

**Florida
AIDS Drug Assistance
Program**

**QUARTERLY
SUMMARY**

3rd Quarter

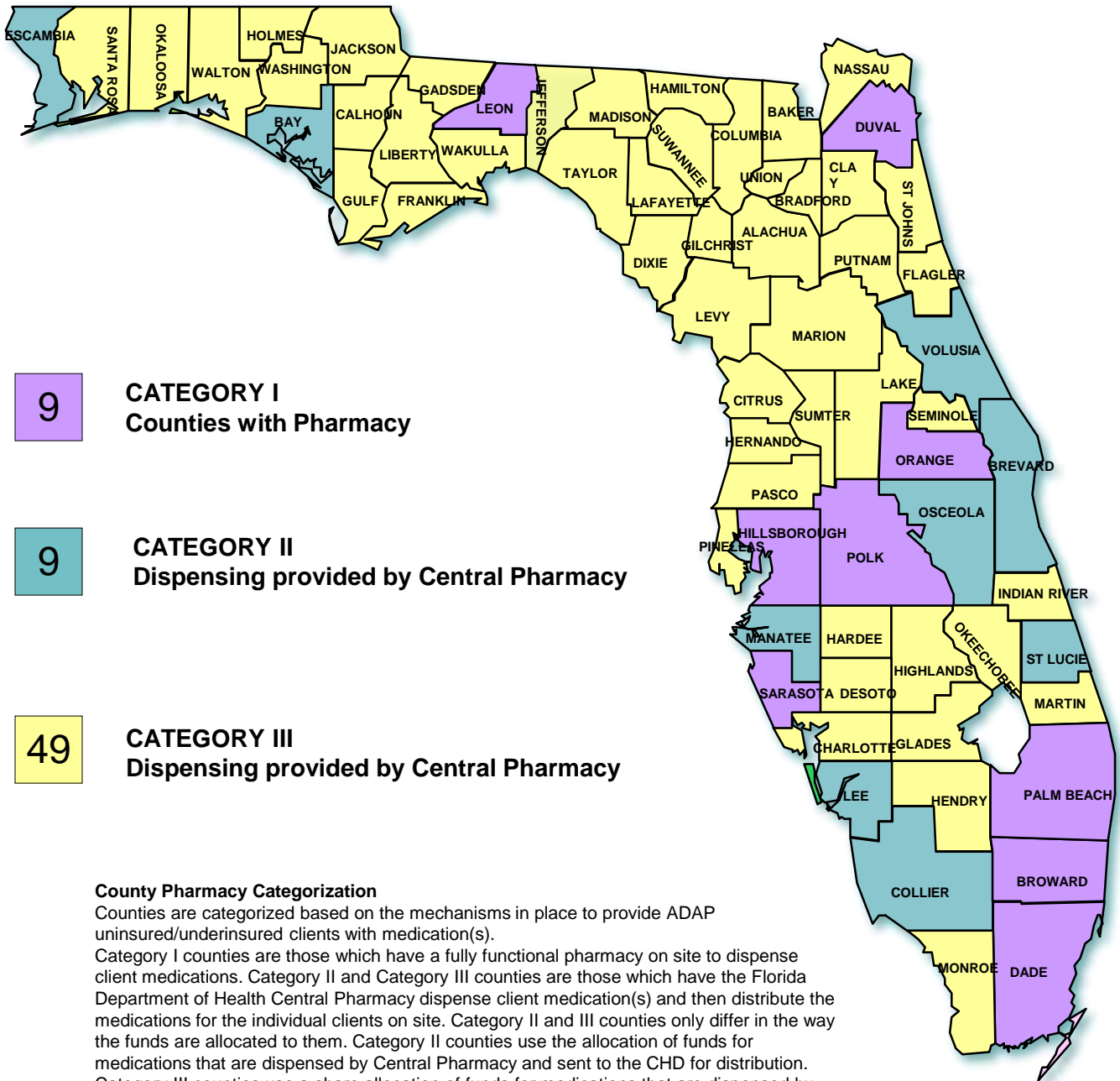
OCTOBER-DECEMBER 2016

2016/2017 Ryan White Grant Year

Improving Health. . . Promoting Wellness



COUNTY HEALTH DEPARTMENTS BY PHARMACY CATEGORY



9

CATEGORY I
Counties with Pharmacy

9

CATEGORY II
Dispensing provided by Central Pharmacy

49

CATEGORY III
Dispensing provided by Central Pharmacy

County Pharmacy Categorization

Counties are categorized based on the mechanisms in place to provide ADAP uninsured/underinsured clients with medication(s).

Category I counties are those which have a fully functional pharmacy on site to dispense client medications. Category II and Category III counties are those which have the Florida Department of Health Central Pharmacy dispense client medication(s) and then distribute the medications for the individual clients on site. Category II and III counties only differ in the way the funds are allocated to them. Category II counties use the allocation of funds for medications that are dispensed by Central Pharmacy and sent to the CHD for distribution. Category III counties use a share allocation of funds for medications that are dispensed by Central Pharmacy and sent to the CHD for distribution.

NUMBER OF CLIENTS ENROLLED*



| | |
|----------|------|
| ALACHUA | 200 |
| BAKER | 4 |
| BAY | 81 |
| BRADFORD | 3 |
| BREVARD | 254 |
| BROWARD | 4056 |
| CITRUS | 48 |
| CLAY | 43 |
| COLLIER | 197 |
| COLUMBIA | 20 |
| DESOTO | 75 |
| DIXIE | 3 |
| DUVAL | 829 |
| ESCAMBIA | 191 |
| FLAGLER | 21 |
| GADSDEN | 8 |
| GULF | 1 |
| HAMILTON | 3 |
| HENDRY | 25 |
| HERNANDO | 40 |

| | |
|--------------|------|
| HIGHLANDS | 38 |
| HILLSBOROUGH | 1200 |
| HOLMES | 2 |
| INDIAN RIVER | 30 |
| JACKSON | 15 |
| JEFFERSON | 1 |
| LAKE | 76 |
| LEE | 260 |
| LEON | 195 |
| LEVY | 13 |
| MADISON | 4 |
| MANATEE | 214 |
| MARION | 152 |
| MARTIN | 63 |
| MIAMI-DADE | 4715 |
| MONROE | 129 |
| NASSAU | 12 |
| OKALOOSA | 82 |
| OKEECHOBEE | 16 |
| ORANGE | 1246 |

