

Medical Care Subcommittee

Policy and Procedure for Prescription Drug Formulary Review

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

FOR OMB-GC USE ONLY

Date of Request: 11/8/2022

11/8/2022 Date Received
Date of First PUPAP Review
Date of Approval
HRSA Drug Code

Request for: Addition Deletion

(1) Generic/Proprietary name of drug product:
methadone for opioid use disorder at an Opioid Treatment Program

(2) Specific formulation(s) considered:
oral liquid

(3) Specific indications for use:
opioid use disorder

(4) Please list other products currently in the formulary which are considered similar to the proposed addition/deletion:
buprenorphine

(5) Should there be any restrictions on the use of this product?
only for patients with opioid use disorder

(6) Please summarize your reasons and justification for this request. Provide appropriate references where applicable.
Comprehensive Psychiatric Centers are the only licensed OTPs in Miami

(7) I understand that this request will be considered at the next meeting of the Pharmaceutical Utilization Physicians Advisory Panel (PUPAP) or the Medical...

Print Name:
Phone/Pager:
Clinic Site:

Please forward this request to:
Carla Valle-Schwenk, Program Administrator
Miami-Dade County Office of Management and Budget
Grants Coordination/Ryan White Program
111 N.W. 1st Street, 22nd Floor
Miami, Florida 33128
Telephone (305) 375-4742 / Fax (305) 375-4454