NATIONAL ADAP MONITORING PROJECT
ANNUAL REPORT
MODULE TWO

MAY 2011

Prepared by

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ACKNOWLEDGEMENTS

The National Alliance of State & Territorial AIDS Directors (NASTAD) thanks state ADAP and AIDS program managers and staff for their time and effort in completing the National ADAP Survey which serves as the foundation for this report, and for providing ongoing updates to inform the National ADAP Monitoring Project. Without the guidance and support from Julie Scofield and Murray Penner, this report would not be possible. NASTAD also would like to thank Lanny Cross, consultant, for his valuable contributions to NASTAD's ADAP Monitoring and Technical Assistance Program.

The National ADAP Monitoring Project is one component of NASTAD's National ADAP Monitoring and Technical Assistance Program which provides ongoing technical assistance to all state and territorial ADAPs. The program also serves as a resource center, providing timely information on the status of ADAPs, particularly those experiencing resource constraints or other challenges, to national coalitions and organizations, policy makers, industry members, and state and federal government agencies. NASTAD received support for the National ADAP Monitoring and Technical Assistance Program in 2010 from the following companies: Boehringer Ingelheim, Bristol-Myers Squibb, Gilead Sciences, Tibotec Therapeutics, and ViiV Healthcare. NASTAD also receives funding to provide technical assistance to ADAPs through a Training and Technical Assistance Cooperative Agreement with the Health Resources and Services Administration (HRSA).

TABLE OF CONTENTS

Snapshot of ADAP Growth

Detailed Findings

- ADAP Client Enrollment and Utilization
- ADAP Prescription Expenditures and Prescriptions Filled
- ADAP Purchasing Models
- ADAP Insurance Coordination
- ADAP Coordination with Pre-existing Condition Insurance Plans
- ADAP Coordination with Medicare Part D

Charts

- Chart 1: ADAP Clients Enrolled, June 2010 and December 2010
- Chart 2: ADAP Clients Served, June 2010 and December 2010
- Chart 3: ADAP Drug Expenditures and Top 10 States, by Drug Expenditures, June 2010
- Chart 4: Percent Change in ADAP Drug Expenditures, June 1996-2010
- Chart 5: ADAP Drug Expenditures and Prescriptions Filled (Including Drug Purchases and Co-payments), June 2010
- Chart 6: ADAP Drug Expenditures and Prescriptions Filled, by Drug Category, June 2010
- Chart 7: ADAP Average Monthly Cost Per Client, June 1996-2010
- Chart 8: ADAP Purchasing Mechanisms, December 2010
- Chart 9: Clients Served and Estimated Expenditures in Insurance Purchasing and Continuation, 2010
- Chart 10: ADAP Policies Related to Medicare Part D, February 2011

Tables

- Table 1: Total Clients Enrolled and Served, June 2010 and December 2010
- Table 2: ADAP Drug Expenditures (Including Purchases and Co-payments), June 2010
- Table 3: ADAP Drug Expenditures, by Drug Category, June 2010
- Table 4: ADAP Prescriptions Filled (Including Purchased and Co-payments), June 2010
- Table 5: ADAP Prescriptions Filled, by Drug Category, June 2010
- Table 6: ADAP Average Monthly Cost Per Client, June 2010
- Table 7: ADAP Coverage of HIV Diagnostics, December 2010
- Table 8: ADAP Drug Purchasing, December 2010
- Table 9: ADAP Prescription Distribution, June 2010
- Table 10: Federal ADAP Funds Used for and Number of Clients Served Through Insurance Purchasing and Continuation, 2010
- Table 11: ADAP Coordination with Pre-existing Condition Insurance Plans, December 2010
- Table 12: ADAP Policies Related to Medicare Part D, February 2011
- Table 13: ADAP Data Sharing Agreements, December 2010
- Table 14: HIV/AIDS Medications

Glossary

MODULE TWO: SNAPSHOT OF ADAP GROWTH

The National HIV/AIDS Strategy (NHAS) was released in July 2010. While the strategy does not specifically address AIDS Drug Assistance Programs (ADAP) or the current ADAP crisis, it provides a clear focus on increasing access to care for people living with HIV (Goal Two). ADAPs strive to meet this goal by juggling available funding and client demand in order to serve the greatest number of clients with the most consistent service. ADAP's FY2010 ended with more states instituting or re-instituting cost-containment measures, including waiting lists, and a higher number of individuals on ADAP waiting lists than any other time in the history of the program. As FY2011 began on April 1, 2011, additional states have already indicated they are anticipating implementation of additional program restrictions, including waiting lists. Increases in client utilization and progression to more costly drug regimens, while likely to result in important health outcomes for people living with HIV/AIDS, lead to considerable fiscal stress for many ADAPs unable to keep pace with those demands. Further, as a result of the nation's economic crisis, more Americans living with HIV are relying on public health safety net programs, like ADAP, as a vital resource for medications.

ADAP Client Enrollment and Utilization

ADAPs continue to experience consistent increases in client enrollment and utilization. During FY2009, ADAP client enrollment increased over the previous fiscal year by an unprecedented average of 2,806 new clients per month. Between June 2009 and June 2010 ADAP client enrollment increased 10,302. In June 2010, ADAPs provided medications to 135,596, an 8% increase in client utilization over June 2009. ADAPs typically have more individuals enrolled in a given month than are served; in June 2010, ADAPs provided medications to 76% of the 179,009 enrolled individuals (a two percent increase of utilization vs. enrollment over the previous year).

ADAP Budget

In FY2010, the national ADAP budget climbed to $1.79 billion, a 13% increase from FY2009. The federal appropriation in FY2010 to ADAP increased by $20.6 million from FY2009. ADAP earmark funding to states comprised less than half (45%) of the total ADAP budget in FY2010; the earmark has been declining as a share of the total budget since 2000 when it peaked at 68% of the total. In order to fill the gaps resulting from nearly stagnant federal ADAP earmark funding and other constantly shifting funding streams, ADAPs relied more heavily on state general revenue contributions and increased rebates and discounts from pharmaceutical manufacturers to maintain their programs.

ADAP Expenditures and Prescriptions Filled

In June 2010, ADAP client utilization (135,607 clients in June 2010) and prescriptions filled (451,148 prescriptions in June 2010) increased by 8% over June 2009. ADAP drug expenditures totaled $147.2 million in June 2010, an increase of 16% over June 2009. ADAPs dispense approximately 3.3 prescriptions per month to clients, a number that has remained stable since June 2007. ADAPs are now experiencing an estimated additional $160 million of annualized supplemental discounts and rebates on drug costs as a result of ADAP Crisis Task Force negotiations held in May 2010.

ADAP Coordination with Other Payers

ADAPs are investing more heavily in health insurance purchasing and continuation which is cost-effective for the programs and provides comprehensive health benefits to clients, rather than only providing medications to clients. ADAPs generally purchase and/or continue insurance for clients through private insurers, state high-risk insurance pools, and other plans such as Pre-Existing Condition Insurance Plans (PCIPs). The extent to which ADAPs can purchase or maintain insurance coverage for people with HIV/AIDS depends on state and federal insurance law and health reform; ADAPs' capacity to develop and manage such programs; and the availability of resources for these purchases. ADAPs anticipate expending $194 million (11% of the national ADAP budget) in FY2010 purchasing and/or continuing

individuals' health insurance, representing an estimated20% increase over FY2009. Client utilization of health insurance purchasing and continuation in June 2010 grew 254% compared to June 2009.

ADAPs continue to experience increased growth in program enrollment and utilization due to minimal increases in federal appropriations and fluctuations in state funding, increased program demand due to unemployment and other economic challenges, heightened national efforts on HIV testing and linkages into care, high drug costs, and new HIV treatment guidelines calling for earlier therapeutic treatments. As more individuals turn to ADAP, programs will need to assess the feasibility of keeping their doors open and providing continuous services to those already enrolled. ADAPs must also continue to focus on establishing program efficiencies to create long-term program sustainability, implementing effective cost-containment measures, and coordinating with other payers to ensure payer of last resort requirements.

MODULE TWO: DETAILED FINDINGS

AIDS Drug Assistance Programs (ADAPs) provide life-saving HIV treatments to low income, uninsured, and underinsured individuals living with HIV/AIDS in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, American Samoa, the Federated States of Micronesia, Guam, the Northern Mariana Islands, and the Republic of the Marshall Islands. In addition, some ADAPs provide insurance continuation and Medicare Part D wrap-around services to eligible individuals. ADAPs are a component of the federal Ryan White Part B program that provides necessary medical and support services to low income, uninsured, and underinsured individuals living with HIV/AIDS in all states, territories and associated jurisdictions.

The *Annual Report* of NASTAD's National ADAP Monitoring Project is based on a comprehensive survey of all ADAPs. This 16th release of the *Annual Report* updates prior findings with data from ADAP's fiscal year 2010[i] as well as provides a detailed snapshot of data from the month of June 2010 with updates in December 2010. This module of the *Annual Report* reflects the latest available data and discusses recent policy and programmatic changes affecting ADAPs.

To provide interested stakeholders with more timely information, NASTAD is releasing the 2011 National ADAP Monitoring Project *Annual Report* in several modules. Detailed information related to ADAP budgets, client enrollment and utilization, client demographics, program eligibility, and program management and administration was included in Module One. Module Two includes detailed information on updated client enrollment and utilization, expenditures and prescriptions filled, prescription distribution and payment methods, insurance coordination, ADAP coordination with Pre-existing Condition Insurance Plans (PCIPs), and ADAP coordination with Medicare Part D. A final, supplemental module will highlight hepatitis treatments. These modules will then be combined into a final, comprehensive report.

A comprehensive survey was sent to all 57 jurisdictions that received federal ADAP earmark funding in FY2010; 52 responded (see Methodology). Most data included in this module are from FY2010 and June 2010, unless otherwise noted. The detailed findings from the survey are included below.

ADAP CLIENT ENROLLMENT AND UTILIZATION

ADAP client enrollment and client utilization reached their highest levels during FY2010. However, as a result of the national fiscal crisis and implementation of cost-containment measures, including the disenrollment of clients from ADAPs, client enrollment decreased in December 2010 compared to June 2010.

ADAPs provided medications to 127,998 clients across the country in December 2010. Client utilization remained relatively level between June 2009 and December 2010, increasing by 2%. Client utilization decreased by 2% between June 2010 and December 2010. Twenty-two states (46%) experienced a decrease in client utilization over this time period; 25 states (52%) reported a stabilization or increase in client utilization (see Table 1). Client utilization reported for December 2010 could show a slight decrease as a result of holiday closings in state government.

ADAP PRESCRIPTION EXPENDITURES AND PRESCRIPTIONS FILLED

Drug spending and utilization have increased over time. The distribution of drug expenditures and prescriptions varies across the country, reflecting differing formularies, drug prices, and prescribing patterns. Antiretrovirals, the standard of care for HIV, account for the majority of ADAP drug expenditures and prescriptions filled.

- ADAP drug expenditures were $146,457,975 in June 2010, ranging from a low of $19,348 in New Mexico, which heavily relies on insurance purchasing for client coverage, to a high of $37 million in

California. Ten states accounted for 76% of all drug spending; five states (California, New York, Texas, Puerto Rico and Florida) accounted for over half (57%) of all drug spending (see Chart 3 and Table 2).

- Drug spending by ADAPs has increased more than nine-fold (898%) since 1996 (among the same 46 states reporting data in both periods), almost three times the rate of client growth over this same period (333% increase between 1996 and 2010). Between June 2009 and June 2010, drug expenditures grew 16% (see Chart 4). Reasons for this include increasingly complex drug regimens, clients remaining on ADAPs longer and transitioning to more costly drug regimens and treatment of co-morbidities.

- The average monthly cost per client served by ADAP was $949 in June 2010. This represents a 5% decrease in average monthly cost per client since June 2009 ($995). Estimated annual per client expenditures were $11,388 (see Chart 7 and Table 6).[ii] In states that purchase via a pharmacy network (rebate) model, average monthly cost per client does not include rebates on expenditures, which would reduce the cost paid for prescriptions and, therefore, the average cost per client. States must actively file for rebates with manufacturers on past drug purchases.

- In June 2010, the average expenditure per prescription was $325, compared to $302 in June 2009, representing an 8% increase. Average expenditures per prescription was significantly higher for antiretrovirals ($491) than non-antiretrovirals ($67 for "A1" OIs and $64 for all other drugs).

- ADAPs filled a total of 451,148 prescriptions in June 2010 (see Chart 5 and Table 4), representing an increase of 8% compared to June 2009 (416,590 prescriptions filled).

- Most ADAP drug spending is on FDA-approved HIV antiretrovirals[iii] (91% in June 2010). The 31 "A1" drugs highly recommended for the prevention and treatment of HIV-related opportunistic infections (OIs)[iv,v] accounted for 2% of expenditures and 9% of prescriptions. All other drugs (including medications for depression, hypertension, and diabetes), accounted for 6% of drug expenditures, but 31% of prescriptions filled (see Chart 6 and Tables 3 and 5).

- ADAPs investment in insurance purchasing and continuation and wrap-around of existing public payers increased in June 2010. A subset of overall drug expenditures, ADAP payment of co-payments increased to 5% of overall drug purchases (from 1% in June 2009). In June 2010, 21% of all prescriptions filled were co-payment expenditures (from 8% in June 2009).

ADAP PURCHASING MODELS

The federal 340B Drug Discount Program, authorized under the Veterans Health Care Act of 1992, enables ADAPs to purchase drugs at or below the statutorily defined 340B ceiling price, which all ADAPs do (see Chart 8 and Table 8). ADAPs may purchase drugs directly from wholesalers at 340B prices ("direct purchase ADAPs"), through retail pharmacy networks at a higher than 340B price ("rebate ADAPs"), or as a direct purchase state that utilizes an existing entity (e.g., University Hospital) to purchase and distribute ADAP drugs ("hybrid ADAPs"). For rebate states, ADAPs then submit rebate requests to drug manufacturers, maintaining compliance with the 340B price requirement. Direct purchase ADAPs can also choose to participate in the HRSA Prime Vendor Program created by the federal government to negotiate pharmaceutical pricing below the 340B price.

- Twenty-four ADAPs reported purchasing directly from wholesalers, 16 also participated in the HRSA Prime Vendor Program.

