HIV/AIDS Section Medication Formulary Workgroup (HSMFW)
December 13, 2022, Meeting Summary
and
February 27, 2023, Email Vote Summary

Members Present:

Jonathan Applebaum, MD, FACP, AAHIVS
FSU, College of Medicine
Paul Arons, MD
Volunteer, HIV/AIDS Section
Ken Bargar
PWH
David Brakebill
PWH
Debby Carscallen, APRN, FNP-BC
ADAP Coordinator, Comprehensive Health Care
Lacandria Churchill
ADAP Business & Data Integrity Coordinator
Michael D'Amico, PharmD
Pharmacy Director, Sarasota CHD
Cathy Frazier, DNP, MSN, BSN, ADN, RN, APRN, FNP-C
HIV Telehealth APRN, HIV/AIDS Section
Beth Gadkowski, MD, MPH, MS
Associate Professor, University of Florida
Jeannette Iriye, MSN, BSN, RN
RN Consultant, HIV/AIDS Section
Andrea Levin, PharmD, BCACP
Assistant Professor, Nova Southeastern University
Allison Lloyd, PhD, RPH, AAHIVP
Pharmacy Director, Duval CHD
Mara Michniewicz
Interim HIV/AIDS Section Administrator
Stephen Renae, MD
Infectious Diseases Specialist, Infections Managed
Carina Rodriguez, MD
Professor of Pediatrics, University of South Florida
Donna Sabatino, RN, ACRN
Director of State Policy & Advocacy, The AIDS Institute
Andrea Sciberras, DO
Co-Chair, Medical Director, HIV/AIDS Section
Elizabeth Sherman, PharmD, AAHIVP
Associate Professor, Nova Southeastern University
Joanne Urban, PharmD, AAHIVP
Co-Chair, Clinical Pharmacist, HIV/AIDS Section
Dan Wall
Assistant Director, Miami-Dade County, Office of Management and Budget

Members Excused:

Danyelle Williams, PharmD, AAHIVP
Pharmacy Director, Bureau of Public Health Pharmacy

Members Absent:

Jeanette Cancel, MD
Medical Director, CAN Community Health
Michael Sension, MD
CAN Community Health

Guests Present:
Kim Molnar, The AIDS Institute
Mohammed Reza, MD, Private Practice

Call to Order
Joanne Urban, Co-Chair, called the meeting to order at 3:04 PM and welcomed the group. Kim Molnar, The AIDS Institute, conducted a roll call.

Welcome New Members
Mara Michniewicz, Interim HIV/AIDS Section Administrator, welcomed two new members to the workgroup: Andrea Sciberras, DO, and Stephen Renae, MD.

Dr. Sciberras is the new Medical Director for the Division of Disease Control and Prevention. Dr. Stephen Renae is an Infectious Disease Specialist working in the Fort Lauderdale area.

Mohammed Reza, MD, Infectious Disease Specialist, Jacksonville, also attended the meeting and is interested in becoming a member of the workgroup.

Minutes from February 8, 2022, Meeting
The minutes from the February 8, 2022, meeting have been approved and posted to the HIV/AIDS Section's Clinical Resources website at https://www.floridahealth.gov/diseases-and-conditions/aids/Clinical_Resources/hsmfw-minutes.html. All approved meeting minutes can be found at the link above.

Member Recruitment
Cathy Frazier provided the following update on member recruitment:

- New member applications and requests for re-appointment are due by December 15, 2022
- 11 HSMFW members have terms expiring on 01/2023 (six reappointment requests received as of 12/05)
- Two new applications (as of 12/05)

The AIDS Institute will distribute the current membership roster with member terms to the group along the meeting summary for their review.

Current members are asked to encourage interested parties to apply for membership to the group.

ADAP Formulary
Drugs recommended by HSMFW that are pending addition to ADAP formulary—formulary anticipated to be released December 15, 2022. The drugs have been pending due to the implementation of the new Pharmacy Benefits Manager (PBM), Magellan Rx.

