

STATE OF NEVADA

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**VACANT**  
*Chief Medical Officer*

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**HIV/AIDS MEDICAL ADVISORY COMMITTEE (MAC) MEETING MINUTES**

October 14, 2017

9:00 am

**The Platinum Hotel**

Diamond and Emerald Room  
211 East Flamingo Road  
Las Vegas, Nevada 89169

**COMMITTEE MEMBERS PRESENT:**

Alireza Farabi, MD, UMC Wellness Center  
Dennis K. Fuller, Chairperson, PharmD, Clinical Pharmacy Specialist, HIV/AIDS, AAHIVP, UMC Wellness  
Jerry L. Cade, MD, UMC Wellness Center and Southwest Medical Associates, Inc.  
Paul M. McHugh, MD, UMC Wellness Center  
Shawn Mapleton, MD, Family Medicine, Infectious Disease Specialist  
Trudy A. Larson, MD, UNR School of Medicine  
Ivy Spadone, MS, PA-C, Northern NV HOPES  
Mark Crumby, PharmD, BCPS, Pharmacy Director, Northern NV HOPES  
Todd R. Bleak, PharmD, Clinical Pharmacist, SNHD

**COMMITTEE MEMBERS ABSENT:**

Charles G. Krasner, MD, Vice Chairperson, Northern NV HOPES  
Dino J. Gonzalez, MD, AAHIVM, Community Physician, Southern Region  
Kevin Prince, MD, UMC Wellness Center  
Mary Staples, PharmD, Assistant Director, UMC Pharmacy Services  
Steven W. Parker, MD, Sierra Infectious Disease Specialist; Community Physician Northern/Rural Region  
Steven C. Zell, MD, AAHIVS, University  
Jan Richardson, RN, UNR School of Medicine

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT:**

Tory Johnson, MMgt, Office of HIV/AIDS, Manager  
Michael Thomas Blissett, ADAP and Health Systems Manager

Dr. Fuller called the meeting to order at 9:10 am. This meeting was properly posted in accordance with the Nevada Open Meeting Law (NOML).

1. **Roll Call and Introductions** – *Dr. Dennis Fuller, Chairperson*

A quorum was established.

2. **Public Comment** – *Dr. Dennis Fuller, Chairperson*

Dr. Fuller asked to hold off on public comment until the group could actually get something done, saying he will refer back to get public comments as the meeting goes along.

3. **Overview of the Ryan White Part B Program including AIDS Drug Assistance Program (ADAP)** – *Tory Johnson, MMgt. Program Manager, Office of HIV/AIDS*

Tory stated that he was very excited to now be working for the State of Nevada, and is looking forward to working with everyone on this committee. One of the main things he was excited about in taking the new job as State HIV/AIDS Manager, was his previously acquired experience working under Part A in his last job in St. Louis, MO, and his familiarity with it as he worked under Ryan White for 18 years. When Tory took this job just this last April, he knew that at some point he would need to begin preparing to write an in-depth grant application as part of the job. However, he was happy to learn that at this time under Part B, they are now on a 5-year continuation grant that started FY17, so another grant application will not need to be written until 2020 for 2021. He went on to say the application is now streamlined, no paperwork is involved, it is all electronic and won't include budgets.

Tory went on to give the committee some figures, saying we were given an amount – rounded up it is actually 10.3 million that we're supposed to get each year. In addition he said this year, 2017, is the first year we actually have to do a state match, because of our number of AIDS cases we are reporting from surveillance. That match is a 1.5 ratio so it ended up being 1.7 million which they subtracted from our total award, so our actual Notice of Grant Award (NOGA) is 8.6 million. He said we know we are getting a flat amount for the next 5 years. Fiscally right now things are very good. Tory went on to say that he is also responsible for HOPWA, and recently got a \$35-36,000 increase in HOPWA funding. In addition, under the Part B Grant we also wrote to a supplemental award this year asking for 1.9 million, and we got the full 1.9. The expanding services under supplemental will be mental health, housing, outpatient ambulatory, medical Case management and dental services. As funds increase, Tory will be looking at increasing his staff. We haven't written under our normal grant application for anything under the Minority AIDS Initiative (MAI) for the last 4-5 years, he said, so this year he will be looking at adding some type of continuation or expanding services under the MAI. Tory just submitted paperwork to hire a person to look at Nevada's minority population, to do a community wide assessment and work with the faith-based community, and is hoping that will be rebate funded, but is also hoping that in applying for the additional MIA funding that it will be a full force trainable person and really look at minority needs and gaps and services across the entire state of Nevada. Tory is also looking at adding a housing specialist. Housing across the state especially in northern Nevada is pretty dismal he said. He knows firsthand that rent in Reno is very expensive so he wants the housing person to leverage our funds across all Part B, Rebates, and HOPWA. Even with the \$35,000 increase, that is not a whole lot of money when you are looking at providing sustainable housing for someone. So he will be adding a housing person who will be totally dedicated to housing. He is also looking to add some more program coordinators to really look at the best services we that we can provide to our providers, to our subrecipients and to our clients. The HIV program is growing by leaps and bounds right now, and he is really excited about that. He said they switched over their pharmacy benefit management from OptumRx to Ramsell and that went live September 1<sup>st</sup>. Overall it's been a great transition with very few hiccups. Weekly meetings take place to make sure no clients are harmed, and anything that comes up gets address right away. Thomas Blissett is the state HIV ADAP