- Twenty ADAPs reported purchasing through a pharmacy network and then seeking rebates.

- Five ADAPs reported purchasing through a hybrid model.

- The District of Columbia participates in the 340B program, but is able to purchase most of its medications through the Department of Defense, allowing it to access the Federal Ceiling Price, a lower price only available to certain federal purchasers. Several other states that participate in the 340B program also have state laws regarding negotiation processes that result in lower prices.

- NASTAD's ADAP Crisis Task Force negotiates directly with manufacturers for pharmaceutical pricing below the 340B price on behalf of both rebate and direct purchase ADAPs. When such agreements are reached, they are provided to all states. There are currently agreements in place with all manufacturers of antiretroviral medications and with several other companies that manufacture other high-cost medications. In May 2010, recognizing the unique status of ADAPs and the need to provide new supplemental discounts to ensure ADAP prices were below the new, lower 340B prices, antiretroviral manufacturers worked with the ADAP Crisis Task Force to reduce ADAPs' antiretroviral costs by an additional $160 million annually beginning July 2010. Many of the agreements also include price freezes. The cumulative savings of the Task Force agreements, from 2003 to 2010, totals more than $1.2 billion. NASTAD provides logistical support to the Task Force.

ADAP INSURANCE COORDINATION

The Ryan White Program allows states to use ADAP earmark dollars to purchase health insurance and pay insurance premiums, co-payments, and/or deductibles for individuals eligible for ADAP, provided the insurance has comparable formulary benefits to that of the ADAP.[vi,vii] States are increasingly using ADAP funds for this purpose.

- Forty ADAPs reported using funds for insurance purchasing/continuation in 2010 representing $194 million in estimated expenditures in FY2010. ADAPs reported spending over $15 million on insurance purchasing/continuation in June 2010.

- In June 2010, 110,338 ADAP clients were served by such arrangements (see Chart 9 and Table 10). Clients served through insurance coordination more than tripled since June 2009 (31,291 clients served).

- Spending on insurance purchasing/continuation represented an estimated $139 per capita in June 2010, about 15% of the average monthly cost per client, based on drug expenditures, in that month ($949).

ADAP COORDINATION WITH PRE-EXISTING CONDITION INSURANCE PLANS

In March 2010, President Obama signed into law the Patient Protection and Affordable Care Act (PPACA). The passage of health reform will extend health insurance coverage to many uninsured persons living with HIV/AIDS, but a majority of these insurance opportunities will not exist until 2014 when Medicaid expansion and insurance exchange implementation take effect. In an effort to help certain uninsured individuals obtain coverage prior to 2014, the health reform bill included provisions that the Secretary of Health and Human Services (HHS) establish a Pre-existing Condition Insurance Plan (PCIP) by July 1, 2010. Individual states were given the option to establish a state administered PCIP or default to the option of having uninsured populations served under the federally administered PCIP.

Some ADAPs have experienced barriers to coordinating with PCIPs, including the need to establish the infrastructure necessary to coordinate with the PCIP and that the PCIP in their state prohibits third-party payers.

- As of December 2010, 12 ADAPs reported having the ability to enroll clients in PCIPs and 11 of those states had 151 clients enrolled with plans to continue enrolling additional clients (see Table 11).

- The average monthly cost per client served in a PCIP was $529 in December 2010, approximately 56% of the annual average cost per client, based on drug expenditures ($949) in that month.

ADAP COORDINATION WITH MEDICARE PART D

In calendar year 2010, approximately 13% of ADAP clients were also Medicare-eligible (representing about 15,000 clients served). A subset of these clients were dually eligible for both Medicare and Medicaid.

PPACA also included a provision that allows ADAP expenditures made on behalf of a Medicare Part D beneficiary to count towards the True Out of Pocket Costs (TrOOP) calculation, which allows clients to move through the donut hole and into catastrophic coverage. This provision went into effect on January 1, 2011.

- To meet the federal requirements and maintain appropriate medication coverage for their clients, 53 ADAPs have developed policies to coordinate with the Part D benefit (see Chart 10 and Table 12). As of February 2011:
  - 21 ADAPs pay Part D premiums for ADAP clients eligible for Part D;
  - 44 ADAPs pay Part D deductibles for ADAP clients eligible for Part D;
  - 36 ADAPs pay Part D co-payments for ADAP clients eligible for Part D;
  - 36 ADAPs pay for all medications on their ADAP formularies when their Part D clients reach the "donut hole." Now that ADAP expenditures count toward TrOOP, this allows clients to reach Part D catastrophic coverage and thus no longer solely rely on ADAP for the remainder of each calendar year.

- In order for ADAP contributions to count toward clients TrOOP calculations, ADAPs must accurately transmit data to the Center's for Medicaid and Medicare (CMS). Twenty-six ADAPs reported signing a data sharing agreement with CMS in December 2010 (see Table 13).

- Twenty-three ADAPs, including 9 who do not have a data sharing agreement with CMS, have a data sharing agreement with at least one other entity, including Medicaid, Medicare, private insurance providers, and other entities (e.g. Pharmacy Benefits Managers).

KEY DATES IN THE HISTORY OF ADAPS

1987: First antiretroviral (AZT, an NRTI) approved by the FDA; Federal government provides grants to states to help them purchase AZT, marking beginning of federally funded, state-administered "AZT Assistance Programs."

1990: ADAPs incorporated into Title II of the newly created Ryan White CARE Act.

1995: First protease inhibitor approved by FDA, and the highly active antiretroviral therapy (HAART) era begins.

1996: First reauthorization of CARE Act—federal ADAP earmark created; first non-nucleoside reverse transcriptase inhibitor (NNRTI) approved by FDA.

2000: Second reauthorization of CARE Act. Changes for ADAPs include: allowance of insurance purchasing and maintenance; flexibility to provide other limited services (e.g., adherence support and outreach); and creation of ADAP supplemental grants program.

2003: NASTAD's ADAP Crisis Task Force formed to negotiate with pharmaceutical companies on pricing of antiretroviral medications; first fusion inhibitor approved by FDA.

2004: President's ADAP Initiative (PAI) announced, allocating $20 million in one-time funding outside of the ADAP system to reduce ADAP waiting lists in 10 states.

2006: Third reauthorization of the CARE Act, now called, "Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006" or the "Ryan White Program." Changes for ADAP include: new formula for determining state awards, which incorporates living HIV and AIDS cases; new minimum formulary requirement; and changes in ADAP supplemental set-aside and eligibility.

2007: New minimum formulary requirement effective July 1; first CCR5 antagonist and integrase inhibitor approved by FDA.

2009: Fourth reauthorization of the Ryan White Program. The reauthorization was for four years and included several technical changes.

2010: Patient Protection and Affordable Care Act (PPACA) signed into law. ADAP emergency funding announced, allocating $25 million in funding to address ADAP waiting lists and cost-containment.

METHODOLOGY

Since 1996, NASTAD's National ADAP Monitoring Project has surveyed all jurisdictions receiving federal ADAP earmark funding through the Ryan White Program. In FY2010, 57 jurisdictions received earmark funding and were surveyed in September 2010; 52 responded (Vermont only provided FY2010 budget information). American Samoa, Federated States of Micronesia, Mississippi, and Northern Mariana Islands did not respond; these jurisdictions represent less than one percent of estimated living HIV and AIDS cases.

NASTAD surveyed all jurisdictions receiving federal ADAP earmark funding through the Ryan White Program to request supplemental and updated information in February 2011; 49 responded. American Samoa, District of Columbia, Federated States of Micronesia, Guam, Mississippi, New Hampshire, Northern Mariana Islands, and Oregon did not respond; these jurisdictions represent less than one percent of estimated living HIV and AIDS cases.

The annual and supplemental surveys request data and other program information for a one-month period (June or December), the current fiscal year, and for other periods as specified. After the survey is distributed, NASTAD conducts extensive follow-up to ensure completion by as many ADAPs as possible. Data used in this report are from June 2010, December 2010 and FY2010, unless otherwise noted.

All data reflect the status of ADAPs as reported by survey respondents. It is important to note that some program information may have changed between data collection and this report's release. Due to differences in data collection and availability across ADAPs, some are not able to respond to all survey questions. Where trend data are presented, only states that provided data in relevant periods are included. In some cases, ADAPs have provided revised program data from prior years and these revised data are incorporated where possible. Therefore, data from prior year reports may not be comparable for assessing trends. It is also important to note that data from a one-month snapshot may be subject to one-time only events or changes that could in turn appear to impact trends; these are noted where information is available. Data exceptions specific to a particular jurisdiction are provided in the notes section on relevant charts and tables.

CHARTS AND TABLES

Charts for each major finding and tables, with data provided by state, are included in the full report.

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[i] FY2010 refers to ADAP fiscal year 2010 and encompasses data from April 1, 2010 through March 31, 2011.

[ii] This estimate is based on annualizing June 2010 average monthly cost per client. It is important to note that June 2010 expenditures may not be representative of monthly expenditures overall.

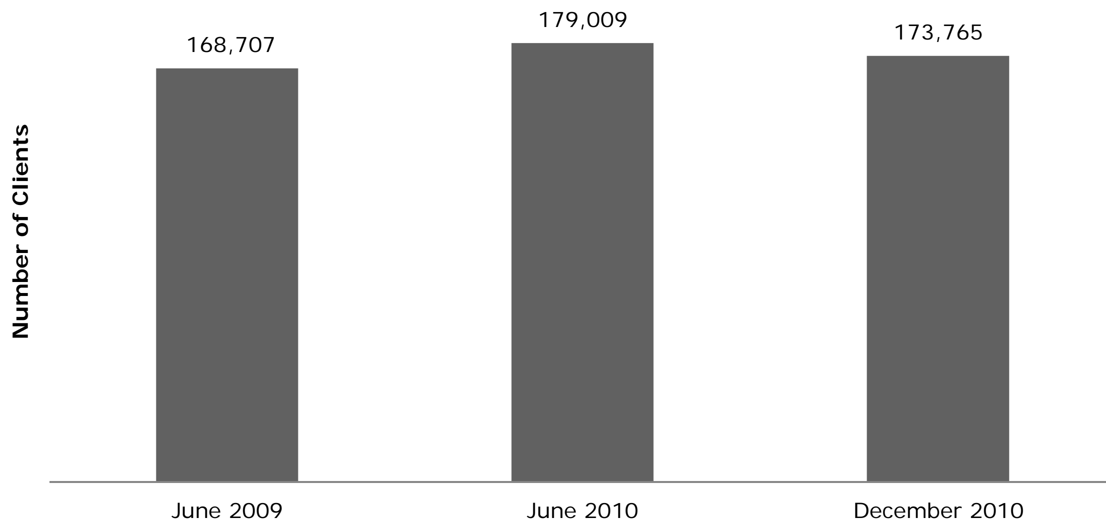
[iii] U.S. Food and Drug Administration, "Drugs Used in the Treatment of HIV Infection." Available at: http://www.fda.gov/oashi/aids/virals.html (accessed April 15, 2011).

[iv] Centers for Disease Control and Prevention, "Guidelines for the Prevention of Opportunistic Infections in Persons Infected with Human Immunodeficiency Virus." *MMWR* 2002; 51(RR08): 1-46. Available at: http://www.aidsinfo.nih.gov/ (accessed April 15, 2011).

[v] Centers for Disease Control and Prevention, "Treating Opportunistic Infections Among HIV-Infected Adults and Adolescents." *MMWR* 2004; 53(RR15): 1-112. Available at: http://www.aidsinfo.nih.gov/ (accessed April 15, 2011).

[vi] Health Resources and Services Administration, HIV/AIDS Bureau, Policy Notice 07-05, "The Use of Ryan White HIV/AIDS Program Part B ADAP Funds to Purchase Health Insurance."

[vii] Health Resources and Services Administration, HIV/AIDS Bureau, DSS Program Policy Guidance No. 2, "Allowable Uses of Funds for Discretely Defined Categories of Services," Formerly Policy No. 97-02, First Issued: February 1, 1997, June 1, 2000.



Note: 51 ADAPs reported data in June 2010 (American Samoa, Federated States of Micronesia, Guam, Mississippi, Northern Mariana Islands, and Vermont did not report data). 48 ADAPs reported data in December 2010 (American Samoa, District of Columbia, Federated States of Micronesia, Guam, Kansas, Mississippi, New Hampshire, Northern Mariana Islands, and Oregon did not report data).

