HIV/AIDS MEDICAL ADVISORY COMMITTEE

(An advisory group to the Nevada State Health Division)

MINUTES

May 26, 2010

12:00 P.M.

Nevada State Health Division 4150 Technology Way Conference Room #153 Carson City, NV 89706 775-684-4285

University Medical Center (UMC) Wellness Center/NARES Office 701 Shadow Lane, Suite 200 Las Vegas, NV 89106 702-383-2691 Northern Nevada HOPES 445 Ralston Street 2nd Floor Conference Room Reno, NV 89503 775-348-2893

AT&T Teleconference Dial-In Toll Free: 1-888-363-4735 Conference Code: 6540475

COMMITTEE MEMBERS PRESENT:

Dennis Fuller, PharmD, Committee Chair, HIV/AIDS Clinical Pharmacy Specialist, University Medical Center of Southern Nevada (UMC) Wellness Center and Nevada AIDS Research and Education Society (NARES) Sue Trimmer, RPh, Committee Vice-Chair, Chief Pharmacist, Northern Nevada HIV Outpatient Program, Education and Services (HOPES)

Diana Bond, RPh, Director, UMC

Dino Gonzales, MD, UMC Wellness Center

Leslie Kellum-O'Brien, RN, Clinical Office Manager, UMC Wellness Center

Trudy Larson, MD, University of Nevada-Reno (UNR), School of Medicine and HOPES

Steven Parker, MD, Sierra Infectious Disease Specialists

Gary Schroeder, MD, UMC Wellness Center

Anthony Soto, RPh, UMC Pharmacy

Steven Zell, MD, HOPES

Miguel Forero, Disease Control Specialist, Nevada Department of Corrections (DOC), Proxy for R.B. Bannister, DO, Medical Director

COMMITTEE MEMBERS NOT PRESENT:

Jerry Cade, MD, UMC and Southwest Medical Associates, Inc (SMA)

HEALTH DIVISION STAFF PRESENT:

Beth Handler, MPH, Program Manager, Ryan White CARE Act Program (RWCA), Bureau of Child, Family and Community Wellness (BCFCW)

Marti Fricano, AIDS Drug Assistance Program (ADAP) Coordinator, RWCA, BCFCW

Steve Dion, Data Management Coordinator, RWCA, BCFCW

Rob Langguth, Management Analyst, Quality Management Coordinator, RWCA, BCFCW

Rebecca Huddleston, Administrative Assistant, RWCA, BCFCW

Tami Smith, Administrative Assistant, BCFCW

Lyell Collins, MBA, Program Manager, HIV-Prevention Program, BCFCW April Romo, Administrative Assistant, HIV-Prevention Program, BCFCW

OTHERS PRESENT:

Jackie Griffin, RN, NARES

1. Welcome and Introductions

Dr. Dennis Fuller called to order the HIV/AIDS Medical Advisory Committee (MAC) meeting at **12:06 PM**, held via teleconference from Nevada State Health Division (NSHD) in Carson City, University Medical Center of Southern Nevada (UMC) Wellness Center, Nevada AIDS Research and Education Society (NARES) Office in Las Vegas, and at Northern Nevada HIV Outpatient Program, Education and Services (HOPES) in Reno. This was a public meeting where the public was invited to make comments. In accordance with the Nevada Open Meeting Law (OML), this meeting's agenda was posted at the following locations: NSHD, Elko County Library, HOPES, UMC Wellness Center, Nevada State Library and Archives, and on the NSHD website at http://health.nv.gov.

Rebecca Huddleston called roll and stated a quorum had been met.

*2. Approval of Minutes

Dr. Fuller asked for any discussion on the three sets of Minutes included for approval from the previous meetings held on October 17, 2007; February 28, 2008; and April 21, 2009.

MOTION: Dr. Gary Schroeder moved to accept the three sets of Minutes as presented, with one exception, moving the information regarding the State's process for approving changes to the AIDS Drug Assistance Program (ADAP) formulary as an addendum on the October 17 and February 28 Minutes, moving the topic forward for discussion at the next MAC meeting.

SECOND: Dr. Dino Gonzales PASSED: Unanimously

Sue Trimmer noted there seemed to be some additional commentary to the Minutes which might not accurately depict what went on at the meeting. She did not remember the way in which drugs are approved and added to the ADAP Formulary were discussed, asking that this be moved from the body of the minutes to an addendum; moving the topic forward to the next meeting for further discussion. Beth Handler noted NSHD had adopted new procedures in streamlining minutes for all public meetings to conform to those of the State Board of Health (BOH). Even though the minutes under consideration are older, this is the opportunity to change/correct these so we can move forward from this point.

3. Ryan White Program AIDS Drug Assistance Program (ADAP) Update

Steve Dion reported the Notice of Grant Award (NOGA) from Health Resources and Services Administration (HRSA) for our current grant year included a slight reduction of about \$144,000, with current resources for the Ryan White Program at approximately \$10,243,196 inclusive of the federal and state funding. With the current caseload the program expends about \$8,437,000 at the current rates for medications and dispensing fees, about 75% utilization of the resources available. Average numbers of clients in ADAP is 750, in State Pharmacy Assistance Program (SPAP) at 166, and for Continuation of Benefits (COB) at 134; a combined average of 1,050 clients enrolled. Current caseload is approaching 1,200 clients.

It costs the Program about \$1,000,000 for every 75 new clients. Of the 793 clients currently active in ADAP, 608 receive medications. Rebates (on ADAP drugs from the pharmaceutical companies) will hopefully carry through to meet the demands of increasing client numbers. The period around May and June of 2008 represented the low point for client enrollment, increasing by about 200 over the past couple years. The number of clients increased dramatically when the Program did not have Medicare Part D.

Estimates for monthly drug costs per client were previously calculated at about \$950; the Program is currently at over \$1,100 per client for ADAP; about \$345 per client for SPAP; and \$254 per client for COB. Savings generated by utilization of SPAP and COB allows the Ryan White Program to serve more ADAP clients. Mr. Dion stated without the savings resulting from the SPAP and COB programs, Nevada would currently have a waiting list.

Dr. Trudy Larson reminded the Committee there had been discussion about an ADAP waiting list at a previous meeting, asking if this needed to be moved forward for discussion and possible action. Mr. Dion noted about 1100-1200 clients are currently on waiting lists across the country, a substantial increase from a year ago. Ms. Handler advised if a waiting list became necessary for Nevada, HRSA requirements state all services be curtailed except drugs and medical case management; the co-pay reimbursements come under the drug costs, and would be continued. At the national level, in response to this growing need, Congress submitted to President Obama, a request to increase ADAP funding by some \$126 million for the upcoming federal fiscal year. It was agreed to have this topic added to the list for consideration at the next meeting.

*4. Discussion and possible recommendations regarding the removal of dispensing blocks where cholesterol medications are involved

Ms. Trimmer had originally meant this discussion for Tricor; however, since Tricor is specifically noted at Agenda Item #6.

*6. Discussion and possible recommendations regarding the removal of pre-authorization protocols (PARs), where these protocols are not medically-based, but had been previously placed as a cost-containment measure only, for all medications listed on the ADAP formulary as related to Pharmacy Benefits Manager (PBM) (Catalyst Rx), specifically to include, but not limited to, the following: Depakote; Dilantin; Mycobutin; Tricor; and Zofran

MOTION: Ms. Trimmer moved that all Prior Authorization Requirements (PARs) be removed from Catalyst specifically to include, but not limited to, the following: Depakote; Dilantin; Mycobutin; Tricor; and Zofran, whether branded or generic.

SECOND: Diana Bond PASSED: Unanimously

Ms. Trimmer noted the current procedure regarding the PARs in Catalyst is time-consuming for the Pharmacy staff and the Ryan White staff, and can often delay dispensing to the client. A handful of drugs were added to the formulary where there were no generics available; these were used as second-line for a particular condition. Some of these currently have blocks in Catalyst where the pharmacy staff must contact Ryan White staff to remove the block in Catalyst before the prescription can be processed. Mr. Dion noted the Ryan White staff has 'rubber stamped' the approval to remove the blocks whenever requested; considering the doctor the authority.

Ms. Trimmer stated neither the cost nor the usage of these is high, maybe two-tenths of one percent for about \$3,000 in a year. For example, Depakote costs less than \$2.00 and Zofran costs about \$3.00. It was agreed Public Health Service (PHS) pricing may be less than the cost of a generic; everyone is aware of the costs, prescribing what is best for the client, being careful not to brand-flip the patients.

*5. Discussion and possible recommendations of the addition of medications to the ADAP formulary: Cozaar and Primaquine

MOTION: Dr. Larson moved to add Primaquine to the ADAP formulary for treatment of Pneumocystis pneumonia (PCP); it was identified that Cozaar is already on the formulary.

SECOND: Ms. Bond PASSED: Unanimously

Dr. Fuller will forward the cost justification sheet to Mrs. Huddleston for Primaquine; he stated the cost is \$.56 per tablet, estimating the cost at about \$10.00 for a 21-day supply.

*7. Discussion and recommendations regarding protocols for all medications listed on the ADAP formulary as related to PBM.

It was noted that this topic was part of agenda items #4 and #6. No action was taken here.

8. Report on dispensing fees and Rx co-pay reimbursements

Ms. Handler reported the Ryan White Program had not negotiated any new dispensing fees for the current fiscal year; all are the same as last year. Dr. Larson noted the co-pay reimbursement for the clients is extremely important, especially with the current economic situation; she expressed concern these might not continue. Ms. Handler assured the Committee there is no plan to change this and the co-pay reimbursements would continue.

*9. Discussion and possible recommendations on utilization/cost for the new drugs that were added to the ADAP Formulary from July 1st, 2007 to date, as requested by the Committee.

Mr. Dion stated the data listed came from the ADAP since there was not much activity in either COB or SPAP for these drugs for the period 2007 through 2010. Usage of Fuzeon dropped to zero usage for 2010 so far.

Dr. Fuller stated there is no vote necessary.

*10. Discussion and possible recommendations regarding the free "nurse connections" program for Fuzeon® patients.

Dr. Fuller stated the staff at UMC is familiar with the program and has used it; Jackie Griffin has used it. Dr. Fuller asked if anyone from the north had any questions; none were asked. Dr. Fuller stated the issue is closed. No action was taken.

11. Schedule next meeting and recommendations for agenda items

Dr. Fuller called attention to the following items as topics for the next meeting:

- A. Update on waiting list policy for ADAP
- B. State's procedure for adding medications to the ADAP formulary
- C. ADAP Policy & Procedures Manual to be reviewed and allow for Committee to comment
- D. Health Reform update
- E. Revising the By-Laws regarding Committee membership
- F. Update on Ryan White Program

Mr. Dion asked the Committee if there were any new drugs on the horizon. Dr. Fuller responded he knew of none that were HIV-related; however, Tibotec is reportedly to issue a new anti-nausea drug. It was noted there is a push to test more.

Dr. Larson stated there may be other topics for discussion after attending the All-Titles Meeting in August.

No specific date was established for the next meeting. Options for the date of the next meeting, possibly in October 2010, will be presented by the Committee Chair to Mrs. Huddleston for distribution to the Committee.

12. Public comment

None

The meeting was adjourned at 12:50 PM.