

AIDS Drug Assistance Program (ADAP) Advisory Committee Meeting

June 1, 2015 4-6pm

- **Attendance:**
 - VDH: Diana Jordan, Steve Bailey, Lenore Lombardi, Anne Rhodes, Carrie Rhodes, Daniela Isayev, and Stephanie Wheawill
 - ADAP Advisory Committee (AAC): Dr. Robert Brennan, Dr. Edward Oldfield, Dr. David Wheeler, and Sandi Dineen
 - Invited Guests: Dr. Veronica Ayala-Sims
 - Additional Guests: Hunter Jamerson, Macaulay & Burtch; Daniel Santos, Optima; Paul Spidel, Sentara

- **Welcome and introductions & brief agenda review**

- **Hepatitis C/HIV Treatment Assistance Program Update (Carrie Rhodes/Stephanie Wheawhill)**
 - Pilot program was implemented in April 2015
 - Anticipate to serve approximately 70 clients
 - VDH is looking into options to expand treatment
 - Carrie Rhodes provided a brief overview of program numbers:
 - 4 applications received in total
 - 1 approved
 - 1 pending denial letter from insurance company
 - Stephanie Wheawhill provided an overview of the need for medical sites to establish a Controlled Substance Registration (CSR) to allow for Central Pharmacy to ship Harvoni directly to provider. Currently, there are two sites set up – (Carilion and Lynchburg/Intravene). Two sites are working on establishing a CSR (UVA and EVMS), and two sites have not responded.
 - CSR process requires an application to be sent to the Board of Pharmacy and completing a Memorandum of Understanding (MOU).
 - VDH strongly encourages clients to access Harvoni at provider site to ensure medication adherence but clients may access medications at Health Department, if necessary. If this is the case, please note this information on the application.
 - VDH encouraged providers to continue to submit applications for this program.

- **Formulary Discussion (Steve Bailey/Lenore Lombardi)**
 - Two recent additions to formulary, both added 3/24/2015:
 - Prezcofix (darunavir/cobicistat) – utilized by 8 clients. Dispensed 14 bottles total
 - Evotaz (atazanavir/cobicistat) - utilized by 2 clients. Dispensed 6 bottles total

- Discussion regarding removing the following antiretrovirals from the ADAP formulary, due to no demand in over a year:
 - Delavirdine (Rescriptor) - Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)
 - Enfuvirtide (Fuzeon) – Fusion Inhibitor
 - Tipranavir (Aptivus) – Protease Inhibitors (PIs)
 - epoetin alfa (Procrit)
 - Discussion to follow – General advocacy to keep these medications on formulary as occasionally clients may be on one of these regimens when moving from out of the country. Two insured clients are utilizing Fuzeon. Fuzeon, Aptivus and Procrit will remain on the Virginia (VA) ADAP Formulary. Rescriptor is not being utilized and will be removed from the VA ADAP Formulary.

- **Formulary Expansion (Steve Bailey/Carrie Rhodes)**
 - Fortunately, as a result of the cost savings of 75% of the ADAP population now being insured, VDH is looking into expanding the VA ADAP formulary to include: Sovaldi, Harvoni, Viekira Pak, and Ribavirin.
 - The application process for the HCV/HIV treatment assistance program will apply for these additional medications and the clinical review of these applications will continue for 6 months. VDH and the clinical review team will re-evaluate at the end of those 6 months. The HCV/HIV Treatment assistance program application and materials will be updated to reflect the additional medications.
 - Additional costs will range from \$10-12 million
 - AAC members concurred with the addition of these medications to the formulary.
 - VDH will move forward within the next two weeks to add these medications to the ADAP formulary.
 - Diana Jordan encouraged stakeholders to communicate any challenges faced with insurance companies to Lenore Lombardi so these issues can be included in the ADAP report to the General Assembly.

