HIV/AIDS and ADAP Overview

*A*IDS *D*rug *A*ssistance *P*rogram

Division of Disease Prevention

hiv • std • tb • Rx

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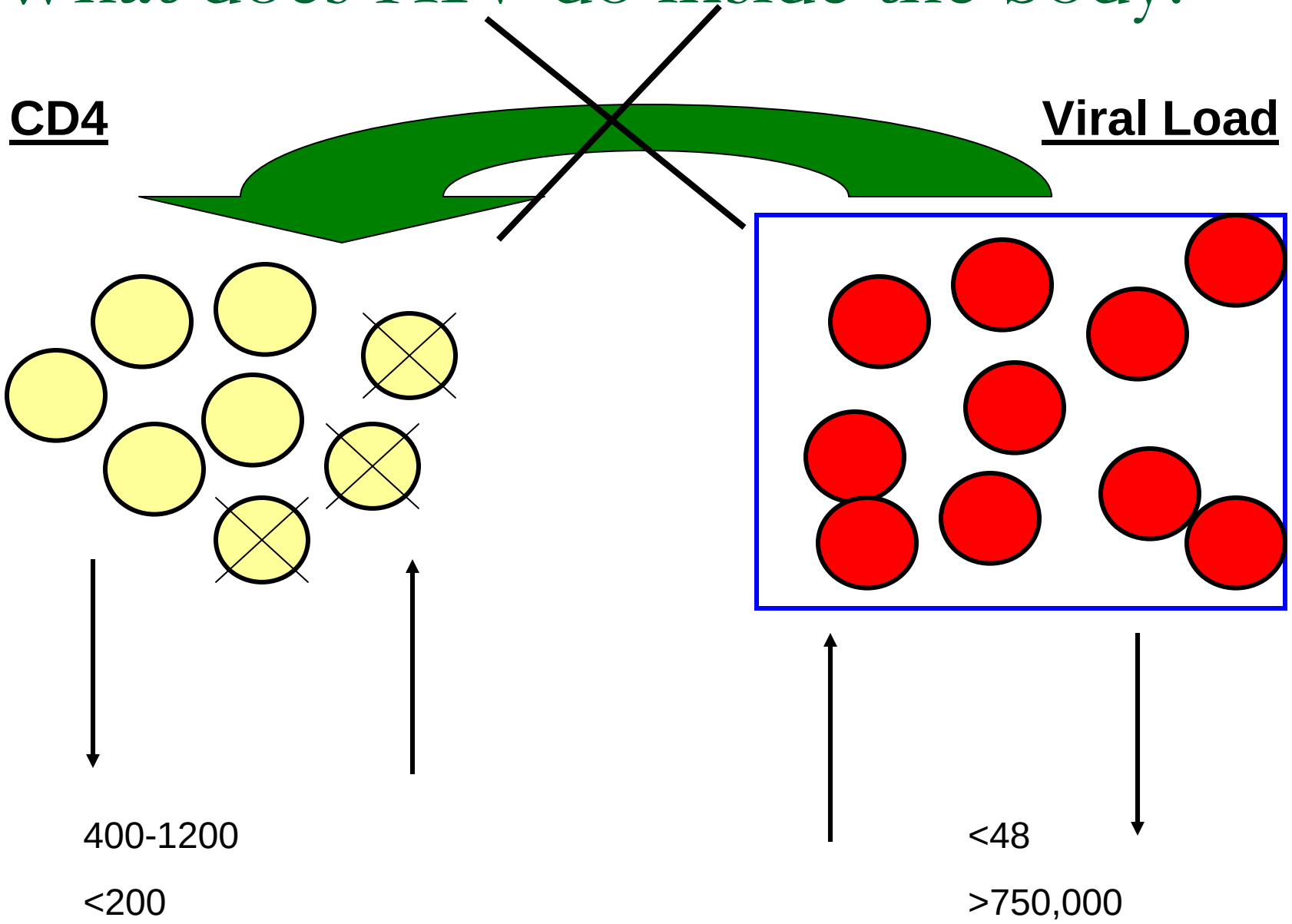
What does HIV do inside the body?

