

## FLORIDA AIDS DRUG ASSISTANCE PROGRAM

May 26, 2016 Statewide Conference Call Minutes

10AM - 11AM

*Counties Represented: Alachua, Baker, Bay, Bradford, Brevard, Broward, Citrus, Clay, Collier, Desoto, Duval, Escambia, Flagler, Franklin, Gadsden, Gulf, Hendry / Glades, Hillsborough, Indian River, Jackson, Lafayette, Lake, Lee, Leon, Levy, Marion, Miami-Dade, Monroe, Okaloosa, Orange, Osceola, Palm Beach, Pasco, Pinellas, Santa Rosa, St. Johns, St. Lucie, Suwannee, Taylor, Union, Volusia, Wakulla.*

*ADAP Headquarters Participants: Jimmy Llaque, Steven Badura, Paul McKeel, Tammy Cuyler, Cherrishe Brown, James Easton, Joseph Cohen, Lavell Pryor.*

### ■ Vitekta

Due to low utilization, Gilead Sciences is voluntarily withdrawing single-agent Vitekta tablets from sale globally, as of February 2017. The company has concluded that this withdrawal will not negatively impact the care of HIV patients as the availability of alternative antiretroviral drugs remains extensive. The ADAP program has no clients, who are currently taking this medication as part of their treatment regimen.

### ■ ADAP Policy Manual

The updated policy manual is presently under final revision. Completion is expected within the next week. Once finalized, the manual will be sent, via email, to each county. It will also be accessible from the Florida Department of Health's main website <http://www.floridahealth.gov/>. Staff should expect the release of the manual, during the initial half of June.

### ■ Selzentry / Maraviroc

Prior authorization for clients prescribed Selzentry / Maraviroc is no longer required. Previously, submitted requests were reviewed and approved by medical staff and providers would be contacted as needed. The ADAP database is undergoing an update to reflect this change.

### ■ Trainings

- ADAP programmatic training was facilitated by central office staff on Tuesday and Wednesday of the current week. The next two-day trainings have been scheduled for July 26<sup>th</sup>- 27<sup>th</sup> and September 27<sup>th</sup>-28<sup>th</sup>.
- Training on the new ADAP software will be scheduled for the end of August. Staff will receive an Outlook invitation with date and time information. Local face-to-face trainings may also be scheduled and selected counties will be notified in advance. ADAP

programmatic trainings set for the latter part of September will primarily focus on the new software features.

- Cherrishe Brown will be facilitating the upcoming pick-up percentage training, scheduled for May 31, 2016 at 10 AM. ADAP staff is encouraged to attend this training, which will cover calculating pick-up percentages for counties, database and client monitoring tips, along with suggestions to produce pick-up rate improvement.

### **■ New Drugs Added to Formulary**

Newly approved drugs Odefsey and Descovy are being added to the ADAP formulary. The approval process, for both drugs, is currently underway. Once added, notice will be sent to all filed staff. Prior to sending this notification, we will have verified that the drugs are available for order from central pharmacy.

### **■ Hepatitis C Pilot Project**

The Hep C Pilot project, originally extended to Pinellas and Miami-Dade counties only, is now open to the entire state. Currently, there are five ADAP clients, who have been approved for hep C medication pick up. Staff who are in need of the treatment application itself should request this from central office or contact their area HAPC, who should be able to provide the application, along with instructions on the review process.

To increase awareness and utilization, Dr. Beal has suggested that staff ask clients, upon drug pick up, if they are aware of their Hep C status. If infected, he has advised staff to provide them with the documentation for their health provider to complete. Bag stuffers containing ADAP/ Hep C treatment information will be sent to central pharmacy.

Staff is strongly encouraged to make co-infected clients aware of this opportunity by word of mouth.

### **■ Central Pharmacy**

- As a reminder, delays in medication dispensing may be due to incomplete prescription data entered into the ADAP database.
- Dr. Broxton explained that the pharmacy has received requests for 30 day supplies of Harvoni; however, the drug is only available to clients as a 28 day supply. Central pharmacy staff is working to relay this to providers. Debbie Taylor, has made this change on the application and it is currently under review by Dr. Beal.

### **■ HRSA Reporting Update**

On May 5th an email was sent to field staff, with an attachment outlining the new HRSA guidelines for capturing race in the database. Staff should not select multiple races or the "Other" category for any clients who are new or re-enrolling.

## ■ ADAP Confidential Folder

If any documents are placed in the ADAP confidential folder, please notify your area consultant, so they are aware and can retrieve the information.

## ■ Insurance

As of July 1<sup>st</sup>, the United Healthcare network will change. There are currently 301 ADAP clients insured under UHC plans. ADAP will continue to cover these policies through the end of the 2016 benefit year. Seeking a resolution, Paul MeKeel has reached out to the National Alliance of State and Territorial AIDS Directors (NASTAD). James Easton has communicated with CVS pharmacy and Joseph Cohen has requested the attention of UHC; however, no final solution has been found at this time. Nonetheless, staff must inform clients that we will ensure they continue to receive their HIV medications, along with assistance with their current insurance policies. Prospective solutions are as follows:

- In the event that the client has met the out-of-pocket maximum cost of their policy, they will be able to pick up at any pharmacy and report pickups to the local ADAP office. Staff will then need to submit an entry on the Log Missing Pickups screen in the ADAP database. Joseph is working with UHC to identify clients who have already done so.
- Patient Assistance Programs (PAPs) may also be able to assist with these costs. If a client enrolls in a PAP, in advance, and our program subsequently discovers another solution, it will have no negative impact. The Patient Advocate Foundation could also be of potential service.
- By choice or matter of feasibility, clients may pay copays and report pickups to the local ADAP office for entry in the Log Missing Pickups screen.
- If no other source of payment is available, clients may be served through the state pharmacy network.

If you have any questions or concerns, related to any of the mentioned topics above, please contact your area representative.