

STATE OF NEVADA

STEVE SISOLAK
Governor

RICHARD WHITLEY, MS
Director



LISA SHERYCH
Interim Administrator

IHSAN AZZAM, PhD, MD
Chief Medical Officer

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
HEALTH WELLNESS AND PREVENTION**

Office of HIV

4126 Technology Way, Suite 200

Carson City, Nevada 89706

Telephone: (775) 684-4200 · Fax: (775) 684-4056

HIV/AIDS MEDICAL ADVISORY COMMITTEE (MAC) MEETING MINUTES

June 4, 2019

12:00 PM

-- DRAFT --

Webex Teleconference

COMMITTEE MEMBERS PRESENT:

Alireza Farabi, MD, UMC Wellness Center

Dennis K. Fuller, Chairperson, PharmD, Clinical Pharmacy Specialist, HIV/AIDS, AAHIVP, UMC Wellness

Mark Crumby, Vice Chairperson, PharmD, BCPS, Director of Pharmacy Northern NV HOPES

Paul M. McHugh, MD, UMC Wellness Center

Steven C. Zell, MD, AAHIVS, University

Jan Richardson, RN, UMC Wellness Center Manager

COMMITTEE MEMBERS ABSENT:

Charles G. Krasner, MD, Vice Chairperson, Northern NV HOPES

Dino J. Gonzalez, MD, AAHIVM, Community Physician, Southern Region

Jerry L. Cade, MD, UMC Wellness Center and Southwest Medical Associates, Inc.

Rosanne Sugay, MD, UMC Wellness Center

Shawn Mapleton, MD, Family Medicine, Infectious Disease Specialist

Steven W. Parker, MD, Sierra Infectious Disease Specialist; Community Physician Northern/Rural Region

Todd R. Bleak, PharmD, Clinical Pharmacist, SNHD

Trudy A. Larson, MD, UNR School of Medicine

Ivy Spadone, MS, PA-C, Northern NV HOPES

Miguel Forero, Department of Corrections

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT:

Tory Johnson, MMgt, Office of HIV, Manager

Michael Thomas Blissett, HPS I, Aids Drug Assistance Program (ADAP) Coordinator

Vanessa Caceres, Program Officer I

Xhosha Millington, Health Resource Analyst I

1. **Call to Order, Roll Call, Quorum was met.** – *Administrative Secretary*
2. **Public Comment** – *Dr. Dennis Fuller, Chairperson*
No action may be taken on a matter raised under this item of the agenda until the matter itself has been included specifically on an agenda as an item upon which action will be taken.
3. **Review and Approval of the November 3, 2018 draft minutes** – *Dr. Dennis Fuller, Chairperson*
(*For possible action*)
Motion to Approve: Dr. Steven C. Zell Motion 2nd: Dr. Paul M. McHugh All members agreed.

4. **Ryan White Part B/AIDS Drug Assistance Program (ADAP) Updates** – *Tory Johnson, MMgt., Program Manager; Michael Blissett, Health Program Specialist I, Office of HIV*
(Discussion and Information)

Tory stated that the Office of HIV had received and started off the year with their full award.

The award amounts are as follows:

RWPB received \$2,251,175 which was a 3% increase over what was received last year.

ADAP received \$6,914,820 which was a 1% increase from last year.

MAI received \$82,895 which was a 9% increase from last year.

Last years total award was \$9.1 million. This years award totaled \$9,248,890 (a little more than \$130,00 in total from last year) which was overall a 9.1% increase from last year. He said the funding is looking pretty good on all fronts.

In terms of Rebates, Tory said they were slower coming in last year. He said Thomas Blissett has done a phenomenal job staying on top of that and working with Ramsell, our Pharmacy Benefits Management company manager to see where the Rebates are and when they are coming in. He said they will be flush with cash pretty soon, as they catch up with Rebates they received last year.

Tory announced that he will be out on Medical Leave tentatively the 2nd week of July. He hopes not to be gone longer than 12 weeks, which would put him out until the end of October, barring any complications. Thomas will be the contact for all things related to ADAP and the MAC. Lyell Collins will be the overall point person for administrative duties and signatory authority as he is the Prevention Manager. Tory will send out an email to everyone to let them know who to contact on his staff for specific things.

