**Cover Page (Recipient Contact Information)**

1. **Recipient name:** ALABAMA DEPARTMENT OF PUBLIC HEALTH
2. **Grant number:** X07HA00049
3. **DUNS number:** 613842061
4. **Recipient address:**
5. **Street:**
6. **City:**

201 Monroe St

Montgomery **State:** AL

**c. Zip Code:** 36104-3735

1. **Contact information of person completing the Recipient Report:**
   1. **Contact Name:**
   2. **Contact Title:**

Terri Jenkins ADAP Manager

* 1. **Email:** [Terri.Jenkins@adph.state.al.us](mailto:Terri.Jenkins@adph.state.al.us)
  2. **Contact Telephone:**
  3. **Contact Telefax:**

(334) 206 - 9441

(334) 206 - 2092

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.** | | **Specified Value** |
|  | Waiting list anytime during the reporting period |  |
|  | Enrollment cap - Max number of enrollees |  |
|  | Capped number of prescriptions per month - Max number of prescriptions/month |  |
|  | Capped expenditure - Monetary cap per client $ |  |
|  | Per Month |  |
|  | Annual |  |
|  | Drug-specific enrollment caps for ARVs, Hepatitis B, or Hepatitis C medications |  |
|  | Formulary reduction |  |
|  | Decrease in financial eligibility criteria |  |
| **X** | None of these limits were applied to the ADAP during the reporting period |  |

Please specify below for each medication that has an enrollment cap:

|  |  |  |  |
| --- | --- | --- | --- |
| **Generic Name** | **Brand Name** | **DIN** | **Max number of enrollees** |
| **Total** | | | **0** |

|  |  |
| --- | --- |
| **2. Please indicate the maximum ADAP eligibility requirements as a percentage of Federal**  **Poverty Level (FPL):** |  |
| Maximum ADAP eligibility requirements as a percentage of FPL: | 400% |

|  |  |  |
| --- | --- | --- |
| **3. Please indicate the clinical eligibility criteria required to enroll in the ADAP in your State/Territory:** | | **Specified Value** |
|  | CD4 - Please specify the CD4 count requirement: |  |
|  | Viral load - Please specify the VL count requirement: |  |
| **X** | Other - Please specify: | HIV positive |
|  | No clinical eligibility criteria are required to enroll in the ADAP |  |

B. PURCHASING MECHANISMS

|  |  |
| --- | --- |
| **4. Please check all that apply to your Drug Pricing Program:** | |
| **X** | 340B Rebate |
| **X** | 340B Direct Purchase |
| **X** | Prime vendor |
|  | Department of Defense |

C. FUNDING

|  |  |
| --- | --- |
| **5. Please enter the funding received during this reporting period from each of the following sources:**  **Amount Received**  **Funding Source (to nearest dollar)** | |
| a. Total contributions from Part A EMA(s)/TGAs | 0 |
| b. Total contributions from Part B Base Funding | 1,253,119 |
| c. Total contributions from Part B Supplemental Funding | 2,426,779 |
| d. Total contributions from Part C/D recipients | 0 |
| d\*. Total contributions from EHE recipients |  |
| e. State general fund contributions | 1,721,610 |
| f. Carry-over of Ryan White funds from previous year | 0 |
| g. Manufacturer Rebates Reinvested in the ADAP | 17,967,698 |
| h. All Insurance Reimbursements, excluding Medicaid | 0 |
| i. Medicaid Reimbursements | 0 |
| **Resources received this reporting period (Total of a through i)** | 23,369,206 |

D. EXPENDITURES

|  |  |
| --- | --- |
| **6. For each of the following categories, please enter total expenditures for this reporting period:**  **Expenditure Category Total Cost** | |
| a. Full pay medication assistance | 7,086,118 |
| b. Dispensing costs | 250,397 |
| c. Other administrative costs | 275,898 |
| d. Health insurance assistance (including co-pays, deductibles, and premiums) | 24,633,561 |
| **Total ADAP expenditures this reporting period (Total of a through d)** | 32,245,974 |

