | Serotonin Reuptake Inhibitor                | Desyrel®                    | trazodone                   | RX0913               | A                        |
| Central Nervous System, Antidepressants | Serotonin/Norepinephrine Reuptake Inhibitor | Effexor®, Effexor XR®       | venlafaxine                 | RX0914               | A                        |
| Central Nervous System, Antidepressants | Tricyclic Antidepressant (Tertiary Amine)   | Elavil®                     | amitriptyline               | RX0915               | A                        |
| Central Nervous System, Antidepressants | Tricyclic Antidepressant (Tertiary Amine)   | Pamelor®                    | nortriptyline               | RX0917               | A                        |
| Central Nervous System, Antidepressants | Tricyclic Antidepressant (Tertiary Amine)   | Silenor®                    | doxepin                     | RX0916               | A                        |
| Central Nervous System, Antimanic       | Benzisoxazole                               | Risperdal®                  | risperidone                 | RX0919               | A                        |
| Central Nervous System, Antimanic       | Mood stabilizer                             | Lithobid®                   | lithium (lithium carbonate) | RX0920               | A                        |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Therapeutic Classification)

| Therapeutic Classification                                     | Pharmacologic Classification                       | Brand Name(s)               | Generic Name(s)                       | RW Miami Pharma-Code | Notation <sup>2, 8</sup>                            |
|--|--|-----------------------------|---------------------------------------|----------------------|---|
| Central Nervous System, Antimanic                              | Serotonin/Dopamin/Histamine/<br>Alpha-1 Antagonist | Zyprexa®                    | olanzapine                            | RX0921               | A   |
| Central Nervous System,<br>Antipsychotic                       | Dibenzothiazepine                                  | Seroquel®                   | quetiapine                            | RX0922               | A,T   |
| Central Nervous System,<br>Antipsychotic, Antiemetic           | Phenothiazine                                      | Compazine®, Compro®         | prochlorperazine                      | RX0923               | REMOVED<br>FROM ADAP<br>FORMULARY<br>EFF. 2/15/2019 |
| Central Nervous System, Anxiolytic,<br>Sedatives and Hypnotics | Benzodiazepine                                     | Ativan®                     | lorazepam                             | RX0924               |   |
| Central Nervous System, Anxiolytic,<br>Sedatives and Hypnotics | Benzodiazepine                                     | Klonopin®                   | clonazepam                            | RX0925               |   |
| Central Nervous System, Anxiolytic,<br>Sedatives and Hypnotics | Benzodiazepine                                     | Restoril®                   | temazepam                             | RX0926               |   |
| Dental, Anti-infective   | Antibiotic   | Peridex®                    | chlorhexidine gluconate (0.12%)       | RX1000               |   |
| Device   | Other  | ACE Aerosol Cloud Enhancer® | inhaler spacer (one time only)        | A4627                | A   |
| Gastrointestinal Agent   | H2 Histamine Receptor Antagonist                   | Zantac®                     | ranitidine (75mg, 150 mg, &<br>300mg) | RX1100               | A,EE,RR   |
| Gastrointestinal Agent   | Proton Pump Inhibitor                              | Prilosec®                   | omeprazole                            | RX1101               | A,EE,RR   |
| Gastrointestinal Agent, Antidiarrheal                          | Other  | Imodium®                    | loperamide                            | RX1103               | A,QQ  |
| Gastrointestinal Agent,<br>Anti-inflammatory Agent             | 5-Aminosalicyclic Acid Derivative                  | Canasa® (suppository)       | mesalamine (suppository)              | RX1107               |   |
| Gastrointestinal Agent, Antidiarrheal,<br>Combination          | Other  | Lomotil®                    | atropine / diphenoxylate              | RX1104               | A   |
| Gastrointestinal Agent, Antidiarrheal,<br>Probiotic            | Probiotic  | Lactinex®                   | lactobacillus acidophilus (granules)  | RX1105               | QQ  |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Therapeutic Classification)

| Therapeutic Classification  | Pharmacologic Classification | Brand Name(s)   | Generic Name(s)   | RW Miami Pharma-Code | Notation <sup>2,8</sup> |
|---|------------------------------|---|---|----------------------|-------------------------|
| Gastrointestinal Agent, Antiemetic                                  | Dopamine Antagonist          | Reglan®   | metoclopramide  | RX1106               | A                       |
| Gastrointestinal Agent, Cathartic                                   | Osmotic Laxative             | GoLYTELY®, Colyte®, MoviPret®, NuLYTELY®, TriLyte®            | PEG-3350 (polyethylene glycol) and electrolytes oral solution                               | RX1108               | PP                      |
| Hormone   | Anabolic Agent               | Marinol®  | dronabinol  | RX1200               | A                       |
| Hormone   | Androgen                     | Androderm®  | testosterone patch  | RX1206               | A,LLL                   |
| Hormone   | Androgen                     | AndroGel®   | testosterone gel  | RX1207               | A,LLL                   |
| Hormone   | Androgen                     | Depo®-Testosterone  | testosterone cypionate injection<br>(NOTE: testosterone gel / patch available through ADAP) | RX1201               | A,H,MMM                 |
| Hormone   | Estrogen Derivative          | Delestrogen®  | estradiol valerate (injection)  | RX1209               | A, LLL                  |
| Hormone   | Estrogen Derivative          | Estrace®, Femtrace®, Cenestin®, Enjuvia®, Gynodiol®           | estradiol (oral)  | RX1208               | A, LLL                  |
| <b>Hormone</b>  | <b>Progesterone</b>          | <b>Provera®, DepoProvera®, Depo-SubQ®, Provera 104®, MPA®</b> | <b>medroxyprogesterone acetate</b>  | <b>RX1212</b>        | <b>A</b>                |
| Hormone   | Progestin                    | Megace®   | megestrol acetate   | RX1202               | A                       |
| Hormone   | Androgen                     | Delatestryl®  | testosterone enanthate injection<br>(NOTE: testosterone gel / patch available through ADAP) | RX1204               | H                       |
| Hormone Therapy (Genitourinary; Benign Prostatic Hypertrophy Agent) | 5-Alpha Reductase Inhibitor  | Proscar®, Propecia® (oral)                                    | finasteride (oral)  | RX1211               | A, LLL                  |

RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Therapeutic Classification)

| Therapeutic Classification  | Pharmacologic Classification      | Brand Name(s)                                | Generic Name(s)                                   | RW Miami Pharma-Code | Notation <sup>2, 8</sup>  |
|---|-----------------------------------|--|---|----------------------|---------------------------|
| Hormone Therapy (Management of Edema; Antihypertensive; Diagnosis of Primary Hyperaldosteronism; Treatment of Diuretic-induced Hypokalemia) | Potassium-sparing Diuretic        | Aldactone®                                   | spironolactone                                    | RX1210               | A, LLL                    |
| Hormone, Corticosteroid   | Corticosteroids                   | Prednisone®                                  | prednisone  | RX1205               |                           |
| Ophthalmic Agent, Antiglaucoma  | Beta-Blocker, Non-selective       | Timoptic®                                    | timolol ophthalmic                                | RX1400               |                           |
| Ophthalmic Agent, Antiglaucoma  | Prostaglandin                     | Xalatan®                                     | latanoprost ophthalmic                            | RX1401               |                           |
| Ophthalmic Agent; Anti-infective  | Antibiotic-Aminoglycoside         | Tobrex®                                      | tobramycin ophthalmic (solution and ointment)     | RX1406               |                           |
| Ophthalmic Agent; Anti-infective  | Antibiotic-Quinolone              | Ocuflox® (ophthalmic)                        | ofloxacin (ophthalmic)                            | RX1407               | P                         |
| Ophthalmic Agent; Anti-infective  | Antibiotic-Sulfonamide Derivative | Sulfacetamide Sodium® (ophthalmic eye drops) | sulfacetamide sodium (ophthalmic eye drops)       | RX1408               |                           |
| Ophthalmic Agent; Anti-infective; Combination   | Antibiotic-Corticosteroid         | Maxitrol®                                    | dexamethasone / neomycin / polymyxin B ophthalmic | RX1410               |                           |
| Ophthalmic Agent; Antiglaucoma  | Alpha 2 Agonist                   | Alphagan P®                                  | brimonidine ophthalmic                            | RX1402               |                           |
| Ophthalmic Agent; Antiglaucoma  | Carbonic Anhydrase Inhibitor      | Trusopt®                                     | dorzolamide ophthalmic                            | RX1404               | Removed from ADAP 7/31/20 |
| Ophthalmic Agent; Corticosteroid  | Corticosteroid                    | Pred Forte® (ophthalmic)                     | prednisolone acetate (ophthalmic)                 | RX1411               |                           |
| Opioid Dependency   | Opioid Agonist / Antagonist       | Suboxone®                                    | buprenorphine and naloxone                        | RX2100               | III                       |
| Opioid Dependency   | Opioid Agonist / Antagonist       | Subutex®, Buprenex®, Butrans®, Probuphine®   | buprenorphine                                     | RX2101               | JJJ                       |
| Osteoporosis  | Bisphosphonate                    | Fosamax®                                     | alendronate sodium                                | RX1500               | A,NN                      |
| Otic Preparation, Anti-infective  | Antibiotic-Quinolone              | Floxin otic®, Ocuflox®                       | ofloxacin otic                                    | RX1600               |                           |