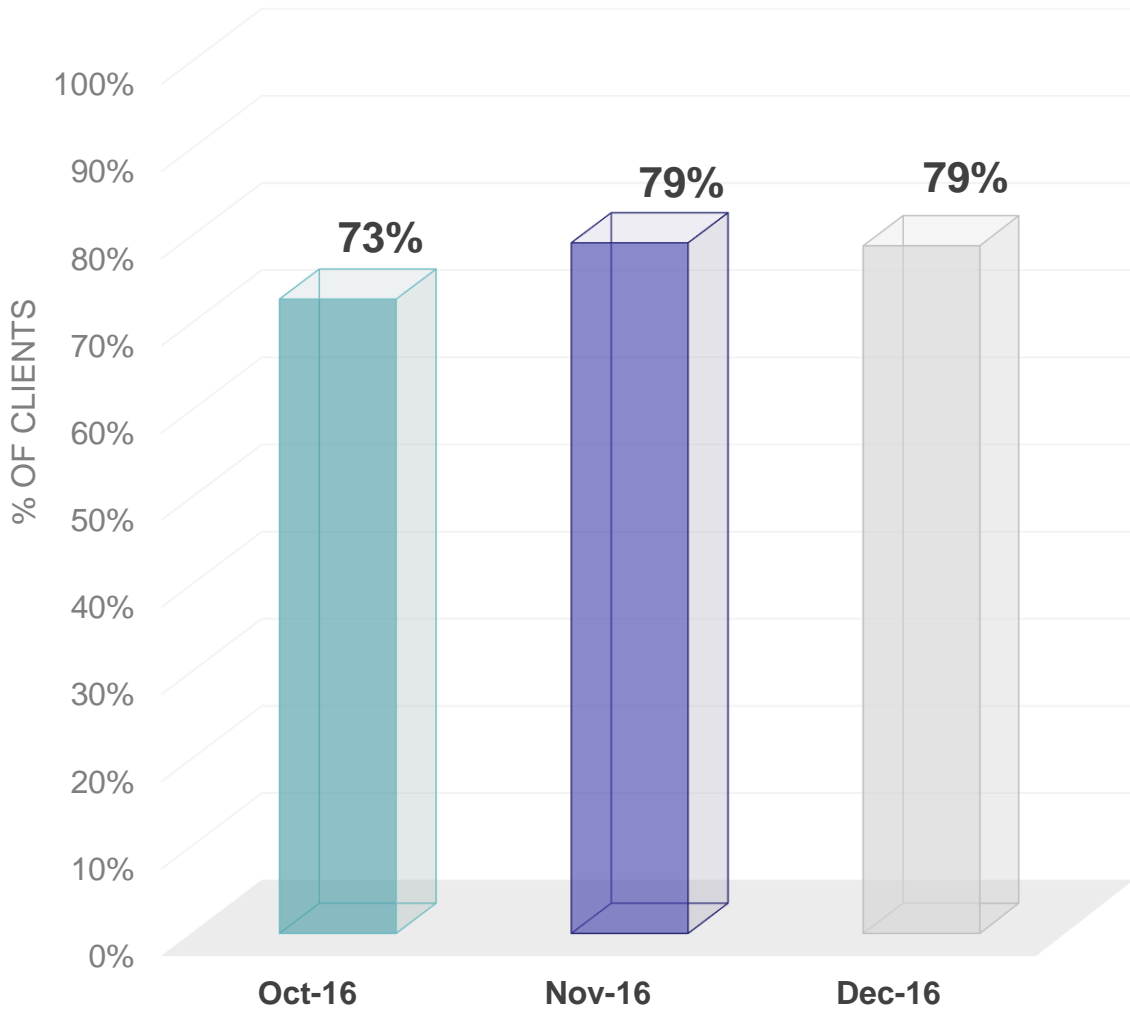
| | |
|------------|-------|
| OSCEOLA | 232 |
| PALM BEACH | 1278 |
| PASCO | 105 |
| PINELLAS | 668 |
| POLK | 403 |
| PUTNAM | 34 |
| SANTA ROSA | 12 |
| SARASOTA | 169 |
| SEMINOLE | 239 |
| ST. JOHNS | 64 |
| ST. LUCIE | 127 |
| SUMTER | 27 |
| SUWANNEE | 9 |
| TAYLOR | 4 |
| UNION | 2 |
| VOLUSIA | 128 |
| WAKULLA | 7 |
| STATE | 18073 |



* Enrolled means any client certified as eligible to receive medications through FL ADAP at any time during the reporting period, regardless of whether they used ADAP services.

STATEWIDE PICK-UP PERCENTAGE

3rd Quarter (Oct-Dec 2016)

