

**Summary of AIDS Drug Assistance Program (ADAP) Advisory Committee Meeting
March 1, 2013**

Present: Dr. David Trump, Diana Jordan, Steven Bailey, Bengie Hair, Kimberly Eley, Jennifer Flannagan, Carrie Rhodes, Kathryn Gilmore, Anne Rhodes, Karen Council (member - phone), Hunter Jamerson (Macaulay & Burtch, P.C.), Dr. Richard Sterling (guest presenter), Dr. Scott Matherly (guest of Dr. Sterling), Craig Parrish, Rishelle Anthony, Donald Walker, Laura Walser, Dr. Rebecca Dillingham (guest – phone), Dr. Edward Oldfield (member – phone), Dr. Robert Brennan (member – phone).

Absent: Dr. Daniel Nixon, Bob Higginson, Dr. Greg Townsend (represented by Dr. Dillingham), Linda Eastham, and Dr. David Wheeler

Remarks from Dr. David Trump

- Dr. Cynthia Romero began as the new State Health Commissioner on January 30, 2013.
- Dr. Marissa Levine is now the acting Deputy Commissioner since Dr. Dempsey resigned
- The VDH Budget has \$2.6 million for state FY 2014 appropriated for ADAP.
- VDH is monitoring how Medicaid transition will occur in Virginia related to implementation of the Affordable Care Act (ACA) in January 2014.
- VDH is monitoring sequestration and the impact on Ryan White Grant Year 2013.
- VDH is assuring ADAP enrolled clients that medications will be available.
- Pre-Existing Condition Insurance Plan (PCIP) has suspended new enrollments as of February 15, 2013. Clients not enrolled in PCIP will continue to receive medications through ADAP from the VDH Central Pharmacy.
- General Assembly (GA) Report – highlighted success of ADAP program in managing waitlist; Virginia was cited nationally as an example state on this issue.
- Health Resources and Services Administration (HRSA) site visit in September 2012 – no major citations; given reminder to complete recertification process on clients every six months.

Remarks from Steven Bailey

- Pneumococcal conjugate vaccine was added to the ADAP Formulary in mid-February 2013 and is available through Central Pharmacy (approval process started on February 8, 2013).
- VDH is currently working on how to get vaccines to the clinic sites (currently, vaccines are available to ADAP-enrolled clients through the local health departments); pricing is being reviewed; VDH hopes to have this process worked out by early in the next grant year.
- The intent is to move vaccines to as many clinic sites as possible, with access continuing at local health departments to ensure access for all.

Questions/Comments

1. Has there been any discussion about adding Gardasil to the formulary?(Dr. Oldfield)
No, but VDH will review this as a request from the AAC for addition.
2. Per Dr. Brennan, there was a prior arrangement where vaccines were at the clinic sites until there was a policy change. *Steven Bailey will contact Dr. Brennan to discuss this prior arrangement.*

Recertification – Bengie Hair

- ADAP Clients must be recertified every six months based on the Ryan White program guidelines.
- As of last year, the ADAP eligibility process is handled in-house through the Virginia Department of Health and the Virginia Commonwealth University Health System. A clinical review of charts is occurring as well.
- Recertification started in September (trial). This process was fully implemented in October 2012 with 500-550 clients recertified each month based on the client date of birth. Quality management reviews occur within 48 hours of a consumer being ADAP approved.
- Federal poverty guidelines are usually issued in July of each year, but were delayed until January for this year. VDH ADAP has reviewed any applications denied for financial reasons to determine if there were persons we could assist with medications.
- 4135 persons are currently enrolled in ADAP (Traditional ADAP services, MPAP, and PCIP).

Questions/Comments:

1. There was a question on increasing the Federal Poverty Level (FPL) (Donald Walker).
Response: It was stated that is always an option depending upon available fiscal resources. Note: The Ryan White Program Part B services (non-ADAP) have been increased to 400% FPL to match the ADAP criteria
2. There was a question on denials due to FPL. (Donald Walker). *Response: Approximately 51 person's charts were reviewed and 3 persons were found to now be eligible for ADAP based on the new FPL.*
3. Any consideration for allowing 90-day fills for clients on stable regimens?(Dr. Oldfield)
Response: Per Steven Bailey, this has not been considered due to the program revenue generated by Medicaid back billing (not able to back bill for more than 30-day supply).

Hepatitis C/HIV Co morbidity Presentation – Dr. Richard Sterling

Hepatitis C Ad-Hoc Committee – Bengie Hair

- The VDH ADAP staff will be forming a Hepatitis C Ad-Hoc committee (at least 3 volunteer members) to consider adding hepatitis drugs back to formulary
- Gain input from National Alliance of State Territorial AIDS Directors (NASTAD) as to the ADAP formularies inclusion of Hepatitis C medications and any restrictions.

