



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, August 28, 2026

9:30 a.m. – 11:30 a.m.

Behavioral Science Research

2121 Ponce de Leon Blvd., Ste. 240

Miami, FL 33134

AGENDA

- | | |
|---|-----------------------|
| I. Call to Order | Cristhian Ysea |
| II. Introductions | All |
| III. Meeting Housekeeping | Cristhian Ysea |
| IV. Floor Open to the Public | Dr. Lawrence Friedman |
| V. Review/Approve Agenda | All |
| VI. Review/Approve Minutes of July 24, 2026 | All |
| VII. Reports | |
| • Ryan White Program | Carla Valle-Schwenk |
| • ADAP | Dr. Javier Romero |
| • Vacancy Report | Marlen Meizoso |
| VIII. Standing Business | |
| • Oral Health Care Items: | All |
| ○ Request of Codes D0602, D0603 | |
| ○ Implants Utilization and Feasibility | |
| • Allowable Conditions Response to “Dear Colleague” Letter Continued | All |
| • Ryan White Prescription Drug Formulary | All |
| • 2026 Calendar of Activities | All |
| IX. New Business | |
| • Bylaws Review-Medical Care Subcommittee Section | All |
| X. Announcements and Open Discussion | All |
| XI. Next Meeting: September 25, 2026, at Behavioral Science Research | Cristhian Ysea |
| XII. Adjournment | Cristhian Ysea |

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Housekeeping Highlights



Meeting is being recorded and are part of public record.



Refrain from side-bar conversations to avoid Government in the Sunshine violations.



Only members of the Subcommittee can vote on items



Members shall **not act in their own private or personal interests** and will strive to handle all individuals, matters, and business with fairness and equity.



Raise your hand to be called upon by the chair.



Time limits may be placed on items.



Terms are on the back of the agenda.



Place your cell phone **on mute or vibrate**.
If you must take a call, please excuse yourself from the meeting.



If you did not get meeting materials, you can follow along on the screen or via the QR code on the agenda since materials are posted online.





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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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**Medical Care Subcommittee Meeting
Behavioral Science Research Corporation
2121 Ponce de Leon Boulevard, Suite 240
Coral Gables, FL 33134**

July 24, 2026, Minutes

#	Members	Present	Absent	Guests	
1	Dougherty, James		X	Gonzalez de Obando, Tivisay	
2	Friedman, Lawrence	X		Palacios, Carlos	
3	Gonzalez, Yvette		X		
4	Miller, Juliet	X			
5	Rojas, Vanessa	X			
6	Romero, Javier	X			
7	Serrano-Irizarry, Yendi		X		
8	Ysea, Cristhian A.	X			
Quorum: 3				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/partnership/#mcsc1>.

I. Call to Order

Cristhian Ysea

Cristhian Ysea, the Chair, called the meeting to order at 9:36 a.m. He introduced himself, provided an overview of the work for the day's meeting, and welcomed everyone.

II. Introductions

All

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

III. Meeting Housekeeping

Cristhian Ysea

Mr. Ysea reviewed the streamlined meeting housekeeping summary.

IV. Floor Open to the Public

Dr. Lawrence Friedman

Dr. Lawrence Friedman, Vice Chair, 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 made one change. Tivisay Gonzalez de Obando will provide the Part A report in place of Carla Valle-Schwenk. Dr. Friedman indicated he needed to leave early so any items with his name would be addressed by the chair.

Motion to accept the agenda as discussed.

Moved: Dr. Lawrence Friedman

Seconded: Dr. Javier Romero

Motion: Passed

VI. Review/Approve Minutes of May 15, 2026

All

Members reviewed the minutes of May 15, 2026, and no changes were requested.

Motion to accept the minutes of May 15, 2026, as presented.

Moved: Dr. Lawrence Friedman

Seconded: Dr. Vanessa Rojas

Motion: Passed

VII. Reports

▪ **Ryan White Program**

Tivisay Gonzalez de Obando

Tivisay Gonzalez de Obando referenced the May 2026 FY 2026 Ryan White Program utilization report, which was posted online. In addition, final utilization and expenditures for FY 2025 were included in meeting materials. Contracts are being finalized, and a few have been executed, but no expenditure reports have been generated. Carla Valle-Schwenk, Clarisol Nielsen, and Trevor Cunningham from the Recipient's office will be attending the Ryan White Conference in August. The Ryan White Part A/MAI Requests for Proposals for direct services and quality management and staff support, are under development and will be released soon for services to start March 1, 2027.

▪ **ADAP Report**

Dr. Javier Romero

Dr. Javier Romero reviewed the June 2026 ADAP report, which indicated enrollments, pharmacy expenditures and utilization. A new data element was noted on the report, "ee", which indicates eligibility expiration. Expenses are half of what was expended last year. The number of copay clients is down to 1,778 since only copays/deductibles are being paid. Case managers need to update any insurance information on clients. As previously reported, additional funding was allocated to ADAP by the state. A cap of 21,000 direct dispense clients for the whole state was also instituted. As of last week, there were a total of 18,400 direct dispense clients. Clients must ensure that they are not closed in the program and must re-enroll on time. Clients with a Caremark card must use it to keep their eligibility in the program. A budget review study is going to be conducted on the ADAP program by the state with results due in January. Biktarvy® and Descovy® are back on the ADAP formulary.

▪ **Vacancy Report**

Marlen Meizoso

Marlen Meizoso reviewed the current vacancies, which indicated several membership opportunities on the Partnership and the Subcommittee. Currently, on the Subcommittee, there are vacancies for a pharmacist, physician, mental health professional, and members living with HIV. An application was received for Carlos Palacios, pharmacist, who was a former member interested in rejoining. Mr. Palacios expressed his interest and elaborated on his background. The Subcommittee voted to recommend his membership.

Motion to recommend Carlos Palacios as a member of the Medical Care Subcommittee.

Moved: Dr. Lawrence Friedman

Seconded: Dr. Vanessa Rojas

Motion: Passed

▪ **Partnership Report**

Dr. Lawrence Friedman

The Partnership Report was shared and detailed the motions approved at this month's Partnership meeting.

VIII. Standing Business

▪ **Oral Health Care Items**

All

○ **Request of Codes D0602, D0603, D9110, and D0171**

A request was received to add four oral health codes to the Ryan White Oral Health Care Formulary:

1. D0602 – caries risk assessment (moderate risk)
2. D0603 – caries risk assessment (high risk)
3. D9110 – palliative treatment of dental pain, and
4. D0171 – post operative re-evaluation.

Codes D0602 and D0603 are preventive codes; code d09110 is an adjunctive general service; and code D0171 is a diagnostic code. The former Oral Health Care Workgroup was asked to review these proposed new dental codes and indicated the “codes are useful in our formulary”. The Subcommittee was provided with the tentative cost for each code: D0171 would be \$82, D0602 would be \$82, D0603 would be \$83, and D9110 would be \$155. The Subcommittee felt that codes D9110 and D0171 would be a good enhancement for the oral health care clients and made a motion to approve those codes. They questioned the need for codes D0602 and D0603. Additional information was requested on codes D0602 and D0603 including:

- What components comprise each code that another assessment could not cover?
- When were the codes originally approved by the American Dental Association (ADA)?

○ **Implants Utilization and Feasibility**

The Recipient has indicated that there are issues with providing implants. Some clients require additional procedures which the current provider cannot perform. The current provider of implant services was invited to today's meeting, but did not respond. Staff will invite them to next month's meeting.

▪ **Allowable Conditions Response to “Dear Colleague” Letter Continued**

All

The Subcommittee continued its structured review of the allowable conditions for items from Ear, Nose, and Throat (ENT) Otolaryngology to Hematology and Oncology specialty using the Open Evidence AI generated literature review and updating the review tool. The remaining conditions for review will be presented at the next meeting and are expected to be completed by the September meeting.

▪ **Ryan White Prescription Drug Formulary**

All

This item was being reviewed as one of the components of contingency planning and was deferred last month. The Subcommittee reviewed an updated version of the formulary with the ARV's (in pink) where placed on top of the document, and remaining items sorted as indicated on the header. The Subcommittee requested additional edits to the document removing the bolded items, adding notations on the red and blue items, and removing the highlighting. A revised draft will be presented at the next meeting.

▪ **2026 Calendar of Activities**

All

Staff reviewed the latest version of the calendar of activities based on the tasks from today. Oral health care items and other items will be updated for next month's agenda.

IX. New Business

There were no new business items.

X. Announcements and Open Discussion

All

Staff projected the latest HRSA program letter regarding nutritional services supporting Ryan White clients.

There were no open discussion items.

XI. Next Meeting

Cristhian Ysea

The next meeting is now scheduled for Friday, August 28, 2026, at 9:30 a.m. at the BSR conference room.

XII. Adjournment

Cristhian Ysea

Mr. Ysea thanked everyone for participating and adjourned the meeting at 11:23 a.m.



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MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

June 2026

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

- AIDS Pharmaceutical Assistance (LPAP/CPAP)
- Health Insurance Premium and Cost Sharing Assistance
- Medical Case Management
- Mental Health Services
- Oral Health Care
- Outpatient Ambulatory Health Services
- Substance Abuse Outpatient Care

Support Services

- Food Bank/Home Delivered Meals
- Medical Transportation
- Other Professional Services
- Outreach Services
- Substance Abuse Services (residential)

Service Units		Unduplicated Client Count	
Monthly	Year-to-date	Monthly	Year-to-date
1	19	1	5
0	43	0	13
8,024	37,168	4,326	7,015
23	272	8	83
849	3,852	639	1,644
2,619	12,251	1,662	4,049
6	11	4	5
888	3,333	305	441
118	1,046	107	407
0	4	1	5
74	304	30	85
606	2,105	24	36
TOTALS:		13,208	60,408

Total unduplicated clients (month):

5,222

Total unduplicated clients (YTD):

7,781

See page 4 for
Service Unit
Definitions

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

June 2026

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)
Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals
Medical Transportation
Other Professional Services
Outreach Services
Substance Abuse Services (residential)

Service Units Unduplicated Client Count

Monthly Year-to-date Monthly Year-to-date

1	19	1	5
0	43	0	13
6,615	29,958	3,855	6,319
16	226	4	59
849	3,852	639	1,644
2,385	11,412	1,512	3,891
6	11	4	5
888	3,333	305	441
109	940	98	382
0	4	1	5
71	291	28	75
606	2,105	24	36

TOTALS: 11,546 52,194

Total unduplicated clients (month):

4,845

Total unduplicated clients (YTD):

7,479

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

June 2026

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

Medical Case Management

Mental Health Services

Outpatient Ambulatory Health Services

Support Services

Medical Transportation

Outreach Services

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Medical Case Management	1,409	7,210	606	1,579
Mental Health Services	7	46	4	24
Outpatient Ambulatory Health Services	234	839	171	425
Medical Transportation	9	106	9	49
Outreach Services	3	13	3	12
TOTALS:	1,662	8,214		
Total unduplicated clients (month):	706			
Total unduplicated clients (YTD):	1,727			

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.



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ENROLLMENTS, CHD PHARMACY EXPENDITURES & C&D UTILIZATION

Month	New	Re-E	Clients ^{^^}	EE	CHD Pharmacy	RXs	Patients	RX/Pt	C & D	Report
Apr-26	54	816	7,552	220	\$ 815,360.52	2,373	573	4.1	2,092	04/20/26
May-26	44	544	7,508	174	\$ 955,667.79	2,639	658	4.0	1,873	05/31/26
Jun-26	53	430	7,448	170	\$ 986,283.56	2,797	678	4.1	1,778	07/01/26
Jul-26	77	383	7,370	181	\$ 1,371,722.46	2,789	753	3.7	1,737	08/01/26
Aug-26				282						
Sep-26				293						
Oct-26				413						
Nov-26				514						
Dec-26				842						
Jan-27				770						
Feb-27				789						
Mar-27				779						
FY26/27	228	2,173	7,370	4,682	\$ 4,129,034.33	10,598	2,662	4.0	7,480	08/01/26
Projections	684	6,519			\$12,387,102.99	31,794	7,986			
						317,940	#####			

PROGRAM UPDATE

08/01/26	Benefit Level ^	7,370	Direct Dispense	76.4%	5,633	C & D	23.6%	1,737
08/01/26	Cabenuva ®	444	Direct Dispense	91.0%	404	C & D	9.0%	40
08/01/26	Medicare eligible ^	69	7-mo window for 65th birthday [05/61 - 11/61]			Clients this month:		11
08/01/26	On Medicare	224	Active clients with copayment assistance					
08/01/26	Self-Insured C & D	1,737	ESI: 211 – Medicare Part D: 244 – COBRA: 3 – ACA-MP: 1,279 [confirmation/suspension]					

REQUIREMENTS

EFFECTIVE 07/01/26

5,633

1,737

DIRECT DISPENSE^{^^}

C & D * SELF-INSURED

BIKTARVY

DESCOVY

[0 % - 400 %] [cap 21,000 pts]

CVS Caremark card required [OR suspension]

Reinstated

Reinstated. No PA.

