MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, March 27, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

AGENDA

I.	Call to Order	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	Cristhian Ysea
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of February 27, 2026	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Membership Recruitment Presentation	Roundtable Members
VIII.	Standing Business	
	• Response to the 2026 ADAP Program Changes- Contingency Planning	All
	o Outpatient Ambulatory Health Services Review	
	o Ryan White Prescription Drug Formulary	
IX.	New Business	
	• Special Projects Discussion	All
X.	Announcements	All
	• Annual Source of Income and Disclosure Forms	
	• April 1, 2026 New Member Orientation	
XI.	Next Meeting**: April 24, 2026** at **BSR**	Cristhian Ysea
XII.	Adjournment	James Dougherty

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Meeting Housekeeping Medical Care Subcommittee

Created by *Behavioral Science Research*

Updated January 30, 2026

Disclaimer and Code of Conduct

- Audio of this meeting is being recorded and will become part of the public record.
- Members serve the interest of the Miami-Dade HIV/AIDS community as a whole.
- Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner.
- Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.

General Housekeeping

- You must sign in to be counted as present.
- Place cell phones on mute or vibrate - *If you must take a call, please excuse yourself from the meeting.*
- See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.

About the Partnership

- The Miami-Dade HIV/AIDS Partnership is the official Ryan White Program Planning Council for Miami-Dade County.
- Partnership Members are appointed by the Mayor of Miami-Dade County based on recommendations by the Community Coalition.
- The Medical Care Subcommittee reports to the Care and Treatment Committee. The Care and Treatment Committee is one of six Standing Committees of the Partnership.
- All Partnership and Standing Committee members are volunteers and commit to abiding by the Partnership's Bylaws, including regular meeting attendance and completion of required training and paperwork.
- See staff after the meeting for additional details.

Meeting Participation

Everyone has a role to play!

- All attendees may address the board as time allows and at the discretion of the Chair.
- Please *share your expertise* on the current Agenda topics and motions. Remember to . . .
  - Raise your hand to be recognized by the Chair or added to the queue during discussions.
  - Avoid repeating points previously addressed.
- Only Medical Care Subcommittee members vote at today's meeting.
- Announcements can be made at the end of the meeting as time allows. Announcements should inform or educate the community and must not be used to advance personal interests or any form of financial gain.

Language Matters!

In today's world, there are many words that can be stigmatizing. Here are a few suggestions for better communication.

Remember **People First** Language . . .
People with HIV, ***People*** with substance use disorders, ***People*** who are unhoused, etc.

Please don't say **RISKS** . . . Instead, say **REASONS.**
Please don't say, **INFECTED with HIV** . . . Instead, say **ACQUIRED HIV, DIAGNOSED with HIV,** or **CONTRACTED HIV.**

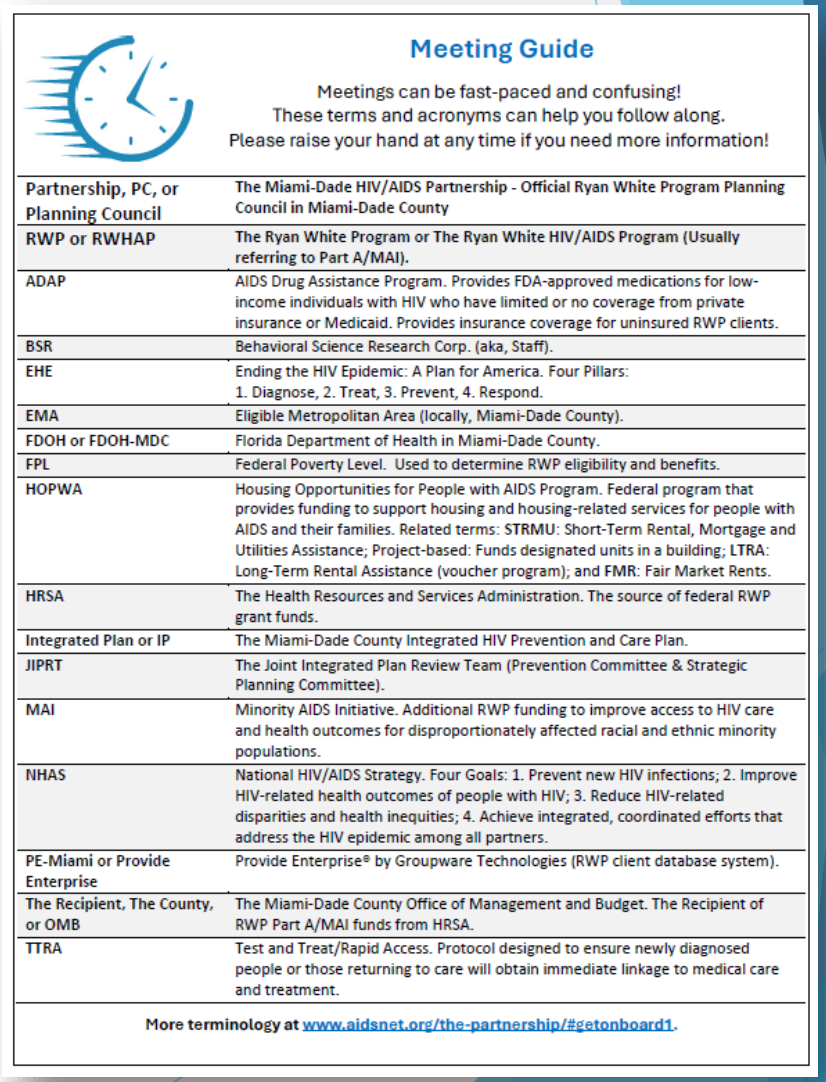
Please **do not** use these terms . . .

Dirty . . . Clean . . . Full-blown AIDS . . . Victim . . .

Meeting Terminology

Meetings can be fast-paced and confusing!

- ❑ Terms and acronyms you might hear at today's meeting are on the back of your Agenda.
- ❑ Please raise your hand at any time if you need more information!



Meeting Guide

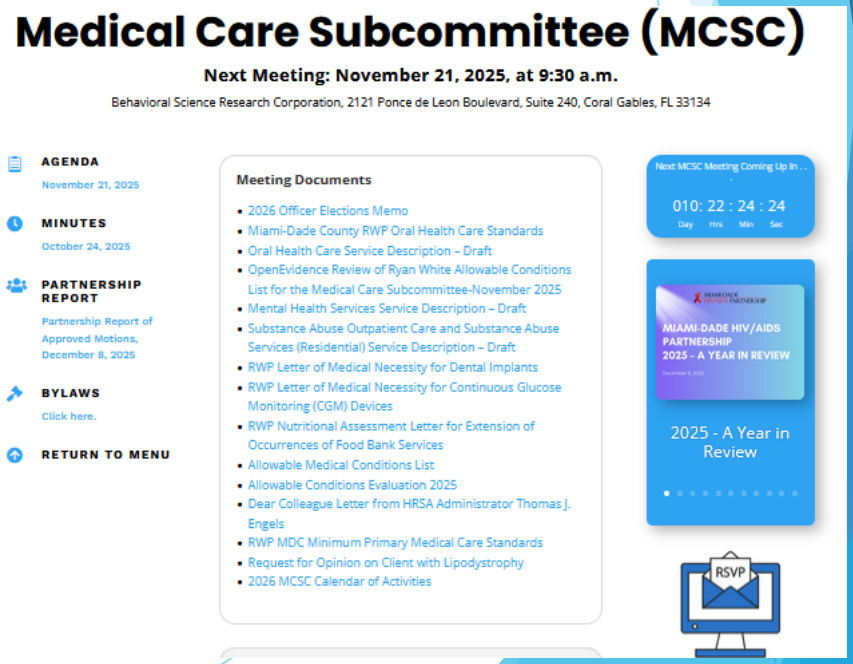
Meetings can be fast-paced and confusing!
These terms and acronyms can help you follow along.
Please raise your hand at any time if you need more information!

Partnership, PC, or Planning Council	**The Miami-Dade HIV/AIDS Partnership - Official Ryan White Program Planning Council in Miami-Dade County**
RWP or RWHAP	**The Ryan White Program or The Ryan White HIV/AIDS Program (Usually referring to Part A/MAI).**
ADAP	AIDS Drug Assistance Program. Provides FDA-approved medications for low-income individuals with HIV who have limited or no coverage from private insurance or Medicaid. Provides insurance coverage for uninsured RWP clients.
BSR	Behavioral Science Research Corp. (aka, Staff).
EHE	Ending the HIV Epidemic: A Plan for America. Four Pillars: 1. Diagnose, 2. Treat, 3. Prevent, 4. Respond.
EMA	Eligible Metropolitan Area (locally, Miami-Dade County).
FDOH or FDOH-MDC	Florida Department of Health in Miami-Dade County.
FPL	Federal Poverty Level. Used to determine RWP eligibility and benefits.
HOPWA	Housing Opportunities for People with AIDS Program. Federal program that provides funding to support housing and housing-related services for people with AIDS and their families. Related terms: **STRMU**: Short-Term Rental, Mortgage and Utilities Assistance; Project-based: Funds designated units in a building; **LTRA**: Long-Term Rental Assistance (voucher program); and **FMR**: Fair Market Rents.
HRSA	The Health Resources and Services Administration. The source of federal RWP grant funds.
Integrated Plan or IP	The Miami-Dade County Integrated HIV Prevention and Care Plan.
JIPRT	The Joint Integrated Plan Review Team (Prevention Committee & Strategic Planning Committee).
MAI	Minority AIDS Initiative. Additional RWP funding to improve access to HIV care and health outcomes for disproportionately affected racial and ethnic minority populations.
NHAS	National HIV/AIDS Strategy. Four Goals: 1. Prevent new HIV infections; 2. Improve HIV-related health outcomes of people with HIV; 3. Reduce HIV-related disparities and health inequities; 4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners.
PE-Miami or Provide Enterprise	Provide Enterprise® by Groupware Technologies (RWP client database system).
The Recipient, The County, or OMB	The Miami-Dade County Office of Management and Budget. The Recipient of RWP Part A/MAI funds from HRSA.
TTRA	Test and Treat/Rapid Access. Protocol designed to ensure newly diagnosed people or those returning to care will obtain immediate linkage to medical care and treatment.

More terminology at www.aidsnet.org/the-partnership/#getonboard1.

Resources

- Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.
- Today's presentation and supporting documents are online at https://partnershipmiami.org/the-partnership-2/#mcsc1 or by scanning the QR code on your agenda.



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Floor Open to the Public

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

“BSR has a dedicated line for statements to be read into the record. No statements were received.”

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee Meeting
Behavioral Science Research
2121 Ponce de Leon Boulevard, Suite 215
Coral Gables, FL 33134

February 27, 2026 Minutes

#	Members	Present	Absent
1	Baez, Ivet	X	
2	Dougherty, James	X	
3	Friedman, Lawrence		X
4	Miller, Juliet	X	
5	Rojas, Vanessa	X	
6	Romero, Javier		X
7	Serrano-Irizarry, Yendi	X	
8	Ysea, Cristhian A.	X	
Quorum: 4			

Guests	
Alzola, Yania	Singh, Hardeep
Casas, Manuel	Valle-Schwenk, Carla
Kolber, Michael	
Lian, Michael	
Nieto, Ana M.	
Ortiz, Angela	
Patel, Prachi	
Poulard, Cindy	
Staff	
Ladner, Robert	
Meizoso, Marlen	

All documents referenced in these minutes were accessible to both members and the general public prior to and during the meeting, at https://partnershipmiami.org/the-partnership-2/#mcsc1.

I. Call to Order

James Dougherty

The Chair, James Dougherty, called the meeting to order at 9:46 a.m. He introduced himself, provided an overview of the work for the day's meeting, and welcomed everyone.

II. Introductions

All

Mr. Dougherty requested that members, guests, and staff introduce themselves.

III. Meeting Housekeeping

James Dougherty

Mr. Dougherty reviewed the meeting housekeeping presentation, including people first language, meeting protocols, location of Subcommittee meeting items online, and identification of resource persons.

IV. Floor Open to the Public

Cristhian Ysea

The Vice Chair, Cristhian Ysea, read the following:

"Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record

before you talk about your concerns. BSR has a dedicated phone line and email for statements to be read into the record. No statements were received."

There were no comments, so the floor was closed.

V. Review/Approve Agenda *All*

The Subcommittee reviewed the agenda and accepted it as presented.

Motion to accept the agenda as presented.
Moved: Cristhian Ysea Seconded: Dr. Vanessa Roja Motion: Passed

VI. Review/Approve Minutes of February 6, 2026 *All*

Members reviewed the minutes of February 6, 2026, and noted a correction on page 2 of the need for a space between two words. A motion was made to accept the document with the correction.

Motion to accept the minutes of February 6, 2026, as discussed.
Moved: Juliet Miller Seconded: Ivet Baez Motion: Passed

VII. Reports

- **Ryan White Program** *Carla Valle-Schwenk*

Carla Valle-Schwenk indicated this fiscal year was ending on Saturday, February 28, with the new fiscal year starting on Sunday, March 1. The Board of County Commissioners approved the extension of contracts which will reset to the original total allocations. The Request for Proposal that was intended to be released last year will be developed and released this year. A media campaign has been launched by the Recipient which provides a dedicated page for the Ryan White Program, and will include printed material promoting the program.

AHF has filed a lawsuit challenging the Florida Department of Health (FDOH) emergency rule making. The state legislature is also attempting to address the shortfalls in the ADAP program by offering bridge funding, but this must go through the appropriations process. Some of the funding will require FDOH to work with communities to identify long-term solutions and review the medications rebate process. More information on the status of those efforts will be available at the end of March. For now, the Ryan White Program is keeping everything status quo. Clients should be encouraged to pick up their meds. Client insurance will not auto stop although ADAP stopped payments. Clients will need to contact their insurance plan, and clients should stay on their medication regimens.

The Recipient is in communication with some pharmaceutical companies to streamline the patient assistance programs (PAP). Contingency planning continues and letters have been drafted and sent to medical case managers to share with clients and posted on the new landing page. Working is being done to enroll clients into PAPs.

- **ADAP** *Dr. Javier Romero*

Javier Romero was not available for the meeting. Staff shared the ADAP report, and members were reminded that the information does not include the pharmacy benefits manager utilization or the West Perrine pharmacy. Miami-Dade County accounts for 25 percent of the state total ADAP clients.

- **Vacancy Report** *Marlen Meizoso*

Marlen Meizoso reviewed the February 2026 vacancies, which indicated several membership opportunities on the Partnership and the Subcommittee. Any individuals interested in membership who are Miami-Dade County registered voters may contact staff, and invite them to attend a meeting or training sessions.

VIII. Standing Business

- **Response to the 2026 ADAP Program Changes-Updates**

Updates were provided earlier in the meeting, so no additional information was shared.

- **Oral Health Care Formulary Review and Prioritization**

At the last meeting, the Subcommittee began review of the Oral Health Care Formulary as part of the contingency planning. Members received input from former Oral Health Workgroup members on how to prioritize services. Additional utilization data for FY 2024 was shared. Last year's expenditure for oral health care (OHC) is not sustainable with the ADAP cuts and the budget for OHC may need to be reduced to $2.5 million. Dentists are paid by the procedure. Currently the oral health care cap is $6,500 annually per client. The Subcommittee requested average cost range for clients to determine a modification of the cap. The average cost per client is around $1,300. Staff also provided the following quick analysis on average ranges:

Range	Clients
$0-$1000	1,631 clients
$1,000-$2,000	638 clients
$2,000-$3000	238 clients
$3,000-$4,000	155 clients
$4,000-$5,000	78 clients
$5,000-$6,000	34 clients
$6,000-$6,500	18 clients
$6,500+	53 clients

Clients with less than a $2,000 average account for 80% of the clients served. With a cap of $1,500 and total allocations of $2.5 million, a little over 1,600 clients could be served. Allowing for denture procedures would require a cap closer to $2,000. Members discussed the need for overrides of the cap to be available in some instances.

The Subcommittee discussed several possible avenues for cost savings. The most expensive procedure is implants which only has one provider and has served fewer than 10 clients.

The Subcommittee proposed to lower the cap, develop a process for overrides based on the client, keep expenses at no more than $2.5 million, and keep most of the formulary intact.

Motion as part of the contingency planning to address ADAP changes to remove implants from the Ryan White Oral Health Care formulary.
Moved: Dr. Vanessa Rojas **Seconded: Cristhian Ysea** **Motion: Passed**

Based on the earlier discussion, a range of cap level was offered. The lower range cap was $1,500, which is closer to the average cost per client last year, and the $2,000 level would allow for clients to access dentures, since these are a more costly item. The cap level will be selected depending on what the expenditure level is at the time of implementation, a lower cap if more funding is available and a higher cap if less funding is available.

Motion as part of contingency planning to reduce the oral health care cap between $1,500-$2,000 depending on the rate of expenditure at the time of implementation.
Moved: Cristhian Ysea **Seconded: Dr. Vanessa Rojas** **Motion: Passed**

The Subcommittee offered some parameters in order to develop an override process, subject to funding limits. Providers requesting an override from the Recipient would have to provide information on four items: 1) if the procedures are for an emergency; 2) does the procedure affect function?; 3) what are the potential consequences of a delay to these procedures?; and 4) and to provide the treatment plan.

Motion as part of contingency planning for urgent or emergency circumstances that an override be developed by the Office of Management and Budget that dental providers provide, subject to availability of funds replies if it is an emergency; does it affect function; consequences of delay in treatment; and treatment plan of care.
Moved: Juliet Miller **Seconded: Dr. Vanessa Rojas** **Motion: Passed**

- **Outpatient Ambulatory Health Services (OAHS) Review**

Time was running short so review of this item will take place at the next meeting. Members should review the OAHS utilization report so discussion at the next meeting can be productive.

Motion to extend the meeting by five minutes.
Moved: Juliet Miller **Seconded: Yendi Serrano-Irizarry** **Motion: Passed**

IX. New Business

There were no new business items.

X. Announcements *All*

Attendees were reminded to RSVP in advance of the meeting, and the next New Member Orientation was announced as taking place on March 4. The flyer with the QR code and link are accessible online and were projected at the meeting. Members were reminded that the annual Source of Income forms are due before July 1 and were included in the meeting packets. Address, employer information (name and address), the word salary (if employed, since no amounts should be included on the form), signature, and date should be completed on the form.

XI. Next Meeting

Cristhian Ysea

The next meeting is scheduled for Friday, March 27, 2026, at 9:30 a.m. at BSR.

XII. Adjournment

James Dougherty

Mr. Dougherty thanked everyone for participating in the meeting and called for a motion to adjourn.

Motion to adjourn.
Moved: Cristhian Ysea **Seconded: Juliet Miller** **Motion: Passed**

The meeting adjourned at 11:31a.m.