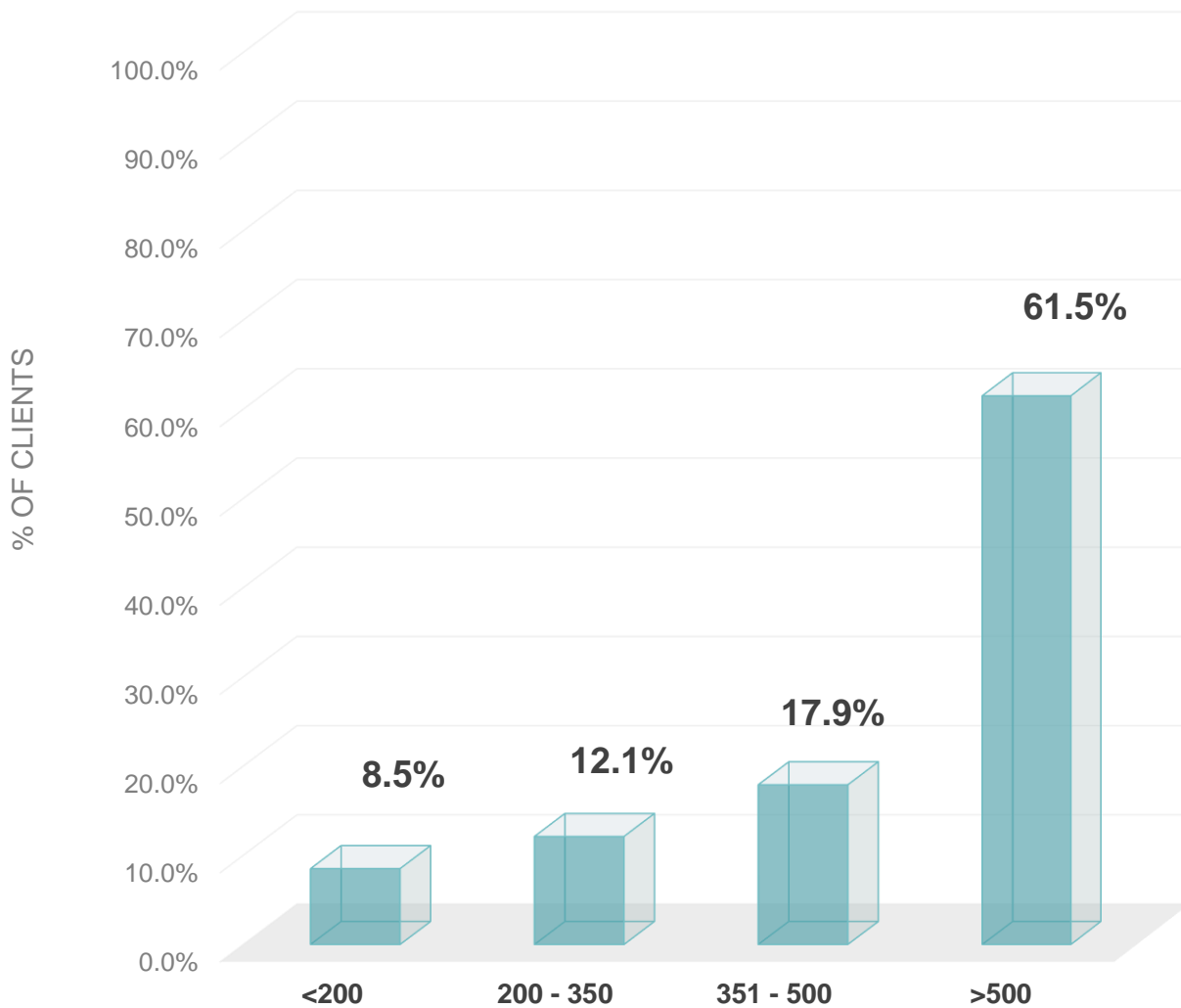


Pick-up Information is based on a monthly calculation

CLIENT CD4 COUNT

3rd Quarter (Oct-Dec 2016)

Total Clients Enrolled: 18,068



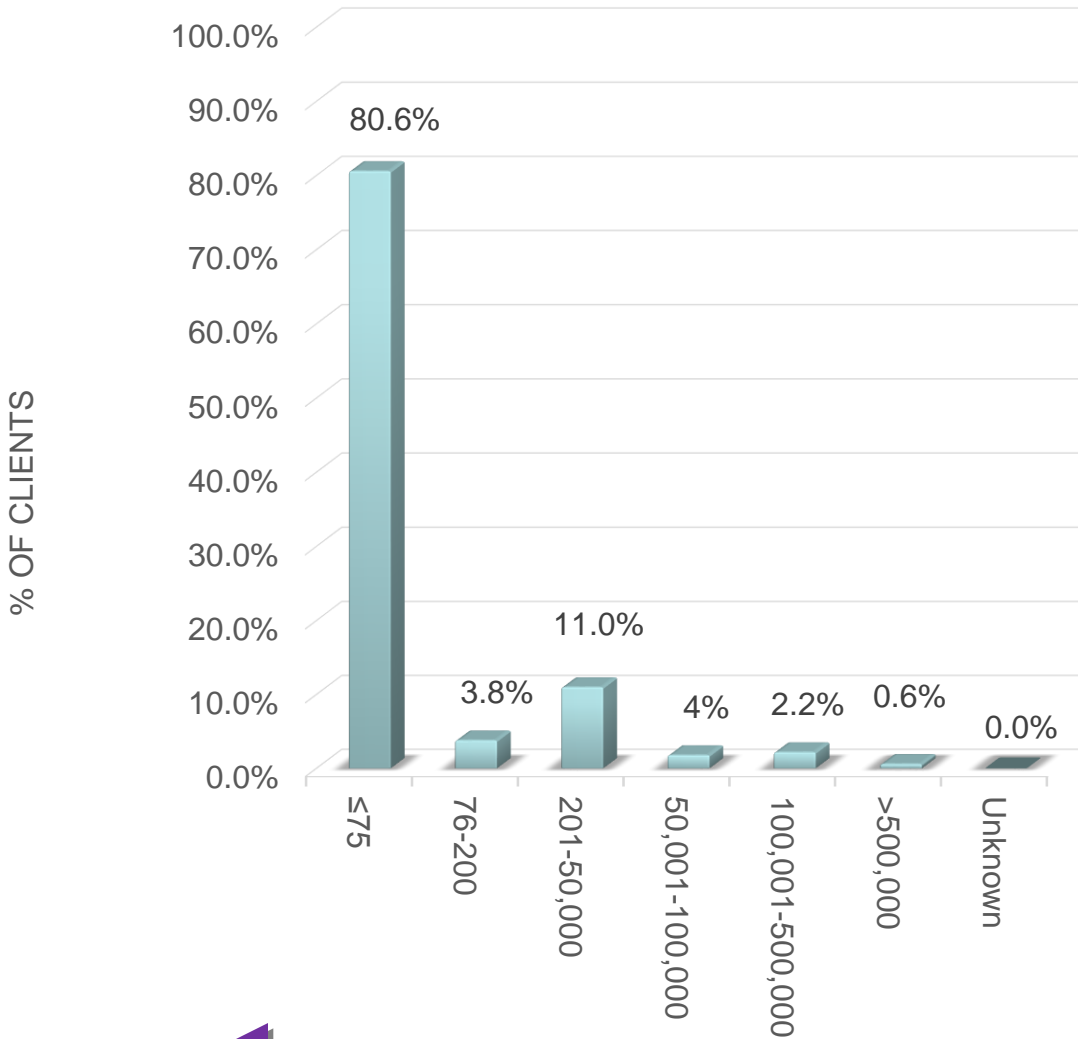
Improved Client Health



The percentage represents the clients most recent laboratory tests obtained during enrollment and/or recertification

CLIENT VIRAL LOAD PROFILE

3rd Quarter (Oct-Dec 2016)
Total Clients Enrolled: 18,073



Improved Client Health

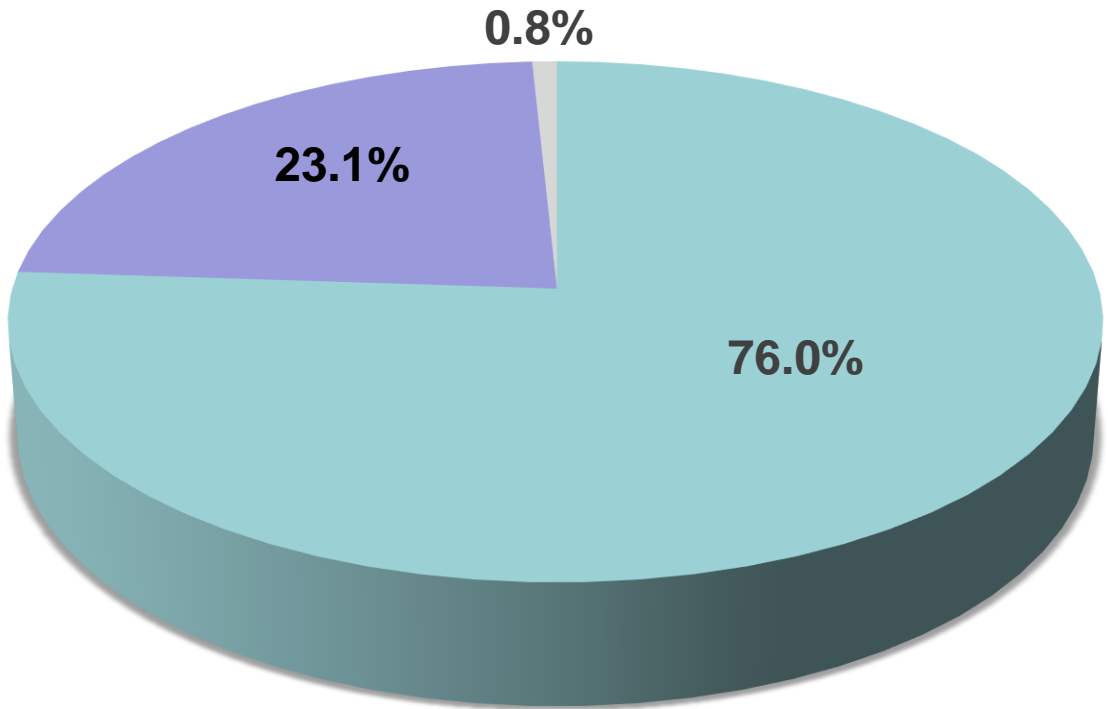


The percentage represents the clients most recent laboratory tests obtained during enrollment and/or recertification

GENDER

3rd Quarter (Oct- Dec 2016)

Total Clients Enrolled: 18,073

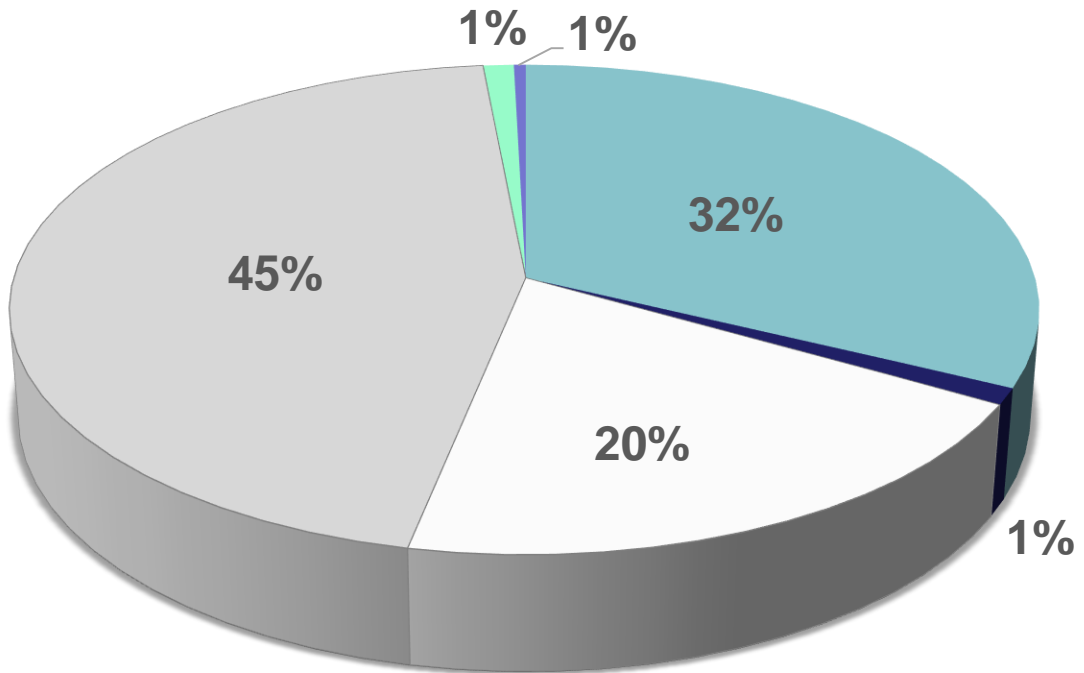


■ MALE ■ FEMALE ■ TRANSGENDER

RACE/ETHNICITY

3rd Quarter (Oct- Dec 2016)

Total Clients Enrolled: 18,073

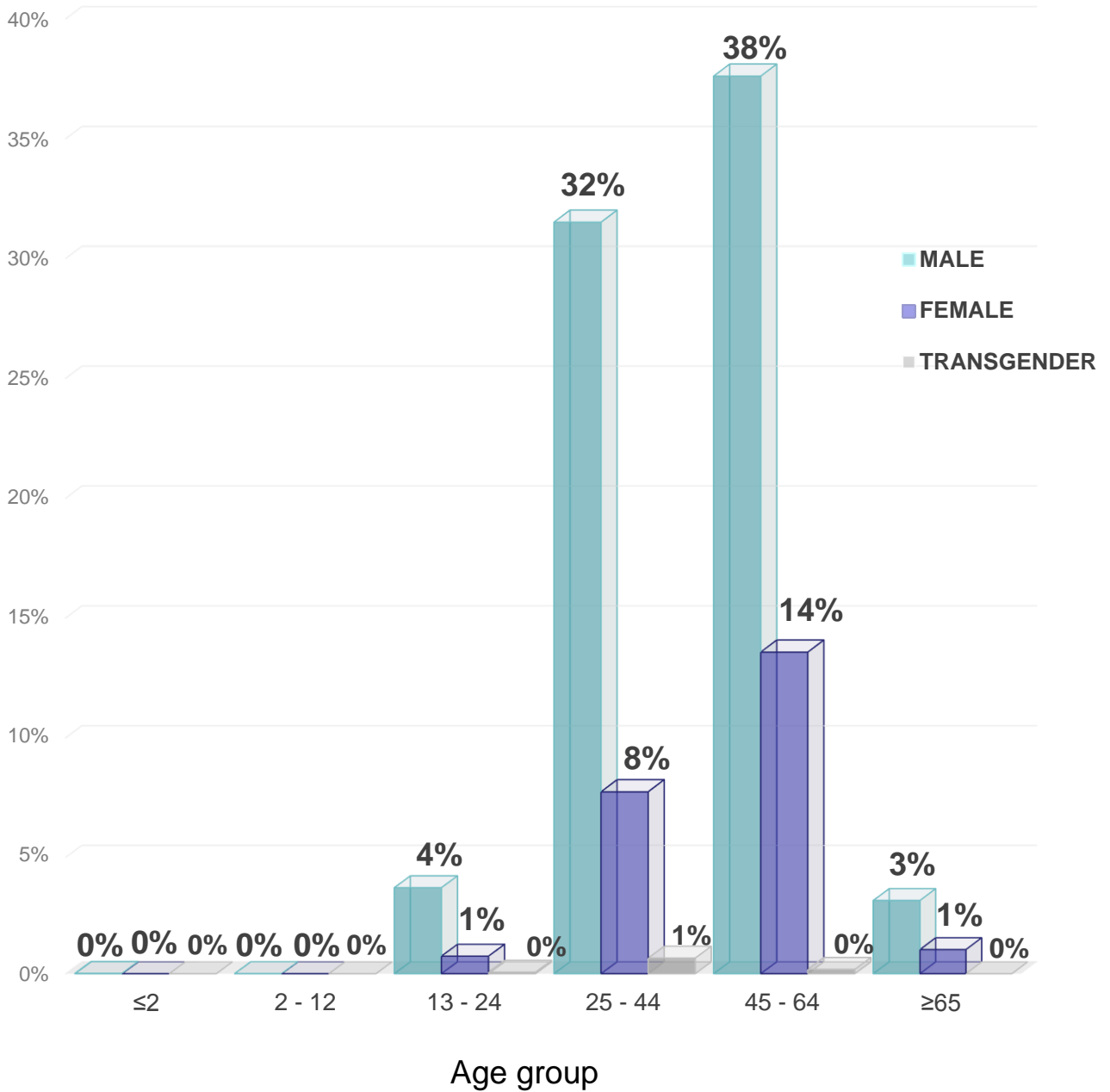


- Non-Hispanic Blacks
- Hispanic Blacks
- Non-Hispanic Whites
- Hispanic Whites
- Asian
- Other

GENDER BY AGE

3rd Quarter (Oct- Dec 2016)

Total Clients Enrolled: 18,073



ADAP FORMULARY BY CLASS



ANTIRETROVIRALS (ARV's)

Multi-class Combination Products

1. **ATRIPLA**[®] (efavirenz / emtricitabine / tenofovir disoproxil fumarate or EFV+FTC+TDF)
2. **COMPLERA**[®] (emtricitabine / rilpivirine / tenofovir disoproxil fumarate or FTC+RPV+TDF)
3. **GENVOYA**[®] (elvitegravir / cobicistat / emtricitabine / tenofovir alafenamide or EVG+COBI+FTC+TAF) ■
4. **ODEFSEY**[®] (emtricitabine / rilpivirine / tenofovir alafenamide) ■
5. **STRIBILD**[®] (elvitegravir / cobicistat / emtricitabine / tenofovir disoproxil fumarate or EVG+COBI+FTC+TDF)
6. **TRIUMEQ**[®] (dolutegravir / abacavir / lamivudine or DTG+ABC+3TC)

Nucleoside Reverse Transcriptase Inhibitors (NRTIs)

1. **COMBIVIR**[®] (lamivudine / zidovudine or 3TC+ZDV)
2. **DESCOBY**[®] (tenofovir alafenamide / emtricitabine) ■
3. **EMTRIVA**[®] (emtricitabine or FTC)
4. **EPIVIR** (lamivudine or 3TC)
5. **EPZICOM**[®] (abacavir sulfate / lamivudine or ABC+3TC)
6. **RETROVIR**[®] (zidovudine, AZT or ZDV)
7. **TRIZIVIR**[®] (abacavir / lamivudine / zidovudine or ABC+3TC+ZDV)
8. **TRUVADA**[®] (emtricitabine / tenofovir disoproxil fumarate or FTC+TDF)
9. **VIDEX**[®] (didanosine or ddl)
10. **VIREAD**[®] (tenofovir disoproxil fumarate or TDF)
11. **ZERIT**[®] (stavudine or d4T)
12. **ZIAGEN**[®] (abacavir or ABC)

Nonnucleoside Reverse Transcriptase Inhibitors (NNRTIs)

1. **EDURANT**[®] (rilpivirine or RPV)
2. **INTELENCE**[®] (etravirine or ETR)
3. **RESCRIPTOR**[®] (delavirdine mesylate or DLV)
4. **SUSTIVA**[®] (efavirenz or EFV)
5. **VIRAMUNE**[®] (nevirapine or NVP)

Protease Inhibitors (PIs)

1. **APTIVUS**[®] (tipranavir or TPV)
2. **CRIVAN**[®] (indinavir sulfate or IDV)
3. **EVOTAZ**[®] (atazanavir sulfate / cobicistat or ATV+COBI)
4. **INVIRASE**[®] (saquinavir mesylate or SQV)
5. **KALETRA**[®] (lopinavir / ritonavir or LPV+RTV)
6. **LEXIVA**[®] (fosamprenavir or FPV)
7. **PREZCOBIX**[®] (darunavir / cobicistat or DRV+COBI)
8. **PREZISTA**[®] (darunavir or DRV)
9. **REYATAZ**[®] (atazanavir sulfate or ATV)
10. **VIRACEPT**[®] (nelfinavir mesylate or NFV)

Fusion Inhibitors

1. **FUZEON**[®] (enfuvirtide, T-20 or ENF) ■

Entry Inhibitors - CCR5 co-receptor antagonist

1. **SELZENTRY**[®] (maraviroc or MVC)

HIV Integrase Strand Transfer Inhibitors

1. **ISENTRESS**[®] (raltegravir or RAL)
2. **TIVICAY**[®] (dolutegravir or DTG)
3. **VITEKTA**[®] (elvitegravir) ■

OPPORTUNISTIC INFECTION (OI)

1. **BACTRIM™ DS** (sulfamethoxazole and trimethoprim / TMP/SMZ DS) (Double Strength)
2. **BIAXIN**[®] **Filmstab**[®] (clarithromycin)
3. **DAPSONE** (Diamino-diphenyl Sulfone / dds)
4. **DARAPRIM**[®] (pyrimethamine)
5. **DIFLUCAN**[®] (fluconazole)
6. **LEUCOVORIN**[®] (calcium folinate)
7. **MEPRON**[®] (atovaquone)
8. **MYAMBUTOL**[®] (ethambutol hydrochloride)
9. **MYCELEX**[®] **Troche** (clotrimazole)
10. **MYCOBUTIN**[®] (rifabutin)
11. **NIZORAL**[®] (ketoconazole)
12. **SPORANOX**[®] (itraconazole)
13. **SULFADIAZINE**
14. **TERAZOL**[®] (terconazole)
15. **VALCYTE**[®] (valganciclovir hydrochloride)
16. **VALTREX**[®] (valacyclovir hydrochloride)
17. **ZITHROMAX**[®] (azithromycin)
18. **ZOVIRAX**[®] (acyclovir)

■ HEPATITIS C (HCV)*

1. **HARVONI**[®] (ledipasvir/sofosbuvir)
2. **RIBA-PAK 800** (ribavirin, USP)
3. **RIBAVIRIN**
4. **VIEKIRA PAK**[®] (paritaprevir /ritonavir /ombitasvir; dasabuvir)

Pharmacokinetic Enhancers (PKEs)

1. **NORVIR**[®] (ritonavir or RTV)
2. **TYBOST**[®] (cobicistat or COBI)

■ Prior authorization only

■ Added to Formulary
June 1, 2016

■ Added to Formulary December 21, 2015

■ Added to Formulary January 5, 2016

ADAP FORMULARY



ANTIRETROVIRALS (ARV's)

1. **APTIVUS**® (tipranavir or TPV)
2. **ATRIPLA**® (tenofovir / emtricitabine / efavirenz or EFV+FTC+TDF)
3. **COMBIVIR** (zidovudine/lamivudine / ZDV+3TC)
4. **COMPLERA**® (rilpivirine / tenofovir / emtricitabine or FTC+RPV+TDF)
5. **CRIXIVAN**® (indinavir or IDV)
- 6. **DESCOVY**® (tenofovir alafenamide / emtricitabine)
7. **EDURANT**® (rilpivirine or RPV)
8. **EMTRIVA**® (emtricitabine or FTC)
9. **EPIVIR**® (lamivudine or 3TC)
10. **EPZICOM**® (abacavir /lamivudine or ABC+3TC)
11. **EVOTAZ**® (atazanavir sulfate / cobicistat or ATV+COBI)
- 12. **FUZEON**® (enfuvirtide / T-20 or ENF)
- 13. **GENVOYA**® (elvitegravir / cobicistat / emtricitabine / tenofovir alafenamide / EVG+COBI+FTC+TAF)
14. **INTELENCE**® (etravirine or ETR)
15. **INVIRASE**® (saquinavir or SQV)
16. **ISENTRESS**® (raltegravir or RAL)
17. **KALETRA**® (lopinavir/ritonavir or LPV+RTV)
18. **LEXIVA**® (fosamprenavir or FPV)
19. **NORVIR**® (ritonavir or RTV)
- 20. **ODEFSEY**® (emtricitabine / rilpivirine / tenofovir alafenamide)
21. **PREZISTA**® (darunavir or DRV)
22. **PREZCOBIX**® (darunavir / cobicistat)
23. **RESCRIPTOR** (delavirdine or DLV)
24. **RETROVIR**® (zidovudine / AZT or ZDV)
25. **REYATAZ**® (atazanavir or ATV)
26. **SELZENTRY**® (maraviroc or MVC)
27. **STRIBILD**® (elvitegravir / cobicistat / emtricitabine / tenofovir disoproxil fumarate or EVG+COBI+FTC+TDF)
28. **SUSTIVA**® (efavirenz or EFV)
29. **TIVICAY**® (dolutegravir or DTG)
30. **TRIUMEQ**® (dolutegravir / abacavir / lamivudine or DTG+ABC+3TC)
31. **TRIZIVIR**® (abacavir/lamivudine/ zidovudine or ABC+3TC+ZDV)
32. **TRUVADA**® (tenofovir / emtricitabine or TDF+FTC)
33. **TYBOST**® (cobicistat or COBI)
34. **VIDEX**® (didanosine or ddl)
35. **VIRACEPT**® (nelfinavir or NFV)
36. **VIRAMUNE**® (nevirapine or NVP)
37. **VIREAD**® (tenofovir disoproxil fumarate or TDF)
- 38. **VITEKTA**® (elvitegravir)
39. **ZERIT**® (stavudine or d4T)
40. **ZIAGEN**® (abacavir or ABC)

