2022 NATIONAL

HIV & HEPATITIS

TECHNICAL ASSISTANCE MEETING

Advancing Pharmacoequity: ADAP Formulary Design to Meet the Comprehensive Treatment Needs of People Living with HIV/AIDS

Presenters

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The New York Times

"All the News That's Fit to Print"

Late Edition

VOL. CXXXVI . . . No. 47,085 NEW YORK, SATURDAY, MARCH 21, 1987 50 CENTS

CITY PARKING AIDE IS SHOT TO DEATH IN QUEENS LAUNDRY

GANGLAND-STYLE SLAYING

Victim's Son Is Attorney for Informer Tied to Scandal at Violations Bureau

SENATE SETS STAGE FOR REAGAN CLASH OVER HIGHWAY BILL

Finishes Work on $87 Billion Measure — White House Reaffirms Vow of Veto

How AZT Works Against AIDS

AZT interrupts formation of DNA

U.S. APPROVES DRUG TO PROLONG LIVES OF AIDS PATIENTS

CURE STILL NOT ACHIEVED

Distribution Will Be Limited Because of Short Supply and Fear of Side Effect

Citing Disarray, Quinones Ousts A School Board

American Express and 2 Brokers Subpoenaed in U.S. Stock Inquiry

Bakker, Evangelist, Resigns His Ministry Over Sexual Incident

Wide Walkouts in Yugoslavia Protest Austerity Wage Plan

Drug Smugglers: New Breed of Ethnic Gangs

INSIDE

New York Times, March 21, 1987

Physicians and AIDS patients said they were pleased by today's announcement but concerned by the high price of the drug, estimated at $8,000 to $10,000 a year for a patient.

"I think it's outrageous, in a life-threatening situation " said Mr. Harrison, a 32-year-old man who was diagnosed with AIDS in February 1986. He noted that many patients on AZT were living on fixed incomes, such as Social Security disability, and would be unable to pay for AZT by themselves.

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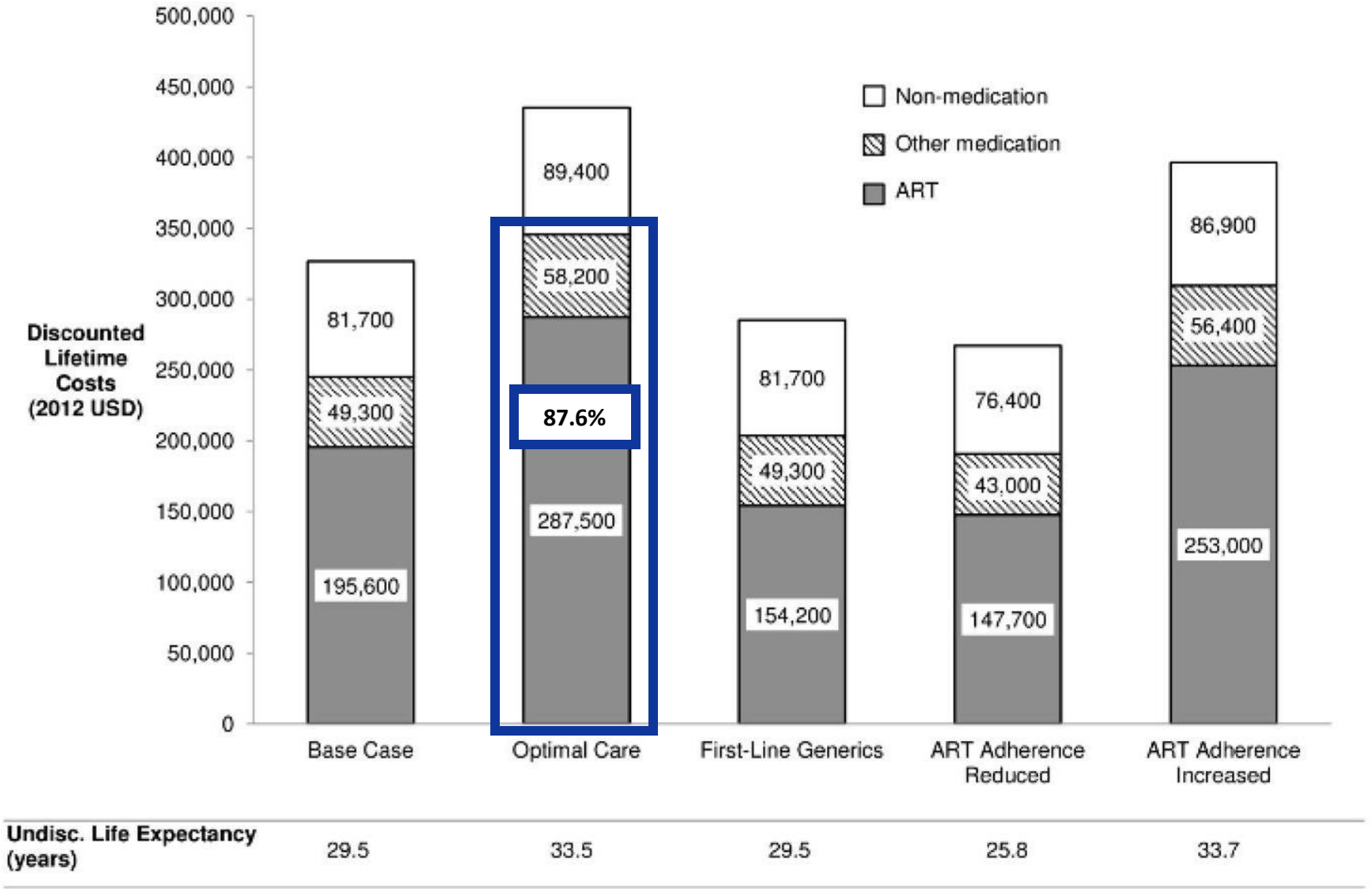
A History of Ensuring Equitable Access to Essential Medicines