Coordinator and is in charge of the Ramsell transition. Tory asked Thomas if he had anything to add.

Thomas said the switch over to Ramsell was made September 1<sup>st</sup>. There were only a few hiccups especially down in Laughlin. No one expected Laughlin to be without a pharmacy there. Consumers have had to travel to Bullhead, AZ to get their medications at the pharmacies there. Fortunately Ramsell has a contract with Arizona, so Nevada is working with Ramsell on that to get paperwork completed, so consumers in Laughlin will be able to get their medications at 4 different pharmacies as of November 1<sup>st</sup>. Rebating is going to be invoiced to Ramsell.

Thomas said they were just rebating for the ARV's, however now we are going to be rebating for all medications received via our formulary. He said that should increase the revenue as far as rebates are concerned which will help stabilize our financial situation in our department as far as putting more medications on the formulary.

Tory added that with the program growing and technology being what it is we want to be more interactive with all parts, Part A, Part C and Part D as well as with the surveillance dept. He said they just had a kickoff meeting with Part A and are going to look at CAREWare which is a data base used to track our services and input a lot of information. We have a Contract with a provider to interface with Part A. We already have universal eligibility where there is no wrong door to access Ryan White services across the state of Nevada, but are also looking at having a universal application on-line. However, that will be further on down the line, as the interfaces must be put in place first. He said we also hope to get an interface with our Surveillance department here as well. Eventually we hope even to have an interface with Medicaid, but that is even further down the road.

Dr. Larson expressed concerns that there is very personal information on the application that she thinks does not need to be known to people who are only trying to decide eligibility objects to clients having to answer when it is an initial thing with people with no clinical background. She asked if the application could be streamlined so it only addresses the area of eligibility.

Tory stated that he has not seen the application and asked Thomas to address this comment from Dr. Larson. Thomas addressed Dr. Larson's question by saying that when they went to the universal application they did streamline it, so that has already been done and now it only asks for information that is needed for determining eligibility like household composition, HIV Status, etc. He went on to say that they also eliminated some of the requirements that ended up being very tedious. Dr. Larson was very pleased to hear that.

Tory went on to discuss the two reports that are due every year with Part B ADAP. He said the Program Terms Report (PTR) is due 90 days after they get their final award; then at the end of the year they always do the Annual Progress Report (APR). They just submitted the PTR Oct 3 (it was due on 15<sup>th</sup>). Part of that, is doing a Quality Management Plan as well as an Implementation Plan. The Implementation plan breaks out all the funded services and it has things about how many services units we plan on serving, those dollar amounts and it also has percentages about what the virulosuppression rate will be and what the goal there is going to be. He said last year, with our Annual Progress report, the goal was 88% and we ended the year with 85.3% of virulosuppression, so the goal this year has been increased to 90%. Dr. Larson commented that it was outstanding, seeing the data across the United States.

Dr. Farabi asked if there was a plan for Infectious Disease and Primary care education. Tory said there is the AIDS Education Training Center (AETC) Unit that's part of Nevada that we are looking at partnering with. He said in his previous job he worked with Part A, and had a very strong working relationship with the Part B providers there. Although he didn't manage the Part B program he understands the interconnectedness

between Part A and Part B and believes there are things that could work better. One of the things they had when he worked in Missouri was a very robust Quality Management Committee that he hopes to replicate for Nevada. As Part of the Program Terms Report, Tory has to submit a quality management plan so he will also have to convene a Quality Management Committee. He is hoping that by learning more about things that happen on the ground level he can impart his high level information and address those needs and questions committee members are bringing up about education. Although he doesn't have a firm plan in place yet, and is still learning everything, Tory wants to take Dr. Farabi's question back to his office and talk to staff and see how that question can be better answered.