OPPORTUNISTIC INFECTION (OI)

1. **BACTRIM™ DS** (sulfamethoxazole and trimethoprim / TMP/SMZ DS) (Double Strength)
2. **BIAXIN**® Filmtab® (clarithromycin)
3. **DAPSONE** (Diamino-diphenyl Sulfone / dds)
4. **DARAPRIM**® (pyrimethamine)
5. **DIFLUCAN**® (fluconazole)
6. **LEUCOVORIN**® (calcium folinate)
7. **MEPRON**® (atovaquone)
8. **MYAMBUTOL**® (ethambutol hydrochloride)
9. **MYCELEX**® Troche (clotrimazole)
10. **MYCOBUTIN**® (rifabutin)
11. **NIZORAL**® (ketoconazole)
12. **SPORANOX**® (itraconazole)
13. **SULFADIAZINE**
14. **TERAZOL**® (terconazole)
15. **VALCYTE**® (valganciclovir hydrochloride)
16. **VALTREX**® (valacyclovir hydrochloride)
17. **ZITHROMAX**® (azithromycin)
18. **ZOVIRAX**® (acyclovir)

■ HEPATITIS C (HCV)*

1. **HARVONI**® (ledipasvir /sofosbuvir)
2. **RIBA-PAK 800** (ribavirin / USP)
4. **RIBAVIRIN**
5. **VIEKIRA PAK**® (paritaprevir /ritonavir /ombitasvir; dasabuvir)

■ Prior authorization only ■ Added to Formulary December 21, 2015 ■ Added to Formulary January 5, 2016

■ Added to Formulary June 1, 2016

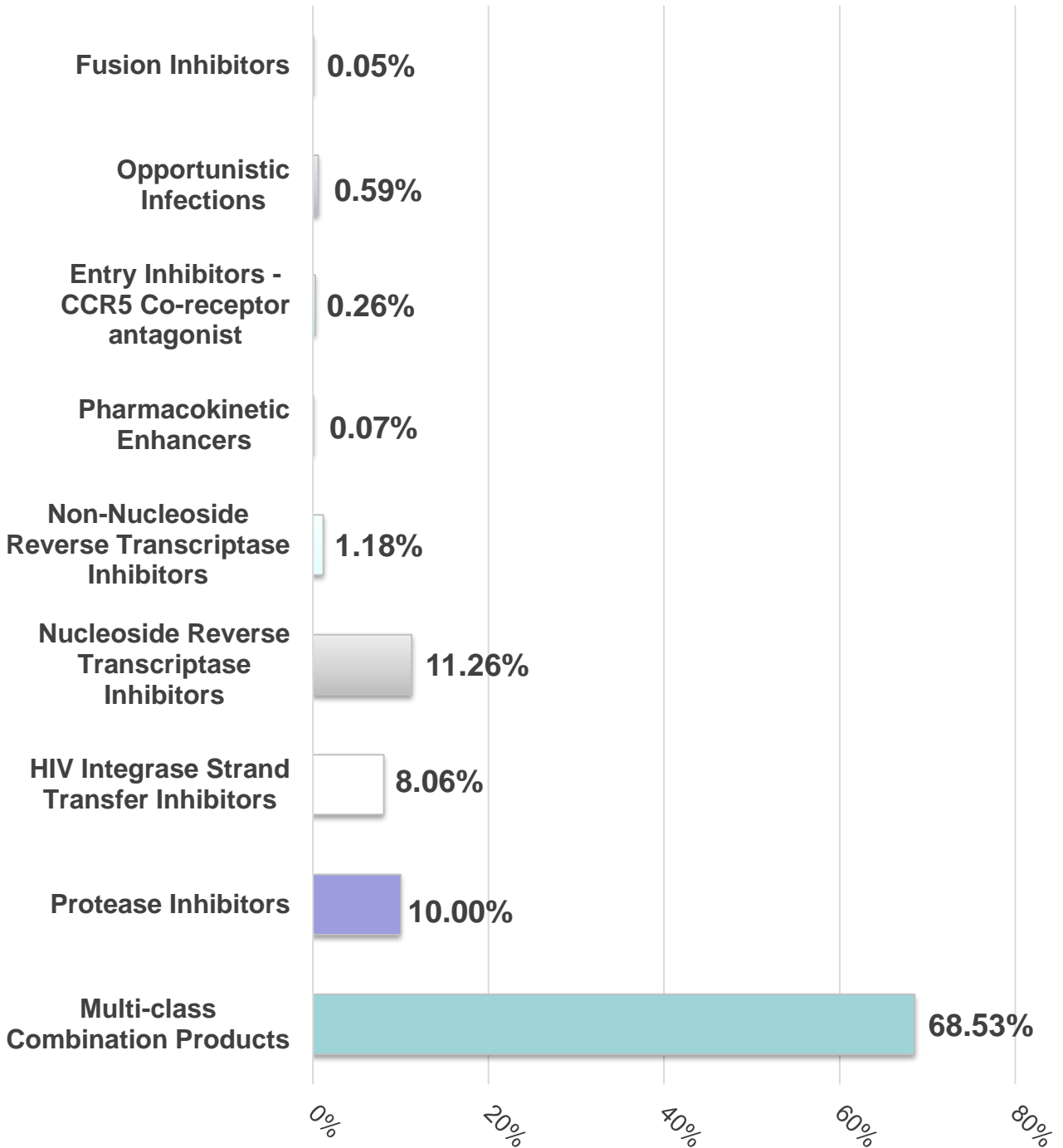
* HEPATITIS C drugs are available only in the Florida statewide pilot program and require prior authorization)

