

**Florida
AIDS Drug Assistance
Program**

**QUARTERLY
SUMMARY**

1st Quarter

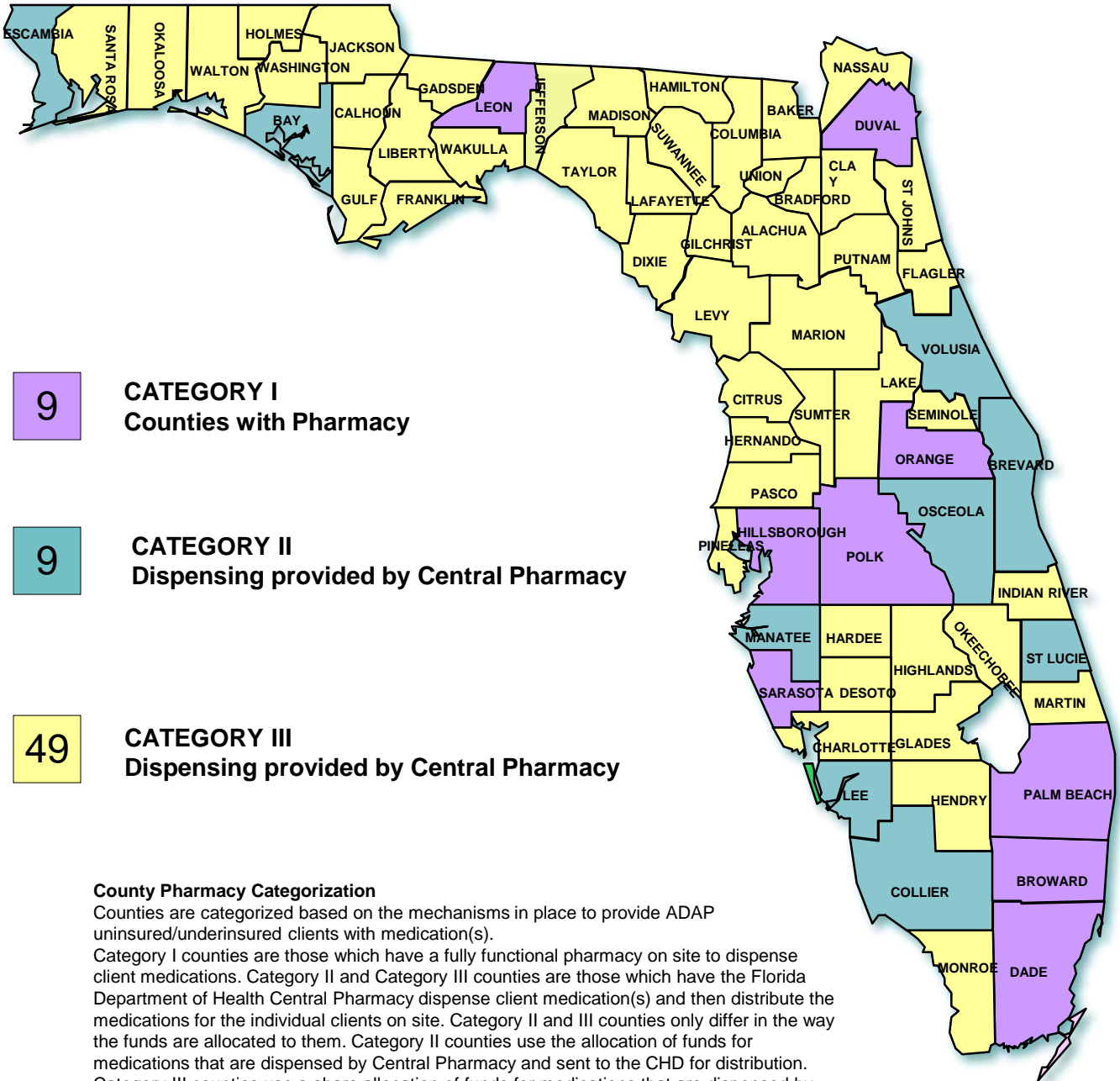
APRIL-JUNE 2016

2016/2017 Ryan White Grant Year

Improving Health. . . Promoting Wellness



COUNTY HEALTH DEPARTMENTS BY PHARMACY CATEGORY



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	201
BAKER	4
BAY	86
BRADFORD	3
BREVARD	253
BROWARD	3922
CITRUS	46
CLAY	40
COLLIER	189
COLUMBIA	23
DADE	4659
DESOTO	78
DIXIE	4
DUVAL	860
ESCAMBIA	192
FLAGLER	22
GADSDEN	6
GULF	2
HAMILTON	3

