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.

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- 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

A. 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.
A. 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

B. 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:**

3. **D-U-N-S number:**

		–				-				

4. **Grantee address:**

   a. Street: _____

   b. City: _____   State: _____ _____

   c. ZIP Code: __ __ __ __ __ - __ __ __ __

5. **Contact information of person completing the Grantee Report:**

   a. Name: _____

   b. Title: _____

   c. Phone #: (__ __ __) __ __ __ - __ __ __ __

   d. Fax #:   (__ __ __) __ __ __ - __ __ __ __

   e. E-mail:_____

Section 1: Programmatic Summary Submission

All items in the Grantee Report should be reported for the most recent <mark>grant</mark> 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

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

   _____ %

3. **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

4. **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

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	$
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

6. **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.

a.   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

b. 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

c. 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