

**HIV/AIDS Section Workgroup on ADAP
Meeting Summary
June 22, 2017**

Roll Call

Present: Paul Arons, Steven Badura, Jeff Beal, Christine Collis, Annie Farlin, Roselyn Jasmin, Leonard Jones, Kamaria Laffrey, Jimmy LLaque, Joe May, Paul McKeel, Kim Molnar, Michelle Scavnicky, Elizabeth Sherman, Debbie Taylor, Matthew Tochtenhagen, and Joanne Urban.

Absent: Sandy Arts, Martha Buffington, Debra Carty, Jose Castro, Karen Creary Michael D'amico, Lorenza Haines, Earl Hunt, Marcia King, James Talley, Bonnie Tiemann, Gregory Timmer, Daniel Wall, and Suzanne Williams.

With only 5 voting Workgroup members present, quorum was not established.

Dr. Beal asked that an email be sent to the entire membership to determine why there was such a low participation rate on the call.

Welcome

Recruitment of Workgroup Members

Dr. Beal reviewed the protocol for the recruitment of new members. Members will receive notification in the next few weeks regarding the positions that are currently available. Members were encouraged to share the information widely. Information about recruitment will also be available on the ADAP website.

Old Business

Addition of Meningococcal Vaccines

During the March meeting a motion was approved to add the meningococcal vaccines to the formulary. The recommendation was presented for an emergency vote before the Pharmacy and Therapeutics (P&T) Committee. The committee voted to add two vaccines: Menveo ® and Menomune ® on April 7, 2017. Menomune ® is being discontinued by the manufacturer so there will only be one vaccine available.

Adding Other Vaccines to the Formulary

Joanne Urban, Pharm.D. was hired as a consultant to review the Part B formulary and the list of recommended immunizations for people living with HIV (PLWH). Dr. Urban will be providing her recommendations to Dr. Beal and Laura Reeves regarding the ADAP formulary expansion.

Hepatitis C Status through Provide Enterprise

Dr. Beal reported that a meeting was held and it was determined that Hepatitis C antibody status could be tracked through the Provide database. Tom Bendle (Hepatitis Program Manager) is researching whether or not the viral loads can be tracked in the same manner. Currently, there is no data source to routinely track Hepatitis B information.

Dr. Arons asked if documented Hepatitis C status could be a requirement to establish ADAP eligibility. Jimmy LLaque reported that the issue would need to be further discussed since current efforts by the Section are to streamline eligibility and adding an additional component would be counterproductive.

Dr. Arons expressed that knowledge of an individual's Hepatitis C status is critical and that this issue needs to be escalated to a very high priority. He noted that it is a serious co-infection for PLWH and that there are drugs now available to effectively treat those individuals infected.

A member reported that the Data Integration Team has been working with Merlin to capture the set of ADAP client data related to Hepatitis.

Legal Status of Medications for Test & Treat Program

The current supply of drugs is for county health departments and county health department administration only. Thirty-three county health departments have implemented Test and Treat programs. All Eligible Metropolitan Areas (EMAs), with the exception of Orlando, are engaged.

The Lee County Health Department administrators, in conjunction with their legal department, have been exploring opportunities to expand Test and Treat in to community-based organizations (CBOs) in Area 8. They have developed a pilot program and protocol but it requires a health exemption. The request for the exemption has been filed with Tallahassee and is currently under review. Dr. Beal hopes to have an update for the group for the next meeting.

Rebate Dollars used to Hire Linkage Coordinators

ADAP rebate dollars have been used to support 28-30 linkage and retention positions throughout the state.

Tracking Viral Loads

At the last meeting Jimmy LLaque shared with the group statistics related to ADAP clients and viral load suppression. He noted that there was a significant difference between those enrolled in the program for less than 3 months vs. those enrolled for 6 or more months. The Workgroup members suggested that this might be attributable to artifact. Based on feedback from the Workgroup, the time interval has been changed to less than 6 months allowing adequate time for repeat lab work to be performed to assess viral load. They will continue to monitor trends and keep the Workgroup abreast.

Policy Manual Update

The second revision is scheduled for July. Final edits are being made now and the manual will be sent to the Workgroup for feedback.

Diagnosis Codes with Florida Blue

During the March meeting it was noted that Florida Blue would not accept the diagnosis codes for Z-21 or B-20 for HIV. The HIV/AIDS Section worked with Florida Blue and the issue has been completely resolved. Dr. Beal encouraged the group to continue to bring issues related to coding and billing to his attention.

Epclusa®

It was reported at the last meeting that Epclusa ® had not been added to the formulary because it did not have 340B pricing. Jimmy LLaque reported that there now has been a 340B price established; but a sub-340B price has not been negotiated by the national ADAP Crisis Task Force, and Epclusa is still not on the Florida ADAP formulary.