Dr. Larson commented that they didn't have good data before the regulations changed, and it was only recent that regulations were changed to allow for reporting of undetectable viralloads and reporting of all CD4 counts. She said the regulations said you report a viralload. But it didn't necessarily say you report less than 20 and it said you reported a CD4 if it was less than 500, so we had all these people, whose data was not being reported because it was not mandated. She said they changed the regulations this last year and now our data for the state, is going to look a whole lot better, and a whole lot more robust. She thinks their figures were so desperately low because they didn't have full data. So she believes this will reflect the fact that so many patients are seen in the big clinics here and in Reno. She said they do a lot better with our patients than the state reporting shows, so she really looks forward to seeing the state care continuum. That will really help us.

Dr. Farabi said he thought the Ryan White were people were doing great and amazing. He told them that if they are serious about this teaching, that we will see a big difference throughout all of Nevada. Tory added the data part is really important and one thing that has happened is that the CDC has mandated that Prevention and Surveillance work together, so they have had to submit a joint application and so that is another step in the process.

Dr. Larson stated that she herself is the AETC Medical Director for the State, and they have programming going on all the time for practitioners to help them stay up-to-date, but our emphasis changes with some of the Federal guidance about where they really want us to spend our time. So we spend a lot of time with COMC clinic, helping them to make sure they are sustainable so they are doing more capacity building and not the same kind of education they used to. We have Autumn Update, that's coming up in November. It's really interesting how the emphasis changes. I believe you're exactly right though, we need to come out at least every 4 years when we have new primary care physicians to talk about testing. If we don't do routine testing, how in the world will we ever find anybody. So that's #1, and then the education that will allow them to treat. But I would argue that we need to test first, and our primary care people should be testing.

Dr. Farabi noted that the same people come over and over to these conferences and asked if there was a way to attract the new people. Dr. Larson said the invitations go out to a broad spectrum of people, not just to the ones who came the year before. Dr. Farabi and Dr. Larson agreed it is very hard to attract the new people.

Tory noted that programmatically, last year, was a Summer Institute and then an All Provider and Subrecipients meeting, and so he has recently asked his staff to look at doing a combined one-shot conference, perhaps over a Friday-Sunday and looking at the logistics of that and looking at maybe adding a medical seminar or something added to address any of your concerns. That may not be until Fall of next year, and we have yet to find a name for it as it will include SAPTA staff and providers as well.

Dr. Fuller took a moment to see if there was any Public Comment, and there was none at this time.

#### 4. Review and Approval of the October 5, 2016 draft minutes – *Dr. Dennis Fuller, Chairperson*

Dr. Fuller asked for questions, concerns or comments about the October 5, 2016 draft minutes. As there were none, Dr. Larson made a motion to approve the draft minutes, and Dr. Cade 2<sup>nd</sup> the motion.

5. Review and Approval of changes in membership – *Dr. Dennis Fuller, Chairperson*

Dr. Fuller directed everyone's attention to #5, a-g on the Agenda.

a. Removal of Vicki Koceja, RN

b. Removal of Dr. Anthony Soto

Dr. Fuller stated that neither of these people hold the positions they had held previously that would make them eligible or interested in membership in this board. Dr. Fuller asked for a motion for removal of both Vicki Koceja and Dr. Soto. It was so moved by Dr. Cade and 2<sup>nd</sup> by Dr. Larson that these members be removed. There were no comments, concerns or discussion. After an aye vote Dr. Fuller declared it unanimous that both Vicki Koceja and Dr. Soto be removed from the membership list.

c. Renewal of Dr. Dino Gonzalez

d. Addition of Dr. Paul McHugh

Dr. Fuller noted a typo error in the spelling of Dr. Gonzalez's name. It has been corrected in these minutes. Dr. Fuller asked for a motion to renew the membership of Dr. Gonzalez. It was so moved by Dr. Cade and 2<sup>nd</sup> by Dr. Farabi that Dr. Gonzalez's membership to the committee be renewed. There were no comments, concerns or discussion. After an aye vote, Dr. Fuller declared it unanimous that Dr. Dino Gonzalez's membership be renewed.

Dr. Fuller then noted that d. Addition of Dr. Paul McHugh was a typo, as Dr. McHugh has been an active member of this board since approximately October 2016.

e. Addition of Dr. Roseanne Sugay

Dr. Sugay is a physician at the Wellness Center. Dr. Fuller said our ByLaws recognize that we need at least 2 physicians from Southern Nevada, and Dr. Sugay will be a 3<sup>rd</sup>.

f. Addition of Janice Richardson, RN

Jan is the Nurse Manager at the Wellness Center, which is another of our by-position names in our Bylaws.

