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# HIV/AIDS/ADAP Overview

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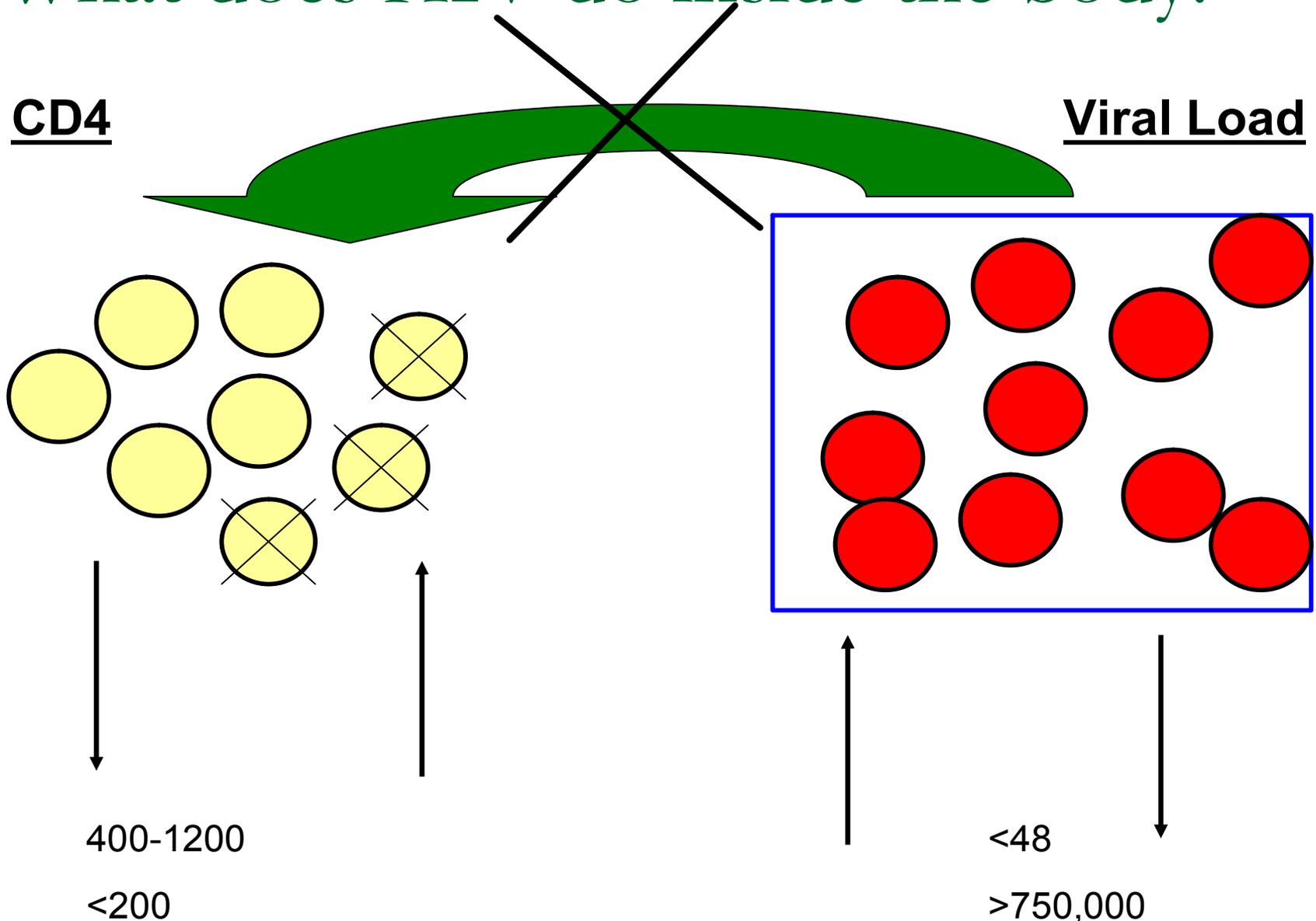
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<http://www.vdh.virginia.gov/Epidemiology/DiseasePrevention/Programs/ADAP/index.htm>