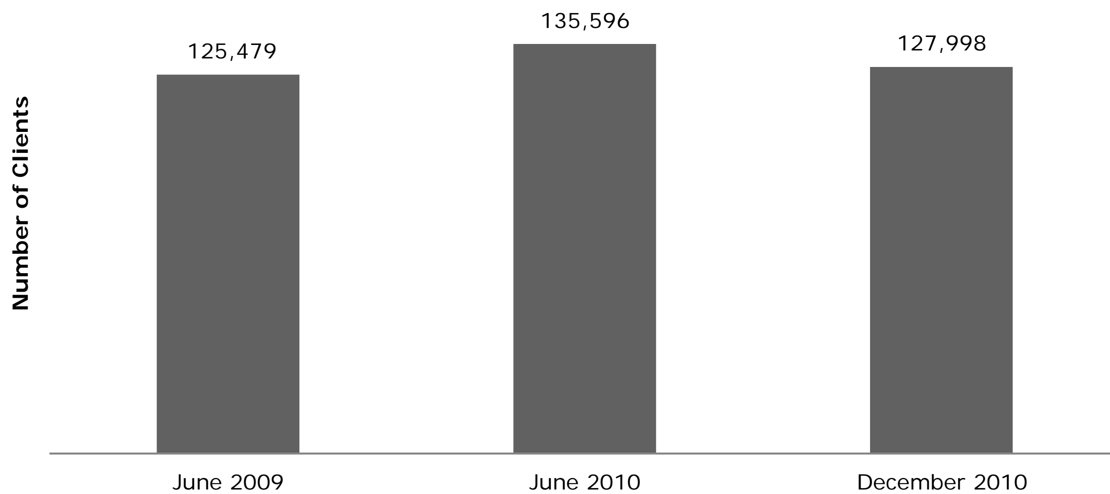


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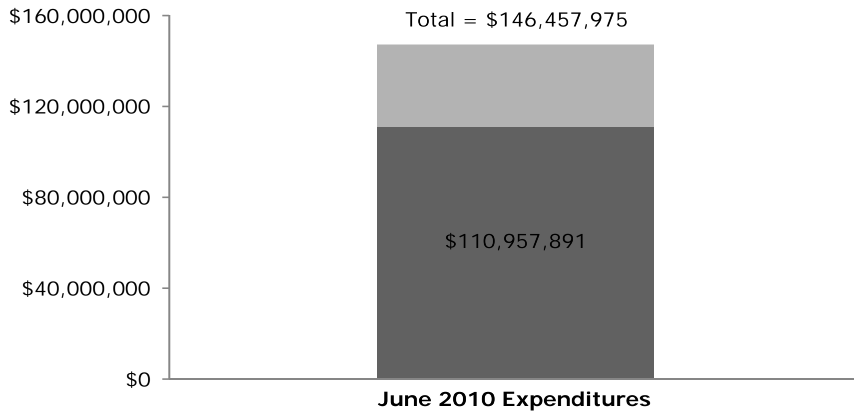
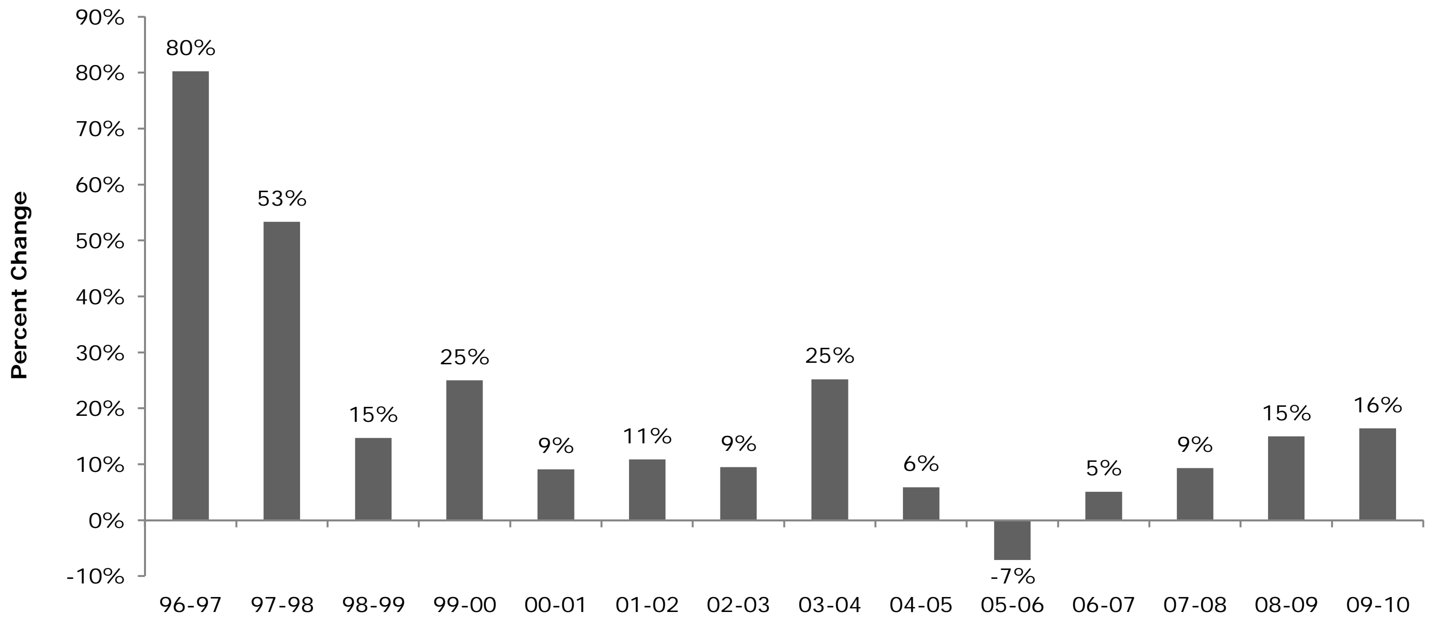
Chart 3: ADAP Drug Expenditures and Top 10 States, by Drug Expenditures, June 2010



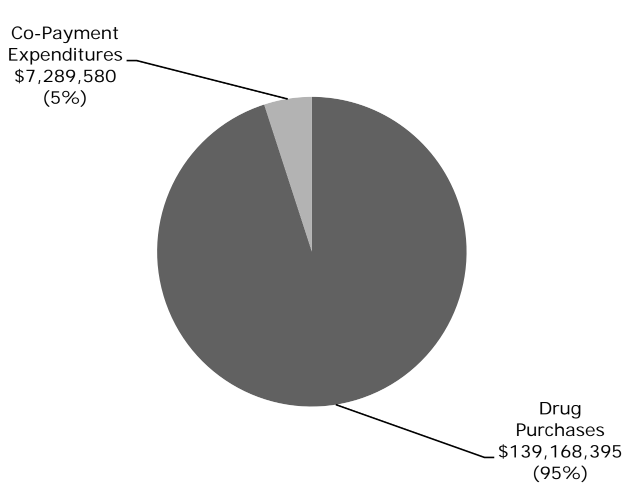
State	Drug Expenditures, June 2010
California	$37,180,170
New York	$22,318,501
Texas	$8,335,673
Puerto Rico	$8,215,234
Florida	$7,821,435
Pennsylvania	$7,639,191
New Jersey	$7,599,476
Georgia	$4,529,041
Illinois	$4,321,936
North Carolina	$2,997,234
Total	**$110,957,891**

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Mississippi, Northern Mariana Islands, and Vermont did not report data.

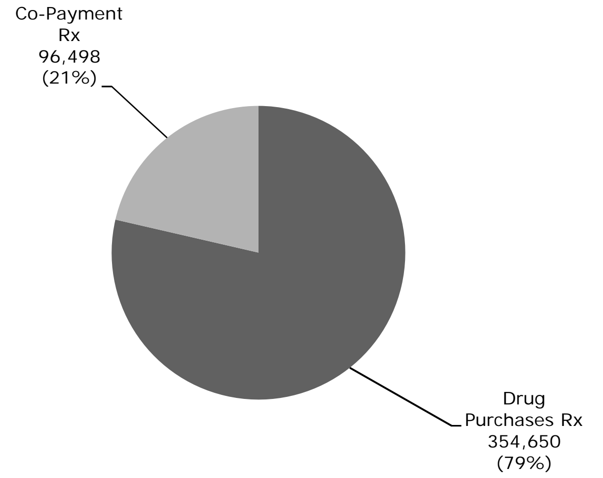


Note: Percentages represent changes between the two years indicated, not aggregate since 1996. Increases in expenditures should

Chart 5: ADAP Drug Expenditures and Prescriptions Filled (Including Drug Purchases and Co-Payments), June 2010



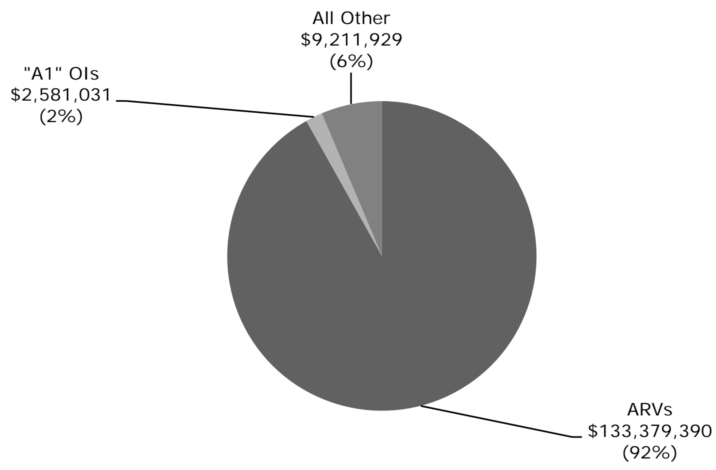
Total = $147.2 million

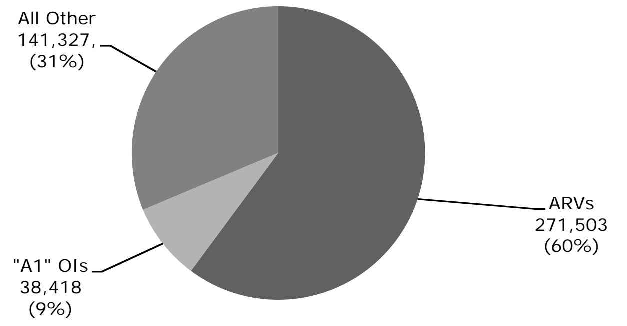


Total = 451,148 prescriptions (Rx) filled

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Mississippi, Northern Mariana Islands, and Vermont did not report data.

Chart 6: ADAP Drug Expenditures and Prescriptions Filled (Including Drug Purchases and Co-Payments), by Drug Category, June 2010





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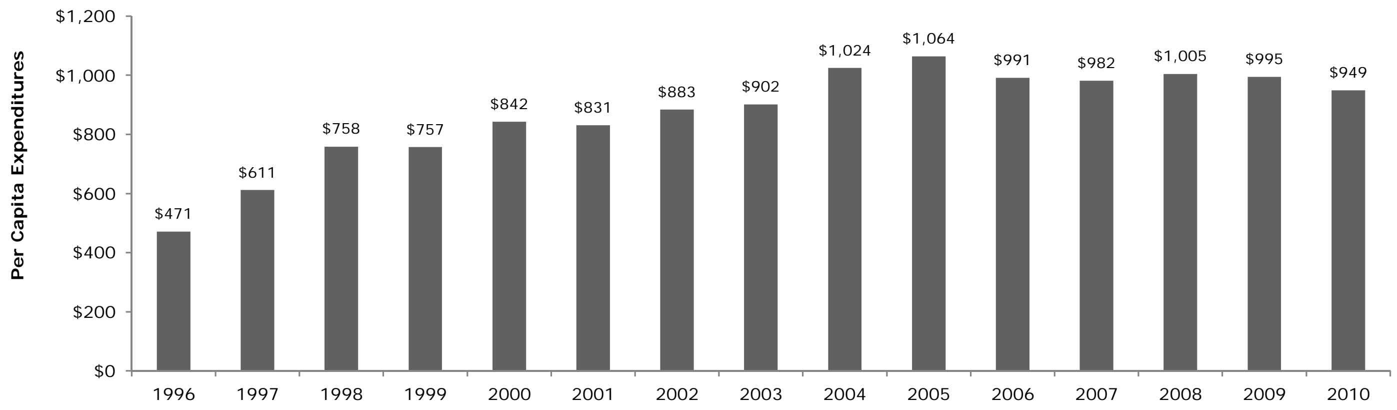
Chart 7: ADAP Average Monthly Cost Per Client, June 1996-2010
Per Capita Expenditures
$1,200
$1,000
$800
$600
$400
$200
$0
$471
$611
$758
$757
$842
$831
$883
$902
$1,024
$1,064
$991
$982
$1,005
$995
$949
1996
1997
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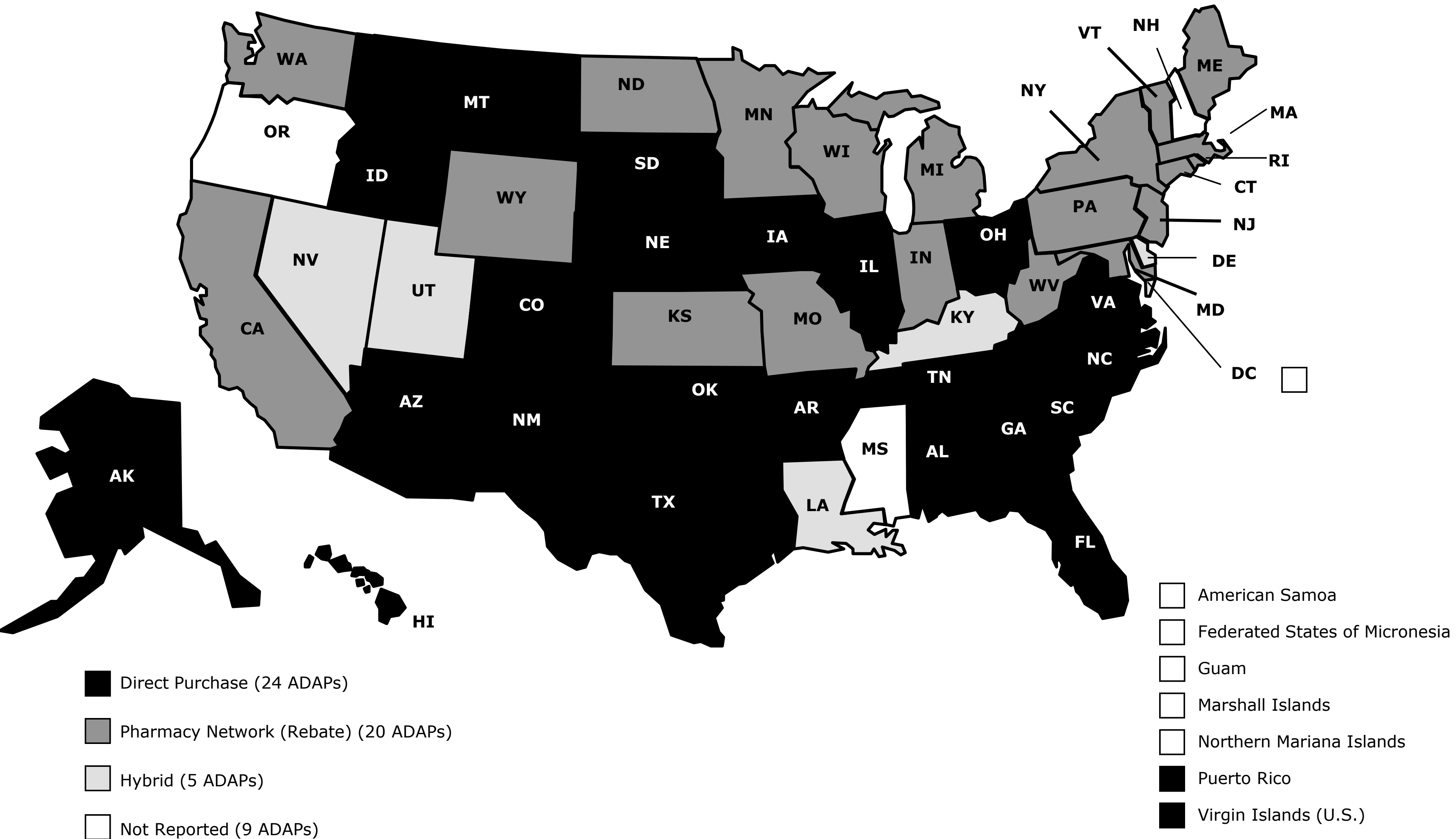
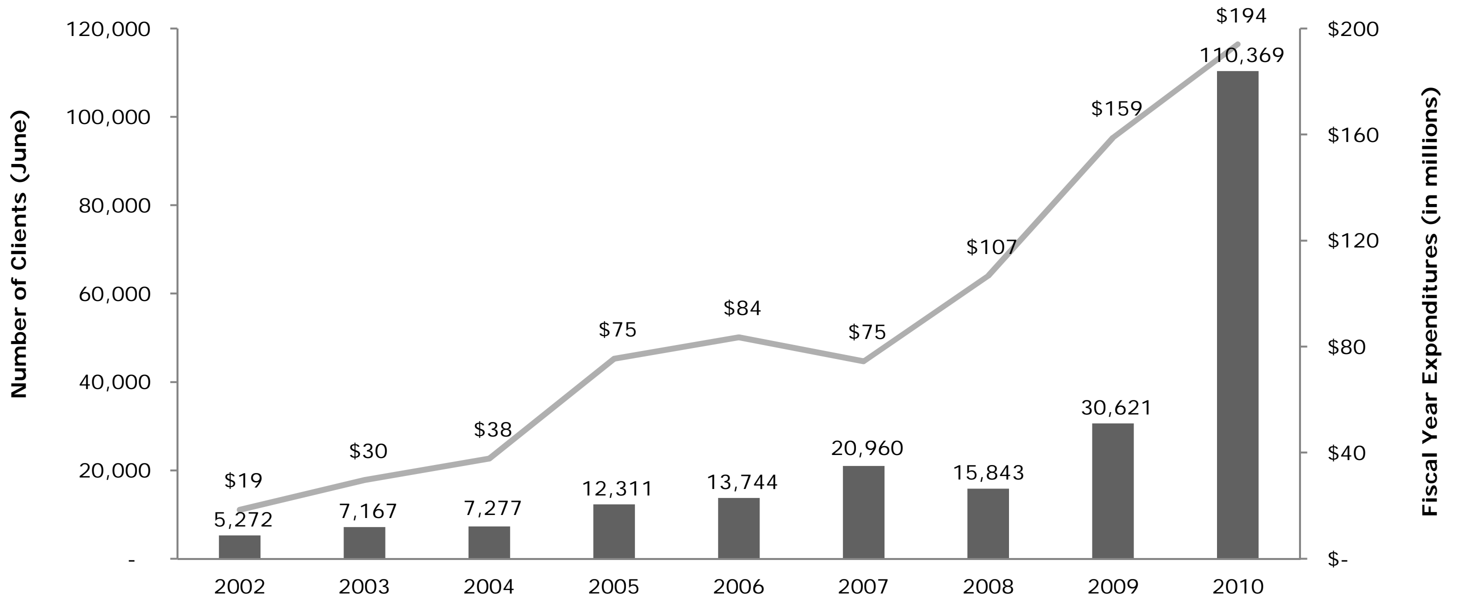
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010

