

New Mexico AIDS Drug Assistance Program (ADAP) Enhanced Formulary to Improve Medication Access

Effective July 1, 2018

New Mexico's AIDS Drug Assistance Program (ADAP) strives to ensure that persons living with HIV (PLWH) across the state have access to life-saving HIV-related medications. While the emphasis is on HIV anti-retroviral therapy (ART) drugs, other FDA-approved medications are covered as well.

Effective July 1, 2018, the New Mexico ADAP no longer has a specific list of medications that are included in a standardized "formulary". Instead, the state will use an Enhanced Formulary model. Under this model, any FDA-approved medications could be considered for coverage depending on the patient's needs, prescriber's recommendations, and specific health insurance coverage.

The New Mexico ADAP serves PLWH in need of medication assistance in three distinct ways. The definition and implementation of the Enhanced Formulary for each strategy is described below.

1. Program: Insurance Assistance Program (IAP)

- Who It Is For:
PLWH who need assistance covering the premiums for private health insurance plans, including but not limited to plans under the Affordable Care Act (ACA), plans provided by their employer, and coverage under the New Mexico Medical Insurance Program (NM MIP) high-risk pool.
- How It Works:
IAP will directly pay premiums to the insurer for eligible patients.
- Definition of ADAP Enhanced Formulary:
 - The formulary of their respective insurer becomes their "ADAP formulary" by default.
 - If their insurer does not cover needed HIV-related medications, NMDOH will support efforts to encourage these insurers to cover all classes of HIV-related medications without prior authorization, other restrictions, or higher tier specialty co-pays.

2. Program: Co-Pay Assistance

- Who It Is For:
PLWH with private health insurance plans, including but not limited to plans under the Affordable Care Act (ACA), plans provided by their employer, and coverage under the New Mexico Medical Insurance Program (NM MIP) high-risk pool AND who need assistance paying for prescription co-pays, co-insurance or deductibles.
- How It Works:
 - The patient must have their prescriptions filled by the state's contract pharmacy

operated by Southwest CARE Center.

- To have coverage for medications that are not HIV ART, the patient's HIV ART must also be filled at the state's contract pharmacy.
- The contract pharmacy will maximize efforts to get prior authorization and prescription assistance from pharmaceutical companies.
- In cases where prior authorization is denied or co-pays are extremely high such as due to a drug tier or classification, the pharmacy will contact the prescriber to determine if a lower cost alternative would be clinically appropriate and substitutable for the patient.
- After the above steps have been taken, ADAP will cover the additional costs including co-pays and co-insurance.

○ Definition of ADAP Enhanced Formulary:

- The formulary of their respective insurer becomes their "ADAP formulary" by default.
- If monthly co-pay, co-insurance and deductible costs total more than \$2,000 for a one-month supply of any medication, the pharmacy will seek pre-authorization review from the state's ADAP Coordinator.

3. Program: ADAP Bridge

○ Who It Is For:

PLWH who have a short-term gap in health insurance coverage, normally just 30 days although extensions may be granted by the ADAP Coordinator.

○ How It Works:

With approval for ADAP Bridge coverage, a 30-day supply of each medication will be dispensed directly by the state's contract pharmacy operated by Southwest CARE Center.

○ Definition of ADAP Enhanced Formulary:

- NMDOH will allow all HIV-related medications to be filled.
- Normally other medications for ongoing chronic conditions will be covered as well.
- High-cost medications for chronic disease or acute conditions may be covered, but prior review and approval by the ADAP Coordinator is required if the acquisition cost for a one month supply is over \$2,000.
- Medications to treat/cure hepatitis C virus (HCV) are specifically excluded as these should be initiated after ongoing insurance covered is secured.