ADAP Formulary Annual Review

Part A programs were asked to submit their lists of top 10 high cost or high use drugs for consideration for ADAP formulary addition. Many of the drugs on the lists are drugs already being added to the formulary effective December 15, 2022. The following list was compiled as a result:

Generic Name	Consider for ADAP?
acetaminophen/hydrocodone bitartrate	Y
acetaminophen-oxycodone hydrochloride	Y
acetazolamide	Y
brexpiprazole	Y
brimonidine tartrate	Y
carbamazepine	Y
ceftriaxone sodium	Y
cephalexin	Y
clonazepam	Y
dexamethasone/neomycin so4/polymyxin b	Y
diazepam	Y
esomeprazole	Y
fluticasone/salmeterol	Y
hydrocortisone/neomycin polymixin b otic	Y
hydrocortisone/pramoxine	Y
insulin degludec	Y
ivermectin	Y
lanthanum carbonate 5	Y
lorazepam	Y
methylprednisolone dose pack	Y
nitrofurantoin	Y
podofilox	Y
polysaccharide-iron complex	Y
rifaximin	Y
zolpidem	Y
alcohol preps 70% pad	N
bd 320119 pen uf iii mini 31gx5mm each	N

bd 320122 pen uf nano 32gx4mm each	N
true metrix glucose test strip	N
trueplus lancets	N

The items that cannot be considered for addition are blood glucose monitor supplies or supplies used to administer insulin, which are prohibited under ADAP rules.

Joanne Urban reminded the group that an annual review of the ADAP Formulary was required. Dr. Urban asked that workgroup members review the list above and the current formulary (https://www.floridahealth.gov/diseases-and-conditions/aids/adap/_documents/adap_formulary.pdf). Members were encouraged to get feedback from providers in their respective areas and submit recommendations no later than Friday, January 20, 2023. As a reminder, HSMFW members do not need to fill out the formulary change request form regarding feedback/suggestions for the ADAP or APA formularies.

A follow-up email will be distributed to workgroup members following the meeting. The email will contain the information above and encourage discussion within the group and offer the opportunity to submit recommended additions or deletions. The email will also contain a link to the Formulary Change Request form that allows providers to submit requests at any time.

APA Formulary

The AIDS Pharmaceutical Assistance (APA) Formulary is used by local areas to purchase high-cost medications for clients with chronic conditions (6 months or more) that are not on the ADAP Formulary. These medications are not purchased by ADAP but instead by local areas for individual clients. When a medication is added to the ADAP Formulary, it is automatically removed from the APA Formulary. If there is a need for a medication that is not on the APA Formulary, it can be purchased by local areas under the Emergency Financial Assistance (EFA) line item.

An annual review of the APA Formulary is also required. Dr. Urban asked that workgroup members review the current formulary at https://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/_documents/FINAL_APA_Formulary_Dec2022.pdf. Members were

encouraged to get feedback from providers in their respective areas. Recommendations should be submitted no later than Friday, January 20, 2023. As a reminder, HSMFW members do not need to fill out the formulary change request form regarding feedback/suggestions for the ADAP or APA formularies.

A follow-up email will be distributed to workgroup members following the meeting. The email will contain the information above and encourage discussion within the group and offer the opportunity to submit recommended additions or deletions. The email will also contain a link to the Formulary Change Request form that allows providers to submit requests at any time.

It was clarified that any chronic use medication that is not selected to be added to the ADAP Formulary due to cost constraints could be recommended for addition to the APA Formulary.

Test & Treat (T&T) Formulary

The following drug additions recommended by HSMFW in October 2021 were put on hold pending implementation of Magellan Rx PBM. No further update currently. This item will continue to be discussed with leadership.

acyclovir	famciclovir	pyridoxine
amoxicillin	fluconazole	pyrimethamine
amoxicillin/clavulanate	isoniazid	rifabutin
atovaquone	itraconazole	rifampin
azithromycin	leucovorin	rifapentine
ciprofloxacin	levofloxacin	rilpivirine
clarithromycin	moxifloxacin	sulfadiazine
clindamycin	nystatin	sulfamethoxazole/trimethoprim
dapsone	prednisone	valacyclovir
doxycycline	primaquine	valganciclovir
ethambutol	pyrazinamide	voriconazole

PrEP Formulary

Cabotegravir (Apretude) was approved by the FDA for pre-exposure prophylaxis and is a recommended option per the 2021 PrEP Guidelines: https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. Additional information can be found at https://apretude.com/?gclsrc=aw.ds&gclid=EAIaIQobChMIpIHfw-rc9QIVwsqGCh0yBgmAEAAYASAAEgKG_PD_BwE.

