Florida HEALTH

Florida ADAP

AIDS Drug Assistance Program

QUARTERLY SUMMARY

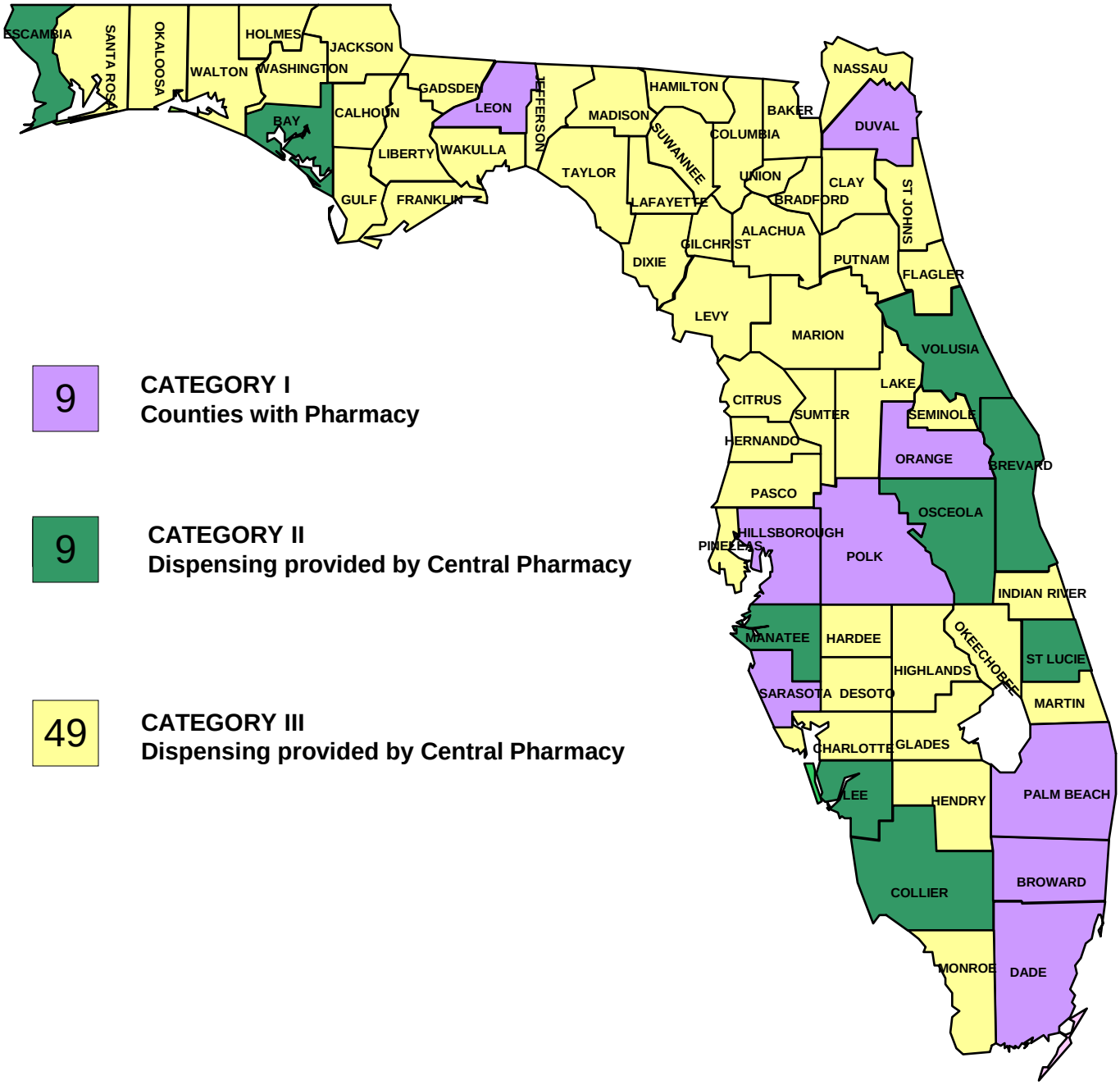
2014/2015 Ryan White Grant Year

2nd Quarter

JULY - SEPTEMBER, 2014

Improving Health. . . Promoting Wellness

COUNTY HEALTH DEPARTMENTS BY PHARMACY CATEGORY



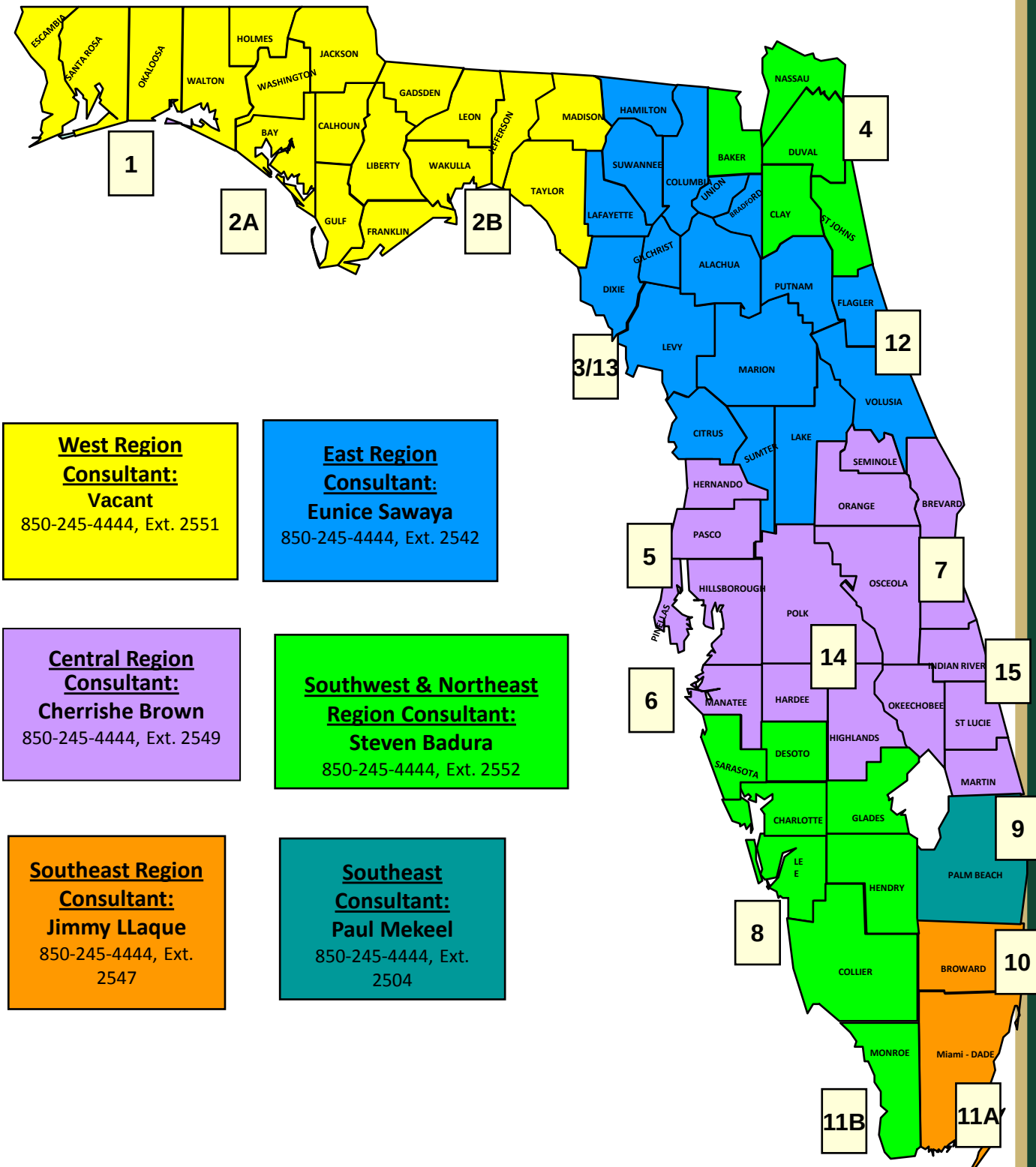
9 **CATEGORY I**
Counties with Pharmacy

9 **CATEGORY II**
Dispensing provided by Central Pharmacy

49 **CATEGORY III**
Dispensing provided by Central Pharmacy

AIDS DRUG ASSISTANCE PROGRAM

Area Primary Contacts



West Region Consultant:
Vacant
850-245-4444, Ext. 2551

East Region Consultant:
Eunice Sawaya
850-245-4444, Ext. 2542

Central Region Consultant:
Cherrishe Brown
850-245-4444, Ext. 2549

Southwest & Northeast Region Consultant:
Steven Badura
850-245-4444, Ext. 2552

Southeast Region Consultant:
Jimmy LLaque
850-245-4444, Ext. 2547

Southeast Consultant:
Paul Mekeel
850-245-4444, Ext. 2504

Number of Clients Enrolled*

(Page 1 of 2)

	4TH Q 2013/ 2014	1ST Q 2014/ 2015	2ND Q 2014/2015		4TH Q 2013/ 2014	1ST Q 2014/ 2015	2ND Q 2014/ 2015
ALACHUA	196	186	188	FLAGLER	12	13	11
BAKER	5	5	6	FRANKLIN	0	0	1
BAY	112	103	96	GADSDEN	8	8	7
BRADFORD	4	4	5	GULF	2	2	2
BREVARD	230	224	222	HAMILTON	4	4	3