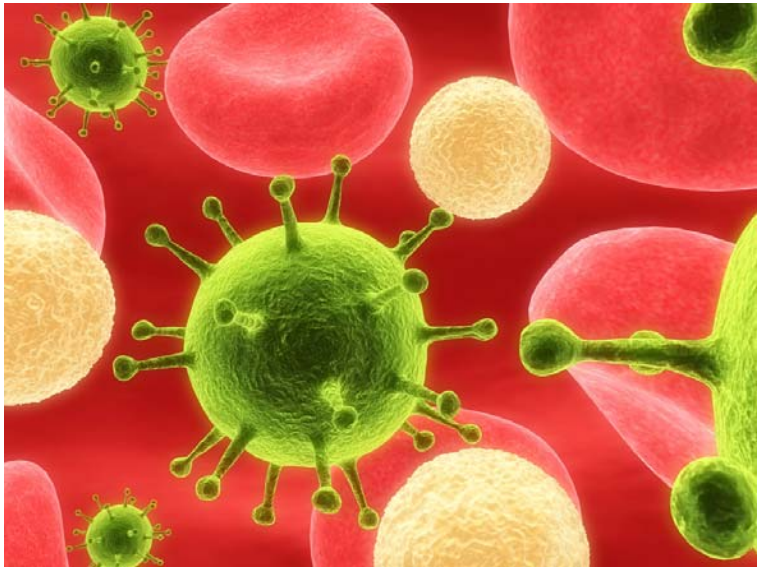


Symptoms of HIV…

- Primary Infection (acute): Occurs when the virus first establishes itself in the body (first six to 12 weeks).
- Some people newly infected with HIV will experience some "flu-like" symptoms.
- These symptoms, which usually last no more than a few days, might include fevers, chills, night sweats and rashes.
- Many other people either do not experience acute symptoms, or have symptoms so mild that they may not notice them.

Symptoms of AIDS…

- When immune system damage is more severe, people may experience **opportunistic infections.**
  - called "opportunistic" because they are caused by organisms which cannot induce disease in people with normal immune systems, but take the "opportunity" to flourish in people with HIV

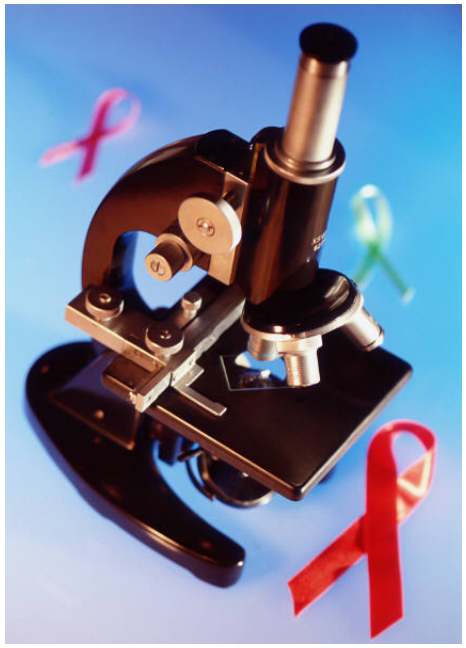


What is the difference between HIV and AIDS?

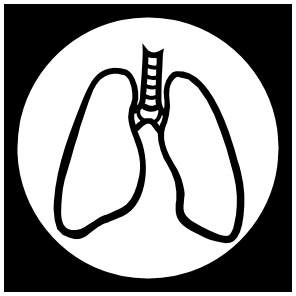
- An AIDS diagnosis means that there aren't enough resources to provide all of the necessary immune protection the body needs.

- Defined as lab values of CD4 <200 or 14% or presence of an opportunistic infection.

AIDS Defining Conditions…



- Candidiasis (thrush) of bronchi, trachea, lungs, or esophagus
- Cervical cancer, invasive
- Cytomegalovirus (CMV) retinitis (with loss of vision)
- Encephalopathy, HIV-related
- Herpes simplex: chronic ulcer(s) (greater than 1 month's) duration
- Kaposi's sarcoma
- Lymphoma
- Pneumocystis carinii pneumonia (PCP)
- Pneumonia, recurrent (twice in one year)
- Toxoplasmosis of brain
- Wasting syndrome due to HIV (involuntary loss of 10% of baseline body weight)
- **Mycobacterium tuberculosis, any site (pulmonary or extra-pulmonary)**



HIV and TB

- Everyone with HIV should be tested for TB.
- A person co-infected with TB/HIV may see their symptoms develop faster and with greater intensity.
- Untreated latent TB infection in an HIV+ person is much more likely to become active TB disease than someone without HIV.
- As CD4+ cell counts drop, however, TB is more likely to appear in other organs.
- At times, a person is infected with TB but does not react to the PPD occurs more commonly when CD4+ cell counts are below 200.