Dr. Fuller brought those names up for discussion, comments or concerns. As there were none, he then asked that someone move and 2<sup>nd</sup> these additions. It was so moved by Dr. Cade, and Dr. Farabi 2<sup>nd</sup>.

After an aye vote, Dr. Fuller declared it unanimous that Dr. Sugay and Jan Richardson would be added as members.

g. Addition of Dr. Todd Bleak

Dr. Fuller briefly opened discussion on Dr. Todd Bleak, Pharmacist at SNHD. He said the health district has recently opened a pharmacy which is now up and running and Dr. Bleak will be able to give us a view of what HIV consumers are doing through our pharmacies, present a community pharmacy with an education level and a focus on HIV. With that in mind, Dr. Fuller thought it appropriate that his name be brought before the board for membership. Dr. Fuller asked for discussion and Dr. Larson asked if this was a general pharmacy for the entire health department. Dr. Bleak replied yes and said it is also open to the public. Dr. Larson asked if it was a 340B and Dr. Bleak said yes it is. Dr.

Fuller moved for a motion. Dr. Larson moved and Dr. Cade 2<sup>nd</sup>. After an aye vote, Dr. Fuller declared the addition of Dr. Bleak to be unanimous.

Dr. Cade asked if Dr. Prince was still a member. Dr. Larson asked if there were other people we need to look at that have been on the committee and have gone elsewhere. Dr. Fuller asked if there were other people we need to look at. He asked that Dr. Prince's name be put on the next agenda for removal

at the next meeting. He went on to say we need to discuss whether to keep or let go of Mary Staples, Assistant Director of UMC Pharmacy Services, unless something has changed there. Dr. Fuller spoke briefly about Dr.s Steven Parker and Steven Zell. Dr. Larson stated that Dr. Parker is no longer all that involved in HIV care, but that Dr. Zell is actively involved in community and is established as doing HIV care. Dr. Fuller suggested writing a letter to both doctors to see about their wish to continue as members. He said since the pharmacy at UMC closed he is not sure about keeping Mary Staples on board. Dr. Fuller asked that we go ahead and put Mary Staples on the next agenda for removal as well. After that Dr. Fuller said a new list will be made and published.

6. Nominations for Vice-Chair – *Dr. Dennis Fuller, Chairperson*

Dr. Fuller stated that with all the turnover in personnel, he finds himself operating without a Vice-Chair. He pointed out to everyone that Dr. Gonzalez has yet to show up for this meeting, however Dr. Fuller would like to go on ahead and take nominations for Vice-Chair for this committee. Discussion ensued, and Mark Crumby volunteered to be Vice-Chair. Having heard no other nominations any other volunteers, Dr. Fuller took an aye vote which was unanimous. Dr. Fuller said starting immediately, that Dr. Crumby would now be our new Vice-Chair.

There was no public comment.

Michael Blissett spoke up saying that only the nomination could take place at this meeting, and the actual voting to appoint Dr. Crumby as Vice-Chair needs to go on the next meetings agenda.

7. Review and Update ADAP Formulary

a. Recommendations to add medications to the Formulary – *Dr. Dennis Fuller, Chairperson*

Dr. Fuller noted that a large number of these medications associated with this are to add to our mental health specialty. The driving force behind this is because we need it, but also because our monetary ends are being met, so it seems appropriate to put some of these medications on the formulary. Dr. Larson spoke up asking that as we are looking at grouping these what are we addressing? There are clearly trans medications and a number of respiratory medications on here. She said she is all in favor of the mental health meds as it is critically important as it is such an important part of all of our practices. But she is not in favor of Cialis (insurance doesn't cover it), plus there is no birth control on there, so she would like to take Cialis off the list. Dr. Fuller noted that at #9 on the agenda, they would be addressing Insulin and Contraceptives. Dr. Fuller asked if we want to address these as groupings of medications for therapeutic additions so we can just discuss ones that we feel the need for. Dr. Fuller then suggested starting with the mental health medications, the antidepressions, the antipsychotics. It makes more sense to deal with them as a therapeutic category. There were concerns about the cost of injectables vs tablets, and a question about having 2 testosterone injections and a question if they need both if the Testosterone Cypionate is used the most. Discussion ensued. Someone noted that there were several trans drugs not on the list that probably should be. Dr. Fuller suggested listing the formulary in 3 ways: Alphabetically, by Disease Area Management, and then listed by tiers, so if we get into a problem we can see what's going away first.