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| Therapeutic Classification  | Pharmacologic Classification      | Brand Name(s)   | Generic Name(s)                              | RW Miami Pharma-Code | Notation <sup>2, 8</sup> |
|---|-----------------------------------|---|--|----------------------|--------------------------|
| Otic Preparation, Anti-infective Combination                                    | Antibiotic-Corticosteroid         | Cortisporin otic®                                       | hydrocortisone / neomycin / polymyxin B otic | RX1601               |                          |
| <b>Partial Nicotine Agonist</b>   | <b>Smoking Cessation</b>          | <b>Chantix®</b>   | <b>varenicline</b>                           | <b>RX2200</b>        | <b>A</b>                 |
| Pharmacokinetic Enhancer<br>(For use in combination with other antiretrovirals) | CYP3A4 Inhibitor                  | Tybost®   | cobicistat (COBI)                            | RX1700               | A,YY                     |
| Pulmonary, Allergy  | H1 Receptor Antagonist (1st Gen)  | Benadryl®   | diphenhydramine                              | RX1800               | A                        |
| Pulmonary, Allergy, Appetite Stimulant  | Antihistamine                     | Periactin®  | cyproheptadine                               | RX1801               |                          |
| Pulmonary, Bronchodilator   | Beta2-Adrenergic Agonist          | Proventil HFA®, Ventolin®, ProAir®, Combivent Respimat® | albuterol HFA, albuterol / ipratropium       | RX1803               | A                        |
| Pulmonary, Corticosteroids  | Nasal Corticosteroid              | Nasarel®  | flunisolide nasal                            | RX1804               | A                        |
| Pulmonary, Corticosteroids  | Oral Corticosteroid               | QVAR® (oral inhaler), Qnasi® (nasal spray)              | beclomethasone (oral inhaler, nasal spray)   | RX1805               | A                        |
| Skin and Mucous Membrane Preparation, Acne                                      | Antibiotic, Keratolytic           | Benzoyl Peroxide topical                                | benzoyl peroxide topical                     | RX1900               | A,RR                     |
| Skin and Mucous Membrane Preparation, Analgesic                                 | Analgesia                         | Zostrix®  | capsaicin topical                            | RX1901               | A,QQ                     |
| Skin and Mucous Membrane Preparation, Anesthetic                                | Anesthetic                        | Xylocaine®  | lidocaine viscous                            | RX1902               |                          |
| Skin and Mucous Membrane Preparation, Anti-infective                            | Antibiotic-Lincosamide            | Cleocin T®  | clindamycin topical (cream, lotion, gel)     | RX1905               | A                        |
| Skin and Mucous Membrane Preparation, Anti-infective                            | Antibiotic-Sulfonamide Derivative | Silvadene®  | silver sulfadiazine topical                  | RX1907               |                          |
| Skin and Mucous Membrane Preparation, Anti-infective                            | Antiparasitic, Scabacidal         | Elimite®  | permethrin topical                           | RX1908               |                          |
| Skin and Mucous Membrane Preparation, Anti-infective                            | Immune Modular                    | Aldara Cream®   | imiquimod 5%                                 | RX1909               | A                        |

**RYAN WHITE PART A PROGRAM PRESCRIPTION DRUG FORMULARY (Sorted by Therapeutic Classification)**

| Therapeutic Classification  | Pharmacologic Classification | Brand Name(s)                                 | Generic Name(s)                              | RW Miami Pharma-Code | Notation <sup>2, 8</sup> |
|---|------------------------------|---|--|----------------------|--------------------------|
| Skin and Mucous Membrane Preparation, Anti-infective, Keratolytic Agent | Antiviral                    | Podofilox topical®                            | podofilox topical                            | RX1910               |                          |
| Skin and Mucous Membrane Preparation, Antineoplastic                    | Pyrimidine Analog            | Efudex®                                       | fluorouracil topical                         | RX1911               |                          |
| Skin and Mucous Membrane Preparation, Corticosteroid                    | Corticosteroid               | Betamethasone topical or Diprolene®           | betamethasone (valerate or dipropionate)     | RX1912               | A                        |
| Skin and Mucous Membrane Preparation, Corticosteroid                    | Corticosteroid               | Fluocinonide topical®                         | fluocinonide topical                         | RX1914               |                          |
| Skin and Mucous Membrane Preparation, Corticosteroid                    | Corticosteroid               | Hydrocortisone topical®                       | hydrocortisone topical (cream and ointment)  | RX1915               | FFF                      |
| Skin and Mucous Membrane Preparation, Corticosteroid                    | Corticosteroid               | Kenalog®                                      | triamcinolone topical (cream and ointment)   | RX1916               | A                        |
| Skin and Mucous Membrane Preparation, Corticosteroid                    | Corticosteroid               | Temovate®                                     | clobetasol topical (ointment)                | RX1917               |                          |
| Vitamin   | Vitamin                      | Cyanocobalamin®, vitamin B12 (injection only) | cyanocobalamin, vitamin B12 (injection only) | RX2004               | A,HH,TT                  |
| Vitamin   | Vitamin                      | Folic acid                                    | folic acid                                   | RX2000               | A                        |
| Vitamin   | Vitamin                      | Multivitamin (OTC)                            | multivitamin                                 | RX2001               | A,HH,QQ                  |
| Vitamin   | Vitamin                      | Multivitamin B Complex                        | multivitamin B complex                       | RX2002               | A,QQ                     |
| Vitamin   | Vitamin                      | Multivitamin prenatal                         | multivitamin prenatal                        | RX2003               | A,FF,HH,RR               |
| Vitamin   | Vitamin                      | Pyridoxine®, vitamin B6                       | pyridoxine, vitamin B6                       | RX2005               | A,GG,HH                  |
| Vitamin-Antidote  | Vitamin                      | Leucovorin®                                   | folinic acid, calcium folinate, leucovorin   | RX2006               | A,F                      |