

As of July 23, 2014, there are 35 people on an AIDS Drug Assistance Program (ADAP) waiting list in one state.



ADAP Watch

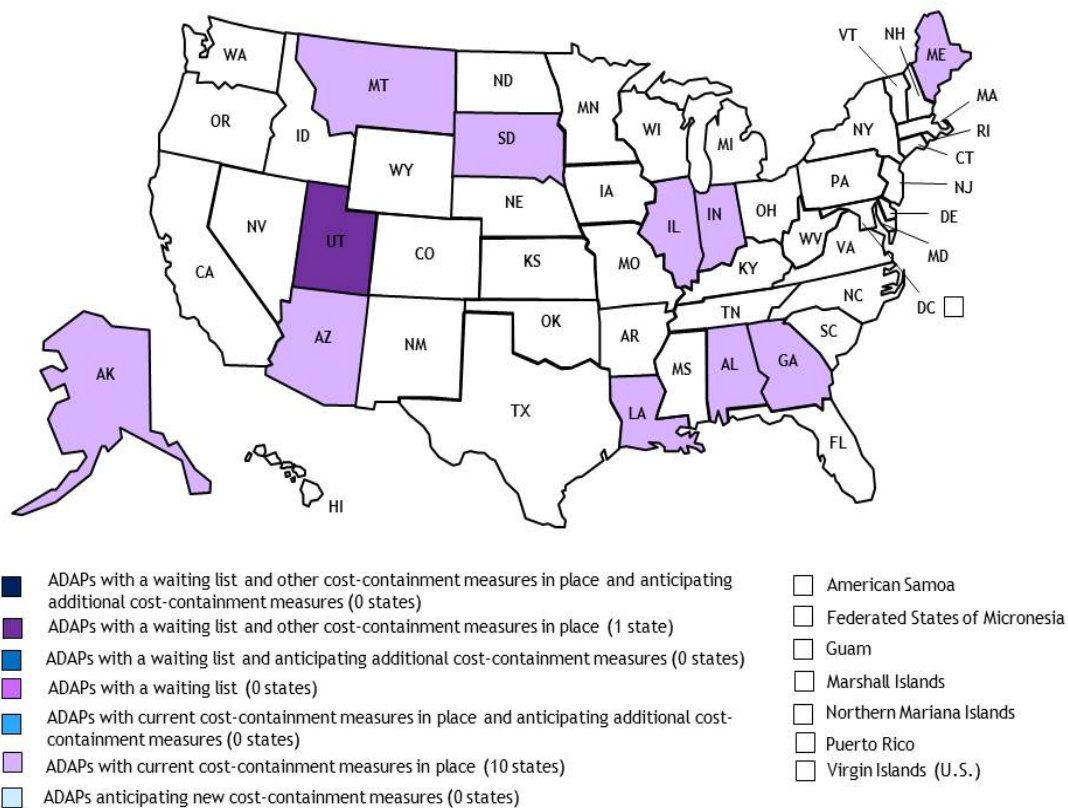
July 28, 2014

- There are **35 people** on an AIDS Drug Assistance Program (ADAP) waiting list in one state (as of July 23, 2014).
 - Eleven ADAPs have had cost-containment measures in place since April 1, 2013 (reported as of July 15, 2014).
 - No ADAPs currently anticipate additional cost-containment measures prior to March 31, 2015.
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Previous ADAP Watches

- [ADAP Watch - April 22, 2014: 12 on Wait Lists](#)
 - [ADAP Watch - February 26, 2014: 3 on Wait Lists](#)
 - [ADAP Alert: After Five Years, ADAP Waiting Lists Have Been Eliminated](#)
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ADAPs with Current or Anticipated Cost-Containment Measures, Including Waiting Lists, as of July 15, 2014



ADAPs with Waiting Lists (35 individuals in 1 state, as of July 23, 2014)

State	Number of Individuals on ADAP Waiting List	Percent of the Total ADAP Waiting List	Increase/Decrease from Previous Reporting Period	Date Waiting List Began
Utah	35	100%	+23	February 2014

Waiting List Organization: Waiting list clients are prioritized by one of two models:

- **First-come, first-served model:** placing individuals on the waiting list in order of receipt of a completed application and eligibility confirmation (0 ADAPs).
- **Medical criteria model:** based on hierarchical medical criteria based on recommendations by the ADAP Advisory Committee (1 ADAP).