Chart 8: ADAP Purchasing Mechanisms, December 2010

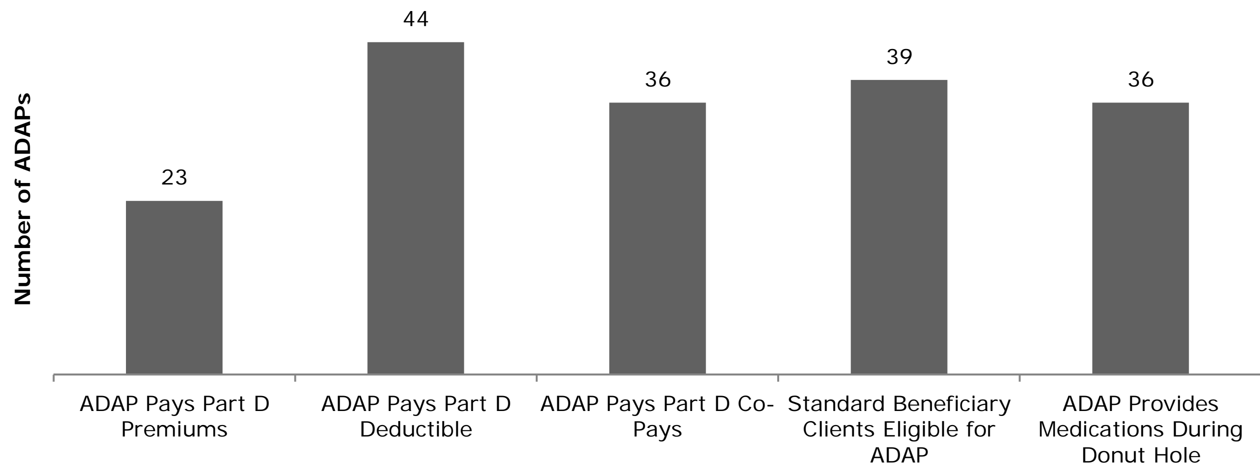


Note: 49 ADAPs reported data. American Samoa, District of Columbia, Federated States of Micronesia, Guam, Mississippi, New Hampshire, Northern Mariana Islands, and Oregon did not report data.



Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Mississippi, Northern Mariana Islands, and Vermont did not report data. Health insurance programs include purchasing health insurance and paying insurance premiums, co-payments, and/or deductibles. Client data for June 2002 and 2003 represent clients enrolled; June 2004-2010 data represent clients served. All ADAPs that have reported having insurance purchasing/maintenance programs since 2002 are included.

Chart 10: ADAP Policies Related to Medicare Part D, February 2011



Note: 49 ADAPs reported data. American Samoa, District of Columbia, Federated States of Micronesia, Guam, Mississippi, New Hampshire, Northern Mariana Islands, and Oregon did not report data.

Table 1: Total Clients Enrolled and Served, June 2010 and December 2010

State/Territory	Financial Eligibility as % of FPL [1]	June 2010 Clients Enrolled	December 2010 Clients Enrolled	% Change	June 2010 Clients Served	December 2010 Clients Served	% Change
Alabama	250% GR	1,618	1,898	17%	1,468	1,722	17%
Alaska	300% GR	96	92	-4%	93	80	-14%
American Samoa	--	--	--	--	--	--	--
Arizona	300% GR	1,100	1,079	-2%	1,071	1,042	-3%
Arkansas	200% GR	552	602	9%	552	602	9%
California	460% GR	34,963	34,760	-1%	25,128	24,706	-2%
Colorado	400% GR	2,883	2,748	-5%	1,822	2,274	25%
Connecticut	400% NET	2,042	1,964	-4%	1,558	1,595	2%
Delaware	500% GR	1,107	1,147	4%	590	603	2%
District of Columbia	500% GR	2,457	--	--	1,507	--	--
Federated States of Micronesia	--	--	--	--	--	--	--
Florida	400% GR	13,832	10,807	-22%	11,636	9,495	-18%
Georgia	300% GR	5,883	5,628	-4%	5,398	4,570	-15%
Guam	200% NET	--	--	--	--	--	--
Hawaii	400% GR	288	287	0%	264	265	0%
Idaho	200% GR	130	158	22%	130	133	2%
Illinois	500% GR	5,919	5,724	-3%	4,346	4,275	-2%
Indiana	300% GR	1,669	1,842	10%	1,669	1,842	10%
Iowa	200% GR	362	511	41%	289	406	40%
Kansas	300% GR	1,128	--	--	735	--	--
Kentucky	300% GR	1,526	1,579	3%	996	1,389	39%
Louisiana	300% GR	2,346	2,915	24%	2,346	1,952	-17%
Maine	500% GR	696	714	3%	216	260	20%
Marshall Islands	--	--	--	--	--	--	--
Maryland	500% GR	5,298	5,407	2%	3,344	3,266	-2%
Massachusetts	500% GR	5,579	5,511	-1%	4,099	3,730	-9%
Michigan	400% GR	2,878	2,949	2%	2,321	1,974	-15%
Minnesota	300% GR	1,200	1,156	-4%	678	688	1%
Mississippi	--	--	--	--	--	--	--
Missouri	300% GR	2,287	2,255	-1%	1,372	1,426	4%
Montana [1]	330% GR	105	103	-2%	83	88	6%
Nebraska	200% GR	349	510	46%	227	353	56%
Nevada	400% GR	1,122	1,092	-3%	872	853	-2%
New Hampshire	300% GR	315	--	--	193	--	--
New Jersey	500% GR	6,521	6,772	4%	4,949	4,056	-18%
New Mexico [2]	400% GR	655	643	-2%	654	642	-2%
New York	435% GR	19,051	19,087	0%	15,294	15,229	0%
North Carolina	300% GR	4,605	6,113	33%	3,428	4,133	21%
North Dakota	300% NET	100	89	-11%	57	58	2%
Northern Mariana Islands	--	--	--	--	--	--	--
Ohio	300% GR	4,367	3,787	-13%	2,581	2,657	3%
Oklahoma	200% GR	1,264	1,288	2%	1,054	1,026	-3%
Oregon	200% GR	2,688	--	--	2,630	--	--
Pennsylvania	337% GR	5,066	5,405	7%	4,019	3,929	-2%
Puerto Rico	200% NET	4,633	5,048	9%	4,328	4,670	8%
Rhode Island	400% GR	717	713	-1%	508	501	-1%
South Carolina	300% GR	3,180	3,270	3%	2,780	2,657	-4%
South Dakota	300% GR	77	67	-13%	77	67	-13%
Tennessee	300% GR	3,682	3,621	-2%	2,535	2,787	10%
Texas	200% GR	12,716	13,471	6%	8,862	8,983	1%
Utah	250% GR	275	387	41%	250	353	41%
Vermont	200% NET	--	309	--	--	185	--
Virgin Islands (U.S.)	400% GR	131	147	12%	131	147	12%
Virginia	400% GR	3,453	3,506	2%	2,144	1,931	-10%
Washington	300% GR	3,854	3,928	2%	3,140	3,122	-1%
West Virginia	325% GR	511	580	14%	283	298	5%
Wisconsin	300% GR	1,597	1,804	13%	824	909	10%
Wyoming	332% GR	136	136	0%	65	69	6%
Total		**179,009**	**173,609**		**135,596**	**127,998**	
Comparison Total [2]		***172,421***	***173,300***	***1%***	***130,531***	***127,813***	***-2%***

[1] The 2010 Federal Poverty Level (FPL) was $10,830 (slightly higher in Alaska and Hawaii) for a household of one. GR=Gross income; NET=Net income.
[2] Comparison Totals are based on only those ADAPs that reported data in both time periods.

Note: 51 ADAPs reported data in June 2010 (American Samoa, Federated States of Micronesia, Guam, Mississippi, Northern Mariana Islands, and Vermont did not report data). 48 ADAPs reported data in December 2010 (American Samoa, District of Columbia, Federated States of Micronesia, Guam, Kansas, Mississippi, New Hampshire, Northern Mariana Islands, and Oregon did not report data).

Table 2: ADAP Drug Expenditures (Including Purchases and Co-payments), June 2010

State/Territory	June 2010 Drug Purchases	Drug Purchases % of Total Expenditures	June 2010 Co-Payment Expenditures	Co-Payment % of Total Expenditures	June 2010 Total Drug Expenditures (Including Purchases and Co-payments)
Alabama	$1,178,045	100%	$13	0%	$1,178,057
Alaska	$83,959	100%	$0	0%	$83,959
American Samoa	--	--	--	--	--
Arizona	$1,182,717	100%	$0	0%	$1,182,717
Arkansas	--	--	--	--	--
California	$33,585,311	90%	$3,594,859	10%	$37,180,170
Colorado	$1,270,128	93%	$96,384	7%	$1,366,512
Connecticut	$1,765,759	88%	$241,625	12%	$2,007,384
Delaware	$191,753	100%	$0	0%	$191,753
District of Columbia	$402,278	100%	$0	0%	$402,278
Federated States of Micronesia	--	--	--	--	--
Florida	$7,821,435	100%	$0	0%	$7,821,435
Georgia	$4,529,041	100%	$0	0%	$4,529,041
Guam	--	--	--	--	--
Hawaii	$263,641	98%	$4,955	2%	$268,596
Idaho	$276,554	100%	$0	0%	$276,554
Illinois	$4,250,962	98%	$70,974	2%	$4,321,936
Indiana	$393,034	61%	$246,771	39%	$639,805
Iowa	$173,914	90%	$20,156	10%	$194,070
Kansas	$1,679,958	100%	$0	0%	$1,679,958
Kentucky	$1,141,692	89%	$143,933	11%	$1,285,625
Louisiana	$2,043,785	96%	$89,538	4%	$2,133,323
Maine	$35,211	68%	$16,584	32%	$51,795
Marshall Islands	--	--	--	--	--
Maryland	$2,780,576	100%	$0	0%	$2,780,576
Massachusetts	$380,654	61%	$241,271	39%	$621,925
Michigan	$2,794,570	100%	$0	0%	$2,794,570
Minnesota	$375,748	100%	$0	0%	$375,748
Mississippi	--	--	--	--	--
Missouri	$1,770,790	100%	$123,766	7%	$1,894,556
Montana	$60,156	92%	$5,120	8%	$65,276
Nebraska	$234,304	100%	$0	0%	$234,304
Nevada	$647,188	96%	$28,222	4%	$675,410
New Hampshire	$154,402	86%	$25,186	14%	$179,588
New Jersey	$7,599,476	100%	$0	0%	$7,599,476
New Mexico	$19,348	100%	$0	0%	$19,348
New York	$22,318,501	100%	$0	0%	$22,318,501
North Carolina	$2,997,234	100%	$0	0%	$2,997,234
North Dakota	$59,544	100%	$0	0%	$59,544
Northern Mariana Islands	--	--	--	--	--
Ohio	$1,514,201	78%	$415,297	22%	$1,929,498
Oklahoma	$716,540	92%	$65,932	8%	$782,472
Oregon	$47,663	19%	$198,098	81%	$245,761
Pennsylvania	$6,237,832	82%	$1,401,359	18%	$7,639,191
Puerto Rico	$8,215,234	100%	$0	0%	$8,215,234
Rhode Island	$514,201	100%	$0	0%	$514,201
South Carolina	$1,574,939	93%	$123,475	7%	$1,698,415
South Dakota	$76,317	100%	$0	0%	$76,317
Tennessee	$1,996,220	100%	$0	0%	$1,996,220
Texas	$8,335,673	100%	$0	0%	$8,335,673
Utah	$217,317	100%	$0	0%	$217,317
Vermont	--	--	--	--	--
Virgin Islands (U.S.)	$69,615	100%	$0	0%	$69,615
Virginia	$2,913,816	100%	$0	0%	$2,913,816
Washington	$839,508	86%	$133,448	14%	$972,956
West Virginia	$315,303	100%	$0	0%	$315,303
Wisconsin	$1,038,594	100%	$0	0%	$1,038,594
Wyoming	$83,753	97%	$2,615	3%	$86,369
Total	**$139,168,395**	**95%**	**$7,289,580**	**5%**	**$146,457,975**

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Mississippi, Northern Mariana Islands, and Vermont did not report FY2010 data, but their federal ADAP earmark awards were known and incorporated. Following reauthorization of the Ryan White Program in 2009, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY2010 and is not included above. Marshall Islands did not receive a federal ADAP earmark award in FY2010.