BROWARD	4,329	4,393	4316	HENDRY	18	17	13
CHARLOTTE	58	6	0	HERNANDO	41	36	35
CITRUS	49	52	47	HIGHLANDS	41	40	37
CLAY	31	30	29	HILLSBOROUGH	1,110	1,098	1117
COLLIER	219	229	218	HOLMES	2	2	4
COLUMBIA	21	23	21	INDIAN RIVER	47	45	42
MIAMI-DADE	4,843	4,889	4795	JACKSON	17	19	17
DESOTO	21	68	73	JEFFERSON	2	4	5
DIXIE	4	5	5	LAFAYETTE	2	2	2
DUVAL	833	864	867	LAKE	80	84	83
ESCAMBIA	219	225	221	LEE	254	263	244

* Enrolled means any client certified as eligible to receive medications through FL ADAP at any time during the reporting period, regardless of whether they used ADAP services.

Number of Clients Enrolled*

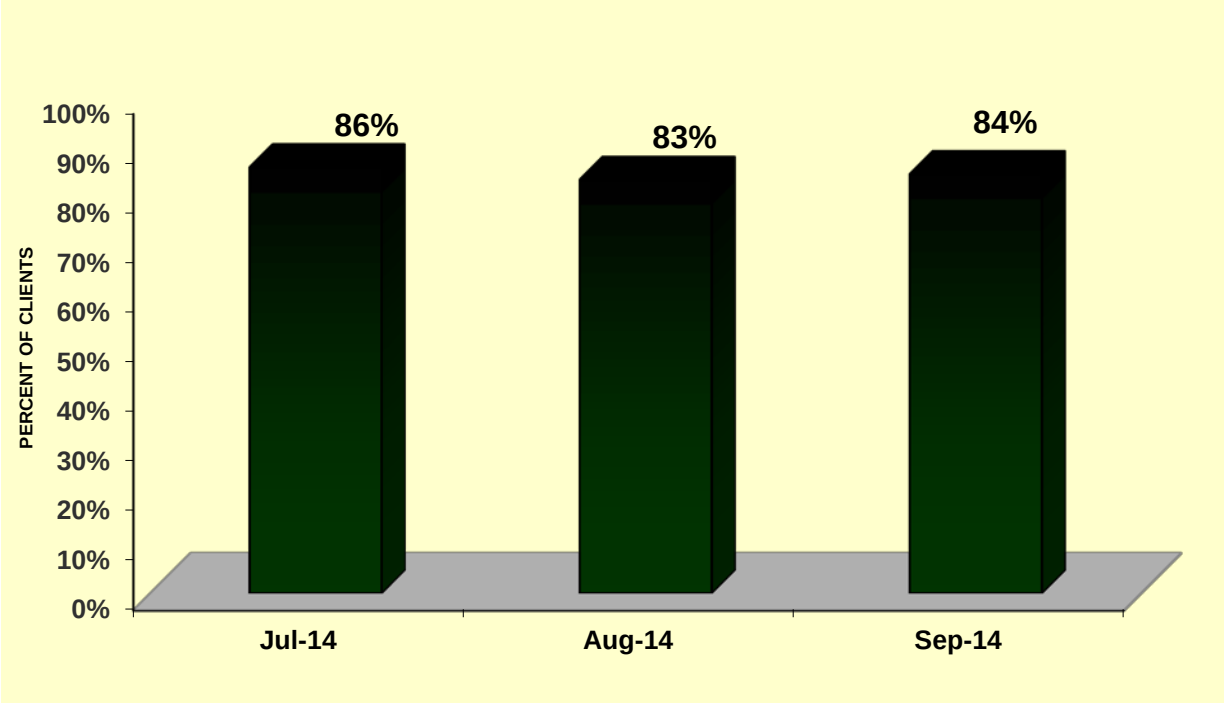
(Page 2 of 2)

	4TH Q 2013/2014	1ST Q 2014/2015	2ND Q 2014/2015		4TH Q 2013/2014	1ST Q 2014/2015	2ND Q 2014/2015
LEON	200	198	194	POLK	403	390	376
LEVY	10	10	8	PUTNAM	41	42	43
MANATEE	231	237	242	SANTA ROSA	12	14	14
MARION	145	138	139	SARASOTA	213	206	170
MARTIN	67	65	57	SEMINOLE	189	184	188
MONROE	118	118	123	ST. JOHNS	59	62	65
NASSAU	11	11	13	ST. LUCIE	159	158	151
OKALOOSA	82	77	76	SUMTER	25	28	26
OKEECHOBEE	12	15	14	SUWANNEE	7	5	5
ORANGE	1,300	1,293	1271	TAYLOR	6	7	6
OSCEOLA	237	235	239	UNION	2	2	2
PALM BEACH	1,492	1,453	1387	VOLUSIA	183	182	179
PASCO	98	90	95	WAKULLA	4	4	3
PINELLAS	677	663	618				