Revised May17, 2016

DRUGS EXPENDITURE BY CLASS

***TOTAL: \$21,928,528.58**

3rd Quarter (Oct- Dec 2016)

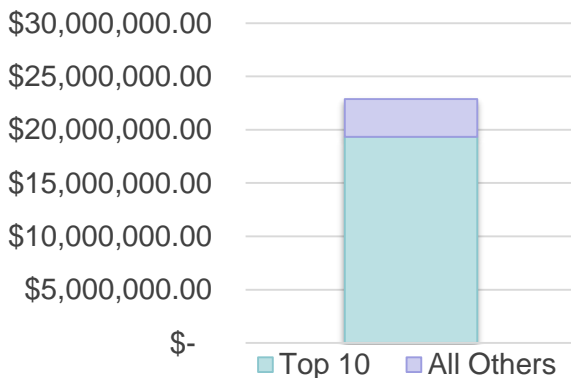
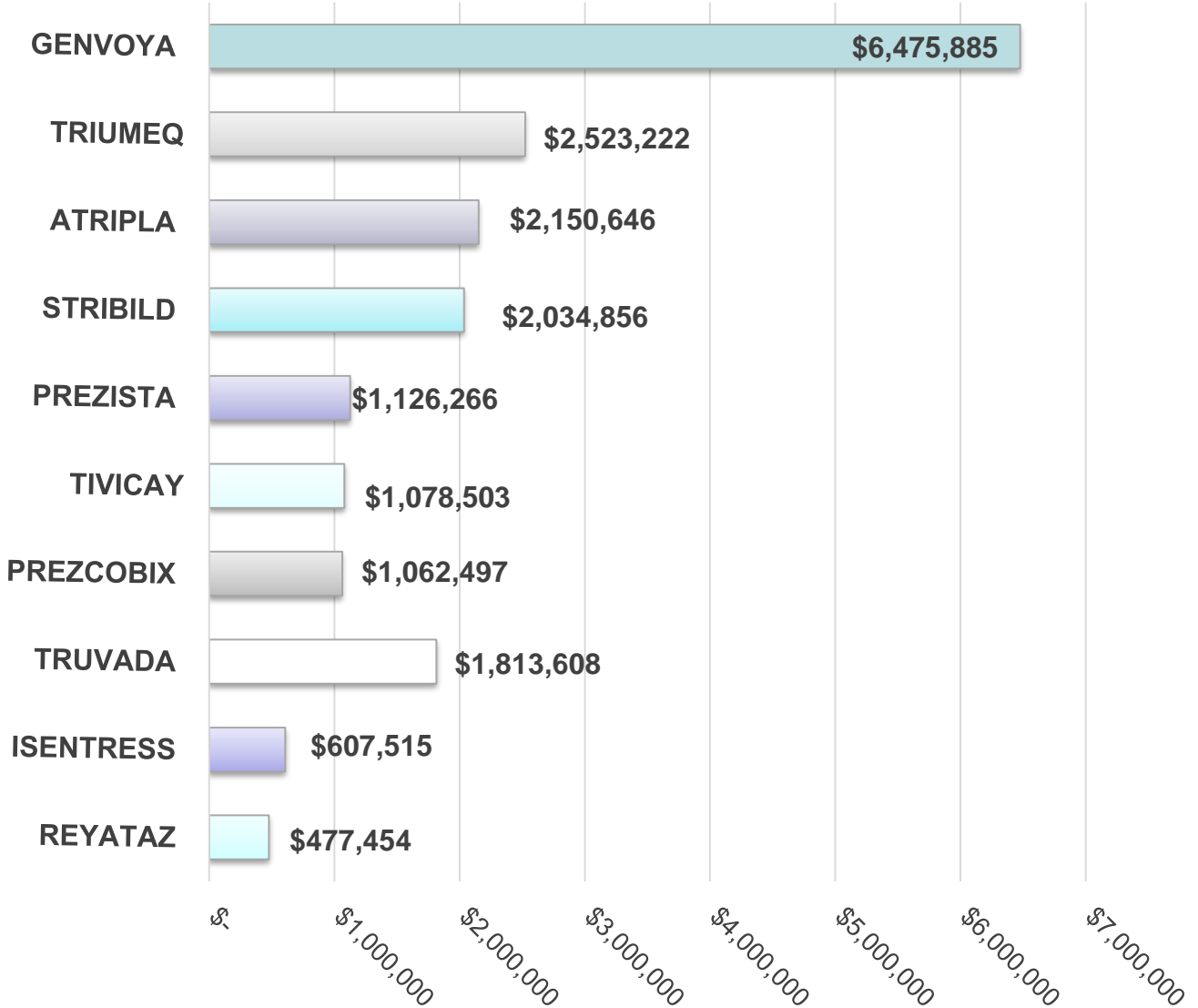


*This total represents purchases, not utilization for Uninsured clients

** Fusion Inhibitors made up less than 0.1% of drug expenditures.

TOP 10 DRUGS

3rd Quarter (Oct- Dec 2016)



*This total represents purchases, not utilization for Uninsured clients.