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RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **January 2026**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	6	70	4	8
Health Insurance Premium and Cost Sharing Assistance	6	5,315	5	1,935
Medical Case Management	8,064	112,932	3,860	8,764
Mental Health Services	8	555	4	123
Oral Health Care	778	10,612	579	2,804
Outpatient Ambulatory Health Services	2,035	28,302	1,059	4,126
Substance Abuse Outpatient Care	0	12	0	4
Support Services				
Food Bank/Home Delivered Meals	664	11,233	280	802
Medical Transportation	460	6,648	219	1,101
Other Professional Services	5	195	3	51
Outreach Services	13	437	12	224
Substance Abuse Services (residential)	172	5,599	7	85
TOTALS:	12,211	181,910		

Total unduplicated clients (month): 4,528

Total unduplicated clients (YTD): 9,141

See page 4 for Service Unit Definitions

REPORT COMPILED ON: 02/25/2026

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **January 2026**

FUNDING SOURCE(S) INCLUDED:

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Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	6	70	4	8
Health Insurance Premium and Cost Sharing Assistance	6	5,315	5	1,935
Medical Case Management	6,165	96,748	3,038	8,475
Mental Health Services	8	555	4	123
Oral Health Care	778	10,612	579	2,804
Outpatient Ambulatory Health Services	1,895	26,141	977	4,005
Substance Abuse Outpatient Care	0	12	0	4
Support Services				
Food Bank/Home Delivered Meals	664	11,233	280	802
Medical Transportation	420	6,394	179	1,067
Other Professional Services	5	195	3	51
Outreach Services	7	397	7	199
Substance Abuse Services (residential)	172	5,599	7	85
TOTALS:	10,126	163,271		

Total unduplicated clients (month): 3,906

Total unduplicated clients (YTD): 9,033

REPORT COMPILED ON: 02/25/2026

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **January 2026**

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
Medical Case Management	1,899	16,184	1,001	1,960
Outpatient Ambulatory Health Services	140	2,161	107	582
Support Services				
Medical Transportation	40	254	40	65
Outreach Services	6	40	5	26
TOTALS:	2,085	18,639		

Total unduplicated clients (month): 1,043

Total unduplicated clients (YTD): 2,167

REPORT COMPILED ON: 02/25/2026

Miami-Dade County Ryan White Part A/MAI Program

Service Unit Definitions

Service Categories	Service Unit Definition
Core Medical Services	
AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program; LPAP)	1 filled prescription
Health Insurance Premium & Cost Sharing Assistance	1 health insurance payment (copayment or deductible)
Medical Case Management (MCM; Incl. Treatment Adherence)	1 MCM encounter
Mental Health Services	1 individual or group encounter
Oral Health Care	1 oral health care visit
Outpatient/Ambulatory Health Services	1 medical visit
Substance Abuse Outpatient Care	1 individual or group encounter
Support Services	
Emergency Financial Assistance (limited access)	1 filled prescription
Food Bank	1 bag of groceries
Medical Transportation	1 medical transportation voucher or one-way rideshare trip
Other Professional Services (Legal Assistance & Permanency Planning)	1 hour of legal assistance
Outreach Services	1 individual encounter
Substance Abuse Services-Residential	1 day of residential substance abuse services

NOTE: MAI-funded services are limited to minority clients from priority subpopulations or emerging need subpopulations.

PART A

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3501)

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR35

FORMULA AND SUPPLEMENTAL FUNDING

Per Resolution #s: R-40-25, R-246-20, R-247-20, R-817-19 & R-639-23

This report reflects year-to-date paid reimbursements for FY 2025 Part A service months through January 2026, as of February 25, 2026. Pending Part A reimbursements currently under review total $5,739,210.61. All Part A contracts are fully executed.

Project #: BURW3501	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,176,379.00	FORMULA	
Grant Award Amount FY23 Formula	1,500.00	PY_FORMULA	
Grant Award Amount Supplemental	7,957,734.00	SUPPLEMENTAL	FY 2025 Award
Grant Award Amount FY23 Supplemental	89,039.00	PY_SUPPLEMENTAL	$24,224,652
Carryover Award of FY'24 Formula Funds	800,000.00	CARRYOVER	
Total Award	**$ 25,024,652.00**		

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations
8	AIDS Pharmaceutical Assistance	5,744.00	
6	Health Insurance Services	490,526.00	
1	Medical Case Management	6,377,000.00	
3	Mental Health Therapy/Counseling	54,303.00	
4	Oral Health Care	4,631,775.00	
2	Outpatient/Ambulatory Health Svcs	7,007,729.00	
9	Substance Abuse - Outpatient	3,000.00	
	CORE Services Totals:	18,570,077.00	

	Support Services	Allocations	Carryover Allocations	
12	Emergency Financial Assistance	0.00		
5	Food Bank	848,861.00	640,000.00	1,488,861
13	Medical Transportation	62,888.00	160,000.00	222,888
15	Other Professional Services	18,700.00		
14	Outreach Services	140,661.00		
7	Substance Abuse - Residential	1,611,000.00		
	SUPPORT Services Totals:	2,682,110.00	800,000.00	3,482,110
	FY 2025 Award (not including C/O)	21,252,187.00		

DIRECT SERVICES TOTAL:		**$**	**22,052,187.00**
Total Core Allocation	18,570,077.00		
Target at least 80% core service allocation	17,001,749.60		
Current Difference (Short) / Over	**$ 1,568,327.40**		
Recipient Admin. (GC, GTL, BSR Staff)	**$ 2,368,904.00**		
Quality Management	**$ 603,561.00**		2,972,465.00
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (Formula & Supp)	$ -		
Unobligated Funds (Carry Over)	$ -	$ -	25,024,652.00

Core medical % against Total Direct Service Allocation (Not including C/O):
Cannot be under 75% — **87.38%** — **Within Limit**

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% — **2.49%** — **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% — **9.78%** — **Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance	2,806.47	
5606920000	Health Insurance Services	265,520.59	
5606870000	Medical Case Management	3,908,104.60	
5606860000	Mental Health Therapy/Counseling	36,985.00	
5606900000	Oral Health Care	3,006,564.00	
5606610000	Outpatient/Ambulatory Health Svcs	4,690,292.70	
5606910000	Substance Abuse - Outpatient	0.00	
	CORE Services Totals:	11,910,273.36	

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank	689,202.80	640,000.00	1,329,202.80
5606460000	Medical Transportation	33,561.81	159,137.49	192,699.30
5606890000	Other Professional Services	17,559.00		
5606950000	Outreach Services	65,889.72		
5606930000	Substance Abuse - Residential	1,397,750.00		
	SUPPORT Services Totals:	2,203,963.33	799,137.49	
	FY 2025 Award (not including C/O)	14,114,236.69		

TOTAL EXPENDITURES DIRECT SVCS & % :		**$**	**14,913,374.18** **67.63%**
Formula Expenditure %	**80.01%**		
Recipient Administration	**1,684,959.31**	**71.13%**	
Quality Management	**500,734.42**		2,185,693.73
Grant Unexpended Balance	**FY 2023 Award**	**Carryover**	
	7,924,721.58	**862.51**	7,925,584.09
Total Grant Expenditures & %		**$**	**17,099,067.91** **68.33%**

Core medical % against Total Direct Service Expenditures (Not including C/O):
Cannot be under 75% — **84.38%** — **Within Limit**

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% — **2.07%** — **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% — **6.96%** — **Within Limit**

Printed On: 2/25/2026

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3501)

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR35

MINORITY AIDS INITIATIVE (MAI) FUNDING

This report reflects year-to-date paid reimbursements for FY 2025 MAI service months through January 2026, as of February 25, 2026. Pending MAI reimbursements currently under review total $405,093.74. All MAI contracts are fully executed.

PROJECT #: BURW3501	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,563,697.00	MAI
Carryover Award of FY'24 MAI Funds	1,539,152.00	MAI_CARRYOVER
Total Award	**$ 4,102,849.00**	

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations		Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures	
	AIDS Pharmaceutical Assistance				5606970000	AIDS Pharmaceutical Assistance			
	Health Insurance Services				5606920000	Health Insurance Services			
1	Medical Case Management	969,689.00	307,830.00	1,277,519.00	5606870000	Medical Case Management	403,528.85	307,761.00	711,289.85
3	Mental Health Therapy/Counseling	18,960.00			5606860000	Mental Health Therapy/Counseling	0.00		
	Oral Health Care				5606900000	Oral Health Care			
2	Outpatient/Ambulatory Health Svcs	1,156,177.00	563,576.00	1,719,753.00	5606610000	Outpatient/Ambulatory Health Svcs	5,204.46	453,593.20	458,797.66
6	Substance Abuse - Outpatient	8,058.00			5606910000	Substance Abuse - Outpatient	0.00		
	CORE Services Totals:	2,152,884.00	871,406.00	3,024,290		CORE Services Totals:	408,733.31	761,354.20	
	Support Services	**Allocations**	**Carryover Allocations**		**Account**	**Support Services**	**Expenditures**	**Carryover Expenditures**	
5	Emergency Financial Assistance	0.00			5606940000	Emergency Financial Assistance	0.00		
	Food Bank				5606980000	Food Bank			
13	Medical Transportation	14,628.00			5606460000	Medical Transportation	7,173.42		
	Other Professional Services				5606890000	Other Professional Services			
7	Outreach Services	39,816.00			5606950000	Outreach Services	13,272.00		
	Substance Abuse - Residential				5606930000	Substance Abuse - Residential			
	SUPPORT Services Totals:	54,444.00	0.00			SUPPORT Services Totals:	20,445.42	0.00	
	FY 2025 Award (not inlcuding C/O)	2,207,328.00				FY 2025 Award (not inlcuding C/O)	429,178.73		
	Carryover Award		871,406.00						
	DIRECT SERVICES TOTAL:		**$ 3,078,734.00**			**TOTAL EXPENDITURES DIRECT SVCS & %:**		**$ 1,190,532.93**	**38.67%**
	Total Core Allocation	2,152,884.00							
	Target at least 80% core service allocation	1,765,862.40							
	Current Difference (Short) / Over	**$ 387,021.60**							
	Recipient Admin. (OMB-GC)	**$ 256,369.00**			5606710000	**Recipient Administration**	**126,927.84**	**49.51%**	
	Quality Management	**$ 100,000.00**	356,369.00	$ 3,435,103.00	5606880000	**Quality Management**	**83,333.30**		210,261.14
	(+) Unobligated Funds / (-) Over Obligated:					**Grant Unexpended Balance**	**FY 2024 Award**	**Carryover**	
	Unobligated Funds (MAI)	$ -					**1,924,257.13**	**777,797.80**	2,702,054.93
	Unobligated Funds (Carry Over)	**$ 667,746.00**	667,746.00	4,102,849.00		**Total Grant Expenditures & % (Including C/O):**		**$ 1,400,794.07**	**34.14%**

Core medical % against Total Direct Service Allocation (Not including C/O):			
Cannot be under 75%	**97.53%**	**Within Limit**	
Quality Management % of Total Award (Not including C/O):			
Cannot be over 5%	**3.90%**	**Within Limit**	
OMB-GC Administrative % of Total Award (Cannot include C/O):			
Cannot be over 10%	**10.00%**	**Within Limit**	

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**95.24%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.25%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**4.95%**	**Within Limit**

Printed On: 2/25/2026

Miami-Dade County
Ryan White Part A/MAI and EHE Programs
Programmatic Updates
(due to Florida ADAP Changes)

**** IMPORTANT NOTE ****

Further updates will be posted here in chronological order -- oldest on top. This information remains in effect until otherwise noted herein and supersedes all other guidance as may be found in contracts, service descriptions, standards, etc. Check back regularly. For more information, please send an email message to RyanWhiteProgram@miamidade.gov.

Due to significant changes to client eligibility, medication access, and health insurance assistance implemented by the Florida AIDS Drug Assistance Program (ADAP), please note the following regarding the local Ryan White Part A/MAI and EHE Programs:

March 19, 2026 – Prescription Medications (drugs)

- The local Ryan White Part A Program Prescription Drug Formulary is currently under review. The Ryan White Program remains payer of last resort. However, **effective immediately**, be advised that **antiretroviral (ARV) medications are not available** through the Part A Local Pharmaceutical Program as there is insufficient funding to cover those costs. We are working closely with partners to identify other resources. In the meantime, **medication samples and Patient Assistance Programs** should be utilized wherever possible.
- **None of the contingency plans** approved by the Miami-Dade HIV/AIDS Partnership since February 2026 are currently in effect. Potential programmatic changes per these contingencies are still under review.
- **ADAP's programmatic changes may continue to evolve**, given pending legislative or court-mandated actions at the state level.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, March 27, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

AGENDA

I.	Call to Order	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	Cristhian Ysea
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of February 27, 2026	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Membership Recruitment Presentation	Roundtable Members
VIII.	Standing Business	
	• Response to the 2026 ADAP Program Changes- Contingency Planning	All
	o Outpatient Ambulatory Health Services Review	
	o Ryan White Prescription Drug Formulary	
IX.	New Business	
	• Special Projects Discussion	All
X.	Announcements	All
	• Annual Source of Income and Disclosure Forms	
	• April 1, 2026 New Member Orientation	
XI.	Next Meeting**: April 24, 2026** at **BSR**	Cristhian Ysea
XII.	Adjournment	James Dougherty

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Membership Report

March 12, 2026

The Miami-Dade HIV/AIDS Partnership

The official Ryan White Program Planning Council in Miami-Dade County and the Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners.

Opportunities for Ryan White Program Clients

4 *seats are available to Ryan White Program Clients who are not affiliated or employed by a Ryan White Program Part A funded service provider.*
(1 applicant pending)

Opportunities for General Membership

7 *seats are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the relevant knowledge, skills and expertise in these membership categories:*

Hospital or Health Care Planning Agency Representative
Housing, Homeless or Social Service Provider
Other Federal HIV Program Grantee Representative (Part F)
Other Federal HIV Program Grantee Representative (SAMHSA)
Non-Ryan White Program Miami-Dade County Representative
Part D Grantee Representative
Mental Health Provider Representative *(1 applicant pending)*

Are you a Member?

Thank you for your service to people with HIV!
Be sure to bring a Ryan White client to your next meeting!

Do You Qualify for Membership?

If you answer "Yes" to these questions, you could qualify for membership!

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

Get Started Today!
Scan the QR Code or contact
mdcpartnership@behavioralscience.com.

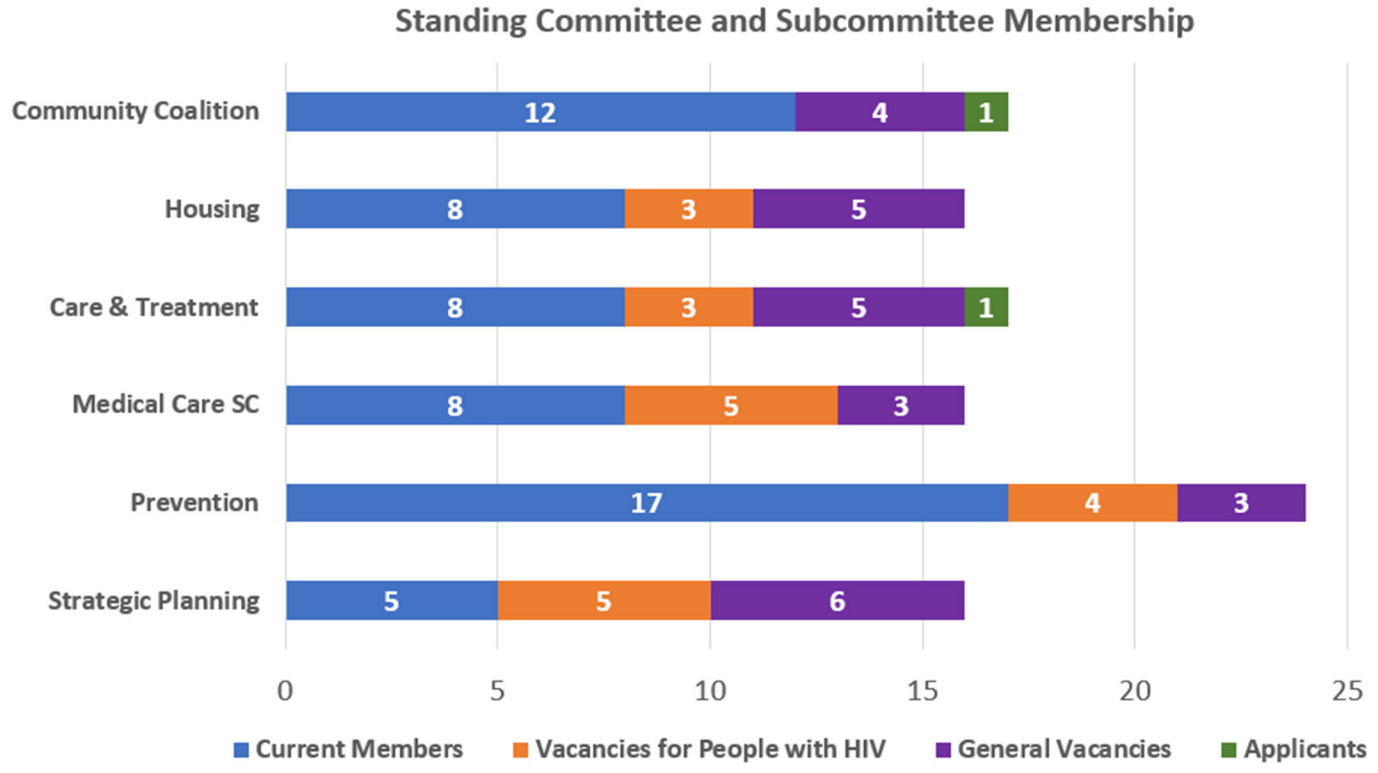
when you say Yes! good things happen.

MEMBERSHIP

Committees

Work with a dedicated team of volunteers on these and more Partnership activities to better serve people with HIV in Miami-Dade County!
People with HIV are encouraged to join!

- Allocate more than $27 million in Ryan White Program funds with the **Care and Treatment Committee**
- Develop an Annual Report on the State of HIV and the Ryan White Program in Miami-Dade County with the **Strategic Planning Committee**
- Recruit and train new Partnership members with the **Community Coalition**
- Work with the City of Miami Housing Opportunities for Persons with AIDS Program to address housing challenges for people with HIV/AIDS with the **Housing Committee**
- Oversee updates and changes to medical treatment guidelines for the Ryan White Part/ MAI Program with the **Medical Care Subcommittee**
- Set priorities for Ryan White Program HIV health and support services in Miami-Dade
- Share a meal and testimonials at Roundtables with the **Community Coalition**
- Develop and monitor the official HIV Prevention and Care Integrated Plan with the **Strategic Planning Committee** & **Prevention Committee**
- Develop your leadership skills and be a committee leader with the **Executive Committee**
- Oversee updates and changes to the Ryan White Prescription Drug Formulary with the **Medical Care Subcommittee**
- Develop and monitor local Ending the HIV Epidemic activities with the Florida Department of Health in Miami-Dade County with the **Prevention Committee*** & **Strategic Planning Committee**
- Be in the know about the latest HIV activities of the Prevention Mobilization Workgroups



* Prevention Committee activities and new member opportunities are on hold.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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MIAMI-DADE HIV/AIDS PARTNERSHIP

On-Boarding and Mentorship Process

Miami-Dade HIV/AIDS Partnership
As of March 2, 2026

The purpose of this process is to promote engagement and retention of new members by ensuring they feel prepared for their membership responsibilities and have a connection to one or more Partnership committee members.

1. The applicant will complete the simplified two-page application and staff will process as usual.

2. Staff will bring the applicant contact information to the Community Coalition Roundtable (CCR) and CCR members may assign a CCR mentor for the applicant.

3. First Meeting
   a. The CCR mentor will correspond with the applicant to ensure meeting attendance and will attend the meeting with the applicant, if possible. NOTE: CCR mentors are not required to give their personal contact information to an applicant; staff will help with coordination as needed.
   b. The applicant will be assigned a mentor from the committee.
   c. After the meeting, the CCR mentor will follow up with the applicant to discuss their readiness to be voted onto the committee.
   d. If the applicant is ready to join, the CCR mentor will advise staff.

4. Next Meeting(s)

   a. If the applicant is not ready to join the committee.

   1) The CCR mentor will correspond with the applicant to ensure meeting attendance and will attend the meeting with the applicant, if possible.
   2) The applicant will sit with their assigned committee mentor or CCR mentor for guidance throughout the meeting.
   3) After the meeting, the CCR mentor will follow up with the applicant to discuss their readiness to be voted onto the committee.
   4) The CCR mentor will advise staff of the applicant's readiness to join.

   b. If the applicant is ready to join the committee.

   1) The CCR mentor will correspond with the applicant to ensure meeting attendance and will attend the meeting with the applicant, if possible.
   2) The applicant will sit with their assigned committee mentor or CCR mentor for guidance throughout the meeting.
   3) The Chair will request a motion to accept the applicant as a new member and the committee will vote. If the motion is approved, **the CCR mentorship will end in compliance with Government in the Sunshine,** and the committee members will provide ongoing support.
   4) Staff will correspond with the new member through regular channels.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Committee and Subcommittee Membership Application

This is the membership application for the committees and subcommittees of the Miami-Dade HIV/AIDS Partnership, Miami-Dade County's Ryan White Program Planning Council.

Our vision is to eliminate barriers and disparities, improve health outcomes, and create a healthier, empowered Miami-Dade County for all people living with, impacted by, or vulnerable to HIV. If you share this vision and have a reputation for integrity, community service, and a demonstrated interest in the field of HIV, you are invited to join!

Your commitment for membership includes:

- Monthly meeting preparation, attendance, and participation.
- Completion of Partnership and/or Miami-Dade County training and annual filing requirements.

1. Are you registered to vote in Miami-Dade County?

❑ **Yes.** ❑ **No.** ❑ **I'm not sure.** *Committee and Subcommittee applicants **must be registered to vote** in Miami-Dade County. Please confirm or update your voter status before completing this application.*

2. Contact Information

First Name: _____ Middle Initial: _____ Last Name: _____

Email: _____

Your email will be added to the Partnership listserv and will be used for regular Partnership correspondence.

Home Address: _____

Home or Cell Phone: _____ May we text this phone? ❑ Yes ❑ No

Employer (if applicable): _____

Business Address: _____

Business Phone Number: _____ May we text this phone? ❑ Yes ❑ No

Are you an officer, employee, representative, or consultant to any Ryan White Program Part A funded service provider? ❑ Yes ❑ No ❑ I'm not sure

3. Demographic Information

Sex: ❑ Male ❑ Female

Language(s) I speak: ❑ English ❑ Spanish ❑ Haitian Creole ❑ Other (please specify)_____

Race/Ethnicity: ❑ White/Non-Hispanic ❑ Black/Non-Hispanic ❑ Hispanic ❑ Asian/Pacific Islander ❑ American Indian/Alaska Native ❑ Other (please specify)_____

Date of Birth: _____

Your initials here	I understand that Partnership Staff will use this information to confirm my voter information from the website https://registration.dos.fl.gov/en/CheckVoterStatus/Index.

4. **Committees and Subcommittees of Interest** *Check all that apply.*

- □ Care and Treatment Committee *Service guidelines, Annual Needs Assessment, funding allocations.*
- □ Community Coalition Roundtable *Member recruitment and community engagement.*
- □ Housing Committee *HOPWA housing and related programs.*
- □ Medical Care Subcommittee *Medical standards of care and HIV medications. Seat:_____(e,g, MCM,MD)*
- □ Prevention Committee/Joint Integrated Plan Review Team *HIV/STI testing, prevention activities, integrated planning.*
- □ Strategic Planning/Joint Integrated Plan Review Team *Program assessment, annual reporting, integrated planning.*

5. Disclosure of Personal Health Information Authorization

This authorization shall become valid immediately and shall remain in effect until revoked.

Meaningful involvement of people with HIV/AIDS is a cornerstone of Partnership and committee membership.

- I am applying for membership as a person with HIV. ❑ **Yes** ❑ **No**

  ❑ **I prefer not to disclose my HIV status.** *I understand that I will be considered for membership in other membership categories, provided there is an open seat, and I meet the qualifications for that seat.*

- I, (print your full name) _____, understand that if I wish to be considered for membership as a person with HIV it is necessary to identify my HIV status. By signing this authorization, I willingly disclose my HIV status.

Signature: _____ Date: _____

Your initials here	I understand that this information will become public record and ***may*** be discussed in open, public meetings. The Florida Government in the Sunshine Law requires open discussion in a public forum. In addition, I further understand that by signing this release, I waive any exemptions of the information concerning my HIV status pursuant to Chapter 119.07 of the Florida Statutes. My status will be released to anyone who requests a copy of this document.
Your initials here	I further understand that I may revoke this authorization to disclose my HIV status, in writing, prior to my application being considered at the next committee or subcommittee meeting. However, I understand that the information may have already been disclosed on the basis of this authorization.
Your initials here	I authorize the release and exchange of information about my HIV status among and between the Miami-Dade County Office of Management and Budget-Grants Coordination, the Office of the Mayor of Miami-Dade County, the Miami-Dade County Office of the Inspector General, the Miami-Dade HIV/AIDS Partnership, the United States Office of Inspector General, the United States Department of Health and Human Services, and Behavioral Science Research Corporation.

Cancellation Of Disclosure Authorization

I wish to cancel this Disclosure of Personal Health Information Authorization. I understand that I am entitled to a copy of this canceled Authorization.

Signature: _____ Date: _____

6. Signature and Next Steps

Bring your completed application to a meeting or send by:

- Mail: Behavioral Science Research Corporation (BSR), Attn: Staff Support, 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134;
- Email: mdcpartnership@behavioralscience.com; or
- Fax: (305) 448-3325.

Please contact Partnership staff at (305) 445-1076 or mdcpartnership@behavioralscience.com, if you need assistance.

Upon receipt of your application, BSR staff and/or a Community Coalition Roundtable mentoring member will contact you to review next steps for membership. Following that review, your application will go before the committee or subcommittee to which you have applied. You are required to attend the meeting of that committee or subcommittee to introduce yourself and state your interest in serving as a member.

I, (print your full name) _____, certify I have thoroughly read this application and will abide by the rules and regulations governing the Miami-Dade HIV/AIDS Partnership. I further certify that all the statements made in this application are true and correct.

Signature: _____ Date: _____

Application valid for 6 months from this date.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, March 27, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

AGENDA

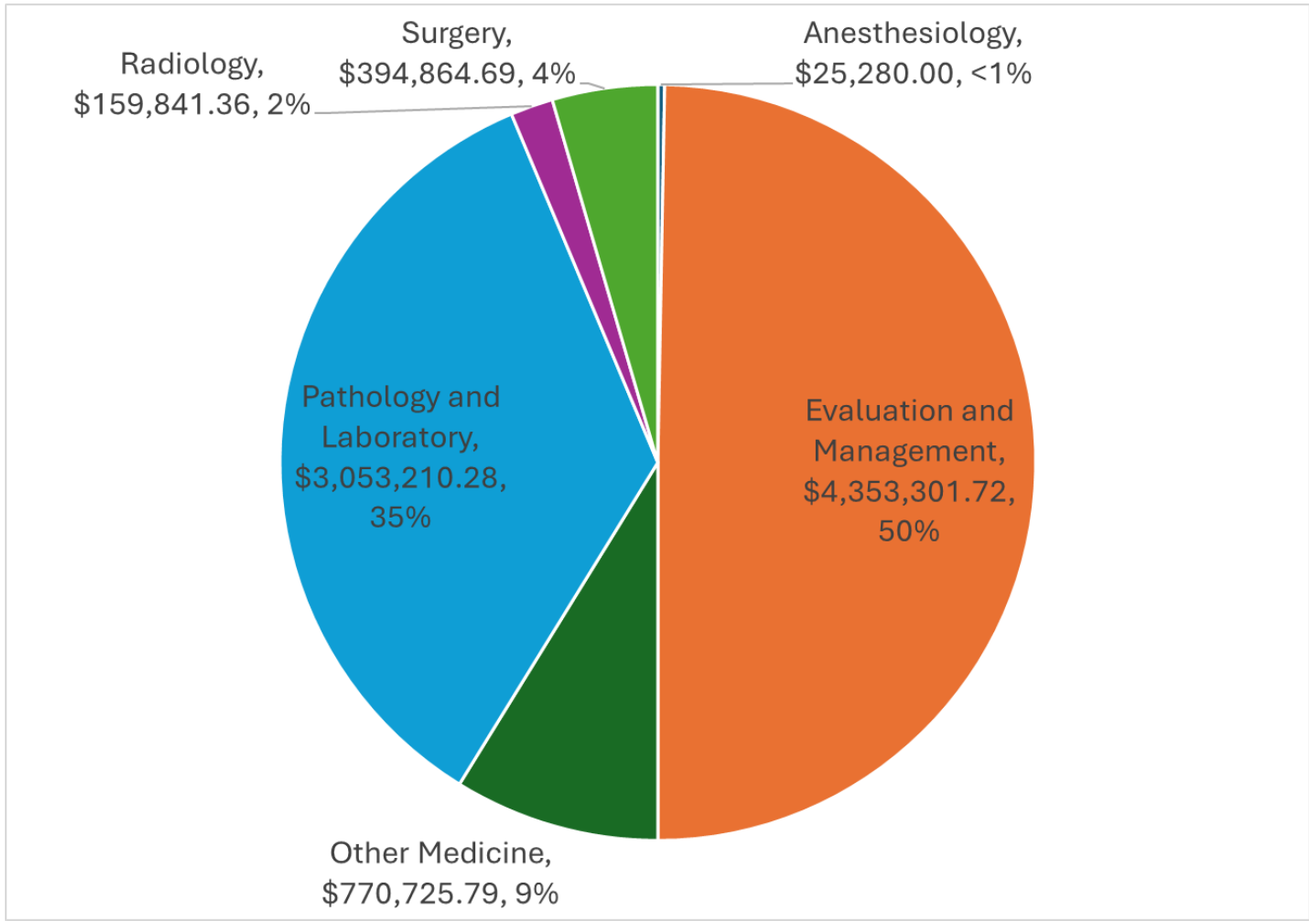
I.	Call to Order	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	Cristhian Ysea
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of February 27, 2026	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Membership Recruitment Presentation	Roundtable Members
VIII.	Standing Business	
	• Response to the 2026 ADAP Program Changes- Contingency Planning	All
	○ Outpatient Ambulatory Health Services Review	
	○ Ryan White Prescription Drug Formulary	
IX.	New Business	
	• Special Projects Discussion	All
X.	Announcements	All
	• Annual Source of Income and Disclosure Forms	
	• April 1, 2026 New Member Orientation	
XI.	Next Meeting**: April 24, 2026** at **BSR**	Cristhian Ysea
XII.	Adjournment	James Dougherty

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

Outpatient Ambulatory Health Services

Ryan White Program 2024-2025



Medical Care Subcommittee
February 27, 2026

Evaluation and Management—**Expenditure** Sort ($23,000 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Unduplicated Clients Using Service	Total Expenditures
-	**Evaluation and Management**	**$1,022.01**	**$10,014.42**	**$22.68**	**26**	**4259**	**$4,353,301.72**
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	$830.59	$6,389.70	$255.60	19	3174	$2,636,306.10
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	$536.23	$6,206.20	$173.98	26	2203	$1,181,323.70
99204	OFFICE OUTPATIENT NEW 45 MINUTES	$468.38	$1,427.80	$356.95	4	358	$167,679.88
99212	OFFICE OUTPATIENT VISIT 10 MINUTES	$177.06	$939.50	$93.95	10	747	$132,262.80
99203	OFFICE OUTPATIENT NEW 30 MINUTES	$310.69	$1,104.50	$220.90	5	391	$121,480.00
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	$46.91	$357.90	$22.68	9	711	$33,352.10
99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	$321.95	$1,183.25	$236.65	5	86	$27,688.05
99420	HEALTH RISK ASSESSMENT TEST	$125.68	$250.00	$125.00	2	183	$23,000.00

Evaluation and Management—**Client** Sort (over 100)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Unduplicated Clients Using Service	Total Expenditures
-	**Evaluation and Management**	**$1,022.01**	**$10,014.42**	**$22.68**	**26**	**4259**	**$4,353,301.72**
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	$830.59	$6,389.70	$255.60	19	3174	$2,636,306.10
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	$536.23	$6,206.20	$173.98	26	2203	$1,181,323.70
99212	OFFICE OUTPATIENT VISIT 10 MINUTES	$177.06	$939.50	$93.95	10	747	$132,262.80
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	$46.91	$357.90	$22.68	9	711	$33,352.10
99203	OFFICE OUTPATIENT NEW 30 MINUTES	$310.69	$1,104.50	$220.90	5	391	$121,480.00
99204	OFFICE OUTPATIENT NEW 45 MINUTES	$468.38	$1,427.80	$356.95	4	358	$167,679.88
99420	HEALTH RISK ASSESSMENT TEST	$125.68	$250.00	$125.00	2	183	$23,000.00
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	$53.41	$155.52	$38.88	4	107	$5,715.36

Anesthesia-**Expenditure** Sort **(All)**

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Unduplicated Clients Using Service	Total Expenditures
-	**Anesthesiology**	**$274.78**	**$680.00**	**$160.00**	**17**	**92**	**$25,280.00**
812	ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC	$208.80	$400.00	$160.00	10	50	$10,440.00
813	ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX	$325.33	$400.00	$280.00	10	15	$4,880.00
902	ANESTHESIA ANORECTAL PROCEDURE	$326.67	$680.00	$240.00	17	12	$3,920.00
731	ANESTHESIA UPPER GI ENDOSCOPIC PX NOS	$274.29	$520.00	$240.00	13	14	$3,840.00
811	ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS	$240.00	$280.00	$200.00	7	5	$1,200.00
142	ANESTHESIA EYE LENS SURGERY	$333.33	$360.00	$320.00	9	3	$1,000.00

Pathology and Labs—**Expenditure** Sort ($10,000 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Unduplicated Clients Using Service	Total Expenditures
-	**Pathology and Laboratory**	**$751.84**	**$4,892.09**	**$3.28**	**42**	**4061**	**$3,053,210.28**
87536	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	$163.14	$765.90	$85.10	9	3908	$637,569.20
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	$127.63	$877.25	$35.09	25	3298	$420,939.64
87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	$127.37	$877.25	$35.09	25	3256	$414,728.71
86360	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	$80.37	$281.88	$46.98	6	2693	$216,436.86
86359	T CELLS TOTAL COUNT	$60.46	$264.11	$37.73	7	1783	$107,794.61
87901	NFCT GEXYP NUCLEIC ACID HIV REV TRNSCR&PROTEAS	$267.85	$772.35	$257.45	3	297	$79,552.05
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	$66.27	$185.94	$61.98	3	1186	$78,590.64
80053	COMPREHENSIVE METABOLIC PANEL	$20.15	$116.16	$10.56	11	3804	$76,633.92
86361	T CELLS ABSOLUTE CD4 COUNT	$44.10	$133.90	$26.78	5	1467	$64,700.48
80061	LIPID PANEL	$21.70	$107.12	$13.39	8	2938	$63,763.18
88112	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	$110.01	$414.42	$26.89	6	459	$50,494.92
86803	HEPATITIS C ANTIBODY	$21.56	$71.35	$14.27	5	2282	$49,188.69
87900	NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	$137.02	$391.05	$130.35	3	293	$40,147.80
87906	NFCT GEXYP DNA/RNA HIV 1 OTHER REGION	$135.33	$386.19	$128.73	3	273	$36,945.51
86357	NATURAL KILLER CELLS TOTAL COUNT	$48.94	$113.19	$37.73	3	747	$36,560.37
86355	B CELLS TOTAL COUNT	$48.91	$113.19	$37.73	3	739	$36,145.34
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	$42.11	$236.80	$29.60	8	847	$35,668.00
86481	TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	$106.91	$300.00	$100.00	3	333	$35,600.00
84403	ASSAY OF TESTOSTERONE TOTAL	$46.45	$206.48	$25.81	8	659	$30,610.66

Pathology and Labs—**Expenditure** Sort ($10,000 +) continued

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Unduplicated Clients Using Service	Total Expenditures
83036	HEMOGLOBIN GLYCOSYLATED A1C	$14.85	$77.68	$9.71	8	2059	$30,567.08
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	$12.84	$69.93	$7.77	9	2363	$30,341.85
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	$8.23	$34.16	$4.27	8	3141	$25,850.58
86780	ANTIBODY TREPONEMA PALLIDUM	$23.79	$66.20	$13.24	5	1005	$23,911.44
0064U	ANTIBODY TREPONEMA PALLIDUM TOTAL & RPR IA QUAL	$38.13	$93.99	$31.33	3	604	$23,027.55
84443	ASSAY OF THYROID STIMULATING HORMONE TSH	$22.98	$134.40	$16.80	8	941	$21,621.60
88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	$146.91	$619.56	$36.14	12	131	$19,244.56
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	$12.68	$72.31	$10.33	7	1356	$17,189.12
86708	HEPATITIS A ANTIBODY HAAB	$14.50	$74.34	$12.39	6	1093	$15,846.81
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	$13.84	$84.35	$12.05	7	1063	$14,713.05
87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	$52.51	$140.36	$35.09	4	280	$14,702.71
87522	IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	$63.22	$171.36	$42.84	4	227	$14,351.40
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	$5.41	$31.70	$3.17	10	2265	$12,258.39
88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	$162.10	$398.25	$79.65	5	74	$11,995.26
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	$23.80	$147.12	$18.39	8	435	$10,353.57
87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	$35.21	$70.18	$35.09	2	293	$10,316.46