- **Formulary Expansion Cont'd (Lenore Lombardi)**
 - Committee Members received the non-ADAP formulary with the meeting materials. There are some medications on the non-ADAP formulary that may warrant consideration of adding them to the ADAP formulary. Additionally, there may be other medications that warrant consideration. Contact Lenore Lombardi with any suggestions.
 - Suggestions to add to formulary vocalized during the call: Valtrex and cardiovascular medications

- **ADAP Data presentation (Anne Rhodes)**
 - Final Enrollment Numbers/Charts/Distribution Maps
 - Over 5600 clients enrolled in ADAP, majority are enrolled in ACA plans
 - Breakdown of enrollment by region/insurance company

- Some carriers have specific geographic coverage
 - Majority of clients enrolled in Optima plans – 2100 clients
 - Medical Monitoring Project (MMP) Update
 - Sampling method will change to represent all persons diagnosed with HIV in VA, rather than simply those in HIV care
 - Sample comes from HIV Surveillance data
 - Preliminary Update on UVA health outcomes project
 - Study population:
 - Persons eligible for ACA enrollment in 2014 and with complete data for analyzed variables
 - Data included information on gender, race, ethnicity, age, HIV/AIDS diagnosis, Federal Poverty Level (FPL), Clinic, and region
 - Preliminary factors associated with ACA enrollment 2014:
 - Not African American, Not having an AIDS diagnosis, FPL between 101-400%, Female
 - Preliminary factors associated with Viral Suppression 2014:
 - ACA enrollment, not having an AIDS diagnosis, Specific clinics, Female
- **Membership Discussion (Dr. Brennan/Lenore Lombardi)**
 - Discussion regarding: larger areas of the state should be represented by more than one member.
 - VDH posed the following questions:
 - Would it be agreeable for more than one member from one area of the state be from one agency or institution? Members found this to be agreeable.
 - Is it agreeable that all members be active members to support consistency (in other words, not alternate members)? Members found this to be agreeable.
 - Is it agreeable that members who miss 4 consecutive meetings be rolled off the committee? Members found this to be agreeable.
 - What expertise should be added to the committee?
 - Discussion included interest in the following: Pharmacist
 - Committee discussed the possibility of having two categories of members:
 - 1) Voting members
 - 2) Specialized members called upon for specific topics for subject matter expertise.
- **Pre-Exposure Prophylaxis (PrEP) Discussion (Diana Jordan)**
 - VDH plans to purchase Truvada for HIV prevention purposes prior to 6/30/15
 - Evaluating accessibility of Gilead's patient assistance program
 - Developing eligibility criteria, training and information and information dissemination strategies

- Recruiting clinicians interested in prescribing PrEP for uninfected individuals can contact Diana Jordan at Diana.jordan@vdh.virginia.gov or 804-864-7955
 - Members expressed concern regarding costs for associated medical visits and labwork
 - VDH is looking into how to wraparound costs for visits and testing can be covered.
- **Program Enrollment and Affordable Care Act (ACA) Update (Carrie Rhodes)**

Clients Enrolled for 2015 ACA as of 5/26/2015				
	Newly Enrolled	Re-Enrolled (Sent in Info)	Re-Enrolled (Automatic)	Total
	1,026	2,171	7	3,204

Direct ADAP: 5,653
ICAP: 512
MPAP: 491
HIMAP: 3,204

Committee Action Items:

1. Contact Lenore Lombardi (Lenore.lombardi@vdh.virginia.gov or 804-864-8022) and provide medications to possibly add to the ADAP Formulary by Friday, June 12
2. Contact Lenore Lombardi (Lenore.lombardi@vdh.virginia.gov or 804-864-8022) with challenges that stakeholders may have faced with insurance companies so these issues can be included in the ADAP report to the General Assembly. Communicate these challenges by Friday, June 12.
3. Contact Lenore Lombardi (Lenore.lombardi@vdh.virginia.gov or 804-864-8022) with nominations for new AAC members.