- **1987:** ADAPs began as AZT Assistance Programs with federal grants to states
- **1990:** ADAPs were written into the newly created Ryan White CARE Act
- **1996:** Congress began earmarking funds for ADAPs specifically as part of Ryan White
- **2020:** $2.4 billion annual budget, >248,600 clients served, >$1.75 billion in prescription drug and dispensing expenditures (79% of all ADAP expenditures nationwide)



	Base Case	Optimal Care	First-Line Generics	ART Adherence Reduced	ART Adherence Increased
Undisc. Life Expectancy (years)	29.5	33.5	29.5	25.8	33.7

Schackman BR, et al. The Lifetime Medical Cost Savings from Preventing HIV in the United States. Med Care. 2015 Apr;53(4):293-301.

Responding to the Evolving Prescription Drug Needs of People Living with HIV/AIDS

- Novel antiretroviral medications (including provider-administered drugs and biologics)
- Curative hepatitis C treatments
- Substance use medications
- Mental health medications
- Medications for common comorbidities, including those associated with aging
- Sex hormones for gender-affirming therapy
- Outpatient medications for COVID-19, monkeypox virus (MPV)

SOUTHERN AIDS COALITION

Advancing Pharmacoequity: ADAP Formulary Design to Meet the Comprehensive Treatment Needs of People Living with HIV/AIDS

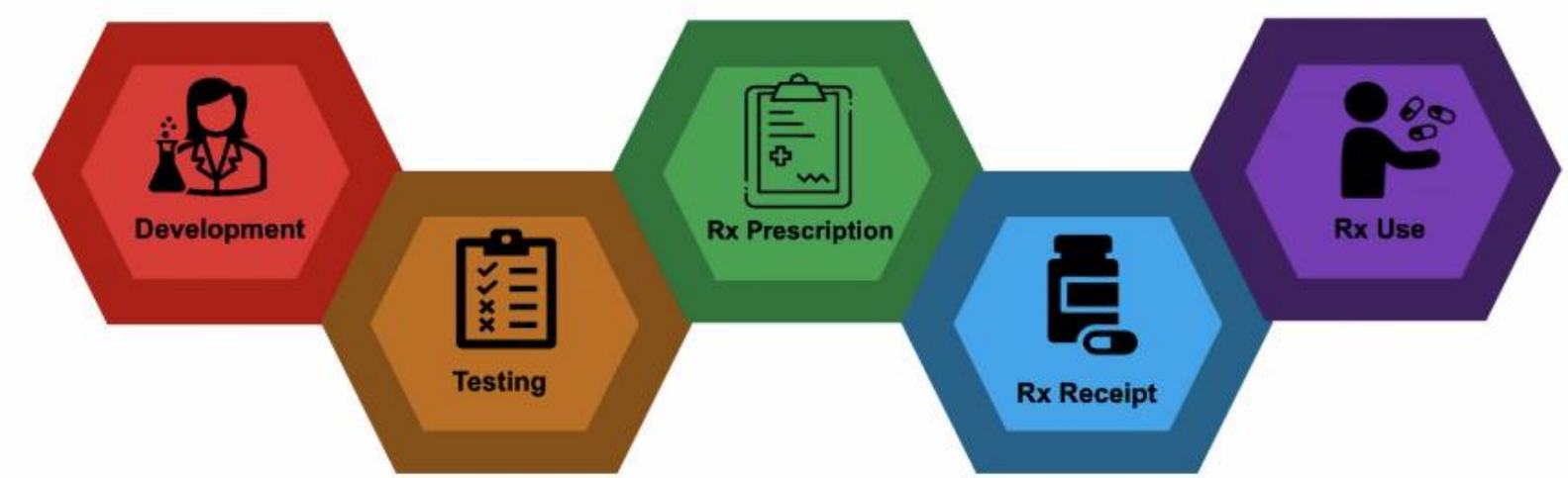
Darnell Barrington, MPH, CHES
October 13th, 2022