▪ \$75,000,000 [06/30/27] ▪ DD cap 21,000 pts – [05/31>18,000+] ▪ C&D Self-INS'd ▪ No Premium Assistance ▪ 45-day Re-Enrollment period ▪

NOTES

*SOURCES: Provide/ADAP & QS/1 . ^Data Subject to review. ^^Open + Active pts. * Expenditures NOT included: DD pts. from WP & PBM pharmacies [100+]

*For additional information, please visit www.adapmiami.com or contact adap.fldohmdc@flhealth.gov



Medical Care Subcommittee

Friday, August 28, 2026

9:30 a.m. – 11:30 a.m.

Behavioral Science Research

2121 Ponce de Leon Blvd., Ste. 240

Miami, FL 33134

AGENDA

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| I. | Call to Order | Cristhian Ysea |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Cristhian Ysea |
| IV. | Floor Open to the Public | Dr. Lawrence Friedman |
| V. | Review/Approve Agenda | All |
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| | • Ryan White Prescription Drug Formulary | All |
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| XII. | Adjournment | Cristhian Ysea |

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MAKE A DIFFERENCE IN HIV CARE IN MIAMI-DADE COUNTY!

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.



YOUR VOICE. YOUR COMMUNITY. REAL IMPACT.



Influence how more than
\$27 MILLION
in Ryan White funds
are used



Help improve HIV care
and support services for
9,000+ PEOPLE
living with HIV



Advise Miami-Dade County
leaders on HIV-related
issues and policies



Build leadership, policy
and community
engagement skills

OPEN SEATS ON THE PARTNERSHIP



5 RYAN WHITE CLIENT SEATS

For Ryan White Program Clients
who are not affiliated or employed
by a Ryan White Part A funded
service provider.



5 COMMUNITY & PROFESSIONAL SEATS

For people with HIV, service providers,
and community stakeholders with
experience, skills, and a commitment
to our community.



Your voice is needed. Your community counts.
Join us in making an impact!

BECOME A MEMBER IN 3 EASY STEPS



1 CONFIRM ELIGIBILITY

See requirements
to the right.



2 CONTACT US

Email us to learn more
and request an
application.



3 ENGAGE & SERVE

Meet with the Membership
Committee and start
making a difference!



For more information, contact:

mdcpartnership@behavioralscience.com

DO YOU QUALIFY?

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?
Note: Some seats for people with
HIV are exempt from this
requirement.



Can you volunteer
three to five hours
per month for
Partnership activities?



**THANK YOU
FOR YOUR SERVICE
TO PEOPLE WITH HIV!**
Be sure to bring a Ryan White
client to your next meeting!

COMMITTEE OPPORTUNITIES

Work with a dedicated team of volunteers on these Partnership committees
PEOPLE WITH HIV ARE ESSENTIAL TO THE WORK OF THE PARTNERSHIP. JOIN TODAY!

**YOUR INTEREST.
YOUR IMPACT.
YOUR COMMUNITY.**

CARE & TREATMENT COMMITTEE



8

OPEN SEATS



4

PEOPLE
WITH HIV



4

GENERAL
MEMBERS

Allocate Ryan White funds, set priorities for
health and support services, and improve
care for people with HIV.

HOUSING COMMITTEE



7

OPEN SEATS



1

PEOPLE
WITH HIV



6

GENERAL
MEMBERS

Work with the City of Miami Housing Opportunities
for Persons with AIDS Program to address
housing challenges for people with HIV.

MEDICAL CARE SUBCOMMITTEE



8

OPEN SEATS



5

PEOPLE
WITH HIV



3

EXPERTISE-
SPECIFIC SEATS*

Oversee updates to medical treatment guidelines
and the Ryan White Prescription Drug Formulary.

*Examples: Physician, Pharmacist, Mental Health Professional

PREVENTION COMMITTEE



4

OPEN SEATS



4

PEOPLE
WITH HIV

Develop and monitor local Ending the HIV Epidemic
activities and mobilize community action on the
latest HIV prevention initiatives.

STRATEGIC PLANNING COMMITTEE



10

OPEN SEATS



5

PEOPLE
WITH HIV



5

GENERAL
MEMBERS

Develop and monitor the official Integrated HIV
Prevention and Care Plan and the HIV Annual Report.

COMMUNITY COALITION



4

OPEN SEATS



4

GENERAL
MEMBERS

Recruit and train new members, share meals
and testimonials, and strengthen community
engagement.



For more information, contact:

mdcpartnership@behavioralscience.com



Your voice matters.

Help shape the future of HIV care and prevention
in Miami-Dade County.





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| | Addition of Partnership Report-Projected only | |
| | • Oral Health Care Items: | All |
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Partnership Report to Committees and Subcommittee July 20, 2026, Meeting

Supporting documents related to motions in this report are available online *at the new URL*: partnershipmiami.org/partnership/#pshipreports1, or from Behavioral Science Research Corp. (BSR) staff at mdcpartnership@behavioralscience.com.

Visit www.partnershipmiami.org/calendars/ for details on future meetings.

Members heard regular reports and voted to approve the motions listed below. Members also heard a presentation by Queen Holden, Perinatal HIV Coordinator, Florida Department of Health in MDC, *Provider Support for Lactation in the HIV Community of Miami-Dade County*.

Prevention Committee

1. Motion to approve Crystal Lopez as the FCPN Prevention Alternate.
-

Care and Treatment Committee

2. Motion to approve Yvette Gonzalez as the FCPN Care and Treatment Division Representative.
 3. Motion to accept the proposed Annual Service Description Review Protocol as presented.
 4. Motion to allocate all funding recommendations as presented on the Ryan White Part A FY 2026-27 (YR 36) Sweeps 1 funding recommendation.
 5. Motion to allocate Ryan White MAI FY 2026-27 (YR 36) Sweeps 1 funding recommendations of \$18,960 to Mental Health Services, \$8,058 to Substance Abuse Outpatient Care, and \$39,816 to Outreach Services, as presented.
 6. Motion to allocate the remaining Ryan White MAI FY 2026-27 (YR 36) Sweeps 1 funding recommendations as presented.
-

Strategic Planning Committee

7. Motion to approve the Partnership Assessment of the Efficiency of the Administrative Mechanism survey, as presented.
 8. Motion to approve the Ryan White Part A/MAI Subrecipient Assessment of the Efficiency of the Administrative Mechanism survey, as presented.
-

New Business

Members agreed by consensus to change their September meeting date to September 21, 2026.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

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**RYAN WHITE PROGRAM ORAL HEALTH CARE FORMULARY
REVIEW REQUEST FORM**

Date of Request: May 13, 2026

Request for (check one):

☒ Addition ☐ Deletion

FOR OMB-GC USE ONLY

5/14/2026 Date Request Received *ops*
 _____ Date of **Medical Care Subcommittee**
 _____ Review/Action (Approved? ☐ Yes ☐ No)
 _____ Date of **Care & Treatment Committee**
 _____ Review/Action (Approved? ☐ Yes ☐ No)
 _____ Date of **Miami-Dade HIV/AIDS Partnership**
 _____ Review/Action (Approved? ☐ Yes ☐ No)

- (1) Current Dental Terminology (CDT) code and description of dental procedure:
D0602 - Caries Risk Assessment, (Moderate Risk)
[Diagnostic: caries risk assessment and documentation, with a finding of moderate risk] *ops*
- (2) Please list other procedures currently found in the local Ryan White Program Oral Health Care Formulary which are considered similar to the proposed addition/deletion.

- (3) Should there be any restrictions on the use/availability of this procedure? ☐ Yes ☐ No ☐ N/A
 If yes, please explain. _____
- (4) Please indicate your reason for this request:
☐ New dental procedure available
☐ Dental procedure no longer used
☐ Change in dental code – The replacement code is _____
☒ Other (specify): Not covered under Ryan White
- (5) Please justify the reason for the addition or deletion of this code. Provide appropriate references where applicable. Attach back-up documentation to support your request, as needed.
Medically appropriate to identify patients with increased risk for future caries and guide preventive care planning. Supports early intervention, individualized recall intervals, and prevention of disease progression

I understand that this request will be considered at the next meeting of the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee (MCSC). If approved by the MCSC, this request will then be reviewed by the Care and Treatment Committee, and by the full Partnership.

Signature of Dentist Requesting this Change:

Name of Dentist Requesting this Change:

Phone Number:

Email:

Name of Organization/Clinic:

Please submit this request by email to: RyanWhiteProgram@miamidade.gov

DO NOT INCLUDE ANY CLIENT IDENTIFYING INFORMATION

RYAN WHITE PROGRAM ORAL HEALTH CARE FORMULARY
REVIEW REQUEST FORM

Date of Request: May 13, 2026

Request for (check one):

X Addition Deletion

FOR OMB-GC USE ONLY

5/14/2026 Date Request Received *ops*
 Date of **Medical Care Subcommittee**
 Review/Action (Approved? Yes No)
 Date of **Care & Treatment Committee**
 Review/Action (Approved? Yes No)
 Date of **Miami-Dade HIV/AIDS Partnership**
 Review/Action (Approved? Yes No)

- (1) Current Dental Terminology (CDT) code and description of dental procedure:
D0603 Caries Risk Assessment (High Risk)
[Diagnostic: caries risk assessment and documentation, with a finding of high risk] *ops*
- (2) Please list other procedures currently found in the local Ryan White Program Oral Health Care Formulary which are considered similar to the proposed addition/deletion.
- (3) Should there be any restrictions on the use/availability of this procedure? ☐ Yes ☒ No ☐ N/A
 If yes, please explain.
- (4) Please indicate your reason for this request:
☐ New dental procedure available
☐ Dental procedure no longer used
☐ Change in dental code – The replacement code is
☒ Other (specify): Not covered under the Ryan White formulary
- (5) Please justify the reason for the addition or deletion of this code. Provide appropriate references where applicable. Attach back-up documentation to support your request, as needed.
Clinically necessary for patients with active disease or significant risk factors. Supports
intensified preventive strategies and risk based treatment planning.

I understand that this request will be considered at the next meeting of the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee (MCSC). If approved by the MCSC, this request will then be reviewed by the Care and Treatment Committee, and by the full Partnership.

Signature of Dentist Requesting this Change:

Name of Dentist Requesting this Change:

Phone Number:

Email:

Name of Organization/Clinic:

Please submit this request by email to:

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DO NOT INCLUDE ANY CLIENT IDENTIFYING INFORMATION

Oral Health Care Codes D0602 and D0603

Information

Codes D602 and D603 were added to the [American Dental Association's \(ADA\)](#) Current Dental Terminology (CDT) code in **2014** (effective January 1, 2014) alongside code D0601. These codes represent caries risk assessments and documentation with findings of moderate risk (D0602) and high risk (D0603).

A caries risk assessment is often done during a [periodic oral evaluation \(D0120\)](#) for an established patient, but it uses separate specific billing codes. While **D0120** covers the routine check-up exam, tooth decay risk is categorized and reported using dedicated Caries Risk Assessment (CRA) codes.

Visits include:

- **Medical and Dental History Update:** Reviewing changes in health or medications since the last visit.
- **Clinical Visual Exam:** Checking teeth for new cavities, white spot lesions, or defective fillings.
- **Risk Categorization:** Using tools like ADA or Caries Management by Risk Assessment (CAMBRA) guidelines to assign a low, moderate, or high score.

Billing Note: Many insurance plans and state programs require a separate CRA code (D0601–D0603) submitted alongside the **D0120** exam code during the same appointment.

- **Delta Dental PPO and DeltaCare USA (Florida)** – These codes are recognized. Many DeltaCare Florida plans list D0602 and D0603 as covered at no cost, subject to plan limitations.
- **Florida Blue Dental** – Uses current ADA CDT codes, but individual PPO and copayment plans may or may not reimburse D0602/D0603. Coverage depends on the specific employer or individual plan document rather than the code itself.
- Other major carriers (such as Humana, MetLife, Ameritas, Guardian, and Cigna) generally accept the CDT codes, but reimbursement varies by employer contract and individual policy.

The restrictions below are among the most common payer policies:

- **One caries risk assessment every 12 months** (or every benefit year).
- **Only one of D0601, D0602, or D0603** may be billed on the same date of service.
- The code should reflect the documented risk level (low, moderate, or high).
- Documentation should support the risk assessment using a recognized caries risk assessment tool.

- Some plans restrict payment based on age (often pediatric-focused), while others cover adults as well.
- Some plans consider D0603 a non-covered benefit unless the specific contract includes coverage.



