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OFFICE OF AIDS (OA)
AIDS Drug Assistance Program (ADAP)

Management Memorandum
Memorandum Number: 2015-13

Date: July 13, 2015

TO: LOCAL ADAP COORDINATORS
ADAP ENROLLMENT WORKERS

SUBJECT: **ADDITION OF TWO VACCINES TO THE AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY AND REMOVAL OF TWO OBSOLETE ARV DRUGS**

Effective July 10, 2015, the pneumococcal conjugate vaccine (PCV13) and meningococcal vaccine have both been added to the ADAP formulary.

The federal Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP), recommend that adults 19 years of age or older with immuno-compromising conditions (including HIV infection) receive a dose of PCV13 followed in eight (8) weeks by a dose of pneumococcal polysaccharide vaccine (PSV23) if the vaccines have not previously been received. PPSV23 is already on the ADAP formulary. The ACIP also recommends adults 65 years and older who have not received PCV13 but have received one or more doses of PPSV23 should receive a dose of PCV13. The vaccine should be provided one year after the last PPSV23 injection. Further information about pneumococcal vaccination is available here at <http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>, footnote 8.

The CDC's March 22, 2013 Morbidity and Mortality Weekly Report, ([click here to be taken to web page](#)) page 16, Table 7, recommends that persons 2 to 55 years of age not previously vaccinated, who have persistent complement deficiencies, functional or anatomic asplenia, or HIV (if another indication for vaccine exists, such as possible exposure due to community outbreak), receive two (2) meningococcal vaccination doses eight (8) to twelve (12) weeks apart.

On November 18, 2014, ADAP's Medical Advisory Committee (MAC) voted to recommend the addition of both these vaccines to the ADAP formulary. The MAC also recommended implementing a prior authorization requirement for the meningococcal vaccine because this vaccine is not recommended for all individuals living with HIV. The prior authorization will ensure that meningococcal vaccine access is consistent with the ACIP guidelines. Clinicians ordering meningococcal vaccine for ADAP clients should indicate to the pharmacy the CDC ACIP-recommended indication for the vaccine (<http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>, footnote 9).

In addition, ADAP removed two obsolete ARV drugs, amprenavir (a protease inhibitor) and zalcitabine (a non-nucleoside reverse transcriptase inhibitor), from the formulary effective July 10, 2015. The removal of these ARVs is simply a formality as these drugs are no longer being manufactured.

If you have any questions regarding these changes to the ADAP formulary, please contact me at (916) 449-5943 or Cynthia Reed-Aguayo, ADAP Specialist, at (916) 449-5791.

A handwritten signature in blue ink that reads "Celia Banda-Brown".

Celia Banda-Brown, Chief
ADAP Section
Office of AIDS

Attachment

Meningococcal Vaccine Approval Guidance

1. Meningococcal vaccine will be added to the formulary as a PA required drug (Type e.g. MenACWY [Menactra, Menveo]) to be specified on PAL)
2. The online posted formulary PA restriction to pharmacies will read as follows:
Approved for the following:** anatomical or functional asplenia, persistent complement component deficiencies, microbiologists routinely exposed to isolates of *Neisseria meningitidis*, military recruits, persons at risk during an outbreak attributable to a vaccine serogroup, and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic. First-year college students up through age 21 years who are living in residence halls if they have not received a dose on or after their 16th birthday. **Please provide supporting documentation
3. Internal guideline for Ramsell Clinical: A maximum of 2 doses of MenACWY given at least 2 months apart can be approved by Ramsell for adults of all ages with HIV

Approved Indication	Ramsell request the following prior to approval
<ul style="list-style-type: none"> • Anatomic or functional asplenia 	Pharmacy to provide supporting documentation e.g. proof of diagnosis
<ul style="list-style-type: none"> • Persistent complement component deficiencies 	Pharmacy to provide supporting documentation e.g. proof of diagnosis <i>Based on research, ICD9 279.8 – other specified disorders involving the immune mechanism will be approved</i>
<ul style="list-style-type: none"> • Microbiologists routinely exposed to isolates of <i>Neisseria meningitides</i> 	Pharmacy to provide supporting documentation on claim form
<ul style="list-style-type: none"> • Military recruits 	Pharmacy to provide supporting documentation on claim form
<ul style="list-style-type: none"> • Persons at risk during an outbreak attributable to a vaccine serogroup 	Pharmacy to provide supporting documentation on claim form
<ul style="list-style-type: none"> • Persons who travel to countries in which meningococcal disease is hyperendemic or epidemic 	Pharmacy to provide supporting documentation on claim form
<ul style="list-style-type: none"> • First year college students up through age 21 years who are living in residence halls, if they have not received a dose on or after their 16th birthday 	Pharmacy to provide supporting documentation on claim form