Defining Pharmacoequity

- Pharmaco-
  - a combining form meaning “drug,” used in the formation of compound words
- Equity
  - the policy or practice of accounting for the differences in each individual’s starting point when pursuing a goal or achievement, and working to remove barriers to equal opportunity, as by providing support based on the unique needs of individuals

Goal of Pharmacoequity

- To ensure that all individuals regardless of race, ethnicity, sexual orientation, socioeconomic status, or availability of resources have access to highest quality medications needed to manage their health.



Elements of Pharmacoequity

- Access to care
- Bias
- Cost of care

ADAP Implementation

- HRSA's RWHAP legislation requires that each ADAP must cover at least one drug from each class of HIV antiretroviral medications on its ADAP formulary.
- ADAP funds may be used only to purchase FDA-approved medications.
- Within these requirements, each ADAP decides which medications to include on its formulary and how those medications will be distributed.
- HRSA requires that ADAP eligibility criteria be applied consistently across the state or territory, and all formulary medications and ADAP-funded services must be equitably and consistently available to all eligible enrolled people throughout the state or territory

ADAP Funding Considerations

- Part B base grants and ADAP base grants are determined using a formula based on reported living cases of HIV in the state or territory in the most recent calendar year for which data are available. Congress appropriated approximately $414.7 million for the Part B base in FY 2021.
- The ADAP base grants provide access to HIV-related medication through the purchase of medication and health care coverage. Congress appropriated approximately $900.3 million for Part B ADAP in FY 2021.
- Five percent of ADAP appropriations is reserved for additional funding to states and territories that have a severe need for medication assistance. The states and territories that meet the eligibility criteria can choose to apply for this through ADAP Supplemental.

What opportunities exist?

- Advocacy
  - Community Planning Groups (State and Local)
  - Assessing the formulary
    - Evolving needs of PLWHIV
    - Consider co-morbidities
  - Education about new treatments
- Innovation to Access
  - Public/Private Partnerships
- What does the community want?

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Toward Pharmacoequity: Formulary Design to Meet the Comprehensive Treatment Needs of People Living with HIV/AIDS

DC ADAP's Formulary Development & Management

Tayiana J. Reed Pharm D, MS, AAHIVP, RPH

Agenda

- Stakeholders
- Formulary Management
- HADAC Committee
- Challenges with formulary additions
- Data and Financials

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DC ADAP Formulary Management Stakeholders

- ADAP Chief
- ADAP Pharmacist
- Clinical Pharmacy Contractor
- Pharmacy Benefits Manager (PBM)
- HAHSTA CARE & Treatment Division
- Pharmaceutical Wholesaler
- DC Medicaid Pharmacy Team

DC ADAP Formulary Management Stakeholders

- Clinical Pharmacy Contractor
  - Provides support to the HIV AIDS Drug Advisory Committee and Sub-committee. This includes:
    - Logistical activities for coordinating each quarterly meeting.
    - Maintains a list of committee members.
    - Transcribes meeting minutes.
    - Provides expert consults on drug monographs considered for inclusion on the ADAP formulary, drug class reviews, and comprehensive drug safety updates in presentation format during each quarterly meeting.
    - Presentation of drug utilization reviews and evaluations during each quarterly meeting.