Pathology-**Client** Sort (over 670)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Unduplicated Clients Using Service	Total Expenditures
-	**Pathology and Laboratory**	**$751.84**	**$4,892.09**	**$3.28**	**42**	**4061**	**$3,053,210.28**
87536	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	$163.14	$765.90	$85.10	9	3908	$637,569.20
80053	COMPREHENSIVE METABOLIC PANEL	$20.15	$116.16	$10.56	11	3804	$76,633.92
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	$127.63	$877.25	$35.09	25	3298	$420,939.64
87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	$127.37	$877.25	$35.09	25	3256	$414,728.71
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	$8.23	$34.16	$4.27	8	3141	$25,850.58
80061	LIPID PANEL	$21.70	$107.12	$13.39	8	2938	$63,763.18
86360	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	$80.37	$281.88	$46.98	6	2693	$216,436.86
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	$12.84	$69.93	$7.77	9	2363	$30,341.85
86803	HEPATITIS C ANTIBODY	$21.56	$71.35	$14.27	5	2282	$49,188.69
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	$5.41	$31.70	$3.17	10	2265	$12,258.39
83036	HEMOGLOBIN GLYCOSYLATED A1C	$14.85	$77.68	$9.71	8	2059	$30,567.08
86359	T CELLS TOTAL COUNT	$60.46	$264.11	$37.73	7	1783	$107,794.61
86361	T CELLS ABSOLUTE CD4 COUNT	$44.10	$133.90	$26.78	5	1467	$64,700.48
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	$12.68	$72.31	$10.33	7	1356	$17,189.12
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	$66.27	$185.94	$61.98	3	1186	$78,590.64
86593	SYPHILIS TEST QUANTITATIVE	$7.76	$22.00	$4.40	5	1135	$8,804.40
86708	HEPATITIS A ANTIBODY HAAB	$14.50	$74.34	$12.39	6	1093	$15,846.81
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	$13.84	$84.35	$12.05	7	1063	$14,713.05
86780	ANTIBODY TREPONEMA PALLIDUM	$23.79	$66.20	$13.24	5	1005	$23,911.44
84443	ASSAY OF THYROID STIMULATING HORMONE TSH	$22.98	$134.40	$16.80	8	941	$21,621.60
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	$42.11	$236.80	$29.60	8	847	$35,668.00
86357	NATURAL KILLER CELLS TOTAL COUNT	$48.94	$113.19	$37.73	3	747	$36,560.37
86706	HEPATITIS B SURF ANTIBODY HBSAB	$12.57	$42.96	$10.74	4	741	$9,311.58
86355	B CELLS TOTAL COUNT	$48.91	$113.19	$37.73	3	739	$36,145.34
82043	URINE ALBUMIN QUANTITATIVE	$8.19	$23.12	$5.78	4	687	$5,623.94

Radiology—**Expenditure** sort ($3,000 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Unduplicated Clients Using Service	Total Expenditures
-	**Radiology**	**$290.62**	**$25,044.81**	**$8.73**	**35**	**550**	**$159,841.36**
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	$19,630.45	$19,630.45	$19,630.45	35	1	$19,630.45
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	$1,639.66	$2,981.20	$1,490.60	2	10	$16,396.60
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	$442.15	$442.15	$442.15	1	30	$13,264.50
77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	$128.67	$130.87	$37.24	1	85	$10,936.69
76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	$121.87	$239.08	$104.75	2	75	$9,140.26
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	$8,973.92	$8,973.92	$8,973.92	16	1	$8,973.92
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	$345.97	$366.42	$111.71	1	17	$5,881.49
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	$112.07	$222.10	$104.75	2	47	$5,267.40
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	$44.69	$173.65	$10.71	5	96	$4,290.27
74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	$365.44	$454.90	$317.78	2	9	$3,288.98
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	$1,023.26	$1,320.21	$429.35	1	3	$3,069.77

Radiology—**Client** sort (over 10)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Unduplicated Clients Using Service	Total Expenditures
-	**Radiology**	**$290.62**	**$25,044.81**	**$8.73**	**35**	**550**	**$159,841.36**
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	$44.69	$173.65	$10.71	5	96	$4,290.27
77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	$128.67	$130.87	$37.24	1	85	$10,936.69
76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	$121.87	$239.08	$104.75	2	75	$9,140.26
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	$112.07	$222.10	$104.75	2	47	$5,267.40
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	$442.15	$442.15	$442.15	1	30	$13,264.50
77080	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	$73.89	$114.47	$40.13	2	29	$2,142.79
76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	$91.58	$104.75	$89.18	1	26	$2,380.96
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	$106.64	$107.58	$104.75	1	24	$2,559.28
76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	$110.82	$210.68	$104.75	2	19	$2,105.62
76830	US TRANSVAGINAL	$116.38	$122.19	$104.75	1	18	$2,094.78
73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	$64.13	$173.16	$42.17	2	18	$1,154.27
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	$345.97	$366.42	$111.71	1	17	$5,881.49
71250	CT THORAX W/O CONTRAST MATERIAL	$132.72	$209.50	$53.05	2	17	$2,256.32
76870	US SCROTUM & CONTENTS	$115.19	$306.75	$102.25	3	16	$1,843.00
76642	US BREAST UNI REAL TIME WITH IMAGE LIMITED	$88.89	$173.16	$33.61	2	15	$1,333.29
76536	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	$128.51	$217.49	$104.75	2	13	$1,670.68
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	$1,639.66	$2,981.20	$1,490.60	2	10	$16,396.60
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	$232.07	$305.97	$206.97	2	10	$2,320.70

Surgery—**Expenditure** sort ($3,000 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Unduplicated Clients Using Service	Total Expenditures
-	**Surgery**	**$143.85**	**$4,840.55**	**$8.83**	**12**	**2745**	**$394,864.69**
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	$768.28	$1,124.36	$217.15	2	65	$49,938.46
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	$18.67	$105.96	$8.83	12	2615	$48,812.24
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	$181.55	$491.60	$121.71	4	159	$28,867.22
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	$602.83	$1,205.66	$150.23	4	45	$27,127.35
46924	DSTRJ LESION ANUS EXTENSIVE	$1,512.21	$3,000.68	$201.87	4	17	$25,707.65
46917	DSTRJ LESION ANUS SIMPLE LASER SURG	$703.86	$2,764.26	$460.71	6	36	$25,339.05
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	$838.41	$1,728.06	$274.85	4	23	$19,283.51
46615	ANOSCOPY ABLATION LESION	$2,689.52	$2,775.18	$2,675.24	2	7	$18,826.62
46606	ANOSCOPY W/BX SINGLE/MULTIPLE	$1,010.90	$2,248.72	$85.07	2	15	$15,163.44
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	$523.66	$656.97	$200.65	2	26	$13,615.15
46900	DSTRJ LESION ANUS SIMPLE CHEMICAL	$338.88	$1,018.64	$150.41	4	29	$9,827.49
45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	$901.06	$1,684.28	$589.18	4	10	$9,010.58
46275	SURG TX ANAL FISTULA INTERSPHINCTERIC	$1,581.44	$1,770.09	$1,298.47	2	5	$7,907.21
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	$356.88	$1,454.37	$155.90	2	18	$6,423.86
46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	$670.31	$1,206.56	$301.64	4	9	$6,032.80
17110	DESTRUCTION BENIGN LESIONS UP TO 14	$186.23	$472.40	$118.10	4	30	$5,586.85
66984	CATARACT REMOVAL INSERTION OF LENS	$1,514.50	$1,702.10	$1,139.31	2	3	$4,543.51
17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	$713.09	$713.09	$713.09	1	5	$3,565.45
17000	DESTRUCTION PREMALIGNANT LESION 1ST	$152.93	$381.50	$70.96	2	21	$3,211.48

Surgery—**Client** sort (10 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Unduplicated Clients Using Service	Total Expenditures
-	**Surgery**	**$143.85**	**$4,840.55**	**$8.83**	**12**	**2745**	**$394,864.69**
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	$18.67	$105.96	$8.83	12	2615	$48,812.24
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	$181.55	$491.60	$121.71	4	159	$28,867.22
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	$768.28	$1,124.36	$217.15	2	65	$49,938.46
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	$602.83	$1,205.66	$150.23	4	45	$27,127.35
46917	DSTRJ LESION ANUS SIMPLE LASER SURG	$703.86	$2,764.26	$460.71	6	36	$25,339.05
17110	DESTRUCTION BENIGN LESIONS UP TO 14	$186.23	$472.40	$118.10	4	30	$5,586.85
46900	DSTRJ LESION ANUS SIMPLE CHEMICAL	$338.88	$1,018.64	$150.41	4	29	$9,827.49
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	$523.66	$656.97	$200.65	2	26	$13,615.15
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	$838.41	$1,728.06	$274.85	4	23	$19,283.51
17000	DESTRUCTION PREMALIGNANT LESION 1ST	$152.93	$381.50	$70.96	2	21	$3,211.48
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	$127.09	$190.75	$104.35	1	19	$2,414.65
64430	INJECTION ANESTHETIC AGENT PUDENDAL NERVE	$68.34	$119.44	$59.72	2	19	$1,298.51
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	$356.88	$1,454.37	$155.90	2	18	$6,423.86
46924	DSTRJ LESION ANUS EXTENSIVE	$1,512.21	$3,000.68	$201.87	4	17	$25,707.65
45300	PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	$142.64	$292.02	$53.99	4	16	$2,282.17
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	$17.79	$60.21	$1.98	9	16	$284.67
46606	ANOSCOPY W/BX SINGLE/MULTIPLE	$1,010.90	$2,248.72	$85.07	2	15	$15,163.44
11104	PUNCH BIOPSY SKIN SINGLE LESION	$201.78	$379.92	$130.53	1	14	$2,824.98
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	$70.62	$174.84	$51.74	3	12	$847.46
31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	$210.85	$377.46	$136.40	2	11	$2,319.37
11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	$94.48	$242.44	$60.61	4	11	$1,039.29
45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	$901.06	$1,684.28	$589.18	4	10	$9,010.58

Other Medicine—**Expenditure** sort ($6,000 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Unduplicated Clients Using Service	Total Expenditures
-	**Other Medicine**	**$273.50**	**$6,550.19**	**$0.49**	**1200**	**2818**	**$770,725.79**
90677	Pcv20 vaccine im	$288.66	$288.66	$288.66	1	336	$96,989.76
J0561	Injection, penicillin g benzathine, 100,000 units	$501.48	$2,086.08	$21.73	96	154	$77,228.42
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	$323.16	$643.56	$214.52	3	233	$75,296.52
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	$35.31	$148.26	$21.18	7	1082	$38,210.82
90739	HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR	$213.71	$480.84	$160.28	3	132	$28,209.28
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	$869.22	$3,830.08	$339.48	11	31	$26,945.90
90750	HZV ZOSTER VACC RECOMBINANT	$172.05	$283.26	$141.63	2	149	$25,635.03
90734	MCV4/MENACWY CONJ VACC GRPS ACYW-135	$163.76	$365.49	$121.83	3	154	$25,218.81
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION	$48.76	$251.43	$14.79	17	499	$24,329.55
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL	$253.32	$594.68	$200.64	2	63	$15,959.27
G2211	Complex e/m visit add on	$35.01	$120.05	$17.15	7	436	$15,263.50
92004	OPHTH MEDICAL XM&EVAL COMPRE NEW PT	$152.07	$219.90	$125.95	2	88	$13,382.05
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15	$690.69	$2,597.30	$82.02	95	19	$13,123.20
G0008	Administration of influenza virus vaccine	$45.26	$45.26	$45.26	1	280	$12,672.80
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN	$717.56	$2,522.80	$89.04	85	17	$12,198.48
92014	OPHTH MEDICAL XM&EVAL COMPRHNSV ESTAB	$200.32	$806.44	$125.95	8	60	$12,019.04
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL	$500.60	$500.60	$500.60	1	22	$11,013.20
96158	HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	$164.54	$896.55	$59.77	15	66	$10,859.52
90715	TDAP VACCINE 7 YRS/> IM	$39.07	$76.62	$38.31	2	252	$9,845.67
96127	BEHAV ASSMT W/SCORE & DOCD/STAND	$22.82	$90.86	$12.98	7	421	$9,605.20
90619	MENACWY-TT CONJ VACC SEROGROUPS ACWY	$153.48	$279.88	$139.94	2	62	$9,515.92
SMOS	Medical Outcomes Study: MOS-HIV Health	$83.24	$201.69	$67.23	3	105	$8,739.90
A9502	Technetium tc-99m tetrofosmin, diagnostic, per	$287.32	$287.32	$287.32	2	30	$8,619.60
S57	Beck Depression Inventory (BDI)	$63.53	$238.70	$34.10	7	124	$7,877.10
90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	$21.84	$90.90	$15.15	6	358	$7,817.40
97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH	$154.02	$366.72	$91.68	4	50	$7,701.12
SSTAI	Spielberger State - Trait Anxiety Inventory	$66.56	$227.80	$45.56	5	115	$7,654.08
96159	HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15	$104.22	$556.08	$19.86	28	66	$6,878.64
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST	$1,290.72	$2,581.44	$322.68	8	5	$6,453.60
96156	HEALTH BEHAVIOR ASSESSMENT/RE-	$91.97	$179.74	$89.87	2	70	$6,437.97

Other Medicine-**Client** Sort (100 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Unduplicated Clients Using Service	Total Expenditures
-	**Other Medicine**	**$273.50**	**$6,550.19**	**$0.49**	**1200**	**2818**	**$770,725.79**
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	$35.31	$148.26	$21.18	7	1082	$38,210.82
REFP	Processing HIV Primary Care Referrals	$4.71	$10.50	$3.50	3	818	$3,850.00
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	$48.76	$251.43	$14.79	17	499	$24,329.55
G2211	Complex e/m visit add on	$35.01	$120.05	$17.15	7	436	$15,263.50
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	$22.82	$90.86	$12.98	7	421	$9,605.20
90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	$21.84	$90.90	$15.15	6	358	$7,817.40
90677	Pcv20 vaccine im	$288.66	$288.66	$288.66	1	336	$96,989.76
G0008	Administration of influenza virus vaccine	$45.26	$45.26	$45.26	1	280	$12,672.80
90715	TDAP VACCINE 7 YRS/> IM	$39.07	$76.62	$38.31	2	252	$9,845.67
J0696	Injection, ceftriaxone sodium, per 250 mg	$0.99	$2.94	$0.49	6	236	$234.22
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	$323.16	$643.56	$214.52	3	233	$75,296.52
J0561	Injection, penicillin g benzathine, 100,000 units	$501.48	$2,086.08	$21.73	96	154	$77,228.42
90734	MCV4/MENACWY CONJ VACC GRPS ACYW-135 IM USE	$163.76	$365.49	$121.83	3	154	$25,218.81
90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	$172.05	$283.26	$141.63	2	149	$25,635.03
90739	HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE	$213.71	$480.84	$160.28	3	132	$28,209.28
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	$16.56	$45.81	$15.27	3	130	$2,153.07
S57	Beck Depression Inventory (BDI)	$63.53	$238.70	$34.10	7	124	$7,877.10
G0103	Prostate cancer screening; prostate specific antigen test (psa)	$21.05	$57.93	$19.31	3	122	$2,568.23
SSTAI	Spielberger State - Trait Anxiety Inventory	$66.56	$227.80	$45.56	5	115	$7,654.08
SMOS	Medical Outcomes Study: MOS-HIV Health Survey	$83.24	$201.69	$67.23	3	105	$8,739.90

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, March 27, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

AGENDA

I.	Call to Order	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	Cristhian Ysea
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of February 27, 2026	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Membership Recruitment Presentation	Roundtable Members
VIII.	Standing Business	
	• Response to the 2026 ADAP Program Changes- Contingency Planning	All
	○ Outpatient Ambulatory Health Services Review	
	○ Ryan White Prescription Drug Formulary	
IX.	New Business	
	• Special Projects Discussion	All
X.	Announcements	All
	• Annual Source of Income and Disclosure Forms	
	• April 1, 2026 New Member Orientation	
XI.	Next Meeting**: April 24, 2026** at **BSR**	Cristhian Ysea
XII.	Adjournment	James Dougherty

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Policy and Procedure for Prescription Drug Formulary Review

1. A) Ryan White Program Prescription Drug Formulary Review Request Form Completed and Sent to Recipient office for non-ART medications or
   B) Request can be brought to the Recipient and then presented to the Medical Care Subcommittee.
2. New ADAP formulary approved ART medications will be automatically added to the Ryan White Program Prescription Drug Formulary.
3. Medical Care Subcommittee will be consulted when ADAP medications are either added or deleted for possible inclusion or exclusion from the Ryan White Part A Formulary.
4. Reviews request by the Medical Care Subcommittee will:
   a. Conduct a literature review.
      1. Studies used must be of sufficient scientific rigor to ensure confidence in the claimed effects.
      2. Study designs and measurements must reflect current scientific standards.
   b. Evaluate and assess if drug/product is superior, inferior, equal to other therapies on the formulary, safety record of product, compliance evidence and economic considerations/impact including, but not limited to, moratorium restrictions that medications be either life saving or cost-effective.
   c. Conduct the review, whenever possible, prior to the next Medical Care Subcommittee meeting.
5. Members of the Medical Care Subcommittee will complete a disclosure form (**Attachment 1**) once a year in January, new members upon joining and then in January. Conflicted members will recuse themselves from the vote.
6. Non-members who submit a formulary request must complete a disclosure form **(Attachment 2**) prior to the subcommittee voting.
7. Based on the literature review, evaluation and conclusions drawn the subcommittee will determine whether or not to recommend the medication/product. The subcommittee will also determine effective date of inclusion or removal, if a letter of medical necessity or a monitoring of the product is warranted. Upon completion of the vote the conflicted members may return.

MCSC Reviewed/Approved July 22, 2011/Revised January 25, 2013/Revised July 26, 2019/Revised October 23, 2020 and approved October 30, 2020

Florida AIDS Drug Assistance Program (ADAP) Formulary March 2026

****Unless otherwise noted, all brands, strengths and dosage forms may be ordered pending wholesaler availability.****

[CS] indicates controlled substance. [PA] indicates prior authorization required.

