

# AIDS Drug Assistance Program (ADAP) Quarterly Report

## Web System Screen Shots

### Questions 1 - 13 Quarterly Submission

A. CLIENT UTILIZATION	
<b>1. For the current reporting quarter (ending June 30, 2010), please indicate the UNDUPLICATED number of: [Help]</b>	
a. Total clients enrolled in the ADAP at any time during the quarter	1000 *
b. NEW clients enrolled in the ADAP	300 *
c. Clients who received at least one drug through the ADAP	200 *
d. NEW clients who received at least one drug through the ADAP	100 *
e. Clients who received any type of insurance service (premiums, co-pays, deductibles)	0 *
f. NEW clients who received any type of insurance service (premiums, co-pays, deductibles)	0 *
*New clients - Persons who received services from a provider for the first time ever during this reporting period. Individuals who returned for care after an extended absence are not considered to be new unless past records of their care are not available.	

2. Gender distribution of total unduplicated ADAP clients: [Help]						
Gender	(a) Total Enrolled Clients	(b) New Enrolled Clients	(c) Total Clients Served*	(d) New Clients Served*	(e) Insurance Clients	(f) New Insurance Clients
Males	500	100	100	75		
Females	500	200	100	25		
Transgender						
Unknown/unreported						
Total	1,000	300	200	100		
*Served clients must have received at least one drug through the ADAP.						

3. Age distribution of total unduplicated ADAP clients: [Help]						
Age	(a) Total Enrolled Clients	(b) New Enrolled Clients	(c) Total Clients Served*	(d) New Clients Served*	(e) Insurance Clients	(f) New Insurance Clients
Less than 2 years						
2-12 years						
13-24 years	100	50	50	40		
25-44 years	600	50	50	35		
45-64 years	200	100	25			
65 years or older	100	100	75	25		
Unknown/unreported						
Total	1,000	300	200	100		
*Served clients must have received at least one drug through the ADAP.						

4. Race distribution for total unduplicated Hispanic/Latino ADAP clients: [Help]						
Race	(a) Total Enrolled Clients	(b) New Enrolled Clients	(c) Total Clients Served*	(d) New Clients Served*	(e) Insurance Clients	(f) New Insurance Clients
White	517	27	32	4	464	22
Black or African American	163	5	11	2	150	3
Asian	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0
American Indian or Alaska Native	9	0	0	0	9	0
More than one race	142	8	4	0	136	6
Unreported	800	30	23	2	762	26
Total	1,631	70	70	8	1,521	57

**5. Race distribution for total unduplicated non-Hispanic/Latino ADAP clients: [Help]**

Race	(a) Total Enrolled Clients	(b) New Enrolled Clients	(c) Total Clients Served*	(d) New Clients Served*	(e) Insurance Clients	(f) New Insurance Clients
White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black or African American	<input type="text" value="100"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian	<input type="text" value="100"/>	<input type="text" value="50"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text" value="100"/>	<input type="text" value="50"/>	<input type="text" value="50"/>	<input type="text" value="25"/>	<input type="text"/>	<input type="text"/>
American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
More than one race	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unreported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text" value="300"/>	<input type="text" value="100"/>	<input type="text" value="50"/>	<input type="text" value="25"/>	<input type="text"/>	<input type="text"/>

\*Served clients must have received at least one drug through the ADAP.

**6. Please list the number of unduplicated clients served by the ADAP who were on the following regimens this reporting quarter: [Help]**

Please note: The request for this information is not intended as a means to monitor the standard or quality of care being provided through the ADAP. Patients may not be prescribed HAART for a variety of valid reasons, such as HAART is not medically indicated, the patient refused, or the patient may not be ready to begin therapy and deal with the complexities of adherence. All of these reasons relate to the need for an informed client/clinician joint decision.

Regimen	Total Number of Clients
a. Non-HAART (1 or 2 antiretrovirals)	<input type="text" value="80"/> *
b. HAART regimen (3 or 4 antiretrovirals)	<input type="text" value="52"/> *
c. More than 4 antiretrovirals	<input type="text" value="6"/> *

**7. Please indicate the percentage of clients served during this report quarter whose annual household income was less than 200% of the Federal Poverty Level: [Help]**

\* %

**8. Please indicate which of the following limits applied to your ADAP during this reporting period. For each item that applied, complete the blank with the information requested on that limit. (Check all that apply)**

[Help]

- a. Enrollment cap (Max number of enrollees  \*)
- b. Waiting list (Current number on waiting list )
- c. Capped expenditure (Monetary cap \$  per client)
- d. Drug-specific enrollment caps (**ARVs and Hep C meds**)

\*By selecting option d(Drug-specific enrollment caps), a list of ARV and Hepatitis C medications will appear in which you will be required to select the medication that have enrollment caps and indicate the respective maximum number of enrollees in the space provided.

