



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)
February 22, 2010 Meeting Notes**

Board members present: C. Conover, S. Feigenholtz, A. Fisher, D. Graham, B. Johnson, P. Langehennig, R. Lubelchek, J. Lynn, J. Maras, B. Max, B. Moran, D. Munar, E. Noel, R. Rivera, O. Torres, and M. Williamson

Excused absences: S. Dolan, G. Harris, M. Maginn, B. Schechtman, and S. Tear,

Unexcused absences: D. Berger and A. Dunmore

Guests: B. Aknamoah, J. Berry, K. Bovid, M. Diaz, W. Dozier, M. LaFond, P. Loughlin, J. McNamara, G. Metelica, J. Peller, G. Rigoni, and R. Stewart

Illinois Department of Public Health (IDPH) Staff: J. Burns, M. Charles, D. Culp, L. Kasebier, and J. Ramos

Dr. Jeffrey Maras called the meeting to order at 1:05. Dr. Maras welcomed attendees and made a motion to begin. 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.

The first topic on the agenda was a review of the minutes from the January 27, 2010 meeting minutes. Two corrections were noted.

Motion to approve: A. Fisher

Second: B. Moran

Agree to approve the minutes with corrections noted: All

Disagree to approve: None

Abstain from the vote: None

Dr. Maras reminded board members of the requirement to complete the conflict of interest packet. If anyone needs the forms, please contact Dr. Maras. The packet may be mailed or returned electronically to Dr. Maras. All board members will also need to complete ethics training annually. Dr. Maras will advise the board when the training information is available.

The next item on the agenda was an update on the current status of ADAP, along with a review of the data request from the prior meeting. In December 2009, 4,220 clients were served. In January 2010, 4,147 clients were served. The board discussed the problem of clients that may not disclose their private insurance status. Dr. Maras stated this has been an on-going problem that will be helped by shortening the reapplication time from annually to every six months. The Department is also looking at several software database programs that will allow ADAP staff to look up a client's insurance status. One problem surfacing with the software databases is that the insurance information can no longer be searched by social security number and now is only searchable with the client's insurance policy number. ADAP is looking into other means to

capture insurance information on all applicants if applicable. However, if client's divulged their policy number, staff would not need to search for private insurance status. ADAP staff does have access to Medicare and Medicaid status and check the status before each monthly refill.

Following are other questions and issues from the board regarding the data request review.

- The board requested a dollar value be attached to the cost-containment measures and efficiency steps.
- Check to see if other states have the prescribing physician complete a portion of the client's application.
- Department of Human Services receives a report anytime someone is hired in the State of Illinois. Check with the agency to see if ADAP can have access to that report.
- Many questions arose regarding dispensing fees, which are currently \$13 per prescription. The dispensing fees include shipping, restocking, and administrative costs. The Illinois ADAP is on a virtual inventory, instead of maintaining actual inventory. The group requested the following:
 - ▶ A comparison to Medicaid dispensing and restocking fees
 - ▶ The ability to negotiate the dispensing fees at the next contract renewal
 - ▶ Lowering the dispensing fee if the client has multiple prescriptions
 - ▶ Ensure that multiple prescriptions are shipped in one package
- Research further into the number of clients who have exceeded \$1500 a month to see how many times an individual client went over and the reasons for exceeding \$1500 a month.
- Research to see if drug prices or regimen prices are responsible for high monthly expenditures.
- The board requested details of the GRF estimate, preferably on an Excel spreadsheet.
- Dr. Conover will follow up on how pharmaceutical assistance programs interact with ADAP.
- The board requested more details on the information provided in the data presented, including the cost, how numbers were derived, and where else can cost savings come from rather than before revising the FPL, eligibility requirements, or formulary.

Dr. Maras recommended that the board develop the structure of a wait list now, before it is needed.