Access to Medications: Utah confirms that case management services assist clients in obtaining medications through the [HarborPath ADAP waiting list program](#) or pharmaceutical company patient assistance programs (PAPs) while clients are on the waiting list.

Latest ADAP News

The Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies passed their version of the FY2015 Labor-HHS-Education Appropriations bill, which flat funded ADAPs. Though both House and Senate leadership indicated that appropriations would take place under "regular order," the full Senate Appropriations Committee will likely not mark up their version of the bill until after the November elections. There is no House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies markup scheduled and it is now also rumored to be postponed until after the November elections. There will most likely be a short term continuing resolution funding the government until after the November elections. Depending on the outcome of the elections, there may be another continuing resolution until the start of the new Congressional session in January 2015.

ADAPs with Other Cost-containment Strategies (since April 1, 2013ⁱ, as of July 15, 2014)

Enrollment Cap	Expenditure Cap	Financial Eligibility	Formulary Reduction	Other
Indiana Utah	Arizona: (monthly: insurance premiums of \$350); (annual: medical copayment of \$3000) Illinois: (monthly) South Dakota: (annual)	Illinois	Alabama Alaska Illinois Louisiana Maine	Georgia: cap on insurance premiums Montana: service reductions in place

ⁱADAPs may have other cost-containment strategies that were instituted prior to April 1, 2013.

ADAPs Considering New/Additional Cost-containment Measures (before March 31, 2015ⁱⁱ)

Enrollment Cap	Formulary Reduction	Waiting List
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Louisiana	Alaska	Louisiana
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In April, Alaska and Louisiana reported anticipating new cost-containment measures. As of the latest ADAP Watch survey, they both no longer anticipate these new measures due to internal system reviews. Alaska was able to keep their formulary unchanged after reviewing their overall utilization data. Louisiana was able to avoid establishing an enrollment cap and wait list due to implementation of a new pharmacy benefit management contract and changes in the state's fiscal review process that has allowed for more efficient and timely rebate processing.

ⁱⁱMarch 31, 2015 is the end of ADAP FY2014. ADAP fiscal years begin April 1 and end March 31.

ADAPs that Eliminated/Modified Cost-containment Measures (since April 1, 2013ⁱⁱⁱ as of April 7, 2014)

Enrollment Cap	Expenditure Cap	Formulary Reduction	Other
Alabama Idaho Wyoming	New Mexico	Utah	Oklahoma: increase financial eligibility to 400% for individuals with insurance; 200% for uninsured. Washington: stopped requiring use of PAPs during insurance enrollment

ⁱⁱⁱADAPs may have other cost-containment strategies that were eliminated/modified prior to April 1, 2013.

About ADAP: ADAPs provide life-saving HIV treatments through directly purchasing medications or providing insurance coverage and wrap-around services to low income, uninsured, and underinsured individuals living with HIV/AIDS in all states, territories and associated jurisdictions.

About PAPs: Uninsured or underinsured individuals living with HIV who are ineligible for ADAPs can access needed medications using the [common patient assistance program \(PAP\) application](#) form to apply for multiple PAPs. To see additional information on pharmaceutical company patient assistance or co-payment assistance programs, please visit the [Positively Aware](#) website or the [Fair Pricing Coalition's](#) website. In addition, the HarborPath program is available to serve individuals on [ADAP waiting lists](#) as well as individuals in select states (see the [HarborPath website](#) for more information).

About NASTAD: NASTAD strengthens state and territory-based leadership, expertise, and advocacy and brings them to bear on reducing the incidence of HIV and viral hepatitis and on providing care and support to all who live with HIV and viral hepatitis. NASTAD's vision is a world free of HIV/AIDS and viral hepatitis. For more information, visit www.NASTAD.org. To receive or unsubscribe from The ADAP Watch, please contact [Christopher Cannon](#).

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