Looking at the Mental Health (MH) meds first, Dr. Fuller listed Abilify, Bupropion, Citalopram, Cymbalta, Effexor, Geodon, Lexapro, Lithium, Paxil, Remeron, Saphris and Zoloft. Dr. Fuller asked for a motion to add these medications to the MH portion of our formulary. A motion was moved by Dr. Cade and 2<sup>nd</sup> by Dr. Larson and an aye vote was unanimous to add these mental health medications to the formulary.

Next they looked at the Respiratory and Antihistamine medications: Advair, Albuterol, Cetirizine, Fexofenadine, Fluticasone, Loratadine, Pro Air, QVAR. The decision was made to keep everything except the Fexofenadine, and then to also look into the Spiriva drugs. The motion was made by Dr. Larson and 2<sup>nd</sup> by Dr. Mapleton and the aye vote was unanimous.

Discussion ensued about the Aldara cream. A motion was made by Dr. Farabi and 2<sup>nd</sup> by Dr. Larson. An aye vote was unanimous to keep the Aldara cream on the formulary. When asked how soon all these changes could be made, Michael said that according to the Bylaws, he has a week to get the recommended changes to the State Medical Officer, so Michael will get them to him first thing next week.

Dr. Fuller noted that there were a number of estrogen/testosterone agents on the list and asked if they wanted to group them all together or wait until we get to contraceptives discussion (#9) on the agenda. Dr. Larson suggested they just keep going down the list. Alendronate was next on the list. The motion was made by Dr. Cade and a second by Dr. Farabi. An aye vote to keep Alendronate on the formulary was unanimous.

Dr. Larson suggested grouping under trans care along with women's health care as well. With that in mind Dr. Fuller went on to list Depo-Estrodiol, Estradiol oral, Estrodiol, Premarin and Testosterone. After discussion there was a motion by Dr. Cade and a 2<sup>nd</sup> by Dr. Larson. An aye vote then made it unanimous to keep these meds on the Formulary. Dr. Mapleton said Micronized Progesterone should be in there as well. Dr. Fuller asked if that was for the care or did it fall under contraceptives. Dr. Fuller thought it should fall under contraceptives. (unknown male voice conceded) Dr. Fuller added that we need a bigger discussion about contraceptives. He then suggested and asked everyone if they would be comfortable not taking action on the Micronized Progesterone at the present time and then put it with our overall discussion on contraceptives. Dr. Mapleton reminded Dr. Fuller about the Spironolactone. A motion to add the above medications was so moved by Dr. McHugh and 2<sup>nd</sup> by Dr. Larson. An aye vote was taken and it was unanimous to pass the motion.

Dr. Fuller then talked with the committee about Lamisil. There was a motion made by Dr. McHugh and 2<sup>nd</sup> by Dr. Larson to approve this medication. An aye vote was unanimous to pass the motion.

Next was Livalo. Discussion ensued regarding if this was the best statin to use and also looked at the high cost. Dr. Larson said we need one go-to Cholesterol medicine and one alternative. Dr. Fuller said we can wait on this until we get more definitive prices on the Atorvastatin so we see what we're paying. There was a motion by Dr. Mapleton and 2<sup>nd</sup> by Dr. Crumby an aye vote made it unanimous to pass the motion to add Livalo on the list as it could be used as an alternative.

Omeprazole was next. Dr. Fuller was sure there was a proton pump inhibitor (PPI) already on the list, but couldn't find one. He suggested researching it out as he was positive there was a PPI on the list. For the next meeting he wants to add on PPI's and H2's. Dr. Fuller asked if there were any other GI meds needed for the list. It was decided to table the Omeprazole for now and look for a better bargain.

Dr. Fuller asked if the Triamcinolone (on the list) was a cream. Dr. Larson noted that the ointment and the cream were already on the formulary. It was decided to strike this as it is already on the formulary.

Last on the list was Oxandrolone. Dr. Larson suggested leaving it off the list as the other doctors say they aren't using it. Dr. Mapleton suggested Warfarin and Lovenox for DVT treatment

be added to the list and several doctors agreed.

There was no public comment when asked. Dr. Fuller then gave members a 10 minute break.

- b. Recommendations to remove medications from the Formulary – *Dr. Dennis Fuller, Chairperson*  
Dr. Larson motioned that these be removed. Discussion ensued. Concern was expressed that there are still a few patients left who are on Trizivir. Dr. Fuller suggested an amendment to Dr. Larson motion, to remove all listed drugs on the handout, with the exception of Trizivir, and using the grandfather clause put a 1 year interval on it. Dr. Larson accepted that amendment. Dr. Farabi 2<sup>nd</sup> the motion. A voice vote made it unanimous.