# What does HIV do inside the body?

CD4

Viral Load



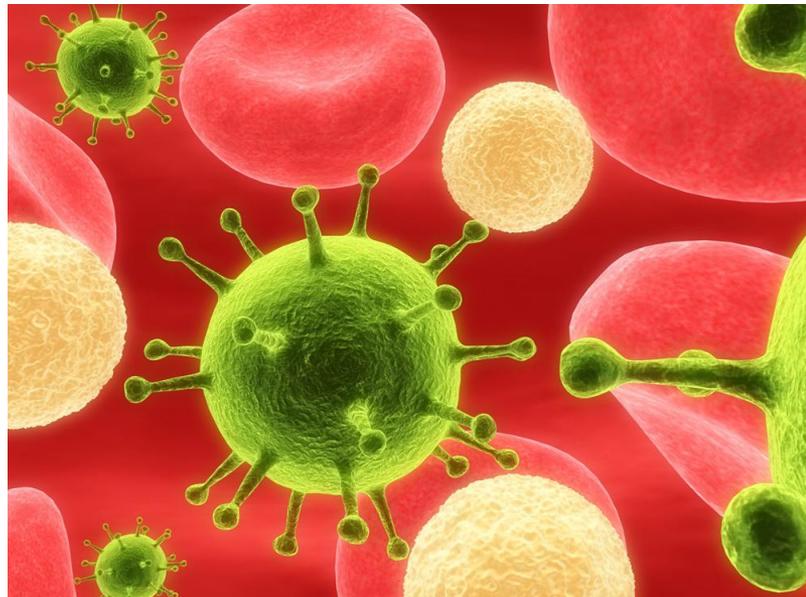
# Symptoms of HIV...



- 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.
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# 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.



# AIDS Defining Conditions...

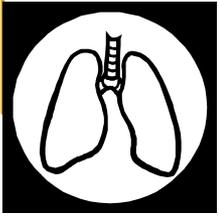


- Candidiasis (thrush) of bronchi, trachea, lungs, or esophagus
- Cervical cancer, invasive
- Cytomegalovirus (CMV) retinitis (with loss of vision)
- Encephalopathy, HIV-related
- Herpes simplex: chronic ulcer(s) (greater than 1 month's) duration
- Kaposi's sarcoma
- Lymphoma
- Pneumocystis carinii pneumonia (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.
- Compared to HIV-negative patients with TB, HIV+ people with the disease may see their symptoms develop faster and with greater intensity.
- Treating TB in HIV-infected patients may also need to be more aggressive in order to clear the bacteria from the body.
- According to the CDC, an estimated one third of the persons living with HIV infection worldwide are co-infected with TB.



# HIV and TB

- As CD4+ cell counts drop, however, TB is more likely to appear in other organs too.
- When the immune system responds to TB it can cause HIV levels to increase, and HIV disease may then progress more quickly. This, in turn, increases the risk of other opportunistic infections.
- 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...



- **AIDS *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. 3,000 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...