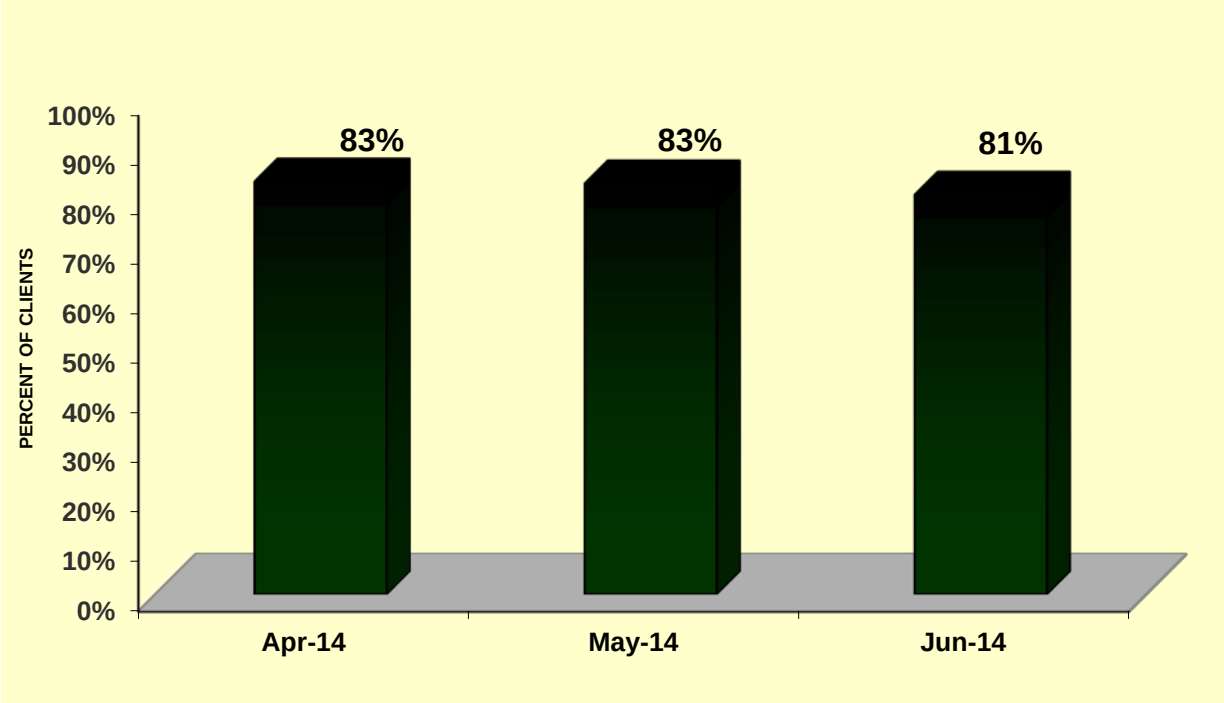
* Enrolled means any client certified as eligible to receive medications through FL ADAP at any time during the reporting period, regardless of whether they used ADAP services.

STATEWIDE PICK-UP PERCENTAGE

2nd Quarter (Jul-Sept 2014)



1st Quarter (Apr-June 2014)

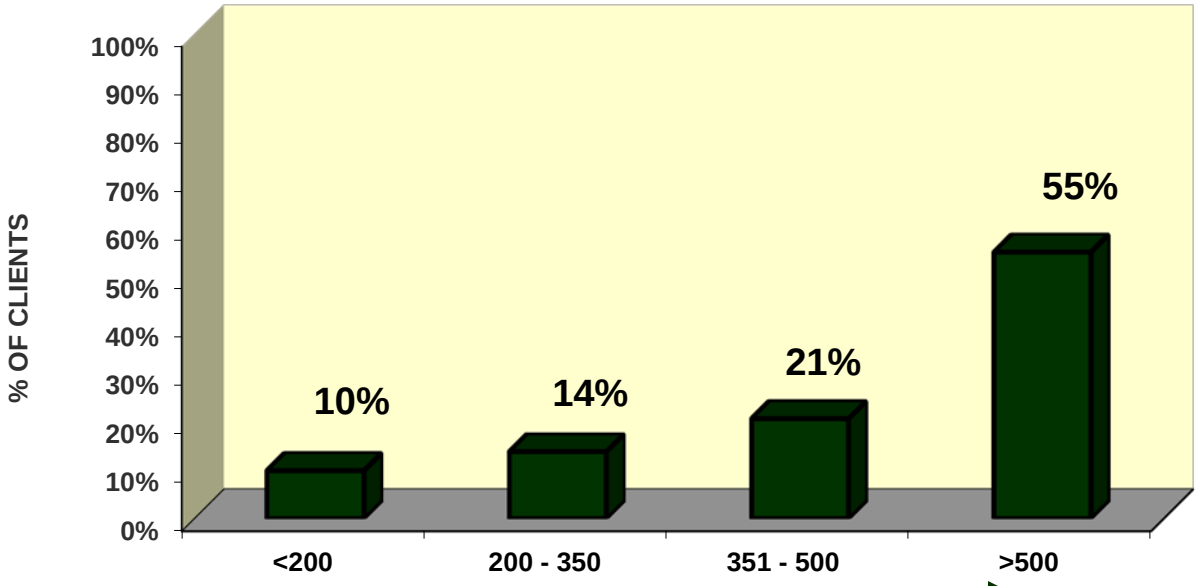


Pick-up Information is based on a monthly calculation

CLIENT CD4 COUNT

2nd Quarter (Jul-Sept 2014)

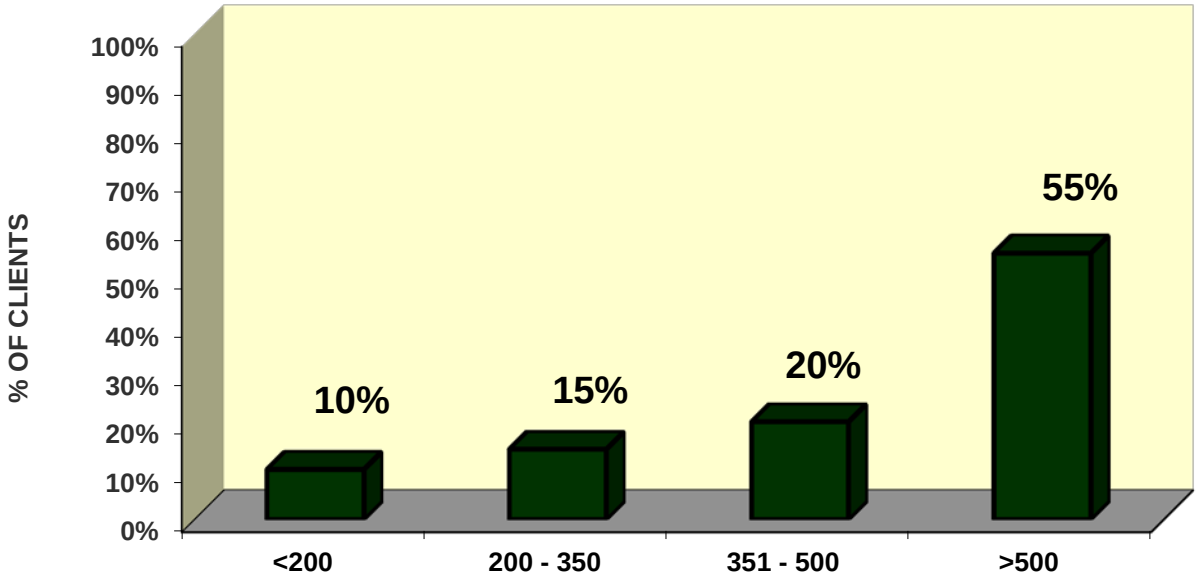
Total Clients Enrolled:18,436



Improved Client Health

1st Quarter (Apr-Jun 2014)