There is currently an Apretude pilot project underway in Alachua, Hillsborough, and Miami-Dade counties. Associated lab costs can be covered by the pilot as well. The pilot is investigating flow, costs, who is using the medication, and access. The pilot will run no less than 6 months.

It was clarified that county health departments can order these medications through the HIV/AIDS Section. The medication is currently purchased in bulk and made available to county health departments are no cost to the CHD or the client.

More information will be forthcoming.

Although Descovy is not currently part of the Formulary, it is available through the Ready, Set, PrEP Program (https://readysetprep.hiv.gov) or Gilead patient assistance program. CHDs can also purchase Descovy on their own.

Clarification was sought on the difference between all the Formularies:

ADAP Formulary – Medications purchased by ADAP that are dispensed by CHD pharmacies or pharmacies within the PBM Network. All medications must be approved by the State Pharmacy and Therapeutics Committee.
APA Formulary – Local area purchases that are dispensed at the local level. These medications do not have to be approved by the State Pharmacy and Therapeutics Committee. Part B APA formulary is online.
PrEP Formulary – Currently only one medication on the Formulary – Truvada.
nPEP Formulary – Not yet a Formulary.
Baby Rx Formulary – Any medication can be purchased for this Formulary. These medications are not stocked at the central pharmacy.

nPEP Formulary
The establishment of the nPEP formulary is pending direction from the HIV/AIDS Section Administrator. The following nPEP regimens were recommended by HSMFW:

nPEP DRAFT Medication Formulary
Revised September 2021

Generic Name	Brand Name	Therapeutic Class	Pharmacologic Class
bictegravir/emtricitabine/ tenofovir alafenamide	Biktarvy	antiretroviral	INSTI/NRTI combo
dolutegravir	Tivicay	antiretroviral	INSTI
tenofovir disoproxil fumarate/lamivudine	Cimduo	antiretroviral	NRTI combo
tenofovir disoproxil fumarate/lamivudine	Temixys	antiretroviral	NRTI combo

Preferred regimen: tenofovir disoproxil fumarate/lamivudine (Cimduo or Temixys) PLUS dolutegravir (Tivicay)
OR
Alternative regimen: bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy)

Other Business

- **Lenacapavir**
  Approved by European commission in August 2022, rejected by the Food and Drug Administration (FDA) in March 2022 due to manufacturing issue. Decision expected by December 27, 2022.
  (NOTE: Lenacapavir received FDA approval on December 22, 2022.)
  It is the first medication in the HIV-1 capsid inhibitor class. HRSA will require addition to ADAP formulary. Since this is a HRSA mandate, the medication does not have to follow the same timeline for Pharmacy and Therapeutics meetings.

  There is a potential need that HSMFW establish criteria for prior authorization (PA) if high cost. Joanne Urban agreed to provide a copy of the PA criteria for Trogarzo for the group to review.

- **Recommendation to Adopt Medicaid Formulary**
  Although recommended by HSFMW, this item has been put on hold since HSMFW was informed that clinical prior authorizations are outside the current scope of the program.

Roll Call Update
Kim Molnar, The AIDS Institute, updated the roll call.

Announcements

- **Next scheduled Statewide P&T Meetings:**
  - January 16, 2023. May need to be rescheduled due to Martin Luther King, Jr. Holiday. Action items were due to ADAP Director (for ADAP

formulary) November 28, 2022. No HSMFW items pending for submission.
    - April 17, 2023 (action items due March 20, 2023) action items due to ADAP Director (for ADAP formulary) Feb 27, 2023.

- **Next HSMFW meeting** – To be determined. Voting will be conducted electronically.

With no other business to conduct, the call ended 11:46 AM.

Meeting summary approved by HSMFW via voting survey conducted February 27, 2023.

HIV Section Medication Formulary Workgroup (HSMFW)
Email Vote on February 2023 Action Items

As a follow-up to the December 13, 2022, HSMFW meeting, an email was distributed to members on December 19, 2022. HSMFW members were asked to review and provide input on drugs that should be considered for addition/deletion to the ADAP and APA formularies by January 20, 2023. Additionally, Part A programs were asked to provide lists of the top 10 highest cost/highest utilized drugs. Note: There were no additions/deletions recommended for the APA formulary. Any drugs that are added to ADAP will be removed from the APA formulary.