**9. Indicate which of the following developments or changes occurred in your program during this reporting quarter: (Check all that apply.) [Help]**

- 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
- No developments or changes this quarter

**B. FUNDING**

10. Please enter the funding *received* during this reporting quarter from each of the following sources (if no funding was received enter "0" ) : [\[Help\]](#)

	Funding Source	Amount Received (to nearest dollar)
a.	Total contributions from Part A EMA(s)/TGAs	\$ 10000 *
b.	Total contributions from Part B Base Funding	\$ 0 *
c.	State contribution (other than Ryan White or Required State Match Funds)	\$ 0 *
d.	Carry-over of Ryan White funds from previous year	\$ 0 *
e.	Manufacture Rebates	\$ 2000 *
f.	All Insurance Reimbursements, including Medicaid	\$ 0 *
	<b>Resources received this quarter (Total of a through f)</b>	\$ 12,000

**C. EXPENDITURES**

11. For each of the following categories, please enter total expenditures for this quarter: [\[Help\]](#)

	Expenditure Category	Total Cost
a.	Pharmaceuticals	\$ 9000 *
b.	Dispensing and other administrative costs	\$ 500 *
c.	Insurance coverage (including co-pays, deductibles, and premiums)	\$ 0 *
d.	Under the ADAP Flexibility Policy - <b>Adherence</b>	\$ 0 *
e.	Under the ADAP Flexibility Policy - <b>Access</b>	\$ 0 *
f.	Under the ADAP Flexibility Policy - <b>Monitoring</b>	\$ 0 *
	<b>Total ADAP expenditures this quarter</b>	\$ 9,500

**12 Step 1. From the list of ARVs, Hepatitis B and Hepatitis C medications provided below, indicate the medications you purchased and/or dispensed during this reporting quarter\*.**

\*Please note this change regarding your drug pricing data: Drug pricing data should now reflect the current reporting period (April 1 - June 30)

[\[Help\]](#)

+

	Generic Name	Brand Name	Drug Code
<b>ARVs</b>			
<input type="checkbox"/>	Amprenavir	Agenerase	d04428
<input type="checkbox"/>	Tipranavir	Aptivus	d05538
<input checked="" type="checkbox"/>	Efavirenz, tenofovir disoproxil fumarate, emtricitabine	Atripla	d05847
<input checked="" type="checkbox"/>	Lamivudine, zidovudine	Combivir	d04219
<input type="checkbox"/>	Indinavir	Crixivan	d03985
<input checked="" type="checkbox"/>	Emtricitabine	Emtriva	d04884
<input checked="" type="checkbox"/>	Lamivudine	EpiVir	d03858
<input checked="" type="checkbox"/>	Lamivudine, abacavir sulfate	Epzicom	d05354
<input type="checkbox"/>	Saquinavir	Fortovase	d03860
<input type="checkbox"/>	Enfuvirtide	Fuzeon	d04853
<input type="checkbox"/>	Zalcitabine	Hivid	d00127
<input checked="" type="checkbox"/>	Etravirine (TMC-125)	Intelence	d09999
<input type="checkbox"/>	Saquinavir (as mesylate)	Invirase	d03860
<input type="checkbox"/>	Raltegravir (RGV or MK-0518)	Isentress	d09999
<input checked="" type="checkbox"/>	Ritonavir, lopinavir	Kaletra	d04717
<input checked="" type="checkbox"/>	Fosamprenavir calcium	Lexiva	d04901
<input checked="" type="checkbox"/>	Ritonavir	Novir	d03984
<input checked="" type="checkbox"/>	Darunavir (as ethanolate)	Prezista	d05825
<input type="checkbox"/>	Delavirdine	Rescriptor	d04119
<input type="checkbox"/>	Zidovudine	Retrovir	d00034
<input checked="" type="checkbox"/>	Atazanavir sulfate	Reyataz	d04882
<input checked="" type="checkbox"/>	Maraviroc	Selzentry	d09999
<input checked="" type="checkbox"/>	Efavirenz	Sustiva	d04355
<input checked="" type="checkbox"/>	Lamivudine, zidovudine, abacavir sulfate	Trizivir	d04727
<input checked="" type="checkbox"/>	Tenofovir disoproxil fumarate, emtricitabine	Truvada	d05352
<input type="checkbox"/>	Didanosine	Videx/Videx EC	d00078
<input checked="" type="checkbox"/>	Nelfinavir	Viracept	d04118
<input checked="" type="checkbox"/>	Nevirapine	Viramune	d04029
<input checked="" type="checkbox"/>	Tenofovir disoproxil fumarate	Viread	d04774
<input type="checkbox"/>	Stavudine	Zerit	d03773
<input type="checkbox"/>	Abacavir sulfate	Ziagen	d04376
<b>Hepatitis B or C Treatment Medications:</b>			
<input type="checkbox"/>	Entecavir	Baraclude	d05525
<input type="checkbox"/>	Peginterferon alfa-2a + ribavirin	Copegus	d00085
<input type="checkbox"/>	Lamivudine	EpiVir-HBV	d03858
<input type="checkbox"/>	Adefovir dipivoxil	Hepsera	d04814
<input type="checkbox"/>	Consensus interferon or interferon alfacon-1	Infergen	d04224
<input type="checkbox"/>	Interferon alfa-2b	Intron A	d01369
<input type="checkbox"/>	Peginterferon alfa-2b	PEG-Intron	d04746
<input type="checkbox"/>	Peginterferon alfa-2a	Pegasys	d04821
<input type="checkbox"/>	Interferon alfa-2b and ribavirin	Rebetol	d00085
<input type="checkbox"/>	Peginterferon alfa-2a and ribavirin	Rebetol	d00085
<input type="checkbox"/>	Recombinant interferon alfa-2a and ribavirin	Referon	d04821
<input type="checkbox"/>	Recombinant interferon alfa-2a	Roferon-A	d09999
<input type="checkbox"/>	Telbivudine	Tyzeka	d09999