Thomas Blissett spoke after Tory shared saying there were several things they wanted to bring to everyones attention that are programmatic for the ADAP program. As part of the forms we sent out in the agenda, we have the MAC Policy and Procedures which we have placed out which really goes over how medications are added to the formulary, and the steps we take as an office to actually get those things approved. Thomas asked if there were any additions or corrections anyone wanted to add to that. Right now this is a published document but we can always update and revise as needed. Dr. Fuller asked just for clarification if there were upgrades done to it in April? Thomas answered there were updates done to it, we just made the process more streamlined because it was originally part of the Bylaws that we took out and wrote this as a Policy and Procedures for the MAC, as far as like how we as an office handle additions and subtractions to the formulary. It also has on there our cost containment measures which is something we will probably bring up in the Face-to-Face meeting this fall. Section E, on cost containment measures, would be brought up as a line item, and would warrant more conversation and also a strong vote recommendation from the committee. Dr. Fuller asked if there was something specifically concerning. Thomas said no, that right now it shows that the

cost containment measure, with the fact that we are adding medications to the formulary, right now our formulary is not broken up into tiers, so that would be something we need to look at so we are in compliance. Thomas said he knows it was “tableted”, but if we ever have to “un-tableted” this, we would always want to have that structure in place. We don’t foresee that happening in the near future but with the uncertainty in this administration, we never know what might happen with the 340B program. Dr. Fuller asked if the Web contact is up-to-date. Thomas said it is and that his office has created an email address for the ADAP Program and they are trying to streamline it so all questions go to the same place and get to our Chair and Sub-Chair in a timely manner. That email address we created is nvadap@health.nv.gov. All things related to ADAP as far as additions to the medications to be considered for the formulary are going to that email address if we get anything in from the community. We are in the process of adding Dr. Crumby and Dr. Fuller to that notification.

Thomas said he also wanted to bring to everyone’s attention were the Trogarzo form, and the Egrifta form that we added to the agenda. The one thing we were missing, we’re also having these forms added the nvadap@health.nv.gov website to help streamline the process. Thomas said he believes Dr. Fuller is in charge of the Medical Review Committee. Dr. Fuller stated that historically there has been 1 reviewer in the North that would review things from the South, and one reviewer from the South who would review things from the North. Thomas talked about how to get things to the reviewers. And the Chair and Vice Chair would fill in if either reviewer was out of town. Thomas stated that they were trying to streamline the process of how his team would get that information to the reviewers. A policy would need to be written as far as outlining the steps that need to happen to do that. Dr. Fuller stated the committee should discuss these forms, as that hasn’t happened yet, although it was talked about in November. Dr. Fuller suggested to look at the cost guidelines and as well as the forms as to who would qualify. He asked if this was something they wanted to do, or was it something we wanted to push off to the Pharmacy Manager? Dr. Fuller suggested someone make a motion to accept these Egrifta guidelines and Northern/Southern review. Motion to accept the Egrifta guidelines/form with Northern/Southern review was made by Dr. McHugh; and Dr. Crumby 2nd the motion. All members agreed. Dr. Fuller asked if we needed to name reviewers now, and Thomas said that was something we could write up and put into the policy and procedure after the fact. Dr. Fuller will come up with the volunteers in the next few days.

Dr. Fuller then talked about Trogarzo. He said it was mentioned in the November meeting. It is an IV medication that will require some kind of infusion. It is used for patients who are multi-resistant to other forms of HIV treatment. Motion to accept the Trogarzo guidelines: Dr. Crumby motioned to accept the Trogarzo guidelines and Northern/Southern review; and Dr. McHugh 2nd the motion. All members agreed. Again, Dr. Fuller will look for reviewer volunteers.

5. Review and Update ADAP Formulary

- a. Recommendations to add/delete medications to the Formulary – *Dr. Dennis Fuller, Chairperson* (For possible action) – (Public Comment)

The “Medications for Discussion List” can be found at

[http://dpbh.nv.gov/Programs/HIV-Ryan/dta/Boards/Medical_Advisory_Committee_\(MAC\)_Agendas_Minutes/](http://dpbh.nv.gov/Programs/HIV-Ryan/dta/Boards/Medical_Advisory_Committee_(MAC)_Agendas_Minutes/)

under the “Attachments” Section.