HENDRY	22
HERNANDO	37
HIGHLANDS	45
HILLSBOROUGH	1122
HOLMES	2
INDIAN RIVER	32
JACKSON	22
LAKE	86
LEE	223
LEON	195
LEVY	11
MADISON	4
MANATEE	225
MARION	144
MARTIN	63
MONROE	124
NASSAU	8
OKALOOSA	66
OKEECHOBEE	14

ORANGE	1179
OSCEOLA	208
PALM BEACH	1273
PASCO	95
PINELLAS	632
POLK	388
PUTNAM	37
SANTA ROSA	12
SARASOTA	1580
SEMINOLE	220
ST. JOHNS	62
ST. LUCIE	121
SUMTER	23
SUWANNEE	7
TAYLOR	4
UNION	3
VOLUSIA	140
WAKULLA	5
STATE	17605

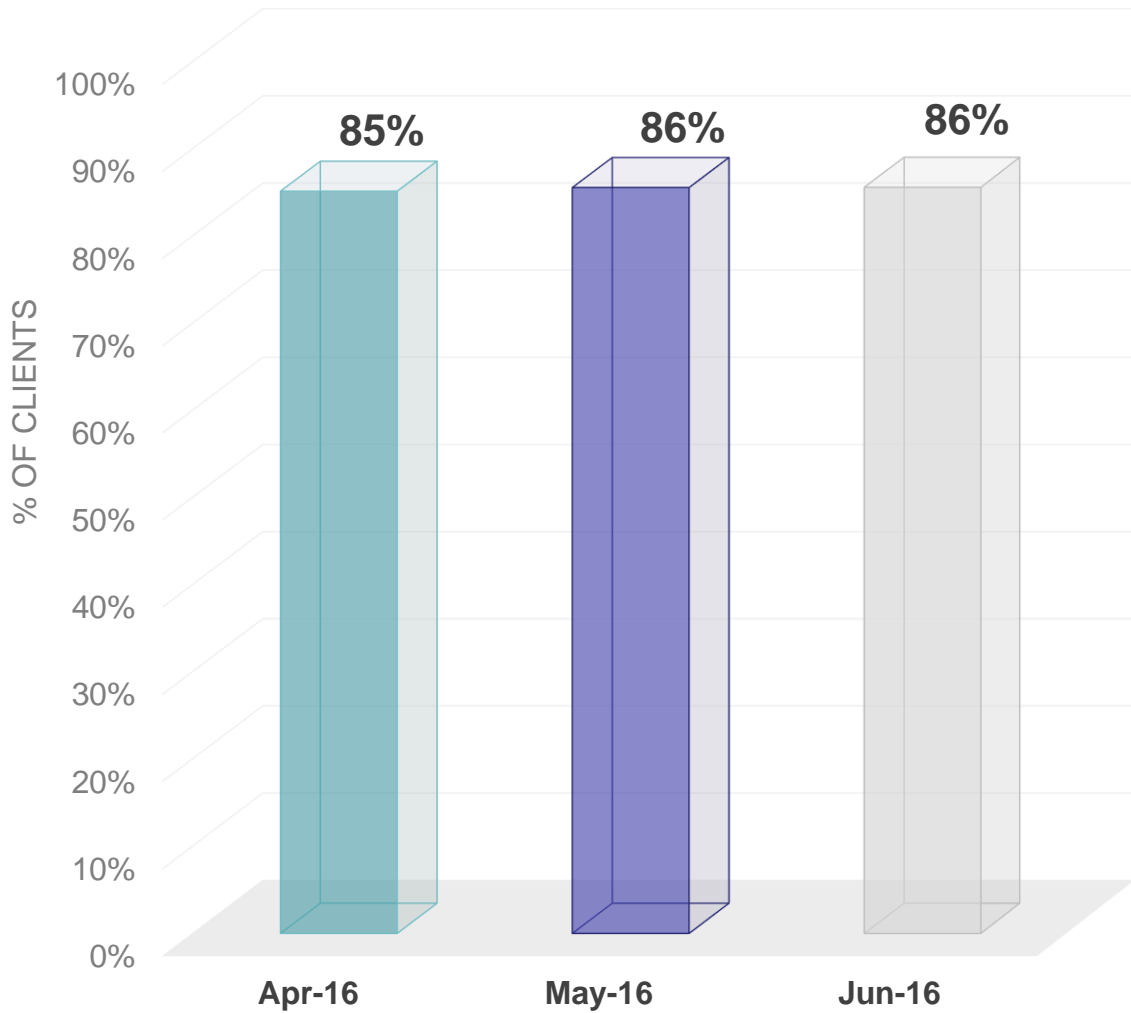


* Enrolled means any client certified as eligible to receive medications through FL ADAP at any time during the reporting period, regardless of whether they used ADAP services.

