



AIDS Drug Assistance Program
ADAP Advisory Workgroup
Meeting Minutes
December 11, 2007

Present were: Joe May, Lorraine Wells, Stephanie Brown, Dr. Ernesto Lamadrid, Mike Wallace, Joey Wynn, Michael Ehren, Jim Roth, Ken Barger, Susan Kramer, Gayle McLaughlin, Alison Nist, Alisha Coley, Dan Wall, Joseph Lenox-Smith, Javier Romero

The meeting convened in Tampa, Florida on December 11, 2007. Lorraine Wells made the opening remarks, and introductions were made around the room. Next, Ms. Wells reviewed contents of the information packets. She then made a motion for approval of the November 1, 2007 conference call minutes. The conference call minutes were approved with no changes.

Patient Care Update:

Joe May discussed the program updates for Patient Care. He mentioned that Patient Care received the grant guidance material for Part B funds on November 30, 2007, with the Part B grant being due January 30, 2008. In an effort to monitor expenditures, the Health Resources and Services Administration will expect each grantee to encumber and spend 98% of their awarded funds. Any funds over 2% that isn't expended will be cut from the grantee's award the following year. There is continuing dialogue with Part A cities for areas of collaboration with ADAP. Dan Wall has been involved in these discussions which include data sharing between programs. HRSA will soon require 2009 reporting of client level data by grantees and the sharing of data will aid in accomplishing this task. HRSA has not yet provided details with respect to what information will be required. The ongoing dialogue with Part A cities will be helpful toward HRSA goals of unduplicated reporting. Part A partners will meet with Part B on January 29, 2008. The All Titles/Ryan White Meeting March 26-27, 2008 will be held at the Rosen Centre Hotel in Orlando, FL, immediately before the scheduled AETC meeting. A memo detailing structural changes in Patient Care is forthcoming. The changes are primarily operational. ADAP has not been affected by the changes. The revenue projections for the State of Florida are not optimistic. They project a reduction in revenues going in 2008 and even 2009. Budget reduction exercises in the Bureau for general revenue funding are underway, although there is no implementation of plans as of yet. However, the implementation of cut backs will likely occur. There are no expected cutbacks in field contracts, or adverse actions affecting clients at the present time. The Program is more optimistic on the federal funding side, with a small increase to ADAP funding expected in 2008. No budget has been passed as of yet. There have been changes in the laws for lab reporting of HIV/AIDS that might benefit Florida financially. Instead of 5 year averaging in reporting HIV/AIDS cases, there will now be a 12 month snapshot in reporting HIV/AIDS cases. Lastly, Joe mentioned that Patient Care will be pursuing Part B supplemental funding the next grant year.

ADAP Update:

Lorraine Wells discussed the structure of ADAP and the functions of the staff's positions. Lorraine also provided a program update on various policies. She briefly discussed recent ADAP accomplishments and future projects.

Next she discussed client adherence and how to elevate patient adherence as a critical health care issue. In an attempt to increase client adherence, ADAP is pursuing a multi-disciplinary approach to adherence education and management. Other actions will include implementing professional training, increasing funds for professional education on patient medication adherence, addressing barriers to patient adherence for patients with low health literacy, and creating the means to share information about best practices in adherence education and management. Discussion on this important issue will continue on upcoming conference calls. ADAP will provide adherence tools that will be available to the CHD's. Joey Wynn suggested that ADAP first perform a statewide assessment to figure out what is currently being done in Part A and B programs. From this best practices will be found and can set the foundation on where to start. ADAP can also leverage TB/HIV clients in programs that are already receiving DOT and have nurses come to their homes. Lastly Joey pointed out that outsourcing might be needed in rural areas. Ms. Wells agreed and stated much of that is being done.

Joe Lennox-Smith feels that ADAP needs to build self-esteem in the consumer, provide tools, and a comprehensive training program to build adherence.

Dr. Lamadrid suggests that patients as well as providers work together to understand the medications, side effects, etc.

Mike Ehren said that medication therapy management is currently taking place in the pharmacy industry. Florida Medicaid has a running pilot project that pays pharmacists to perform adherence education. Lorraine also shared the programs vision of partnering with local universities that have pharmacy schools.

Next, was discussion regarding the ADAP Annual Report. Included will be cumulative ADAP activity information for the RW Grant Year. In addition, a report card for each county will be included, along with drug expenditures for each pharmaceutical company. Lastly, quarterly reports will be shared throughout the year.