12 Step 2. Enter the **total cost** (not the unit cost) of medication purchased during the reporting period. Please note that the total cost is before rebates, must not include the dispensing and other administrative costs, and is unrelated to how many clients received the drug.

[Help]

+

	Generic Name	Brand Name	Drug Code	Total Cost	Unduplicated # of Clients
<b>ARVs</b>					
<input checked="" type="checkbox"/>	Tipranavir	Aptivus	d05538	555 *	60 *
<input checked="" type="checkbox"/>	Etravirine (TMC-125)	Intence	d09999	715 *	22 *
<b>Hepatitis B or C Treatment Medications:</b>					
<input checked="" type="checkbox"/>	Entecavir	Baraclude	d05525	186 *	75 *

13. Use this space to provide additional information that you feel it is important to report or to explain how you arrived at data that do not comply with Items 1-11 as described in the Instruction Manual. Please be sure to specify which item(s) you are discussing. [Help]

Drug question #12 is reporting on the quarter 01/01/10 - 03/31/10

## Questions 14 - 22 Annual Submission

14. Please enter the ADAP funding received for this fiscal year from each of the following Ryan White HIV/AIDS program sources: [Help]

Funding Source	Amount Received (to nearest dollar)
a. ADAP earmark	\$29009556
b. ADAP Supplemental Drug Treatment Grant Award	\$0
c. State Match for Supplemental Drug Treatment Award	\$0
Resources received this quarter (Total of a through c)	\$29,009,556

### 15. ADAP formulary [Help]

Using the Excel spreadsheet provided, upload a list of the drugs in your ADAP formulary

Please upload your formulary into the system. You **must** follow the instructions below and use the template provided.

- Click the "Download Template for Formulary Upload" link below, and Save it to your computer.
- Open the template and indicate a "yes" or "no" response in the field provided next to each drug on each sheet.
- Save your completed template.
- Click the "Click Here to Upload Your Formulary Data" link below, and make sure to upload this completed template.

Failure to follow the instructions above will result in validation errors.

- [Download Template for Formulary Upload](#)
- [Click here to upload your Formulary data](#)

### 16. Annual Cost Per Client [Help]

For clients enrolled and receiving medications for a full 12-month period, please estimate the annual ADAP cost per client in the previous grant year.

<b>A. Rebate (Only) States:</b>		
i. Cost per client before cost-saving strategies	\$ 10.00	per client
ii. Cost per client after cost-saving strategies	\$ 10.00	per client
<b>B. Direct Purchase (Only) States:</b>		
i. Annual cost per client	\$	per client
<b>C. Rebate and Direct Purchase Hybrids:</b>		
i. Cost per client before cost-saving strategies	\$	per client
ii. Cost per client after cost-saving strategies	\$	per client

17. Please indicate the maximum ADAP eligibility requirements as a percentage of Federal Poverty Level (FPL): [Help]

100 \* %

**18. Please indicate the frequency of re-certification of client eligibility: [Help]**

- Annual
- Semiannual
- Other (please specify )

**19. Please indicate the clinical eligibility criteria required to enroll in the ADAP in your State/Territory:(Check all that apply.) [Help]**

- HIV+
- CD4 (what is your CD4 count requirement? )
- Viral load (what is your VL count requirement? )
- Other (please specify )

**20. Please check all that apply to your Drug Pricing Program: [Help]**

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

**21. Please indicate which of the following methods your ADAP uses to coordinate with Medicaid or a State-only Pharmacy Assistance Program: (Check all that apply.) [Help]**

- Online interface
- Dual application
- Coordinated benefits
- Retroactive billing
- Other (please specify )
- We have no coordination with Medicaid or State-only ADAP

**22. Comments or clarifications:**

Use this space to provide additional information about data for Items 13-19 that do not comply with what is requested as described in the Instruction Manual. [Help]