Formulary Management

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Formulary Management

- ADAPs must have at least one drug from each HIV class on their formulary specific to FDA- approved medications to cover Section 2616 c of the PHS act.
- ADAPs are also required to secure the “best price possible” for antiretrovirals.
- The goal and mission of the DC ADAP program are to provide cost-effective and medically proficient medications for all clients.

Formulary Management

DC ADAP Formulary

- DC ADAP has completed and continues to add FDA-approved medications for HIV and its co-morbidities.

- All Anti-Retroviral Classes
- Analgesics
- Anti-Depressants
- Anti-Diarrheal
- Anti-Emetics
- Anti-Fungal
- Ant-Histamines
- Anti- Hypertensives
- Smoking Cessation
- Topical Anesthetics
- Transgender Hormones
- Weight loss/wasting
- V-C Forte
- Anti- Microbials
- Anti-psychotics
- Anti-Virials
- COPD Combinations
- Hepatitis B &C Class of Anti-virals
- Hypoglycemics
- Kaposi's Sarcoma
- Lipid Lowering Agents
- Opioid Addiction Treatment
- Osteoporosis
- PCP Prophylaxis

Formulary Management

Formulary Reviews

- DC ADAP conducts formulary reviews yearly of the most common comorbidities associated with HIV and its coinciding drug classes to both committees for review and approval.

- The most common comorbidities amongst patients with HIV include **diabetes mellitus**, **cardiovascular disease** (CVD, e.g., hypertension), **respiratory diseases** (e.g., chronic obstructive pulmonary diseases and pneumonia), and **hepatic diseases** (hepatitis B and C).[1,3–5]

- **Liver disease**, **renal disease**, **substance dependence** and **abuse**, **sexually transmitted infections** (herpes simplex, syphilis, gonorrhea, and *Mycoplasma genitalium*), and **psychiatric disorders** (including depression, anxiety, schizophrenia, and cognitive impairment) are also greater among HIV-positive individuals.[1,6,7]

Formulary Management

Core Activities

- The SubHADAC committee considers practice guidelines and clinical studies published by led organizations
- Protocols are also developed based on clinical guidelines to ensure appropriate use and monitoring.

Formulary Management

Sub-HADAC Committee

- The Sub-HADAC committee comprises the DC ADAP Chief as Chair, the ADAP clinical pharmacy contract team, the ADAP pharmacist, the CARE, and Treatment Division Chief, HAHSTA Chief Medical Officer, DC Medicaid lead and MTM pharmacists, and clinical nurse and CARE and Treatment Program officer.

Formulary Management

Core Activities

- The Sub-HADAC committee meets quarterly before the HADAC committee meeting and reviews the standing agenda topics for both committees, which are:
  - Review and approval of committee meeting minutes
  - PBM Service Updates
  - Program Measures
  - Clinical Formulary Review
  - ADAP Formulary Cost Assessment
  - Performance Improvement

Formulary Management

HIV AIDS Drug Advisor (HADAC) Committee

- The HADAC Committee is comprised of the DC ADAP Chief as Chair, the ADAP clinical pharmacy contract team, the ADAP pharmacist, the CARE and Treatment Division Chief, four community physician providers int the district, St. Elizabeth's hospital chief pharmacist, DC Medicaid lead and MTM pharmacists, one community member, clinical nurse and CARE and Treatment Program officer, and the Veteran's Affair chief pharmacy officer.

Formulary Management

Challenges in Formulary Additions

- The Hormone Therapy class addition to the formulary lacks provider utilization and experience working with transgender hormone therapy.
  - Guidelines used from the Endocrine Society, World Professional Organization of Transgender Health (WPATH), the Center of Excellence of Transgender Health (USCF), and the NASTAD toolkit for transgender health was used to determine formulary additions.
- Vaccines
  - Challenges with reimbursement of administration
    - Pharmacy vs. Provider
- Long Acting Injectables
  - Only two contract pharmacies within FQHC's in DC can support dispensing and administration.

Cost Analysis and Financials

Drug Cost and Utilization

- Medications are reviewed and analyzed for the best cost savings and clinical effectiveness.
- Drug Utilization is monitored to understand prescribing patterns and medication needs of DC ADAP clients.
- DC ADAP utilizes its part B ADAP funding to purchase and reimburse dispensing contract pharmacies for all formulary medications at the lowest prices, which are 340 B and AIDS Task Force Pricing.
- A cost analysis is also performed against the wholesale acquisition cost to determine program cost savings.
- All are a mainstay of pharmacy and therapeutics formulary addition practices.

Thank you!

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Questions and Discussion