Dr. Fuller called the meeting back to order.

8. Review and approve Updates to the By Laws (Administrative) – *Dr. Dennis Fuller, Chairperson*  
Dr. Fuller pointed out that there are two sets of Bylaws in everyone's packet. The one with the highlighted changes in it are suggestions from the gentlemen who are running things on language, and things that we basically don't need, either verbage or other things that have changed. This is just generic changes for things that are no longer important and some of the language that needs to be replaced.  
The document with the least amount of red on it are the Bylaws as they stand. The one with all the red on it is the one with verbage changes and the recommended changes Dr. Fuller had made. Dr. Fuller noted that at the last meeting with a quorum we had talked about (in a holistic generic sense) adding Hepatitis C medications to the Ryan White formulary. As you can see, that is not on the agenda, but Dr. Fuller said he wants to go on record that we are working with it. It is both easier and harder than you might expect to get that going because of the cost of medications, and changing our pharmacy plan benefit provider. We will add that to next meeting unless something unbelievable shows up. He said he will keep everyone updated on it, and if we can get to a place where we can actually move forward, we will put it on the agenda, but please know there is a ton of work going on in the background that was going on that would not be a benefit to putting it on for this meeting.  
Thomas said they only made a few changes to the Bylaws. They added in their own verbage because they are no longer with Bureau of Children Family and Community. We changed it to say Committee to MAC so it would be more consistent. And we changed it from ADAP to Ryan White Part B ADAP. That way it encompasses the whole program. We did this throughout the entire document. We saw some areas where things needed to be condensed. Looking at Section 4, we removed that whole thing because then right underneath it under C you start listing everything you just talked about in 1 and 2. Where there were redundencies we condensed it to make it more readable and more understandable. Those were the recommendations that we are making to the committee for your approval. Other than that, we are going to leave everything else up to the committee as far as memberships, quorum, etc. We do want you to address those issues. We know that on our February meeting, the telecommunication meeting, we want to make it easier for business to get done, so we will leave that process up to you and see how you want to shape that discussion. He then asked if anyone had questions.  
Ivy Spadone commented that the Physician Assistant should have an 's on the end of Physician to be technically correct. Thomas will see to that change.  
Dr. Fuller said most of the administrative-type changes are the red lines. The blue lines are other additions (some of which he made). The main ones he wanted to take care of today were the verbage changes in red and underlined.  
Dr. Fuller went on to say page 1 will disappear. Page 2, Dr. Fuller said everything there is verbage except for Section B. Section B is something Dr. Fuller wants everyone to talk about. Section C is just an addition of staff members and ex-officio. Page 3, other than the ex-officio, at the top falls under Part B and is something we need to discuss. Section 5 just a clarification of verbage regarding alternate members. Page 4 I don't want



considered in the first group so Sections 9 & 10 we will review more in detail ourselves. There is no change to Page 11. We need to discuss Section 13, so that wouldn't be considered part of it. The changes in Section 15 are just associated changes that are just verbage. On page 7-F. on the Non-Antiretroviral Medications and the Process for Formulary Recommendation, I recommended some words in there that would allow us to expand the formulary. If you want to do that we can under a 2<sup>nd</sup> motion, but I would prefer to clarify what we are doing under a 1<sup>st</sup> motion. Section F and Section G we need to discuss. Section H on page 8 is just changing the committee to MAC, and also on page 9 is changing to MAC. Dr. Fuller said if we can get the verbage out of the way then we can really discuss the things that are important. Dr. Fuller asked for a motion to accept verbage changes except as where outlined. Dr. Larson made the motion, and 2<sup>nd</sup> by Ivy Spadone 2<sup>nd</sup> the motion. Dr. Fuller said since we are making changes to the Bylaws we will do this by aye vote. The aye vote was unanimous.