STATEWIDE PICK-UP PERCENTAGE



1st Quarter (Apr-Jun 2016)

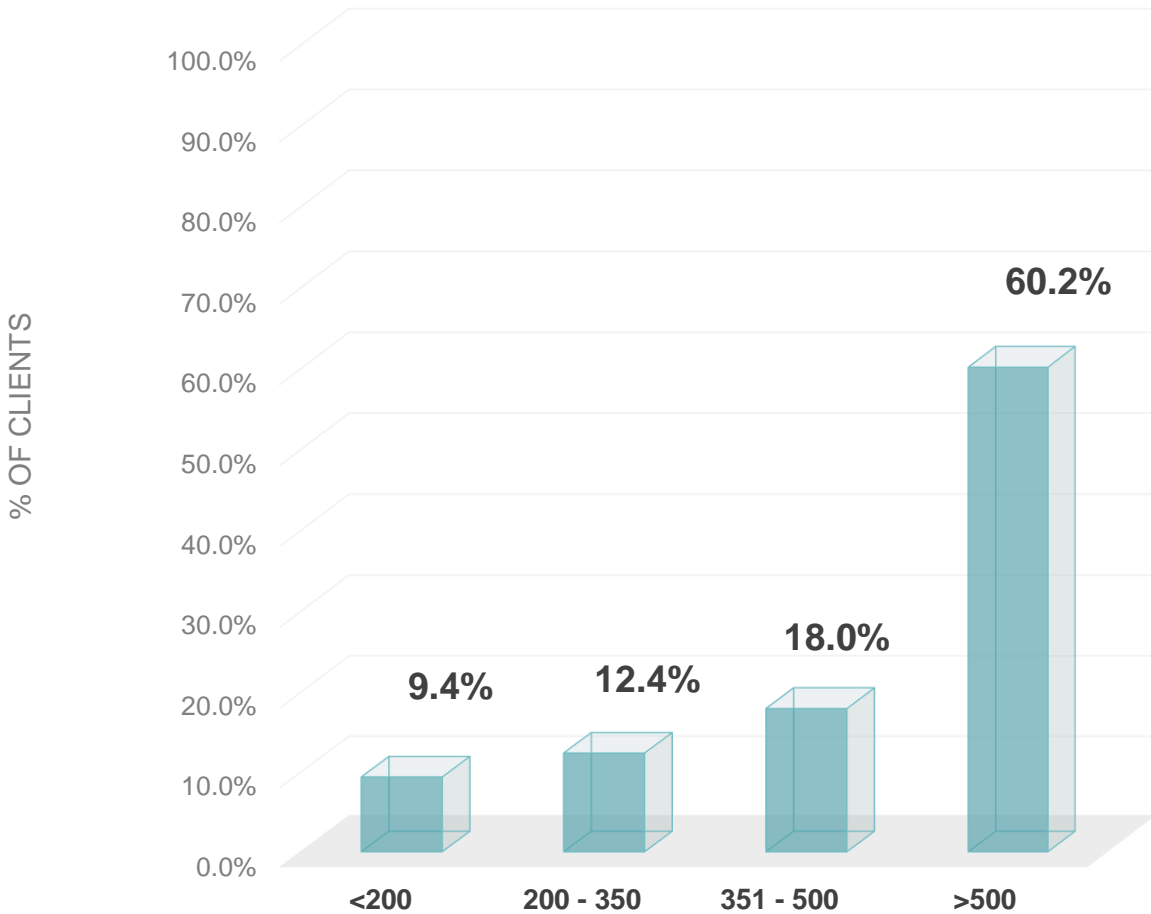


Pick-up Information is based on a monthly calculation

CLIENT CD4 COUNT

1st Quarter (Apr-Jun 2016)

