

**HIV/AIDS MEDICAL ADVISORY COMMITTEE (MAC) MEETING  
MINUTES  
OCTOBER 8, 2013  
12:00 PM**

Nevada Division of Public and Behavioral Health  
4150 Technology Way, Room #153  
Carson City, NV 89706

University Medical Center of Southern Nevada (UMC) -  
Wellness Center  
Nevada AIDS Research and Education Society (NARES)  
701 Shadow Lane, Suite 200  
Las Vegas, NV 89106

**COMMITTEE MEMBERS PRESENT:**

Dennis K. Fuller, Committee Chairperson, PharmD, University Medical Center of Southern Nevada (UMC) Wellness Center  
Alireza Farabi, MD, UMC Wellness Center  
Anthony Soto, BPharm, UMC Pharmacy Services  
Dino Gonzales, MD, Community Physician – Southern Region  
Ivy Spadone, PA-C, Northern Nevada HIV Outpatient Program, Education and Services (HOPES)  
Pamela Eaton, RPh, Chief Pharmacist, HOPES  
Paul McHugh, MD, UMC Wellness Center  
Steven Zell, MD, University of Nevada – Reno (UNR)  
Trudy A. Larson, MD, University of Nevada School of Medicine (UNSONM) and HOPES  
Vicki A. Koceja, RN-BC, OCN, MBA, FAAMA, PhD, Outpatient/Ambulatory Clinical Manager, UMC Medical Center Ambulatory Division

**COMMITTEE MEMBERS ABSENT:**

Charles Krasner, MD, HOPES  
Jerry L. Cade, MD, UMC Wellness Center and Southwest Medical Associates, Inc. (SMA)  
Kevin Prince, MD, UMC Wellness Center  
Mary Staples, PharmD, Assistant Director, UMC Pharmacy Services  
Meddie Nazifir, PharmD, MBA, Director, UMC Pharmacy Services  
Steven Parker, MD, Sierra Infectious Disease Specialists, Community Physician – Northern & Rural Region

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT:**

Dan Olsen, MPH, HIV/AIDS Section Manager, Ryan White HIV/AIDS Part B Program (RWPB), Bureau of Child, Family and Community Wellness (BCFCW)  
Thia Baumann, Project Consultant, HIV/AIDS Section, BCFCW  
Barbara Weisenthal, Fiscal and Grant Management, RWPB, BCFCW  
Steve Dion, Research, Development, and Data Coordinator, RWPB, BCFCW  
Janet Osalvo, Quality Assurance and Evaluation Coordinator, HIV/AIDS Section, BCFCW  
Martha Fricano, RWPB Eligibility Coordinator, RWPB, BCFCW  
April Romo, Administrative Assistant, HIV/AIDS Section, BCFCW  
Rebecca Huddleston, Administrative Assistant, RWPB, BCFCW

**OTHERS PRESENT:**

Frances Ashley, HIV/AIDS Program, Carson City Health and Human Services (CCHHS)  
Kelly Barfield, Pharmaceutical Representative, SALIX Pharmaceuticals, Inc.  
Tamara Gilroy, Pharmaceutical Representative, Janssen Pharmaceuticals, Inc.

Dr. Dennis Fuller called the meeting to order at **12:05 pm**. This meeting was properly posted in accordance with the Nevada Open Meeting Law (NOML).

## **1. ROLL CALL AND INTRODUCTIONS**

Introductions were made and a quorum was established.

## **2. VOTE ON MINUTES FROM THE JULY 29, 2013 MEETING**

Dr. Fuller called for any discussion or comments regarding the minutes from July 29, 2013.

**MOTION: Dr. Trudy Larson moved to accept the minutes as presented**

**SECOND: Dr. Steven Zell**

**PASSED: UNANIMOUSLY**

## **3. UPDATES REGARDING REQUESTS AND TOPICS FROM PREVIOUS MAC MEETINGS**

There were none

## **4. STAFF REPORTS**

A. Ryan White HIV/AIDS Part B (RWPB) program and the AIDS Drug Assistance Program (ADAP)  
Steve Dion reported an 11% increase in the average drug costs over the past year for the ADAP at \$9,322,000; \$544,000 for the Continuation of Benefits (COB) program; and \$592,000 for the State Pharmacy Assistance Program (SPAP) – up 20% this quarter. The increase in client caseloads for SPAP is good news as it lowers the costs to ADAP. Spending in COB is up 60% due to adding former Ryan White HIV/AIDS Part A (RWPA) program clients. This was a trade off with Part A which took over other Ryan White services in southern Nevada.