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	Local Justification		HHS Criteria								
			A	B	C	D	D.1	D.2	D.3	D.4	
Check all that apply if yes for each condition and add any comments, as applicable.	Is this condition HIV related?	Is this condition a comorbidity or complication related to HIV?	Are there evidence-based interventions to combat HIV?	Does addressing the condition promote viral suppression?	Does addressing the condition improve quality of life?	For this condition, will a diagnostic procedure be required ?	If a diagnostic/treatment procedure is required, will any of the following be needed:				Comments
Definition of terms sample based on American Society of Anesthesiology							Anesthesia for surgeries in which you lose consciousness e.g. open-heart .	Sedation for minimal invasive procedures e.g. colonoscopy.	Anesthesia for region such as those used during childbirth, or nerve-blocks.	Anesthesia for local procedures such as stitches, mole removal that numbs a small area.	No conditions/treatments are covered by the RWP if: requiring inpatient hospitalization, are performed at an emergency room or at urgent care facilies, and use general anesthesia.
Anesthesia term							general anesthesia?	IV/monitored sedation?	regional anesthesia?	local anesthesia?	
BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY):											
osteoarthritis	☐	☒	☐	☐	☒	☐	☐	☐	☐	☐	Diagnostics covered to rule out other complicating conditions.
BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY) and CHIROPRACTIC/PHYSICAL MEDICINE:											
avascular necrosis of hip, knee, etc. (Stage 1 or 2 only for CHIROPRACTIC/PHYSICAL MEDICINE)	☒	☒	☐	☐	☒	☒	☐	☐	☐	☐	Coverage limited up to joint replacement/surgical interventions; Coverage in RW may include diagnostics, physical therapy, medications, limited to outpatient procedures or no anesthesia. Anything beyond this would require a case review.
fibromyalgia	☐	☒	☐	☐	☒	☐	☐	☐	☐	☐	
myopathy/myalgia, HIV-related (chronic for CHIROPRACTIC/PHYSICAL MEDICINE)	☒	☒	☐	☐	☒	☐	☐	☐	☐	☐	
osteopenia/osteoporosis	☒	☒	☐	☐	☒	☒	☐	☐	☐	☐	
rheumatic diseases	☒	☒	☐	☐	☒	☒	☐	☐	☐	☐	
CARDIOLOGY:											
atherosclerosis	☒	☒	☐	☐	☒	☒	☐	☐	☐	☐	Coverage in RW may include diagnostics, medications, limited to outpatient procedures or no anesthesia.
coronary artery disease	☒	☒	☐	☐	☒	☒	☐	☐	☐	☐	
heart disease	☒	☒	☐	☐	☒	☒	☐	☐	☐	☐	
hyperlipidemia	☒	☒	☐	☐	☒	☒	☐	☐	☐	☐	Coverage in RW limited to medications
peripheral artery disease	☒	☒	☐	☐	☒	☒	☐	☐	☐	☐	Coverage in RW may include diagnostics, medications, limited to outpatient procedures or no anesthesia.
peripheral vascular disease	☒	☒	☐	☐	☒	☒	☐	☐	☐	☐	
phlebitis	☒	☒	☐	☐	☒	☒	☐	☐	☐	☐	

	Local Justification		HHS Criteria								
			A	B	C	D	D.1	D.2	D.3	D.4	
Check all that apply if yes for each condition and add any comments, as applicable.	Is this condition HIV related?	Is this condition a comorbidity or complication related to HIV?	Are there evidence-based interventions to combat HIV?	Does addressing the condition promote viral suppression?	Does addressing the condition improve quality of life?	For this condition, will a diagnostic procedure be required ?	If a diagnostic/treatment procedure is required, will any of the following be needed:				Comments
Definition of terms sample based on American Society of Anesthesiology							Anesthesia for surgeries in which you lose consciousness e.g. open-heart .	Sedation for minimal invasive procedures e.g. colonoscopy.	Anesthesia for region such as those used during childbirth, or nerve-blocks.	Anesthesia for local procedures such as stitches, mole removal that numbs a small area.	No conditions/treatments are covered by the RWP if: requiring inpatient hospitalization, are performed at an emergency room or at urgent care facilities, and use general anesthesia.
Anesthesia term							general anesthesia?	IV/monitored sedation?	regional anesthesia?	local anesthesia?	
CHIROPRACTIC/PHYSICAL MEDICINE:											
HIV-related chronic arthralgia	☒	☒	☐	☐	☒	☒	☐	☐	☐	☐	
peripheral neuropathy	☒	☒	☐	☐	☒	☒	☐	☐	☐	☐	
COLORECTAL:											
abnormal anal Pap smears	☒	☒	☐	☐	☒	☒	☐	☐	☐	☐	
fistulas	☒	☒	☐	☐	☒	☒	☐	☐	☐	☐	
hernias	☐	☐	☐	☐	☒	☒	☐	☐	☐	☐	
COLORECTAL and ONCOLOGY:											
anal cancers	☒	☒	☐	☐	☒	☒	☒	☒	☐	☒	If any diagnosis leads to surgery, the RWP can't cover general anesthesia.
DENTAL (ORAL HEALTH CARE):											
giant aphthous ulcers	☒	☒	☐	☐	☒	☒	☐	☐	☐	☒	
DENTAL (ORAL HEALTH CARE); and EAR, NOSE and THROAT (ENT)/OTOLARYNGOLGY:											
human papillomavirus associated oral lesions	☒	☒	☐	☐	☒	☒	☒	☐	☐	☒	Treatment may require general/local anesthesia.
DENTAL (ORAL HEALTH CARE); EAR, NOSE and THROAT (ENT)/OTOLARYNGOLGY; and ONCOLOGY:											
dental cancers	☒	☒	☐	☐	☒	☒	☒	☐	☐	☒	Treatment may require general/local anesthesia.

	Local Justification		HHS Criteria								
			A	B	C	D	D.1	D.2	D.3	D.4	
Check all that apply if yes for each condition and add any comments, as applicable.	Is this condition HIV related?	Is this condition a comorbidity or complication related to HIV?	Are there evidence-based interventions to combat HIV?	Does addressing the condition promote viral suppression?	Does addressing the condition improve quality of life?	For this condition, will a diagnostic procedure be required ?	If a diagnostic/treatment procedure is required, will any of the following be needed:				Comments
Definition of terms sample based on American Society of Anesthesiology							Anesthesia for surgeries in which you lose consciousness e.g. open-heart .	Sedation for minimal invasive procedures e.g. colonoscopy.	Anesthesia for region such as those used during childbirth, or nerve-blocks.	Anesthesia for local procedures such as stitches, mole removal that numbs a small area.	No conditions/treatments are covered by the RWP if: requiring inpatient hospitalization, are performed at an emergency room or at urgent care facilies, and use general anesthesia.
Anesthesia term							general anesthesia?	IV/monitored sedation?	regional anesthesia?	local anesthesia?	
DERMATOLOGY:											
dermatitis	☐	☒	☐	☐	☒	☐	☐	☐	☐	☒	local anesthesia maybe need for biopsy
eczema/seborrheic dermatitis	☐	☒	☐	☐	☒	☐	☐	☐	☐	☒	local anesthesia maybe need for biopsy
eosinophilic folliculitis	☐	☒	☐	☐	☒	☐	☐	☐	☐	☒	local anesthesia maybe need for biopsy
impetigo	☐	☒	☐	☐	☒	☐	☐	☐	☐	☒	local anesthesia maybe need for biopsy
Methicillin-resistant Staphylococcus aureus (MRSA)	☐	☒	☐	☐	☒	☐	☐	☐	☐	☒	local anesthesia maybe need for biopsy
molluscum contagiosum	☐	☒	☐	☐	☒	☐	☐	☐	☐	☒	local anesthesia maybe need for biopsy
photodermatitis	☐	☒	☐	☐	☒	☐	☐	☐	☐	☒	local anesthesia maybe need for biopsy
pruritus (as a symptom of undiagnosed xerosis, psoriasis, scabies, lymphoma, etc.)	☒	☒	☐	☐	☒	☐	☐	☐	☐	☒	
psoriasis	☒	☒	☐	☐	☒	☐	☐	☐	☐	☒	
skin conditions and symptoms, including skin appendages and oral mucosa	☒	☒	☐	☐	☒	☐	☐	☐	☐	☒	
warts	☒	☒	☐	☐	☒	☐	☐	☐	☐	☒	
DERMATOLOGY and GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB):											
tinea infections	☒	☒	☐	☐	☒	☐	☐	☐	☐	☒	
DERMATOLOGY and INFECTIOUS DISEASES:											
herpes simplex virus	☒	☒	☐	☐	☒	☐	☐	☐	☐	☒	
DERMATOLOGY and ONCOLOGY:											
Kaposi's sarcoma	☒	☒	☐	☐	☒	☐	☒	☒	☐	☒	
skin cancers (squamous cell carcinoma, etc.)	☒	☒	☐	☐	☒	☐	☒	☐	☐	☒	
DERMATOLOGY and PODIATRY:											
onychomycosis	☒	☒	☐	☐	☒	☐	☐	☐	☐	☒	

	Local Justification		HHS Criteria									
			A	B	C	D	D.1	D.2	D.3	D.4		
Check all that apply if yes for each condition and add any comments, as applicable.	Is this condition HIV related?	Is this condition a comorbidity or complication related to HIV?	Are there evidence-based interventions to combat HIV?	Does addressing the condition promote viral suppression?	Does addressing the condition improve quality of life?	For this condition, will a diagnostic procedure be required ?	If a diagnostic/treatment procedure is required, will any of the following be needed:				Comments	
Definition of terms sample based on American Society of Anesthesiology							Anesthesia for surgeries in which you lose consciousness e.g. open-heart .	Sedation for minimal invasive procedures e.g. colonoscopy.	Anesthesia for region such as those used during childbirth, or nerve-blocks.	Anesthesia for local procedures such as stitches, mole removal that numbs a small area.	No conditions/treatments are covered by the RWP if: requiring inpatient hospitalization, are performed at an emergency room or at urgent care facilies, and use general anesthesia.	
Anesthesia term							general anesthesia?	IV/monitored sedation?	regional anesthesia?	local anesthesia?		
EAR, NOSE AND THROAT (ENT)/OTOLARYNGOLOGY:												
chronic sinusitis	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐		
oral human papillomavirus	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐		
oral candidiasis	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐		
ENDOCRINOLOGY:												
diabetes	☒	☒	☐	☐	☒	☐	☐	☐	☐	☐	*Type 2	
hypogonadism	☒	☒	☐	☒	☒	☐	☐	☐	☐	☐		
GASTROINTESTINAL:												
colitis (syphilitic colitis--very rare)	☒	☒	☒	☒	☒	☒	☐	☒	☐	☐	colonoscopy	
infecious diarrhea	☒	☒	☒	☒	☒	☒	☐	☒	☐	☐	colonoscopy	
esophageal candidiasis	☒	☒	☒	☒	☒	☒	☐	☒	☐	☐	EGD	
nausea/vomiting	☒	☒	☒	☒	☒	☒	☐	☒	☐	☐	*side effect of ART/OI: endoscopy	
GENITOURINARY (GU)/ GYNECOLOGY												
abnormal Pap smear	☒	☒	☐	☐	☒	☒	☐	☐	☐	☒	coposcopy; cancer prevention	
cervical human papillomavirus	☒	☒	☐	☐	☒	☒	☐	☐	☐	☒	coposcopy; cancer prevention	
erectile dysfunction*	☒	☒	☐	☐	☒	☐	☐	☐	☐	☐		
hematuria (related to neoplasms)	☒	☒	☐	☒	☒	☒	☐	☐	☐	☒	cytoscopy	
pregnancy	☐	☒	☒	☒	☒	☐	☐	☐	☐	☐		
scrotal candidiasis	☐	☒	☐	☐	☒	☐	☐	☐	☐	☐		
vaginitis	☒	☐	☒	☒	☒	☐	☐	☐	☐	☐		
*IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation and diagnostics of erectile dysfunction; but the treatment of erectile dysfunction is <u>not</u> covered by the local Ryan White Part A/MAI Program.												

