AIDS Drug Assistance Program

ADR Grantee Report

Revised Grantee-Level Variables

2014 ADR Summary of Changes

The following changes to the ADAP Data Report (ADR) will apply to 2014 ADR reporting due Monday June 8th, **2015**. These changes do **not** apply to the 2013 ADR, due Monday June 9th, 2014.

For the Grantee Report, ADAPs report data based on the grant year reporting period, April 1, 2014 to March 31, 2015. Both the Annual and the Program Summaries are submitted.

**Cover Page**

* Question 3: ADAP number has been deleted
* Question 6: Contact Information for the ADAP Coordinator/Administrator deleted. Replaced with Contact information of person completing the Grantee Report added (will be auto-populated based on EHB log-in).
* Question 7: Indicate the six month reporting period for which you are submitting data - DELETED

**Section 1: Programmatic Summary Submission**

* Submission changed to annual

1. **Program Administration.**

Question 1:

* Maximum number of enrollees for drug enrollment caps – DELETED
* A new category – “None of these limits were applied to the ADAP during the reporting period” was added so that all grantees can respond to the question

Question 2:

* Indicate which of the following developments or changes occurred in your program during this reporting period – DELETED

Question 4:

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

**Funding**

Question 5:

* Total contributions from ADAP Emergency Relief Funding added as specific item
* Total contributions from Part C/D grantees added as specific item
* State contributions (other than Ryan White or Required State Match Funds) clarified to State contributions for ADAP (other than Ryan White)
* Other negotiated rebates deleted. All rebates should be reported under Manufacturers’ rebates
* All Insurance Reimbursements, including Medicaid changed to exclude Medicaid. Medicaid will now be reported in a separate category.
* Medicaid Reimbursements added as separate category

**Expenditures**

Question 6:

* Dispensing and other administrative costs now separated into two categories
* Under the ADAP Flexibility Policy Adherence, Access and Monitoring – DELTED Dispensing costs added as separate category – this was actually moved from client-level data to the grantee report

**D. ADAP Formulary**

Questions 7a-7d

* Medication list updated
* Hepatitis B and C medication lists combined

**Section 2: Annual submission DELETED; questions that were moved to Section 1 are noted below.**

1. **Program Administration**

Question 8: Please indicate the frequency of re-certification of client eligibility – DELETED

Question 9: Please indicate the clinical eligibility criteria required to enroll in the ADAP in your

State/Territory

* Question is now located in Section 1, A. Program Administration, Question #3
* HIV+ DELETED
* No clinical eligibility criteria are required to enroll in the ADAP - ADDED so that all grantees can respond to the question

1. **Cost Saving Strategies**

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

* Question is now located in Section 1, B. Purchasing Mechanisms, Question 4.
* Response options updated
* None of these apply to our Drug Pricing Program - ADDED so that all grantees can respond to the question

**C: Sources of ADAP funding**

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

**COVER PAGE (All Values Autopopulated)**

# Grantee Contact Information

1. Grantee name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Grant number:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

1. D-U-N-S number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | – |  |  |  | - |  |  |  |  |  |

1. Grantee address:
2. Street:
3. City: State:
4. ZIP Code: \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_
5. Contact information of person completing the Grantee Report:
6. Name:
7. Title:
8. Phone #: (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_
9. Fax #: (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_
10. E-mail:

|  |
| --- |
| Section 1: Programmatic Summary Submission |

All items in the Grantee Report should be reported for the most recent grant year. 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 number of 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:

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* None of these limits were applied to the ADAP during the reporting period

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %

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

* CD4 (please specify the CD4 count requirement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Viral load (please specify the VL count requirement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* No clinical eligibility criteria required to enroll in the ADAP

## b. PURCHASING MECHANISMS

1. Please check all that apply to your Drug Pricing Program: *(Check all that apply)*

* 340B (please specify below)
  + Rebate
  + Hybrid
  + Direct purchase
    - Prime vendor
  + Alternative Method Demonstration Project
* Department of Defense
* None of these apply to our Drug Pricing Program