E. ADAP MEDICATION FORMULARY

7a. Recipient-level Formulary Information - Antiretroviral Medications

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Included in Formulary** | **Generic Name** | **Brand Name** | **DIN** | **Med Added?** | **Date Added** |
| **X** | abacavir | Ziagen | d04376 |  |  |
| **X** | abacavir/dolutegravir/lamivudine | Triumeq | d08284 |  |  |
| **X** | abacavir/lamivudine | Epzicom | d05354 |  |  |
| **X** | abacavir/lamivudine/zidovudine | Trizivir | d04727 |  |  |
| **X** | atazanavir | Reyataz | d04882 |  |  |
| **X** | atazanavir and cobicistat | Evotaz | d08340 |  |  |
| **X** | bictegravir, emtricitabine, and tenofovir alafenamide | Biktarvy | d08736 | **X** | 04/01/2018 |
| **X** | cobicistat | Tybost | d07897 |  |  |
| **X** | cobicistat and darunavir | Prezcobix | d08305 |  |  |
| **X** | darunavir | Prezista | d05825 |  |  |
|  | darunavir, cobicistat, emtricitabine, and tenofovir alafenamide | Symtuza | d08738 |  |  |
| **X** | delavirdine | Rescriptor | d04119 |  |  |
| **X** | didanosine | Videx/Videx EC | d00078 |  |  |
| **X** | dolutegravir | Tivicay | d08117 |  |  |
| **X** | dolutegravir/rilpivirine | Juluca | d08680 |  |  |
| **X** | dolutegravir sodium/abacavir sulfate/lamivudine | Triumeq | d08284 |  |  |
|  | doravirine | Pifeltro | d08872 |  |  |
|  | doravirine, lamivudine, and tenofovir disoproxil fumarate | Delstrigo | d08876 |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Included in Formulary** | **Generic Name** | **Brand Name** | **DIN** | **Med Added?** | **Date Added** |
| **X** | efavirenz | Sustiva | d04355 |  |  |
| **X** | efavirenz/emtricitabine/tenofovir disoproxil | Atripla | d05847 |  |  |
|  | efavirenz, lamivudine, and tenofovir disoproxil fumarate | Symfi | d08743 |  |  |
|  | efavirenz, lamivudine, and tenofovir disoproxil fumarate | Symfi Lo | d08743 |  |  |
| **X** | elvitegravir/cobicistat/emtricitabine/teno fovir alafenamide | Genvoya | d07899 |  |  |
| **X** | elvitegravir/cobicistat/emtricitabine/teno fovir disoproxil | Stribild | d07899 |  |  |
| **X** | emtricitabine | Emtriva | d04884 |  |  |
| **X** | emtricitabine and tenofovir alafenamide | Descovy | d05352 |  |  |
| **X** | emtricitabine/rilpivirine/tenofovir alafenamide | Odefsey | d07796 |  |  |
| **X** | emtricitabine/rilpivirine/tenofovir disoproxil | Complera | d07796 |  |  |
| **X** | emtricitabine/tenofovir disoproxil | Truvada | d05352 |  |  |
| **X** | enfuvirtide | Fuzeon | d04853 |  |  |
| **X** | etravirine | Intelence | d07076 |  |  |
| **X** | fosamprenavir | Lexiva | d04901 |  |  |
|  | ibalizumab | Trogarzo | d08751 |  |  |
| **X** | indinavir | Crixivan | d03985 |  |  |
| **X** | lamivudine | Epivir | d03858 |  |  |
| **X** | lamivudine/zidovudine | Combivir | d04219 |  |  |
|  | lamivudine and tenofovir disoproxil fumarate | Cimduo | d08752 |  |  |
| **X** | lopinavir/ritonavir | Kaletra | d04717 |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Included in Formulary** | **Generic Name** | **Brand Name** | **DIN** | **Med Added?** | **Date Added** |
| **X** | maraviroc | Selzentry | d06852 |  |  |
| **X** | nelfinavir | Viracept | d04118 |  |  |
| **X** | nevirapine | Viramune / Viramune XR | d04029 |  |  |
| **X** | raltegravir | Isentress | d07048 |  |  |
| **X** | rilpivirine | Edurant | d07776 |  |  |
| **X** | ritonavir | Norvir | d03984 |  |  |
| **X** | saquinavir | Fortovase / Invirase | d03860 |  |  |
| **X** | stavudine | Zerit | d03773 |  |  |
| **X** | tenofovir disoproxil | Viread | d04774 |  |  |
| **X** | tipranavir | Aptivus | d05538 |  |  |
| **X** | zidovudine | Retrovir | d00034 |  |  |