	Local Justification		HHS Criteria								
			A	B	C	D	D.1	D.2	D.3	D.4	
Check all that apply if yes for each condition and add any comments, as applicable.	Is this condition HIV related?	Is this condition a comorbidity or complication related to HIV?	Are there evidence-based interventions to combat HIV?	Does addressing the condition promote viral suppression?	Does addressing the condition improve quality of life?	For this condition, will a diagnostic procedure be required ?	If a diagnostic/treatment procedure is required, will any of the following be needed:				Comments
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Anesthesia term							general anesthesia?	IV/monitored sedation?	regional anesthesia?	local anesthesia?	
GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB) and ONCOLOGY:											
gynecological cancers	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	possible anesthesia depedning on cancer location
prostate cancer	☐	☒	☒	☐	☒	☒	☒	☒	☒	☒	anesthesia depding on biospy and surgery need
HEMATOLOGY:											
anemia	☒	☒	☒	☒	☒	☒	☐	☒	☐	☒	bone marrow biopsy
leukopenia	☒	☒	☒	☒	☒	☒	☐	☒	☐	☒	bone marrow biopsy
neutropenia	☒	☒	☒	☒	☒	☒	☐	☒	☐	☒	bone marrow biopsy
thromboeytopenia	☒	☒	☒	☒	☒	☒	☐	☒	☐	☒	bone marrow biopsy
HEMATOLOGY and ONCOLOGY:											
polycythemia vera	☐	☐	☐	☐	☒	☒	☐	☒	☐	☒	bone marrow biopsy
			STOPPED HERE								
INFECTIOUS DISEASE:											
histoplasmosis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
leishmaniasis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
non-tuberculous mycobacterial infections	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
syphilis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
varicella zoster infections	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
viral hepatitis (hepatitis B and C)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
INFECTIOUS DISEASE and DERMATOLOGY:											
Mpox	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
INFECTIOUS DISEASE and OPTHAMOLOGY:											
toxoplasmosis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	Local Justification		HHS Criteria								
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Anesthesia term							general anesthesia?	IV/monitored sedation?	regional anesthesia?	local anesthesia?	
INFECTIOUS DISEASE and PULMONOLOGY:											
tuberculosis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
MENTAL HEALTH SERVICES and PSYCHIATRY:											
mental health disorder caused or exacerbated by HIV diagnosis or	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
mental health disorder/condition that significantly hinders a client’s	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
NEPHROLOGY:											
human immunodeficiency virus-associated nephropathy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
renal failure (may be related to coronary artery disease induced by HIV or diabetes mellitus induced by HIV, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
NEUROLOGY:											
delirium	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
HIV-associated neurocognitive disorder (HAND) 1, 2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
HIV-related encephalopathy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
neuropathy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
neurosyphilis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
NUTRITION:											
lipodystrophy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
wasting	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
weight gain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
weight loss	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
OPHTHALMOLOGY/OPTOMETRY:											
Manifestations due to opportunistic infections:											
acute retinal necrosis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
bacterial retinitis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
candida endophthalmitis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
cryptococcus chorioretinitis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
cytomegalovirus retinitis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
pneumocystis choroiditis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	Local Justification		HHS Criteria									
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Anesthesia term							general anesthesia?	IV/monitored sedation?	regional anesthesia?	local anesthesia?		
Visual disturbances to rule out complication of HIV due to:												
cataracts	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
dry eyes (sicca)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
glaucoma	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
intra-retinal hemorrhages	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
reactive arthritis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
trichomegaly or eyelash hypertrichosis (exaggerated growth of the eye lashes found in the later stages of the disease)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
uveitis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
History of STI and complications of STI:												
herpes simplex virus	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
herpes zoster-varicella visual changes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
syphilis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation, diagnostics and treatment for HIV-related eye problems/complications such as the examples listed above and will not pay for the filling of prescriptions for corrective lenses (e.g., [glasses or contact lenses for] astigmatism, myopia, hyperopia, [or presbyopia]).												
ONCOLOGY:												
Cancers-may include but not limited to: breast, eye (e.g., squamous cell carcinoma of the eye- etc.), lymphoma, polycythemia vera,	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
PODIATRY:												
diabetic foot care	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
foot and ankle pain*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
plantar fasciitis related to lipoatrophy and other known associated	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
*IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation, diagnosis, and treatment of foot and ankle pain for HIV related conditions or co-morbidities. Conditions such as hammer toes, bunions, and heel spurs may be covered if related to neuropathies. Sprains or fractures are not covered unless a direct connection to neuropathies is present.												
PULMONARY:												
mycobacterium	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
pneumocystis pneumonia	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
recurrent pneumonia	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

OpenEvidence AI Review-Selections from Miami-Dade Ryan White Allowable Conditions List

INFECTIOUS DISEASE								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Histoplasmosis	Yes — AIDS-defining OI	Complication (disseminated disease with CD4 <150)	Yes — liposomal amphotericin B induction, itraconazole maintenance; itraconazole prophylaxis CD4 <150 in endemic areas; ART	Yes — indirect; ART is integral to treatment and prevents relapse	Yes — reduces mortality/morbidity	Often — blood/urine antigen (venipuncture); bone marrow, lymph node, skin, or lung biopsy; sometimes bronchoscopy	Local for biopsy/bone marrow; sedation for bronchoscopy; general rarely (surgical lung biopsy)	[1-3]
Leishmaniasis (visceral)	Yes — OI in coinfectd persons	Complication of advanced immunosuppression	Yes — liposomal amphotericin B, secondary prophylaxis, ART	Yes — indirect via ART initiation/retention	Yes	Yes — serology, PCR; bone marrow or splenic aspirate for parasitologic confirmation	Local ± sedation for marrow/splenic aspirate	[1]
Non-tuberculous mycobacteria (MAC and others)	Yes — disseminated MAC is AIDS-defining	Complication (CD4 <50); also IRIS manifestation	Yes — macrolide-based multidrug therapy; primary MAC prophylaxis no longer recommended with prompt ART	Yes — ART is core therapy	Yes	Yes — mycobacterial blood cultures; bone marrow, lymph node, or tissue biopsy; bronchoscopy for pulmonary disease	Local for biopsy; sedation for bronchoscopy	[1-2, 4]
Syphilis / neurosyphilis	Yes — higher incidence; screening mandated at entry to care and periodically	Comorbidity (shared transmission) and complication (accelerated neuroinvasion); raises HIV viral load	Yes — penicillin G (IV aqueous penicillin for neurosyphilis); serologic screening; doxyPEP for prevention	Yes — treating syphilis lowers HIV viral load and transmission risk [1]	Yes	Yes — RPR/treponemal serology; lumbar puncture for neurosyphilis; darkfield/PCR of lesions	Local for LP; sedation rarely (anxiety, difficult LP); general not required	[1, 5-6]

OpenEvidence AI Review-Selections from Miami-Dade Ryan White Allowable Conditions List

INFECTIOUS DISEASE								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Varicella zoster (including zoster ophthalmicus)	Yes — occurs at increased incidence at all CD4 strata	Complication; recurrent/disseminated forms mark immunosuppression	Yes — acyclovir/valacyclovir/famciclovir; recombinant zoster vaccine; varicella IgG screening	Yes — indirect (engagement, ART)	Yes — reduces pain, post-herpetic neuralgia, vision loss	Sometimes — usually clinical; PCR of lesion swab; ocular fluid PCR if retinal involvement	Topical/local for lesion swab or anterior chamber tap	[1, 5, 7]
Viral hepatitis B	Yes — shared transmission; HBV-active ART required	Comorbidity and driver of chronic liver disease/hepatoma	Yes — tenofovir-based ART (TAF/TDF + FTC/3TC), HBV vaccination, HCC surveillance	Yes — HBV-active agents are simultaneously ART components	Yes	Yes — serology, HBV DNA; elastography or liver biopsy in select cases	Local for liver biopsy; sedation sometimes; none for elastography	[6, 8-9]
Viral hepatitis C	Yes	Comorbidity; accelerates fibrosis and CKD risk	Yes — direct-acting antivirals with high cure rates; attention to DAA–ART interactions	Yes — indirect; sustained care engagement	Yes	Yes — antibody plus HCV RNA; elastography; biopsy rarely	Local if biopsy; usually none	[5, 8]
INFECTIOUS DISEASE AND DERMATOLOGY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Mpox	Yes — more severe and prolonged with low CD4	Complication of immunosuppression; coinfections common	Yes — supportive care, tecovirimat for severe/high-risk disease, isolation, vaccination of at-risk groups	Yes — indirect; ART optimization is central to severe disease	Yes	Yes — PCR of lesion swab	None to topical; local if deep lesion biopsy	[6, 9]
INFECTIOUS DISEASE AND OPHTHALMOLOGY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Toxoplasmosis (Toxoplasma encephalitis)	Yes — AIDS-defining	Complication (CD4 <100)	Yes — pyrimethamine–sulfadiazine–leucovorin; TMP-SMX prophylaxis; ART	Yes — ART required for immune reconstitution and stopping secondary prophylaxis	Yes	Yes — serology, brain MRI; brain biopsy if	Local for LP; general anesthesia for stereotactic brain biopsy	[1, 10]

OpenEvidence AI Review-Selections from Miami-Dade Ryan White Allowable Conditions List

INFECTIOUS DISEASE								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
						no response to empiric therapy; LP in selected cases		
INFECTIOUS DISEASE AND PULMONOLOGY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Tuberculosis	Yes — risk elevated at any CD4 count	Comorbidity and complication; increases plasma HIV RNA	Yes — standard 4-drug therapy, LTBI screening with IGRA/TST and treatment, ART timing per guidelines	Yes — TB treatment lowers HIV viral load; ART co-administration required [1]	Yes	Yes — IGRA/TST, sputum AFB/Xpert, imaging; bronchoscopy or tissue/lymph node biopsy if smear-negative	Sedation for bronchoscopy or EBUS; local for pleural/node biopsy; general for surgical biopsy	[1, 4-5]

OpenEvidence AI Review-Selections from Miami-Dade Ryan White Allowable Conditions List

MENTAL HEALTH SERVICES AND PSYCHIATRY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Mental health disorder caused/exacerbated by HIV diagnosis or treatment	Yes	Complication (diagnosis-related distress, ART neuropsychiatric effects)	Yes — screening at entry to care, pharmacotherapy, psychotherapy, integrated behavioral health	Yes — directly; untreated psychiatric illness is a major barrier to adherence	Yes	No procedure — clinical interview plus validated screening instruments; labs to exclude organic causes	None	[5-6]
Mental health condition hindering treatment adherence	Yes — adherence is the central determinant of suppression	Comorbidity that directly impairs HIV outcomes	Yes — adherence-support interventions, case management, substance use treatment, psychiatric care	Yes — directly	Yes	No	None	[5]
NEPHROLOGY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
HIV-associated nephropathy (HIVAN)	Yes — direct HIV infection of kidney cells	Complication; leading cause of ESRD, especially in Black persons with HIV	Yes — ART (reduces HIVAN risk ~60%), RAS blockade, KDIGO-based care; glucocorticoids in selected cases (limited evidence)	Yes — ART is the primary treatment and viral load correlates with kidney function	Yes	Yes — urinalysis/uPCR, renal ultrasound, kidney biopsy for definitive diagnosis	Local anesthesia for percutaneous biopsy; sedation sometimes; general uncommon	[5-6, 12-13]
Renal failure/CKD (including HIV-related CVD or diabetes-driven)	Related	Comorbidity; multifactorial (hypertension, diabetes, HCV, ART nephrotoxicity)	Yes — eGFR/proteinuria screening, ARV renal dose adjustment, avoid nephrotoxic agents, KDIGO CKD management	Yes — enables safe, appropriate ART dosing and continuity	Yes	Yes — labs, imaging; biopsy if diagnosis unclear	Local if biopsy; usually none	[6, 14]

OpenEvidence AI Review-Selections from Miami-Dade Ryan White Allowable Conditions List

NEUROLOGY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Delirium	Related	Complication of OIs, metabolic derangement, drugs, advanced HIV	Yes — identify and treat precipitant, non-pharmacologic delirium bundles, minimize deliriogenic drugs	Yes — indirect; restores capacity for adherence	Yes	Often — labs, neuroimaging; LP when CNS infection suspected	Local for LP; sedation may be needed for imaging in agitated patients	[1, 10]
HAND (asymptomatic, mild neurocognitive disorder, HIV-associated dementia)	Yes	Complication persisting in 30–50% despite ART	Partially — ART optimization, cognitive rehabilitation, exercise; adjuvants (minocycline, memantine, selegiline) have shown negligible cognitive benefit	Yes — indirect; cognitive impairment undermines adherence	Yes	Yes — neurocognitive testing (IHDS, MoCA, formal battery); MRI and CSF biomarkers to exclude alternatives	None for testing; local for LP if CSF obtained	[6, 15]
HIV-related encephalopathy	Yes — AIDS-defining	Complication of advanced disease	Yes — ART; exclusion and treatment of OIs and CNS lymphoma	Yes	Yes	Yes — MRI, LP with CSF studies including HIV RNA and PCR panels	Local for LP; general if brain biopsy required	[6, 10]
Peripheral neuropathy (distal sensory polyneuropathy)	Yes — affects 30–60%	Complication of HIV, immune activation, and older neurotoxic ART	Yes — gabapentin and capsaicin 8% patch per 2017 HIVMA guideline; alpha-lipoic acid and medical cannabis in select cases; stop neurotoxic ART; exercise. Lamotrigine not recommended; amitriptyline, duloxetine, pregabalin show limited benefit; lidocaine/mexiletine ineffective	Yes — indirect; pain control supports adherence	Yes	Sometimes — diagnosis is clinical; EMG/nerve conduction or skin biopsy in unclear cases	Local for skin punch biopsy; none for EMG/NCS	[6]
neurosyphilis	<i>See infectious diseases.</i>							

OpenEvidence AI Review-Selections from Miami-Dade Ryan White Allowable Conditions List