Total Clients Enrolled: 17,605



Improved Client Health

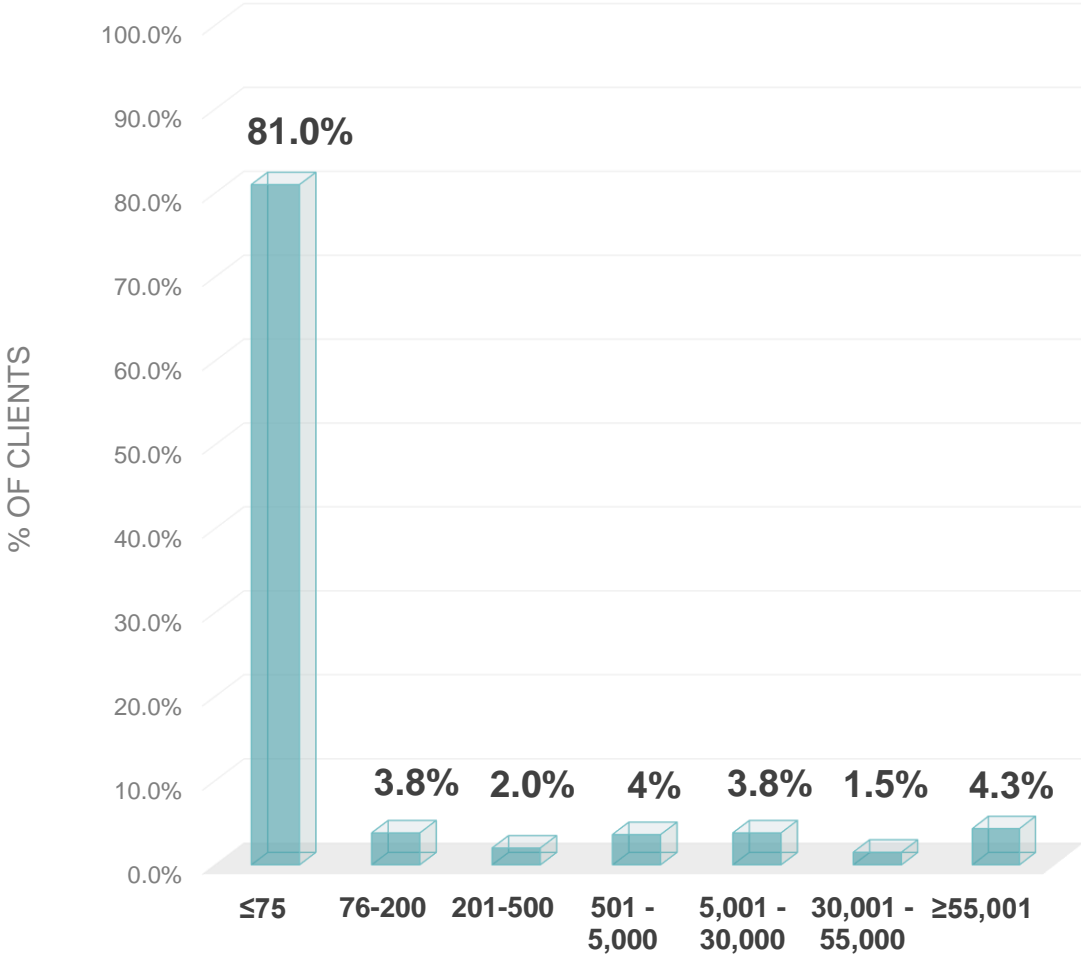


The percentage represents the clients most recent laboratory tests obtained during enrollment and/or recertification

CLIENT VIRAL LOAD PROFILE

1st Quarter (Apr-Jun 2016)