ADAPs—at a glance…

- ***A***IDS ***D***rug ***A***ssistance ***P***rogram
- Provides life sustaining medications to low income un-insured individuals with HIV infection
- Centrally administered, clients access services through local health departments/MCV
- Formulary includes over 100 medications
- Currently, approx. 3,900 clients are accessing ADAP
- Managed by the Division of Disease Prevention; HIV Care Services and Central Pharmacy Services
- Ryan White Part B Funded

ADAPs—at a glance…

As of October 14th, 8 states have waiting lists with 3,765 individuals.

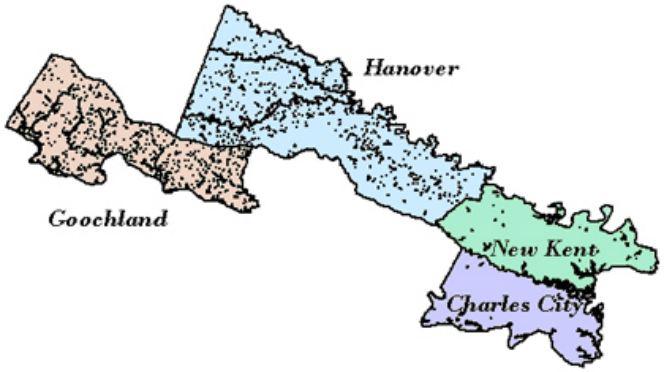
- Vary from state to state—***Most are in financial crisis!***
  - More/Less expansive programs
  - Different models/funding
  - Several have waiting lists including: North Carolina and South Carolina

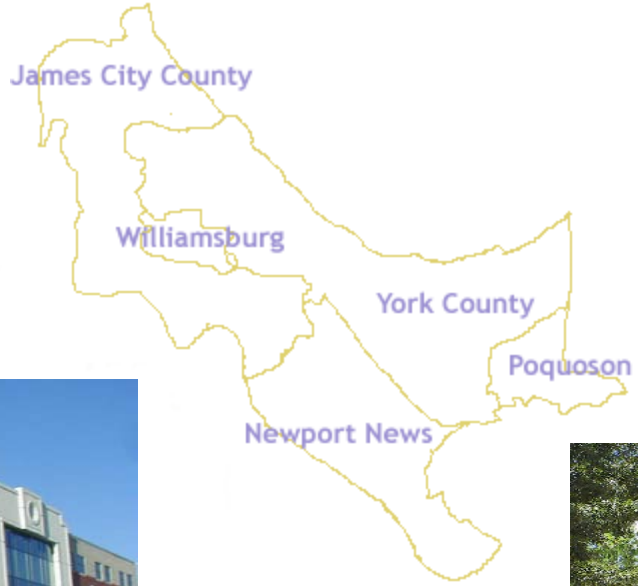
- In Virginia:
  - ADAP accounts for approximately 75% of Ryan White Part B funds in the state
  - Average cost of medications--$1,300/client/month
  - Program currently serves about 3,900 clients
  - In 2009, ADAP served 3,807 persons and filled 62,392 prescriptions

How does a client access ADAP?

The ADAP process begins at the local health department (LHD) level or with Patient Services, Inc. (PSI).

Clients are referred to either PSI or the LHD of their choice to apply for ADAP.





Centralized Eligibility and Enrollment Program….(CEEP)

- Taking the responsibility of ADAP enrollment off of LHDs who currently perform services in-kind
- Being launched systematically
- Ten LHDs are using PSI: Arlington, Central VA (Lynchburg), Hampton, Henrico, Peninsula, Prince William, Norfolk, Virginia Beach, Central Shenandoah, and Fairfax.

Next sites: Loudoun, Three Rivers, and Roanoke

Call PSI: 1-866-392-1309

Current ADAP eligibility criteria…

- Must not have any other insurance for HIV medications.
- Be screened for Medicaid and deemed *in*eligible.
- Yearly family income below **400%** of the Federal Poverty Level (statewide)
- Must provide written prescriptions
- Provide CD4 and viral load results
- HIV infected pregnant women or newborn infants of HIV infected mothers are eligible for anti-retrovirals regardless of CD4 count or viral load.

