


B: ADR Web Application Screen Shots

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Grantee Contact Information

1. Grantee Name:	Alabama Department of Public Health
2. Grantee Address:	201 Monroe St, Montgomery, AL 36104-3735
3. Grant Number:	H89HA00000
4. ADAP Number:	1234
5. DUNS Number:	12-345-6789
6. ADAP Coordinator/Administrator	
a. Contact Name:*	<input type="text" value="Michael Dols"/>
b. Contact Title:*	<input type="text" value="Software Architect"/>
c. Contact Email:*	<input type="text" value="Michael.J.Dols@saic.com"/>
d. Contact Telephone:*	<input type="text" value="(301) 230-4753"/>
e. Contact Fax:	<input type="text"/>

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Section 1 - Program Summary

Section 1 (Items 1–7) should be completed for each six month period. Please review the Instructions for Completing the ADAP Grantee Report to ensure that you respond to each item appropriately.

A. PROGRAM ADMINISTRATION

1. Please indicate which of the following limits applied to your ADAP during the reporting period. For each item that applied, complete the blank with the information requested on that limit.

Check all that apply:

- Waiting list anytime during the reporting period
- Enrollment cap Max enrollees:
- Capped expenditure Monetary cap per client:

Drug-specific enrollment caps for ARVs or Hepatitis C medications - Please specify below for each medication that has an enrollment cap:

Generic Name	Brand Name	Maximum Enrollees
abacavir	Ziagen	<input type="text"/>
abacavir, Zidovudine, and lamivudine	Trizivir	<input type="text"/>
abacavir/Lamivudine	Epzicom	<input type="text"/>
acyclovir	Zovirax	<input type="text"/>
adefovir dipivoxil	Hepsera	<input type="text"/>
amphotericin B	Fungizone	<input type="text"/>
Amprenavir	Agenerase	<input type="text"/>
Atazanavir sulfate	Reyataz	<input type="text"/>
azithromycin	Zithromax	<input type="text"/>
cidofovir	Vistide	<input type="text"/>

* Drug list continues on web page

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Section 1 - Program Summary (continued)

Section 1 (Items 1–7) should be completed for each six month period. Please review the Instructions for Completing the ADAP Grantee Report to ensure that you respond to each item appropriately.

A. PROGRAM ADMINISTRATION

2. Indicate which of the following developments or changes occurred in your program during this reporting period:

Check all that apply:

Project budget deficit

Change in income eligibility criteria, please specify:

Change in medical eligibility criteria, please specify:

Added medications to the formulary

Deleted medications from the formulary

3. Please indicate the maximum ADAP eligibility requirements as a percentage of Federal Poverty Level (FPL):

4. Please indicate which of the following activities your ADAP uses to coordinate with Medicaid or a State-only Pharmacy Assistance Program:

Check all that apply:

Online interface

Dual application

Coordinated benefits

Retroactive billing

We have no coordination with Medicaid or State-only ADAP

Other, please specify:

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Section 1: Program Summary (continued)

C. FUNDING

5. Please enter the funding received during this reporting period from each of the following sources (if no funding was received enter "0"):

	Funding Source	Amount Received (to nearest dollar)
a.	Total contributions from Part A EMA(s)/TGAs	<input type="text"/>
b.	Total contributions from Part B Base Funding	<input type="text"/>
c.	State contribution (other than Ryan White or Required State Match Funds)	<input type="text"/>
d.	Carry-over of Ryan White funds from previous year	<input type="text"/>
e.	Manufacture Rebates	<input type="text"/>
f.	All Insurance Reimbursements, including Medicaid	<input type="text"/>
	Resources received this reporting period (Total of a through f)	<input type="text"/>

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Section 1: Program Summary (continued)

D. EXPENDITURES

6. For each of the following categories, please enter total expenditures for this reporting period:

	Expenditure Category	Total Cost
a.	Pharmaceuticals	<input type="text"/>
b.	Dispensing and other administrative costs	<input type="text"/>
c.	Insurance coverage (including co-pays, deductibles, and premiums)	<input type="text"/>
d.	Under the ADAP Flexibility Policy - Adherence	<input type="text"/>
e.	Under the ADAP Flexibility Policy - Access	<input type="text"/>
f.	Under the ADAP Flexibility Policy - Monitoring	<input type="text"/>
	Total ADAP expenditures this quarter	<input type="text"/>

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Section 1: Program Summary (continued)

D. ADAP MEDICATION FORMULARY - Antiretroviral Medications

7. Please provide information on Antiretroviral (ARV), hepatitis B, hepatitis C and "A1-OI" medications currently on your ADAP formulary. If you added an ARV medication to your ADAP formulary during this reporting period, please note that and provide the date that it was added.

a. Grantee-level Formulary Information - Antiretroviral Medications

Included in Formulary	Generic Name	Brand Name	Category	Added to Formulary this Reporting Period	
				Med Added?	Date Added
<input type="checkbox"/>	abacavir	Ziagen	NRTIs	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	abacavir, Zidovudine, and lamivudine	Trizivir	NRTIs	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	abacavir/Lamivudine	Epzicom	NRTIs	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	didanosine, ddl, dideoxyinosine	Videx	NRTIs	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	Efavirenz, emtricitabine, tenofovir disoproxil fumarate	Atripla	NRTIs	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	FTC, emtricitabine	Emtriva	NRTIs	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	Lamivudine and zidovudine	Combivir	NRTIs	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	Lamivudine, 3TC	Epivir	NRTIs	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	Stavudine, d4T	Zerit	NRTIs	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	Tenofovir disoproxil fumarate	Viread	NRTIs	<input type="checkbox"/>	<input type="text"/>