Client forums and client satisfaction surveys will be conducted around the state in an effort to solicit information from clients on how ADAP can better serve and meet their needs. The surveys will help determine access, barriers to access, delivery of service to our customers, status of the service facilities, and other meaningful information.

There will be continued marketing of ADAP to spread information on the treatment and services provided by the program. This may include posters, billboards, TV and radio ads. The ADAP is also working to link drug costs to clients, meaning how much does it cost the program per client based on his/her particular regimen.

Drug Update:

Dr. Lamadrid discussed formulary additions and upcoming drugs seeking FDA approval. Valcyte (Valganciclovir) has been added to the formulary. The anti-depressants, Lexapro, Zoloft, and Wellbutrin can now be accessed by all clients, not just Hepatitis clients. Dr. Lamadrid also discussed the Hepatitis vaccination recommendation from the CDC. The CDC recommends that patients that are immuno-compromised should receive the double dose of Hepatitis B vaccine. ADAP will send out a memo that recommends this vaccine in the double dose. Research shows that doubling the dose of the Hepatitis B vaccine yielded better results than the single dose. A new drug that

will be receiving FDA approval soon is Etravirine (TMC-125). Etravirine is an experimental non-nucleoside reverse transcriptase inhibitor (NNRTI) being developed by Tibotec. Etravirine prevents HIV from entering the nucleus of healthy T-cells. Etravirine will need to be used in combination with other drugs. He also mentioned that Isentress (Raltegravir) and Selzentry (Maraviroc) have recently been added to the ADAP formulary. In pharmaceutical news, there has been a change in the regimen recommendation for Lexiva. Instead of two Tablets, 1 time a day, now one Tablet 100mg, one time a day is recommended as a result of side affects.

There was a suggestion to make note of medications that have a generic alternative on the ADAP formulary, so that providers have another option when prescribing medications and to reduce the amount expended on medications.

Lorraine presented the "Request to Add Drugs to Formulary" form. This tool will be used to add and manage formulary requests. The form will be placed on the ADAP internet.

Central Pharmacy Update:

Lorraine informed the members of changes within Central Pharmacy, including the resignation of Bennie Franks as of Nov. 29, 2007. The new pharmacist filling her position is Mary Ghabrial, who is currently a staff of Central Pharmacy. She will be attending the next scheduled meeting.

Medicaid Update:

Alisha Coley, representing AHCA and Medicaid, is Linda Barnes replacement. Alicia introduced herself and provided a Medicaid update. There is ongoing Medicaid reform in Broward, Duval, Clay, Baker, and Nassau counties. As of Dec 6, 2007 AHCA has stated that they will not recommend expansion of Medicaid reform in the rest of the other 3 counties near Jacksonville. Budget reductions by the legislature required Medicaid to reduce pharmaceutical services by \$11.5 million. These issues will be discussed in the next P&T Meeting on January 9, 2008. There will be an expansion in the state maximum allowable cost prices. The fiscal agent contract is still being worked on. Selzentry has been added to the Medicaid formulary with prior authorization to receive the drug. Alisha is still awaiting a response as to whether the Trofile Assay will be covered by Medicaid.

Stephanie Brown discussed the Invitation to Negotiation (ITN) for the Pharmacy services. The ITN will be similar to the contract previously granted to FAMU with some minor additions to include a broader scope of pharmacy services. After three years the department is required to re-bid or re-negotiate contracts. We anticipate a contract starting date of May 1, 2008

ADAP Workgroup:

Ms. Wells introduced the plan to reformat/restructure the Workgroup. She further explained: with the many resignations and the absence of guidelines or bylaws, this is the appropriate time to visit these issues.

It is proposed there will be a maximum of 21 participants including staff. The breakdown will be 2 pharmacists, 2 nurses, 4 administrative, 2 consumers of ADAP, a Ryan White Part A representative, a Ryan White Part B representative, Medicaid,

Medicare Part D, AETC Director, PCPG Co-Chair, and Corrections Representation. The DOH staff will include the medical director, a nurse consultant, the ADAP director, and the Ryan White Part B Program Administer, though DOH staffs are non-voting members. As part of the restructure, documents will be created to list expectations of the workgroup members and those of the program. Members were advised that the process is still under development and that their recommendations will be given careful consideration.

There were concerns expressed regarding the possible loss of history due to the restructure/reformation. Restructure activities will take place between this meeting and the next scheduled meeting.

The next meeting date is proposed for Tuesday, June 17, 2008 and June 24, 2008 will be the back up date.