Table 3: ADAP Drug Expenditures (Including Purchases and Co-payments), by Drug Category, June 2010

State/Territory	June 2010 Total Expenditures	June 2010 ARV Total Expenditures[1]	ARV % of Total Expenditures[1]	June 2010 "A1" OI Total Expenditures[2]	"A1" OI % of Total Expenditures[2]	June 2010 All Other Total Expenditures	All Other % of Total Expenditures
Alabama	$1,178,057	$1,125,385	96%	$21,314	2%	$31,358	3%
Alaska	$83,959	$83,018	99%	$351	0%	$590	1%
American Samoa	--	--	--	--	--	--	--
Arizona	$1,182,717	$1,157,702	98%	$25,015	2%	$0	0%
Arkansas	--	--	--	--	--	--	--
California	$37,180,170	$33,854,805	91%	$852,816	2%	$2,472,549	7%
Colorado	$1,366,512	$1,283,873	94%	$45,658	3%	$36,982	3%
Connecticut	$2,007,384	$1,802,866	90%	$37,861	2%	$166,656	8%
Delaware	$191,753	$163,181	85%	$4,518	2%	$24,055	13%
District of Columbia	$402,278	$325,000	81%	$57,000	14%	$20,278	5%
Federated States of Micronesia	--	--	--	--	--	--	--
Florida	$7,821,435	$7,550,125	97%	$89,417	1%	$181,893	2%
Georgia	$4,529,041	$4,436,748	98%	$92,293	2%	$0	0%
Guam	--	--	--	--	--	--	--
Hawaii	$268,596	$252,392	94%	$2,399	1%	$13,805	5%
Idaho	$276,554	$273,488	99%	$3,066	1%	$0	0%
Illinois	$4,321,936	$3,769,862	87%	$36,444	1%	$515,629	12%
Indiana	$639,805	$286,558	45%	$9,856	2%	$343,391	54%
Iowa	$194,070	$191,158	98%	$1,688	1%	$1,224	1%
Kansas	$1,679,958	$1,486,968	89%	$36,781	2%	$156,209	9%
Kentucky	$1,285,625		0%		0%		0%
Louisiana	$2,133,323	$2,077,328	97%	$55,995	3%	$0	0%
Maine	$51,795	$45,321	88%	$640	1%	$5,834	11%
Marshall Islands	--	--	--	--	--	--	--
Maryland	$2,780,576	$2,625,776	94%	$42,308	2%	$112,492	4%
Massachusetts	$621,925	$341,388	55%	$8,471	1%	$272,066	44%
Michigan	$2,794,570	$2,615,073	94%	$36,127	1%	$143,370	5%
Minnesota	$375,748	$357,282	95%	$6,750	2%	$11,716	3%
Mississippi	--	--	--	--	--	--	--
Missouri	$1,894,556	$1,831,349	97%	$36,958	2%	$26,249	1%
Montana	$65,276	$64,656	99%	$252	0%	$368	1%
Nebraska	$234,304	$227,010	97%	$7,294	3%	$0	0%
Nevada[3]	$675,410	$662,665	98%	$12,745	2%	$0	0%
New Hampshire	$179,588	$158,859	88%	$4,295	2%	$16,434	9%
New Jersey	$7,599,476	$5,868,067	77%	$72,537	1%	$1,658,872	22%
New Mexico	$19,348	$18,725	97%	$273	1%	$350	2%
New York	$22,318,501	$20,001,848	90%	$531,058	2%	$1,785,595	8%
North Carolina	$2,997,234	$2,903,912	97%	$38,487	1%	$54,835	2%
North Dakota	$59,544	$57,274	96%	$878	1%	$1,392	2%
Northern Mariana Islands	--	--	--	--	--	--	--
Ohio	$1,929,498	$1,817,642	94%	$20,716	1%	$91,140	5%
Oklahoma	$782,472	$729,703	93%	$7,277	1%	$45,492	6%
Oregon	$245,761	$178,007	72%	$9,418	4%	$58,336	24%
Pennsylvania	$7,639,191	$6,788,866	89%	$132,036	2%	$718,288	9%
Puerto Rico	$8,215,234	$8,213,666	100%	$1,568	0%	$0	0%
Rhode Island	$514,201	$491,542	96%	$15,348	3%	$7,311	1%
South Carolina	$1,698,415	$1,639,885	97%	$11,939	1%	$46,590	3%
South Dakota	$76,317	$75,423	99%	$537	1%	$357	0%
Tennessee	$1,996,220	$1,892,489	95%	$74,612	4%	$29,119	1%
Texas	$8,335,673	$8,232,336	99%	$52,998	1%	$50,339	1%
Utah	$217,317	$209,621	96%	$7,696	4%	$0	0%
Vermont	--	--	--	--	--	--	--
Virgin Islands (U.S.)	$69,615	$69,422	100%	$0	0%	$194	0%
Virginia	$2,913,816	$2,827,747	97%	$25,385	1%	$60,684	2%
Washington	$972,956	$935,069	96%	$4,813	0%	$33,074	3%
West Virginia	$315,303	$309,139	98%	$4,296	1%	$1,868	1%
Wisconsin	$1,038,594	$986,817	95%	$40,507	4%	$11,270	1%
Wyoming	$86,369	$82,353	95%	$340	0%	$3,676	4%
Total	**$146,457,975**	**$133,379,390**	**91%**	**$2,581,031**	**2%**	**$9,211,929**	**6%**

[1]ARV=Antiretrovirals.
[2]"A1" OI=Drugs recommended ("A1") for the prevention and treatment of opportunistic infections (OIs).

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Mississippi, Northern Mariana Islands, and Vermont did not report FY2010 data, but their federal ADAP earmark awards were known and incorporated. Following reauthorization of the Ryan White Program in 2009, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY2010 and is not included above. Marshall Islands did not receive a federal ADAP earmark award in FY2010.

Table 4: ADAP Prescriptions Filled (Including Purchases and Co-payments), June 2010

State/Territory	June 2010 Drug Purchases Rx[1]	Drug Purchases Rx % of Total Rx	June 2010 Co-Payment Rx	Co-Payment Rx % of Total Rx	June 2010 Total Rx
Alabama	4,560	100%	0	0%	4,560
Alaska	262	100%	0	0%	262
American Samoa	--	--	--	--	--
Arizona	3,315	100%	0	0%	3,315
Arkansas	--	--	--	--	--
California	62,325	63%	35,876	37%	98,201
Colorado	3,245	69%	1,450	31%	4,695
Connecticut	4,097	69%	1,822	31%	5,919
Delaware	2,351	100%	0	0%	2,351
District of Columbia	4,642	100%	0	0%	4,642
Federated States of Micronesia	--	--	--	--	--
Florida	34,361	100%	0	0%	34,361
Georgia	13,136	100%	0	0%	13,136
Guam	--	--	--	--	--
Hawaii	771	95%	44	5%	815
Idaho	311	100%	0	0%	311
Illinois	10,563	96%	405	4%	10,968
Indiana	672	6%	9,933	94%	10,605
Iowa	510	59%	359	41%	869
Kansas	2,896	100%	0	0%	2,896
Kentucky	531	26%	1,489	74%	2,020
Louisiana	4,344	69%	1,970	31%	6,314
Maine	61	8%	700	92%	761
Marshall Islands	--	--	--	--	--
Maryland	11,793	100%	0	0%	11,793
Massachusetts	1,102	6%	16,603	94%	17,705
Michigan	9,459	100%	0	0%	9,459
Minnesota	1,727	100%	0	0%	1,727
Mississippi	--	--	--	--	--
Missouri	2,491	100%	1,398	0%	3,889
Montana	144	79%	39	21%	183
Nebraska	667	100%	0	0%	667
Nevada	1,738	83%	347	17%	2,085
New Hampshire	316	35%	593	65%	909
New Jersey	21,664	100%	0	0%	21,664
New Mexico	57	100%	0	0%	57
New York	63,225	100%	0	0%	63,225
North Carolina	9,484	100%	0	0%	9,484
North Dakota	153	100%	0	0%	153
Northern Mariana Islands	--	--	--	--	--
Ohio	3,689	59%	2,553	41%	6,242
Oklahoma	2,549	71%	1,051	29%	3,600
Oregon	126	2%	7,042	98%	7,168
Pennsylvania	11,166	58%	8,245	42%	19,411
Puerto Rico	12,770	100%	0	0%	12,770
Rhode Island	1,189	100%	0	0%	1,189
South Carolina	6,132	75%	1,997	25%	8,129
South Dakota	280	100%	0	0%	280
Tennessee	4,184	100%	0	0%	4,184
Texas	20,839	100%	0	0%	20,839
Utah	603	100%	0	0%	603
Vermont	--	--	--	--	--
Virgin Islands (U.S.)	260	100%	0	0%	260
Virginia	6,330	100%	0	0%	6,330
Washington	4,280	63%	2,549	37%	6,829
West Virginia	779	100%	0	0%	779
Wisconsin	2,319	100%	0	0%	2,319
Wyoming	182	85%	33	15%	215
Total	**354,650**	**79%**	**96,498**	**21%**	**451,148**

[1]Rx=Prescription

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Mississippi, Northern Mariana Islands, and Vermont did not report FY2010 data, but their federal ADAP earmark awards were known and incorporated. Following reauthorization of the Ryan White Program in 2009, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY2010 and is not included above. Marshall Islands did not receive a federal ADAP earmark award in FY2010.

Table 5: ADAP Prescriptions Filled (Including Purchases and Co-payments), by Drug Category, June 2010

State/Territory	June 2010 Total Rx[1]	June 2010 ARV Total Rx[2]	ARV % of Total Rx[2]	June 2010 "A1" OI Total Rx[3]	"A1" OI % of Total Rx[3]	June 2010 All Other Total Rx	All Other Rx % of Total Rx
Alabama	4,560	2,898	64%	590	13%	1,072	24%
Alaska	262	177	68%	50	19%	35	13%
American Samoa	--	--	--	--	--	--	--
Arizona	3,315	2,704	82%	611	18%	0	0%
Arkansas	--	--	--	--	--	--	--
California	98,201	57,454	59%	9,203	9%	31,544	32%
Colorado	4,695	3,458	74%	472	10%	765	16%
Connecticut	5,919	2,974	50%	361	6%	2,584	44%
Delaware	2,351	1,029	44%	180	8%	1,142	49%
District of Columbia	4,642	3,449	74%	358	8%	935	20%
Federated States of Micronesia	--	--	--	--	--	--	--
Florida	34,361	25,069	73%	3,798	11%	5,494	16%
Georgia	13,136	10,989	84%	2,147	16%	0	0%
Guam	--	--	--	--	--	--	--
Hawaii	815	576	71%	65	8%	174	21%
Idaho	311	275	88%	36	12%	0	0%
Illinois	10,968	7,957	73%	691	6%	2,320	21%
Indiana	10,605	2,533	24%	428	4%	7,644	72%
Iowa	869	699	80%	72	8%	98	11%
Kansas	2,896	1,741	60%	249	9%	906	31%
Kentucky	2,020	1,427	71%	235	12%	358	18%
Louisiana	6,314	4,428	70%	1,886	30%	0	0%
Maine	761	400	53%	60	8%	301	40%
Marshall Islands	--	--	--	--	--	--	--
Maryland	11,793	7,402	63%	794	7%	3,597	31%
Massachusetts	17,705	4,069	23%	535	3%	13,101	74%
Michigan	9,459	4,895	52%	559	6%	4,005	42%
Minnesota	1,727	1,565	91%	33	2%	129	7%
Mississippi	--	--	--	--	--	--	--
Missouri	3,889	2,893	74%	331	9%	665	17%
Montana	183	167	91%	6	3%	10	5%
Nebraska	667	419	63%	248	37%	0	0%
Nevada[4]	2,085	1,573	75%	512	25%	0	0%
New Hampshire	909	390	43%	46	5%	473	52%
New Jersey	21,664	8,240	38%	1,180	5%	12,244	57%
New Mexico	57	38	67%	12	21%	7	12%
New York	63,225	31,017	49%	4,077	6%	28,131	44%
North Carolina	9,484	7,627	80%	1,235	13%	622	7%
North Dakota	153	110	72%	13	8%	30	20%
Northern Mariana Islands	--	--	--	--	--	--	--
Ohio	6,242	4,514	72%	525	8%	1,203	19%
Oklahoma	3,600	1,954	54%	311	9%	1,335	37%
Oregon	7,168	2,722	38%	484	7%	3,962	55%
Pennsylvania	19,411	8,357	43%	1,160	6%	9,894	51%
Puerto Rico	12,770	11,704	92%	1,066	8.3%	0	0%
Rhode Island	1,189	893	75%	106	9%	190	16%
South Carolina	8,129	6,256	77%	425	5%	1,448	18%
South Dakota	280	238	85%	17	6%	25	9%
Tennessee	4,184	3,074	73%	478	11%	632	15%
Texas	20,839	19,533	94%	1,005	5%	301	1%
Utah	603	540	90%	63	10%	0	0%
Vermont	--	--	--	--	--	--	--
Virgin Islands (U.S.)	260	218	84%	34	13%	8	3%
Virginia	6,330	4,500	71%	830	13%	1,000	16%
Washington	6,829	3,692	54%	527	8%	2,610	38%
West Virginia	779	676	87%	42	5%	61	8%
Wisconsin	2,319	1,888	81%	253	11%	178	8%
Wyoming	215	102	47%	19	9%	94	44%
Total	**451,148**	**271,503**	**60%**	**38,418**	**9%**	**141,327**	**31%**

[1]Rx=Prescription.
[2]ARV=Antiretrovirals.
[3]"A1" OI=Drugs recommended ("A1") for the prevention and treatment of opportunistic infections (OIs).

