

**ADAP Data Report**  
**Grantee Report**  
**Summary of Changes to the Grantee-Level Variables**

Changes:

Section 2, Item 8 asks ADAPs to indicate the frequency of re-certification of client eligibility. The “Annual” response has been deleted because it is inconsistent with HAB’s re-certification requirements.

The allowed responses for this item now include:

- Semiannual (every 6 months)
- Other, please specify \_\_\_\_\_

**ADAP Data Report  
Grantee Report  
Final Grantee-Level Variables**

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## Grantee Contact Information

1. Grantee name:

\_\_\_\_\_

2. Grant number:

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3. ADAP number:

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4. D-U-N-S number:

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5. Grantee address:

a. Street: \_\_\_\_\_

b. City: \_\_\_\_\_ State: \_\_\_\_\_

c. ZIP Code: \_\_\_\_\_ - \_\_\_\_\_

6. Contact information for the ADAP Coordinator/Administrator:

a. Name: \_\_\_\_\_

b. Title: \_\_\_\_\_

c. Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

d. Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

e. E-mail: \_\_\_\_\_

7. Indicate the six month reporting period for which you are submitting data:

April 1 – September 30

October 1 – March 31



## B. FUNDING

5. Please enter the funding *received* during this reporting period from each of the following sources (if no funding was received enter "0"):

	Funding Source	Amount Received (to nearest dollar)
a.	Total contributions from Part A EMA(s)/TGAs	\$
b.	Total contributions from Part B Base Funding	\$
c.	Total contributions from Part B Supplemental Funding	\$
d.	State contributions (other than Ryan White or Required State Match Funds)	\$
e.	Carry-over of Ryan White funds from previous year	\$
f.	Manufacturer Rebates	\$
g.	Other Negotiated Rebates	\$
h.	All Insurance Reimbursements, including Medicaid	\$
	<b>Resources received this reporting period (Total of a through h)</b>	<b>\$</b>

## C. EXPENDITURES

6. For each of the following categories, please enter total expenditures for this reporting period:

	Expenditure Category	Total Cost
a.	Pharmaceuticals	\$
b.	Dispensing and other administrative costs	\$
c.	Insurance coverage (including co-pays, deductibles, and premiums)	\$
d.	Under the ADAP Flexibility Policy - <b>Adherence</b>	\$
e.	Under the ADAP Flexibility Policy - <b>Access</b>	\$
f.	Under the ADAP Flexibility Policy - <b>Monitoring</b>	\$
	<b>Total ADAP expenditures this quarter</b>	<b>\$</b>

## D. ADAP MEDICATION FORMULARY

7. Please provide information on Antiretroviral (ARV), hepatitis B, hepatitis C and 'A1'-OI medications currently on your ADAP formulary. If you added an ARV medication to your ADAP formulary during this reporting period, please note that and provide the date that it was added.

### a. Grantee-level Formulary Information - Antiretroviral Medications

Included In Formulary	GENERIC NAME	BRAND NAME	Category	Added to Formulary this Reporting Period	
				Med Added?	Date Added
<input type="checkbox"/>	abacavir	Ziagen	NRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	abacavir, zidovudine, and lamivudine	Trizivir	NRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	abacavir/lamivudine	Epzicom	NRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	didanosine, ddl, dideoxyinosine	Videx	NRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	efavirenz, emtricitabine, tenofovir disoproxil fumarate	Atripla	NRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	FTC, emtricitabine	Emtriva	NRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	lamivudine and zidovudine	Combivir	NRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	lamivudine, 3TC	Epvir	NRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	stavudine, d4T	Zerit	NRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	tenofovir disoproxil fumarate	Viread	NRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	tenofovir disoproxil/emtricitabine	Truvada	NRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	zalcitabine, ddC, dideoxycytidine	Hivid	NRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	zidovudine, AZT, azidothymidine, ZDV	Retrovir	NRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	delavirdine, DLV	Rescriptor	NNRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	efavirenz	Sustiva	NNRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	Etravirine (TMC-125)	Intelence	NNRTIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	nevirapine, BI-RG-587	Viramune	NNRTIs	<input type="checkbox"/>	MM/DD/YYYY

Included In Formulary	GENERIC NAME	BRAND NAME	Category	Added to Formulary this Reporting Period	
				Med Added?	Date Added
<input type="checkbox"/>	amprenavir	Agenerase	PIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	atazanavir sulfate	Reyataz	PIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	darunavir	Prezista	PIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	Fosamprenavir Calcium	Lexiva	PIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	indinavir, IDV, MK-639	Crixivan	PIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	lopinavir and ritonavir	Kaletra	PIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	nelfinavir mesylate, NFV	Viracept	PIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	ritonavir, ABT-538 r	Norvi	PIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	saquinavir	Fortovase	PIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	saquinavir mesylate, SQV	Invirase	PIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	tipranavir	Aptivus	PIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	enfuvirtide, T-20	Fuzeon	FIs	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	Raltegravir (RGV or MK-0518)	Isentress	Integrase Inhibitors	<input type="checkbox"/>	MM/DD/YYYY
<input type="checkbox"/>	maraviroc	Selzentry or Celsentri	CCR5 Antagonists	<input type="checkbox"/>	MM/DD/YYYY