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Section 1: Program Summary (continued)

D. ADAP MEDICATION FORMULARY - A1-OI Medications

7. Please provide information on Antiretroviral (ARV), hepatitis B, hepatitis C and "A1-OI" medications currently on your ADAP formulary. If you added an ARV medication to your ADAP formulary during this reporting period, please note that and provide the date that it was added.

b. Grantee-level Formulary Information - A1-OI Medications

Included in Formulary	Generic Name	Brand Name
<input type="checkbox"/>	acyclovir	Zovirax
<input type="checkbox"/>	amphotericin B	Fungizone
<input type="checkbox"/>	azithromycin	Zithromax
<input type="checkbox"/>	cidofovir	Vistide
<input type="checkbox"/>	clarithromycin	Biaxin
<input type="checkbox"/>	clindamycin	Cleocin
<input type="checkbox"/>	famciclovir	Famvir
<input type="checkbox"/>	fluconazole	Diflucan
<input type="checkbox"/>	flucytosine	Ancobon
<input type="checkbox"/>	fomivirsen	Vitravene

* Drug list continues on web page

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Section 1: Program Summary (continued)

D. ADAP MEDICATION FORMULARY - Hepatitis B Medications

7. Please provide information on Antiretroviral (ARV), hepatitis B, hepatitis C and "A1-OI" medications currently on your ADAP formulary. If you added an ARV medication to your ADAP formulary during this reporting period, please note that and provide the date that it was added.

c. Grantee-level Formulary Information - Hepatitis B Medications

Included in Formulary	Generic Name	Brand Name
<input type="checkbox"/>	entecavir	Baraclude
<input type="checkbox"/>	lamivudine	Epivir-HBV
<input type="checkbox"/>	Interferon alfa-2b	Intron A
<input type="checkbox"/>	adefovir dipivoxil	Hepsera
<input type="checkbox"/>	Peginterferon alfa-2a	Pegasys
<input type="checkbox"/>	telbivudine	Tyzeka

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Section 1: Program Summary (continued)

D. ADAP MEDICATION FORMULARY - Hepatitis C Medications

7. Please provide information on Antiretroviral (ARV), hepatitis B, hepatitis C and "A1-OI" medications currently on your ADAP formulary. If you added an ARV medication to your ADAP formulary during this reporting period, please note that and provide the date that it was added.

d. Grantee-level Formulary Information - Hepatitis C Medications

Included in Formulary	Generic Name	Brand Name
<input type="checkbox"/>	Interferon alfa-2b	Intron A
<input type="checkbox"/>	Recombinant interferon alfa-2a	Roferon-A
<input type="checkbox"/>	Consensus interferon or interferon alfacon-1	Infergen
<input type="checkbox"/>	Peginterferon alfa-2a	Pegasys
<input type="checkbox"/>	Peginterferon alfa-2b	PEG-Intron
<input type="checkbox"/>	Peginterferon alfa-2a + ribavirin	Copegus an Pegasys
<input type="checkbox"/>	Peginterferon alfa-2b and ribavirin	PEG-Intron and Rebetol
<input type="checkbox"/>	Interferon alfa-2b and ribavirin	Intron A and Rebetol
<input type="checkbox"/>	Recombinant interferon alfa-2a and ribavirin	Roferon and Ribavirin

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Section 2 - Annual Submission

Section 2 (Items 8–11) should be completed only once each year for the previous 12–month period.

A. PROGRAM ADMINISTRATION

8. Please indicate the frequency of re-certification of client eligibility:

Check all that apply:

Annual

Semiannual (every 6 months)

Other, please specify:

9. Please indicate the clinical eligibility criteria required to enroll in the ADAP in your State/Territory:

Check all that apply:

HIV+

CD4 (what is your CD4 count requirement?)

Viral load (what is your VL count requirement?)

Other, please specify:

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Section 2 - Annual Submission (continued)

Section 2 (Items 8–11) should be completed only once each year for the previous 12–month period.

B. COST SAVING STRATEGIES

10. Please check all that apply to your Drug Pricing Program:

Check all that apply:

- 340B Rebate
- Direct purchase
- Prime vendor
- Alternate Method Demonstration Project
- Other drug discount program (not 340B), please specify:

C. SOURCES AND AMOUNTS OF ADAP FUNDING – THIS WILL BE PREPOPULATED BY HAB AND IS FOR REVIEW PURPOSES ONLY.

11. ADAP funding received for this fiscal year from each of the following Ryan White HIV/AIDS program sources:

Funding Source	Amount Received (to nearest dollar)
a. ADAP earmark	<input type="text"/>
b. ADAP Supplemental Drug Treatment Grant Award	<input type="text"/>
c. State Match for Supplemental Drug Treatment Award	<input type="text"/>
ADAP resources received (total of a through c)	<input type="text"/>

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