NUTRITION								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Lipodystrophy / lipoatrophy	Yes	Complication of HIV and older ART	Yes — ART regimen switch, lifestyle intervention, tesamorelin for visceral adiposity	Yes — indirect; body-shape changes drive nonadherence	Yes	Sometimes — clinical exam, DXA or CT for body composition	None	[5-6]
Wasting / weight loss	Yes — wasting syndrome is AIDS-defining	Complication of advanced HIV, OIs, malignancy, enteropathy	Yes — treat underlying OI/malignancy, ART, nutritional support	Yes	Yes	Often — workup for OI/malignancy (imaging, endoscopy, biopsy)	Sedation for endoscopy; local for biopsy	[5-6]
Weight gain / body composition change on ART	Yes	Complication of ART (INSTIs, TAF) plus return-to-health effect	Yes — lifestyle intervention, GLP-1/GIP agonists (semaglutide, tirzepatide), ART adjustment, behavioral counseling	Yes — indirect; avoids self-directed ART discontinuation	Yes	No — BMI, metabolic panel, A1c	None	[6, 9]
OPHTHALMOLOGY/OPTOMETRY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Acute retinal necrosis (VZV/HSV, rarely CMV)	Related — CMV-related ARN occurs almost exclusively in immunocompromised hosts	Complication	Yes — high-dose valacyclovir or IV acyclovir (IV ganciclovir if CMV), often with intravitreal foscarnet; treatment cuts fellow-eye involvement from 70% to 13%	Yes — indirect	Yes — sight-preserving	Yes — clinical diagnosis plus PCR of aqueous or vitreous (79–100% positive)	Topical/local anesthesia for anterior chamber tap and intravitreal injection; general anesthesia if vitrectomy performed	[7, 16]
Bacterial retinitis / endophthalmitis	Related	Complication	Yes — intravitreal plus systemic antimicrobials, vitrectomy in severe cases	Yes — indirect	Yes	Yes — vitreous/aqueous tap for culture and PCR	Topical/local for tap; general for vitrectomy	[7]

OpenEvidence AI Review-Selections from Miami-Dade Ryan White Allowable Conditions List

Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Candida endophthalmitis	Related	Complication (also seen with injection drug use, catheters)	Yes — systemic antifungal plus intravitreal amphotericin/voriconazole; vitrectomy for vitritis	Yes — indirect	Yes	Yes — dilated exam, vitreous tap/culture, blood cultures	Local for tap; general for vitrectomy	[7]
Cryptococcal chorioretinitis	Yes	Complication of disseminated cryptococcosis (CD4 <100)	Yes — induction amphotericin B + flucytosine, fluconazole consolidation; fluconazole prophylaxis with positive serum CrAg; ART timing per OI guidelines	Yes — ART deferral/timing is explicitly managed	Yes	Yes — serum CrAg, lumbar puncture with opening pressure; ocular exam	Local for LP	[1-2]
CMV retinitis	Yes — AIDS-defining	Complication (CD4 <50)	Yes — oral valganciclovir, IV ganciclovir, or IV induction then oral (all AI); foscarnet or cidofovir as alternatives; intravitreal ganciclovir or foscarnet added for lesions within 1,500 µm of fovea/optic disc. Intravitreal cidofovir is not recommended (AIII) due to hypotony, uveitis, and immune recovery uveitis	Yes — ART reduces inflammation recurrence (10% vs 33% without ART)	Yes — vision preservation	Yes — dilated ophthalmologic exam by an experienced ophthalmologist; aqueous/vitreous PCR in atypical cases	Topical/local for intravitreal injection or tap; general only for retinal detachment surgery	[1, 17]
Pneumocystis choroiditis	Yes	Complication of disseminated PCP	Yes — systemic anti-PCP therapy (TMP-SMX), ART	Yes	Yes	Yes — dilated exam; systemic PCP workup (BAL)	Sedation if bronchoscopy needed; none for ocular exam	[1]
Cataracts	Related	Comorbidity; accelerated aging, prior uveitis, corticosteroid exposure	Yes — surgical extraction with IOL	Indirectly	Yes	Yes — slit lamp exam; cataract surgery is therapeutic	Local/topical (± sedation) for cataract surgery; general rarely	[5]

OpenEvidence AI Review-Selections from Miami-Dade Ryan White Allowable Conditions List

Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Glaucoma	Related	Comorbidity; also secondary to uveitis and steroid therapy	Yes — topical IOP-lowering therapy, laser trabeculoplasty, surgery	Indirectly	Yes	Yes — tonometry, gonioscopy, visual fields, OCT	Topical anesthesia for tonometry/gonioscopy; local ± sedation for laser or filtering surgery	[5]
Intraretinal hemorrhages / cotton-wool spots (HIV retinopathy)	Yes	Complication; a target of the guideline-recommended eye exam	Yes — ART and immune reconstitution; exclude CMV retinitis	Yes — indirect	Yes	Yes — dilated fundus exam, fundus photography, OCT	None	[5, 18]
Reactive arthritis	Yes — more common at lower CD4	Complication	Yes — NSAIDs, DMARDs, ART optimization	Yes — indirect	Yes	Sometimes — inflammatory markers, imaging; joint aspiration to exclude infection	Local for arthrocentesis	[6]
Trichomegaly / eyelash hypertrichosis	Yes — marker of late-stage disease	Complication of advanced HIV	Yes — ART and immune restoration; trimming	Yes — indirect (signals advanced disease requiring ART)	Yes	No — clinical diagnosis	None	[5]
Uveitis (including immune recovery uveitis)	Yes	Complication of OIs, IRIS, and drug effects (cidofovir, rifabutin)	Yes — treat underlying infection, topical/periocular/systemic corticosteroids; avoid intravitreal cidofovir	Yes — indirect	Yes	Yes — slit lamp exam; aqueous/vitreous PCR in infectious uveitis	Topical/local for anterior chamber tap	[1, 7]
Herpes simplex virus (ocular/mucocutaneous)	Yes	Complication; chronic ulcerative HSV >1 month is AIDS-defining	Yes — acyclovir/valacyclovir/famciclovir, suppressive therapy for frequent recurrence	Yes — indirect	Yes	Sometimes — PCR of lesion or ocular fluid; corneal exam with fluorescein	Topical anesthetic for corneal scraping/ocular tap	[1, 7]

OpenEvidence AI Review-Selections from Miami-Dade Ryan White Allowable Conditions List

Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Herpes zoster–varicella visual changes	Yes	Complication (HZO, progressive outer retinal necrosis)	Yes — systemic antivirals ± intravitreal foscarnet; recombinant zoster vaccine for prevention	Yes — indirect	Yes	Yes — dilated exam; ocular fluid PCR when retinal involvement suspected	Topical/local for tap or injection	[7, 16]
Ocular syphilis	Yes	Complication; requires neurosyphilis-equivalent treatment	Yes — IV aqueous crystalline penicillin G; ophthalmology co-management	Yes — treating syphilis lowers HIV viral load	Yes	Yes — serology, dilated exam, lumbar puncture	Local for LP	[1, 5]
ONCOLOGY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Lymphoma (non-Hodgkin, CNS)	Yes — AIDS-defining; CNS lymphoma is a hallmark of AIDS	Complication; more common with low CD4	Yes — ART plus chemotherapy/targeted therapy	Yes — ART is integral to oncologic outcomes	Yes	Yes — excisional or core biopsy, flow cytometry, PET; LP for CNS staging; bone marrow biopsy	Local ± sedation for core biopsy/marrow; general for excisional or stereotactic brain biopsy; local for LP	[1, 6]
Breast cancer	Not HIV-defining	Comorbidity; screening per general population guidance	Yes — age-appropriate mammographic screening, standard oncologic therapy	Indirectly (care engagement)	Yes	Yes — imaging plus core needle or excisional biopsy	Local for core biopsy; general for excisional/surgical management	[5]
Eye cancers (e.g., ocular surface squamous cell carcinoma)	Yes — markedly increased incidence in HIV, HPV-associated	Complication	Yes — surgical excision, topical chemotherapy (mitomycin C, interferon), ART	Yes — indirect	Yes	Yes — excisional/incisional biopsy of conjunctival lesion	Topical/local anesthesia; general in select or pediatric cases	[6]

OpenEvidence AI Review-Selections from Miami-Dade Ryan White Allowable Conditions List

Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Polycythemia vera	Not HIV-defining	Comorbidity; distinguish from HIV-related clonal hematopoiesis, which is associated with increased cancer risk	Yes — phlebotomy, cytoreduction, JAK inhibitors per hematology	Indirectly	Yes	Yes — CBC, erythropoietin, JAK2 testing, bone marrow biopsy	Local anesthesia for marrow biopsy	[6]
Prostate cancer	Not HIV-defining	Comorbidity; screening per general population guidance	Yes — shared decision-making PSA screening, standard therapy	Indirectly	Yes	Yes — DRE, PSA, transrectal or transperineal prostate biopsy	Local anesthesia ± sedation; general for transperineal approach in some centers	[5]
PODIATRY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Diabetic foot care	Related	Comorbidity; HIV/ART-associated insulin resistance and neuropathy compound risk	Yes — routine foot inspection, offloading, glycemic control, podiatric care, vascular assessment	Indirectly; prevents hospitalization and care disruption	Yes — prevents ulceration and amputation	Sometimes — monofilament and vibration testing, ABI, imaging; wound or bone biopsy if osteomyelitis suspected	None for screening; local for wound/bone biopsy; general for operative debridement	[5-6]
Foot and ankle pain	Related	Comorbidity/complication (neuropathy, osteonecrosis, arthritis)	Yes — treat the underlying cause; gabapentin/capsaicin for neuropathic pain; NSAIDs, physical therapy	Yes — indirect; chronic pain undermines adherence	Yes	Sometimes — radiography first, MRI most sensitive for osteonecrosis	None for imaging; local for injection/aspiration	[6]

OpenEvidence AI Review-Selections from Miami-Dade Ryan White Allowable Conditions List

Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Plantar fasciitis (including lipoatrophy-related plantar fat pad loss)	Related	Complication of ART/HIV-associated lipoatrophy and altered biomechanics	Yes — stretching, orthoses/cushioned footwear, physical therapy, corticosteroid injection in refractory cases	Yes — indirect	Yes	Rarely — clinical diagnosis; ultrasound or MRI if refractory	Local anesthesia if corticosteroid injection performed	[5-6]
PULMONARY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Mycobacterium (cutaneous/soft tissue and skeletal disease)	Yes	Complication	Yes — culture-directed multidrug antimycobacterial therapy, ART	Yes	Yes	Yes — tissue biopsy with AFB stain, culture, PCR	Local for skin/soft tissue biopsy; general for deep or bone biopsy	[1, 4]
Pneumocystis pneumonia	Yes — AIDS-defining	Complication (CD4 <200)	Yes — TMP-SMX plus adjunctive corticosteroids for hypoxemia; prophylaxis until CD4 >200 for ≥3 months; ART within 2 weeks	Yes — ART initiation within 2 weeks is standard of care	Yes	Yes — induced sputum, PCR, β-D-glucan; bronchoscopy with BAL (90–99% sensitive); transbronchial or open lung biopsy	Topical/local for induced sputum; sedation for bronchoscopy; general for open lung biopsy	[1, 4]
Recurrent bacterial pneumonia	Yes — ≥2 episodes/year is AIDS-defining	Complication; risk elevated even with normal CD4	Yes — β-lactam plus macrolide or fluoroquinolone; pneumococcal and influenza/COVID vaccination; ART	Yes — indirect	Yes	Yes — chest imaging, cultures; bronchoscopy if non-resolving	Sedation if bronchoscopy; otherwise none	[4, 11]

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Medical Care Subcommittee

Friday, August 28, 2026

9:30 a.m. – 11:30 a.m.

Behavioral Science Research

2121 Ponce de Leon Blvd., Ste. 240

Miami, FL 33134

AGENDA

- | | | |
|-------|---|-----------------------|
| I. | Call to Order | Cristhian Ysea |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Cristhian Ysea |
| IV. | Floor Open to the Public | Dr. Lawrence Friedman |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of July 24, 2026 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Oral Health Care Items: | All |
| | ○ Request of Codes D0602, D0603 | |
| | ○ Implants Utilization and Feasibility | |
| | • Allowable Conditions Response to “Dear Colleague” Letter Continued | All |
| | • Ryan White Prescription Drug Formulary | All |
| | • 2026 Calendar of Activities | All |
| IX. | New Business | |
| | • Bylaws Review-Medical Care Subcommittee Section | All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: September 25, 2026, at Behavioral Science Research | Cristhian Ysea |
| XII. | Adjournment | Cristhian Ysea |

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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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 these vaccines are not available from any other funding source (e.g., Medicaid, ADAP, private insurance, etc.).

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

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

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

⁸ 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.

ARV's are sorted first, then remaining items are sorted by therapeutic, pharma, then brand names. Items in blue are items being deleted. Items in red are being added.