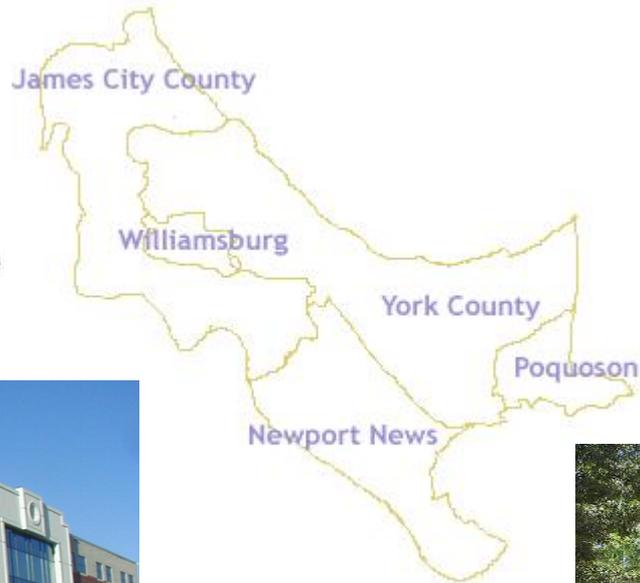
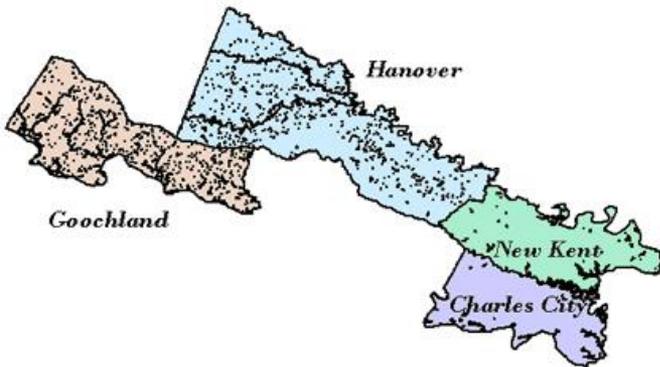
- Vary from state to state:
  - More/Less expansive programs
  - Different models/funding
  - Several have waiting lists including:  
North Carolina, South Carolina,  
Kentucky, and Tennessee.
- In Virginia:
  - ADAP accounts for approximately 75%  
of Part B funds in the state
  - Average cost of medications--  
\$1,300/client/month



# How does a client access ADAP?

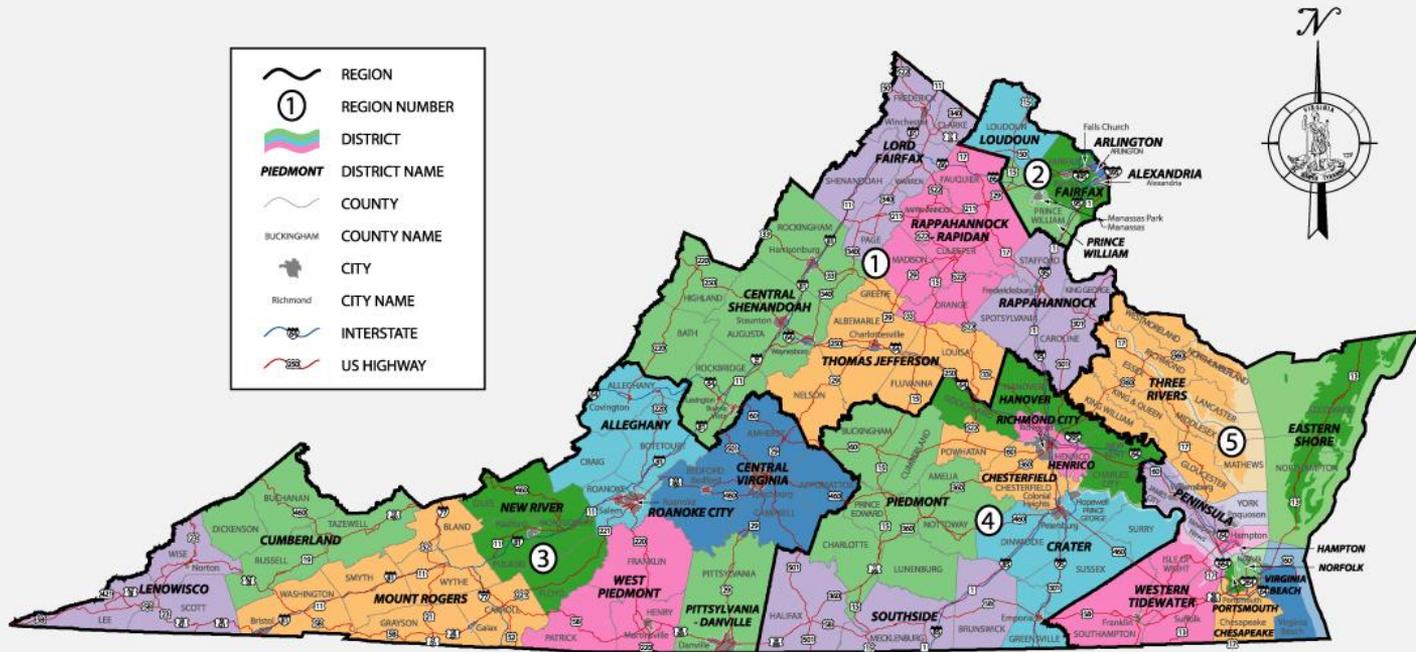
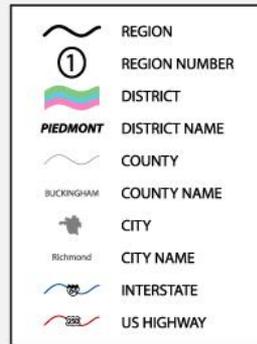
The ADAP process begins at the local health department (LHD) level or with Patient Services, Inc. (PSI).