Total Clients Enrolled: 17,605



Improved Client Health

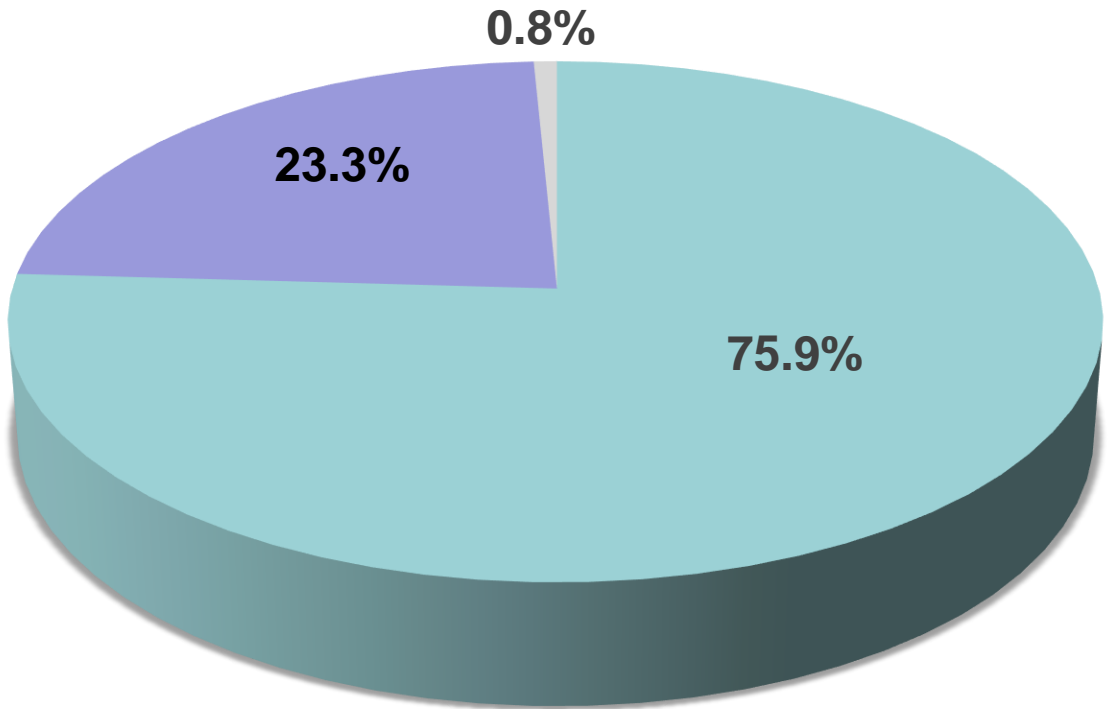


The percentage represents the clients most recent laboratory tests obtained during enrollment and/or recertification

GENDER

1st Quarter (Apr-Jun 2016)

Total Clients Enrolled: 17,605

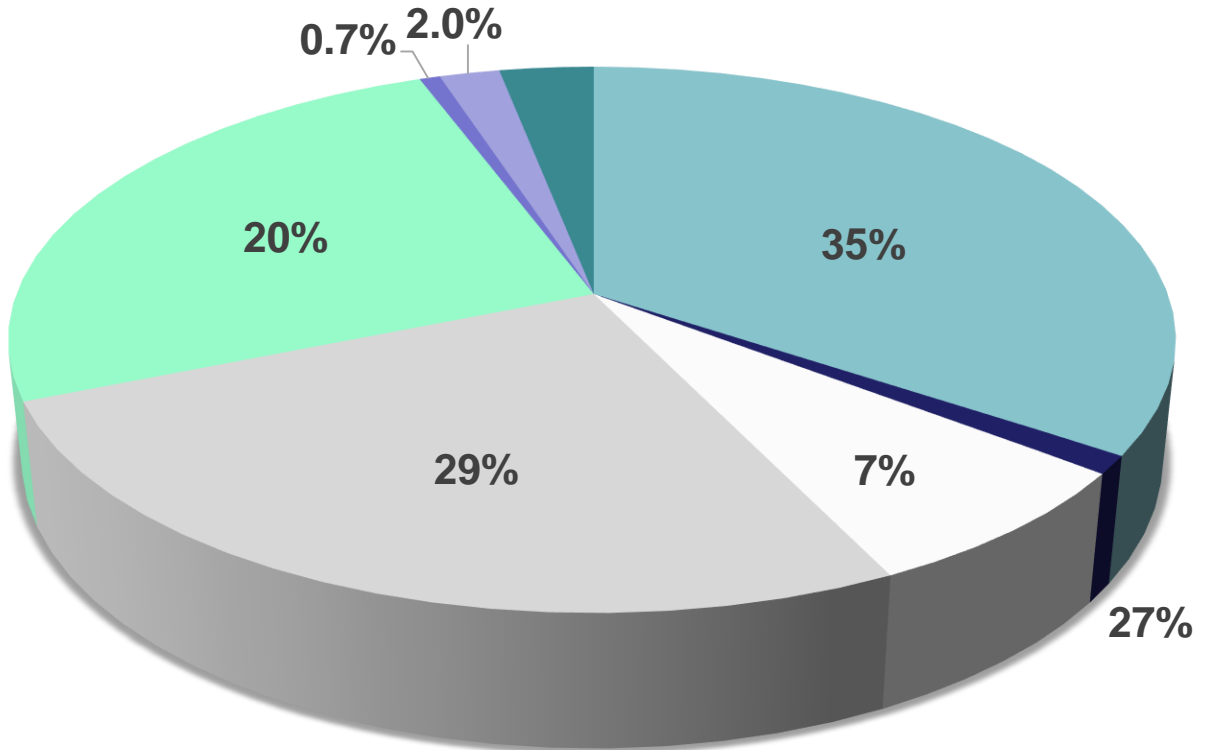


■ MALE ■ FEMALE ■ TRANSGENDER

RACE/ETHNICITY

1st Quarter (Apr-Jun 2016)