Total Clients Enrolled:18,840

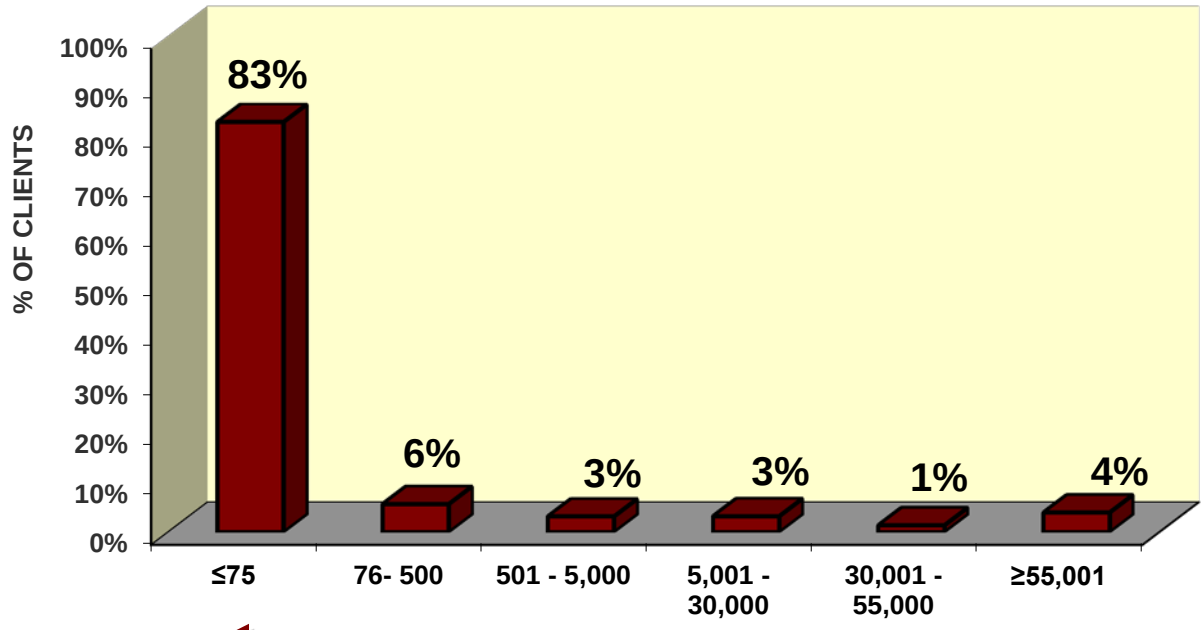


The percentage represents the clients most recent laboratory tests obtained during enrollment and/or recertification

CLIENT VIRAL LOAD PROFILE

2nd Quarter (Jul-Sept 2014)

Total Clients Enrolled:18,436



Improved Client Health

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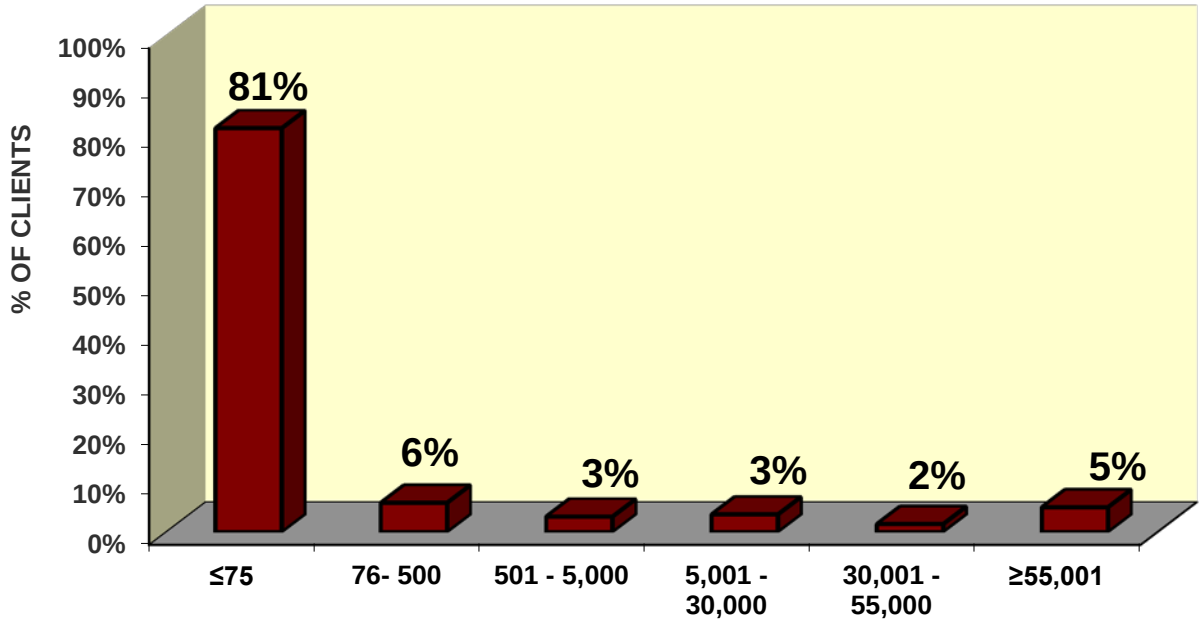