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Mississippi, Northern Mariana Islands, and Vermont did not report FY2010 data, but their federal ADAP earmark awards were known and incorporated. Following reauthorization of the Ryan White Program in 2009, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY2010 and is not included above. Marshall Islands did not receive a federal ADAP earmark award in FY2010.

Table 6: ADAP Average Monthly Cost Per Client, June 2010

State/Territory	June 2010 Clients Served	June 2010 Total Drug Expenditures	June 2010 Average Monthly Cost Per Client[1]
Alabama	1,468	$1,178,057	$802
Alaska	93	$83,959	$903
American Samoa	--	--	--
Arizona	1,071	$1,182,717	$1,104
Arkansas	552	--	--
California	25,128	$37,180,170	$1,480
Colorado	1,822	$1,366,512	$750
Connecticut	1,558	$2,007,384	$1,288
Delaware	590	$191,753	$325
District of Columbia	1,507	$402,278	$267
Federated States of Micronesia	--	--	--
Florida	11,636	$7,821,435	$672
Georgia	5,398	$4,529,041	$839
Guam	--	--	--
Hawaii	264	$268,596	$1,017
Idaho	130	$276,554	$2,127
Illinois	4,346	$4,321,936	$994
Indiana	1,669	$639,805	$383
Iowa	289	$194,070	$672
Kansas	735	$1,679,958	$2,286
Kentucky	996	$1,285,625	$1,291
Louisiana	2,346	$2,133,323	$909
Maine	216	$51,795	$240
Marshall Islands	--	--	--
Maryland	3,344	$2,780,576	$832
Massachusetts	4,099	$621,925	$152
Michigan	2,321	$2,794,570	$1,204
Minnesota	678	$375,748	$554
Mississippi	--	--	--
Missouri	1,372	$1,894,556	$1,381
Montana	83	$65,276	$786
Nebraska	227	$234,304	$1,032
Nevada	872	$675,410	$775
New Hampshire	193	$179,588	$931
New Jersey	4,949	$7,599,476	$1,536
New Mexico	654	$19,348	$30
New York	15,294	$22,318,501	$1,459
North Carolina	3,428	$2,997,234	$874
North Dakota	57	$59,544	$1,045
Northern Mariana Islands	--	--	--
Ohio	2,581	$1,929,498	$748
Oklahoma	1,054	$782,472	$742
Oregon	2,630	$245,761	$93
Pennsylvania	4,019	$7,639,191	$1,901
Puerto Rico	4,328	$8,215,234	$1,898
Rhode Island	508	$514,201	$1,012
South Carolina	2,780	$1,698,415	$611
South Dakota	77	$76,317	$991
Tennessee	2,535	$1,996,220	$787
Texas	8,862	$8,335,673	$941
Utah	250	$217,317	$869
Vermont	--	--	--
Virgin Islands (U.S.)	131	$69,615	$531
Virginia	2,144	$2,913,816	$1,359
Washington	3,140	$972,956	$310
West Virginia	283	$315,303	$1,114
Wisconsin	824	$1,038,594	$1,260
Wyoming	65	$86,369	$1,329
Total	**135,596**	**$146,457,975**	**$949**

[1] In ADAPs that purchase via a pharmacy network (rebate) model, average monthly cost per client does not include rebates on expenditures, which would reduce the cost paid for prescriptions and, therefore, the average cost per client.

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Mississippi, Northern Mariana Islands, and Vermont did not report FY2010 data, but their federal ADAP earmark awards were known and incorporated. Following reauthorization of the Ryan White Program in 2009, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY2010 and is not included above. Marshall Islands did not receive a federal ADAP earmark award in FY2010.

Table 7: ADAP Coverage of HIV Diagnostics, December 2010

State/Territory	CD4 Count Testing	Viral Load Testing	Resistance Testing	Tropism Testing	Other Laboratory Testing
Alabama	Yes	Yes	Yes	Yes	--
Alaska	--	--	Yes	Yes	--
American Samoa	--	--	--	--	--
Arizona	--	--	--	--	--
Arkansas	--	--	--	--	--
California	--	--	--	Yes	--
Colorado	--	--	--	--	--
Connecticut	--	--	--	--	--
Delaware	Yes	Yes	Yes	Yes	--
District of Columbia	--	--	--	--	--
Federated States of Micronesia	--	--	--	--	--
Florida	Yes	Yes	Yes	Yes	--
Georgia	--	--	--	--	--
Guam	--	--	--	--	--
Hawaii	Yes	Yes	Yes	Yes	Yes
Idaho	--	--	--	--	--
Illinois	--	--	--	--	--
Indiana	Yes	Yes	Yes	Yes	Yes
Iowa	--	--	--	Yes	--
Kansas	Yes	Yes	Yes	Yes	Yes
Kentucky	--	--	--	--	--
Louisiana	--	--	--	--	--
Maine	Yes	Yes	Yes	Yes	--
Marshall Islands	--	--	--	--	--
Maryland	--	--	--	--	--
Massachusetts	--	--	Yes	Yes	--
Michigan	Yes	Yes	Yes	Yes	--
Minnesota	--	--	Yes	Yes	--
Mississippi	--	--	--	--	--
Missouri	--	--	--	--	--
Montana [1]	--	--	--	--	--
Nebraska	--	--	--	--	--
Nevada	Yes	Yes	--	--	--
New Hampshire	--	--	--	--	--
New Jersey	--	--	--	--	--
New Mexico [2]	--	--	--	--	--
New York	Yes	Yes	Yes	Yes	--
North Carolina	--	--	--	--	--
North Dakota	Yes	Yes	--	--	--
Northern Mariana Islands	--	--	--	--	--
Ohio	Yes	Yes	Yes	Yes	--
Oklahoma	--	--	--	--	--
Oregon	--	--	--	--	--
Pennsylvania	Yes	Yes	Yes	--	Yes
Puerto Rico	--	--	Yes	Yes	--
Rhode Island	--	--	--	--	--
South Carolina	--	--	--	--	--
South Dakota	--	--	--	--	--
Tennessee	--	--	--	--	--
Texas	--	--	--	--	--
Utah	--	--	--	--	--
Vermont	--	--	--	--	--
Virgin Islands (U.S.)	Yes	Yes	Yes	--	Yes
Virginia	--	--	--	Yes	--
Washington	Yes	Yes	Yes	Yes	Yes
West Virginia	--	--	--	--	--
Wisconsin	--	--	--	--	--
Wyoming	--	--	--	--	--
Total	**15**	**15**	**17**	**18**	**6**

Note: 49 ADAPs reported data. American Samoa, District of Columbia, Federated States of Micronesia, Guam, Mississippi, New Hampshire, Northern Mariana Islands, and Oregon did not report FY2010 data, but their federal ADAP earmark awards were known and incorporated. Following reauthorization of the Ryan White Program in 2009, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY2010 and is not included above. Marshall Islands did not receive a federal ADAP earmark award in FY2010.

Table 8: ADAP Drug Purchasing, December 2010

State/Territory	Direct Purchase	Pharmacy Network (Rebate)	Hybrid	Participates in 340B Drug Discount Program	Participates in HRSA Prime Vendor Program	Dispensing Fee
Alabama	Yes	--	--	Yes	--	$6.95
Alaska	Yes	--	--	Yes	Yes	$25.00
American Samoa	--	--	--	--	--	--
Arizona	Yes	--	--	Yes	--	$9.98
Arkansas	Yes	--	--	Yes	Yes	$7.49
California	--	Yes	--	Yes	--	$4.05
Colorado	Yes	--	--	Yes	Yes	$5.50
Connecticut	--	Yes	--	Yes	--	$2.90
Delaware	--	--	Yes	Yes	Yes	$5.00
District of Columbia	--	--	--	--	--	--
Federated States of Micronesia	--	--	--	--	--	--
Florida	Yes	--	--	Yes	Yes	--
Georgia	Yes	--	--	Yes	--	$12.00
Guam	--	--	--	--	--	--
Hawaii	Yes	--	--	Yes	Yes	$12.50
Idaho	Yes	--	--	--	--	--
Illinois	Yes	--	--	Yes	Yes	$13.00
Indiana	--	Yes	--	Yes	--	$1.50
Iowa	Yes	--	--	Yes	Yes	--
Kansas	--	Yes	--	Yes	--	$3.00
Kentucky	--	--	Yes	Yes	--	$15.00
Louisiana	--	--	Yes	Yes	--	$9.00
Maine	--	Yes	--	Yes	--	$3.10
Marshall Islands	--	--	--	--	--	--
Maryland	--	Yes	--	Yes	--	$3.69
Massachusetts	--	Yes	--	Yes	--	$2.95
Michigan	--	Yes	--	Yes	--	$1.60
Minnesota	--	Yes	--	Yes	--	$3.65
Mississippi	--	--	--	--	--	--
Missouri	--	Yes	--	Yes	--	$2.00
Montana	Yes	--	--	Yes	Yes	$5.25
Nebraska	Yes	--	--	Yes	--	$4.91
Nevada	--	--	Yes	Yes	--	$12.00
New Hampshire	--	--	--	--	--	--
New Jersey	--	Yes	--	Yes	--	$0.47
New Mexico	Yes	--	--	Yes	Yes	--
New York	--	Yes	--	Yes	--	$4.50
North Carolina	Yes	--	--	Yes	Yes	$11.70
North Dakota	--	Yes	--	Yes	--	$5.10
Northern Mariana Islands	--	--	--	--	--	--
Ohio	Yes	--	--	Yes	Yes	$13.45
Oklahoma	Yes	--	--	Yes	--	$9.00
Oregon	--	--	--	--	--	--
Pennsylvania	--	Yes	--	Yes	--	$4.00
Puerto Rico	Yes	--	--	Yes	Yes	$2.50
Rhode Island	--	Yes	--	Yes	--	$3.40
South Carolina	Yes	--	--	Yes	Yes	$13.00
South Dakota	Yes	--	--	Yes	--	$4.75
Tennessee	Yes	--	--	Yes	Yes	$12.75
Texas	Yes	--	--	Yes	--	--
Utah	--	--	Yes	Yes	--	$11.40
Vermont	--	Yes	--	Yes	--	$4.75
Virgin Islands (U.S.)	Yes	--	--	Yes	Yes	$20.00
Virginia	Yes	--	--	Yes	Yes	--
Washington	--	Yes	--	Yes	--	$5.25
West Virginia	--	Yes	--	Yes	--	$2.50
Wisconsin	--	Yes	--	Yes	--	$4.88
Wyoming	--	Yes	--	Yes	--	$5.00
Total	**24**	**20**	**5**	**48**	**17**	**$7.22**

Note: 49 ADAPs reported data. American Samoa, District of Columbia, Federated States of Micronesia, Guam, Mississippi, New Hampshire, Northern Mariana Islands, and Oregon did not report FY2010 data, but their federal ADAP earmark awards were known and incorporated. Following reauthorization of the Ryan White Program in 2009, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY2010 and is not included above. Marshall Islands did not receive a federal ADAP earmark award in FY2010.

Table 9: ADAP Prescription Distribution, June 2010

State/Territory	Mail order delivered to client's home	Mail order delivered to client's clinic	Central pharmacy pick-up	Central pharmacy distribution	Client choice of pharmacy or mail order	Designated ADAP pharmacy(ies) for pick-up	Other
Alabama	--	Yes	--	Yes	--	--	--
Alaska	Yes	Yes	Yes	Yes	Yes	--	--
American Samoa	--	--	--	--	--	--	--
Arizona	Yes	Yes	Yes	Yes	--	--	--
Arkansas	Yes	Yes	Yes	Yes	Yes	Yes	--
California	Yes	--	--	--	--	Yes	--
Colorado	Yes	Yes	Yes	Yes	Yes	Yes	--
Connecticut	--	--	--	--	Yes	--	--
Delaware	Yes	--	--	--	--	Yes	Yes
District of Columbia	--	--	--	--	--	Yes	--
Federated States of Micronesia	--	--	--	--	--	--	--
Florida	--	--	--	Yes	--	Yes	--
Georgia	--	--	Yes	Yes	--	Yes	--
Guam	--	--	--	--	--	--	--
Hawaii	Yes	Yes	Yes	--	--	--	--
Idaho	--	Yes	--	--	--	--	--
Illinois	Yes	Yes	--	--	--	--	--
Indiana	--	--	--	--	Yes	--	--
Iowa	Yes	Yes	Yes	Yes	--	--	Yes
Kansas	--	--	--	--	Yes	--	--
Kentucky	Yes	Yes	Yes	--	--	--	--
Louisiana	--	--	--	--	--	Yes	--
Maine	--	--	--	--	Yes	--	--
Marshall Islands	--	--	--	--	--	--	--
Maryland	Yes	--	--	--	Yes	Yes	--
Massachusetts	--	--	--	--	Yes	--	--
Michigan	--	--	--	--	Yes	--	--
Minnesota	--	--	--	--	Yes	--	--
Mississippi	--	--	--	--	--	--	--
Missouri	--	--	--	--	Yes	--	--
Montana	Yes	Yes	Yes	Yes	--	--	--
Nebraska	Yes	--	--	--	--	Yes	--
Nevada	--	--	--	--	--	Yes	--
New Hampshire	Yes	--	--	--	Yes	Yes	--
New Jersey	--	--	--	--	--	Yes	--
New Mexico	Yes	Yes	Yes	Yes	--	--	--
New York	--	--	--	--	Yes	--	--
North Carolina	Yes	Yes	--	Yes	--	--	--
North Dakota	--	--	--	--	--	Yes	--
Northern Mariana Islands	--	--	--	--	--	--	--
Ohio	Yes	Yes	--	--	--	--	--
Oklahoma	Yes	Yes	--	--	--	Yes	--
Oregon	--	--	--	--	Yes	--	Yes
Pennsylvania	Yes	--	--	--	--	--	Yes
Puerto Rico	--	--	--	Yes	--	--	--
Rhode Island	--	--	--	--	Yes	--	--
South Carolina	Yes	Yes	--	--	--	--	--
South Dakota	--	--	--	--	Yes	--	--
Tennessee	Yes	Yes	Yes	--	Yes	--	--
Texas	--	--	--	Yes	--	Yes	--
Utah	Yes	--	Yes	--	--	--	--
Vermont	--	--	--	--	--	--	--
Virgin Islands (U.S.)	--	--	--	--	--	Yes	--
Virginia	--	Yes	--	Yes	--	--	Yes
Washington	--	--	--	--	Yes	--	Yes
West Virginia	--	--	--	--	Yes	Yes	--
Wisconsin	--	--	--	--	Yes	--	--
Wyoming	--	--	--	--	Yes	--	--
Total	**22**	**18**	**12**	**14**	**22**	**18**	**6**

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Mississippi, and Northern Mariana Islands did not report FY2010 data, but their federal ADAP earmark awards were known and incorporated. Following reauthorization of the Ryan White Program in 2009, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY2010 and is not included above. Marshall Islands did not receive a federal ADAP earmark award in FY2010.