Dr. Fuller then asked members to focus in on Section 4, subset B. Voting members shall consist of the following: 2 physicians from UMC Medical Wellness Center, 2 physicians from Northern NV HOPES, a minimum of 1 physician from a southern community and 1 from a northern rural community. That hasn't changed. In C, 4 & 5 we had originally put in Nurse or Physician's Assistant, then realized that Nurse Practitioner should be in there, as well as 6 and some changes needed in 7. We no longer have the focused pharmacies that we did so he thought it appropriate, and this is where I added some verbage into 7, that there are some HIV recognized pharmacy specialists. Asking for comments or concerns, Ivy said she didn't know historically how it came about, but would it be simpler if we made it just as HIV providers or however you want to word it, I don't know. Dr. Larson said that was a really good thought, because I think a nursing perspective is actually different than the HIV prescribers providers perspective, so I value that nursing perspective because they deal with different problems than we do. So I would think that any 2 HIV providers from either one of the clinics and the same from southern and northern communities would be very beneficial and then under 4 and 5 just make it 1 nurse. Dr. Fuller asked if it needed to be broken down any more than "prescribers"? If you have the ability to prescribe, does that cover everyone? Practitioners, PA's and Physicians, yes Dr. Larson said. Dr. Fuller said lets just make the verbage Physicians, Physician's Assistants, and Nurse Practitioners, rather that just "prescribers" and then leave pharmacies in another category and accept what comes with that. Ivy said she understands that this committee serves as an advisory committee for the medication piece, but has there ever been any discussion about bringing in other disciplines to the committee? She said when she looks at the HIV care team at HOPES, they have Pharmacists, Behavioral Health Therapists, Psychiatrists, RN's and MA's. Dr. Fuller said the problem with any committee is, the more people you put on there that have voting capability, the harder it is to make quorum and the harder it is to conduct a meeting with any kind of purpose. Philosophically, since this has been in his arena, Dr. Fuller said he has fought adding other areas feeling that our people working with our HIV headsup are our best voting people for the medication involved. He said he also thinks committee members are in a position where they hear more directly from associates from other disciplines. We are focusing on where we want our voting and our quorum to come from, and we need to focus on that from a patient level. Tory Johnson asked what happens if there is not the exact number of voting members from each facility, would there still be a quorum. Dr. Larson commented that she thought it might be a better idea to say "may consist of" or to say "Members shall consist of the following..." and take out the word "Voting" which makes it a lot broader. Dr. Larson and Dr. Fuller discussed at length how this would affect quorum and how to get enough members from locations necessary to this meeting. Dr. Larson suggested using the verbage "any 2 HIV providers" which means PA's, Nurse Practitioners or Physicians because they are the only ones who can prescribe. Dr. Larson went on to say that would make it 2 HIV community providers, 1 Nurse and a minimum of 2 Pharmacists. Dr. Larson so moved to accept the changes to Section 4, subsets A & B. Ivy 2<sup>nd</sup> the motion. An aye vote was unanimous.

Moving on, Dr. Fuller said that on Section 5, he wanted to change the verbage there to "within 24 hours of the meeting".

Then Dr. Fuller in Section 9, about meeting time and dates for the MAC. Dr. Larson said that should never be in the Bylaws. Dr. Fuller said that would keep us from meeting on Saturdays if need be. Dr. Larson liked the part that said to “meet twice a year and at the request of the Division or at the urging of the chairperson”. She went on to suggest it say “and have a special meeting”. Thomas was concerned with violating the open meeting law if they didn’t have a separate meeting to change the verbage as it would need to be defined. Dr. Fuller said instead of trying to change the verbage, just to take Section 12, about special meetings, out of the Bylaws altogether. Dr. Fuller noted that if we strike Section 12, the issues with Section 9 go away as well. Dr. Larson made the motion to delete Section 12. Dr. Crumby 2<sup>nd</sup> With no further discussion and aye vote was taken and the motion unanimously passed.

Moving into Section 10 and discussion how to define what would be considered voting members and what would be considered a quorum. He said please recognize that we are now down to 10 members. Dr. Larson said quorum would be 50% (5) plus 1, so that would make 6. Thomas said and with 12 voting members, the quorum would be 7, and went on to say the committee can decide quorum however they want as long as it gets into the Bylaws. Dr. Larson made a motion to accept these changes and Dr McHugh 2<sup>nd</sup>. An aye vote made it unanimous.

Moving on to Section 15, Dr. Larson asked if it was important to have this section, as typically you don’t have Policies and Procedures in the Bylaws. Discussion ensued, and Dr. Fuller suggested it might be a good idea then to change Section 15 into an MOU. Dr. Larson suggested changing the language and then put it into an MOU. Members, along with Thomas Blissett discussed what all from Section 15 should go into the MOU. Dr. Larson moved to remove Section 15 from the Bylaws, and incorporation of this material into a new MOU. A 2<sup>nd</sup> was made by Dr. Bleak. An aye vote made it unanimous.

Dr. Fuller opened for Public Comment. There was no public comment.