B. Affordable Care Act (ACA) impact on the AIDS Drug Assistance Program (ADAP)  
Dan Olsen explained that RWPB staff is working together with Nevada Disability Advocacy and Law Center (NDALC), a RWPB funded service provider, in preparation for the transition to ACA for some 652 affected clients; 400 plus transitioning into Medicaid and 200 plus into the Silver State Health Insurance Exchange (SSHIX). NDALC staff will follow through with each client to make certain everyone has the coverage they need and is most cost-effective for the program. They will host education and training events statewide. The program is sending out weekly bulletins to RWPB subgrantees and community partners identifying mandatory attendance at the training opportunities.

Accessing and enrolling in available health plans is still a bit troublesome. Mr. Olsen talked with clients who are test-driving the system and will report back to him. From staff research, only four (4) health plans, limited by region, could be recommended for coverage and which include a formulary match to our current ADAP formulary. Staff is aggressively pursuing options for the clients.

Mr. Olsen had met with Medicaid staff regarding the 1115 Waiver regarding care management; Centers for Medicare and Medicaid Services (CMS) had approved Nevada's plan. Under ACA, eligibility for income-based Medicaid and subsidized health insurance through the Exchanges will be calculated using a household's Modified Adjusted Gross Income (MAGI); and is being used by Ryan White Parts A/B/C/ & D. RWPB staff is working with Medicaid to ensure a smooth transition for the clients and on billing for payment of premiums. NDALC is working on a list of trained and certified navigators and assisters, cautioning clients and service providers to be wary of persons or organizations purporting to be navigators and/or assisters who have no training or certification. Two of NDALC's staff are currently taking the training and will be certified to better assist RWPB clients.

Mr. Olsen reports staff are actively updating and modifying the policies and procedures to be in sync with Medicaid, the SSHIX, and Ryan White federal requirements. The program will be getting technical assistance from the National AIDS State and Territorial Directors (NASTAD) to help develop a smooth, systematic approach.

### **C. Resource allocation and budget projection**

Barbara Weisenthal explained the federal government shutdown is holding up the program's carry forward request which was to be used for medication coverage. The top costs now are for Stribild and Atripla. The

program is fully obligated with current authority, including rebate authority. For now, there are only federal funds available.

**5. DISCUSSION AND POSSIBLE RECOMMENDATIONS TO ACCEPT PAMELA EATON, RPH TO REPLACE SUE TRIMMER, PHARMACIST FOR NORTHERN NEVADA HIV OUTPATIENT PROGRAM, EDUCATION AND SERVICES (HOPES)**

Dr. Fuller opened the floor for discussion.

**MOTION: Dr. Larson moved to accept Pamela Eaton, RPh as a member**

**SECOND: Ivy Spadone**

**PASSED: UNANIMOUSLY**

**6. DISCUSSION AND POSSIBLE RECOMMENDATIONS TO NOMINATE AND VOTE ON VICE-CHAIRPERSON**

Ms. Spadone asked if the Vice-Chairperson had to be a pharmacist. Dr. Fuller noted the position is open to any member. Ms. Spadone nominated Dr. Charles Krasner who had indicated to her and Dr. Larson he would be willing to accept the position.

**MOTION: Dr. Larson moved to accept Dr. Krasner as Vice-Chairperson for the Committee**

**SECOND: Ms. Spadone**

**PASSED: UNANIMOUSLY**

**7. DISCUSSION AND POSSIBLE RECOMMENDATIONS REGARDING ADDING CONSUMER MEMBERS TO THE MAC**

Dr. Fuller noted this agenda item was at the suggestion of the HRSA response to the site visit earlier this year, expressing concern that, while it may be workable in theory, there is concern about how such membership would affect the quorum, would these possible consumer members attend regularly. There was concern for the consumer in that all current members of the Committee are medical professionals, where discussions are fast paced due to having this common background. The point was made each MAC member is directly involved with the consumers day-to-day, that the clients are very vocal at the pharmacies and at medical appointments. Dr. Larson pointed out there would be a need to establish how to recruit consumer members and establish qualifications in addition to attendance. Vicki Koceja noted 33% of the Ryan White Part A Planning Council membership are consumers; she represents Ryan White Part C on this Council. Maybe the planning councils could capture the consumer input. Dr. Larson suggested having MAC as a standing agenda item with the councils or with the HIV Prevention planning groups. Mr. Olsen will contact the councils and planning groups to make this request.

**MOTION: Dr. Koceja moved not to have consumer members on MAC at this time**

**SECOND: Dr. Alireza Farabi**

**PASSED: UNANIMOUSLY**

**8. DISCUSSION REGARDING POSSIBLE ADDITION OF PSYCHOTROPIC MEDICATIONS TO THE ADAP FORMULARY**

Dr. Fuller tabled this item due to current budget concerns, the upcoming ACA changes and how these will affect ADAP, and regulations on dispensing these medications. (See the Addendum on page 5.)