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2,8}
Anti-HIV Agent Combination	Transfer Inhibitors / Nucleoside Reverse Transcriptase Inhibitors (INSTI / NRTI combo)	Biktarvy®	bictegravir / emtricitabine / tenofovir alafenamide (BIC / TAF / FTC)	RX0425	A, GGG
Anti-HIV Agent Combination	Reverse Transcriptase Inhibitor (NNRTI) and Nucleoside Reverse Transcriptase Inhibitors (NRTIs)	Descovy®	emtricitabine / tenofovir alafenamide (FTC / TAF)	RX0423	A,CCC
Anti-HIV Agent Combination	reverse transcriptase inhibitor (NNRTI) and nucleoside reverse transcriptase inhibitors (NRTIs)	Odefsey®	emtricitabine / rilpivirine / tenofovir alafenamide (RPV / FTC / TAF)	RX0422	A,BBB
Anti-HIV Agent Combination	Antiretroviral Agent, Nucleos(t)ide Reverse Transcriptase Inhibitor	Truvada®	emtricitabine / tenofovir disoproxil fumarate (FTC / TDF)	RX0410	A
Anti-HIV Agent Combination	Integrase strand transfer inhibitor, pharmacokinetic enhancer, nucleos(t)ide analog HIV-1 reverse	Stribild	cobicistat / elvitegravir / emtricitabine / tenofovir disoproxil fumarate (EVG / COBI / FTC / TDF)	RX0411	A,OO
Anti-HIV Agent	Antiretroviral Agent-CCR5 Antagonist	Selzentry®	maraviroc (MVC)	RX0300	A,W,LL
Anti-HIV Agent	Antiretroviral Agent-Fusion Protein Inhibitor	Fuzeon®	enfuvirtide (ENF, T-20)	RX0301	A,U
Anti-HIV Agent	Antiretroviral Agent-Integrase Strand Transfer Inhibitor	Isentress®, Isentress HD®	raltegravir (RAL), raltegravir HD (RAL HD)	RX0302	A
Anti-HIV Agent	Antiretroviral Agent-Integrase Strand Transfer Inhibitor	Tivicay®	dolutegravir (DTG)	RX0322	SS,A
Anti-HIV Agent	Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitor	Intelence®	etravirine	RX0303	A,X
Anti-HIV Agent	Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitor	Sustiva®	efavirenz (EFV)	RX0305	A
Anti-HIV Agent	Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitor	Viramune®, Viramune XR®	nevirapine (NVP), nevirapine XR (NVP)	RX0306	A
Anti-HIV Agent Combination	reverse transcriptase inhibitor (NNRTI) and nucleos (t)ide reverse transcriptase inhibitors (NRTIs)	Complera®	emtricitabine / rilpivirine / tenofovir disoproxil fumarate (FTC / RPV / TDF)	RX0412	A,KK
Anti-HIV Agent	Antiretroviral Agent-Non-Nucleoside Reverse Transcriptase Inhibitors	Edurant®	rilpivirine (RPV)	RX0323	A,II
Anti-HIV Agent Combination	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Trizivir®	abacavir / lamivudine / zidovudine (ABC / 3TC / AZT)	RX0413	A,UU
Anti-HIV Agent Combination	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Combivir®	lamivudine / zidovudine (3TC / AZT)	RX0414	A
Anti-HIV Agent	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Emtriva®	emtricitabine (FTC)	RX0307	A

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2,8}
Anti-HIV Agent	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Epivir®	lamivudine (3TC)	RX0308	A
Anti-HIV Agent Combination	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Epzicom®	abacavir / lamivudine (ABC / 3TC)	RX0415	A,UU
Anti-HIV Agent	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Retrovir®	zidovudine (AZT)	RX0309	A
Anti-HIV Agent	Antiretroviral Agent-Nucleoside Reverse Transcriptase Inhibitor	Ziagen®	abacavir (ABC)	RX0312	A,UU
Anti-HIV Agent 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	Reverse Transcriptase Inhibitors, Non-Nucleoside Reverse Transcriptase Inhibitors Combination	Atripla®	efavirenz / emtricitabine / tenofovir (EFV / FTC / TDF)	RX0417	A
Anti-HIV Agent	Antiretroviral Agent-Nucleotide Reverse Transcriptase Inhibitor	Viread®	tenofovir disoproxil fumarate (TDF)	RX0313	A
Anti-HIV Agent Combination	Antiretroviral Agent-Protease Inhibitor	Kaletra®	lopinavir / ritonavir (LPV / RTV)	RX0418	A
Anti-HIV Agent	Antiretroviral Agent-Protease Inhibitor	Norvir®	ritonavir (RTV)	RX0318	A
Anti-HIV Agent	Antiretroviral Agent-Protease Inhibitor	Prezista®	darunavir (DRV)	RX0319	A
Anti-HIV Agent	Antiretroviral Agent-Protease Inhibitor	Reyataz®	atazanavir (ATV)	RX0320	A
Anti-HIV Agent Combination	Antiretroviral Agent-Protease Inhibitor and Pharmacokinetic Enhancer Combination	Evotaz®	atazanavir / cobicistat (ATV / COBI)	RX0419	A,WW
Anti-HIV Agent Combination	Antiretroviral Agent-Protease Inhibitor and Pharmacokinetic Enhancer Combination	Prezcobix®	darunavir / cobicistat (DRV / COBI)	RX0420	A,XX
Antiretroviral	CD4 post-attachment HIV-1 inhibitor	Trogarzo®	ibalizumab-viik injection	RX0432	A
Antiretroviral	Gp-120 directed attachment inhibitor	Rukobia®	fostemsavir	RX0325	A
Anti-HIV Agent	HIV-1 Capsid Inhibitor	Sunlenca®	lenacapavir	pending	A
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

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2, 8}
Antiretroviral	Integrase Strand Transfer Inhibitor (INSTI)	Vocabria®	cabotegravir (CAB) (oral)	RX0327	A
Antiretroviral	Integrase Strand Transfer Inhibitor / Non-Nucleoside Reverse Transcriptase Inhibitor (INSTI / NNRTI Combo)	Cabenuva®	cabotegravir / rilpivirine (CAB / RPV) (long-acting injectable)	RX0428	A
Anti-HIV Agent Combination	Integrase Strand Transfer Inhibitor / Nucleoside Reverse Transcriptase Inhibitor (INSTI / NRTI Combo)	Dovato®	dolutegravir / lamivudine	RX0427	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
Antiretroviral	Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI)	Pifeltro®	doravirine (DOR)	RX0326	A
Antiretroviral	Inhibitor / Nucleoside/Nucleotide Reverse Transcriptase Inhibitor (NNRTI / NRTI combo)	Delstrigo®	doravirine / lamivudine / tenofovir disoproxil fumarate	RX0431	A
Antiretroviral	Inhibitor / Nucleoside/Nucleotide Reverse Transcriptase Inhibitor (NNRTI / NRTI Combo)	Symfi®, SymfiLo®	efavirenz / lamivudine / tenofovir disoproxil fumarate (EFV / 3TC / TDF)	RX0433	A
Antiretroviral, Anti-HIV Agent	Nucleoside [analog] Reverse Transcriptase Inhibitors (NRTI)	Vemlidy®	tenofovir alafenamide (TAF)	RX0328	A
Antiretroviral	Nucleoside Reverse Transcriptase Inhibitor (NRTI combo)	Cimduo®, Temixys®	tenofovir disoproxil fumarate / lamivudine (TDF/3TC)	RX0429	A
Anti-HIV Agent Combination	Protease Inhibitor / Nucleoside Reverse Transcriptase Inhibitor (PI / NRTI Combo)	Symtuza®	darunavir / cobicistat / emtricitabine / and tenofovir alafenamide	RX0426	A
Pharmacokinetic Enhancer (For use in combination with other antiretrovirals)	CYP3A4 Inhibitor	Tybost®	cobicistat (COBI)	RX1700	A,YY

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2,8}
Analgesic	Miscellaneous	Tylenol®	acetaminophen	RX0100	A,QQ
Analgesic	Opiate Agonist	Percocet® 5/325mg	oxycodone & acetaminophen 5/325mg	RX0102	Y
Analgesic	Opiate Agonist	Roxicodone®	oxycodone	RX0103	Y
Analgesic Combination	Opiate Agonist	Tylenol #3®, Tylenol #4®	acetaminophen and codeine	RX0105	
Analgesic; Anti-inflammatory	Nonsteroidal Anti-inflammatory Drug (NSAID)	Advil®, Motrin®	ibuprofen	RX0106	A (Motrin only), RR
Analgesic; Anti-inflammatory	Nonsteroidal Anti-inflammatory Drug (NSAID)	Naprosyn®	naproxen	RX0107	A,RR
Analgesic; Antiplatelet Agent	Salicylate	Bayer®, Ecotrin®	aspirin	RX0108	A,QQ
Antidiabetic	Glucagon-like peptide-1 receptor agonist (GLP-1 RA)	Ozempic®, Rybelsus®, Wegovy®	semaglutide	RX0211	A
Antidiabetic	Glucagon-like peptide-1 receptor agonist (GLP-1 RA)	Trulicity®	dulaglutide	RX0212	A
Antidiabetic	Glucagon-like peptide-1 receptor agonist (GLP-1 RA)	Victoza®	liraglutide	RX0213	A
Antidiabetic	Sodium-glucose co-transporter 2 (SGLT2) inhibitor	Farxiga®	dapagliflozin	RX0215	A
Antidiabetic	Sodium-glucose co-transporter 2 (SGLT2) inhibitor	Invokana®	canagliflozin	RX0214	A
Antidiabetic	Sodium-glucose co-transporter 2 (SGLT2) inhibitor	Jardiance®	empagliflozin	RX0216	A
Antidiabetic Agent	Biguanide	Glucophage®, Glucophage XR®	metformin, metformin ER	RX0200	A
Antidiabetic Agent	Sulfonylurea	Diabeta®	glyburide	RX0202	A
Antidiabetic Agent	Sulfonylurea	Glucotrol®, Glucotrol XL®	glipizide, glipizide ER	RX0201	A
Antidiabetic Agent, Insulin	Insulin 70/30	Humulin® 70/30 and Novolin® 70/30	insulin NPH and insulin regular	RX0203	A

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2,8}
Antidiabetic Agent, Insulin	Insulin, Intermediate-Acting	Humulin N® and Novolin N®	isophane insulin	RX0204	A
Antidiabetic Agent, Insulin	Insulin, Intermediate-to-Long-Acting	Levemir®	insulin detemir injection	RX0205	A,Z
Antidiabetic Agent, Insulin	Insulin, Long-Acting	Lantus®	insulin glargine injection	RX0206	A,Z
Antidiabetic Agent, Insulin	Insulin, Rapid-Acting	Humalog®	insulin lispro injection	RX0207	A,Z
Antidiabetic Agent, Insulin	Insulin, Rapid-Acting	NovoLog®	insulin aspart injection	RX0208	A,Z
Antidiabetic Agent, Insulin	Insulin, Short-Acting	Humulin R® and Novolin R®	insulin regular	RX0209	A
Antigout	Xanthine oxidase inhibitor	Aloprim®, Zyloprim®	allopurinol	RX2300	A
Anti-infective	Antibiotic-Antimalarial	Daraprim®	pyrimethamine	RX0500	A
Anti-infective	Antibiotic-Cephalosporin (1st Gen)	Keflex®	cephalexin	RX0501	
Anti-infective	Antibiotic-Lincosamide	Cleocin®	clindamycin capsules	RX0502	A
Anti-infective	Antibiotic-Macrolide	Biaxin®	clarithromycin	RX0503	A,DD
Anti-infective	Antibiotic-Macrolide	Zithromax®	azithromycin	RX0504	A
Anti-infective	Antibiotic-Penicillin	Amoxil®	amoxicillin	RX0505	
Anti-infective	Antibiotic-Penicillin	Augmentin®	amoxicillin / clavulanate	RX0506	
Anti-infective	Antibiotic-Penicillin	Penicillin VK®, Bicillin L-A®, Penicillin G®, Benzathine Penicillin G®, Penicillin G Potassium®	penicillin (VK, benzathine, aqueous)	RX0507	
Anti-infective	Antibiotic-Quinolone	Cipro®	ciprofloxacin	RX0508	
Anti-infective	Antibiotic-Quinolone	Levaquin®	levofloxacin	RX0509	A

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2,8}
Anti-infective	Antibiotic-Sulfonamide	Septra®, Septra DS®, Bactrim®, Bactrim DS®	sulfamethoxazole / trimethoprim (SMX / TMP), sulfamethoxazole / trimethoprim DS (SMX / TMP DS)	RX0510	A
Anti-infective	Antibiotic-Sulfonamide Derivative	Dapsone®	dapsone	RX0511	A
Anti-infective	Antibiotic-Sulfonamide Derivative	Sulfadiazine	sulfadiazine	RX0512	A
Anti-infective	Antibiotic-Tetracycline	Tetracycline	tetracycline	RX0513	
Anti-infective	Antibiotic-Tetracycline	Vibra-Tabs®, Vibramycin®	doxycycline (oral)	RX0514	
Anti-infective	Antiviral	Tamiflu®	oseltamivir	RX0516	A
Anti-infective, Amebicide	Amebicide	Paromycin®, Humatin®	paromomycin	RX0517	A
Anti-infective, Amebicide	Amebicide, Trichomonaside	Flagyl®	metronidazole	RX0518	A
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Diflucan®	fluconazole	RX0519	A
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Mycelex® Troche	clotrimazole troches	RX0521	A
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Nizoral®	ketoconazole	RX0522	A
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Nizoral® (topical)	ketoconazole topical (cream or shampoo)	RX0526	A
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Sporanox® (solution)	itraconazole (oral solution)	RX0523	A,B
Anti-infective, Antifungal	Antibiotic-Azole Antifungal	Terazol®	terconazole topical	RX0524	A
Anti-infective, Antifungal	Antibiotic-Polyene Antifungals	Bio-Statin® (suspension), Mycostatin® (suspension), nystatin suspension	nystatin suspension	RX0527	A
Anti-infective, Antifungal Combination	Antibiotic-Azole Antifungal	Lotrisone®	clotrimazole / betamethasone (cream, lotion & gel)	RX0528	A
Anti-infective, Antimalarial	Antimalarial	Primaquine®	primaquine	RX0529	A