Generic Name	Brand Name (listed for Antiretroviral drugs only)	Therapeutic Classification	Pharmacologic Classification
abacavir	Ziagen	Antiretroviral	NRTI
abacavir / lamivudine	Epzicom	Antiretroviral	NRTI combo
abacavir / dolutegravir / lamivudine	Triumeq	Antiretroviral	INSTI/NRTI combo
atazanavir	Reyataz	Antiretroviral	PI
atazanavir/cobicistat	Evotaz	Antiretroviral	PI/PK Enhancer
cabotegravir	Vocabria	Antiretroviral	INSTI
cabotegravir / rilpivirine	Cabenuva	Antiretroviral	INSTI/NNRTI combo
cobicistat	Tybost	Antiretroviral	PK Enhancer
darunavir	Prezista	Antiretroviral	PI
darunavir / cobicistat	Prezcobix	Antiretroviral	PI/PK Enhancer
darunavir / cobicistat / emtricitabine / tenofovir alafenamide	Symtuza	Antiretroviral	PI/NRTI combo
dolutegravir	Tivicay	Antiretroviral	INSTI
dolutegravir / lamivudine	Dovato	Antiretroviral	INSTI/NRTI combo
dolutegravir / rilpivirine	Juluca	Antiretroviral	INSTI/NNRTI combo
doravirine	Pifeltro	Antiretroviral	NNRTI
doravirine / lamivudine / tenofovir disoproxil fumarate	Delstrigo	Antiretroviral	NNRTI/NRTI combo
efavirenz	Sustiva	Antiretroviral	NNRTI
efavirenz / emtricitabine / tenofovir disoproxil fumarate	N/A	Antiretroviral	NNRTI/NRTI combo
efavirenz / lamivudine / tenofovir disoproxil fumarate	Symfi, SymfiLo	Antiretroviral	NNRTI/NRTI combo
elvitegravir / cobicistat / emtricitabine / tenofovir alafenamide	Genvoya	Antiretroviral	INSTI/NRTI combo
elvitegravir / cobicistat / emtricitabine /tenofovir disoproxil fumarate	Stribild	Antiretroviral	INSTI/NRTI combo
emtricitabine	Emtriva	Antiretroviral	NRTI
emtricitabine / tenofovir alafenamide	Descovy	Antiretroviral	NRTI combo
emtricitabine / tenofovir disoproxil fumarate	Truvada	Antiretroviral	NRTI combo
enfuvirtide	Fuzeon	Antiretroviral	Fusion inhibitor
etravirine	Intelence	Antiretroviral	NNRTI
fostemsavir	Rukobia	Antiretroviral	Gp-120 directed attachment inhibitor
Ibalizumab-uiyk injection[PA]	Trogarzo[PA]	Antiretroviral	CD4 post-attachment HIV-1 inhibitor
lamivudine	Epivir	Antiretroviral	NRTI
lamivudine / zidovudine	Combivir	Antiretroviral	NRTI combo
lenacapavir	Sunlenca	Antiretroviral	Capsid inhibitor
lopinavir / ritonavir	Kaletra	Antiretroviral	PI/PK Enhancer
maraviroc	Selzentry	Antiretroviral	CCR5 antagonist
nevirapine, nevirapine XR	Viramune, Viramune XR	Antiretroviral	NNRTI
raltegravir, raltegravir HD	Isentress, Isentress HD	Antiretroviral	INSTI
rilpivirine	Edurant	Antiretroviral	NNRTI
rilpivirine / emtricitabine/ tenofovir disoproxil fumarate	Complera	Antiretroviral	NNRTI/NRTI combo
rilpivirine / emtricitabine / tenofovir alafenamide	Odefsey	Antiretroviral	NNRTI/NRTI combo
ritonavir	Norvir	Antiretroviral	PK Enhancer
tenofovir alafenamide	Vemlidy	Antiretroviral	NRTI
tenofovir disoproxil fumarate	Viread	Antiretroviral	NRTI
tenofovir disoproxil fumarate / lamivudine	Cimduo, Temixys	Antiretroviral	NRTI combo
zidovudine	Retrovir	Antiretroviral	NRTI

Florida AIDS Drug Assistance Program (ADAP) Formulary March 2026

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Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
acetaminophen	Analgesic	Non-salicylate analgesic	capsule, tablet, oral liquid, rectal suppository
acetaminophen/hydrocodone[CS]	Analgesic	Nonsalicylate/opioid	capsule, tablet, oral liquid
acetaminophen/oxycodone[CS]	Analgesic	Nonsalicylate/opioid	tablet, oral liquid
acetazolamide	Antiglaucoma	Carbonic anhydrase inhibitor	capsule, tablet
acyclovir	Anti-infective	Antiviral	capsule, tablet, oral liquid, topical
albuterol	Respiratory	Beta-2 Agonist	inhaler, nebulizer solution, tablet, oral liquid
albuterol HFA	Respiratory	Beta-2 Agonist	inhaler
albuterol/ipratropium	Respiratory	Anticholinergic + Beta-2 Agonist, oral inhaled	inhaler, nebulizer solution
alendronate	Osteoporosis	Bisphosphonate	tablet, oral liquid
alirocumab	Cardiovascular, antihyperlipidemic	PCSK9 inhibitor	injection
allopurinol	Antigout	Xanthine oxidase inhibitor	tablet
amitriptyline	Central nervous system, antidepressant	Tricyclic antidepressant (TCA)	tablet
amlodipine	Cardiovascular	Calcium channel blocker	tablet, oral liquid
amlodipine/atorvastatin	Cardiovascular	Calcium channel blocker/HMG-CoA reductase inhibitor	tablet
amlodipine/benazepril	Cardiovascular	Calcium channel blocker/ACE inhibitor	capsule
amlodipine/olmesartan	Cardiovascular, antihypertensive	Calcium channel blocker/angiotensin II receptor blocker	tablet
amlodipine/valsartan	Cardiovascular, antihypertensive	Calcium channel blocker/angiotensin II receptor blocker	tablet
ammonium lactate	Dermatologic	Humectant	topical
amoxicillin	Anti-infective	Beta-lactam antibiotic	capsule, tablet, oral liquid
amoxicillin/clavulanate	Anti-infective	Beta-lactam antibiotic/beta-lactamase inhibitor	tablet, oral liquid
amphetamine/dextroamphetamine[CS]	Central nervous system	ADHD agent, stimulant	tablet, capsule
apixaban	Blood formation and coagulation	Anticoagulant	tablet
aripiprazole	Central nervous system	Antipsychotic, atypical	tablet, injection
aspirin	Analgesic	Salicylate	caplet, tablet, rectal suppository
atenolol	Cardiovascular	Beta-blocker	tablet
atenolol/chlorthalidone	Cardiovascular	Beta-blocker/thiazide-like diuretic	tablet
atomoxetine	Central nervous system	ADHD agent, non-stimulant	capsule
atorvastatin	Cardiovascular, antihyperlipidemic	HMG-CoA reductase inhibitor	tablet, oral liquid
atovaquone	Anti-infective	Amebicide	oral liquid
azelastine	Respiratory	Antihistamine	nasal spray, eye drops
azelastine/fluticasone	Respiratory	Antihistamine/corticosteroid, intranasal	nasal spray
azithromycin	Anti-infective	Macrolide antibiotic	tablet, oral liquid, eye drops
baclofen	Central nervous system	Muscle relaxant	tablet, oral liquid
baloxavir	Anti-infective	Anti-influenza antiviral	tablet, oral liquid
beclomethasone	Respiratory	Corticosteroid	nasal spray, inhaler
bempedoic acid	Cardiovascular, antihyperlipidemic	ACL inhibitor	tablet
benazepril	Cardiovascular	Angiotensin converting enzyme (ACE) inhibitor	tablet
benazepril/hydrochlorothiazide	Cardiovascular	ACE inhibitor/ thiazide diuretic	tablet
benzoyl peroxide	Dermatologic	Antibiotic + keratolytic	topical
benzoyl peroxide/clindamycin	Dermatologic	Anti-acne retinoid	topical
benztropine	Central nervous system	Anticholinergic	tablet
betamethasone dipropionate	Dermatologic	Corticosteroid	topical

Florida AIDS Drug Assistance Program (ADAP) Formulary March 2026

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Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
betamethasone valerate	Dermatologic	Corticosteroid	topical
betamethasone/clotrimazole	Dermatologic	Corticosteroid, antifungal	topical
bisacodyl	Gastrointestinal	Laxative, stimulant	tablet, rectal suppository
bismuth subcitrate potassium/metronidazole/tetracycline	Gastrointestinal	Helicobacter pylori agents	tablets and capsules (therapy kit)
brexpiprazole	Central nervous system	Antipsychotic, atypical	tablet
brimonidine	Antiglaucoma	Alpha-2 agonist	eye drops, eye gel
brimonidine/timolol	Antiglaucoma	Alpha agonist/beta blocker	eye drops
budesonide	Respiratory	Corticosteroid	inhaler, nasal spray
budesonide/formoterol	Respiratory	Corticosteroid + Long acting Beta-2 Agonist, oral inhaled	inhaler
budesonide/glycopyrrolate/formoterol	Respiratory	Corticosteroid/anticholinergic/long-acting Beta-2 agonist	inhaler
buprenorphine/naloxone[CS]	Substance abuse	Opiate agonist/antagonist	tablet, oral film
buprenorphine[CS]	Substance abuse	Opiate agonist/antagonist	tablet, oral film, patch
bupropion	Central nervous system	Antidepressant-miscellaneous, aminoketone	tablet
buspirone	Central nervous system	Anxiolytic	tablet
calcium carbonate	Vitamin	Vitamin	tablet, oral liquid
calcium with vitamin D	Vitamin	Vitamin	tablet
canagliflozin	Antidiabetic	Sodium-glucose co-transporter 2 (SGLT2) inhibitor	tablet
canagliflozin/metformin	Antidiabetic	SGLT2 inhibitor/biguanide	tablet
capsaicin	Dermatologic	Analgesic	topical
carbamazepine	Central nervous system	Anti-manic, anti-seizure	tablet, capsule
carbamide peroxide	Otic	Ear wax removal agent	ear drops, oral liquid
carboxymethylcellulose	Ophthalmic	Lubricating agent	eye drops
carvedilol	Cardiovascular	Beta-blocker	capsule, tablet
cefdinir	Anti-infective	Cephalosporin antibiotic	capsule, oral liquid
cefixime	Anti-infective	Cephalosporin antibiotic	capsule, tablet, oral liquid
ceftriaxone	Anti-infective	Cephalosporin antibiotic	injection
celecoxib	Analgesic	COX-II Inhibitor Non-steroidal anti-inflammatory drug	capsule, oral liquid
cephalexin	Anti-infective	Cephalosporin antibiotic	capsule, tablet, oral liquid
cetirizine	Respiratory	Antihistamine	tablet, oral liquid
chlorhexidine gluconate (0.12%)	Dermatologic	Anti-infective	oral liquid
chlorthalidone	Cardiovascular	Thiazide-like diuretic	tablet
cholecalciferol (vitamin D3)	Vitamin	Vitamin	capsule, tablet, oral liquid
ciprofloxacin	Anti-infective	Quinolone antibiotic	tablet, ear drops, eye drops, oral liquid
ciprofloxacin/dexamethasone	Anti-infective/anti-inflammatory	Quinolone antibiotic/corticosteroid	ear drops
citalopram	Central nervous system, antidepressant	Selective serotonin reuptake inhibitor (SSRI)	capsule, tablet, oral liquid
clarithromycin	Anti-infective	Macrolide antibiotic	tablet, oral liquid
clindamycin	Anti-infective	Lincosamide antibiotic	capsule, oral liquid, topical
clonazepam[CS]	Central nervous system	Benzodiazepine	tablet
clonidine	Cardiovascular	Centrally acting alpha 2 agonist	tablet, oral liquid, patch
clopidogrel	Cardiovascular	Platelet inhibitor	tablet
clotrimazole	Anti-infective	Azole antifungal	oral troche, topical
conjugated estrogens (topical only)	Dermatologic	Estrogen	topical
crofelemer	Gastrointestinal	Antidiarrheal	tablet

Florida AIDS Drug Assistance Program (ADAP) Formulary March 2026

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Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
cyanocobalamin (vitamin B12)	Vitamin	Vitamin	tablet, oral liquid, nasal spray, injection
cyclobenzaprine	Central nervous system	Muscle relaxant	capsule, tablet
cyproheptadine	Respiratory	Antihistamine	tablet, oral liquid
dabigatran	Blood formation and coagulation	Anticoagulant	capsule, oral granules
dapagliflozin	Antidiabetic	Sodium-glucose co-transporter 2 (SGLT2) inhibitor	tablet
dapagliflozin/metformin	Antidiabetic	SGLT2 inhibitor/biguanide	tablet
dapsone	Anti-infective	Sulfone antibiotic	tablet, topical
dexamethasone/neomycin/polymyxin b	Ophthalmic	Corticosteroid/antibacterial	eye drops, eye ointment
dextromethorphan/promethazine	Respiratory	Antitussive/antihistamine	oral liquid
diazepam[CS]	Central nervous system	Benzodiazepine	tablet, oral liquid, nasal spray, rectal gel
diclofenac	Analgesic	Non-steroidal anti-inflammatory drug	capsule, tablet, eye drops, topical
dicyclomine	Gastrointestinal	Antispasmodic	capsule, tablet, oral liquid
digoxin	Cardiovascular	Cardiac glycoside	tablet, oral liquid
diltiazem	Cardiovascular	Calcium channel blocker	capsule, tablet
diphenhydramine	Respiratory	Antihistamine	capsule, tablet, oral liquid, topical
diphenoxylate/atropine[CS]	Gastrointestinal	Antidiarrheal	tablet, oral liquid
disulfiram	Substance abuse	Alcohol deterrent	tablet
divalproex	Central nervous system	Anticonvulsant, mood stabilizer	capsule, tablet, oral liquid
docusate sodium	Gastrointestinal	Laxative, stool softener	capsule, tablet, oral liquid
donepezil	Central nervous system	Cholinesterase inhibitor	tablet, patch
dorzolamide	Antiglaucoma	Carbonic anhydrase inhibitor	eye drops
dorzolamide/ timolol	Antiglaucoma	Carbonic anhydrase inhibitor, beta-blocker	eye drops
doxazosin	Cardiovascular	Alpha-blocker	tablet
doxepin	Central nervous system	Tricyclic antidepressant (TCA)	capsule, tablet, oral solution, topical
doxycycline	Anti-infective	Tetracycline antibiotic	capsule, tablet, oral liquid
doxylamine/pyridoxine	Gastrointestinal	Anti-nausea agent	tablet
dronabinol[CS]	Gastrointestinal, appetite stimulant	Cannabinoid	capsule, oral liquid
dulaglutide	Antidiabetic	Glucagon-like peptide-1 receptor agonist (GLP-1 RA)	injection
duloxetine	Central nervous system, antidepressant	Serotonin-norepinephrine reuptake inhibitor	capsule
elbasvir/grazoprevir	Anti-infective	Hepatitis C antiviral	tablet
empagliflozin	Antidiabetic	Sodium-glucose co-transporter 2 (SGLT2) inhibitor	tablet
empagliflozin/metformin	Antidiabetic	SGLT2 inhibitor/biguanide	tablet
enalapril	Cardiovascular	Angiotensin converting enzyme (ACE) inhibitor	tablet, oral liquid
enalapril/hydrochlorothiazide	Cardiovascular	ACE inhibitor/ thiazide diuretic	tablet
entecavir	Anti-infective	Hepatitis B antiviral	tablet, oral liquid
epoetin alfa	Blood formation and coagulation	Erythropoeisis stimulating agent	injection
ergocalciferol (vitamin D2)	Vitamin	Vitamin	capsule, tablet, oral liquid
escitalopram	Central nervous system, antidepressant	Selective serotonin reuptake inhibitor (SSRI)	tablet, oral liquid
esomeprazole	Gastrointestinal	Proton pump inhibitor	capsule, tablet, oral powder
estradiol	Endocrine	Estrogen	tablet, topical, injection
ethambutol	Anti-infective	Antimycobacterial	tablet
ethinyl estradiol/desogestrel	Endocrine	Estrogen/Progestin	tablet
ethinyl estradiol/etonogestrel	Endocrine	Estrogen/Progestin	vaginal ring

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Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
ethinyl estradiol/levonorgestrel	Endocrine	Estrogen/progestin	tablet, patch
ethinyl estradiol/norethindrone	Endocrine	Estrogen/progestin	tablet
ethinyl estradiol/norethindrone/ferrous fumarate	Endocrine	Estrogen/progestin/iron	tablet
ethinyl estradiol/norgestimate	Endocrine	Estrogen/progestin	tablet
ethinyl estradiol/norgestrel	Endocrine	Estrogen/progestin	tablet
evolocumab	Cardiovascular, antihyperlipidemic	PCSK9 inhibitor	injection
ezetimibe	Cardiovascular, antihyperlipidemic	Cholesterol absorption inhibitor	tablet
ezetimibe/rosuvastatin	Cardiovascular, antihyperlipidemic	Cholinesterase inhibitor/HMG CoA reductase inhibitor	tablet
famciclovir	Anti-infective	Antiviral	tablet
famotidine	Gastrointestinal, acid reducing	Histamine 2 receptor blocker	tablet, oral powder
fenofibrate	Cardiovascular, antihyperlipidemic	Fibric acid derivative	capsule, tablet
ferrous sulfate	Vitamin	Vitamin	tablet, oral liquid
fexofenadine	Respiratory	Antihistamine	tablet, oral liquid
fidaxomicin	Anti-infective	Macrolide antibiotic	tablet, oral powder
filgrastim	Blood formation and coagulation	Granulocyte stimulating agent	injection
finasteride	Genitourinary	5-Alpha Reductase Inhibitor	tablet
fluconazole	Anti-infective	Azole antifungal	tablet, oral liquid
flunisolide (nasal spray)	Respiratory	Corticosteroid, nasal	nasal spray
fluoxetine	Central nervous system, antidepressant	Selective serotonin reuptake inhibitor (SSRI)	capsule, tablet, oral liquid
fluoxetine/olanzapine	Central nervous system	SSRI/atypical antipsychotic, antimanic	capsule
fluticasone	Respiratory	Corticosteroid	inhaler, nasal spray
fluticasone furoate/umeclidinium/vilanterol	Respiratory	Corticosteroid/long-acting muscarinic antagonist/long-acting Beta-2 agonist	inhaler
fluticasone/salmeterol	Respiratory	Corticosteroid + Long acting Beta-2 Agonist, oral inhaled	inhaler
fluticasone/vilanterol	Respiratory	Corticosteroid/long-acting Beta-2 agonist	inhaler
folic acid	Vitamin	Vitamin	capsule, tablet
formoterol	Respiratory	Long-acting Beta-2 agonist	inhaler, nebulizer solution
frovatriptan	Central nervous system	Antimigraine	tablet
furosemide	Cardiovascular	Loop diuretic	tablet, oral liquid
gabapentin	Central nervous system	Anticonvulsant, mood stabilizer	capsule, tablet
gemfibrozil	Cardiovascular, antihyperlipidemic	Fibric acid derivative	tablet
glecaprevir/pibrentasvir	Anti-infective	Hepatitis C antiviral	tablet, oral pellet packet
glimepiride	Antidiabetic	Sulfonylurea	tablet
glipizide	Antidiabetic	Sulfonylurea	tablet
glipizide/metformin	Antidiabetic	Sulfonylurea/biguanide	tablet
glyburide	Antidiabetic	Sulfonylurea	tablet
glyburide/metformin	Antidiabetic	Sulfonylureas/Biguanides	tablet
glycopyrrolate	Respiratory	Anticholinergic	tablet, oral liquid
hepatitis A adult vaccine	Vaccines	Viral vaccine	injection
hepatitis A/B vaccine	Vaccines	Viral vaccine	injection
hepatitis B adult vaccine	Vaccines	Viral vaccine	injection
hepatitis B vaccine (recombinant, adjuvanted)	Vaccines	Viral vaccine	injection
human papilloma virus vaccine (recombinant)	Vaccines	Viral vaccine	injection
hydralazine	Cardiovascular	Vasodilating agents	tablet