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



# Where can a client obtain ADAP meds?

## Commonwealth of Virginia - Department of Health Health Regions & Districts



# ADAP eligibility criteria...



- Must not have any other insurance for HIV medications.
- Be screened for Medicaid and deemed *ineligible*.
- 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 the payer of last resort.\*\***

# Centralized Eligibility and Enrollment Program...(CEEP)



- Taking the responsibility of ADAP enrollment off of LHDs who currently perform services in-kind
- Being launched systematically
- Current sites using PSI: Arlington, Central VA (Lynchburg), Hampton, Henrico, Peninsula, and Prince William.

Upcoming sites: Central Shenandoah in May and Norfolk Department of Health in the summer of 2010!



## How are Meds Ordered?

- The patient or prescriber provides prescriptions to the LHD of choice.
- LHDs 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 in 60 days are returned to Central Pharmacy.

# What medications are covered under ADAP? (Formulary)

- **Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)**
  - Ziagen, abacavir + lamivudine + zidovudine (Trizivir), didanosine (Videx), emtricitabine (Emtriva), emtricitabine + tenofovir (Truvada), lamivudine (Epivir), lamivudine + abacavir (Etravirine), lamivudine + zidovudine (Combivir), stavudine (Zerit), tenofovir (Viread), zidovudine (Retrovir)
- **Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)**
  - delavirdine (Rescriptor), efavirenz (Sustiva), nevirapine (Viramune), etravirine (Intelence) - ***Requires an ADAP Medication Exception Form***
- **Protease Inhibitors (PIs)**
  - atazanavir (Reyataz), darunavir (Prezista), fosamprenavir (Lexiva), indinavir (Crixivan), lopinavir + ritonavir (Kaletra), nelfinavir (Viracept), ritonavir (Norvir), saquinavir (Invirase), tipranavir (Aptivus) - ***Requires an ADAP Medication Exception Form***
- **Multi-Class Combination Agents**
  - efavirenz + emtricitabine + tenofovir (Atripla)



# Other covered drug categories...

- **Entry Inhibitor (CCR5 co-receptor antagonist)**
  - maraviroc (**Selzentry**)
- **Tropism Assay for CCR5 Receptor**
  - Trofile Assay
- **Integrase Inhibitor**
  - raltegravir (**Isentress**)
- **Fusion Inhibitors**
  - enfuvirtide (**Fuzeon**)
- **Opportunistic Infection (OI) Protection/Treatment, including:**
- ***First line TB: isoniazid (INH), rifampin, pyrazinamide (PZA), and ethambutol (EMB)***
- **Adjuvant Therapy**
- **Antianxiety**
- **Anti-depressants**
- **Antipsychotic Agents**
- **Antihyperglycemics**
- **Antilipidemics**
- **Bipolar Agents**
- **Hepatitis C Treatment**
- **Vaccines**



# What does “*Requires an ADAP Medication Exception*” mean?

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

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**Thank you for your time...**

**Any questions?**

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