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2,8}
Anti-infective, Antiprotozoal	Antiprotozoal	Mepron®	atovaquone	RX0530	A
Anti-infective, Antitubercular	Antitubercular	Isoniazid®, Nydrazid®	isoniazid (INH)	RX0531	A
Anti-infective, Antitubercular	Antitubercular	Myambutol®	ethambutol	RX0532	A
Anti-infective, Antitubercular	Antitubercular	Mycobutin®	rifabutin	RX0533	A
Anti-infective, Antitubercular	Antitubercular	Pyrazinamide®	pyrazinamide	RX0534	A
Anti-infective, Antitubercular	Antitubercular	Rifadin®, Rimactane®	rifampin	RX0535	A
Anti-infective, Antiviral	Antiviral	Valcyte®	valganciclovir hydrochloride	RX0536	A
Anti-infective, Antiviral	Antiviral	Valtrex®	valacyclovir hydrochloride	RX0537	A
Anti-infective, Antiviral	Antiviral	Zovirax®	acyclovir	RX0538	A
Anti-obesity	Anorectic agents	Contrave®	naltrexone ER / bupropion ER	RX2400	A
Anti-obesity	Gastrointestinal lipase inhibitor	Alli®, Xenical®	orlistat	RX2401	A
Blood formation and coagulation	Anticoagulant	Eliquis®	apixaban	RX0704	A
Blood formation and coagulation	Anticoagulant	Pradaxa®	dabigatran	RX0705	A
Blood formation and coagulation	Anticoagulant	Xarelto®	rivaroxaban	RX0706	A
Blood Formation and Coagulation	Erythropoiesis-Stimulating Agent	Epogen®, Procrit®	erythropoietin (epoetin alpha)	RX0700	A,R
Blood Formation and Coagulation	Granulocyte-Stimulating Agent	Neupogen®	filgrastim	RX0701	A,Q
Blood Formation and Coagulation	Vitamin K Antagonist	Coumadin®	warfarin	RX0702	A

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2,8}
Blood Formation and Coagulation, Anemia	Iron Salt	ferrous sulfate, Feosol®, FeroSul®, FerrouSul®	ferrous sulfate (iron)	RX0703	A,RR
Cardiovascular	Antiangina	Apresoline®	hydralazine	RX0821	A
Cardiovascular	Beta-blocker	Coreg®	carvedilol	RX0822	A
Cardiovascular	Beta-blocker	Hemangeol®, Inderal®, Inderal LA®, Inderal XL®, InnoPran XL®	propranolol	RX0824	A
Cardiovascular	Beta-blocker	Normodyne®, Trandate®	labetalol	RX0823	A
Cardiovascular	Platelet inhibitor	Effient®	prasugrel	RX0826	A
Cardiovascular	Platelet inhibitor	Plavix®	clopidogrel	RX0825	A
Cardiovascular	Thiazide-like diuretic	Thalitone®	chlorthalidone	RX0827	A
Cardiovascular Agent	Angiotension Converting Enzyme Inhibitor	Lotensin®	benazepril	RX0801	A
Cardiovascular Agent	Angiotension Converting Enzyme Inhibitor	Vasotec®	enalapril	RX0802	A
Cardiovascular Agent	Angiotension II Receptor Blocker	Teveten®	eprosartan	RX0803	L
Cardiovascular Agent	Beta-Blocker	Lopressor® (tartrate), Toprol XL® (succinate)	metoprolol (tartrate and succinate)	RX0804	A
Cardiovascular Agent	Beta-Blocker	Tenormin®	atenolol	RX0805	A
Cardiovascular Agent	Calcium Channel Blocker	Adalat CC®, Procardia XL®	nifedipine	RX0806	A
Cardiovascular Agent	Calcium Channel Blocker	Calan®, Calan SR®	verapamil	RX0807	A
Cardiovascular Agent	Calcium Channel Blocker	Cardizem CD®	diltiazem	RX0808	A
Cardiovascular Agent	Cardiac Glycoside	Lanoxin®	digoxin	RX0809	A

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2,8}
Cardiovascular Agent	Electrolyte Replacement	Klor-Con®, potassium chloride	potassium chloride	RX0810	A
Cardiovascular Agent	Loop Diuretic	Lasix®	furosemide	RX0811	A
Cardiovascular Agent	Thiazide Diuretic	Microzide®	hydrochlorothiazide (HCTZ)	RX0812	A
Cardiovascular Agent	Vasodilating Agent	Nitroglycerin® (capsules)	nitroglycerin capsules	RX0813	
Cardiovascular Agent	Vasodilating Agent	Nitro-stat® (sublingual)	nitroglycerin sublingual	RX0814	A
Cardiovascular Agent; Antilipemic	Fibric Acid	Lopid®	gemfibrozil	RX0815	A
Cardiovascular Agent; Antilipemic	HMG-CoA Reductase Inhibitor	Crestor®	rosuvastatin [5 mg, 10 mg & 20 mg (maximum of 30 tablets)]	RX0816	A
Cardiovascular Agent; Antilipemic	HMG-CoA Reductase Inhibitor	Lipitor®	atorvastatin	RX0817	A
Cardiovascular Agent; Antilipemic	HMG-CoA Reductase Inhibitor	Pravachol®	pravastatin	RX0818	A
Cardiovascular Agent; Antilipemic	Water Soluble Vitamin	Niaspan®	niacin	RX0819	A
Cardiovascular, Antihyperlipidemic	Cholesterol absorption inhibitor	Zetia®	ezetimibe	RX0820	A
Central nervous system	Anticholinergic	Cogentin®	benztropine	RX0927	A
Central nervous system	Anticonvulsant	Topamax®	topiramate	RX0928	A
Central nervous system	Antimigraine	Amerge®	naratriptan	RX0930	A
Central nervous system	Antimigraine	Frova®	frovatriptan	RX0929	A
Central nervous system	Antimigraine	Imitrex®	sumatriptan	RX0932	A
Central nervous system	Antimigraine	Maxalt®, Maxalt-MLT®	rizatriptan	RX0931	A

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2,8}
Central nervous system	Anxiolytic	Buspar®	buspirone	RX0933	A
Central nervous system	Muscle relaxant	Amrix®, Fexmid®, Flexeril®	cyclobenzaprine	RX0935	A
Central nervous system	Muscle relaxant	Baclofen®, FIRST Baclofen®, Gablofen®, Lioresal®, Lioresal Intrathecal®, Ozobax®	baclofen	RX0934	A
Central Nervous System, ADHD	Norepinephrine Reuptake Inhibitor	Strattera®	atomoxetine	RX0900	AA
Central Nervous System, Anticonvulsant	Dibenzazepine Carboxamide	Tegretol®	carbamazepine	RX0902	
Central Nervous System, Anticonvulsant	GABA Analog	Neurontin®	gabapentin	RX0903	A
Central Nervous System, Anticonvulsant	Histone Deacetylase Inhibitor	Depakene®	valproic acid	RX0904	A
Central Nervous System, Anticonvulsant	Histone Deacetylase Inhibitor	Depakote®	divalproex sodium	RX0905	A
Central Nervous System, Anticonvulsant	Hydantoin	Dilantin®	phenytoin	RX0906	
Central Nervous System, Anticonvulsant	Phenyltriazine	Lamictal®	lamotrigine	RX0907	A
Central Nervous System, Antidepressants	Alpha-2 Antagonist	Remeron®	mirtazapine	RX0908	A
Central Nervous System, Antidepressants	Dopamine Reuptake Inhibitor	Wellbutrin®, Wellbutrin SR®	bupropion, bupropion SR	RX0909	A
Central Nervous System, Antidepressants	Selective Serotonin Reuptake Inhibitor	Celexa®	citalopram	RX0910	A
Central Nervous System, Antidepressants	Selective Serotonin Reuptake Inhibitor	Paxil®	paroxetine	RX0911	A
Central Nervous System, Antidepressants	Selective Serotonin Reuptake Inhibitor	Zoloft®	sertraline	RX0912	A
Central Nervous System, Antidepressants	Serotonin Reuptake Inhibitor	Desyrel®	trazodone	RX0913	A
Central Nervous System, Antidepressants	Serotonin/Norepinephrine Reuptake Inhibitor	Effexor®, Effexor XR®	venlafaxine	RX0914	A

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2,8}
Central Nervous System, Antidepressants	Tricyclic Antidepressant (Tertiary Amine)	Elavil®	amitriptyline	RX0915	A
Central Nervous System, Antidepressants	Tricyclic Antidepressant (Tertiary Amine)	Pamelor®	nortriptyline	RX0917	A
Central Nervous System, Antidepressants	Tricyclic Antidepressant (Tertiary Amine)	Silenor®	doxepin	RX0916	A
Central Nervous System, Antimanic	Benzisoxazole	Risperdal®	risperidone	RX0919	A
Central Nervous System, Antimanic	Mood stabilizer	Lithobid®	lithium (lithium carbonate)	RX0920	A
Central Nervous System, Antimanic	Serotonin/Dopamine/Histamine/ Alpha-1 Antagonist	Zyprexa®	olanzapine	RX0921	A
Central Nervous System, Antipsychotic	Dibenzothiazepine	Seroquel®	quetiapine	RX0922	A,T
Central Nervous System, Antipsychotic, Antiemetic	Phenothiazine	Compazine®, Compro®	prochlorperazine	RX0923	FROM ADAP FORMULARY EFF. 2/15/2019
Central Nervous System, Anxiolytic, Sedatives and Hypnotics	Benzodiazepine	Ativan®	lorazepam	RX0924	
Central Nervous System, Anxiolytic, Sedatives and Hypnotics	Benzodiazepine	Klonopin®	clonazepam	RX0925	
Central Nervous System, Anxiolytic, Sedatives and Hypnotics	Benzodiazepine	Restoril®	temazepam	RX0926	
Dental, Anti-infective	Antibiotic	Peridex®	chlorhexidine gluconate (0.12%)	RX1000	
Device	Other	ACE Aerosol Cloud Enhancer®	inhaler spacer (one time only)	A4627	A
Gastrointestinal	Antispasmodic	Bentyl®	dicyclomine	RX1109	A
Gastrointestinal	Gastric acid buffer	Carafate®	sucralfate	RX1110	A
Gastrointestinal	Laxative, bulk-forming	Citrucel®	methylcellulose	RX1112	A
Gastrointestinal	Laxative, bulk-forming	Equalactin®, Konsyl Fiber®	calcium polycarbophil	RX1111	A

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2,8}
Gastrointestinal	Laxative, bulk-forming	Fiberall®, Metamucil®, Perdiem Fiber®	psyllium	RX1113	A
Gastrointestinal	Laxative, stimulant	Dulcorax®, Correctol®, BisacEvac®, Bisacolax®, Codulax®, Alophen®, Feen A Mint®, Fleet Stimulant®	bisacodyl	RX1114	A
Gastrointestinal	Laxative, stool softener	Col-Rite®, Colace®, Correctol®, Silace®, Surfak®	docusate sodium	RX1115	A
Gastrointestinal Agent	H2-Histamine Receptor Antagonist	Zantac®	ranitidine (75mg, 150 mg, & 300mg)	RX1100	A,EE,RR
Gastrointestinal Agent	Proton Pump Inhibitor	Prilosec®	omeprazole	RX1101	A,EE,RR
Gastrointestinal Agent, Antidiarrheal	Other	Imodium®	loperamide	RX1103	A,QQ
Gastrointestinal Agent, Anti-inflammatory Agent	5-Aminosalicylic Acid Derivative	Canasa® (suppository)	mesalamine (suppository)	RX1107	
Gastrointestinal Agent, Antidiarrheal, Combination	Other	Lomotil®	atropine / diphenoxylate	RX1104	A
Gastrointestinal Agent, Antidiarrheal, Probiotic	Probiotic	Lactinex®	lactobacillus acidophilus (granules)	RX1105	QQ
Gastrointestinal Agent, Antiemetic	Dopamine Antagonist	Reglan®	metoclopramide	RX1106	A
Gastrointestinal Agent, Cathartic	Osmotic Laxative	GoLYTELY®, Colyte®, MoviPret®, NuLYTELY®, TriLyte®	PEG-3350 (polyethylene glycol) and electrolytes oral solution	RX1108	PP
Genitourinary	Bladder antispasmodic	Ditropan XL®, Gelnique®	oxybutynin	RX2500	A
Hormone	Anabolic Agent	Marinol®	dronabinol	RX1200	A
Hormone	Androgen	Androderm®	testosterone patch	RX1206	A,LLL
Hormone	Androgen	Androgel®	testosterone gel	RX1207	A,LLL
Hormone	Androgen	Depo®-Testosterone	testosterone cypionate injection (NOTE: testosterone gel / patch available through ADAP)	RX1201	A,H,MMM
Hormone	Estrogen Derivative	Delestrogen®	estradiol valerate (injection)	RX1209	A, LLL