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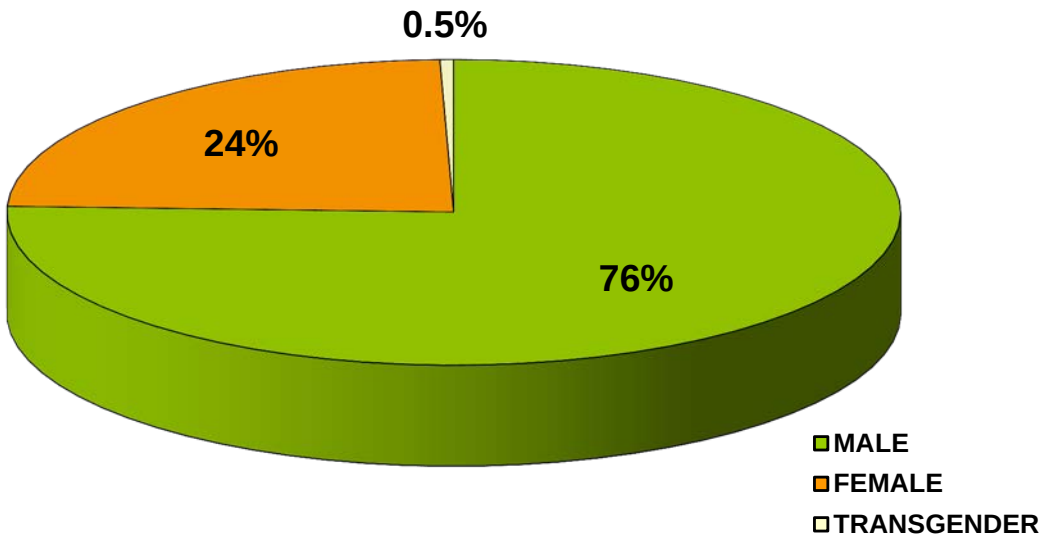
GENDER

2nd Quarter (Jul-Sept 2014)

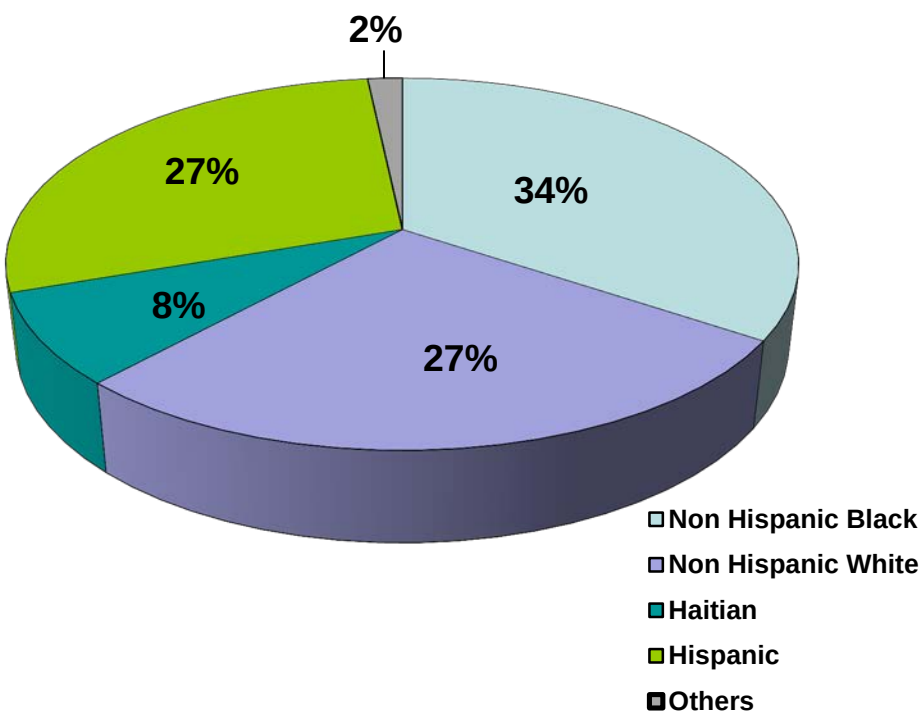
Total Clients Enrolled: 18,436



**Transgender clients represent less than <1% of the cases (82 clients)*
From Total clients enrolled 18,436: 2,825 are Insured (2,306 male, 519 Female).

RACE/ETHNICITY

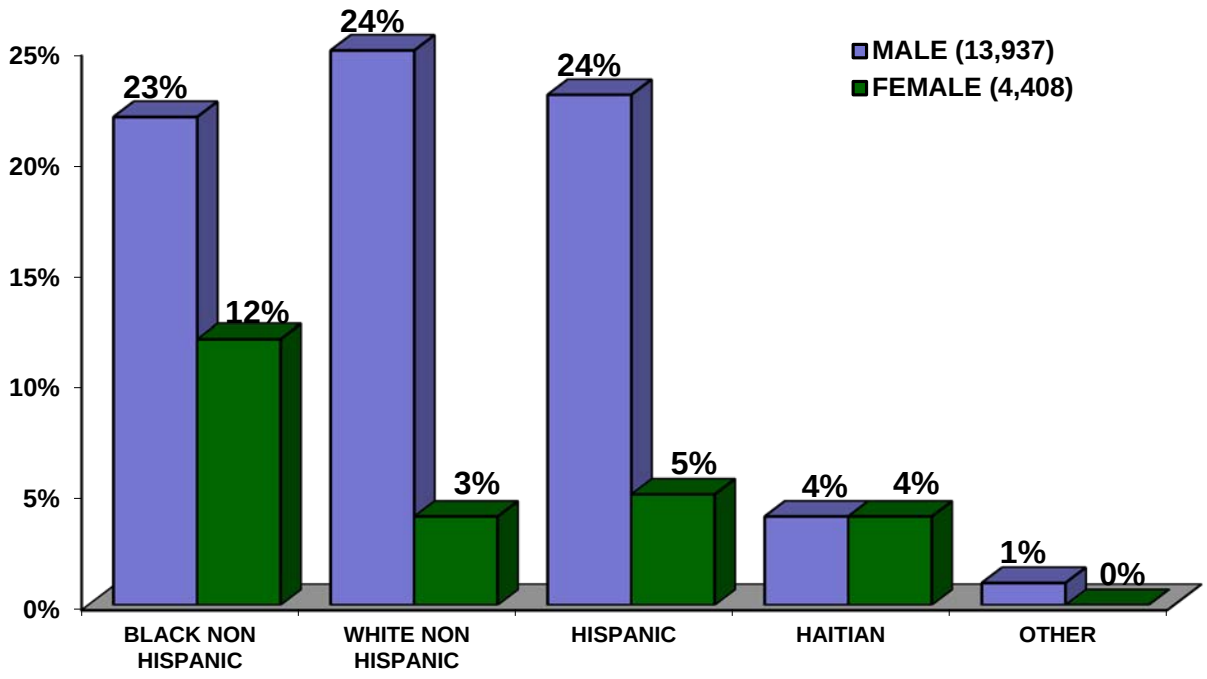
Total Clients Enrolled: 18,436



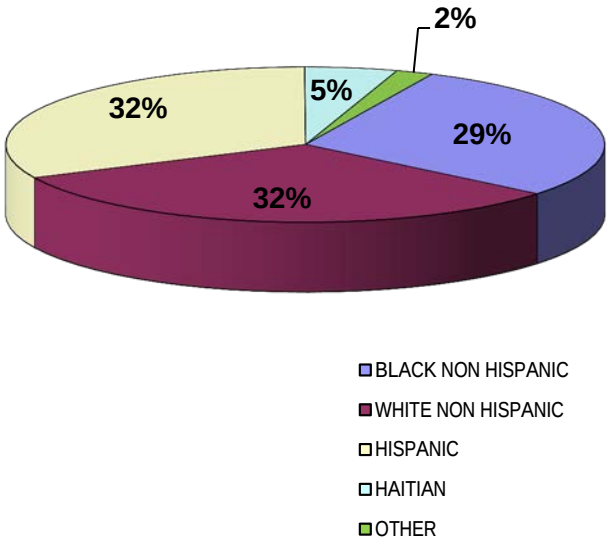
Others include Asian, Native Hawaiian/Pacific Islander, American Indian/Alaskan Native, and Multiracial.