Dr. Urban sent a reminder email on January 17, 2023, reminding members of the review and extending the deadline to submit suggestions to January 25, 2023.

Dr. Urban sent an email on February 22, 2023, detailing the action items for voting. Members received a voting survey on February 27, 2023, with a voting deadline of March 2, 2023. The summary of the voting results follows at the latter part of this summary.

Notes:

- At this time, we are not able to implement clinical prior authorizations for medications. If drugs are recommended for addition or removal, there is not currently an option to implement a prior authorization due to clinical concerns. However, drug utilization reviews can be considered to promote appropriate use of medications. The only ADAP formulary drug that currently has a PA requirement is ibalizumab-uiyk (Trogarzo) due to a limit on the number of patients who can receive the drug due to fiscal constraints.
- Lenacapavir (Sunleca) will be added to the ADAP formulary as required by HRSA as it is the first and only drug in the capsid inhibitor class. We do not yet have a timeline of when this drug can be added. HSMWF will be consulted if we are informed that a prior authorization needs to be implemented due to fiscal constraints.

Summary of email discussion regarding drugs being considered for removal:

- **Zidovudine and zidovudine/lamivudine:**
  - I'm not too concerned about the 4 Trizivir patients, but do we know anything about the 21 Combivir patients and if they can otherwise make a fully suppressive regimen without AZT? As you know, AZT can be used when a K65R mutation is present. My concern is the increase in pill burden of AZT + 3TC separately to replace Combivir. My suspicion is that these patients have been on Combivir for many years and their regimens just haven't been updated yet to make use of newer ARV drug classes. I thought it was at least worth mentioning to the group. (Sherman)
  - Are the 21 Combivir patients all in one county, seeing the same practitioner, or are they scattered? As Dr. Sherman stated, we have plenty of newer and better drugs out there to replace AZT even when there is a K65N! (Sciberras)

- The patients are scattered. In the past, before drugs were removed from formulary, we reached out to providers to try to get patients switched in advance. We did not get a specific request to remove Combivir, just AZT. Instead of removing AZT, we may want to consider a QA outreach type approach to request providers change patients to non-AZT containing regimens. In most/all instances, they likely can. I would be concerned that patients could get a partial regimen if AZT is removed from the formulary. (Urban)
- I agree that this may be a good time to do targeted quality improvement. I suspect that most of these patients on Trizivir and Combivir are followed by low-volume providers. Might be an opportunity for DOH to provide expert consultation. (Appelbaum)
- I agree to review the list of patients on Combivir however would like to bring to the group that sporadically we may need to use Combivir during pregnancy if patient has issues with TDF, TAF or ABC based NRTI regimens and newer combinations may not be approved in pregnancy. (Rodriguez)
- Agreed with the group, I will suggest the demographics of this patients is reviewed too to determine age group, how long have they been on this therapy, who started it and where, how often is the patient been seen and labs are done. This couple with providers information could provide a great chance to learn more regarding barriers to care and optimizing care. In my experience the providers are eager and willing to change therapy but is mostly a resistance from the patient to change either because of trust in new provider, language barrier, going back and forth within origin country and US hence availability of medication, lack of time to discuss benefits of new regimens, ect. If AZT containing regimens are removed from formulary, it will be a good opportunity to promote a conversation within patient and provider about regimens. (Conde)

- **Gemfibrozil**
  - I also wanted to add to the discussion regarding removal of gemfibrozil from the formulary. There are currently over 80 patients receiving this medication. We may want to reach out to prescribers to outline the reasons why fenofibrate is preferred over gemfibrozil and see how many patients we can get changed to fenofibrate. Then we can revisit removing gemfibrozil from the formulary later this year or next year. I think there are likely patients who have been taking this drug for years without any issues and there may be hesitation to change. Also, I'm sure some of its use is driven by what insurance companies would cover at the time the patient started the fibrate. However, I think providers and patients would likely be receptive to changing. (Urban)
  - I agree with your plan. We do not want to leave any patient not covered. We need to see if switches can occur and safely. (Frazier)