Total Clients Enrolled: 17,605



- Non-Hispanic Blacks
- Haitian Blacks
- Hispanic Whites
- Multi-Racial
- Hispanic Blacks
- Non-Hispanic Whites
- Asian
- Other

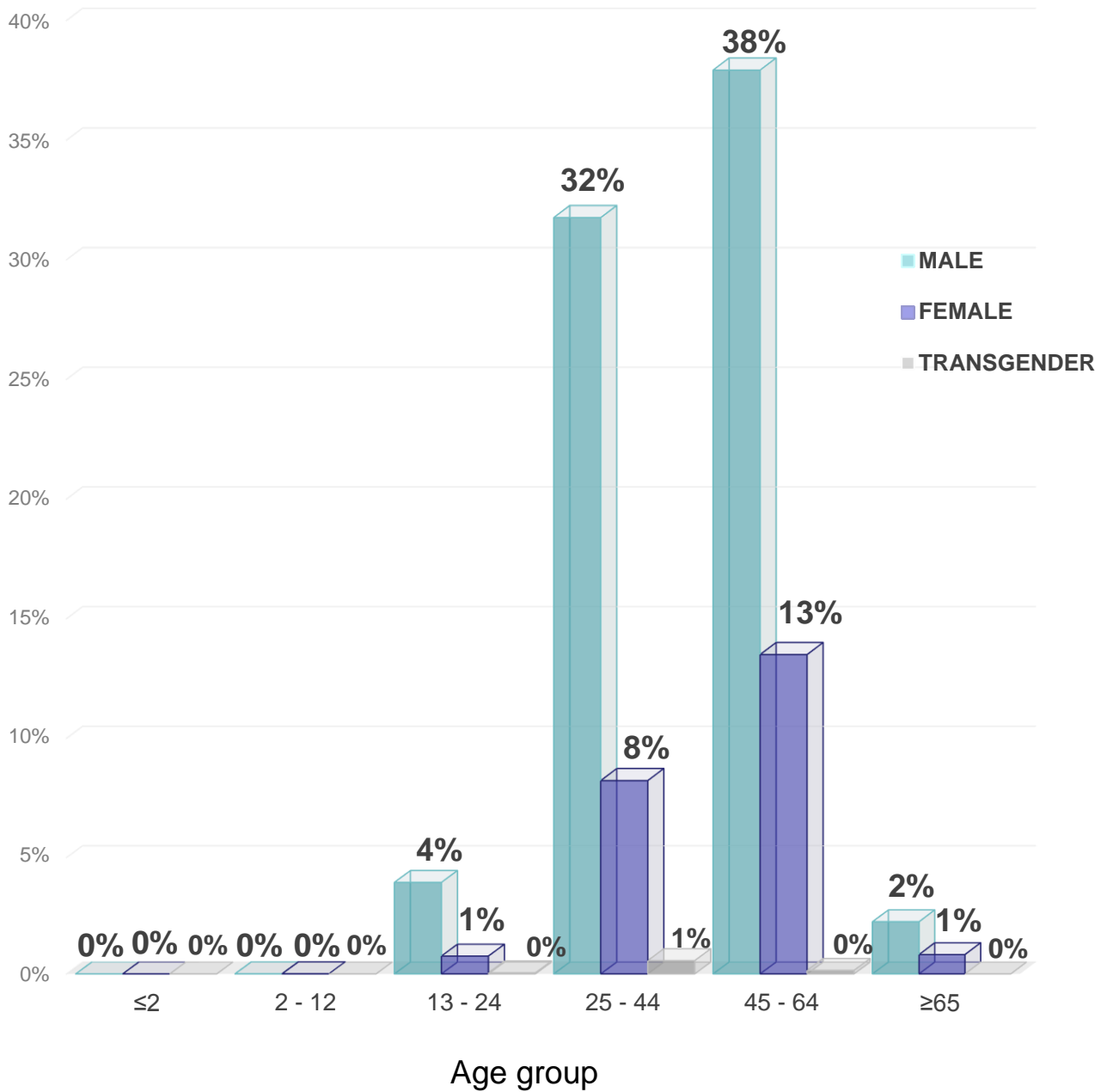
■ Native Americans/Alaska Natives and Pacific Islanders cumulatively account for less than .5% of total clients enrolled



GENDER BY AGE

1st Quarter (Apr-Jun 2016)

