



## V. Review/Approve Minutes of January 26 2018

Members reviewed the minutes and accepted them as presented.

### Motion to accept the minutes of January 26, 2018.

Moved: Toni Bowen-McDuffey

Seconded: Wanda Cortes

Motion: Passed

## VI. Membership

*Marlen Meizoso*

Marlen Meizoso reviewed the vacancy report (copy on file). She indicated that George Barroso had resigned. There are now nine subcommittee vacancies, including several for PLWHAs, a case manager, and a substance abuse provider. Interested individuals can attend a subcommittee meeting or contact staff.

## VII. Reports

### ▪ Ryan White Program Update

*Carla Valle-Schwenk*

Carla Valle-Schwenk reviewed the December 2017 expenditures as of 2/7/2018 (copy on file). In Part A/MAI expenditure report over 83% of the direct services and carryover funding had been disbursed by the close of the calendar year. In MAI, over 87% of the direct service funding had been disbursed by the close of the calendar year. About 9,500 clients have been served and over \$20 million dollars have been spent. The County continues to meet with Medicaid managed care (MMA) and long term care (LTC) plans to facilitate referrals into the Part A program from Medicaid, now that PAC Waiver has been phased out. A process by which clients can self-refer is being worked out. A one page sheet is being developed for clients explaining the GAP card.

### ▪ Expenditure Reports

#### ▪ ADAP Update

*Marlen Meizoso*

Mrs. Meizoso reviewed the report from February 14, 2018 (copy on file). In January, there was \$2,429,583.45 spent on 4,775 prescriptions for 2,748 clients. The undetectable rate is 97.59%. There were 87 new enrollees. Under insurance payments \$1,179,886.03 was spent in January. A new table on Insurance type was included. Program Updates and the Q-flow patient management system information were reviewed.

#### ▪ SFAN

*Wanda Cortes*

Wanda Cortes reviewed the January report (copy on file). In January, 332 clients were served at a cost of \$70,408.59. There are some pharmacy changes taking place. The contract with Maxor National Pharmacy Services Company is being finalized in the summer, so delays in generating reports may take place.

## VIII. Standing Business

### • Ryan White Program and ADAP Phase II Medications Review

*All*

Mrs. Meizoso reviewed the Ryan White Program and ADAP Phase II Medications document sent via email to subcommittee members (copy on file). The document contained the remaining medication left on the Ryan White formulary after last month's revisions. The subcommittee was tasked with reviewing the remaining medications and indicating if these provided therapeutics to treat HIV/AIDS, to prevent serious deterioration of health arising from HIV/AIDS, or for the prevention and treatment of opportunistic infections. Items highlighted in yellow were addressed at the prior Subcommittee meeting and were

included only for continuity of numbering. Included in the meeting packet was a list of antibiotics available at no cost at Publix and Winn-Dixie (copy on file).

- Items 1-7 (Analgesics): Item 1, delete because there is no identified need at this time; item 2, keep since there is a therapeutic need; item 3, keep since there is a therapeutic need if client has liver issue; item 6 keep since there is a therapeutic need.
- Item 8 (Antidiabetic Combo): The individual components are on the ADAP formulary, but not the combination pill. Recommend removing since not standard of care, and safer options that do not cause hypoglycemia are available.
- Items 10-25 (Anti-infectives): Items 10-17 have therapeutic usage and can be used for co-morbidities; item 18 should be removed since it is not the standard of care; items 19, 23 and 24 to keep because they have therapeutic usage.
- Items 27-28 (Cardiovascular agent): Item 27 delete, since better alternatives are available that are once a day, and a free alternative is available at Publix; and item 28 was suggested it be tabled for a future meeting to see if a replacement should be recommended.
- Items 29-36 (Central Nervous System agent): Item 29 to keep, since it has therapeutic usage and removes a barrier for clients to access substance abuse residential; Items 31-32,34-36 are to be kept because they have therapeutic usage.
- Item 37 (Dental): Keep it, since there is a therapeutic usage for dental clients.
- Items 41-44 (Gastrointestinal): Keep these, since they have therapeutic usage.
- Items 45-48 (Hormone): Keep, since they have therapeutic usage and are standards of care to use those products.
- Items 52-63 (Ophthalmic): Keep these, since they have therapeutic usage except for item 57, which should be removed since it is similar to item 58. On item 58 add solution and ointment. These items should be reviewed at a future meeting.
- Items 64-65 (Otic): Keep, since they have therapeutic usage.
- Items 66-69 (Pulmonary): Keep all except for item 67, which should be removed since it is not the current standard of care.
- Items 70-85 (Skin): Remove item 70 since OTC; keep item 72 since it treats conditions associated with HIV; remove item 73 since item 72 is similar; change item 76 to antiviral; remove item 78 since other potency alternatives available and keep remaining items since they have therapeutic usage.

<b>Item number</b>	<b>Brand Name</b>	<b>Action/Reason</b>
1	MS Contin, Oramorph SR	Remove: no identified need at this time
8	Glucovance	Remove because individual components are on ADAP formulary and medication is not standard of care since safer options available
18	Famvir	Remove: not the standard of care
27	Captopril, Capoten	Remove: better alternatives exist which are once a day and free at Publix.
57	Gentamicin (ophthalmic solution & ointment)	Remove: alternative on the formulary
58	Tobrex	Add solution and ointment to generic description
67	Theo-24	Remove: not current standard of care
69	Guafensin with Codeine Liquid	Remove: does not meet criteria
70	Bacitracin	Remove: over the counter
73	Erythromycin Topical Solution	Remove: alternative available
76	Podofilox topical	Change pharmacological classification to antiviral
78	Fluocinolone	Remove: alternatives on formulary

**Motion to accept the changes as discussed to the Ryan White Program Prescription Drug Formulary effective immediately.**

**Moved: John McFeely**

**Second: Wanda Cortes**

**Motion: Passed**

- Revision to “Psychiatry” on Allowable Conditions List

*All*

Based on the suggestions at last month’s meeting, language was add to the Allowable Conditions list under Mental Health and Psychiatry (copy on file). The draft language details what is allowable under each category. In addition under orthopedic/rheumatology “, knee, etc” was added since only hip was included.

**Motion to accept the changes to the Allowable Medical Conditions List as presented.**

**Moved: John McFeely**

**Second: Dr. Steven Santiago**

**Motion: Passed**

## **IX. New Business**

- Ryan White Prescription Drugs Formulary Request: Juluca

*All*

There was a request to add Juluca (dolutegravir 50mg/rilpivirine 25mg) to the Ryan White Prescription Drug formulary. The medication was recently added to the ADAP formulary (copy on file). The subcommittee per procedure chose to add the medication as a backup to ADAP. Once Phase 2 is implemented the medication should be dispensed only through ADAP. The combination pill offers a complete regimen and would reduce pill burden.

**Motion to add Juluca to the Ryan White Prescription Drug Formulary.**

**Moved: Dr. Mark Keller**

**Second: Dr. Steven Santiago**

**Motion: Passed**

## **X. Announcements**

Mrs. Meizoso reviewed March and April calendars (copy on file). The PIAT meeting in March will be held at the United Way and the Local Pharmacy Workgroup meeting is scheduled for April 11, 2018. For next month, the subcommittee will return to meet at the United Way.

## **XI. Next Meeting**

The next meeting is March 23, 2018 at the United Way Ansin Building.

## **XII. Adjournment**

Dr. Nolasco-Warden adjourned the meeting at 10:47 a.m.