




Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

INTERAGENCY MEMORANDUM

DATE: May 24, 2010

TO: County Health Department Directors/Administrators
County Health Department Medical/Nursing Directors
County Health Department HIV/AIDS Medical Providers
County Health Department AIDS Drug Assistance Program Managers
County Health Department Pharmacists

FROM: Shairi R. Turner, M.D., M.P.H. 
Deputy Secretary for Health
Director, Office of Minority Health

SUBJECT: Implementation of a Florida AIDS Drug Assistance Program Waiting List

INFORMATION ONLY

I wish to take this time to thank you for the exemplary work that you do in making the Florida AIDS Drug Assistance Program (ADAP) a success for all our clients by continually striving to provide high quality service and accessible treatment for qualified individuals with HIV disease.

As you are aware, we are facing uncertain economic times that have contributed to a record increase in client enrollments. Conversely, as the number of people living with HIV has increased in the U.S., largely due to advances in HIV treatment, so too has the need for prescription assistance. Between the 2008-2010 Ryan White Program years, Florida ADAP experienced over 25% increase in client enrollments. Meanwhile, federal appropriations have not increased proportionally; state allocations have decreased while drug costs continue to climb. Because of the increase in demand for services, the Florida ADAP will have to take additional cost-containment measures.

Beginning June 1, 2010, the Florida ADAP will institute a waiting list. Implementing the waiting list will be to ensure that enrolled clients continue to receive their HIV treatment without interruption.

The list will be managed through the ADAP database by staff in Tallahassee. Effective June 1, all new applicants will be placed on the waiting list. Clients who have not picked up their medications and whose record is closed by an ADAP staff or by the program's automatic closure feature will have to reapply.

There are some cases where medical exceptions will be granted. If a provider has other reasons why his/her client needs to be enrolled in ADAP, but the client does not meet any of the criteria below, the provider can request a medical review. The medical review form can be found at FloridaADAP.org. The Bureau of HIV/AIDS Medical Section will review the form and provide a response within 3-5 business days.

Waiting List Exceptions:

- Pregnant women who meet all other ADAP enrollment criteria and are not eligible for other programs
- Pediatric or adolescent persons who meet all other ADAP enrollment criteria and are not eligible for other programs

- Post partum women (gave birth within 180 days of application) needing to continue ARV medication with Medical Section approval
- Other extreme medical conditions with medical team approval, such as, but not limited to:
 - Patients who are on chemotherapy for malignancies that are non-AIDS defining
 - Diagnosis of Hepatitis B infection when treatment is necessary for Hepatitis B

As funding becomes available, the priority for enrolling new applicants into the program will be as follows:

Waiting List Categorizations:

Category A:

- Diagnosis of AIDS and/or CD4 < 200 cells/mm³
- Diagnosis of active opportunistic infection
- Diagnosis of HIV-associated nephropathy (HIVAN)

Category B:

- Persons who are currently on ARV therapy
- Persons who were previously on ARV therapy but therapy was interrupted
- Treatment naïve clients with CD4 cell count between 201-350 cells/ mm³

Category C:

- Treatment naïve clients with CD4 cell count > 351 cells/mm³

Patients placed in the above categories should simultaneously apply for participation in Patient Assistance Programs (PAPs) for their medications along with possible assistance from other resources, such as, Ryan White Part A and Part B in their respective counties. Assistance in accessing these programs can be provided by their case managers, local county health department staff, program managers and other service providers.

To further contain costs, **beginning August 1, 2010**, the Florida ADAP will reduce the number of drugs and drug classes on its formulary to antiretrovirals and opportunistic infection drugs. Please see the enclosure for the updated list. This measure is also to ensure that clients who are receiving antiretrovirals do not experience an interruption in treatment.

Maintaining a sustainable drug assistance program is a critical need in our state. The Bureau of HIV/AIDS, Patient Care Section is currently working with federal and state government officials as well as statewide community partners to secure additional resources. Additional cost-containment measures are carefully being considered and evaluated to ensure the most effective and proactive response during these challenging times.

Implementation of a Florida ADAP Waiting List
Page 3
May 24, 2010

We have developed a comprehensive cost-containment guidance that will be e-mailed to you under separate cover by June 1.

You will be notified about upcoming statewide training for all county health department staff, program managers, case managers, and other service providers to ensure that ADAP eligible clients, including those on the waiting list, can access required medications through alternate sources such as pharmaceutical Patient Assistance Programs, co-payment assistance programs, and health insurance continuation assistance.

Please visit FloridaADAP.org to find additional information, policies, and procedures on how the waiting list will be managed. If you have any questions, or need additional information, you may also contact Thomas Liberti, Chief, Bureau of HIV/AIDS at 850-245-4477, or the ADAP program office at 850-245-4335.

Thank you for your leadership and support during these difficult times.

SRT/lw

Enclosure

cc: Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General
Michael Sentman, Assistant Deputy Administrator
Julia Gill, Ph.D., M.P.H., Director, Division of Disease Control
Thomas Liberti, Chief, Bureau of HIV/AIDS
Jasper W. Watkins III, M.S.A., Chief, Bureau of Statewide Pharmaceutical Services
Joe May, Patient Care Program Administrator
Lorraine Wells, ADAP State Program Manager
HIV/AIDS Program Coordinators
ADAP Formulary Advisory Workgroup



REDUCED FORMULARY

Effective August 1, 2010

ANTIRETROVIRALS (ARV's)

APTIVUS (Tipranavir)
ATRIPLA (Tenofovir/Emtricitabine/
Efavirenz)
COMBIVIR (Zidovudine/Lamivudine)
CRIXIVAN (Indinavir)
EMTRIVA (Emtricitabine)
EPIVIR (Lamivudine)
EPZICOM (Abacavir/Lamivudine)
FUZEON (Enfuvirtide) 
INTELENCE (Etravirine)
INVIRASE (Saquinavir)
ISENTRESS (Raltegravir)
KALETRA (Lopinavir/Ritonavir)
LEXIVA (Fosamprenavir)
MARAVIDOC (Selzentry) 
NORVIR (Ritonavir)
PREZISTA (Darunavir)
RESCRIPTOR (Delavirdine)
RETROVIR (Zidovudine)
REYATAZ (Atazanavir)
SUSTIVA (Efavirenz)
TRIZIVIR (Abacavir/Lamivudine/Zidovudine)
TRUVADA (Tenofovir/Emtricitabine)
VIDEX (Didanosine)
VIRACEPT (Nelfinavir)
VIRAMUNE (Nevirapine)
VIREAD (Tenofovir)
ZERIT (Stavudine)
ZIAGEN (Abacavir)

OPPORTUNISTIC INFECTION (OI's)

BACTRIM DS (TMP/SMZ DS)
BIAXIN (Clarithromycin)
DARAPRIM (Pyrimethamine)
DAPSONE (Diamino-diphenyl Sulfone)
DIFLUCAN (Fluconazole)
LEUCOVORIN (Folinic Acid)
MEPRON (Atovaquone)
MONISTAT (Miconazole)
MYAMBUTOL (Ethambutol)
MYCELEX TROCHE (Clotrimazole)
MYCOBUTIN (Rifabutin)
NIZORAL (Ketoconazole)
SPORANOX (Itraconazole)
SULFADIAZINE
TERAZOL (Terconazole)
VALCYTE (Valganciclovir Hcl)
VALTRESX (Valacyclovir)
ZITHROMAX (Azithromycin)
ZOVIRAX (Acyclovir)

Note to providers: For eligible ADAP clients who need to receive Hepatitis C treatment, please call Makeshia Barnes in the ADAP office at 850-245-4444, ext. 2549.