**9. DISCUSSION AND POSSIBLE RECOMMENDATIONS REGARDING COST-CONTAINMENT MEASURES FOR THE ADAP FORMULARY**

Current concerns include the budget, the ACA impact, and client transition. Even though it is anticipated there will be less ADAP medication costs, it is expected costs will go up for premiums, co-pays, etc. RWPB staff has been meeting regarding various cost-saving measures, such as removing from the ADAP formulary the miscellaneous medications not associated with opportunistic infections. None of the membership wanted to accept this suggestion; it was felt other approaches could be applied to control costs.

Anthony Soto noted the medications under consideration for removal have a very minimal cost, but are necessary in treating the clients. The real cost comes from the dispensing fees. These medications are currently written for 30-day supplies, adding a dispensing fee with each refill; a large savings could be realized by writing for 90-day supplies, cutting two dispensing fees at once. Mr. Dion noted current dispensing fees for ADAP alone run the program about \$390,000 each year. Per the Health Resources and Services Administration (HRSA) directive, which is a part of Catamaran Rx protocols, only 30-day prescriptions are accepted for ADAP clients. The exception with SPAP and COB where RWPB is not the first payor, if the doctor writes for a 90-day fill, the program pays for the 90-day prescription or co-pays. Dr. Dino Gonzalez expects a greater cost-savings by writing all medications for the 90-day option, even for the antiretroviral (ARV) medications, if the client is stable for six months to a year. Dr. Larson cautioned given the cost of ARV's, the prescribing practitioners need to be extremely cautious in using the latest and greatest if it isn't for the greater benefit to the client. Mr. Dion will check on the option of asking HRSA for an exception based on the potential for considerable cost-savings.

Mr. Olsen noted there will be a shift from ADAP medications as the primary expenditures to increased pay-outs for co-pays and increased insurance costs once the ACA is implemented and as RWPB clients transition into Medicaid or the Exchange. With the primary goal of not having an ADAP waiting list in Nevada, an ad-hoc meeting with some MAC members and RWPB staff to discuss options for cost-savings would be prudent. The group could explore options and make recommendations to the Committee for its consideration. The group will consist of Dr. Larson, Mr. Soto, Dr. Krasner, Dr. Fuller, Mr. Dion, and Mr. Olsen. Mr. Olsen will verify if this group must meet under Nevada Open Meeting Law (NOML) or not.

#### **10. DISCUSS AND RECOMMEND NEXT MEETING DATE(S) AND AGENDA ITEMS**

Dr. Fuller will send possible dates to Rebecca Huddleston for late February or early March 2014.

Agenda items for consideration at the next regular meeting include the following:

- Addition of psychotropic medications to the ADAP formulary per HRSA's recommendation
- Possible addition of consumers to the MAC membership
- Possible candidates for the community nurses or physician's assistants category of MAC's membership
- Possible deletion of medications from the formulary
- Mr. Dion to report on asking HRSA for an exception to the 30-day prescription rule

#### **11. PUBLIC COMMENT**

No public comment

#### **12. ADJOURNMENT**

The meeting was adjourned at **1:05 pm**

## ADDENDUM

Note for MAC meeting 10/8/13

Committee response for agenda item 8 Addition of psychotropic meds to formulary:

The HIV/AIDS medical advisory committee recognizes the importance of appropriate treatments for any/all diagnoses that our patients have. We also know the importance of mental health as it relates to success/failure in HIV medication adherence and the treatment of HIV/AIDS.

For the present time we are going to table the discussion of addition of psychotropic medication to the formulary for the following reasons:

1. Nevada MAC is currently concerned about potential budget shortfalls for the 2013-2014 grant year. We are concerned that the cost of Antiretrovirals alone will exceed budget parameters. This concern is prompting discussions about removing or not paying for medications currently on the formulary and potentially starting a waiting list for patients.
2. A portion of the clients participate in Clark County Social Service for their psychiatric care. In Southern Nevada these patients get medications from a Pharmacy other than RW pharmacies. Further knowledge of impact on patients and duplication of service must be evaluated.
3. The ACA is less than a fiscal quarter from taking effect. Currently we are unsure the effect this will have on the budget and disposition of patients. Additional formulary items that are NOT directly related to HIV treatment or opportunistic infections (OI) management do not seem prudent. Again, you may also reference #1 (above).

It is our intent to have medications available to provide optimal care for our patients with HIV/AIDS. However, emphasis MUST be kept on supplying Highly Active Antiretroviral Therapy first and foremost for our clients with HIV infection.

The MAC will re-address this issue in the 3<sup>rd</sup> quarter of 2014 or the 1<sup>st</sup> quarter of 2015 at a regularly scheduled meeting.

Dennis Fuller  
Chairperson