- The Committee will review what new medications are in the “pipeline” and the potential cost of these medications, and will make a recommendation to VDH.
- The VDH goal is to conduct a conference call within the next 30 days and have a recommendation to VDH on or before April 1, 2013.
- VDH will send notification to Committee for volunteers
 - § Dr. Brennan, Dr. Sterling, and Dr. Dillingham volunteered for the committee
- Per Steven Bailey, involve Dr. Sterling in reviewing the Hepatitis C Ad-Hoc (Dr. Sterling agreed to this) and include Laura Walser, VDH - Viral Hepatitis Prevention Coordinator, in the discussions.

Questions/Comments:

1. Dr. Sterling: ECHO program in New Mexico treats Hepatitis C through use of telemedicine. VCU could assist if VDH wanted to move forward with this type of program for physicians not involved with Hepatitis study programs. *Per Steven Bailey, VDH has purchased telemedicine equipment for VCU. Thus, Dr. Sterling’s recommendation may be an option to pursue.*

VA ADAP Advisory Committee Structure – Bengie Hair

- A preliminary VDH document that outlines the ADAP Advisory Committee has been sent to AAC members for review and consideration.
 - § We need to consider adding members to ensure representation across the Commonwealth. There was a request for recommendations and resumes of candidates to be forwarded to VDH.
 - § Additionally, the AAC needs to consider adding more consumer members for enhanced presentation across the Commonwealth.
- As an ongoing function of the AAC, there needs to be consideration of additional meetings and/or conference calls (annually, quarterly, etc.).
- One region that the AAC needs representation is from the Fredericksburg area. Dr. Norman Bernstein has an Infectious Disease practice there, and also Dr. Diane Franchi will be approached about being an AAC member.
- Need chairperson/leader – be available to speak with peers
 - § Most of the work will be done by the VDH.
 - § Chairperson would facilitate meetings.
 - § Members have nominated each other but no one has accepted to date.

Questions/Comments:

1. Dr. Brennan volunteered to be the Chair.
2. Steven Bailey suggested we move forward with Dr. Brennan as chairperson and further develop the position.

3. Dr. Dillingham commented that she would be willing to follow in Dr. Brennan's leadership after one year, and additional follow up will occur around membership for Dr. Dillingham.
4. Bengie Hair will send out vote to the Committee for Dr. Brennan to act as Chair.
- The AAC needs to consider the concept/idea of having an alternate attendee if Committee members are unable to attend to ensure that members are kept up to date by peers.
 - § Bengie Hair will develop some guidance on defining alternate attendee criteria and forward that to the Committee members to choose an alternate

ADAP Data Report – Anne Rhodes

- At the close of the ADAP waitlist, there were 180 persons who were lost to care. After working on this list for the past few months, only 19 persons remain without final disposition.

Questions/Comments:

1. Why has average cost per person per month decreased? *Response: May be attributed to several factors – 8% reduction in drug costs due to NASTAD negotiated rates on behalf of ADAP programs, change to the 30-day fill which helps eliminate waste, and increased use of Atripla (41% of clients use on monthly basis).*
- VDH Data: 76% of clients are at or below 138% FPL
- VDH reviewing sustainability options/opportunities. VDH is considering how to add persons with insurance to ADAP for rebate opportunity. Currently these individuals have premiums and co-pays paid by the VDH sub-recipient contract agencies and are not rebatable.
- Projection: between 70%-80% of the current ADAP clients will be eligible for the national health insurance exchange in January 2014.

Questions/Comments:

1. Per Dr. Trump, Medicaid expansion in Virginia may not occur until July 2014. *Per Steven Bailey, uncertainty exists with full cost of premiums, total out-of-pocket costs, and the Eligible Health Benefit (EHB) under health insurance exchanges. Currently the EHB includes 1 drug per class and it is uncertain if all health plans will cover the ADAP Formulary (this is being further evaluated to clarify EHB information that has been previously circulated).*
2. Per Steven Bailey: VDD has received offer of assistance from the Ryan White Part A Washington D.C. EMA of possibly \$1million for ADAP medication purchase. Additionally, VDH has received an offer from the Part A Norfolk EMA to assist with medication purchase of an uncertain amount that depends upon the end-of-year closeout of unspent funds.
3. Request from committee members to see drug use by region and anti-virals; show cost differentials

4. Question to committee members: Is anyone having trouble accessing the Abacavir sensitivity tests? *Response: No*
5. Dr. Brennan noted that Stribild use may increase as more providers become comfortable with the medication. It is being used more in treating naïve clients.
6. Karen Council requested assistance for clients with problems with PCIP network pharmacies. Her specific issues were centered with the Ramsell issued cards not being accepted. *Kimberly Eley will follow-up on behalf of VDH.*

Final Comments

- Within 7-10 days, VDH will send a survey to AAC members regarding dates for next meeting/future schedule
- Diana Jordan thanked the VDH team for organizing this meeting. She also thanked the participants.

DRAFT