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Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
hydrochlorothiazide	Cardiovascular	Thiazide diuretic	capsule, tablet
hydrocortisone	Anti-inflammatory	Corticosteroid	topical, tablet, enema
hydrocortisone/neomycin/polymyxin b	Anti-inflammatory/anti-infective	Corticosteroid/antibacterial	ear drops
hydrocortisone/pramoxine	Anti-inflammatory/anesthetic	Corticosteroid/anesthetic	topical
hydroxyzine	Respiratory or CNS	Antihistamine or anxiolytic	capsule, tablet, oral liquid
hyoscyamine	Gastrointestinal	Antispasmodic	tablet oral liquid
ibuprofen	Analgesic	Nonsteroidal anti-inflammatory drug	capsule, tablet, oral liquid
imiquimod	Dermatologic	Immune response modifier	topical
influenza vaccine (including high dose)	Vaccines	Viral vaccine	injection
inhaler spacer (one time only)	Respiratory	Inhaler spacer device	spacer device
insulin aspart	Antidiabetic	Insulin-rapid acting	injection
insulin degludec	Antidiabetic	Insulin	injection
insulin detemir	Antidiabetic	Insulin intermediate to long acting	injection
insulin glargine	Antidiabetic	Insulin-long acting	injection
insulin isophane (NPH)	Antidiabetic	Insulin-intermediate acting	injection
insulin lispro	Antidiabetic	Insulin-rapid acting	injection
insulin NPH and insulin regular	Antidiabetic	Insulin-70/30	injection
insulin regular	Antidiabetic	Insulin-short acting	injection
ipratropium	Respiratory	Anticholinergic	inhaler, nebulizer solution
irbesartan	Cardiovascular	Angiotensin II receptor blocker (ARB)	tablet
irbesartan/hydrochlorothiazide	Cardiovascular	ARB/ thiazide diuretic	tablet
isoniazid	Anti-infective	Antimycobacterial	tablet, oral liquid
isosorbide dinitrate	Cardiovascular	Vasodilating agents	tablet
isosorbide mononitrate	Cardiovascular	Vasodilating agents	tablet
itraconazole	Anti-infective	Azole antifungal	capsule, oral liquid
ivabradine	Cardiovascular	Hyperpolarization-activated cyclic nucleotide-gated channel blocker	tablet, oral liquid
ketoconazole	Anti-infective	Azole antifungal	tablet, topical
labetalol	Cardiovascular	Beta-blocker	tablet
lactulose	Gastrointestinal	Laxative, osmotic	oral liquid
lamotrigine	Central nervous system	Anticonvulsant, mood stabilizer	tablet, oral liquid
lanolin alcohol-mo-w.pet-ceres (Eucerin)	Emmolient	Moisturizer	topical
lansoprazole	Gastrointestinal	Proton pump inhibitor	capsule, tablet
lanthanum carbonate	Gastrointestinal	Phosphate binder	tablet
latanoprost	Antiglaucoma	Prostaglandin	eye drops
ledipasvir/sofosbuvir	Anti-infective	Hepatitis C antiviral	tablets, oral pellet packet
leucovorin	Vitamin	Vitamin	tablet
levetiracetam	Central nervous system	Anticonvulsant, mood stabilizer	tablet, oral liquid
levofloxacin	Anti-infective	Quinolone antibiotic	tablet, oral liquid
levonorgestrel	Endocrine	Progestin	tablet, intrauterine device
levothyroxine	Endocrine	Thyroid supplement	tablet
lidocaine	Anesthetic	Anesthetic	topical
linaclotide	Gastrointestinal	Irritable bowel syndrome agent	capsule
liothyronine	Endocrine	Thyroid supplement	tablet

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Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
liraglutide	Antidiabetic	Glucagon-like peptide-1 receptor agonist (GLP-1 RA)	injection
lisinopril	Cardiovascular	Angiotensin converting enzyme (ACE) inhibitor	tablet
lisinopril/hydrochlorothiazide	Cardiovascular	Angiotensin converting enzyme (ACE) inhibitor/ thiazide	tablet
lithium carbonate	Central nervous system	Mood stabilizer	capsule, tablet
loperamide	Gastrointestinal, antidiarrheal	Antidiarrheal	capsule, tablet, oral liquid
loratadine	Respiratory	Antihistamine	capsule, tablet, oral liquid
lorazepam[CS]	Central nervous system	Benzodiazepine	tablet, oral liquid
losartan	Cardiovascular	Angiotensin II receptor blocker (ARB)	tablet
losartan/hydrochlorothiazide	Cardiovascular	ARB/ thiazide diuretic	tablet
loteprednol etabonate	Ophthalmic	Corticosteroid	eye drops, eye gel
lurasidone	Central nervous system	Antipsychotic, atypical	tablet
magnesium oxide	Vitamin	Vitamin	capsule tablet
measles, mumps, rubella vaccine	Vaccines	Viral vaccine	injection
meclizine	Central nervous system	Antivertigo, antiemetic	tablet
medroxyprogesterone	Endocrine	Progestin	tablet, injection
megestrol	Gastrointestinal, appetite stimulant	Endocrine, progestin	tablet, oral liquid
meloxicam	Analgesic	Non-steroidal anti-inflammatory drug	capsule, tablet
meningococcal conjugate vaccine	Vaccines	Bacterial vaccine	injection
mesalamine	Gastrointestinal	5-Aminosalicylate	capsule, tablet, enema, rectal suppository
metformin	Antidiabetic	Biguanide	tablet
metformin/sitagliptin	Antidiabetic	Biguanide/DPP-4 inhibitor	tablet
methylcellulose	Gastrointestinal	Laxative, bulk-forming	oral powder, tablet
methylprednisolone	Endocrine	Glucocorticoid	tablet
metoclopramide	Gastrointestinal	Antiemetic, prokinetic	tablet, oral liquid, nasal sprayp
metoprolol succinate	Cardiovascular	Beta-blocker	capsule, tablet
metoprolol tartrate	Cardiovascular	Beta-blocker	tablet
metoprolol tartrate/hydrochlorothiazide	Cardiovascular	Beta-blocker/thiazide diuretic	tablet
metronidazole	Anti-infective	Amebicide, trichomonaside	capsule, tablet, topical
midodrine	Cardiovascular	Vasopressor	tablet
mirtazapine	Central nervous system	Tetracyclic antidepressant	tablet
modafinilcs	Central nervous system	Stimulant	tablet
mometasone	Respiratory or Dermatologic	Corticosteroid	inhaler, nasal spray, topical
mometasone/formoterol	Respiratory	Corticosteroid/long-acting Beta-2 agonist	inhaler
mometasone/olopatadine	Respiratory	Corticosteroid/antihistamine	nasal spray
montelukast	Respiratory	Leukotriene receptor antagonist	tablet, oral granules
moxifloxacin	Anti-infective	Quinolone antibiotic	tablet, eye drops
multivitamin	Vitamin	Vitamin	tablet
multivitamin prenatal	Vitamin	Vitamin	tablet
multivitamin with minerals	Vitamin	Vitamin	tablet
mupirocin	Dermatologic	Antibiotic	topical
naloxone	Substance abuse	Opiate antagonist	nasal spray, injection
naltrexone	Substance abuse	Opiate antagonist	capsule, tablet, injection
naltrexone ER/bupropion ER	Anti-obesity	Anoretic agents	tablet

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Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
naproxen	Analgesic	Nonsteroidal anti-inflammatory drug	tablet, oral liquid
naratriptan	Central nervous system	Antimigraine	tablet
nepafenac	Anti-inflammatory	Non-steroidal anti-inflammatory drug	eye drops
niacin	Cardiovascular, antihyperlipidemic	Vitamin, lipotropic	capsule, tablet
nicotine	Substance abuse	Nicotine replacement	gum, inhaler, lozenge, nasal spray, patch
nifedipine	Cardiovascular	Calcium channel blocker	capsule, tablet
nitrofurantoin	Anti-infective	Nitrofuan derivative	capsule, oral liquid
nitroglycerin	Cardiovascular	Vasodilating agents	capsule, nasal spray, tablet, topical
norethindrone	Endocrine	Progestin	tablet
nortriptyline	Central nervous system, antidepressant	Tricyclic antidepressant (TCA)	capsule, oral liquid
nystatin	Anti-infective	Antifungal	tablet, oral liquid, topical
olanzapine	Central nervous system	Antipsychotic, antimanic	tablet, injection
olmesartan	Cardiovascular	Angiotensin II receptor blocker	tablet
olmesartan/hydrochlorothiazide	Cardiovascular	ARB/ thiazide diuretic	tablet
olopatadine	Respiratory	Anti-histamine	eye drops, nasal spray
omega 3 (icosapent ethyl)	Cardiovascular, antihyperlipidemic	Lipotropic	capsule
omega-3-acid ethyl esters	Cardiovascular, antihyperlipidemic	Lipotropic	capsule
omeprazole	Gastrointestinal, acid reducing	Proton pump inhibitor	capsule, tablet, oral liquid
ondansetron	Central nervous system	Anti-nausea	tablet, oral film
orlistat	Anti-obesity	Gastrointestinal lipase inhibitor	capsule
oseltamivir	Anti-infective	Anti-influenza antiviral	capsule, oral liquid
oxybutynin	Genitourinary	Bladder antispasmodic	tablet, oral liquid, topical
oxycodone[CS]	Analgesic	Opiate	capsule, tablet, oral liquid
pancrelipase (amylase, lipase, protease)	Gastrointestinal	Pancreatic enzyme replacement	capsule, tablet
pantoprazole	Gastrointestinal, acid reducing	Proton pump inhibitor	tablet, oral granules, oral liquid
paromomycin	Anti-infective	Amebicide	capsule
paroxetine	Central nervous system, antidepressant	Selective serotonin reuptake inhibitor (SSRI)	capsule, tablet, oral liquid
penicillin	Anti-infective	Beta-lactam antibiotic	tablet, oral liquid, injection
permethrin	Dermatologic	Anti-infective, scabicide	topical
pioglitazone	Antidiabetic	Thiazolidinedione (glitazone)	tablet
pitavastatin	Cardiovascular, antihyperlipidemic	HMG-CoA reductase inhibitor	tablet
pneumococcal 15-valent conjugate vaccine	Vaccines	Bacterial vaccine	injection
pneumococcal 20-valent conjugate vaccine	Vaccines	Bacterial vaccine	injection
pneumococcal 23-polyvalent vaccine	Vaccines	Bacterial vaccine	injection
podofilox	Dermatologic	Antiviral	topical
polycarbophil	Gastrointestinal	Laxative, bulk-forming	tablet
polyethylene glycol and electrolytes	Gastrointestinal	Osmotic laxative	oral liquid
polyethylene glycol/propylene glycol	Ophthalmic	Lubricating agent	eye drops
polysaccharide-iron complex	Vitamin	Vitamin	capsule
potassium chloride	Cardiovascular	Electrolyte replacement	capsule, tablet, oral liquid
prasugrel	Cardiovascular	Platelet inhibitor	tablet
pravastatin	Cardiovascular, antihyperlipidemic	HMG-CoA reductase inhibitor	tablet
prazosin	Cardiovascular	Anti-hypertensive, Alpha-blocker	capsule

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Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
prednisolone	Endocrine	Corticosteroid	tablet, oral liquid, eye drops
prednisone	Endocrine	Corticosteroid	tablet, oral liquid
pregabalin[CS]	Central nervous system	Anticonvulsant, mood stabilizer	capsule, tablet, oral liquid
primaquine	Anti-infective	Antimalarial	tablet
promethazine	Gastrointestinal	Antihistamine, antiemetic	tablet, oral liquid, rectal suppository
propranolol	Cardiovascular	Beta-blocker	tablet, capsule, oral liquid
psyllium	Gastrointestinal	Laxative, bulk-forming	capsule, oral powder
pyrazinamide	Anti-infective	Antimycobacterial	tablet
pyridoxine (vitamin B6)	Vitamin	Vitamin	capsule, tablet, oral liquid
pyrimethamine	Anti-infective	Antimalarial	tablet
quetiapine	Central nervous system	Antipsychotic, antimanic	tablet
respiratory syncytial virus (RSV) vaccine	Vaccines	Viral vaccine	injection
respiratory syncytial virus (RSV) vaccine, adjuvanted	Vaccines	Viral vaccine	injection
ribavirin	Anti-infective	Hepatitis C antiviral	capsule, tablet
rifabutin	Anti-infective	Antimycobacterial	capsule
rifampin	Anti-infective	Antimycobacterial	capsule
rifapentine	Anti-infective	Antimycobacterial	tablet
rifaximin	Gastrointestinal	Anti-infective	tablet
risperidone	Central nervous system	Antipsychotic, atypical	tablet, oral liquid, injection
rivaroxaban	Blood formation and coagulation	Anticoagulant	tablet, oral liquid
rizatriptan	Central nervous system	Antimigraine	tablet
rosuvastatin	Cardiovascular, antihyperlipidemic	HMG-CoA reductase inhibitor	capsule, tablet
sacubitril/valsartan	Cardiovascular	Neprilysin inhibitor/ARB	tablet
SARS-CoV-2 (COVID 19) vaccine	Vaccines	Viral vaccine	injection
semaglutide	Antidiabetic	Glucagon-like peptide-1 receptor agonist (GLP-1 RA)	tablet, injection
sertraline	Central nervous system	Selective serotonin reuptake inhibitor (SSRI)	capsule, tablet, oral liquid
sildenafil	Genitourinary	Phosphodiesterase type 5 inhibitor	tablet, oral liquid
sitagliptin	Antidiabetic	Dipeptidyl Peptidase-4 Inhibitor (DPP-4 inhibitor)	tablet
smallpox/monkeypox vaccine	Vaccines	Viral vaccine	injection
sofosbuvir/velpatasvir	Anti-infective	Hepatitis C antiviral	tablet, oral pellet packet
sofosbuvir/velpatasvir/voxilaprevir	Anti-infective	Hepatitis C antiviral	tablet
spironolactone	Cardiovascular	Potassium sparing diuretic	tablet, oral liquid
spironolactone/hydrochlorothiazide	Cardiovascular	Potassium sparing diuretci combinations	tablet
sucralfate	Gastrointestinal	Gastric acid buffer	tablet, oral liquid, mucosal paste
sulfadiazine	Anti-infective	Sulfonamide antibiotic	tablet
sulfamethoxazole/trimethoprim	Anti-infective	Sulfonamide antibiotic	tablet, oral liquid
sumatriptan	Central nervous system	Antimigraine	tablet, injection, nasal spray
tadalafil	Genitourinary	Phosphodiesterase type 5 inhibitor	tablet, oral liquid
tamsulosin	Genitourinary	Alpha-blocker	capsule
terazosin	Cardiovascular	Alpha-blocker	capsule
terconazole	Anti-infective	Azole antifungal	topical, vaginal suppository
testosterone[CS]	Endocrine	Androgen	injection, gel, patch ***(note: testosterone undecanoate is nonformulary)***
tetanus diphtheria (Td) vaccine	Vaccines	Bacterial vaccine	injection

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Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
tetanus diphtheria-acellular pertussis (Tdap) vaccine	Vaccines	Bacterial vaccine	injection
timolol	Antiglaucoma	Beta blocker	eye drops, tablet
tinidazole	Anti-infective	Amebicide, trichomonoaside	tablet
tiotropium	Respiratory	Anti-cholinergic, oral inhaled	inhaler
tiotropium/olodaterol	Respiratory	Long-acting muscarinic antagonist/long-acting Beta-2 agonist	inhaler
tizanidine	Central nervous system	Muscle relaxant	capsule, tablet
topiramate	Central nervous system	Anticonvulsant	capsule, tablet, oral liquid
tramadol[CS]	Analgesic	Opioid	capsule, tablet, oral liquid
travoprost	Antiglaucoma	Prostaglandin	eye drops
trazodone	Central nervous system, antidepressant	Serotonin reuptake inhibitor	tablet
tretinoin	Dermatologic	Anti-acne retinoid	capsule, topical
triamcinolone	Respiratory or Dermatologic	Corticosteroid	nasal spray, topical, oral paste
triamcinolone/nystatin	Dermatologic	Corticosteroid/antifungal	topical
triamterene/hydrochlorothiazide	Cardiovascular	Potassium sparing/thiazide diuretic	capsule
umeclidinium	Respiratory	Anticholinergic	inhaler
umeclidinium/vilanterol	Respiratory	Anticholinergic/long-acting Beta-2 agonist	inhaler
valacyclovir	Anti-infective	Antiherpetic antiviral	tablet
valganciclovir	Anti-infective	Antiherpetic antiviral (CMV)	tablet
valproic acid	Central nervous system	Anticonvulsant, mood stabilizer	capsule, oral liquid
valsartan	Cardiovascular	Angiotensin II receptor blocker (ARB)	tablet, oral liquid
valsartan/hydrochlorothiazide	Cardiovascular	ARB/ thiazide diuretic	tablet
vancomycin	Anti-infective	Glycopeptide antibiotic	capsule, oral liquid
vardenafil	Genitourinary	Phosphodiesterase type 5 inhibitor	tablet
varenicline	Smoking cessation	Partial nicotine agonist	tablet, nasal spray
venlafaxine	Central nervous system, antidepressant	Serotonin-norepinephrine reuptake inhibitor	capsule, tablet
verapamil	Cardiovascular	Calcium channel blocker	capsule, tablet
vitamin B complex	Vitamin	Vitamin	capsule, tablet
vitamin C	Vitamin	Vitamin	tablet
voriconazole	Anti-infective	Azole antifungal	tablet, oral liquid
warfarin	Blood formation and coagulation	Vitamin K antagonist	tablet
ziprasidone	Central nervous system	Antipsychotic, atypical	capsule, injection
zolpidem[CS]	Central nervous system	Sedative-hypnotic	capsule, tablet
zoster vaccine (recombinant)	Vaccines	Viral vaccine	injection

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.* ***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.*

[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 rthese 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] *~~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.***

[9] *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.*

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Device	Other	ACE Aerosol Cloud Enhancer®	inhaler spacer (one time only)	A4627	A
Cardiovascular Agent	Calcium Channel Blocker	Adalat CC®, Procardia XL®	nifedipine	RX0806	A
Analgesic; Anti-inflammatory	Nonsteroidal Anti-inflammatory Drug (NSAID)	Advil®, Motrin®	ibuprofen	RX0106	A (Motrin only), RR
Hormone Therapy (Management of Edema; Antihypertensive; Diagnosis of Primary Hyperaldosteronism; Treatment of Diuretic-induced Hypokalemia)	Potassium-sparing Diuretic	Aldactone®	spironolactone	RX1210	A, LLL
Skin and Mucous Membrane Preparation, Anti-infective	Immune Modular	Aldara Cream®	imiquimod 5%	RX1909	A
Pulmonary, respiratory, allergy	**Antihistamine**	**Allegra®**	**fexofenadine**	**RX1808**	**A**
Anti-obesity	**Gastrointestinal lipase inhibitor**	**Alli®, Xenical®**	**orlistat**	**RX2401**	**A**
Antigout	**Xanthine oxidase inhibitor**	**Aloprim®, Zyloprim®**	**allopurinol**	**RX2300**	**A**
Ophthalmic Agent; Antiglaucoma	Alpha 2 Agonist	Alphagan P®	brimonidine ophthalmic	RX1402	
Central nervous system	**Antimigraine**	**Amerge®**	**naratriptan**	**RX0930**	**A**
Topical	**Humectant**	**AmLactin®, Lac-Hydrin®, Amlactin XL®, Geri-Hydrolac®**	**ammonium lactate**	**RX1920**	**A**
Anti-infective	Antibiotic-Penicillin	Amoxil®	amoxicillin	RX0505	
Central nervous system	**Muscle relaxant**	**Amrix®, Fexmid®, Flexeril®**	**cyclobenzaprine**	**RX0935**	**A**
Hormone	Androgen	Androderm®	testosterone patch	RX1206	A,LLL
Hormone	Androgen	Androgel®	testosterone gel	RX1207	A,LLL

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Substance use disorder (substance abuse)	**Alcohol deterrent**	**Antabuse®**	**disulfiram**	**RX2103**	**A**
Cardiovascular	**Antiangina**	**Apresoline®**	**hydralazine**	**RX0821**	**A**
Pulmonary, respiratory or CNS, allergy	**Antihistamine or anxiolytic**	**Atarax®, Vistaril®,**	**hydroxyzine**	**RX1810**	**A**
Central Nervous System, Anxiolytic, Sedatives and Hypnotics	Benzodiazepine	Ativan®	lorazepam	RX0924	
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-infective	Antibiotic-Penicillin	Augmentin®	amoxicillin / clavulanate	RX0506	
Central nervous system	**Muscle relaxant**	**Baclofen®, FIRST Baclofen®, Gablofen®, Lioresal®, Lioresal Intrathecal®, Ozobax®**	**baclofen**	**RX0934**	**A**
Analgesic; Antiplatelet Agent	Salicylate	Bayer®, Ecotrin®	aspirin	RX0108	A,QQ
Pulmonary, Allergy	H1 Receptor Antagonist (1st Gen)	Benadryl®	diphenhydramine	RX1800	A
Gastrointestinal	**Antispasmodic**	**Bentyl®**	**dicyclomine**	**RX1109**	**A**
Skin and Mucous Membrane Preparation, Acne	Antibiotic, Keratolytic	Benzoyl Peroxide topical	benzoyl peroxide topical	RX1900	A,RR
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Betamethasone topical or Diprolene®	betamethasone (valerate or dipropionate)	RX1912	A
Anti-infective	Antibiotic-Macrolide	Biaxin®	clarithromycin	RX0503	A,DD
Anti-HIV Agent Combination	Antiretrovial Agent - Integrase Strand Transfer Inhibitors / Nucleoside Reverse Transcriptase Inhibitors (INSTI / NRTI combo)	Biktarvy®	bictegravir / emtricitabine / tenofovir alafenamide (BIC / TAF / FTC)	RX0425	A, GGG

