



Pat Quinn, Governor
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

**Illinois AIDS Drug Assistance Program (ADAP)
Medical Issues Advisory Board (MIAB)
October 15, 2010 Meeting Notes**

Board members present: G. Harris, J. Maras, M. Maginn, B. Moran, J. Lynn, and M. Williamson

Board members present by conference call: C. Blum, and P. Moss-Jones

Absences: S. Dolan, D. Graham, E. Noel, R. Lubelchek, D. Munar, R. Rivero, B. Schechtman, C. Conover, A. Fisher, P. Lanehennig, D. Berger, B. Max, S. Feigenholtz

Illinois Department of Public Health (IDPH) Staff: M. Charles, P. Muir

Guests were in attendance both in person and by phone.

Dr. Jeffrey Maras called the meeting to order at 1:05. Dr. Maras welcomed attendees and explained the format for the meeting. Guests were in the audience and by telephone, in accordance to the open meeting act. Guests were asked to hold questions until the end of the meeting. The meeting began with roll call of board members.

1. Review/ Approve Minutes

The first topic on the agenda was a review of the minutes from the September 17, 2010 meeting minutes.

Motion to approve: M. Maginn

Second: W. Moran

Agree to approve: All

Disagree: None

Abstain: None

2. Old Business

Dr. Maras thanked Dr. Blum for bring to the attention of ADAP the need to have a procedure for prescribers to register concerns with dispensing pharmacy. Dr. Maras informed the group that there is an incident reporting form for physicians on the bottom of the Illinois web site, www.idph.state.il.us/aids/adap.htm .

Dr. Maras informed members that upon collaboration with representatives from pharmaceutical companies that patient assistance programs require proof of residence and do not proof of citizenship.

3. New Business

- a. ADAP Status Update

Dr. Maras stated that the report for September would not be complete until the 16th of this month. Next week he will be able to get drug expenditures out to the board.

September data:

New applicants=130

Reapproved=446

Denied=9

Current enrollment = 5815

b. ADAP New Application Review

Dr. Maras stated that the new application is being tested by Groupware Technologies, Inc. (GTI) in two mediums. The first in Provide® Enterprise is being piloted in two regions (Region 1 and 2). GTI plans to roll out the Web based format in Dec and January. Webinars for clients and case managers are planned for late November or early December. Clients and Case managers will be able to track the progress of the application through the Web.

c. Guided and focused discussion regarding crafting recommendations as it relates to:

Dr. Maras asked the group to identify clear recommendations for the department as to how they should proceed in 2011. Without cost containment the department will be seeing significant increases. Close to a double digit deficit is projected for 2011-between 6.5 and 10 million dollars. The federal government mandates that the Department have strategies in place to reduce the deficit and how the State will operationalize a wait-list in 2011. Any cost containment should be accompanied by training for patient assistance programs. ADAP's guiding principle is *not to disrupt those on antiretroviral therapy*.

i. **Restrictions for those not accessing drugs** (not active on a regimen)

Dr. Maras stated that last year over 257 clients obtained an active ADAP seat but did not seek services. A suggestion was made that after 60 days of no service clients would automatically be disenrolled and would need to reapply when the client is starting a regimen.

ii. **Lowering FPL**

Dr. Maras provided charts to illustrate the effect of changing FPL on client's currently being served. Currently Illinois is at 500% and the greatest effect would be to reduce the FPL to 300% and save a possible \$2.5 million.

iii. **Cap monthly expenditure from 2000 to \$1500**

Dr. Maras stated the median cost per client per month went up from \$950 in 2009 to \$1050 in 2010. None of the regime drugs go over \$1500 per month evaluating the most popular combinations. The reduction would possibly affect 276 clients.

iv. Capping ADAP enrollment size

Funding equal cost of drug multiplied times number of clients is all that we can serve. In 2011 we will have some GRF, Federal and Rebate dollars.

v. Further restriction to Formulary (TX formulary Model)

Dr. Maras discussed the possibility of establishing the formulary just around antiretroviral medications. Cost of \$175,000 outside category 1. Dr. Maras state that as new drugs hit the market they will be considered by the board. Hepatitis C treatment is approximately \$5,000 per month.

- vi. Wait List [Medical Criteria vs. First Come First Served (FCFS)]
Medical Model should be based on solid scoring that should be carefully established by the Medical subcommittee for refinement. Leave a segment of space (2-3%) for hardship cases.
4. Guest Questions
5. Next meeting Date –November 19, 2010 from 1-4 p.m.

Dr. Maras asked for a motion to adjourn.

Motion to adjourn: M. Maginn

Second: B. Moran

Agree to adjourn: All

Disagree to adjourn: None

Abstain from the vote: None

The meeting adjourned at 3:30 p.m.