

## ADAP Frequently Asked Questions

### **What is the AIDS Drug Assistance Program (ADAP)?**

A state administered program authorized under Part B (formerly Title II) of the Ryan White Program that provides Federal Drug Administration (FDA) approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP also purchases insurance and provides adherence under the flexibility policy.

### **Is the ADAP the same in all states and territories?**

All states and territories are eligible for ADAP. These include all 50 states, DC, and the territories of Puerto Rico, Guam, Virgin Islands and the Pacific areas namely American Samoa, Northern Mariana Islands, Republic of Palau, Federated States of Micronesia, and the Republic of Marshall Islands. In some states, ADAP may be known as a different name, for example, HDAP - HIV Drug Assistance Program.

Each funded state or territory is responsible for:

- Establishing ADAP eligibility.
- Determining the type, amount, duration and scope of services.
- Developing a list of covered drugs on its formulary.
- Covering each class of drug on its formulary.
- Administering the program.

### **What does ADAP provide and how long will it last?**

ADAP covers some or all of the cost associated with medications commonly used to treat HIV/AIDS and related complications. ADAP benefits usually last as long as a client meets the eligibility and recertification requirements. Some ADAPs also pay premiums for eligible individuals to maintain private health insurance or enroll in a state high risk insurance pool. This may include insurance maintenance and outreach to get others into the program.

### **How does one apply for ADAP?**

Depending on the state or jurisdiction, clients can get an application and assistance with filling out the application through a doctor, case manager, or state health department.

### **What are the eligibility requirements for ADAP?**

An individual must provide proof of their HIV status, be low income (have income of less than the limit identified in the ADAP), uninsured or under-insured, and reside within the state or territory through which the drugs are being requested. Specific financial, and/or medical eligibility requirements are determined by each ADAP based on available resources, client base, other payer resources, and/or a state specific eligibility process.

### **What other benefit programs are available and how do they work with ADAP?**

In general, ADAP is the payer of last resort. Benefits may vary with each state ADAP. Individuals eligible for private health coverage with prescription benefits must use those benefits first. In some states, ADAP may pay co-payments, coinsurance, or deductibles for other insurance coverage. ADAP may also pay for drugs for eligible individuals that aren't covered under Medicaid and Medicare Part D plans.

### **How do clients stay enrolled/ eligible in ADAP?**

#### **How often do they have to reapply?**

To be eligible for ADAP, clients must continue to meet the eligibility requirements for the program. HRSA requires recertification or reassessment to be completed twice a year.

### **What is a waiting list and how can clients obtain medications if your state or territory has a waiting list?**

When demand surpasses resources, many states resort to cost-containment strategies that involve establishing restrictions on their programs. Such limitations include capping client enrollment, restricting formulary size, limiting per patient expenditures and instituting waiting lists.

Some ADAPs can remove these restrictions as funding levels increase; other ADAPs operate under a continual shortage of resources where clients can be referred to Patient Assistance Programs (PAPs) or "compassionate use" programs. PAPs are short-term sources of treatment assistance, either free of charge or at a nominal charge. These are funded and operated by HIV pharmaceutical manufacturers, usually on a state-by-state basis.

### **How are medications purchased and distributed?**

ADAPs purchase medications either directly for clients or through a retail-pharmacy network. Medications provided by the “direct purchase” system can be purchased and stored by the ADAP and distributed through a pharmacy service provider, via mail order, or another distribution system (such as a University hospital system). Medications may also be purchased and dispensed through a network of pharmacies which may also include mail order distribution. This type of distribution system is referred to as point of sale or rebate system. There are also variations of both systems, often referred to as “hybrids.”

### **What medications are available through ADAP?**

Drugs available will depend on the state specific ADAP formulary. The 2006 requirements of the reauthorized Ryan White HIV/AIDS Treatment Modernization Act require that ADAPs cover at least one antiretroviral medication in each core antiretroviral therapeutic class, namely: Nucleoside/nucleotide reverse transcriptase inhibitors; Non-nucleoside reverse transcriptase inhibitors; Protease inhibitors; and fusion inhibitors. In states where funding allows, drugs for treatment of opportunistic infections (OI)\*, HIV related conditions, or medications to manage side effects are also included.

\*Opportunistic Infections (OI) are infections or cancers that occur in persons with weak immune systems due to AIDS, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Kaposi’s Sarcoma (KS), Pneumocystis Pneumonia (PCP), Toxoplasmosis, and Cytomegalovirus are all examples of opportunistic infections.

### **Are there any medications that require prior authorization?**

Some ADAP’s may choose to implement a medical prior authorization process for certain drugs as well as classes of medications such as fusion inhibitors, pain management, hepatitis C drugs, and mental health drugs.

### **Important facts to know about your ADAP:**

- What are your state ADAPs eligibility requirements?
- Is your ADAP a direct purchaser of drugs or a “rebate” purchaser?
  - If your ADAP is a direct purchaser, what company is used as a wholesaler?
  - If your ADAP is a rebate state, what pharmacies are in your “network”?
- What drugs are on your ADAP formulary?
- How does your ADAP coordinate with Medicare Part D and what policies has your state made regarding wrap-around coverage toward out-of-pocket costs for your HIV/AIDS clients?
- How are eligible individuals enrolled in your ADAP?
- Does your ADAP coordinate with Medicaid, cover spend-down or back bill for services?
- What cost-containment measures are currently in place?
- Are you familiar with the rights, responsibilities and benefits of the 340B and Prime Vendor Program?
- How do you determine if your state is being charged the right price? What price should you be paying and how can you get a lower price?
- What are the funding sources for services provided through ADAP?
- Does your ADAP include services other than prescriptions?
- What policies or procedures does your state have in place to periodically review the drug formulary?
- Does your state have an advisory panel or committee that provides oversight review or input on such decisions?
  - What state laws, if any, dictate or limit this process?
- Do changes to the drug formulary require a change in legislation, change of administrative rules or just a sign off by someone up the chain of command?
- What are the criteria for determining which drugs require prior authorization or who makes that decision?
- How long will it take for your clients to find out if they are eligible for ADAP once an application is submitted?
  - How do clients know where to get their medications?
  - How will the pharmacy know when new clients become eligible?

**Resources:**

- National Alliance of State and Territorial AIDS Directors (NASTAD) - [www.NASTAD.org](http://www.NASTAD.org)
- HRSA HIV/AIDS Bureau - [www.hab.hrsa.gov](http://www.hab.hrsa.gov)
- HRSA 340B Prime Vendor Program - [www.340bpvp.com/public/](http://www.340bpvp.com/public/)
- HRSA Target Center - technical assistance for the Ryan White community - <http://careacttarget.org/>
- Kaiser Family Foundation - [www.kff.org/hivaids/us.cfm](http://www.kff.org/hivaids/us.cfm)
- Office of Pharmacy Affairs - [www.hrsa.gov/opa](http://www.hrsa.gov/opa)
- Pharmacy Services Support Center - <http://pssc.aphanet.org>
- ADAP listserv sponsored by NASTAD - [NASTADTA@NASTAD.org](mailto:NASTADTA@NASTAD.org)
- Kaiser Family Foundation and National Alliance of State and Territorial AIDS Directors, *National ADAP Monitoring Project Annual Report*. April 2007.
- Ryan White HIV/AIDS Treatment Modernization Act, Pub. L. No 109-415, (2006).
- Current treatment guidelines - <http://aidsinfo.nih.gov>
- Comprehensive information on ARVs and OI medications - [www.aidsmeds.com](http://www.aidsmeds.com)

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