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2, 8}
Hormone	Estrogen Derivative	Estrace®, Femtrace®, Cenestin®, Enjuvia®, Gynodiol®	estradiol (oral)	RX1208	A, LLL
Hormone	Progesterone	Provera®, DepoProvera®, Depo-SubQ®, Provera 104®, MPA®	medroxyprogesterone acetate	RX1212	A
Hormone	Progestin	Megace®	megestrol acetate	RX1202	A
Hormone	Androgen	Delatestryl®	testosterone enanthate injection (NOTE: testosterone gel / patch available through ADAP)	RX1204	H
Hormone Therapy (Genitourinary; Benign Prostatic Hypertrophy Agent)	5-Alpha Reductase Inhibitor	Proscar®, Propecia® (oral)	finasteride (oral)	RX1211	A, LLL
Edema; Antihypertensive; Diagnosis of Primary Hyperaldosteronism; Treatment of Diuretic-induced	Potassium-sparing Diuretic	Aldactone®	spironolactone	RX1210	A, LLL
Hormone, Corticosteroid	Corticosteroids	Prednisone®	prednisone	RX1205	
Ophthalmic Agent, Antiglaucoma	Beta-Blocker, Non-selective	Timoptic®	timolol ophthalmic	RX1400	
Ophthalmic Agent, Antiglaucoma	Prostaglandin	Xalatan®	latanoprost ophthalmic	RX1401	A
Ophthalmic Agent; Anti-infective	Antibiotic-Aminoglycoside	Tobrex®	tobramycin ophthalmic (solution and ointment)	RX1406	
Ophthalmic Agent; Anti-infective	Antibiotic-Quinolone	Ocuflox® (ophthalmic)	ofloxacin (ophthalmic)	RX1407	P
Ophthalmic Agent; Anti-infective	Antibiotic-Sulfonamide Derivative	Sulfacetamide Sodium® (ophthalmic eye drops)	sulfacetamide sodium (ophthalmic eye drops)	RX1408	
Ophthalmic Agent; Anti-infective; Combination	Antibiotic-Corticosteroid	Maxitrol®	dexamethasone / neomycin / polymyxin B ophthalmic	RX1410	
Ophthalmic Agent; Antiglaucoma	Alpha 2 Agonist	Alphagan P®	brimonidine ophthalmic	RX1402	
Ophthalmic Agent; Antiglaucoma	Carbonic Anhydrase Inhibitor	Trusopt®	dorzolamide ophthalmic	RX1404	
Ophthalmic Agent; Corticosteroid	Corticosteroid	Pred Forte® (ophthalmic)	prednisolone acetate (ophthalmic)	RX1411	
Opioid Dependency	Opioid Agonist / Antagonist	Suboxone®	buprenorphine and naloxone	RX2100	III

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2,8}
Opioid Dependency	Opioid Agonist / Antagonist	Subutex®, Buprenex®, Butrans®, Probuphine®	buprenorphine	RX2101	JJJ
Osteoporosis	Bisphosphonate	Fosamax®	alendronate sodium	RX1500	A,NN
Otic Preparation, Anti-infective	Antibiotic-Quinolone	Floxin otic®, Ocuflax®	ofloxacin otic	RX1600	
Otic Preparation, Anti-infective Combination	Antibiotic-Corticosteroid	Cortisporin otic®	hydrocortisone / neomycin / polymyxin B otic	RX1601	
Partial Nicotine Agonist	Smoking Cessation	Chantix®	varenicline	RX2200	A
Pulmonary, Allergy	H1 Receptor Antagonist (1st Gen)	Benadryl®	diphenhydramine	RX1800	A
Pulmonary, Allergy, Appetite Stimulant	Antihistamine	Periactin®	cyproheptadine	RX1801	A
Pulmonary, Bronchodilator	Beta2-Adrenergic Agonist	Proventil HFA®, Ventolin®, ProAir®, Combivent Respimat®	albuterol HFA, albuterol / ipratropium	RX1803	A
Pulmonary, Corticosteroids	Nasal Corticosteroid	Nasarel®	flunisolide nasal	RX1804	A
Pulmonary, Corticosteroids	Oral Corticosteroid	QVAR® (oral inhaler), Qnasi® (nasal spray)	beclomethasone (oral inhaler, nasal spray)	RX1805	A
Pulmonary, respiratory or CNS, allergy	Antihistamine or anxiolytic	Atarax®, Vistaril®,	hydroxyzine	RX1810	A
Pulmonary, respiratory, allergy	Antihistamine	Allegra®	fexofenadine	RX1808	A
Pulmonary, respiratory, asthma, allergy	Leukotriene receptor antagonist	Singulair®	montelukast	RX1809	A
Skin and Mucous Membrane Preparation, Acne	Antibiotic, Keratolytic	Benzoyl Peroxide topical	benzoyl peroxide topical	RX1900	A,RR
Skin and Mucous Membrane Preparation, Analgesic	Analgesia	Zostrix®	capsaicin topical	RX1901	A,QQ
Skin and Mucous Membrane Preparation, Anesthetic	Anesthetic	Xylocaine®	lidocaine viscous	RX1902	
Skin and Mucous Membrane Preparation, Anti-infective	Antibiotic-Lincosamide	Cleocin T®	clindamycin topical (cream, lotion, gel)	RX1905	A

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

Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2, 8}
Skin and Mucous Membrane Preparation, Anti-infective	Antibiotic-Sulfonamide Derivative	Silvadene®	silver sulfadiazine topical	RX1907	
Skin and Mucous Membrane Preparation, Anti-infective	Antiparasitic, Scabacidal	Elimite®	permethrin topical	RX1908	
Skin and Mucous Membrane Preparation, Anti-infective	Immune Modular	Aldara Cream®	imiquimod 5%	RX1909	A
Skin and Mucous Membrane Preparation, Anti-infective, Keratolytic Agent	Antiviral	Podofilox topical®	podofilox topical	RX1910	
Skin and Mucous Membrane Preparation, Antineoplastic	Pyrimidine Analog	Efudex®	fluorouracil topical	RX1911	
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Betamethasone topical or Diprolene®	betamethasone (valerate or dipropionate)	RX1912	A
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Fluocinonide topical®	fluocinonide topical	RX1914	
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Hydrocortisone topical®	hydrocortisone topical (cream and ointment)	RX1915	FFF
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Kenalog®	triamcinolone topical (cream and ointment)	RX1916	A
Skin and Mucous Membrane Preparation, Corticosteroid	Corticosteroid	Temovate®, clobetasol propionate	clobetasol topical (ointment)	RX1917	
Substance use disorder (substance abuse)	Alcohol deterrent	Antabuse®	disulfiram	RX2103	A
Substance use disorder (substance abuse)	Nicotine replacement	Nicorette®, Nicoderm CQ®, Nicotrol Inhaler®, Nicotrol NS®, Habitrol®	nicotine	RX2201	A
Substance use disorder (substance abuse)	Opiate antagonist	Revia®	naltrexone (oral)	RX2102	A
Topical	Humectant	AmLactin®, Lac-Hydrin®, Amlactin XL®, Geri-Hydrolac®	ammonium lactate	RX1920	A
Vitamin	Vitamin	Cyanocobalamin®, vitamin B12 (injection only)	cyanocobalamin, vitamin B12 (injection only)	RX2004	A,HH,TT
Vitamin	Vitamin	Folic acid	folic acid	RX2000	A
Vitamin	Vitamin	Mag-Ox®, Mag-Oxide®, Mag-Ox 400®, Mag-200®, Uro-mag®	magnesium oxide	RX2007	A

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Therapeutic Classification	Pharmacologic Classification	Brand Name(s)	Generic Name(s)	RW Miami Pharma-Code	Notation^{2, 8}
Vitamin	Vitamin	Multivitamin (OTC)	multivitamin	RX2001	A,HH,QQ
Vitamin	Vitamin	Multivitamin B Complex	multivitamin B complex	RX2002	A,QQ
Vitamin	Vitamin	Multivitamin prenatal	multivitamin prenatal	RX2003	A,FF,HH,RR
Vitamin	Vitamin	Pyridoxine®, vitamin B6	pyridoxine, vitamin B6	RX2005	A,GG,HH
Vitamin-Antidote	Vitamin	Leucovorin®	folinic acid, calcium folinate, leucovorin	RX2006	A,F



Medical Care Subcommittee

Friday, August 28, 2026

9:30 a.m. – 11:30 a.m.

Behavioral Science Research

2121 Ponce de Leon Blvd., Ste. 240

Miami, FL 33134

AGENDA

- | | | |
|-------|---|-----------------------|
| I. | Call to Order | Cristhian Ysea |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Cristhian Ysea |
| IV. | Floor Open to the Public | Dr. Lawrence Friedman |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of July 24, 2026 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Oral Health Care Items: | All |
| | ○ Request of Codes D0602, D0603 | |
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| | • Ryan White Prescription Drug Formulary | All |
| | • 2026 Calendar of Activities | All |
| IX. | New Business | |
| | • Bylaws Review-Medical Care Subcommittee Section | All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: September 25, 2026, at Behavioral Science Research | Cristhian Ysea |
| XII. | Adjournment | Cristhian Ysea |

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**Medical Care Subcommittee
Calendar of Activities 2026**

	Officer Elections Conflict of Interest Forms/Financial Disclosure Forms Outpatient/Ambulatory Medical Care Standards Allowable Medical Conditions (reviewed as needed) Ryan White Prescription Drug Formulary (reviewed as needed) Oral Health Care Items (reviewed quarterly) Special projects discussion Committee Items (added as needed)								
Month	Activities								Notes
January 23, 2026								x	All standing business items deferred because of contingency planning.
February 6, 2026								x	Emergency meeting-contingency planning
February 27, 2026								x	Contingency planning
March 27, 2026		x						x	Contingency planning; disclosure forms requested.
April 24, 2026	x	x				x	x	x	Source of income forms completed for missing members; continue special project discussions; OHC items, as applicable; address deferred items; contingency planning continued.
May 15, 2026		x				x	x	x	Conclude special projects discussion ;continue review of allowable conditions review; contingency planning-vaccines; OHC code discussion; formulary discussion-deferred.
June 26, 2026	N	N	N	N	N	N	N	N	Meeting cancelled
July 24, 2026						x		x	OHC items; Continue review of allowable conditions; formulary review.
August 28, 2026						x		x	Continue review of allowable conditions; OHC items; formulary review.
September 25, 2026			x					x	Continued review of allowable conditions, as applicable; Primary Medical Care Standards review begins; AIDS Pharma and Outpatient/Ambulatory Service Descriptions review begins.
October 23, 2026			x			x		x	Primary Medical Care Standards review continued; Service Descriptions review continued Mental Health and Substance Abuse; OHC items as applicable.
November 20, 2026			x					x	Primary Medical Care Standards review continued; Service Descriptions Continued; OHC service description and standards review; nomination of officers; planning for 2027.

Comments:

The Subcommittee does NOT meet in December and all items are subject to change.

N=no meeting



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Medical Care Subcommittee: Bylaws Section

The Executive Committee is in the process of reviewing and updating the Bylaws and would like the Subcommittee's input on its assigned responsibilities. Below are the Medical Care Subcommittee responsibilities from Section 3.3(C.).

C. Subcommittees

1. Medical Care Subcommittee

The Medical Care Subcommittee shall:

- a. Meet monthly from January through November, but may choose to cancel a scheduled meeting if there is no business to transact;
- b. Make recommendations to the Care and Treatment committee regarding medical policies and procedures, quality management and improvement, Ryan White Program treatment guidelines and standards, and outcome measures, performance measures, and standards of care related to the delivery of Outpatient Medical Care, Prescription Drugs, and other core medical services; and
- c. Coordinate with State AIDS Drug Assistance Program (ADAP) and General Revenue to review formularies, expenditures, and utilization data patterns to make recommendations regarding the local Ryan White Part A Program Prescription Drug Formulary.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

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GET ON BOARD

MEMBER ENRICHMENT TRAINING



MIAMI-DADE
HIV/AIDS PARTNERSHIP

STATION 24



The 2027-2031 HIV Prevention and Care Integrated Plan and You!



Wednesday, September 2, 2026
12:00 p.m. - 1:00 p.m.
via Microsoft Teams



WHAT IS THE INTEGRATED PLAN?

Learn how the five-year plan brings HIV prevention and care priorities, goals, and strategies together.



WHY IS THE INTEGRATED PLAN IMPORTANT?

See how the plan coordinates resources, responds to community needs, and guides measurable progress.



HOW DOES THE PLAN INFORM OUR WORK?

Explore how the Integrated Plan shapes the work of the Partnership and its committees.



Scan the QR code
or click the link
below to register!

[https://bit.ly/
GOBSept_2_2026-IP](https://bit.ly/GOBSept_2_2026-IP)



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