**C. FUNDING**

1. 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 | $ |
| b. | Total contributions from Part B Base Funding | $ |
| c. | Total contributions from Part B Supplemental Funding | $ |
| d. | Total contributions from ADAP Emergency Relief Funding | $ |
| e. | Total contribution from Part C/D grantees | $ |
| f. | State contributions for ADAP (other than Ryan White) | $ |
| g. | Carry-over of Ryan White funds from previous year | $ |
| h. | Manufacturer Rebates | $ |
|  |  |  |
| j. | All Insurance Reimbursements, excluding Medicaid | $ |
| k. | Medicaid Reimbursements | $ |
|  | **Resources received this reporting period (Total of a through k)** | **$** |

## D. EXPENDITURES

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

|  |  |  |
| --- | --- | --- |
|  | **Expenditure Category** | **Total Cost** |
| a. | Pharmaceuticals | $ |
| b. | Dispensing costs | $ |
| c. | Other administrative costs | $ |
| d. | Insurance coverage (including co-pays, deductibles, and premiums) | $ |
|  | **Total ADAP expenditures this reporting period** | $ |

E. ADAP MEDICATION FORMULARY

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.

1. **Grantee-level Formulary Information – Antiretroviral Medications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Included In Formulary** | **GENERIC NAME** | **BRAND NAME** | **Drug Identification Number** | **Added to Formulary this Reporting Period** | |
| **Med Added?** | **Date Added** |
|  | abacavir | Ziagen | d04376 |  | MM/DD/YYYY |
|  | abacavir/lamivudine/zidovudine | Trizivir | d04727 |  | MM/DD/YYYY |
|  | abacavir/lamivudine | Epzicom | d05354 |  | MM/DD/YYYY |
|  | atazanavir | Reyataz | d04882 |  | MM/DD/YYYY |
|  | darunavir | Prezista | d05825 |  | MM/DD/YYYY |
|  | delavirdine | Rescriptor | d04119 |  | MM/DD/YYYY |
|  | didanosine | Videx/Videx EC | d00078 |  | MM/DD/YYYY |
|  | dolutegravir | Tivicay | d08117 |  | MM/DD/YYYY |
|  | efavirenz | Sustiva | d04355 |  | MM/DD/YYYY |
|  | Efavirenz/emtricitabine/tenofovir | Atripla | d05847 |  | MM/DD/YYYY |
|  | Elvitegravir/cobicistat/tenofovir/ emtricitabine | Stribild | d07899 |  | MM/DD/YYYY |
|  | emtricitabine | Emtriva | d04884 |  | MM/DD/YYYY |
|  | Emtricitabine/rilpivirine/tenofovir | Complera | d07796 |  | MM/DD/YYYY |
|  | Emtricitabine/tenofovir | Truvada | d05352 |  | MM/DD/YYYY |
|  | Enfuvirtide | Fuzeon | d04853 |  | MM/DD/YYYY |
|  | Etravirine | Intelence | d07076 |  | MM/DD/YYYY |
|  | Fosamprenavir | Lexiva | d04901 |  | MM/DD/YYYY |
|  | Indinavir | Crixivan | d03985 |  | MM/DD/YYYY |
|  | lamivudine | Epivir | d03858 |  | MM/DD/YYYY |
|  | Lamivudine/zidovudine | Combivir | d04219 |  | MM/DD/YYYY |
|  | Lopinavir/ritonavir | Kaletra | d04717 |  | MM/DD/YYYY |
|  | maraviroc | Selzentry | d06852 |  | MM/DD/YYYY |
|  | nelfinavir | Viracept | d04118 |  | MM/DD/YYYY |
|  | nevirapine | Viramune/  Viramune XR | d04029 |  | MM/DD/YYYY |
|  | Raltegravir | Isentress | d07048 |  | MM/DD/YYYY |
|  | rilpivirine | endurant | d07776 |  | MM/DD/YYYY |
|  | ritonavir | Norvir | d03984 |  | MM/DD/YYYY |
|  | Saquinavir | Fortovase/  invirase | d03860 |  | MM/DD/YYYY |
|  | stavudine | Zerit | d03773 |  | MM/DD/YYYY |
|  | tenofovir | Viread | d04774 |  | MM/DD/YYYY |
|  | Tipranavir | aptivus | d05538 |  | MM/DD/YYYY |
|  | zidovudine | Retrovir | d00034 |  | MM/DD/YYYY |

