AIDS Drug Assistance Program Update

Presentation to Joint Commission on Health Care
January 5, 2011

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

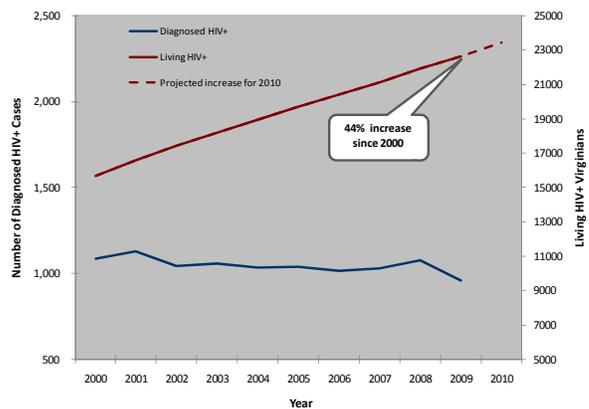
1 in 349 Virginians are *living* with HIV or AIDS

1 in 7,420 Virginians are *diagnosed* with HIV disease annually
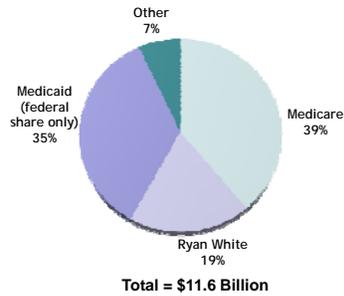
Men represent 3 of every 4 HIV+ diagnoses

Reported HIV Diagnoses and Prevalence in Virginia, 2000-2009

2

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

National distribution of HIV funding sources

Federal Funding for HIV/AIDS Care by Program

Other 7%

Medicaid (federal share only) 35%

Medicare 39%

Ryan White 19%

Total = $11.6 Billion

In Virginia, Ryan White funding administered by VDH serves about 21.5% of people living with HIV/AIDS

3

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Insurance Status of People living With HIV Disease
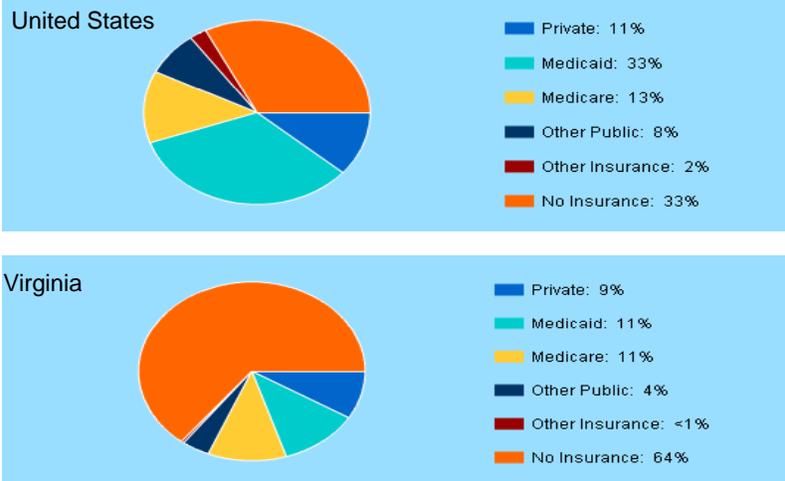
United States

- Private: 11%
- Medicaid: 33%
- Medicare: 13%
- Other Public: 8%
- Other Insurance: 2%
- No Insurance: 33%

Virginia

- Private: 9%
- Medicaid: 11%
- Medicare: 11%
- Other Public: 4%
- Other Insurance: <1%
- No Insurance: 64%

4

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

AIDS Drug Assistance Program (ADAP) Description

Source of ADAP Funding

Federal
$18,562,561
86%

State
$3,086,268
14%

Total ADAP Budget $21.6 million
for Current Grant Year 4/1/2010-3/31/2011
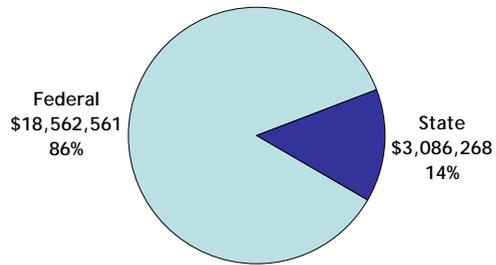
- ADAP provides medications to low-income, HIV-positive individuals with no other payer source.