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Anti-infective, Antifungal	Antibiotic-Polyene Antifungals	Bio-Statin® (suspension), Mycostatin® (suspension), nystatin suspension	nystatin suspension	RX0527	A
Central nervous system	**Anxiolytic**	**Buspar®**	**buspirone**	**RX0933**	**A**
Antiretroviral	Integrase Strand Transfer Inhibitor / Non-Nucleoside Reverse Transcriptase Inhibitor (INSTI / NNRTI Combo)	Cabenuva®	cabotegravir / rilpivirine (CAB / RPV) (long-acting injectable)	RX0428	A
Cardiovascular Agent	Calcium Channel Blocker	Calan®, Calan SR®	verapamil	RX0807	A
Gastrointestinal Agent, Anti-inflammatory Agent	5-Aminosalicyclic Acid Derivative	Canasa® (suppository)	mesalamine (suppository)	RX1107	
Gastrointestinal	**Gastric acid buffer**	**Carafate®**	**sucralfate**	**RX1110**	**A**
Cardiovascular Agent	Calcium Channel Blocker	Cardizem CD®	diltiazem	RX0808	A
Central Nervous System, Antidepressants	Selective Serotonin Reuptake Inhibitor	Celexa®	citalopram	RX0910	A
Partial Nicotine Agonist	Smoking Cessation	Chantix®	varenicline	RX2200	A
Antiretroviral	Nucleoside Reverse Transcriptase Inhibitor (NRTI combo)	Cimduo®, Temixys®	tenofovir disoproxil fumarate / lamivudine (TDF/3TC)	RX0429	A
Anti-infective	Antibiotic-Quinolone	Cipro®	ciprofloxacin	RX0508	
Gastrointestinal	**Laxative, bulk-forming**	**Citrucel®**	**methylcellulose**	**RX1112**	**A**
Skin and Mucous Membrane Preparation, Anti-infective	Antibiotic-Lincosamide	Cleocin T®	clindamycin topical (cream, lotion, gel)	RX1905	A
Anti-infective	Antibiotic-Lincosamide	Cleocin®	clindamycin capsules	RX0502	A
Central nervous system	**Anticholinergic**	**Cogentin®**	**benztropine**	**RX0927**	**A**

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Gastrointestinal	**Laxative, stool softener**	**Col-Rite®, Colace®, Correctol®, Silace®, Surfak®**	**docusate sodium**	**RX1115**	**A**
Anti-HIV Agent Combination	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Combivir®	lamivudine / zidovudine (3TC / AZT)	RX0414	A
Central Nervous System, Antipsychotic, Antiemetic	Phenothiazine	Compazine®, Compro®	prochlorperazine	RX0923	REMOVED FROM ADAP FORMULARY EFF. 2/15/2019
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
Anti-obesity	**Anoretic agents**	**Contrave®**	**naltrexone ER / bupropion ER**	**RX2400**	**A**
Cardiovascular	**Beta-blocker**	**Coreg®**	**carvedilol**	**RX0822**	**A**
Otic Preparation, Anti-infective Combination	Antibiotic-Corticosteroid	Cortisporin otic®	hydrocortisone / neomycin / polymyxin B otic	RX1601	
Blood Formation and Coagulation	Vitamin K Antagonist	Coumadin®	warfarin	RX0702	A
Cardiovascular Agent; Antilipemic	HMG-CoA Reductase Inhibitor	Crestor®	rosuvastatin [5 mg, 10 mg & 20 mg (maximum of 30 tablets)]	RX0816	A
Vitamin	Vitamin	Cyanocobalamin®, vitamin B12 (injection only)	cyanocobalamin, vitamin B12 (injection only)	RX2004	A,HH,TT
Anti-infective	Antibiotic-Sulfonamide Derivative	Dapsone®	dapsone	RX0511	A
Anti-infective	Antibiotic-Antimalarial	Daraprim®	pyrimethamine	RX0500	A
Hormone	Androgen	Delatestryl®	testosterone enanthate injection *(NOTE: testosterone gel / patch available through ADAP)*	RX1204	H
Hormone	Estrogen Derivative	Delestrogen®	estradiol valerate (injection)	RX1209	A, LLL

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Antiretroviral	Non-Nucleoside Reverse Transcriptase Inhibitor / Nucleoside/Nucleotide Reverse Transcriptase Inhibitor (NNRTI / NRTI combo)	Delstrigo®	doravirine / lamivudine / tenofovir disoproxil fumarate	RX0431	A
Central Nervous System, Anticonvulsant	Histone Deacetylase Inhibitor	Depakene®	valproic acid	RX0904	A
Central Nervous System, Anticonvulsant	Histone Deacetylase Inhibitor	Depakote®	divalproex sodium	RX0905	A
Hormone	Androgen	Depo®-Testosterone	testosterone cypionate injection *(NOTE: testosterone gel / patch available through ADAP)*	RX1201	A,H,MMM
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
Central Nervous System, Antidepressants	Serotonin Reuptake Inhibitor	Desyrel®	trazodone	RX0913	A
Antidiabetic Agent	Sulfonylurea	Diabeta®	glyburide	RX0202	A
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Diflucan®	fluconazole	RX0519	A
Central Nervous System, Anticonvulsant	Hydantoin	Dilantin®	phenytoin	RX0906	
Genitourinary	**Bladder antispasmodic**	**Ditropan XL®, Gelnique®**	**oxybutynin**	**RX2500**	**A**
Anti-HIV Agent Combination	Integrase Strand Transfer Inhibitor / Nucleoside Reverse Transcriptase Inhibitor (INSTI / NRTI Combo)	Dovato®	dolutegravir / lamivudine	RX0427	A
Gastrointestinal	**Laxative, stimulant**	**Dulcolax®, Correctol®, BisacEvac®, Bisacolax®, Codulax®, Alophen®, Feen A Mint®, Fleet Stimulant®**	**bisacodyl**	**RX1114**	**A**

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Anti-HIV Agent	Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitors	Edurant®	rilpivirine (RPV)	RX0323	A,II
Central Nervous System, Antidepressants	Serotonin/Norepinephrine Reuptake Inhibitor	Effexor®, Effexor XR®	venlafaxine	RX0914	A
Cardiovascular	**Platelet inhibitor**	**Effient®**	**prasugrel**	**RX0826**	**A**
Skin and Mucous Membrane Preparation, Antineoplastic	Pyrimidine Analog	Efudex®	fluorouracil topical	RX1911	
Central Nervous System, Antidepressants	Tricyclic Antidepressant (Tertiary Amine)	Elavil®	amitriptyline	RX0915	A
Skin and Mucous Membrane Preparation, Anti-infective	Antiparasitic, Scabacidal	Elimite®	permethrin topical	RX1908	
Blood formation and coagulation	**Anticoagulant**	**Eliquis®**	**apixaban**	**RX0704**	**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
Blood Formation and Coagulation	Erythropoiesis-Stimulating Agent	Epogen®, Procrit®	erythropoietin (epoetin alpha)	RX0700	A,R
Anti-HIV Agent Combination	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Epzicom®	abacavir / lamivudine (ABC / 3TC)	RX0415	A,UU
Gastrointestinal	**Laxative, bulk-forming**	**Equalactin®, Konsyl Fiber®**	**calcium polycarbophil**	**RX1111**	**A**
Hormone	Estrogen Derivative	Estrace®, Femtrace®, Cenestin®, Enjuvia®, Gynodiol®	estradiol (oral)	RX1208	A, LLL
Anti-HIV Agent Combination	Antiretroviral Agent-Protease Inhibitor and Pharmacokinetic Enhancer Combination	Evotaz®	atazanavir / cobicistat (ATV / COBI)	RX0419	A,WW
Antidiabetic	**Sodium-glucose co-transporter 2 (SGLT2) inhibitor**	**Farxiga®**	**dapagliflozin**	**RX0215**	**A**
Blood Formation and Coagulation, Anemia	Iron Salt	ferrous sulfate, Feosol®, FeroSul®, FerrouSul®	ferrous sulfate (iron)	RX0703	A,RR

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Gastrointestinal	**Laxative, bulk-forming**	**Fiberall®, Metamucil®, Perdiem Fiber®**	**psyllium**	**RX1113**	**A**
Anti-infective, Amebicide	Amebicide, Trichomonaside	Flagyl®	metronidazole	RX0518	A
Otic Preparation, Anti-infective	Antibiotic-Quinolone	Floxin otic®, Ocuflox®	ofloxacin otic	RX1600	
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Fluocinonide topical®	fluocinonide topical	RX1914	
Vitamin	Vitamin	Folic acid	folic acid	RX2000	A
Osteoporosis	Bisphosponate	Fosamax®	alendronate sodium	RX1500	A,NN
Central nervous system	**Antimigraine**	**Frova®**	**frovatriptan**	**RX0929**	**A**
Anti-HIV Agent	Antiretroviral Agent-Fusion Protein Inhibitor	Fuzeon®	enfuvirtide (ENF, T-20)	RX0301	A,U
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
Antidiabetic Agent	Biguanide	Glucophage®, Glucophage XR®	metformin, metformin ER	RX0200	A
Antidiabetic Agent	Sulfonylurea	Glucotrol®, Glucotrol XL®	glipizide, glipizide ER	RX0201	A
Gastrointestinal Agent, Cathartic	Osmotic Laxative	GoLYTELY®, Colyte®, MoviPret®, NuLYTELY®, TriLyte®	PEG-3350 (polyethylene gycol) and electrolytes oral solution	RX1108	PP
Cardiovascular	**Beta-blocker**	**Hemangeol®, Inderal®, Inderal LA®, Inderal XL®, InnoPran XL®**	**propranolol**	**RX0824**	**A**
Antidiabetic Agent, Insulin	Insulin, Rapid-Acting	Humalog®	insulin lispro injection	RX0207	A,Z
Antidiabetic Agent, Insulin	Insulin, Intermediate-Acting	Humulin N® and Novolin N®	isophane insulin	RX0204	A
Antidiabetic Agent, Insulin	Insulin, Short-Acting	Humulin R® and Novolin R®	insulin regular	RX0209	A
Antidiabetic Agent, Insulin	Insulin 70/30	Humulin® 70/30 and Novolin® 70/30	insulin NPH and insulin regular	RX0203	A

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Hydrocortisone topical®	hydrocortisone topical (cream and ointment)	RX1915	FFF
Central nervous system	**Antimigraine**	**Imitrex®**	**sumatriptan**	**RX0932**	**A**
Gastrointestinal Agent, Antidiarrheal	Other	Imodium®	loperamide	RX1103	A,QQ
Anti-HIV Agent	Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitor	Intelence®	etravirine	RX0303	A,X
Antidiabetic	**Sodium-glucose co-transporter 2 (SGLT2) inhibitor**	**Invokana®**	**canagliflozin**	**RX0214**	**A**
Anti-HIV Agent	Antiretroviral Agent-Integrase Strand Transfer Inhibitor	Isentress®, Isentress HD®	raltegravir (RAL), raltegravir HD (RAL HD)	RX0302	A
Anti-infective, Antitubercular	Antitubercular	Isoniazid®, Nydrazid®	isoniazid (INH)	RX0531	A
Antidiabetic	**Sodium-glucose co-transporter 2 (SGLT2) inhibitor**	**Jardiance®**	**empagliflozin**	**RX0216**	**A**
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	Antiretroviral Agent-Protease Inhibitor	Kaletra®	lopinavir / ritonavir (LPV / RTV)	RX0418	A
Anti-infective	Antibiotic-Cephalosporin (1st Gen)	Keflex®	cephalexin	RX0501	
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Kenalog®	triamcinolone topical (cream and ointment)	RX1916	A
Central Nervous System, Anxiolytic, Sedatives and Hypnotics	Benzodiazepine	Klonopin®	clonazepam	RX0925	
Cardiovascular Agent	Electrolyte Replacement	Klor-Con®, potassium chloride	potassium chloride	RX0810	A
Gastrointestinal Agent, Antidiarrheal, Probiotic	Probiotic	Lactinex®	lactobacillus acidophilus (granules)	RX1105	QQ

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Central Nervous System, Anticonvulsant	Phenyltriazine	Lamictal®	lamotrigine	RX0907	A
Cardiovascular Agent	Cardiac Glycoside	Lanoxin®	digoxin	RX0809	A
Antidiabetic Agent, Insulin	Insulin, Long-Acting	Lantus®	insulin glargine injection	RX0206	A,Z
Cardiovascular Agent	Loop Diuretic	Lasix®	furosemide	RX0811	A
Vitamin-Antidote	Vitamin	Leucovorin®	folinic acid, calcium folinate, leucovorin	RX2006	A,F
Anti-infective	Antibiotic-Quinolone	Levaquin®	levofloxacin	RX0509	A
Antidiabetic Agent, Insulin	Insulin, Intermediate-to-Long-Acting	Levemir®	insulin detemir injection	RX0205	A,Z
Cardiovascular Agent; Antilipemic	HMG-CoA Reductase Inhibitor	Lipitor®	atorvastatin	RX0817	A
Central Nervous System, Antimanic	Mood stabilizer	Lithobid®	lithium (lithium carbonate)	RX0920	A
Gastrointestinal Agent, Antidiarrheal, Combination	Other	Lomotil®	atropine / diphenoxylate	RX1104	A
Cardiovascular Agent; Antilipemic	Fibric Acid	Lopid®	gemfibrozil	RX0815	A
Cardiovascular Agent	Beta-Blocker	Lopressor® (tartrate), Toprol XL® (succinate)	metoprolol (tartrate and succinate)	RX0804	A
Cardiovascular Agent	Angiotension Converting Enzyme Inhibitor	Lotensin®	benazepril	RX0801	A
Anti-infective, Antifungal Combination	Antibiotic-Azole Antifungal	Lotrisone®	clotrimazole / betamethasone (cream, lotion & gel) ***[note: Florida ADAP formulary lists these components separately]***	RX0528	**A**

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Vitamin	**Vitamin**	**Mag-Ox®, Mag-Oxide®, Mag-Ox 400®, Mag-200®, Uro-mag®**	**magnesium oxide**	**RX2007**	**A**
Hormone	Anabolic Agent	Marinol®	dronabinol	RX1200	A
Central nervous system	**Antimigraine**	**Maxalt®, Maxalt-MLT®**	**rizatriptan**	**RX0931**	**A**
Ophthalmic Agent; Anti-infective; Combination	Antibiotic-Corticosteroid	Maxitrol®	dexamethasone / neomycin / polymyxin B ophthalmic	RX1410	
Hormone	Progestin	Megace®	megestrol acetate	RX1202	A
Anti-infective, Antiprotozoal	Antiprotozoal	Mepron®	atovaquone	RX0530	A
Cardiovascular Agent	Thiazide Diuretic	Microzide®	hydrochlorothiazide (HCTZ)	RX0812	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
Anti-infective, Antitubercular	Antitubercular	Myambutol®	ethambutol	RX0532	A
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Mycelex® Troche	clotrimazole troches	RX0521	A
Anti-infective, Antitubercular	Antitubercular	Mycobutin®	rifabutin	RX0533	A
Analgesic; Anti-inflammatory	Nonsteroidal Anti-inflammatory Drug (NSAID)	Naprosyn®	naproxen	RX0107	A,RR
Pulmonary, Corticosteroids	Nasal Corticosteroid	Nasarel®	flunisolide nasal	RX1804	A
Blood Formation and Coagulation	Granulotye-Stimulating Agent	Neupogen®	filgrastim	RX0701	A,Q
Central Nervous System, Anticonvulsant	GABA Analog	Neurontin®	gabapentin	RX0903	A

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Cardiovascular Agent; Antilipemic	Water Soluble Vitamin	Niaspan®	niacin	RX0819	A
Substance use disorder (substance abuse)	**Nicotine replacement**	**Nicorette®, Nicoderm CQ®, Nicotrol Inhaler®, Nicotrol NS®, Habitrol®**	**nicotine**	**RX2201**	**A**
Cardiovascular Agent	Vasodilating Agent	Nitroglycerin® (capsules)	nitroglycerin capsules	RX0813	
Cardiovascular Agent	Vasodilating Agent	Nitro-stat® (sublingual)	nitroglycerin sublingual	RX0814	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
Cardiovascular	**Beta-blocker**	**Normodyne®, Trandate®**	**labetalol**	**RX0823**	**A**
Anti-HIV Agent	Antiretroviral Agent-Protease Inhibitor	Norvir®	ritonavir (RTV)	RX0318	A
Antidiabetic Agent, Insulin	Insulin, Rapid-Acting	NovoLog®	insulin aspart injection	RX0208	A,Z
Ophthalmic Agent; Anti-infective	Antibiotic-Quinolone	Ocuflox® (ophthalmic)	ofloxacin (ophthalmic)	RX1407	P
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
Antidiabetic	**Glucagon-like peptide-1 receptor agonist (GLP-1 RA)**	**Ozempic®, Rybelsus®, Wegovy®**	**semaglutide**	**RX0211**	**A**
Central Nervous System, Antidepressants	Tricyclic Antidepressant (Tertiary Amine)	Pamelor®	nortriptyline	RX0917	A
Anti-infective, Amebicide	Amebicide	Paromycin®, Humatin®	paromomycin	RX0517	A
Central Nervous System, Antidepressants	Selective Serotonin Reuptake Inhibitor	Paxil®	paroxetine	RX0911	A

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Anti-infective	Antibiotic-Penicillin	Penicillin VK®, Bicillin L-A®, Penicillin G®, Benzathine Penicillin G®, Penicillin G Potassium®	penicillin (VK, benzathine, aqueous)	RX0507	
Analgesic	Opiate Agonist	Percocet® 5/325mg	oxycodone & acetaminophen 5/325mg	RX0102	Y
Pulmonary, Allergy, Appetite Stimulant	Antihistamine	Periactin®	cyproheptadine	RX1801	**A**
Dental, Anti-infective	Antibiotic	Peridex®	chlorhexidine gluconate (0.12%)	RX1000	
Antiretroviral	Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI)	Pifeltro®	doravirine (DOR)	RX0326	A
Cardiovascular	**Platelet inhibitor**	**Plavix®**	**clopidogrel**	**RX0825**	**A**
Skin and Mucous Membrane Preparation, Anti-infective, Keratolytic Agent	Antiviral	Podofilox topical®	podofilox topical	RX1910	
Blood formation and coagulation	**Anticoagulant**	**Pradaxa®**	**dabigatran**	**RX0705**	**A**
Cardiovascular Agent; Antilipemic	HMG-CoA Reductase Inhibitor	Pravachol®	pravastatin	RX0818	A
Ophthalmic Agent; Corticosteroid	Corticosteroid	Pred Forte® (ophthalmic)	prednisolone acetate (ophthalmic)	RX1411	
Hormone, Corticosteroid	Corticosteroids	Prednisone®	prednisone	RX1205	
Anti-HIV Agent Combination	Antiretroviral Agent-Protease Inhibitor and Pharmacokinetic Enhancer Combination	Prezcobix®	darunavir / cobicistat (DRV / COBI)	RX0420	A,XX
Anti-HIV Agent	Antiretroviral Agent-Protease Inhibitor	Prezista®	darunavir (DRV)	RX0319	A
Gastrointestinal Agent	Proton Pump Inhibitor	Prilosec®	omeprazole	RX1101	A,EE,RR
Anti-infective, Antimalarial	Antimalarial	Primaquine®	primaquine	RX0529	A

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Hormone Therapy (Genitourinary; Benign Prostatic Hypertrophy Agent)	5-Alpha Reductase Inhibitor	Proscar®, Propecia® (oral)	finasteride (oral)	RX1211	A, LLL
Pulmonary, Bronchodilator	Beta2-Adrenergic Agonist	Proventil HFA®, Ventolin®, ProAir®, Combivent Respimat®	albuterol HFA, albuterol / ipratropium	RX1803	A
Hormone	Progesterone	Provera®, DepoProvera®, Depo-SubQ®, Provera 104®, MPA®	medroxyprogesterone acetate	RX1212	A
Anti-infective, Antitubercular	Antitubercular	Pyrazinamide®	pyrazinamide	RX0534	A
Vitamin	Vitamin	Pyridoxine®, vitamin B6	pyridoxine, vitamin B6	RX2005	A,GG,HH
Pulmonary, Corticosteroids	Oral Corticosteroid	QVAR® (oral inhaler), Qnasi® (nasal spray)	beclomethasone (oral inhaler, nasal spray)	RX1805	A
Gastrointestinal Agent, Antiemetic	Dopamine Antagonist	Reglan®	metoclopramide	RX1106	A
Central Nervous System, Antidepressants	Alpha-2 Antagonist	Remeron®	mirtazapine	RX0908	A
Central Nervous System, Anxiolytic, Sedatives and Hypnotics	Benzodiazepine	Restoril®	temazepam	RX0926	
Anti-HIV Agent	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Retrovir®	zidovudine (AZT)	RX0309	A
Substance use disorder (substance abuse)	**Opiate antagonist**	**Revia®**	**naltrexone (oral)**	**RX2102**	**A**
Anti-HIV Agent	Antiretroviral Agent-Protease Inhibitor	Reyataz®	atazanavir (ATV)	RX0320	A
Anti-infective, Antitubercular	Antitubercular	Rifadin®, Rimactane®	rifampin	RX0535	A
Central Nervous System, Antimanic	Benzisoxazole	Risperdal®	risperidone	RX0919	A
Analgesic	Opiate Agonist	Roxicodone®	oxycodone	RX0103	Y
Antiretroviral	Gp-120 directed attachment inhibitor	Rukobia®	fostemsavir	RX0325	A

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Anti-HIV Agent	Antiretroviral Agent-CCR5 Antagonist	Selzentry®	maraviroc (MVC)	RX0300	A,W,LL
Anti-infective	Antibiotic-Sulfonamide	Septra®, Septra DS®, Bactrim®, Bactrim DS®	sulfamethoxazole / trimethoprim (SMX / TMP), sulfamethoxazole / trimethoprim DS (SMX / TMP DS)	RX0510	A
Central Nervous System, Antipsychotic	Dibenzothiazepine	Seroquel®	quetiapine	RX0922	A,T
Central Nervous System, Antidepressants	Tricyclic Antidepressant (Tertiary Amine)	Silenor®	doxepin	RX0916	A
Skin and Mucous Membrane Preparation, Anti-infective	Antibiotic-Sulfonamide Derivative	Silvadene®	silver sulfadiazine topical	RX1907	
Pulmonary, respiratory, asthma, allergy	**Leukotriene receptor antagonist**	**Singulair®**	**montelukast**	**RX1809**	**A**
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Sporanox® (solution)	itraconazole (oral solution)	RX0523	A,B
Central Nervous System, ADHD	Norepinephrine Reuptake Inhibitor	Strattera®	atomoxetine	RX0900	AA
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
Opioid Dependency	Opioid Agonist / Antagonist	Suboxone®	buprenorphine and naloxone	RX2100	III
Opioid Dependency	Opioid Agonist / Antagonist	Subutex®, Buprenex®, Butrans®, Probuphine®	buprenorphine	RX2101	JJJ
Ophthalmic Agent; Anti-infective	Antibiotic-Sulfonamide Derivative	Sulfacetamide Sodium® (ophthalmic eye drops)	sulfacetamide sodium (ophthalmic eye drops)	RX1408	
Anti-infective	Antibiotic-Sulfonamide Derivative	Sulfadiazine	sulfadiazine	RX0512	A
Anti-HIV Agent	Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitor	Sustiva®	efavirenz (EFV)	RX0305	A

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
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
Anti-HIV Agent Combination	Protease Inhibitor / Nucleoside Reverse Transcriptase Inhibitor (PI / NRTI Combo)	Symtuza®	darunavir / cobicistat / emtricitabine / and tenofovir alafenamide	RX0426	A
Anti-infective	Antiviral	Tamiflu®	oseltamivir	RX0516	A
Central Nervous System, Anticonvulsant	Dibenzazepine Carboxamide	Tegretol®	carbamazepine	RX0902	
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Temovate®, clobetasol propionate	clobetasol topical (ointment)	RX1917	
Cardiovascular Agent	Beta-Blocker	Tenormin®	atenolol	RX0805	A
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Terazol®	terconazole topical	RX0524	A
Anti-infective	Antibiotic-Tetracycline	Tetracycline	tetracycline	RX0513	
Cardiovascular Agent	Angiotension II Receptor Blocker	Teveten®	eprosartan	RX0803	L
Cardiovascular	**Thiazide-like diuretic**	**Thalitone®**	**chlorthalidone**	**RX0827**	**A**
Ophthalmic Agent, Antiglaucoma	Beta-Blocker, Non-selective	Timoptic®	timolol ophthalmic	RX1400	
Anti-HIV Agent	Antiretroviral Agent-Integrase Strand Transfer Inhibitor	Tivicay®	dolutegravir (DTG)	RX0322	SS,A
Ophthalmic Agent; Anti-infective	Antibiotic-Aminoglycoside	Tobrex®	tobramycin ophthalmic (solution and ointment)	RX1406	
Central nervous system	**Anticonvulsant**	**Topamax®**	**topiramate**	**RX0928**	**A**

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
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	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Trizivir®	abacavir / lamivudine / zidovudine (ABC / 3TC / AZT)	RX0413	A,UU
Antiretroviral	CD4 post-attachment HIV-1 inhibitor	Trogarzo®	ibalizumab-viyk injection	RX0432	A
Antidiabetic	**Glucagon-like peptide-1 receptor agonist (GLP-1 RA)**	**Trulicity®**	**dulaglutide**	**RX0212**	**A**
Ophthalmic Agent; Antiglaucoma	Carbonic Anhydrase Inhibitor	Trusopt®	dorzolamide ophthalmic	RX1404	
Anti-HIV Agent Combination	Antiretroviral Agent, Nucleos[t]ide Reverse Transcriptase Inhibitor	Truvada®	emtricitabine / tenofovir disoproxil fumarate (FTC / TDF)	RX0410	A
Pharmacokinetic Enhancer *(For use in combination with other antiretrovirals)*	CYP3A4 Inhibitor	Tybost®	cobicistat (COBI)	RX1700	A,YY
Analgesic Combination	Opiate Agonist	Tylenol #3®, Tylenol #4®	acetaminophen and codeine	RX0105	
Analgesic	Miscellaneous	Tylenol®	acetaminophen	RX0100	A,QQ
Anti-infective, Antiviral	Antiviral	Valcyte®	valganciclovir hydrochloride	RX0536	A
Anti-infective, Antiviral	Antiviral	Valtrex®	valacyclovir hydrochloride	RX0537	A
Cardiovascular Agent	Angiotension Converting Enzyme Inhibitor	Vasotec®	enalapril	RX0802	A
Antiretroviral, Anti-HIV Agent	**Nucleoside [analog] Reverse Transcriptase Inhibitors (NRTI)**	**Vemlidy®**	**tenofovir alafenamide (TAF)**	**RX0328**	**A**
Anti-infective	Antibiotic-Tetracycline	Vibra-Tabs®, Vibramycin®	doxycycline (oral)	RX0514	

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation [2, 8]
Antidiabetic	**Glucagon-like peptide-1 receptor agonist (GLP-1 RA)**	**Victoza®**	**liraglutide**	**RX0213**	**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-Nucleotide Reverse Transcriptase Inhibitor	Viread®	tenofovir disoproxil fumarate (TDF)	RX0313	A
Antiretroviral	Integrase Strand Transfer Inhibitor (INSTI)	Vocabria®	cabotegravir (CAB) (oral)	RX0327	A
Central Nervous System, Antidepressants	Dopamine Reuptake Inhibitor	Wellbutrin®, Wellbutrin SR®	bupropion, bupropion SR	RX0909	A
Ophthalmic Agent, Antiglaucoma	Prostaglandin	Xalatan®	latanoprost ophthalmic	RX1401	**A**
Blood formation and coagulation	**Anticoagulant**	**Xarelto®**	**rivaroxaban**	**RX0706**	**A**
Skin and Mucous Membrane Preparation, Anesthetic	Anesthetic	Xylocaine®	lidocaine viscous	RX1902	
Gastrointestinal Agent	H2 Histamine Receptor Antagonist	Zantac®	ranitidine (75mg, 150 mg, & 300mg)	RX1100	A,EE,RR
Cardiovascular, Antihyperlipidemic	Cholesterol absorption inhibitor	Zetia®	ezetimibe	RX0820	A
Anti-HIV Agent	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Ziagen®	abacavir (ABC)	RX0312	A,UU
Anti-infective	Antibiotic-Macrolide	Zithromax®	azithromycin	RX0504	A
Central Nervous System, Antidepressants	Selective Serotonin Reuptake Inhibitor	Zoloft®	sertraline	RX0912	A
Skin and Mucous Membrane Preparation, Analgesic	Analgesia	Zostrix®	capsaicin topical	RX1901	A,QQ
Anti-infective, Antiviral	Antiviral	Zovirax®	acyclovir	RX0538	A
Central Nervous System, Antimanic	Serotonin/Dopamin/Histamine/ Alpha-1 Antagonist	Zyprexa®	olanzapine	RX0921	A

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, March 27, 2026
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 215
Miami, FL 33134

AGENDA

I.	Call to Order	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	Cristhian Ysea
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of February 27, 2026	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Membership Recruitment Presentation	Roundtable Members
VIII.	Standing Business	
	• Response to the 2026 ADAP Program Changes- Contingency Planning	All
	○ Outpatient Ambulatory Health Services Review	
	○ Ryan White Prescription Drug Formulary	
IX.	New Business	
	• Special Projects Discussion	All
X.	Announcements	All
	• Annual Source of Income and Disclosure Forms	
	• April 1, 2026 New Member Orientation	
XI.	Next Meeting**: April 24, 2026** at **BSR**	Cristhian Ysea
XII.	Adjournment	James Dougherty

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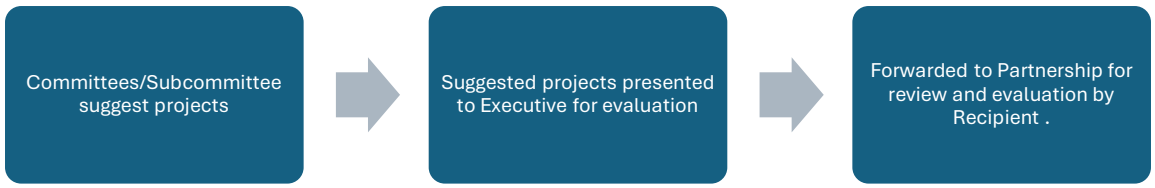
2027 Special Projects

As part of the annual staff support budget process approved in 2024, the committees and the subcommittee are being polled for any request for support of special projects above and beyond the annual activities such as the needs assessment, comprehensive planning, PSRA, and the efficiency of administrative mechanism. After projects are elaborated, they will be vetted by the Executive Committee and forwarded for recommendation.



This year the Integrated Plan is under development and due by June 2026.

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Clear Form Print Form

MIAMI-DADE COUNTY

SOURCE OF INCOME STATEMENT

Section 2-11.1(i) of the County Ethics Code requires that certain employees, public officials, and consultants file a financial disclosure Statement on a yearly basis by July 1st of every year. For the last year of service, file SOI-F.

Disclosure for Tax Year Ending	Last Name (or, Consultant or Consulting Firm name)	First Name	Middle Name/Initial
2025	SAMPLE	Jane	

Mailing Address – Street Number, Street Name, or P.O. Box
123 Main Street
City, State, Zip
Miami, FL 33136

If your home address is your mailing address, and your home address is exempt from public records pursuant to Fla. Stat. §119.07, read instructions on the following page **and check here.** ☐

Filing as an Employee (check one)

☐ County ☐ Public Health Trust ☐ Municipal: _____ (Municipality)

Department		
Position or Title		**Employee ID Number**
Work address	**Work telephone**	**Employment began on/ended on**

Filing as (check one)

☐ County Board ☐ Municipal Board: _____ (Municipality) ☐ Consultant for County or Municipal Agency

Board where serving or name of County or Municipal Agency Consultant is providing professional services to		
Miami-Dade HIV/AIDS Partnership - NAME OF YOUR COMMITTEE		
Alternate address (if home address is exempt)	**Work telephone**	**Term began on/ended on**
111 NW 1st Street, 22nd Floor, Miami, FL 33138	(305) 375-3546	Month and Year

List below every source of income you received, along with the address and the principal activity of each source. Include your public salary. Place the sources of income in descending order, with the largest source first. Examples of sources of income include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, and social security payments. Also, include any source of income received by another person for your benefit. However, the income of your spouse or any business partner need not be disclosed. **If continued on a separate sheet, check here.** ☐

Name of Source of Income	Address	Description of the Principal Business Activity
See Page 2 for Details Employer Name	Employer Address	salary
Sign below		

I hereby swear (or affirm) that the information above is a true and correct statement.

Signature of Person Disclosing **Date**

ETHICS COMMISSION USE ONLY:

REMEMBER TO SUBMIT YOUR COMPLETED AND SIGNED FORM TO THE ETHICS COMMISSION VIA EMAIL OR HARDCOPY

SOURCE OF INCOME INFORMATION

Required by the Miami-Dade County Code, Section 2-11.1(i)

The term **INCOME** shall include, but is not limited to, the following items: wages, salaries; tips; bonuses; commissions & fees; dividends, interest; profits from businesses and professions; your share of profits from partnerships and small business corporations; pensions, annuities & endowments; profits from the sale or exchange of real estate, securities or other property, including personal residence; rents and royalties; your share or estate or trust income, including accumulated distributions; alimony, separate maintenance or support payments; prizes; awards; fees as an Executor, Administrator or Director; disability retirement payments; workmen's compensation, insurance; damages; social security payments, etc.

FILING INSTRUCTIONS

A "Source of Income Form," (SOI) or a signed copy of the personal income tax forms may be filed to satisfy the filing requirement for County/Public Health Trust employees, municipal employees, advisory board members, and consultants providing professional services to the County or a Municipality who are not required to file under State law. State filers who also hold County or Municipal positions (for example, State filers who also serve on County or Municipal boards) meet the County financial disclosure requirement by filing their state form with the Florida Commission on Ethics.

The Source of income Form must be filed yearly no later than 12:00 noon of July 1st. Consultants file within thirty (30) days of execution of a contract arising out of competitive negotiations and prior to any payments from the County, municipalities or other agencies and thereafter on a yearly basis no later than 12:00 noon of July 1st. For the last year of service, file "Final Source of Income Form "(SOI-F). The SOI and SOI-F can not be used as a substitute for State Form 1 or State Form 1F for those required to file under state requirements.

Filers whose address is exempt pursuant to Fla. Stat. §119.07 must provide an alternate address such as a business address or the address of the board if the filer serves on a board.

This form must be filed by July 1st of each year and can not be used as a substitute for State Form 1 for those required to file under state requirements. For the last year of service, file SOI-F.

Example (Review sources of income above; note - no monetary amount required).

Name of Source of Income	Address	Description of Principal Business Activity
Name of place of employment	Address where employed	Salary
Rental Property	123 Anywhere Street Miami, FL 00000	Rental income
Social Security	Social Security office closest to your zip code	Social Security income

Miami-Dade County (including Public Health Trust) Personnel and Advisory Board members shall file completed forms with: Miami-Dade County Commission on Ethics and Public Trust

Via EMAIL: financial.disclosures@miamidade.gov
or by mail to:
Miami-Dade County Commission on Ethics and Public Trust
701 NW 1st Court 8th Floor, East
Miami, FL 33136

Municipal Personnel and **Advisory Board Members** shall file completed forms with their respective Municipal Clerk. Municipal employees may contact their respective Municipal Clerk's Office. For further information, Miami-Dade County and Public Health Trust employees may contact the Miami-Dade County Commission on Ethics and Public Trust via telephone at 305-579-2594 or via email at financial.disclosures@miamidade.gov.

Note RE: Florida Statutes § 119.07: The role of our office is to receive and maintain forms filed as public records. If your home address is exempt from disclosure and you do not wish your home address to be made public, please use your office or other address for your mailing address. A full list of positions and offices eligible for public records exemption can be found at Florida Statutes § 119.071.

MIAMI-DADE HIV/AIDS PARTNERSHIP

MEDICAL CARE SUBCOMMITTEE
ANNUAL DISCLOSURE FORM
Attachment 1

Please list all drug-company related activities for you and your immediate relatives in the categories below. Include information covering the past 24 months. If necessary, attach additional pages. If you have had no activity in an area, please write "none".

Name: _____

Drug Company Funded Research

Drug Company Consultancies

Drug Company Advisory Panels

Drug Company Funded Honoraria

Drug Company Employment

MIAMI-DADE HIV/AIDS PARTNERSHIP

Drug Company Stock Ownership
[Include direct and indirect (e.g., through a spouse or a trust) stock or other equity interest (e.g., stock options). Exclude diversified mutual funds that are not pharmaceutical industry sector funds]

Expert Testimony

Drug Company Gifts
[value greater than $10)

Other

Signature: _____ Date:_____

MIAMI-DADE
HIV/AIDS PARTNERSHIP

New Member Orientation

Wednesday, April 1, 2026
1:00 p.m. - 4:00 p.m.
via Teams

Registration Required

New Member Orientation is a great opportunity to learn about the Miami-Dade HIV/AIDS Partnership and to gain an understanding of the expectations and responsibilities of Ryan White Program Planning Council members!

All Partnership and Committee members are required to complete New Member Orientation within three months of your membership start date.

To register, please scan the QR Code or click: https://bit.ly/Feb_04_2026NMO

MIAMI-DADE HIV/AIDS PARTNERSHIP

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