Dr. Langehennig made a motion for the board to support recommending changing the reapplication from an annual event to a six-month reapplication with the use of the most recent information available for primary sources of income. Representative Feigenholtz seconded, with a request that the motion be amended to add that the board reviews the process before approval. Dr. Maras reminded the group that as an advisory board any amendments to a motion are able to be attached; and then the full recommendation will go forward to the Department. Dr. Maras reminded the board that they were advisory nature and that any recommendations will be weighed in during the Department's any decisions and programmatic changes considered. Final decisions are ultimately to the discretion of the Department.

A concern regarding the motion was expressed. A couple of board members were concerned that clients will face a disruption in services while waiting for a six-month reapplication and a six-

month reapplication would place too much work on case managers and physicians. Dr. Maras addressed this concern by explaining that clients are currently notified of the annual reapplication 30 days in advance. The standards for reapplication approval are 15 business days. When a complete reapplication is submitted, most clients have reapplication approval within five to six business days. It is also important to note that Illinois has been cited in annual federal and state audits for not having a six-month reapplication. Changing the reapplication to six-months would put Illinois in compliance with HRSA guidelines and correct the deficiency on annual audits.

A suggestion was made to have a simplified six-month reapplication and then the full application annually, but HRSA requires a complete reapplication every six months.

The group requested implementation guidance for clients and case managers before the six-month reapplication process goes into effect.

The board asked if CVS could include a notification of the reapplication change when they send out medications. Dr. Maras will follow up with CVS.

Dr. Maras asked if the board had any more concerns or comments on the reapplication change to six months, then asked for a vote on Dr. Langehennig's motion with Representative Feigenholtz's amendment.

Agree to approve the minutes with the amendment as noted: 12

Disagree to approve: 2

Abstain from the vote: 0

The next agenda item reported on the activities of the formulary subcommittee. Dr. Conover distributed handouts from the formulary subcommittee activities and reviewed the report. The following are comments and concerns from the discussion.

- Eliminating combivir or trizivir may not result in a cost-savings, as physicians may switch to another combination drug to reduce pill burden on the client.
- The subcommittee needs to define the process and details regarding the medications needing pre-approval.
- Is there a target cost-savings for reviewing the formulary?
- Several board members disagree with requiring pre-approval, as IDPH should not be practicing medicine and the added expense for hiring a part-time pharmacist to handle the pre-approval process.
- The board agreed with requiring the lowest cost option for multi-source drugs and thought this requirement should have been in place already.
- What percentage of doctor's writing prescriptions are not infectious disease doctors?
- The board requested dollar figures associated with requiring prior approval for more expensive first-line regimens and requiring evidence of resistance for more expensive ARVs (pre-approval).

Dr. Conover stated he would take these comments back and review them with the formulary subcommittee to make formal recommendations to the board. The board asked for clarification on the process to change the formulary. First, the committee provides recommendations.

Second, the HIV/AIDS Section reviews the recommendations then makes a decision on the changes. Finally, the Director signs the letter changing the formulary.

The board then voted on several motions.

Motion to approve the elimination of atorvastatin from the formulary: P. Langehennig

Second: A. Fisher

Agree to approve: 12

Disagree to approve: 0

Abstain from the vote: 2

Motion to approve the elimination of megestrol and marinol from the formulary: P.

Langehennig

Second: A. Fisher

Agree to approve: 12

Disagree to approve: 0

Abstain from the vote: 2

Motion to approve the requirement to use the lowest cost option for multi-source drugs:

A. Fisher, with the addition of a quarterly review of relative prices

Second: P. Langehennig

Agree to approve: 13

Disagree to approve: 0

Abstain from the vote: 1

Dr. Maras then asked for a motion to move the remaining agenda items to the beginning of the next meeting to old business.

Motion to approve: S. Feigenholtz

Second: M. Williamson

Agree to approve: All

Disagree to approve: None

Abstain from the vote: None

The next ADAP MIAB meeting is March 15, 2010 from 1 to 4 p.m.

Dr. Maras then opened the floor for guest comments.

Dr. Maras asked for a motion to adjourn.

Motion to adjourn: O. Torres

Second: B. Moran

Agree to adjourn: All

Disagree to adjourn: None

Abstain from the vote: None

The meeting adjourned at 4:10 p.m.