GENDER BY RACE/ETHNICITY

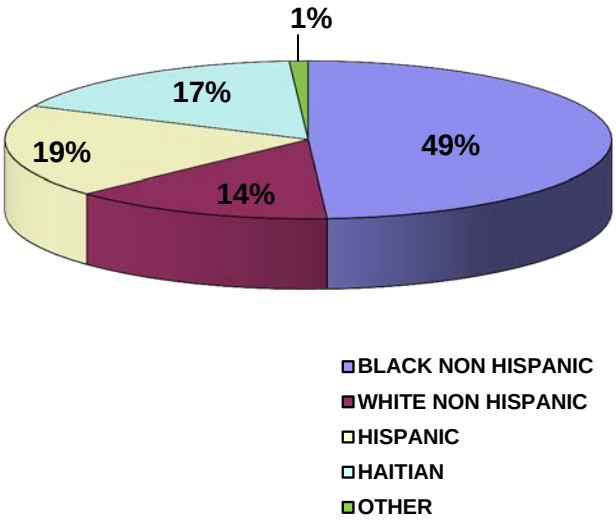
2nd Quarter (Jul-Sept 2014)



MALE (13,937 Clients)



FEMALE (4,408 Clients)



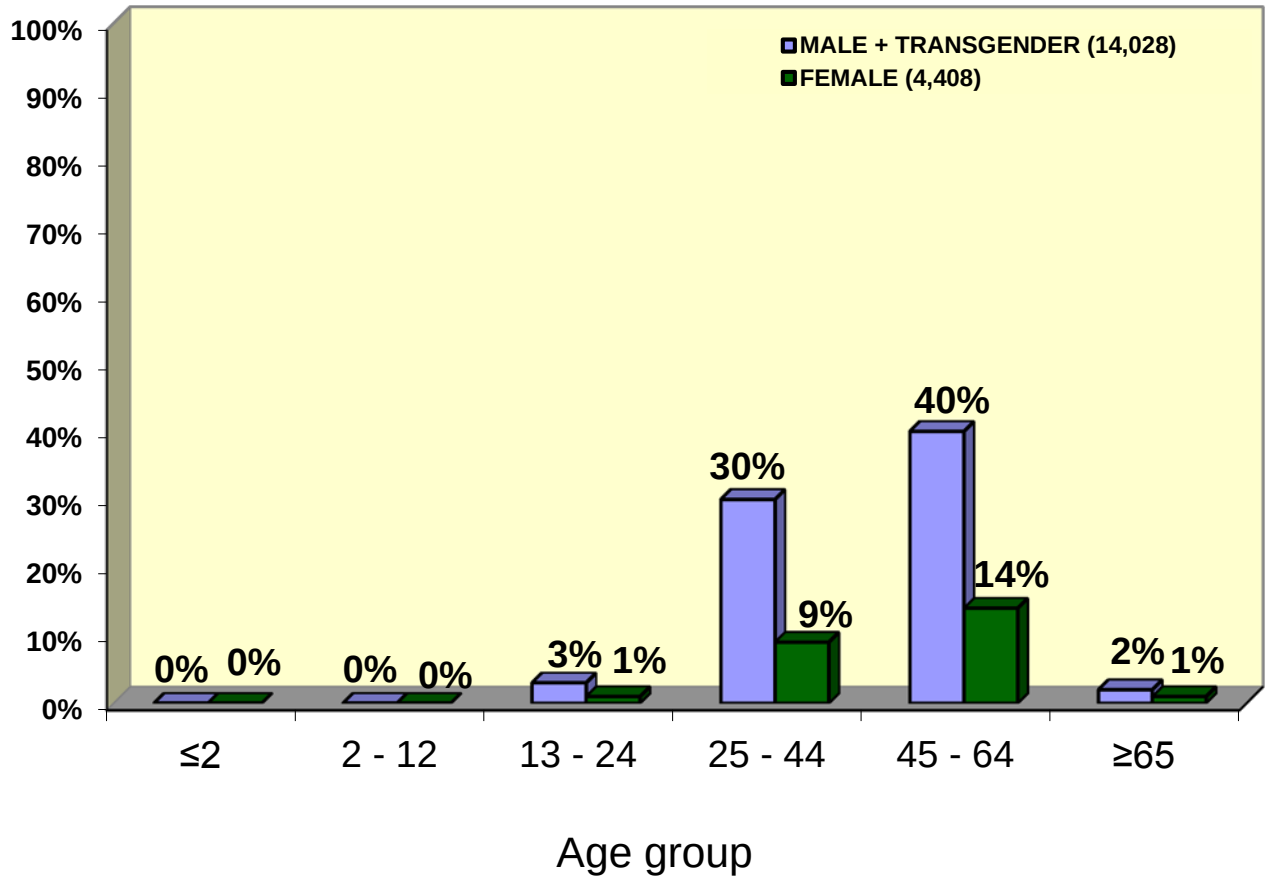
Others include Asian, Native Hawaiian / Pacific Islander, American Indian / Alaskan Native, Multiracial and those identified as Other Race..

Transgender clients represent less than 1% of the cases (91 clients); 51 Black Non-Hispanic, 15 White Non-Hispanic, 16 Hispanic, 1 Haitian, 8 Other.

GENDER BY AGE

2nd Quarter (Jul-Sept 2014)

Total Clients Enrolled: 18,436



Transgender clients represent less than 1% of the cases (91 clients) are included in the male category.

ADAP FORMULARY BY CLASS

Florida ADAP
AIDS Drug Assistance Program

ANTIRETROVIRALS (ARV's)

Multi-class Combination Products

1. **ATRIPLA®** (efavirenz/ emtricitabine / tenofovir disoproxil fumarate, TDF+FTC+EFV)
2. **COMPLERA®** (emtricitabine, rilpivirine and tenofovir disoproxil fumarate, RPV+TDF+FTC)
3. **STRIBILD™** (elvitegravir, cobicistat, emtricitabine, tenofovir disoproxil fumarate)

Nucleoside Reverse Transcriptase Inhibitors (NRTIs)

1. **COMBIVIR** (lamivudine and zidovudine, ZDV+3TC)
2. **EMTRIVA®** (emtricitabine, FTC)
3. **EPIVIR** (lamivudine, 3TC)
4. **EPZICOM®** (abacavir sulfate and lamivudine, ABC+3TC)
5. **RETROVIR®** (zidovudine, AZT, ZDV)
6. **TRIZIVIR®** (abacavir/ lamivudine / zidovudine, ABC+3TC+ZDV**)**
7. **TRUVADA®** (emtricitabine / tenofovir disoproxil fumarate, TDF+FTC)
8. **VIDEX®** (didanosine, USP, ddl)
9. **VIREAD®** (tenofovir disoproxil fumarate, TDF)
10. **ZERIT®** (stavudine, d4T)
11. **ZIAGEN®** (abacavir, ABC)

