

**Alabama ADAP Advisory Working Group**  
**September 10, 2025**  
**United Way of Central Alabama, Alice Williams Building Conference Room 217**  
**3600 8th Avenue South, Birmingham, AL 35222**  
**and remote via zoom**

**Participants**

<b>In-Person</b>	<b>Remote</b>
Barbara Roberts, ADPH	Dr. Willeford, JCDH
Dr. Stubblefield ADPH	
Diana Stallings, UAB	Ronada Anderson, ADPH Part B and ADAP Director
Holly Carroll, UWCA	
Sophia Hackney, UWCA	Sarah McPhee OI Consultant
Tanesha Black, Selma Air	
Lisa Johnson-Lett, Community Member	

**Handouts:** AAWG Purpose and Goal, Meeting Agenda

**Meeting Summary**

<b>Agenda</b>	<b>Discussion/Questions/Next Steps/Action Items</b>
Lunch & Arrivals	Participants arrived, settled in 11:40 – Meeting began
Welcome & Introductions	Barbara and Ronada welcomed everyone and introduced new AAWG UWCA members, Holly Carroll and Sophia Hackney, and thanked UWCA for hosting our location.
AAAWG Purpose & Goal  Agenda	Barbara reviewed the purpose and the goal of the AAWG (on agenda and slides), no changes from the May 2025 AAWG Meeting.  Barbara reviewed today’s agenda, and today’s meeting will focus on internal ADAP procedures to enroll clients in AL ADAP programs.

May Action Items	<p>Barbara provided updates on action items from the May meeting. These items relate to the ADAP Rx formulary.</p> <p>#1 Pneumonia vaccine updated, and any future vaccine updates will automatically update on the formulary.</p> <p>#2 Anticoagulants - ADPH is still considering Xarelto for the formulary. Eliquis was eliminated as a potential formulary addition.</p> <p><b>Next Steps: ADPH to decide on the potential addition of Xarelto for the ADAP Rx formulary and will keep everyone informed.</b></p> <p>#3 Inhaler update –Clinician discussion on Symbicort, it’s generic option, and Dulera, as formulary additions. Clinician members will gain additional insight from clinical colleagues and share this with ADPH.</p> <p><i>ADPH will keep AAWG members informed of their decision for the above formulary options.</i></p> <p><b>Next Steps: Pharmacy representative will consult with clinical colleagues regarding the clinical value of adding Symbicort, its generic option, or Dulera, to the ADAP Rx formulary and share this information with Barbara.</b></p>
ADAP Partners & Programs Review	<p>Barbara provided a brief overview of ADAP partners and programs:</p> <ul style="list-style-type: none"> <li>• Ramsell – processes copays for HPAL and MEDCAP clients.</li> <li>• UWCA pays insurance premiums for MEDCAP and HPAL.</li> <li>• Case managers work directly with clients to enroll in ADAP.</li> </ul> <p>Barbara provided a brief overview of AL ADAP Programs: HPAL, DPAL, MEDCAP and ADAP Rx.</p>
AL ADAP Enrollment Process	<p>Barbara reviewed the process to enroll new clients in ADAP</p> <ul style="list-style-type: none"> <li>• New ADAP applicants can enroll any time of the year.</li> <li>• The ADAP applicant provides proof of HIV diagnosis, income, and AL residency, to their clinic-based CM, who submits the ADAP application, and uploads client documents, in ServicePoint, SP.</li> <li>• ADPH Eligibility Specialists determine client eligibility for ADAP by reviewing in SP, the client’s ADAP application and documents.</li> </ul>

	<ul style="list-style-type: none"> <li>ADAP clients must re-enroll annually, in their birth month, with updated proof of income and residency, which is submitted in SP by their clinic-based CM.</li> </ul> <p>If a client misses their ADAP birth month re-certification:</p> <ul style="list-style-type: none"> <li>The CM uploads applicant's, updated proof of income, residency.</li> <li>The ADPH ES determines the applicant's eligibility.</li> </ul> <p>If the applicant is eligible, enrollment in ADAP Rx occurs immediately. However, unless there is a Qualifying Life Event, they must wait until January 1, for HPAL or MEDCAP coverage.</p> <p>Barbara shared HPAL and MEDCAP open enrollment is in October. Any clients disenrolled off of HPAL or MEDCAP during the CY must re-enroll with their CM for coverage starting January 1.</p> <p>Our ADAP program conducts a required annual cost effectiveness evaluation to ensure the cost of paying health insurance premiums is less, in the aggregate, than paying the full price of the ARVs.</p>
ARV Utilization and Enrollment	<p>Barbara provided an overview of the ARV utilization over the past 3 years.</p> <p>For calendar year 2022 to calendar year 2024:</p> <ul style="list-style-type: none"> <li>ADAP Rx enrollment has increased 37% increase</li> <li>Biktarvy is the most common ARV over the 2 year period</li> <li>The top 4 ARVs have been consistent over 3 years.</li> </ul>
Open Discussion	<p>A member shared a report of counterfeit HIV medications in the Northeastern U.S., and advised others to be aware of this.</p>

	<p>Barbara asked if there are any questions or agenda items that members would like for the next meeting to better inform their roles on the AAWG. She said that they can always email ideas and questions to Barbara.</p>
Summary & Closing	<p>All members agreed mid to late January is good for the next meeting. Barbara will send a doodle poll for the next meeting as it gets closer.</p> <p>Everyone was thanked for attending, and UWCA for hosting. The next meeting will be hybrid with in-person and remote options.</p> <p><b>Action Item: Barbara to send doodle poll for next meet in January.</b></p>