Total Clients Enrolled: 17,605



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. **DESCOVI**[®] (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**[®] **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)
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

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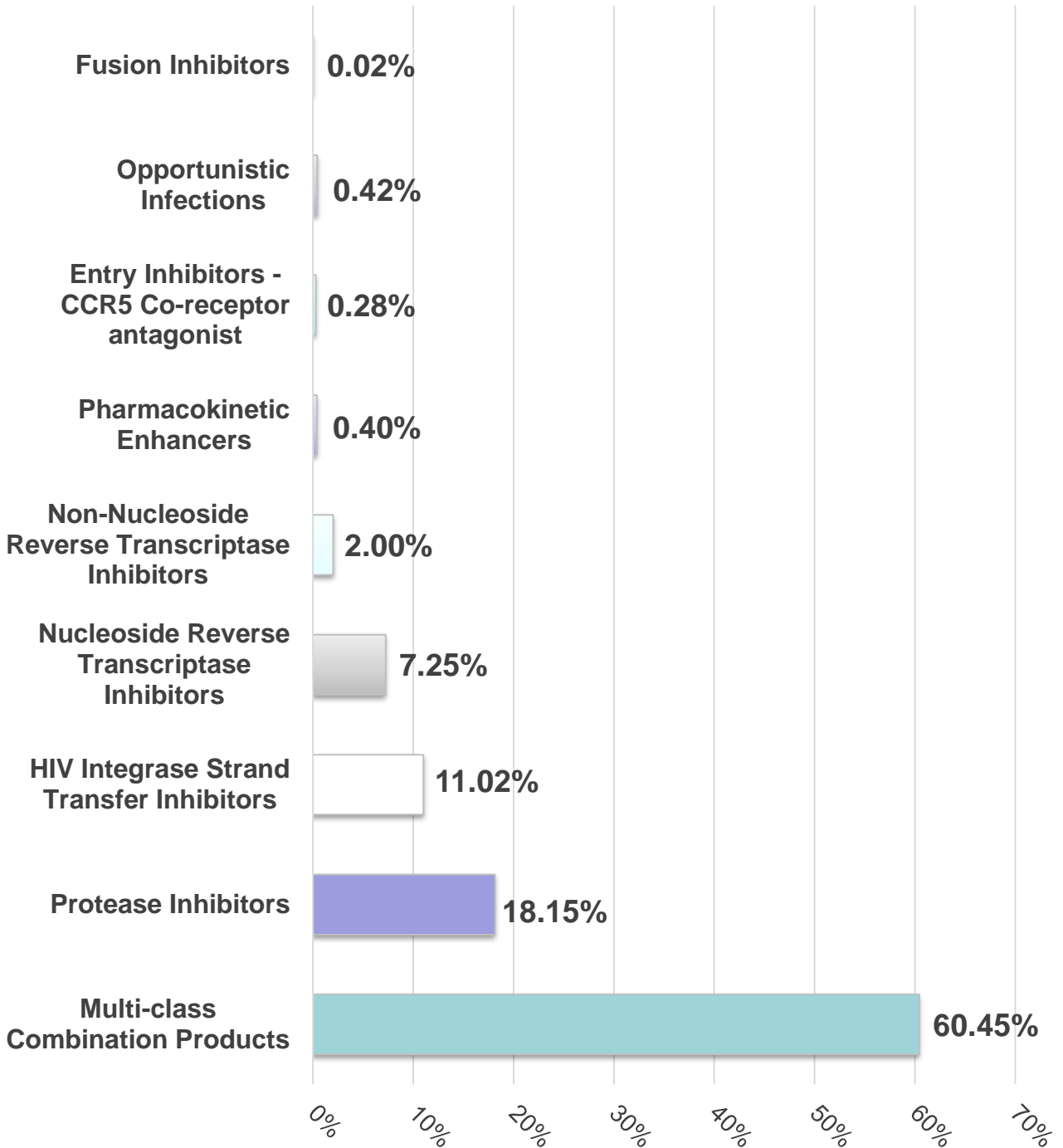
* HEPATITIS C drugs are available only in the Florida statewide pilot program and require prior authorization)

Revised May17, 2016

DRUGS EXPENDITURE BY CLASS

***TOTAL: \$23,488,895**

1st Quarter (Apr-Jun 2016)