Drugs recommended for removal from ADAP formulary:

Drug	Rationale for Removal	Number of Patients Receiving	Comments
zidovudine	Rarely used/needed	4	Note: 21 patients are receiving zidovudine/lamivudine combination

abacavir/lamivudine/ zidovudine	Being removed from the market in January 2024, no longer recommended	4	
pneumococcal conjugate vaccine 13 valent (PCV13)	No longer recommended for use due to availability of PCV15 and PCV20	0	ACIP Pediatric schedule now includes PCV15 as option for children
simvastatin	Formulary includes more potent statins that have less potential for drug interactions	7	
gemfibrozil	Formulary includes fenofibrate which is the preferred fibrate to combine with statins	83	

Note: Providers will be contacted prior to removal of drugs to allow for time to switch patients to medications that will remain on the ADAP formulary.

Summary of email discussion regarding drugs being considered for addition

- **Ivermectin**
  - Thanks for organizing this, Drs. Sciberras and Urban. I question inclusion of ivermectin, especially with its potential for misuse in connection with SARS-CoV-2. Here's a link to a 2/21/23 report in support of this concern https://www.cidrap.umn.edu/covid-19/higher-ivermectin-dose-longer-duration-still-futile-covid-trial-finds " ...Despite the lack of efficacy in randomized, controlled trials, media reports and clinical experience suggests that some healthcare providers in the United States and abroad still prescribe ivermectin for their COVID-19 patients, according to an editor's note by Kirsten Bibbins-Domingo, PhD, MD, and Preeti Malani, MD, JAMA editor-in-chief and deputy editor, respectively." (Aarons)
  - I still feel it should be included, with a note saying NOT FOR COVID USE. I can also send a memo out to all practitioners indicating that it is NOT to be used for Covid purposes. I believe most docs in Florida are using Paxlovid these days,* if * treating at all, despite what the article states. Again, I can always send out a memo. (Sciberras)
  - Ivermectin was on one or more of the Part A programs top 10 high cost/high use drug lists submitted for this year and last year. My guess is the high use is related to its off-label use for treatment of COVID. If the drug is added to ADAP formulary, we could limit to maximum day supply of 1 (or 3), as that is what is used for most indications, to prevent the use for COVID treatment (or at least prevent ADAP for paying for its use for that indication). (Urban)
  - Regarding Ivermectin, I would suggest a type of preauthorization form is added requesting information regarding use. This added extra step would decrease (but definitely not eliminated) the miss-use of ivermectin for COVID. Is more work for everyone involved and by the time the authorization is complete it would probably have discouraged provider and patient to use it for COVID (Conde)

Drugs Requested for Addition and Part A Top 10 Drugs—note: since HSMFW formerly recommended that ADAP consider adopting the Florida Medicaid formulary, summaries are included only for drugs that are not currently on the Florida Medicaid Formulary.

Generic	Medicaid Formulary?	Therapeutic Classification	Pharmacologic Classification	Comments
acetaminophen/ hydrocodone bitartrate	Y	Analgesic	Nonsalicylate/opioid	Part A high cost/high use
acetaminophen/ oxycodone	Y	Analgesic	Nonsalicylate/opioid	Part A high cost/high use
acetazolamide	Y	Antiglaucoma	Carbonic anhydrase inhibitor	Part A high cost/high use
azelastine	Y	Respiratory	Anti-histamine	Requested
bismuth subcitrate potassium/ metronidazole/ tetracycline	Y	Gastrointestinal	Helicobacter pylori agents	Requested
brimonidine	Y	Ophthalmic	Alpha-2 agonist	Part A high cost/high use