Nonnucleoside Reverse Transcriptase Inhibitors (NNRTIs)

1. **EDURANT™** (rilpivirine, RPB)
2. **INTELENCE®** (etravirine, ETR)
3. **RESCRIPTOR** (delavirdine mesylate, DLV)
4. **SUSTIVA®** (efavirenz, EFV)
5. **VIRAMUNE®** (nevirapine, NVP)

Protease Inhibitors (PIs)

1. **APTIVUS®** (tipranavir, TPV)
2. **CRIXIVAN®** (indinavir sulfate, IDV)
3. **INVIRASE®** (saquinavir mesylate, SQV)
5. **KALETRA®** (lopinavir / ritonavir, LPV+RTV)
4. **LEXIVA®** (fosamprenavir, FPV)
5. **NORVIR®** (ritonavir, RTV)
6. **PREZISTA®** (darunavir, DRV)
7. **REYATAZ®** (atazanavir sulfate, ATV)
8. **VIRACEPT®** (nelfinavir mesylate, NFV)

Fusion Inhibitors

1. **FUZEON®** (enfuvirtide, T-20, ENF)

Entry Inhibitors - CCR5 co-receptor antagonist

1. **SELZENTRY®** (maraviroc, MVC)

HIV Integrase Strand Transfer Inhibitors

1. **ISENTRESS®** (raltegravir, RAL)
2. **Tivicay®** (dolutegravir, DTG)

OPPORTUNISTIC INFECTION (OIs)

1. **BACTRIM™DS** (sulfamethoxazole and trimethoprim, TMP/SMZ DS) (Double Strength)
2. **BIAXIN® Filmtab®** (clarithromycin)
3. **DAPSONE** (Diamino-diphenyl Sulfone, dds)
4. **DARAPRIM®** (pyrimethamine)
5. **DIFLUCAN®** (fluconazole)
6. **LEUCOVORIN®** (calcium folinate)
7. **MEPRON®** (atovaquone)
8. **MYAMBUTOL®** (ethambutol hydrochloride)
9. **MYCELEX® Troche** (clotrimazole)
10. **MYCOBUTIN®** (rifabutin)
11. **NIZORAL®** (ketoconazole)
12. **SPORANOX®** (itraconazole)
13. **SULFADIAZINE**
14. **TERAZOL®** (terconazole)
15. **VALCYTE®** (valganciclovir hydrochloride)
16. **VALTREX®** (valacyclovir hydrochloride)
17. **ZITHROMAX®** (azithromycin)
18. **ZOVIRAX®** (acyclovir)

Prior authorization only

Added to Formulary October 3, 2013

Revised February 10, 2014

ADAP FORMULARY

ANTIRETROVIRALS (ARV's)

1. **APTIVUS®** (tipranavir, TPV)
2. **ATRIPLA®** (tenofovir / emtricitabine / efavirenz, TDF+FTC+EFV)
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12. **INVIRASE®** (saquinavir, SQV)
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16. **NORVIR®** (ritonavir, RTV)
17. **PREZISTA®** (darunavir, DRV)
18. **RESCRIPTOR** (delavirdine, DLV)
19. **RETROVIR®** (zidovudine, AZT, ZDV)
20. **REYATAZ®** (atazanavir, ATV)
21. **SELZENTRY®** (maraviroc, MVC)
22. **STRIBILD™** (elvitegravir, cobicistat, emtricitabine, tenofovir disoproxil fumarate)
23. **SUSTIVA®** (efavirenz, EFV)
24. **Tivicay®** (dolutegravir, DTG)
25. **TRIZIVIR®** (abacavir/lamivudine/ zidovudine, ABC+3TC+ZDV)
26. **TRUVADA®** (tenofovir / emtricitabine, TDF+FTC)
27. **VIDEX®** (didanosine, ddl)
28. **VIRACEPT®** (nelfinavir, NFV)
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OPPORTUNISTIC INFECTION (OIs)

1. **BACTRIM™DS** (sulfamethoxazole and trimethoprim, TMP/SMZ DS) (Double Strength)
2. **BIAXIN® Filmtab®** (clarithromycin)
3. **DAPSONE** (Diamino-diphenyl Sulfone, dds)
4. **DARAPRIM®** (pyrimethamine)
5. **DIFLUCAN®** (fluconazole)
6. **LEUCOVORIN®** (calcium folinate)
7. **MEPRON®** (atovaquone)
8. **MYAMBUTOL®** (ethambutol hydrochloride)
9. **MYCELEX® Troche** (clotrimazole)
10. **MYCOBUTIN®** (rifabutin)
11. **NIZORAL®** (ketoconazole)
12. **SPORANOX®** (itraconazole)
13. **SULFADIAZINE**
14. **TERAZOL®** (terconazole)
15. **VALCYTE®** (valganciclovir hydrochloride)
16. **VALTREX®** (valacyclovir hydrochloride)
17. **ZITHROMAX®** (azithromycin)
18. **ZOVIRAX®** (acyclovir)