**b. Grantee-level Formulary Information – A1-OI Medications**

Included in Formulary	GENERIC NAME	BRAND NAME
<input type="checkbox"/>	acyclovir	Zovirax
<input type="checkbox"/>	amphotericin B	Fungizone
<input type="checkbox"/>	azithromycin	Zithromax
<input type="checkbox"/>	cidofovir	Vistide
<input type="checkbox"/>	clarithromycin	Biaxin
<input type="checkbox"/>	clindamycin	Cleocin
<input type="checkbox"/>	famciclovir	Famvir
<input type="checkbox"/>	fluconazole	Diflucan
<input type="checkbox"/>	flucytosine	Ancobon
<input type="checkbox"/>	fomivirsen	Vitravene
<input type="checkbox"/>	foscarnet	Foscavir
<input type="checkbox"/>	ganciclovir	Cytovene
<input type="checkbox"/>	Isoniazid (INH)	Lanizid, Nydrazid
<input type="checkbox"/>	itraconazole	Sporonox
<input type="checkbox"/>	leucovorin calcium	Wellcovorin
<input type="checkbox"/>	peginterferon alfa-2a	PEG-Intron
<input type="checkbox"/>	pentamidine	Nebupent
<input type="checkbox"/>	pentavalent antimony	—
<input type="checkbox"/>	prednisone	Deltasone, Liquid Pred, Metocorten, Orasone, Panasol, Prednicen-M, Sterapred
<input type="checkbox"/>	probenecid	—

Included in Formulary	GENERIC NAME	BRAND NAME
<input type="checkbox"/>	pyrazinamide (PZA)	—
<input type="checkbox"/>	pyrimethamine	Daraprim, Fansidar
<input type="checkbox"/>	ribavirin	Virazole, Rebetol, Copegus
<input type="checkbox"/>	rifabutin	Mycobutin
<input type="checkbox"/>	rifampin (RIF)	Rifadin, Rimactane
<input type="checkbox"/>	sulfadiazine (oral generic)	Microsulfon
<input type="checkbox"/>	trimethoprim-sulfamethoxazole (TMP/SMX)	Bactrim, Septra
<input type="checkbox"/>	valacyclovir	Valtrex
<input type="checkbox"/>	valganciclovir	Valcyte

“A1” Opportunistic Infection Medications\*

“\* A – Both strong evidence for efficacy and substantial clinical benefit support recommendation for use; should always be offered

1 – Evidence from  $\geq 1$  correctly randomized, controlled trials.

**Source:**

*Guidelines for Preventing Opportunistic Infections Among HIV-Infected Persons – 2002; Recommendations of the U.S. Public Health Service and the Infectious Diseases Society of America”.*

**c. Grantee-level Formulary Information – Hepatitis B Medications**

Included in Formulary	GENERIC NAME	BRAND NAME
<input type="checkbox"/>	entecavir	Baraclude
<input type="checkbox"/>	lamivudine	Epivir-HBV
<input type="checkbox"/>	interferon alfa-2b	Intron A
<input type="checkbox"/>	adefovir dipivoxil	Hepsera
<input type="checkbox"/>	peginterferon alfa-2a	Pegasys
<input type="checkbox"/>	telbivudine	Tyzeka

**d. Grantee-level Formulary Information – Hepatitis C Medications**

Included in Formulary	GENERIC NAME	BRAND NAME
<input type="checkbox"/>	interferon alfa-2b	Intron A
<input type="checkbox"/>	recombinant interferon alfa-2a	Roferon-A
<input type="checkbox"/>	consensus interferon or interferon alfacon-1	Infergen
<input type="checkbox"/>	peginterferon alfa-2a	Pegasys
<input type="checkbox"/>	peginterferon alfa-2b	PEG-Intron
<input type="checkbox"/>	peginterferon alfa-2a + ribavirin	Copegus and Pegasys
<input type="checkbox"/>	peginterferon alfa-2b and ribavirin	PEG-Intron and Rebetol
<input type="checkbox"/>	interferon alfa-2b and ribavirin	Intron A and Rebetol
<input type="checkbox"/>	recombinant interferon alfa-2a and ribavirin	Roferon and Ribavirin

## Section 2: Annual Submission

Section 2 (Items 8-11) should be completed only **once** each year for the previous 12-month period

### A. PROGRAM ADMINISTRATION

8. Please indicate the frequency of re-certification of client eligibility:

- Semiannual (every 6 months)
- Other, please specify \_\_\_\_\_

9. Please indicate the clinical eligibility criteria required to enroll in the ADAP in your State/Territory: (Check all that apply)

- HIV+
- CD4 (what is your CD4 count requirement? \_\_\_\_\_)
- Viral load (what is your VL count requirement? \_\_\_\_\_)
- Other (please specify: \_\_\_\_\_)

### B. COST SAVING STRATEGIES

10. Please check all that apply to your Drug Pricing Program: (Check all that apply)

- 340B Rebate
- Direct purchase
- Prime vendor
- Alternative Method Demonstration Project
- Other drug discount program (not 340B) (please specify \_\_\_\_\_)

### C. SOURCES AND AMOUNTS OF ADAP FUNDING – THIS WILL BE PREPOPULATED BY HAB AND IS FOR REVIEW PURPOSES ONLY.

11. ADAP funding received for this fiscal year from each of the following Ryan White HIV/AIDS program sources:

Funding Source		Amount Received (to nearest dollar)
a.	ADAP earmark	\$
b.	ADAP Supplemental Drug Treatment Grant Award	\$
c.	State Match for Supplemental Drug Treatment Award	\$
<b>ADAP resources received (total of a through c)</b>		<b>\$</b>