Generic	Medicaid Formulary?	Therapeutic Classification	Pharmacologic Classification	Comments
carbamazepine	Y	Central nervous system	Anti-manic, anti-seizure	Part A high cost/high use
cefdinir	Y	Anti-infective	Cephalosporin antibiotic	Requested
ceftriaxone	Y	Anti-infective	Cephalosporin antibiotic	Requested
celecoxib	Y	Analgesic	COX-II Inhibitor Non-steroidal anti-inflammatory drug	Requested
cephalexin	Y	Anti-infective	Cephalosporin antibiotic	Requested
clonazepam	Y	Central nervous system	Benzodiazepine	Part A high cost/high use
dexamethasone/ neomycin so4/ polymyxin b	Y	Ophthalmic	Corticosteroid/antibacterial	Part A high cost/high use
diazepam	Y	Central nervous system	Benzodiazepine	Part A high cost/high use
esomeprazole	Y	Gastrointestinal	Proton pump inhibitor	Part A high cost/high use
hydrocortisone/ neomycin polymixin b otic	Y	Otic	Corticosteroid/ antibacterial	Requested
hydrocortisone/ pramoxine	Y	Topical	Corticosteroid/ anesthetic	Part A high cost/high use
hyoscyamine	Y	Gastrointestinal	Antispasmodic	Requested
ivermectin	Y	Anti-infective	Anti-parasitic agent	Part A high cost/high use, HSMFW did not recommend addition in 2022
lanthanum carbonate	Y	Gastrointestinal	Phosphate binder	Requested
linaclotide	Y	Gastrointestinal	Irritable bowel syndrome agent	Requested
liothyronine	Y	Endocrine	Thyroid	Requested
lorazepam	Y	Central nervous system	Benzodiazepine	Part A high cost/high use
meloxicam	Y	Analgesic	Non-steroidal anti-inflammatory drug	Requested
methylprednisolone	Y	Endocrine	Glucocorticoid	Part A high cost/high use
naltrexone injection	Y	Substance abuse	Opiate antagonist	Requested, naltrexone oral is on ADAP formulary
nitrofurantoin	Y	Anti-infective	Nitrofuan derivative	Requested

Generic	Medicaid Formulary?	Therapeutic Classification	Pharmacologic Classification	Comments
olopatadine	Y	Respiratory	Anti-histamine	Requested
oxycodone	Y	Analgesic	Opiate	Requested, HSMFW did not recommend addition in 2022
podofilox	Y	Topical	Antiviral	Part A high cost/high use
polysaccharide-iron complex	Y	Vitamin	Vitamin	Part A high cost/high use
triamterene/ hydrochlorothiazide	Y	Cardiovascular	Potassium sparing/thiazide diuretic	Requested
vancomycin	Y	Anti-infective	Glycopeptide antibiotic	Requested
zolpidem	Y	Central nervous system	Sedative-hypnotic	Part A high cost/high use
brexpiprazole	N	Central nervous system	Antipsychotic, atypical	Part A high cost/high use, HSMFW recommended in 2022 but above cost threshold
fidaxomicin	N	Anti-infective	Macrolide antibiotic	Requested
insulin degludec	N	Antidiabetic	Insulin	Requested
lenacapavir	N	Antiretroviral	Capsid inhibitor	New drug class, addition required by HRSA
polyethylene glycol/propylene lycol eye drops	N	Ophthalmic	Lubricating agent	Requested
rifaximin	N	Gastrointestinal	Anti-infective	Part A high cost/high use

Additional Information for Drugs not Currently on Florida Medicaid Formulary

Insulin degludec

- Description: Long-acting once daily basal insulin
- Indication(s): Type 1 and Type 2 diabetes mellitus
- Place in therapy (including guidelines recommendations if applicable): Insulin degludec is one of the long-acting insulin options recommended in the American Diabetes Association Standards of Care in Diabetes-2023
- Potential interaction with ARVs: none expected

Fidaxomicin

- Description: Macrolide antibiotic

- Indication(s): used to treat pseudomembranous colitis due to *Clostridioides difficile*
- Place in therapy (including guidelines recommendations if applicable): Fidaxomicin is preferred over vancomycin for treatment of *C. difficile* infection according to Clinical Practice Guideline by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA): 2021 Focused Update Guidelines on Management of *Clostridioides difficile* Infection in Adults
- Potential interaction with ARVs: none expected

Polyethylene Glycol/Propylene Glycol eye drops

- Description: Artificial tears/ocular lubricant
- Indication(s): Treatment and prevention of dry eyes
- Place in therapy (including guidelines recommendations if applicable): Ocular lubricants are a recommended first line option for management of dry eye disease according to the American Academy of Ophthalmology
- Potential interaction with ARVs

Rifaximin

- Description: Rifamycin antibiotic
- Indication(s): Treatment and prevention of traveler's diarrhea, irritable bowel syndrome with diarrhea, pseudomembranous colitis due to *C. difficile*
- Place in therapy (including guidelines recommendations if applicable): Rifaximin is a recommended option for the treatment of recurrent pseudomembranous colitis according to Clinical Practice Guideline by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA): 2021 Focused Update Guidelines on Management of *Clostridioides difficile* Infection in Adults
- Potential interaction with ARVs

Combination Products of Drugs on the ADAP Formulary—these drugs can be added to the Formulary if fiscally feasible without need to vote on their addition.

Generic	Therapeutic Classification	Pharmacologic Classification
albuterol/budesonide	Respiratory	Beta-agonist/corticosteroid
amlodipine/olmesartan	Cardiovascular, antihypertensive	Calcium channel blocker/angiotensin II receptor blocker
amlodipine/valsartan	Cardiovascular, antihypertensive	Calcium channel blocker/angiotensin II receptor blocker
azelastine/fluticasone	Respiratory	Antihistamine/corticosteroid, intranasal
benzoyl peroxide/clindamycin	Topical	Anti-acne retinoid
betamethasone/ clotrimazole	Topical	Corticosteroid/antifungal
brimonidine/timolol	Ophthalmic, antiglaucoma	Alpha agonist/beta blocker
budesonide	Respiratory	Corticosteroid

Generic	Therapeutic Classification	Pharmacologic Classification
budesonide/glycopyrrolate/ formoterol	Respiratory	Corticosteroid/anticholinergic/ long-acting Beta-2 agonist
ciprofloxacin/dexamethasone	Otic	Anti-infective/corticosteroid
dorzolamide	Ophthalmic, antiglaucoma	Carbonic anhydrase inhibitor
doxylamine/pyridoxine	Gastrointestinal	Anti-nausea agent
empagliflozin/metformin	Antidiabetic	SGLT2 inhibitor/biguanide
fluticasone furoate/umeclidinium/ vilanterol	Respiratory	Corticosteroid/long-acting muscarinic antagonist/ long-acting Beta-2 agonist
fluticasone/salmeterol	Respiratory	Corticosteroid/ long-acting Beta-2 agonist
fluticasone/vilanterol	Respiratory	Corticosteroid/ long-acting Beta-2 agonist
formoterol	Respiratory	Long-acting Beta-2 agonist
glycopyrrolate	Respiratory	Anticholinergic
mometasone/formoterol	Respiratory	Corticosteroid/long-acting Beta-2 agonist
mometasone/olopatadine	Respiratory	Corticosteroid/antihistamine, intranasal
promethazine/ dextromethorphan	Respiratory	Antihistamine/antitussive
timolol	Ophthalmic, antiglaucoma	Beta blocker
tiotropium/olodaterol	Respiratory	Long-acting muscarinic antagonist/long-acting Beta-2 agonist
triamcinolone/nystatin	Topical	Corticosteroid/antifungal
umeclidinium	Respiratory	Anticholinergic
umeclidinium/vilanterol	Respiratory	Anticholinergic/long-acting Beta-2 agonist

On February 22, 2023, Dr. Urban provided a document to HSMFW members summarizing the email discussion.

Kim Molnar, The AIDS Institute, sent an email to HSMFW members asking them to vote on the February 2023 Action Items, which included a vote to approve the meeting summary from the December 13, 2022, HSMFW meeting.

For voting purposes, abstentions are not counted towards consensus. The results of the vote were as follows:

Do you approve the minutes from the December 2022 HSMFW meeting?		
	Response Percent	Response Count
Yes	100.00%	15
No	0.00%	0
Abstain		3

Please indicate whether you recommend the following drugs be removed from the Florida ADAP Formulary:					
	Yes		No		Abstain
	Response Percent	Response Count	Response Percent	Response Count	Response Count
zidovudine	80.00%	12	20.00%	3	3
abacavir/lamivudine/zidovudine	100.00%	16	0.00%	0	2
pneumococcal conjugate vaccine 13 valent (PCV13)	100.00%	17	0.00%	0	1
simvastatin	94.12%	16	5.88%	1	1
gemfibrozil	81.25%	13	18.75%	3	2