New Business

Patient Care Update (Joe May)

- Quality Manager/Planner position is currently being advertised for Patient Care
- Final stages of adding an additional position within Patient Care to work on Clinical Quality Management
- Laura Reeves is creating a position for a Quality Management Coordinator for the HIV/AIDS Section. This position would oversee the work of the Patient Care Quality Manager.
- There will be a Health Resources Services Administration (HRSA) site visit the week of June 29, 2017 to assess the rebate program and provide technical assistance.
- The Patient Care Section will be coordinating two face-to-face meetings to occur later this year (September or October):
 - Lead Agency Meeting
 - HIV/AIDS Section Workgroup on ADAP Meeting
- At the final stages of procurement for a consultant to review the Patient Care service delivery system.
 - Legislature also added some proviso language that they wanted an update report on the methodology on Patient Care funding by November 2017.

ADAP Program Update (Jimmy LLaque)

Viral Load Suppression Rates

Jimmy LLaque requested that the updated Viral Load Suppression slides be sent to the Workgroup. He asked the group to provide feedback once they have had an opportunity to review the slides.

Planning the 2018 health insurance open enrollment period (November 1, 2017 to December 15, 2017) (Paul McKeel)

- Final rule established by the Department of Health and Human Services (HHS) titled "Market Stabilization Rule". Effects on the program include:
 - Established open enrollment for the Market Place Plans for the 2018 benefit year as November 1 – December 15, 2017. This is 45 calendar days but it only contains 30 working days.

- Companies may now apply payments set for new policies to balances that were due for the previous 12 months to that same company or controlled group. This is allowed prior to activating the new policy.
- Companies can now lower the actuarial value of the Platinum, Gold, and some Silver level plans. This shifts the costs to the consumer or to ADAP.
- Companies can include as few as 20% of the 399 essential community providers in Florida in their service network.
- The ability of “special enrollment periods” has also been limited by this rule.
- The filing deadline for the Qualified Health Plans with the Florida Office of Insurance Regulation was June 21, 2017.
- The US Senate released their discussion version of the bill that they are considering would replace the Affordable Care Act (ACA) and build on the American Healthcare Plan passed by the House.
- Some states are reporting double digit percentage increases of premiums. Florida will have to await the official release of information scheduled for the fall.
- Centene has stated that they would expand their offerings in 2018. This is the umbrella company that offered the Ambetter Plans that ADAP currently assists with. Centene did not provide specific details of the expansion. More information will follow.

Update on 90-day Medication Supplies

Steven Badura reported that 90-day supplies of medications will now be available for eligible clients. These individuals would receive their medications directly from Central Pharmacy. The requirements for patients include:

- Maintained viral load suppression of <200 copies/ml for a 24-month period
- Achieved a 90% compliance rate for medication pick-up for the past 12 months
- Attending physician confirms that the client is appropriate for a 90-day prescription

There is also an exception form for those patients who do not qualify but are requesting participation through their provider.

Q: How is this information going to be communicated to prescribers?

A: The ADAP program will inform the patients that are eligible. They will be instructed on the next steps. It is up to the client to inform the provider that they are eligible and that they would like a 90-day prescription. No additional paperwork for the provider unless they are completing an exception form. ADAP Program is still working on information to send to the providers directly.

It was noted that a 90-day supply would not be appropriate for a client who has had a regimen change.

Online Re-Certification for ADAP Client's Statewide

The online re-certification system is currently being updated to include changes in the client agreement language and changing some of the required forms. The system is currently being tested by County Health Department Staff.

Feedback for the Next Revision of the ADAP Program Policy Manual

The finishing touches are being placed on the updated policy manual. The Workgroup will receive a copy for review and feedback in the very near future.

Feedback for the Development of Ryan White Orientation Kits Designed for Clients and Providers

ADAP has developed an orientation packet for individuals wanting information on the Ryan White Program. The product will be sent to the Workgroup to review and feedback.

It was suggested that the since one of the target audiences for the toolkit included consumers, that they be utilized to review and provide feedback on the toolkit. Jimmy LLaque agreed to follow-up with Leonard Jones on ways to engage consumers in the process.

Medical Update

Joanne Urban, Pharm.D.

Dr. Beal introduced Joanne Urban, Pharm.D. a consultant who has been hired to review data, review regimens, and assist in streamlining reporting through Provide Enterprise.

Isentress® HD

Isentress® HD is raltegravir reformulated for once daily dosing. Since it is not a new drug, but rather a reformulation, it has been requested that it be moved into the ADAP Formulary immediately. An expedited review is pending before the Pharmacy and Therapeutics Committee.

PrEP Program Roll-Out

The Florida Department of Health has been able to purchase Truvada® for dispensing for PrEP. Currently working on a protocol to distribute widely in county health department Sexually Transmitted Diseases (STD) Clinics. The aim is to have same day PrEP visits.

Public comments – None reported.

Closing remarks

An email will be distributed to all Workgroup members polling them about their lack of attendance at the meeting. It is hopeful that the next meeting will be face-to-face in September. It was noted that it was important that there is a quorum present for that meeting.

The Medical Team will be looking at projects for the next 3-6 months and how the Workgroup can best be utilized to help inform those projects.

Dr. Beal thanked everyone for their participation.

With no other business to conduct, the call ended at 4:05pm.