****ADAP is to be used as the payer of last resort.****

What medications are covered through ADAP? (Formulary)

- Anti-retroviral medications to treat HIV
  - All approved ARVs in all classes
- Opportunistic Infection Protection/Treatment (including TB)
- Select meds: Adjuvant Therapy, Antianxiety, Antidepressants, Antipsychotics, Antihyperglycemics, Antilipidemics, Bipolar Agents
- Hepatitis C treatments
- Vaccines

**Some medications require a Medication Exception form (works the same as prior authorization)

ADAP Medication Exceptions: etravirine, tipranavir, maraviroc, enfuvirtide, prednisone, and voriconazole

Bottom line—ADAP wants to ensure patient safety and retain regimen options!!!

- Medications that require prior authorization before Central Pharmacy will dispense
- Criteria is determined by the ADAP Advisory Committee
- Preserves treatment options
- Ensures ADAP monies are spent appropriately
- Forms are faxed to ADAP office for review and approval

How are ADAP Meds Ordered?

- The patient or prescriber provides prescriptions to the LHD of choice.
- LHDs complete an LHS-181 and submit prescriptions to the State Central Pharmacy
- Central Pharmacy fills prescriptions and sends back to LHDs where clients will pick up their medications. All medications not picked up are to be returned to Central Pharmacy.
- MCV manages ADAP in-house
- Fairfax and Alexandria HDs dispense on their own

State Pharmaceutical Assistance Program

for clients with a Medicare Part D Rx Plan; est. 2006

- Pays Medicare Part D costs for people who receive medicines through ADAP
  - Medicare Part D monthly premiums covered
  - Medication co-pays/coinsurance, deductibles and costs during gaps in coverage (the "donut hole")

State Pharmaceutical Assistance Program - 2

- SPAP financial assistance counts toward "true out-of-pocket" costs client reaches catastrophic coverage sooner (i.e. moves out of the donut hole)

- SPAP has been a state funded program; however, due to national health care reform, states will be allowed to use federal ADAP funds for SPAP beginning January 1, 2011
  - Cost Savings:
    - ADAP average monthly cost per client: $1300
    - SPAP average monthly cost per client: $ 384
  - For 100 clients, savings is approximately $1 million per year

Virginia's ADAP Challenges

- **Cost**
  - $3.2 M increase in last year
  - Cost per person increased by 18.7% in last 5 years
- **Persons**
  - Program currently serves about 3,900 clients
  - Average of 1,783 persons receiving a Rx per month
  - Increase of 7.5% in last year (21% increase 2007-2009)
- **Drugs**
  - Average person receives 4.4 drugs
  - 4.3% increase in number of medications in last 5 years

Key VA ADAP Contacts…

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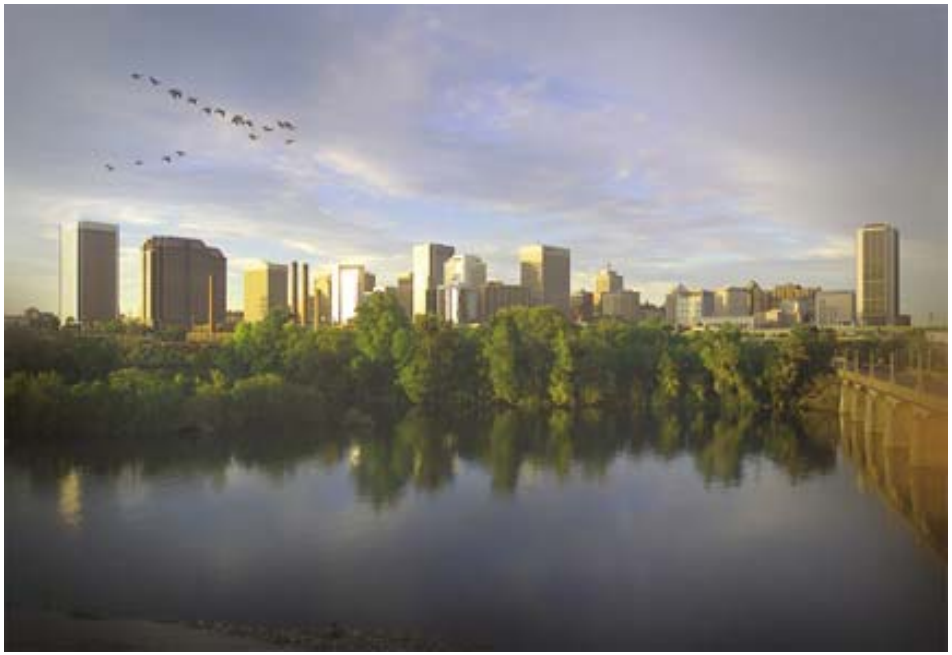

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Thank you for your time…

Any questions?