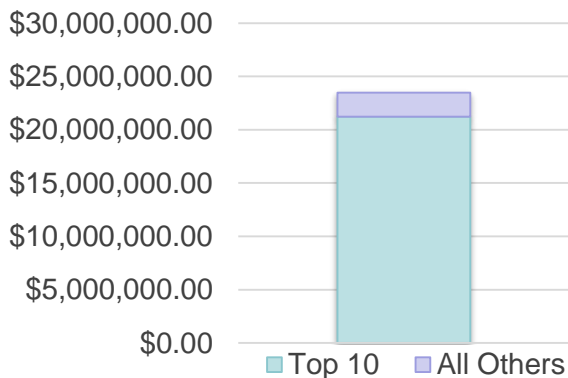
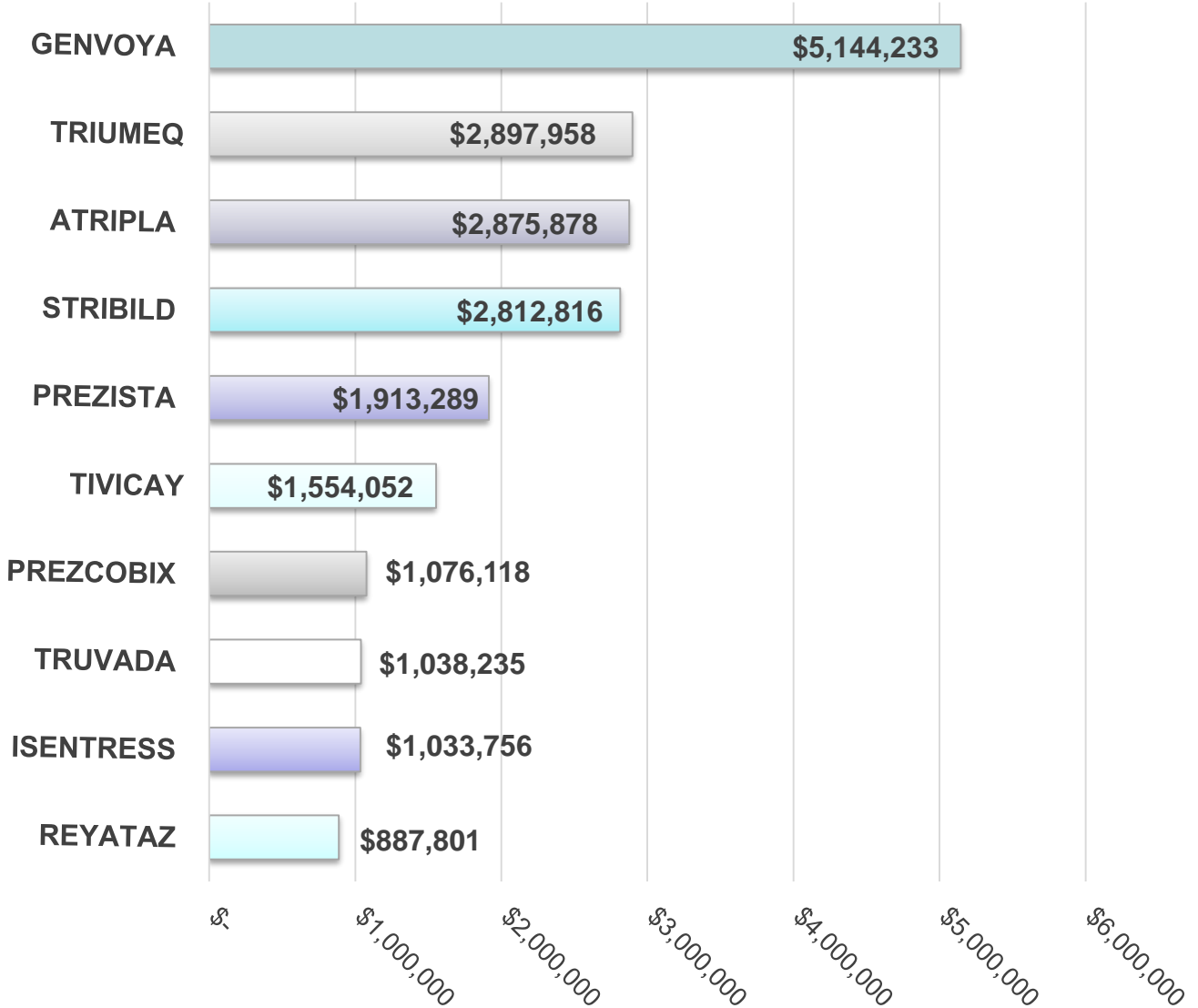


*This total represents purchases, not utilization for Uninsured clients

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

TOP 10 DRUGS

1st Quarter (Apr-Jun 2016)



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