- Virginia's ADAP served approximately 4,200 individuals in 2010

5

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Current ADAP Situation
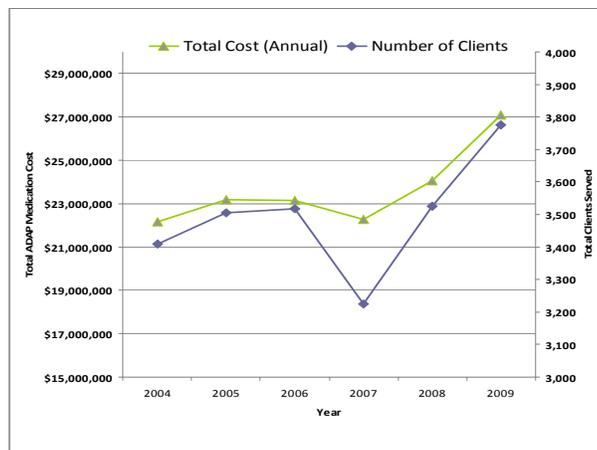
The average monthly cost per client is $1,298. The annual cost for a client who receives medications all twelve months is $15,576.

6

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Program Modifications
October-November 2010

- VDH staff worked closely with the ADAP Advisory Committee to identify cost-containment strategies.
  - Physician members began to educate their peers on the cost differential between clinically-comparable regimens.
  - VDH began providing statewide training on accessing medications through alternative sources
  - On November 15, the following actions were taken to reduce ADAP expenditures:
    - Formulary was reduced to cover only HIV/AIDS specific medications.
    - Enrollment was closed except for pregnant women, children 18 or younger, and clients being treated for a current opportunistic infection.
- ADAP continues to proactively screen all participants for other sources of medication, such as Medicaid, Medicare, and private insurance.

(cont.)

7

Program Modifications
October-November 2010 (cont.)

- On November 19, VDH staff began a transition of clients with more stable immune function from ADAP to pharmaceutical manufacturers' patient assistance programs (PAPs) to ensure that they continued to receive needed treatment.
  - Specially-trained teams of staff are contacting every medical provider and client to assist with completing PAP applications.
- Approximately 760 clients are being transitioned, and ADAP will continue to provide medications to over 3,000 clients.
- Tracking clients not currently served by ADAP (due to transitions and closure to enrollment) ensures monitoring of medication access.
  - Listed clients receive medications through alternative sources such as PAPs.
  - Re-screened for eligibility if medication funding source changes (no longer eligible for Medicaid/Medicare, PAP no longer covers, etc.)

8

Patient Assistance Programs (PAPs)

- PAPs are sponsored by pharmaceutical companies and provide free (or discounted) medicines to low-income, uninsured and under-insured people.

  - PAP eligibility requirements vary.

  - PAPs for HIV medications have been around for years.

- Effective use of PAPs requires tracking and monitoring by VDH to ensure uninterrupted access to medications.

9

ADAP Funding 2011-2012

- Federal (Ryan White) ADAP funding allocation available on April 1
  - 2011 federal allocation pre-determined (flat)
- Governor's budget proposal includes an additional $3.6M for 2011 and 2012
  - 2011 funding estimated to be available late April
  - Maintain *current* program status with restrictions
  - Manage program to capacity
  - Manage projected increase
  - 2012 - Potentially accommodate some newly-diagnosed clients

10

Summary

- ADAP demand has increased significantly over the past several years
- For the first time in its 20-year history, ADAP cannot serve all who need assistance.
- VDH redirected funding, restricted enrollment, and assessed payor source eligibility (private, Medicare/Medicaid, and manufacturer PAPs).
- Restrictions on enrollment and formulary will continue.
- All clients not enrolled in ADAP are assisted with referral to other sources of medications, generally PAPs.

11

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Questions?

12

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Medications Removed from ADAP Formulary Effective November 15

Adjuvant Therapy
epoetin alfa (Procrit)
gabapentin (Neurontin
megestrol (Megace)

Antianxiety
buspirone (BuSpar)
hydroxyzine (Atarax)

Antidepressants
amitriptyline (Elavil)
bupropion (Wellbutrin)
citalopram (Celexa)
doxepin (Sinequan)
duloxetine (Cymbalta)
escitalopram (Lexapro)
fluoxetine (Prozac)
mirtazapine (Remeron)
nortriptyline (Pamelor) paroxetine (Paxil)
sertraline (Zoloft)
trazodone (Desyrel)
venlafaxine (Effexor)

Antilipidemics
atorvastatin (Lipitor)
pravastatin (Pravachol)
rosuvastatin (Crestor)

Bipolar Agents
lithium (Eskalith)
valproic acid / divalproex sodium (Depakote)

Antipsychotic Agents:
chlorpromazine (Thorazine)
haloperidol (Haldol)
olanzapine (Zyprexa)
risperidone (Risperdal)
ziprasidone (Geodon)

Hepatitis C Treatment
peginterferon-alfa 2a (Pegasys)
peginterferon-alfa 2b (Peg-Intron)
ribavirin (Copegus, Rebetol)

13

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment