FLORIDA AIDS DRUG ASSISTANCE PROGRAM
Statewide Conference Call
June 30, 2011
Start: 10:00 a.m. End: 12:00 noon

COUNTIES REPRESENTED: Alachua, Bay, Bradford, Brevard, Broward, Citrus, Clay, Collier, Columbia, Duval, Escambia, Flagler, Gadsden, Hendry/Glades, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Leon, Levy, Madison, Manatee, Marion, Miami-Dade, Monroe, Orange, Osceola, Palm Beach, Pinellas, Polk, Putnam, Sarasota, St. Lucie, Suwannee, Volusia, Wakulla

HEADQUARTERS ATTENDEES: Lorraine Wells, Justin Ferrill, Steve Badura, Roxanne Sieks, Debbie Taylor, Jimmy Llaque, Ivan Cook, Ken Hart, Brenda Andrews, Joe May, Sreekanth Battu; Suzanne Stevens, Uneeda Brewer, Robbie Bouplon, Bruce Campbell, Debbie Norberto, Megan Daily, Craig Reynolds

INTRODUCTION:
Lorraine Wells introduced staff and stated the purpose of the conference call was to provide an update on the Waiting List, Medicare Part D, Pharmacy Benefits Manager (PBM) and drug additions. She also reminded staff to send topics they wish to be covered on the ADAP statewide conference calls to Steven Badura. Makeshia Barnes has lead on updating the ADAP Manual. A select group from the field will be reviewing the updated manual and providing feedback.

EMERGENCY RELIEF FUNDING:
Since November 2010, a limited number of clients have been enrolled into the ADAP program using Emergency Relief Funds (ERF). The ERF enrollments were made possible through funding from HRSA. Clients were identified for enrollment based on the date they were placed on the waiting list. Due to attrition, a limited number of openings are available. Counties with eligible applicants were notified on June 24th, via email.

As outlined in the Cost Containment Guidance, staff have seven (7) calendar days to contact the eligible person and once contacted, 14 calendar days to complete the enrollment. The 7-day cycle began on Monday, June 27th. http://dohiws/dIVISIONS/dISEASE_cONTROL/AIDS/adap_iNTRANET/Main.htm

WELVISTA:
February 14-March 31, 2011, ADAP transferred 5,912 clients to Welvista. On April 1st clients were to be reenrolled back into ADAP. To date, 180 clients have not returned. On June 21st a list was sent to each respective county of those clients who did not reenroll. The deadline to re-enroll has now been extended to July 29th to provide an opportunity to locate these clients. Clients who have not re-enrolled by July 29th will be closed to the program.

Three new drugs have been added to the ADAP Formulary: **Intelence® 200 mg Strength Tablets and Viramune® XR™ 400 mg Strength Extended Release Tablets**

WAITING LIST:
Nationally, there are 13 states with a waiting list. Florida ADAP currently has 3,562 clients on the waiting list. Case managers and service provider advocates need to remind applicants or clients to recertify for services. Reminder cards can be used to facilitate this.

Clients must recertification every six months in accordance with our Federal Grant Award. HRSA (and the Bureau of HIV/AIDS, ADAP) requires all Part B grantees to implement an ADAP recertification process every six months to ensure only eligible clients are served.

As of June 1, 2011, clients who are two months or more overdue for recertification, will be removed from the waiting list number. Clients have the opportunity to reapply should they desire to do so.

MEDICARE PART D:
ADAP Premium Plus: Clients who are labeled as ADAP Premium Plus in the database are persons who are receiving co-payments and possibly deductible assistance from ADAP. An example would be AICP clients, or clients with Medicare Part D coverage.

PBM: A Request for Proposal (RFP) for a Pharmacy Benefits Manager (PBM) that was advertised in January 2011. CVS Caremark was notified on March 17 that they were the successful bidder. .

A series of statewide calls with ADAP staff and stakeholders will be scheduled. The next scheduled call is on Tuesday, July 12th. We will provide Webinar trainings, FAQ's, and informational inserts to include in clients' medication bags. The County Health Departments were requested to transfer all of their Medicare Part D clients to Central Pharmacy to dispense medication. This was necessary in order to capture the required data needed for proper CMS submission. This information has now been successfully shared with CMS.

The objective is to provide Medicare Part D clients with the option to access their medications through the retail chain or by mail order. Once the PBM has been fully implemented, ADAP will be in place to assist clients with their medication co-pays and possibly deductibles. In the interim, DOH Central Pharmacy will continue to serve our currently enrolled Medicare Part D clients and collect data for the monthly TrOOP submissions.