Table 10: Federal ADAP Funds Used and Clients Served Through Insurance Purchasing and Continuation, 2010

State/Territory	FY2010 Est. Expenditures	June 2010 Expenditures	June 2010 Clients Served
Alabama	$19,200	$3,636	1,722
Alaska	$216,000	$14,851	80
American Samoa	--	--	--
Arizona	--	--	--
Arkansas	--	--	--
California	$49,000,000	$1,409,537	24,706
Colorado	$3,199,830	$219,558	2,274
Connecticut	$3,670,108	$250,000	1,595
Delaware	$108,086	$16,558	603
District of Columbia	$600,000	$50,094	--
Federated States of Micronesia	--	--	--
Florida	$2,500,000	$221,710	9,495
Georgia	$2,000,000	$424,073	4,570
Guam	--	--	--
Hawaii	$245,000	$19,136	265
Idaho	--	--	--
Illinois	$855,683	$70,974	4,275
Indiana	$10,873,292	$823,440	1,842
Iowa	$173,000	$10,753	406
Kansas	$500,000	$187,500	--
Kentucky	--	--	--
Louisiana	$1,040,000	$89,661	1,952
Maine	$295,144	$31,241	260
Marshall Islands	--	--	--
Maryland	$6,030,000	$820,548	3,266
Massachusetts	$10,000,000	$1,085,487	3,730
Michigan	$947,000	$90,000	1,974
Minnesota	$2,748,841	$88,030	688
Mississippi	--	--	--
Missouri	$1,600,000	$123,748	1,426
Montana	$70,000	$6,846	88
Nebraska	$128,263	$14,340	353
Nevada	$243,000	$0	853
New Hampshire	$380,803	$34,900	--
New Jersey	$3,500,000	$296,536	4,056
New Mexico	$1,819,976	$230,168	642
New York	$27,000,000	$2,222,837	15,229
North Carolina	$1,050,000	$0	4,133
North Dakota			58
Northern Mariana Islands	--	--	--
Ohio	$2,000,000	$171,000	2,657
Oklahoma	$2,111,368	$130,735	1,026
Oregon	$11,500,000	$821,415	--
Pennsylvania	$14,006,328	$1,384,398	3,929
Puerto Rico	--	--	4,670
Rhode Island	--	--	--
South Carolina	$2,000,000	$172,828	2,657
South Dakota	$999,999	$35,623	67
Tennessee	$7,900,000	$602,671	2,787
Texas	--	--	--
Utah	$500,000	$47,200	353
Vermont	--	--	185
Virgin Islands (U.S.)	--	--	--
Virginia	--	--	--
Washington	$18,176,107	$2,353,349	3,122
West Virginia	--	--	--
Wisconsin	$4,007,566	$795,170	909
Wyoming	$5,000	$3,335	69
Total	**$194,019,594**	**$15,373,888**	**112,972**

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Mississippi, Northern Mariana Islands, and Vermont did not report FY2010 data, but their federal ADAP earmark awards were known and incorporated. Following reauthorization of the Ryan White Program in 2009, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY2010 and is not included above. Marshall Islands did not receive a federal ADAP earmark award in FY2010.

Table 11: ADAP Coordination with Pre-existing Condition Insurance Plans (PCIP), December 2010

State/Territory	ADAP Able to Enroll Clients in PCIP	Clients Enrolled in PCIP	Average Monthly Cost per Client
Alabama	--	--	--
Alaska	--	--	--
American Samoa	--	--	--
Arizona	Yes	24	$930
Arkansas	--	--	--
California	--	--	--
Colorado	Yes	--	--
Connecticut	--	--	--
Delaware	--	--	--
District of Columbia	--	--	--
Federated States of Micronesia	--	--	--
Florida	--	--	--
Georgia	--	--	--
Guam	--	--	--
Hawaii	--	--	--
Idaho	--	--	--
Illinois	Yes	5	$133
Indiana	--	--	--
Iowa	--	--	--
Kansas	--	--	--
Kentucky	Yes	5	$500
Louisiana	--	--	--
Maine	--	--	--
Marshall Islands	--	--	--
Maryland	--	--	--
Massachusetts	--	--	--
Michigan	Yes	18	$466
Minnesota	Yes	1	--
Mississippi	--	--	--
Missouri	Yes	21	$800
Montana	--	--	--
Nebraska	--	--	--
Nevada	--	--	--
New Hampshire	--	--	--
New Jersey	--	--	--
New Mexico	Yes	10	$360
New York	--	--	--
North Carolina	--	--	--
North Dakota	--	--	--
Northern Mariana Islands	--	--	--
Ohio	--	--	--
Oklahoma	--	--	--
Oregon	--	--	--
Pennsylvania	--	--	--
Puerto Rico	--	--	--
Rhode Island	--	--	--
South Carolina	Yes	3	$500
South Dakota	--	--	--
Tennessee	Yes	10	$462
Texas	--	--	--
Utah	--	--	--
Vermont	--	--	--
Virgin Islands (U.S.)	--	--	--
Virginia	--	--	--
Washington	Yes	43	$660
West Virginia	--	--	--
Wisconsin	Yes	11	$475
Wyoming	--	--	--
Total	**12**	**151**	**$529**

Note: 49 ADAPs reported data. American Samoa, District of Columbia, Federated States of Micronesia, Guam, Mississippi, New Hampshire, Northern Mariana Islands, and Oregon did not report FY2010 data, but their federal ADAP earmark awards were known and incorporated. Following reauthorization of the Ryan White Program in 2009, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY2010 and is not included above. Marshall Islands did not receive a federal ADAP earmark award in FY2010.

Table 12: ADAP Policies Related to Med

State/Territory	ADAP Pays Premiums		ADAP Pays Deductibles		ADAP Pays C	
	Partial Subsidy Clients	Standard Clients	Partial Subsidy Clients	Standard Clients	Dually Eligible Clients	Full Subsidy Clients
Alabama	--	Yes	--	--	--	--
Alaska	--	--	Yes	--	--	Yes
American Samoa	--	--	--	Yes	--	--
Arizona	Yes	Yes	Yes	--	--	Yes
Arkansas	--	--	Yes	Yes	--	--
California	--	--	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes	Yes	Yes	Yes
Connecticut	Yes	Yes	Yes	Yes	Yes	Yes
Delaware	Yes	Yes	Yes	Yes	Yes	Yes
District of Columbia	--	--	--	Yes	--	--
Federated States of Micronesia	--	--	--	--	--	--
Florida	Yes	--	Yes	--	--	Yes
Georgia	--	--	--	--	--	--
Guam	--	--	--	--	--	--
Hawaii	--	--	Yes	--	--	Yes
Idaho	--	--	--	Yes	--	--
Illinois	--	--	Yes	Yes	Yes	Yes
Indiana	--	--	Yes	Yes	--	Yes
Iowa	Yes	Yes	Yes	Yes	Yes	Yes
Kansas	--	--	--	Yes	--	--
Kentucky	--	--	--	--	--	Yes
Louisiana	Yes	Yes	Yes	--	Yes	Yes
Maine	Yes	Yes	Yes	Yes	Yes	Yes
Marshall Islands	--	--	--	Yes	--	--
Maryland	Yes	Yes	Yes	--	--	Yes
Massachusetts	--	Yes	--	Yes	Yes	--
Michigan	Yes	Yes	Yes	--	--	Yes
Minnesota	--	Yes	--	Yes	--	--
Mississippi	--	--	--	--	--	--
Missouri	--	--	--	--	--	--
Montana	--	--	--	--	--	--
Nebraska	--	--	Yes	--	--	Yes
Nevada	--	--	--	Yes	--	--
New Hampshire	--	--	--	--	--	--
New Jersey	Yes	Yes	Yes	--	--	Yes
New Mexico	--	--	--	Yes	--	--
New York	Yes	Yes	Yes	--	Yes	Yes
North Carolina	--	--	--	Yes	--	--
North Dakota	Undecided	Undecided	Undecided	--	Undecided	Undecided
Northern Mariana Islands	--	--	--	Undecided	--	--
Ohio	Yes	Yes	Yes	--	Yes	Yes
Oklahoma	--	Yes	--	Yes	Yes	Yes
Oregon	--	--	--	Yes	--	--
Pennsylvania	Yes	Yes	Yes	--	--	Yes
Puerto Rico	--	--	--	Yes	--	--
Rhode Island	--	--	--	--	Yes	Yes
South Carolina	--	--	Yes	--	--	--
South Dakota	--	--	--	Yes	--	--
Tennessee	--	--	--	--	--	--
Texas	--	--	--	--	--	--
Utah	Yes	Yes	Yes	--	--	Yes
Vermont	Yes	--	Yes	Yes	Yes	Yes
Virgin Islands (U.S.)	--	--	--	Yes	--	--
Virginia	Yes	Yes	Yes	--	--	--
Washington	Yes	Yes	Yes	Yes	Yes	Yes
West Virginia	--	--	Yes	Yes	Yes	Yes
Wisconsin	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming	--	--	Yes	Yes	Yes	Yes
Total	**19**	**21**	**29**	**29**	**18**	**29**

Note: 49 ADAPs reported data. American Samoa, District of Columbia, Federated States of Micronesia, Guam, Mississippi, New Hamp
were known and incorporated. Following reauthorization of the Ryan White Program in 2009, the Republic of Palau was eligible for AD
federal ADAP earmark award in FY2010.

icare Part D, February 2011

Co-payments		Eligible for ADAP				Provide Medications During the Donut Hole
Partial Subsidy Clients	Standard Clients	Dually Eligible Clients	Full Subsidy Clients	Partial Subsidy Clients	Standard Clients	
--	Yes	--	--	--	Yes	Yes
Yes	Yes	--	Yes	Yes	Yes	Yes
--	--	--	--	--	--	--
Yes	Yes	--	Yes	Yes	Yes	Yes
Yes	Yes	--	--	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	--	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
--	--	--	--	--	--	--
--	--	--	--	--	--	--
Yes	--	--	--	Yes	Yes	--
--	--	Yes	Yes	Yes	Yes	--
--	--	--	--	--	--	--
Yes	Yes	--	Yes	Yes	Yes	Yes
--	Yes	--	--	--	--	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	--	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
--	--	--	--	--	--	--
Yes	Yes	--	Yes	Yes	Yes	Yes
Yes	Yes	--	--	--	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
--	--	--	--	--	--	--
Yes	Yes	--	Yes	Yes	Yes	Yes
--	Yes	Yes	--	--	Yes	Yes
Yes	Yes	--	Yes	Yes	Yes	Yes
Yes	Yes	--	--	Yes	Yes	Yes
--	--	--	--	--	--	--
--	--	--	--	--	Yes	Yes
--	--	--	--	--	--	--
Yes	Yes	--	Yes	Yes	Yes	Yes
--	--	--	--	--	--	--
--	--	--	--	--	--	--
Yes	Yes	--	Yes	Yes	Yes	Yes
--	--	--	--	--	--	--
Yes	Yes	Yes	Yes	Yes	Yes	Yes
--	--	Yes	Yes	Yes	Yes	--
Undecided	Undecided	Undecided	Undecided	Undecided	Undecided	Undecided
--	--	--	--	--	--	--
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
--	--	--	--	--	--	--
Yes	Yes	--	Yes	Yes	Yes	Yes
--	--	--	--	--	--	--
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	--	--	Yes	Yes	Yes
--	--	Yes	Yes	Yes	Yes	--
--	--	--	--	--	--	--
--	--	--	--	--	--	--
Yes	Yes	--	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
--	--	--	--	--	--	--
Yes	Yes	--	--	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
33	**35**	**19**	**30**	**35**	**39**	**36**

pshire, Northern Mariana Islands, and Oregon did not report FY2010 data, but their federal ADAP earmark awards
DAP funding, but did not receive funding in FY2010 and is not included above. Marshall Islands did not receive a