Dr. Fuller said in a discussion he was in, on the unsettled nature of healthcare at this time, it

was suggested that Foscavir was something we should reconsider adding to the ADAP Formulary. After discussion, Dr. Crumby made the motion to add Foscavir to the formulary; Dr. McHugh 2nd that motion. All members agreed.

After discussion, and comments were asked for, Dr. Fuller asked for a motion to put Prednisone back onto the formulary. The motion was made by Dr. Zell and the 2nd was made by Dr. Crumby. All members agreed.

Discussion and comments regarding Vacepa, after which Dr. Fuller asked for a motion to add it to the formulary. Motion to add was made by Dr. McHugh; 2nd the motion was made by Dr. Crumby. All members agreed.

Naloxone was next, and discussion ensued. Dr. Fuller asked if there were other programs providing Naloxone. Tory spoke up saying that since he and Thomas are part of a Bureau that deals with that, he would like to research this with the substance abuse community and see where it is available, and report back to the committee at the next meeting. Members agreed to hold off on a decision about Naloxone until Tory can find out more about what state programs may already be providing it.

Norco – Narcotics in general. Dr. Fuller said there has been hesitancy to add these to the formulary. Discussion ensued with an opinion that these be added for short-term pain (14-days- without a pain contract), but not for chronic pain. Dr. Fuller asked if they should come up with some guidelines within AB474 Regulations, and talk again at the next face-to-face meeting. Everyone agreed to table this for now.

6. Approve/Make recommendations for Face-to-Face Meeting

(For possible action)

Dr. Fuller stated that it has been a couple of years since reviewing the Formulary from a removal standpoint and asked if that could be taken into consideration for discussion at the next Face-to-Face meeting in November. Everyone seemed to agree, and Dr. Fuller will talk with Thomas and Tory further about it.

In the past, Face-to-Face meetings have alternated locations, being in the North for one, and the South the next one. Two years ago, the Face-to-Face meeting was in the south; then this last one was in Tahoe. Dr. Fuller asked if everyone wanted to continue with that or do something else. When asked for questions/comments, one member commented that he might be willing to consider the travel back and forth if he was compensated for it. Dr. Fuller commented that he believed there was compensation paid for travel at the last Face-to-Face if he remembers correctly. He added that there are more folks that need to travel South to North than the other way around. Another questioned as to why a Face-to-Face was necessary and why they couldn't enlist Skype or other modern technology, as that would save time going to airports, money, energy on people who are already carrying heavy schedules.

Tory spoke up saying that he believed these Face-to-Face meetings were something the committee decided would occur once a year and then any other meetings would be electronic. He added that the State does not dictate/decide about this, it is within the purview of the committee to do so as part of governing themselves. It does seem to be harder to get folks in the south to travel north. It was his understanding that the next Face-to-Face would be in the south, but again it is completely up to the committee to decide. Tory added that if there are costs involved, the ADAP program would reimburse any providers traveling from either direction, and we don't have a problem with that. However in terms of time, and things like that, it is totally the committees call. Thomas added that in the Bylaws, under Meetings, it states that meetings can be conducted in any of 3 manners; video-

conference; telephone conference; or Face-to-Face meeting. Someone asked what happens if they cannot physically attend, if those people can call in. Thomas responded by saying whenever there is a Face-to-Face meeting, there is also a conference line available for anyone to call in, as outlined by Public Meeting Law that says everyone must be given access to that meeting. Dr. Fuller said the way it is sounding is that it would be better for most members to either call in or attend electronically. Dr. Fuller will work with Thomas towards a date and other details. All seemed in agreement with him.

7. Public Comment - *Dr. Dennis Fuller, Chairperson*

No action may be taken on a matter raised under this item of the agenda until the matter itself has been included specifically on an agenda as an item upon which action will be taken.

Dr. Fuller asked for Public comment; or public comment. There were none.

8. Adjournment

Dr. Fuller called for a motion to adjourn. There was a motion and a 2nd . All agreed and the meeting adjourned.