



August 30, 2021

SENT VIA ELECTRONIC MAIL

Dear Ryan White Part A and/or MAI-funded Subrecipient:

RE: Ryan White Part A Program Prescription Drug Formulary - Revised

Attached for your information and immediate distribution, please find the following **revised** documents:

- Miami-Dade County Ryan White Part A Program Prescription Drug Formulary in five (5) sorts: by therapeutic classification, pharmacologic classification, brand name, generic name, and drug code;
- Miami-Dade County Ryan White Part A Prescription Drug Formulary Comments/Notations (Attachment A) document revised on August 30, 2021, for reference only;
- Consumable Medical Supplies List (Attachment B); no changes. This document is being included for reference only. It was revised on April 5, 2021 with an effective date of March 1, 2021;

NOTE: The revised Formulary, in all five (5) sorts, should be available on the Office of Management and Budget-Grants Coordination’s Ryan White Program (OMB) website (www.miamidade.gov/grants/ryan-white-program.asp#prescription), under the “Prescription Drug Services” link by one (1) week from the date of this letter. The attached PDF documents may be shared with and disseminated to all interested parties.

The Medical Care Subcommittee recommended and the Partnership previously approved that any antiretroviral medication added to the Florida ADAP Formulary would automatically be added to Miami-Dade County’s Ryan White Part A Program Prescription Drug Formulary, as payer of last resort. Accordingly, the following antiretroviral medications were added to the Miami-Dade County Ryan White Part A Prescription Drug Formulary as indicated in the table below to match the most current Florida ADAP Formulary (May 2021):

Brand Name	Generic Name	RW Miami Pharm-Code
Cabenuva®	cabotegravir / rilpivirine injectable (CABRPV)	RX0428
Cimduo®, Temixys®	tenofovir disoproxil fumarate / lamivudine (TDF/3TC)	RX0429
Delstrigo®	doravirine / lamivudine / tenofovir disoproxil fumarate	RX0431

Brand Name	Generic Name	RW Miami Pharm-Code
Pifeltro®	doravirine (DOR)	RX0326
Rukobia®	fostemsavir	RX0325
Symfi®, SymfiLo®	Efavirenz / lamivudine / tenofovir disoproxil fumarate (EFV/3TC/TDF)	RX0433
Trogarzo®	ibalizumab-viik injection	RX0432
Vocabria®	oral cabotegravir (CAB)	RX0327

At its meeting in October 2020, the Miami-Dade HIV/AIDS Partnership's Executive Committee approved the following:

Addition:

Brand Name	Generic Name	RW Miami Pharm-Code
Chantix®	varenicline	RX2200

- Chantix® (varenicline) is a smoking cessation medication used together with behavior modification and counseling support to help stop smoking. This medication was also added to the Florida ADAP Formulary in October 2020.
- When applicable to Part A, the billing code for this medication is RX2200. The local Ryan White Part A Program would use this code to record Chantix® for service delivery, reporting, and billing purposes. Subrecipients of prescription drug services would use the appropriate National Drug Code (NDC) when billing as well. However, please remember that Part A is payer of last resort, and this medication is currently on the ADAP Formulary.

Updates:

Brand Name	Generic Name
Provera®, DepoProvera®, Depo-SubQ®, Provera 104®, MPA®	medroxyprogesterone acetate; medroxyprogesterone

- All formulations, including injectables, are covered for this medication. Brand names were added. However, wherever possible and cost effective, the generic formulation should be used.

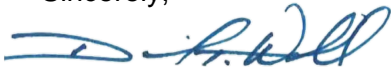
- The letter “A” notation was removed for nitroglycerin capsules (RX0813) as this medication formulation is not available on the Florida ADAP Formulary.

As a reminder:

- The Miami-Dade County Ryan White Part A/MAI Prescription Drug Formulary is reviewed and revised periodically by the Miami-Dade HIV/AIDS Partnership and/or the Medical Care Subcommittee. It is imperative that all revisions to the Formulary, including, but not limited to, changes to the Comments/Notations page and Letters of Medical Necessity, when applicable, be carefully reviewed and understood by direct service staff and recipients of Ryan White Part A and MAI Program-funded medications. For reference, attached please find communication sent to providers on July 30, 2021 regarding updates and removals of Letters of Medical Necessity.
- The Ryan White Program is the payer of last resort. If a client qualifies for and can access the medications through ADAP or any other payer source, the client must obtain the medications from those sources.
- All medications dispensed should be generic unless a generic version of the medication on the local Ryan White Part A Program Prescription Drug Formulary is not available. However, Ryan White Part A/MAI Program-funded prescription drug subrecipients must use the most cost-effective product, either brand or generic, whichever is less expensive at the time of dispensing.

If further clarification is needed regarding the information in this letter or the recent changes, please contact Ana M. Nieto, Contracts Officer, at Ana.Nieto@miamidade.gov, or Carla Valle-Schwenk, Program Administrator, at Carla.ValleSchwenk@miamidade.gov. Thank you for your continued cooperation.

Sincerely,



Daniel T. Wall
Assistant Director

Attachments

c: Carla Valle-Schwenk, Program Administrator, OMB
Clarisol Nilsen, Fiscal Administrator, OMB
Contracts Officers, OMB
Bret F. Ballinger, President, Groupware Technologies, Inc.
Robert A. Ladner, PhD, President, BSR