

**HIV/AIDS MEDICAL ADVISORY COMMITTEE (MAC) SPECIAL MEETING
MINUTES
November 13, 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, Chair, PharmD, University Medical Center of Southern Nevada (UMC) Wellness Center
Anthony Soto, BPharm, UMC Pharmacy Services
Steven Zell, MD, University of Nevada – Reno (UNR)
Trudy A. Larson, MD, University of Nevada School of Medicine (UNSOM) and HOPES
Charles Krasner, MD, HOPES

COMMITTEE MEMBERS ABSENT:

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
Alireza Farabi, MD, UMC Wellness Center
Dino Gonzales, MD, Community Physician – Southern Region
Pamela Eaton, RPh, Chief Pharmacist, HOPES
Ivy Spadone, PA-C, Northern Nevada HIV Outpatient Program, Education and Services (HOPES)
Paul McHugh, MD, UMC Wellness Center
Vicki A. Koceja, RN-BC, OCN, MBA, FAAMA, PhD, Outpatient/Ambulatory Clinical Manager, UMC Medical Center Ambulatory Division

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)
Barbara Weisenthal, Fiscal and Grant Management, RWPB, BCFCW
Steve Dion, Research, Development, and Data Coordinator, RWPB, BCFCW
Martha Fricano, RWPB Eligibility Coordinator, RWPB, BCFCW
Hallyma Davidson, Administrative Assistant, RWPB, BCFCW
Timothy K. Taycher, Administrative Assistant III

Dan Olson 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. CONCERNS AND RECOMMENDATIONS FOR COST SAVING IDEAS FOR TRANSITIONING CLIENTS HEALTH PLAN DRUG FORMULARIES, FIND COST MEASURES OTHER THAN IN THE DRUGS, AND HOW TO CONTINUE MONITORING OUR EXPENDITURES WHEN IT COMES TO DRUGS?

Dan Olson stated: Clients were transitioning to different health plans out of the Ryan White Program (RWP). The perception was that money was freed up because of said clients, but that is incorrect. Not only were medication expenditures skyrocketing, but the RWP was assisting clients with health insurance premiums, copays, and services such as, psychosocial, wrist reduction, health education, oral health services, and treatment adherence. Many health plans, including Medicaid do cover these certain services.

Mr. Olsen recommends Health Resources and Services Administration (HRSA)/ National Alliance of State and Territorial AIDS Director NASTAD strategies such as:

- High Authorization
- Restriction on prescription supplies and refills
- Placing caps on prescriptions

Dr. Trudy Larson asked for clarification as to the cap on medication. Martha Fricano responds that it was done by a 30 day limit on AIDS Drug Assistance Program (ADAP) medications. A 90 day supply was only used if was mandated by the insurance company.

Barbara Weisenthal notes the increase in cost in the health insurance continuation program from Part A has also increased expenditures over \$50,000 just in the south.

Steve Dion comments that the biggest concern is Stribild. The rebate is almost the same cost as the Tripla. Another dilemma was receiving authority spending the rebate money. Ms. Weisenthal annotates that paying the upfront cost was depleting the budget. The rebate is received but around 90 days. Once received, authority is spent forcing the program to wait for permission.

Ms. Weisenthal, also reminds the committee that from September through October 2013, medication cost went from \$850,666 to \$888,000 equaling to \$80,000 difference. Meaning the cost per patient went to \$1,000 to \$1,200, since Stribild became a major drug in February.

Anthony Soto notes that drugs were more compliant and are going to cost more. The problem is not the cost of medication but the increase of the patient base and the utilization. Patients were self-motivated to take medication.

Mr. Olsen explains that in the recent ADAP watch, three states, since October, have a waiting list. Every other state has increased cost containment strategies, such as enrollment caps, expenditure caps, financial eligibility, formulary reduction, insurance premium caps, and service reductions. These states are addressing what to do to cross contain costs without making a waiting list.

PUBLIC COMMENT **FOR POSSIBLE ACTION**

2. IDEAS AND RECOMMENDATIONS:

Mr. Olsen recommends:

- As a start should we have our anti-retroviral in a tier format.

Dr. Krasner recommends:

- If Atripla was \$5,000 cheaper than Stribild per year it may be something to encourage. However it was important to question the financial viability for the program.

Dr. Larson recommends:

- Dolutecover should be combined in a single pill a day, replacing some of the on the formulary. This would help reduce costs.
- Putting our newer, less toxic drugs primarily in categories that our patients can afford. This is for people outside of Ryan White Guidelines.
- The program needs ammunition to approach Nevada insurance companies to see the kind of impacts it can have on affordability for HIV patients.

PUBLIC COMMENT
FOR POSSIBLE ACTION

2. CONCLUSION AND REQUESTS:

1. Mr. Olsen will send to all committee members the information on drugs, the cost per clients, and patients' numbers, to break down the utilization on each drug. As well as provide a monthly trend of the front line drugs; to strategize on the health insurance aspect and what the caps to place, assuring there are no waiting lists. Plus the ADAP watch, to give the committee a heads up on what to look for.
2. Dr. Larson will give Mr. Olsen a list of the most commonly used first line regimens. (Almost all patients are on the first line.)
3. Any other ideas should be sent through email to all members.

PUBLIC COMMENT
FOR POSSIBLE ACTION

3. NEXT MEETING DATES AND AGENDA ITEMS:

Any ideas to resolve this issue will be revisited and discussed at the next MAC meeting in February.

4. PUBLIC COMMENT

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

5. ADJOURNMENT

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