Please indicate whether you recommend the following drugs for addition to the ADAP Formulary:					
	Yes		No		Abstain
	Response Percent	Response Count	Response Percent	Response Count	Response Count
acetaminophen/hydrocodone bitartrate	70.00%	7	30.00%	3	5
acetaminophen/oxycodone	58.33%	7	41.67%	5	3
acetazolamide	92.86%	13	7.14%	1	2
azelastine	100.00%	14	0.00%	0	2
bismuth subcitrate potassium/ metronidazole/tetracycline	93.33%	14	6.67%	1	1
brimonidine	92.86%	13	7.14%	1	2
carbamazepine	100.00%	15	0.00%	0	1
cefdinir	87.50%	14	12.50%	2	0
ceftriaxone	100.00%	16	0.00%	0	0
celecoxib	100.00%	15	0.00%	0	0
cephalexin	100.00%	16	0.00%	0	0
clonazepam	81.82%	9	18.18%	2	4
dexamethasone/neomycin so4/ polymyxin b	93.75%	15	6.25%	1	0
diazepam	66.67%	8	33.33%	4	2

esomeprazole	100.00%	15	0.00%	0	1
hydrocortisone/neomycin polymixin b otic	100.00%	14	0.00%	0	2
hydrocortisone/pramoxine	92.86%	13	7.14%	1	3
hyoscyamine	100.00%	13	0.00%	0	3
ivermectin	42.86%	6	57.14%	8	1
lanthanum carbonate	92.86%	13	7.14%	1	2
linaclotide	92.86%	13	7.14%	1	2
liothyronine	91.67%	11	8.33%	1	2
lorazepam	83.33%	10	16.67%	2	4
meloxicam	100.00%	15	0.00%	0	1
methylprednisolone	100.00%	16	0.00%	0	0
naltrexone injection	100.00%	15	0.00%	0	1
nitrofurantoin	100.00%	16	0.00%	0	0
olopatadine	92.86%	13	7.14%	1	2
oxycodone	61.54%	8	38.46%	5	3
podofilox	93.75%	15	6.25%	1	0
polysaccharide-iron complex	93.33%	14	6.67%	1	1
triamterene/hydrochlorothiazide	100.00%	14	0.00%	0	2
vancomycin	100.00%	16	0.00%	0	0
zolpidem	73.33%	11	26.67%	4	0
brexpiprazole	92.86%	13	7.14%	1	2
fidaxomicin	93.33%	14	6.67%	1	1
insulin degludec	86.67%	13	13.33%	2	1
polyethylene glycol/propylene glycol eye drops	93.33%	14	6.67%	1	1
rifaximin	93.33%	14	6.67%	1	1

SUMMARY

The meeting minutes from the December 13, 2022, HSMFW meeting were approved.

The following drugs were recommended for removal from the ADAP Formulary:

- zidovudine
- abacavir/lamivudine/zidovudine
- pneumococcal conjugate vaccine 13 valent (PCV13)
- simvastatin
- gemfibrozil

The following drugs were recommended for addition to the ADAP Formulary:

- acetaminophen/hydrocodone bitartrate
- acetaminophen/oxycodone
- acetazolamide
- azelastine

- bismuth subcitrate potassium/metronidazole/tetracycline
- brimonidine
- carbamazepine
- cefdinir
- ceftriaxone
- celecoxib
- cephalexin
- clonazepam
- dexamethasone/neomycin so4/polymyxin b
- diazepam
- esomeprazole
- hydrocortisone/neomycin polymixin b otic
- hydrocortisone/pramoxine
- hyoscyamine
- lanthanum carbonate
- linaclotide
- liothyronine
- lorazepam
- meloxicam
- methylprednisolone
- naltrexone injection
- nitrofurantoin
- olopatadine
- oxycodone
- podofilox
- polysaccharide-iron complex
- triamterene/hydrochlorothiazide
- vancomycin
- zolpidem
- brexpiprazole
- fidaxomicin
- insulin degludec
- polyethylene glycol/propylene glycol eye drops
- rifaximin

Ivermectin was the only drug not recommended for addition to the ADAP Formulary. Ivermectin was also not recommended for addition to the APA Formulary.

There were no objections to adding the combination products to the Formulary.