7b. Recipient-level Formulary Information – A1-OI Medications

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Included in Formulary** | **Generic Name** | **Brand Name** | **DIN** | **Med Added?** | **Date Added** |
| **X** | acyclovir | Zovirax | d00001 |  |  |
| **X** | amphotericin B (liposomal) | AmBisome | d04238 |  |  |
|  | amphotericin B lipid complex | Abelcet / Amphotec / Ampholip | d03870 |  |  |
| **X** | azithromycin | Zithromax | d00091 |  |  |
| **X** | cidofovir | Vistide | d04028 |  |  |
| **X** | clarithromycin | Biaxin | d00097 |  |  |
| **X** | clindamycin | Cleocin | d00043 |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Included in Formulary** | **Generic Name** | **Brand Name** | **DIN** | **Med Added?** | **Date Added** |
| **X** | ethambutol | Myambutol | d00068 |  |  |
| **X** | famciclovir | Famvir | d03775 |  |  |
| **X** | fluconazole | Diflucan | d00071 |  |  |
| **X** | flucytosine | Ancobon | d00038 |  |  |
| **X** | foscarnet | Foscavir | d00065 |  |  |
| **X** | ganciclovir | Cytovene | d00066 |  |  |
| **X** | Isoniazid (INH) | Lanizid, Nydrazid | d00101 |  |  |
| **X** | itraconazole | Sporonox | d00102 |  |  |
| **X** | leucovorin calcium | Wellcovorin | d00275 |  |  |
|  | norfloxacin | Noroxin/Chibroxin | d00113 |  |  |
| **X** | pentamidine | Nebupent | d00030 |  |  |
|  | posaconazole | Noxafil | d05853 |  |  |
| **X** | prednisone | Panasol, Sterapred | d00350 |  |  |
|  | primaquine | Primaquine | d00351 |  |  |
| **X** | probenecid | Benemid | d00031 |  |  |
| **X** | pyrazinamide (PZA) | Rifater | d00117 |  |  |
| **X** | pyrimethamine | Daraprim | d00364 |  |  |
| **X** | rifabutin | Mycobutin | d01097 |  |  |
| **X** | rifampin (RIF) | Rifadin, Rimactane | d00047 |  |  |
| **X** | sulfadiazine (oral generic) | Microsulfon | d00118 |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Included in Formulary** | **Generic Name** | **Brand Name** | **DIN** | **Med Added?** | **Date Added** |
| **X** | trimethoprim-sulfamethoxazole (TMP/SMX) | Bactrim, Septra | d00124 |  |  |
| **X** | valacyclovir | Valtrex | d03838 |  |  |
| **X** | valganciclovir | Valcyte | d04755 |  |  |
|  | vancomycin | Vancocin | d00125 |  |  |

7c. Recipient-level Formulary Information – Hepatitis B & Hepatitis C Medications

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Included in Formulary** | **Generic Name** | **Brand Name** | **DIN** | **Med Added?** | **Date Added** |
| **X** | adefovir | Hepsera | d04814 |  |  |
|  | daclatasvir | Daklinza | d08285 |  |  |
| **X** | elbasvir/grazoprevir | Zepatier | d08418 |  |  |
| **X** | entecavir | Baraclude | d05525 |  |  |
| **X** | glecaprevir and pibrentasvir | Mavyret | d08635 |  |  |
| **X** | interferon alfa-2a | Roferon-A | d01368 |  |  |
| **X** | interferon alfa-2b | Intron A | d01369 |  |  |
| **X** | interferon alfa-2b/ribavirin | Rebetron | d04321 |  |  |
|  | interferon alfacon-1 | Infergen | d04224 |  |  |
| **X** | lamivudine | Epivir HBV | d03858 |  |  |
|  | ledipasvir/sofosbuvir | Harvoni | d08296 |  |  |
|  | ombitasvir/paritaprevir and ritonavir | Technivie | d08339 |  |  |
|  | ombitasvir/paritaprevir/ritonavir with dasabuvir | Viekira Pak | d08323 |  |  |
| **X** | peginterferon alfa-2a | Pegasys / Pegasys ProClick Autoinjector | d04821 |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Included in Formulary** | **Generic Name** | **Brand Name** | **DIN** | **Med Added?** | **Date Added** |
| **X** | peginterferon alfa-2b | PegIntron / PegIntron Redipen/ Sylatron | d04746 |  |  |
| **X** | ribavirin | Copegus / RibaPak / Virazole / RibaTab / Rebetol | d00085 |  |  |
|  | sofosbuvir | Sovaldi | d08184 |  |  |
|  | sofosbuvir/velpatasvir | Epclusa | d08456 |  |  |
|  | sofosbuvir/velpatasvir/voxilaprevir | Vosevi | d08619 |  |  |
|  | telbivudine | Tyzeka | d05912 |  |  |
|  | tenofovir alafenamide | Vemlidy | d04774 |  |  |

The purpose of this data collection system is to collect client-level data on individuals being served, services being delivered, and costs associated with these services through the AIDS Drug Assistance Program (ADAP) Data Report. The Ryan White HIV/AIDS Program requires the submission of this annual report by the Secretary of Department of Health and Human Services (HHS) to the appropriate committees of Congress. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The OMB control number for this information collection is 0915-0345 and it is valid until 10/31/2020. This information collection is mandatory (through increased Authority under the Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 2611 et seq.). Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).