TrOOP: Starting January 1, 2011, ADAP dollars can count toward Medicare Part D True-Out-of-Pocket (TrOOP) costs. Despite not being able to secure the PBM by January 1, 2011, a secured data-sharing connection with CMS to report ADAP client enrollment information as well as the contributions made towards a client's Medicare Part D TrOOP costs was established. ADAP TrOOP submission in the form of batch files will continue to be a monthly activity until the PBM provider is secured in August of this year.

A recent match with the CMS database identified clients who were unaware they had Medicare Part D coverage. Client records are labeled as ADAP Premium Plus in the database. Prescriptions for this group of clients should be transferred to Central Pharmacy.

Additionally, 126 records were identified as having income levels below 135% without proper documentation for a Medicare waiver. Following verification with FMMIS, over 100 of these records have been closed because they were identified as recipients of additional Medicare/Medicaid financial assistance either through Qualified Medicare Beneficiary (QMB), Special Low Income Beneficiaries (SLMB) or Low Income Subsidy (LIS)/Extra Help. Coordination with CHDs and CM is in progress to notify and work with these clients.

LAB TESTS FOR CLIENTS:
As a cost containment measure, ADAP has reduced the number of labs per year to a total of 2 CD4 and 2 VL per client per fiscal year. This information will be updated in our Cost Containment Guidance.

DATABASE:
The following new reports are available in the database:
Open Clients:

- Federal Poverty Level (FPL), CD4, and Viral Load ranges: user will have the option to select ranges. CD4 and Viral Load client details reports will highlight and differentiate the clients who are overdue by six (6) months or more.

  Other reports available are:
  - Clients served (at least one pickup)
  - Overdue report for re-enrollment and labs
  - Clients served/pickup information
  - Overdue PDA's overdue by 45 days

Waiting List Clients:

- FPL, CD4, and Viral Load ranges: user will have the option to select ranges. CD4 and Viral Load client details reports will highlight and differentiate the clients who are overdue by six (6) months or more.
- Re-enrollment overdue report for waiting list clients (client level details)

The ADMIN-SUSPEND can be used for:

- Clients in a drug study for 30 days or more
- Clients on drug holiday for side effects, secondary illnesses, etc.
- Clients who have 30 days or more of medications on hand
- Clients who transitioned back from Welvista with extra medications and
- Clients who have a monthly cap on medications that can be accessed outside the program

UPDATES TO THE ADAP FORMULARY:
Etravirine (Intelence) is now available in a 200mg tablet vs the 100mg that was previously available. This will reduce the pill burden for most patients since the normal dose is 200mg twice daily.

(Nevirapine) Viramune XR is now available in a 400mg extended release tablet. It will continue to be available in a 200mg form for patients new to the drug as a trial or lead-in dose strength.

Medical asked that pharmacy put a notice in the patient's medication bags for those who were receiving this change to avoid confusion.

Rilpivirine (Edurant) is a new FDA approved NNRTI in treatment naïve patients based upon clinical trial evidence comparing it to Efavirenz (Sustiva). It is recommended for patients with a viral load under 100,000. This medication must be taken with food to be absorbed therefore patients should take it with meals.

NEW HEPATITIS DRUGS AVAILABLE THROUGH PATIENT ASSISTANCE PROGRAMS:
Two new drugs approved for Hepatitis that are not on the ADAP formulary but are available through Patient Assistance Programs are Teleprevir (Incivek) and Boceprevir (Victrelis).

Teleprevir is not yet approved for HIV positive patients. The drug interactions with this drug are significant and needs close watching. Patients should be checking with their medical provider and pharmacist to be certain of any drug to drug interactions.

Boceprevir is not recommended for use in HIV positive patients until there is more data on drug interactions. However, in Hep C studies, this drug practically doubled the cure rate of patients with the difficult strain of HCV.

BUDGET UPDATE:
The bureau received partial Ryan White funding of $57.9 million or 48 percent of 2010 award. Of that, $41 million was earmarked for ADAP, of that amount $35.9 million went to Central Pharmacy for drugs.

Since April 2011, we have spent $13.7 million statewide. The Welvista Bridge program offset some of the cost to the program in the beginning of our fiscal year. Many clients still had medications on hand; therefore, fewer prescriptions were filled in the months of May and June.

Central Pharmacy continues to monitor drug orders, flagging inconsistencies and verifying that the order matches the client demand in each county. Lorraine thanked the counties for their efforts in monitoring and assisting with maintaining proper inventory.