Table 13: ADAP Data Sharing Agreements, December 2010

State/Territory	Data Sharing Agreement with CMS	Data Sharing Agreement with Other Entity			
		Medicaid	Medicare	Private Insurance	Other
Alabama	--	Yes	--	Yes	--
Alaska	Yes	Yes	--	--	--
American Samoa	--	--	--	--	--
Arizona	--	--	--	--	--
Arkansas	Yes	--	--	--	--
California	Yes	--	--	--	--
Colorado	Yes	--	--	--	--
Connecticut	Yes	Yes	Yes	--	--
Delaware	--	--	--	--	Yes
District of Columbia	--	--	--	--	--
Federated States of Micronesia	--	--	--	--	--
Florida	Yes	--	--	--	--
Georgia	--	--	--	--	--
Guam	--	--	--	--	--
Hawaii	Yes	--	--	--	--
Idaho	Yes	--	--	--	--
Illinois	Yes	--	--	--	Yes
Indiana	--	Yes	--	--	Yes
Iowa	--	--	--	--	--
Kansas	--	--	--	--	--
Kentucky	Yes	--	--	--	--
Louisiana	--	--	--	--	--
Maine	Yes	Yes	--	--	--
Marshall Islands	--	--	--	--	--
Maryland	Yes	--	--	--	--
Massachusetts	--	--	--	--	--
Michigan	Yes	--	--	--	Yes
Minnesota	Yes	--	--	Yes	--
Mississippi	--	--	--	--	--
Missouri	--	Yes	--	--	--
Montana	--	--	--	--	--
Nebraska	--	--	--	--	--
Nevada	--	--	--	--	--
New Hampshire	--	--	--	--	--
New Jersey	Yes	Yes	--	--	--
New Mexico	--	--	--	--	--
New York	Yes	Yes	--	--	--
North Carolina	Yes	--	--	--	--
North Dakota	--	Yes	Yes	--	--
Northern Mariana Islands	--	--	--	--	--
Ohio	Yes	--	--	--	--
Oklahoma	Yes	--	--	--	--
Oregon	--	--	--	--	--
Pennsylvania	Yes	Yes	Yes	Yes	--
Puerto Rico	--	Yes	--	--	--
Rhode Island	Yes	--	--	--	Yes
South Carolina	Yes	Yes	--	--	--
South Dakota	--	--	--	--	--
Tennessee	--	--	--	--	--
Texas	Yes	Yes	Yes	--	--
Utah	Yes	--	--	--	--
Vermont	Yes	Yes	Yes	--	--
Virgin Islands (U.S.)	--	--	--	--	--
Virginia	Yes	Yes	--	--	--
Washington	--	--	--	--	--
West Virginia	--	Yes	--	--	--
Wisconsin	--	Yes	--	--	Yes
Wyoming	--	Yes	--	--	--
Total	**26**	**18**	**5**	**3**	**6**

Note: 49 ADAPs reported data. American Samoa, District of Columbia, Federated States of Micronesia, Guam, Mississippi, New Hampshire, Northern Mariana Islands, and Oregon did not report FY2010 data, but their federal ADAP earmark awards were known and incorporated. Following reauthorization of the Ryan White Program in 2009, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY2010 and is not included above. Marshall Islands did not receive a federal ADAP earmark award in FY2010.

Table 14: HIV/AIDS Medications

FDA-Approved Antiretroviral Medications	
GENERIC NAME	**BRAND NAME**
Multi-Class Combination Products	
efavirenz, emtricitabine, and tenoforvir disoproxil fuma	Atripla
NRTIs	
abacavir sulfate, ABC	Ziagen
abacavir, zidovudine, and lamivudine	Trizivir
abacavir and lamivudine	Epzicom
didanosine, dideoxyinosine, ddL	Videx
emtricitabine, FTC	Emtriva
lamivudine and zidovudine	Combivir
lamivudine, 3TC	Epivir
stavudine, d4T	Zerit
tenofovir, disoproxil fumarate, TDF	Viread
tenofovir disoproxil fumarate and emtricitabine	Truvada
zalcitabine, dideoxycytidine, ddC	Hivid [1]
zidovudine, azidothymidine, AZT, ZDV	Retrovir
NNRTIs	
delavirdine, DLV	Rescriptor
efavirenz, EFV	Sustiva
etravirine	Intelence
mnevirapine, NVP	Viramune
Protease Inhibitors	
amprenavir, APV	Agenerase [2]
atazanavir sulfate, ATV	Reyataz
darunavir	Prezista
fosamprenavir calcium, FOS-APV	Lexiva
indinavir, IDV	Crixivan
lopinavir and ritonavir, LPV/RTV	Kaletra
nelfinavir mesylate, NFV	Viracept
ritonavir, RTV	Norvir
saquinavir	Fortovase [3]
saquinavir mesylate, SQV	Invirase
tipranavir, TPV	Aptivus
Fusion Inhibitors	
enfuvirtide, T-20	Fuzeon
Entry Inhibitors - CCR5 Co-Receptor Antagonist	
maraviroc	Selzentry
HIV Integrase Strand Transfer Inhibitors	
raltegravir	Isentress

[1] The sale and distribution of Hivid (zalcitabine, dideoxycytidine, ddC) was discontinued as of December 2006.
[2] The manufacturer of Agenerase (amprenavir) discontinued the sale and distribution of the drug in capsule form, used for adult dosing, after 2004 and is instead manufacturing fosamprenavir (Lexiva), a "prodrug" of Agenerase (a prodrug is an inactive precursor of a drug, converted into its active form in the body). Agenerase is still availabe in pediatric dosing.
[3] Fortovase (saquinavir soft-gel) is no longer marketed.

Source: FDA, "Drugs Used in the Treatment of HIV Infection": http://www.fda.gov/oashi/aids/virals.html. Also see: DHHS, "Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents," November 24, 2008: http://aidsinfo.nih.gov/Guidelines/GuidelineDetail.aspx?MenuItem=Guidelines&Search=Off&GuidelineID=7&ClassID=1.

"A1" Medications for the Prevention & Treatment of Opportunistic Infections (Highly Recommended) [1]	
GENERIC NAME	**BRAND NAME**
acyclovir	Zovirax
amphotericin B	Fungizone
azithromycin	Zithromax
cidofovir	Vistide
clarithromycin	Biaxin
clindamycin	Cleocin
ethambutol	--
famciclovir	Famvir
fluconazole	Diflucan
flucytosine	Ancobon
foscarnet	Foscavir
ganciclovir	Cytovene
isoniazid (INH)	Lanizid, Nydrazid
itraconazole	Sporonox
leucovorin calcium	Wellcovorin
liposomal amphotericin B	--
peg-interferon alfa-2a	PEG-Intron
peg-interferon alfa-2b	--
pentamidine	Nebupent
prednisone	Deltasone, Liquid Pred, Metocorten, Orasone, Panasol, Prednicen-M, Sterapred
probenecid	--
pyrazinamide (PZA)	--
pyrimethamine	Daraprim, Fansidar
ribavirin	Virazole, Rebetol, Copegus
rifabutin	Mycobutin
rifampin (RIF)	Rifadin, Rimactane
sulfadiazine (oral generic)	Microsulfon
trimethoprim- sulfamethoxazole (TMP/SMX)	Bactrim, Septra
valacyclovir	Valtrex
valganciclovir	Valcyte

[1] "A" = "should always be offered"; "1" = "evidence from at least one properly randomized, controlled trial"
Sources: CDC, "Guidelines for the Prevention of Opportunistic Infections in Persons Infected with Human Immunodeficiency

GLOSSARY

340B Drug Discount Program – The federal 340B Drug Discount Program, authorized under the Veterans Health Care Act of 1992, enables ADAPs to purchase drugs at or below the statutorily defined 340B ceiling price.

AIDS Drug Assistance Program (ADAP) - A state administered program authorized under Part B (formerly Title II) of the Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2009 (Ryan White Program) that provides Food and Drug Administration (FDA) approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAPs may also purchase insurance and provide adherence monitoring and outreach under the flexibility policy.

ADAP Crisis Task Force – A group of state ADAP and AIDS directors, convened by NASTAD, that negotiates with the manufacturers of HIV antiretrovirals and other high-cost medications to secure supplemental discounts/rebates benefitting all ADAPs.

ADAP Earmark - The amount of federal Ryan White Program, Part B dollars specifically designated by Congress through the annual appropriations process to ADAP for the federal fiscal year.

ADAP Supplemental Drug Treatment Grant – ADAP Supplemental grants are used for the purchase of medications by states and territories with demonstrated severe need to increase access to HIV/AIDS related medications. These grants must be used to expand ADAP formularies, target resources to reflect the changes in the epidemic, and enhance the ADAP's ability to remove eligibility restrictions. States must meet HRSA eligibility criteria in order to apply for ADAP Supplemental funds. The overall supplemental amount is mandated by law to be five percent of the congressionally appropriated ADAP earmark, although it represented less than this in the overall ADAP budget.

Back-billing – In some instances, ADAP covers an individual's prescription costs but later determines there is another payer source, for example, state Medicaid. Once it is certain that another payer should have covered a client's previous claims, the ADAP can request reimbursement for expenditures previously incurred or "back bill." Another scenario for back billing is when individuals apply and are eligible for Medicaid. Their eligibility coverage back dates three months PRIOR to the application date. ADAP covers the individual while they wait for their Medicaid eligibility determination and then "back-bills" Medicaid for any drugs or services they paid for during the interim wait time (see also pay and chase).

Co-payment - A cost-effective way to help clients access medications through existing insurance coverage. In those states where ADAPs largely use their funding to purchase or maintain health insurance coverage, co-payments accounted for a much greater share of expenditures. A set amount an individual must pay upon receiving medical services or prescriptions. For example, there may be a $10 co-payment required each time a prescription is purchased at a retail pharmacy. Some ADAPs will pay the co-payments for ADAP formulary drugs.

Cost-recovery - Reimbursement from third party entities such as private insurers and Medicaid.

Cost-sharing – The payment of a premium or fee by an enrolled ADAP client to the ADAP as a portion of the cost for medications and/or services received.

Deductible - The amount a health insurance beneficiary must pay before a third party payer begins to provide coverage for health services. Amounts can change from year to year. Some ADAPs pay this cost for eligible clients.

Direct Purchase states – ADAPs using this model centrally purchase and dispense medications through their own pharmacy or a single contract pharmacy services provider.

Dual Eligible – Individuals who are eligible for both Medicare and Medicaid.

Formulary - ADAP drug list that establishes the number of drugs available within a therapeutic class for purposes of drug purchasing, dispensing and/or reimbursement. Effective July 1, 2007, all ADAPs were required to include at least one drug from each antiretroviral drug class. The minimum formulary requirement does not apply to multi-class combination products (not considered a unique class of drugs), drugs for preventing and treating opportunistic infections (OIs), hepatitis C treatments, or drugs for other HIV-related conditions (e.g., depression, hypertension, and diabetes).

- **Closed/restricted formulary** – allows only those drug products listed to be dispensed or reimbursed.
- **Open formulary** – covers all FDA-approved drugs prescribed by a physician with no restrictions or with restrictions such as higher patient cost-sharing requirements for certain drugs.
- **Tiered formulary** – also referred to as "step therapy" and is a cost containment measure that categorizes medications for a particular condition based upon their cost. For example, a tier one medication would be one that is lowest cost and recommended to be used first, unless there are medical restrictions for doing so. Tier two would be a different medication that is prescribed for the same condition as the tier one drug but is more expensive. Step therapy or tiered formularies are most commonly used by ADAPs with medications prescribed for depression, respiratory problems, and opportunistic infections.

Hybrid states – A direct purchase state that utilizes an existing entity (e.g., University Hospital) to purchase and distribute ADAP drugs. The entity maintains a single drug inventory purchased at 340B prices. To secure the additional supplemental discounts negotiated by the ADAP Crisis Task Force, these ADAPs must submit rebate claims for any supplemental discount amounts.

Insurance Continuation - The payment of all or some combination of insurance premiums, co-pays, or deductibles for clients who have existing insurance policies through their current employment, Consolidated Omnibus Budget Reconciliation Act (COBRA) or other supplemental programs. HRSA allows ADAP funds to be used for insurance continuation with certain restrictions.

Insurance Purchasing - The purchase of new insurance policies through the insurance industry market or state high risk insurance pools.

Part A funding - Provided to metropolitan jurisdictions, similarly reflecting local decisions about whether to allocate funds to ADAPs.

Part B "base" - Formula-based funding to states (other than that earmarked for ADAP); some states choose to allocate some of this funding to ADAPs, but are not required to do so.

Part B supplemental funding – Funding to states with "unmet need;" some states choose to allocate some of this funding to ADAPs, but are not required to do so.

Patient Assistance Programs (PAPs) - Programs through which many pharmaceutical manufacturers provide free or greatly subsidized medications to indigent patients.

Rebate states – These are ADAPs who pay retail pharmacies a pre-determined amount at the point of sale for drugs dispensed to ADAP clients. ADAP then bills drug manufacturers for the 340B Unit Rebate amount for the number of units dispensed.

The Ryan White HIV/AIDS Treatment Modernization Act of 2009 - The Ryan White CARE Act, "Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2009", or "Ryan White Program" is the single largest federal program designed specifically for people with HIV/AIDS. First enacted in 1990, it provides care and treatment to individuals and families affected by HIV/AIDS. The Ryan White Program has five parts - **Part A** (formerly Title I) funds eligible metropolitan areas and transitional grant areas, 75% of grant funds must be spent for core services; **Part B** (formerly Title II) funds States/Territories, 75% must be spent for core services; **Part C** (formerly Title III) funds early intervention services, 75% must be spent for core services; **Part D** (formerly Title IV) grants support services for women, infants, children & youth and **Part F** comprises Special Projects of National Significance, AIDS Education & Training Centers (AETCs), Dental Programs and the Minority AIDS Initiative.

State funding - General revenue support from state budgets. States are not required to provide funding to their ADAPs (except in limited cases of matching requirements), although many have historically done so either over a sustained period of time or at critical junctures to address gaps in funding. Such funding is, for the most part, dependent on individual state decisions and budgets; even where states are required to provide a match of federal Part B Ryan White funds, they are not required to put this funding toward ADAP. The only exception to this is the ADAP supplemental, where states must provide a match (or seek a waiver of the requirement, if eligible to do so).

True Out of Pocket Expenditures (TrOOP) – This is the amount of money that a Medicare Part D enrolled client will have to pay from their own money to reach the "catastrophic limit" making Part D the primary payer for medications. Payments for drugs, co-payments, and coinsurance made by the beneficiary, friends, family members, State Pharmacy Assistance Programs, charities, and the Medicare low-income subsidy (LIS) count towards TrOOP costs. Payments for premiums, drugs not on plan formularies, costs incurred by the ADAP, and payments by other types of insurance are not counted as TrOOP costs.