1. **Grantee-level Formulary Information – A1-OI Medications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Included In Formulary** | **GENERIC NAME** | **BRAND NAME** | **Drug Identification Number** |
|
|  | acyclovir | Zovirax | d00001 |
|  | amphotericin B deoxycholate | Fungizone | d00077 |
|  | amphotericin B(liposomal) | Ambisome | d04238 |
|  | amphotericin B lipid complex | Abelcet/Amphotec/Ampholip | d03870 |
|  | azithromycin | Zithromax | d00091 |
|  | cidofovir | Vistide | d04028 |
|  | clarithromycin | Biaxin | d00097 |
|  | clindamycin | Cleocin | d00043 |
|  | Ethambutol | Myambutol | d00068 |
|  | famciclovir | Famvir | d03775 |
|  | fluconazole | Diflucan | d00071 |
|  | flucytosine | Ancobon | d00038 |
|  | foscarnet | Foscavir | d00065 |
|  | ganciclovir | Cytovene | d00066 |
|  | Isoniazid (INH) | Lanizid, Nydrazid | d00101 |
|  | itraconazole | Sporonox | d00102 |
|  | leucovorin calcium | Wellcovorin | d00275 |
|  | Norfloxacin | Noroxin/Chibroxin | d00113 |
|  | pentamidine | Nebupent | d00030 |
|  | posaconazole | Noxafil | d05853 |
|  | prednisone | Deltasone, Liquid Pred, Metocorten, Orasone, Panasol, Prednicen-M, Sterapred | d00350 |
|  | Primaquine | Primaquine | d00351 |
|  | Probenecid | Benemid | d00031 |
|  | pyrazinamide (PZA) | Rifater | d00117 |
|  | pyrimethamine | Daraprim | d00364 |
|  | rifabutin | Mycobutin | d01097 |
|  | rifampin (RIF) | Rifadin, Rimactane | d00047 |
|  | sulfadiazine (oral generic) | Microsulfon | d00118 |
|  | trimethoprim-sulfamethoxazole (TMP/SMX) | Bactrim, Septra | d00124 |
|  | valacyclovir | Valtrex | d03838 |
|  | valganciclovir | Valcyte | d04755 |

1. **Grantee-level Formulary Information – Hepatitis B and C Medications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Included In Formulary** | **GENERIC NAME** | **BRAND NAME** | **Drug Identification Number** |
|
|  | adefovir | Hepsera | d04814 |
|  | boceprevir | victrelis | d07774 |
|  | entecavir | Baraclude | d05525 |
|  | interferon alfa-2a | Roferon-A | d01368 |
|  | interferon alfa-2b | Intron A | d01369 |
|  | interferon alfa-2b/  ribavirin | Rebetron | d04321 |
|  | lamivudine | Epivir HBV | d03858 |
|  | peginterferon alfa-2a | Pegasys/Pegasys Proclick Autoinjector | d04821 |
|  | peginterferon alfa-2b | Pegasys/Pegintron Redipen/Sylatron | d04746 |
|  | Ribavirin | Copegus/RIbapik/Virazole/Ribatab/  Rebetol | d00085 |
|  | Simeprevir | Olysio | d08182 |
|  | Sofosbuvir | Sovaldi | d08184 |
|  | Telaprevir | Incivek | d07777 |
|  | telbivudine | Tyzeka | d05912 |
|  | Interferon alfacon-1 | infergen | d04224 |

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