Prior authorization only

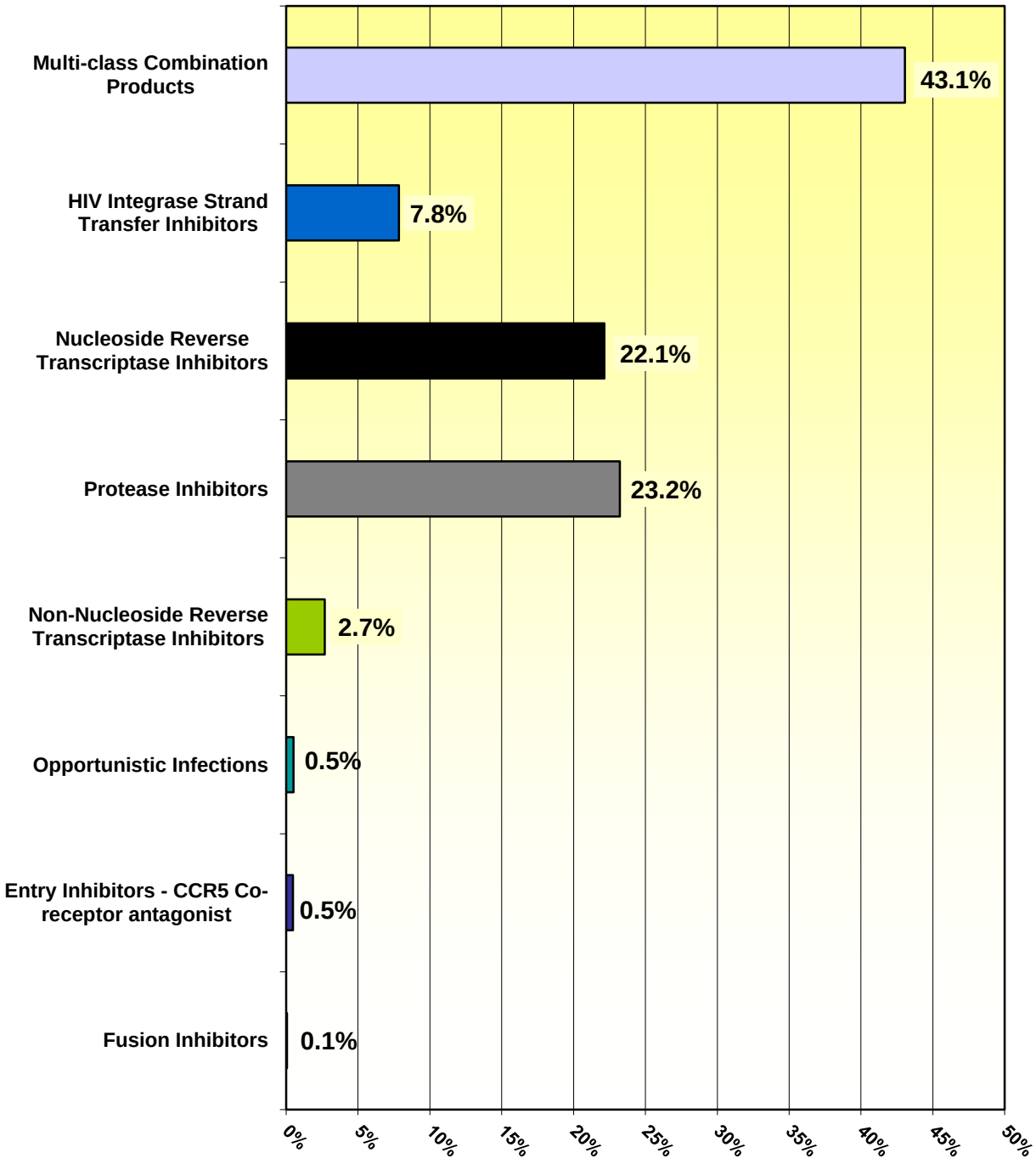
Added to Formulary October 3, 2013

Revised February 10, 2014

DRUGS EXPENDITURE BY CLASS

*TOTAL: $18,075,845

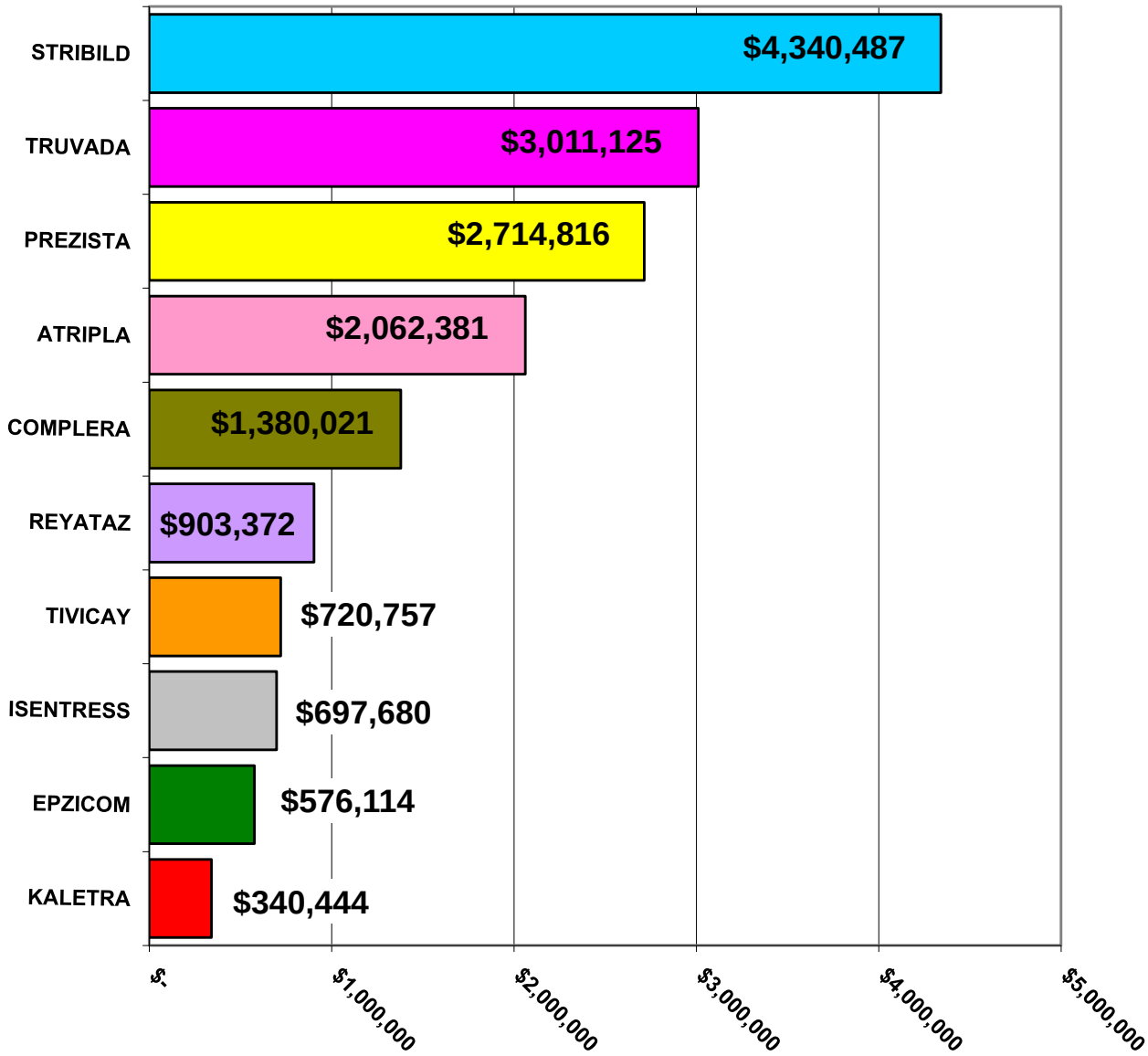
2nd QUARTER

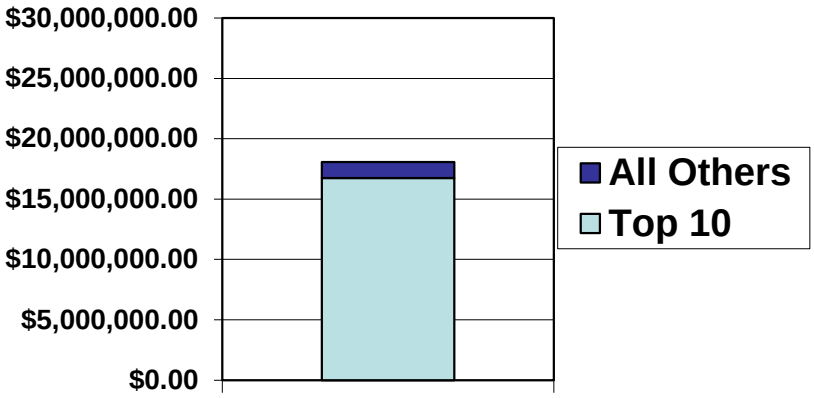


*This total represents purchases, not utilization for Uninsured clients.

TOP 10 DRUGS

2nd QUARTER





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