ADAP Data Report

Report Id: 32572   **Report Start Date:** 04/01/2018   **Report End Date:** 03/31/2019   **Status:** Accepted

Organization: ALABAMA DEPARTMENT OF PUBLIC HEALTH   **Total Clients:** **3865**

Cover Page (Recipient Contact Information)

1. Recipient name: ALABAMA DEPARTMENT OF PUBLIC HEALTH

2. Grant number: X07HA00049

3. DUNS number: 613842061

4. Recipient address:

   a. Street: 201 Monroe St

   b. City: Montgomery   **State:** AL

   c. Zip Code: 36104-3735

5. Contact information of person completing the Recipient Report:

   a. Contact Name: Terri Jenkins

   b. Contact Title: ADAP Manager

   c. Email: Terri.Jenkins@adph.state.al.us

   d. Contact Telephone: (334) 206 - 9441

   e. Contact Telefax: (334) 206 - 2092

ADAP Data Report

Report Id: 32572 **Report Start Date:** 04/01/2018 **Report End Date:** 03/31/2019 **Status:** Accepted

Organization: ALABAMA DEPARTMENT OF PUBLIC HEALTH   **Total Clients:** **3865**

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	

ADAP Data Report

Report Id: 32572   **Report Start Date:** 04/01/2018   **Report End Date:** 03/31/2019   **Status:** Accepted

Organization: ALABAMA DEPARTMENT OF PUBLIC HEALTH   **Total Clients:** 3865

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

ADAP Data Report

Report Id: 32572   **Report Start Date:** 04/01/2018   **Report End Date:** 03/31/2019   **Status:** Accepted

Organization: ALABAMA DEPARTMENT OF PUBLIC HEALTH   **Total Clients:** 3865

C. FUNDING

5. Please enter the funding received during this reporting period from each of the following sources:

Funding Source	Amount Received (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

ADAP Data Report

Report Id: 32572 **Report Start Date:** 04/01/2018 **Report End Date:** 03/31/2019 **Status:** Accepted

Organization: ALABAMA DEPARTMENT OF PUBLIC HEALTH **Total Clients:** 3865

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

ADAP Data Report

Report Id: 32572   **Report Start Date:** 04/01/2018   **Report End Date:** 03/31/2019   **Status:** Accepted

Organization: ALABAMA DEPARTMENT OF PUBLIC HEALTH   **Total Clients:** **3865**

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		

ADAP Data Report

Report Id: 32572   **Report Start Date:** 04/01/2018   **Report End Date:** 03/31/2019   **Status:** Accepted

Organization: ALABAMA DEPARTMENT OF PUBLIC HEALTH   **Total Clients: 3865**

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/tenofovir alafenamide	Genvoya	d07899		
X	elvitegravir/cobicistat/emtricitabine/tenofovir 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		

ADAP Data Report

Report Id: 32572   **Report Start Date:** 04/01/2018   **Report End Date:** 03/31/2019   **Status:** Accepted

Organization: ALABAMA DEPARTMENT OF PUBLIC HEALTH   **Total Clients:** **3865**

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		

ADAP Data Report

Report Id: 32572   **Report Start Date:** 04/01/2018   **Report End Date:** 03/31/2019   **Status:** Accepted

Organization: ALABAMA DEPARTMENT OF PUBLIC HEALTH   **Total Clients:** 3865

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		

ADAP Data Report

Report Id: 32572   **Report Start Date:** 04/01/2018   **Report End Date:** 03/31/2019   **Status:** Accepted

Organization: ALABAMA DEPARTMENT OF PUBLIC HEALTH   **Total Clients:** **3865**

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		

ADAP Data Report

Report Id: 32572   **Report Start Date:** 04/01/2018   **Report End Date:** 03/31/2019   **Status:**   Accepted

Organization: ALABAMA DEPARTMENT OF PUBLIC HEALTH   **Total Clients:** 3865

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		