



COMMONWEALTH of VIRGINIA

Department of Health

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KAREN REMLEY, MD, MBA, FAAP
STATE HEALTH COMMISSIONER

TTY 7-1-1 OR
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December 7, 2010

Dear Clinician:

This letter is being sent to any clinician in the state that may be caring for patients with HIV/AIDS. I am writing to inform you of important changes in the Virginia AIDS Drug Assistance Program (ADAP) relating to enrollment, ongoing participation and the formulary. ADAP plays a critical role in providing HIV-related medications for low-income, uninsured individuals with HIV/AIDS and has experienced unprecedented growth over the last several years. The programmatic growth is due to increased unemployment and loss of insurance, heightened national efforts expanding HIV testing, new HIV treatment guidelines recommending early initiation of treatment, new medications that expand existing medication regimens, and improved outreach efforts linking patients into care/ADAP.

Monitoring of enrollment and program expenses reveals that for the first time in its 20-year history, ADAP will not be able to keep pace with the increasing demand in Virginia, paralleling a similar trend in ADAPs across the country. In order to ensure that individuals with HIV/AIDS maintain compliance with treatment regimens and continuity of care, VDH needs to make several changes to the ADAP enrollment and participation process. These changes will impact how and from whom patients can access medications.

The usual process at the time of initial enrollment and every six months thereafter, is that all patients are assessed for access to private insurance and for Medicaid eligibility. If uninsured or ineligible for Medicaid, patients are then enrolled into either ADAP or the manufacturers' patient assistance programs (PAPs). ADAP is not categorized as an entitlement program and therefore, funding is insufficient to provide medication coverage for all low-income or uninsured individuals. The current financial situation is now requiring even greater reliance upon the manufacturers' patient assistance programs (PAPs).

Due to the ADAP resource limitations, approximately 760 patients currently on ADAP will need to make the transition from ADAP to the PAPs.

- Clinicians caring for any of the individuals on ADAP who are impacted will be notified prior to their patient's notification in order to maintain continuity of and compliance with care and treatment regimens, as well as to confirm clinical and contact information for impacted patients.
- VDH staff will assist all patients and clinicians/practices through the PAP application process until the transition is complete.
- No transition is planned for pregnant women, children 18 years of age or younger, and/or patients with a compromised immune system as defined by a nadir CD4 count <350 or history of opportunistic infection (OI) prophylaxis or treatment.
- Inactive patients (those who have not filled an ADAP prescription in five months or longer) will be notified, along with their last medical provider of record, that they can no longer receive ADAP medications and will be given guidance on how to resume services.

Enrollment into ADAP for new patients seeking assistance has been halted, with the exception of pregnant women, children 18 years or younger and/or individuals with an active OI.

- In order to ensure that all individuals who need medications can access a funding source, all patients should contact Patient Services Incorporated (PSI) at (866) 392-1309. PSI handles all ADAP applications for new and returning patients, and refers patients to appropriate alternate sources, such as private insurance, Medicaid, and PAPs.
 - For new patients with active OIs, you may apply for an OI enrollment exception by faxing the attached form to the ADAP Central office at (804) 864-8050.

The ADAP formulary has been reduced to cover only antiretrovirals, medications to prevent and treat OIs, and vaccines not available from another source.

- For patients who need medications that have been removed from the ADAP formulary, tools and resources are available at www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/ADAP/obtaining.htm.

Providers and patients with questions about ADAP or in need of assistance with antiretroviral medications should contact the Division of Disease Prevention Hotline at 1-800-533-4148. Specially-trained staff will be available to assist with questions about ADAP and how to access medications.

Please share this information with your staff and other colleagues who work with ADAP patients. I am grateful for your assistance as we implement these program changes over the next year. Your help will make a substantial difference in ensuring that patients receive uninterrupted care and treatment.

Sincerely,



Karen Remley, MD, MBA, FAAP
State Health Commissioner

Attachment



**VIRGINIA DEPARTMENT OF HEALTH
ADAP *ENROLLMENT* EXCEPTION FORM**

| | |
|--|--|
| PATIENT NAME (Last, First, MI): | |
| D.O.B. (mm/dd/yy): | SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| PRESCRIBING PHYSICIAN NAME: | |
| PHYSICIAN PHONE #: | PHYSICIAN FAX #: |
| FORM COMPLETED BY (Name): | |
| TITLE: | DATE (mm/dd/yy): |
| Specify active Opportunistic Infection (OI) for which enrollment exception is requested and any other clinically relevant info supporting request: | |
| | |

| NAME OF OI MEDICATIONS NEEDED | DATE STARTED | ANTIRETROVIRALS NEEDED | DATE STARTED |
|----------------------------------|--------------|---------------------------|--------------|
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| MOST RECENT VIRAL LOAD RESULTS | DATE | MOST RECENT CD4 COUNT RESULTS | DATE |
|-----------------------------------|------|----------------------------------|------|
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|---|---|
| VDH USE ONLY | |
| <input type="checkbox"/> Request Approved | <input type="checkbox"/> Request Denied |
| Rationale: _____ | |
| | |
| Signature: _____ | Date: _____ |
| | |

Initiator please fax to Central ADAP office at (804) 864-8050 [Phone: (804) 864-7919] for approval

Approver please fax to physician above and Patient Services Inc at (877) 251-0415 [Phone: (866) 392-1309]for ADAP enrollment