9. Insulin and Contraceptives – *Dr. Dennis Fuller, Chairperson*

Dr. Fuller stated he would like to discuss the potential of adding Insulins, which Insulins and risks and benefits of adding those to the Formulary, and then asked for generic and specific discussion. He said as a group, do we feel that Insulins are a product with our aging population, and if we have the money available should we move into Insulin products? He said we do have some of the oral medications, so the question is should we be moving forward? Dr. Mapelton: Yes, I believe Insulin medications are critically important these days and considered standard especially the long-acting ones. Dr. Fuller said that if we are going to consider adding Insulins as a product and take that on, does that necessitate the addition of meters. Dr. Larson stated it is standard of care. Dr Fuller said it is standard of care, but is it something that falls in the prerogative of ADAP. The question has 2 parts and I really think that if we open up a discussion and add Insulins to our formulary then the 2<sup>nd</sup> question is irrelevant and we would pretty much have to add monitoring equipment onto the formulary also. Dr. Larson asked the question do we believe that Diabetes is related to HIV. She said as we add to the formulary we need to have some relevance to our primary disease which is HIV. Is it more prevalent among HIV folks that it is among those that don’t have HIV. Several doctors said yes it is. Dr. Fuller said that HIV appears to age the body rapidly, so Diabetes shows up sooner. Dr. Fuller noted that if we add the Insulins, we will have to monitor it with lancets and monitoring machines, and everything that goes along with that. Dr. Fuller said it seems to be the consensus of the group is that yes this is impacting our HIV patients and that HIV accelerates the potential possibility of getting Diabetes, so that is the basis for our decision. Dr. Fuller said we should move forward then with the members looking at the Insulins and the strips and pricing mainly of the machines. Dr. Fuller said this should be an action item for the next meeting.

Dr. Fuller then opened the discussion around contraceptives and adding them to the formulary. Several doctors spoke up and said yes there is a definite need for them. However, Dr. Larson noted it is even more

problematic with federal policy suggesting you don't have to cover contraceptives. So we may have some issues with women falling through the cracks who don't have access, and our HIV affected women do a poor job with their contraception anyway. However Dr. Larson would like to be able to look for ways to assist. Dr. Fuller suggested we look into it. Ivy Spadone asked if they were just looking at oral contraceptives plus IUDs or just the oral contraceptives. Dr. Larson pointed out that with contraceptives you have to look at drug interactions. Dr. Mapleton said COMC does IUD insertions. Dr. Larson believes the IUD to be a good option for women. She said there is clear evidence that there is no increased risk at all with IUD's. Ivy stated that HOPES will be doing those soon. Dr. Larson would like to see them available inexpensively or on the formulary so our women have no barriers and can't use that as an excuse. Dr. Fuller recognized that there were many questions about this and next meeting we should have at least a place to start. Dr. Larson said until federal policies are decided one way or another, that contraceptive decisions and discussions will be dicey.

10. Public Comment – *Dr. Dennis Fuller, Chairperson*

There was public comment from Tory Johnson. There were 3 things he forgot to include when he was doing his update. Open enrollment starts Nov 1 and runs through Dec 15. Also there used to be a large budget for open enrollment but it has now been cut by millions. Tory said they are working very hard to see it go off without a hitch. In addition he said the Supplement Award timeline is from Oct 1-Sep 29<sup>th</sup>. He said under dental, they are looking at paying premiums as well as copays. Ivy Spadone added that regarding Open Enrollment the website is closed on Sundays for maintenance. She added that HOPES has qualified open enrollers on-site to assist patients with enrolling.

Jennifer, Statewide Director of Access to Healthcare. The dental program is currently a pilot program they are doing just in the north right now. We do refer to Community Health Alliance (CHA), but currently there is a waitlist and can not get anyone in until March of next year. So we have contracted with Gentle Dental and they are taking the exact rates that CHA is taking so we can get more clients served in a timely manner without having to use all the funding up on one client. In addition to those negotiated rates with Gentle Dental and we are looking to expand our provider network to go above and beyond Gentle Dental at the current rates that we currently have. We are hoping that the supplemental grant will be able to accommodate the waitlist that we currently have in the north. We have a Part A dental program for the south, and have expanded Gentle Dental to the south for that. There is very limited funding for the south, and we have a very long waiting list, so we won't be adding anyone else to that we want to that as we want to get through the people who have been waiting. As far as Affordable Healthcare Act enrollment we have insurance specialists in our Reno location as well as in our Las Vegas location. They will be working with Thomas Blissett to get the approved plans from the state and enrolling people. We already have 200 of our clients who are scheduled to enroll, so they will be on those plans for the state, and all their medications are on those plans. She said they are also looking at providers as well.

11. Adjournment

Dr. Fuller adjourned the meeting.