

Texas HIV Medication Advisory Committee

May 18, 2012

Good News – No changes to eligibility and no wait-lists. At this time, there is NO budgetary shortfall anticipated. This is due to more accurate utilization data, rebate revenues, RW Part-A contributions, and other non-medication related cost savings measures.

SFY 2011 RW Part-A Contributions - \$962,358

Austin \$ 59,174

Dallas \$705,809

San Antonio \$197,375

During SFY Q1 & Q2 THMP served 13,504 ADAP clients and 1,635 SPAP clients

There will be an estimated 1 to 2 million dollar savings due to changes in the Medicaid Managed Care program. Previously, there was a 3 drug limit and the ADAP program covered the additional drugs. The new Medicaid Managed Care program does not have such limitations. This is a relatively low number of clients and the associated expenditures are likewise low and sporadic in nature.

ADAP Client Demographics

Hispanic 39.17%

Black 34.45%

White 23.12%

Other 03.26%

("Other" as self-reported by clients)

Total SFY Q1 & Q2 Drug Expenditures - \$46,639,824

Hispanics represent a disproportionate portion of clients and utilization. This is generally due to a lack of other medical resources and clients seeking treatment later in disease progression.

New treatment guidelines per DHHS:

- ART is recommended for all HIV-infected individuals. The strength of this recommendation varies on the basis of pretreatment CD4 cell count:
 - CD4 count <350 cells/mm³ (**AI**)
 - CD4 count 350 to 500 cells/mm³ (**AII**)
 - CD4 count >500 cells/mm³ (**BIII**)
- Regardless of CD4 count, initiation of ART is strongly recommended for individuals with the following conditions:
 - Pregnancy (**AI**)
 - History of an AIDS-defining illness (**AI**)
 - HIV-associated nephropathy (HIVAN) (**AII**)
 - HIV/hepatitis B virus (HBV) co-infection (**AII**)

Rating of Recommendations: A = Strong; B = Moderate; C = Optional

Rating of Evidence: I = data from randomized controlled trials; II = data from well-designed nonrandomized trials or observational cohort studies with long-term clinical outcomes; III = expert opinion

Next meeting will be September 14, 2012