



# National ADAP Monitoring Project Annual Report

APRIL 2009

## **Acknowledgements**

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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, and state and federal government agencies. NASTAD also receives support for the National ADAP Monitoring and Technical Assistance Program from the following companies: Gilead Sciences, GlaxoSmithKline, and Tibotec Therapeutics. Outside of the National ADAP Monitoring and Technical Assistance Program, NASTAD has a Training and Technical Assistance Cooperative Agreement with the Health Resources and Services Administration (HRSA) to provide technical assistance to ADAPs.

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APRIL 2009

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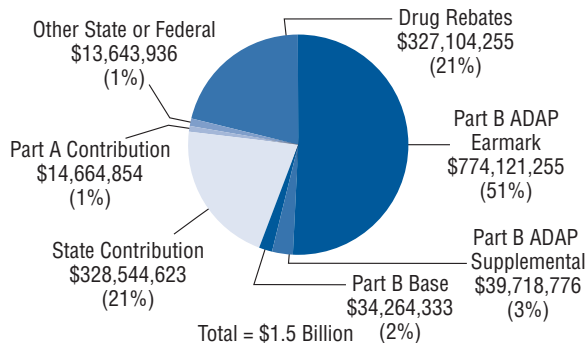
## Summary and Highlights

The National ADAP Monitoring Project's *Annual Report* is based on a comprehensive survey of all AIDS Drug Assistance Programs (ADAPs), a key part of the federal Ryan White Program that funds states<sup>1</sup> to provide prescription drugs to low-income people with HIV/AIDS. The Monitoring Project, a partnership between the National Alliance of State and Territorial AIDS Directors (NASTAD) and the Henry J. Kaiser Family Foundation (KFF) that began in 1996, documents new developments and challenges facing ADAPs, assesses key trends over time, and provides the latest available data on the status of these programs. This report updates prior findings with data from fiscal year (FY) 2008 as well as a detailed snapshot of the month of June 2008 (unless otherwise noted) and discusses recent policy and programmatic changes that affect ADAPs.

ADAPs provide access to critical, life-saving medications for low-income, uninsured, and underinsured people with HIV/AIDS. With more than 183,000 enrollees in FY 2007, ADAPs reached over a third of all people with HIV receiving care in the United States. To serve their clients, ADAPs must continually maintain a balance between available resources and demand for services—both of which are unpredictable from year to year. Most programs were able to achieve this balance in FY 2008—the national ADAP budget and the budgets of most individual programs grew, as did client utilization and drug expenditures. However, 21 ADAPs had decreased budgets and for three, demand outweighed resources, resulting in the return of waiting lists. There are also signs that the effects of the economic recession may be trickling down to ADAPs, which may further strain programs in the near future.

These issues and other key findings from the survey are highlighted below.

### The National ADAP Budget, by Source, FY 2008



Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report FY 2008 data, but their federal ADAP earmark awards were known and incorporated. The total FY 2008 budget includes federal, state, and drug rebate dollars. Cost recovery funds, with the exception of drug rebate dollars, are not included in the total budget. See Table I.

### ADAP SNAPSHOT

- > Number of ADAPs, FY 2008: 58
- > Total ADAP Budget, FY 2008: \$1.5 billion
- > Federal ADAP Earmark, FY 2008: \$774 million
- > Clients Enrolled, FY 2007: 183,299
- > Clients Served, June 2008: 110,047
- > Drug Spending, June 2008: \$109 million

### ADAP Budget

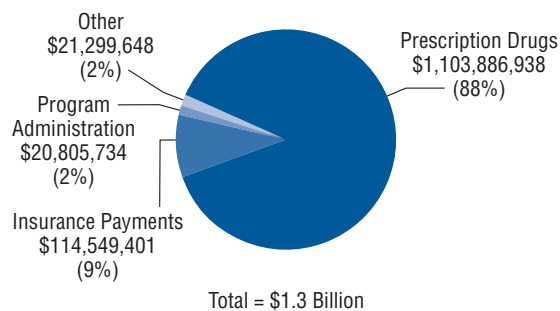
The ADAP budget reached \$1.5 billion in FY 2008, an increase of more than \$100 million (8%) over FY 2007. The federal “ADAP earmark,” one of the four main ADAP funding streams and designated specifically for ADAPs by Congress each year, is the largest component of the budget (51%, \$774 million in FY 2008), but no longer drives budget growth, as it did early on in the program’s history; the earmark decreased slightly between FY 2007 and FY 2008. Other funding streams, particularly drug rebates and state general revenue support, which vary from year to year, are now key budget drivers (and together account for more than 40% of the ADAP budget). While 36 ADAPs had overall budget increases or level funding in the last year, 21 experienced decreases. Most states (34) provide funding to their programs, although 20 do not. Thirteen states decreased their support, including eight that eliminated support all together.

### ADAP Expenditures and Services

ADAP spending on prescription drugs (directly and indirectly through insurance coverage) totaled \$1.2 billion in FY 2007, accounting for almost all (97%) of program expenditures (the remainder was for program administration and other activities). ADAP formularies ranged from about 30 drugs in one state to more than 400 in another; three states have open formularies. The majority of ADAPs (30) cover all approved antiretrovirals and 36 cover at least half of the medications recommended to prevent and treat HIV-related opportunistic infections. Thirty-seven ADAPs also reported purchasing new health insurance coverage or continuing existing coverage for clients in FY 2008 and many actively coordinate with key sources of public coverage and care, primarily Medicaid and Medicare, as well as private insurance (including state-level high-risk pools<sup>2</sup>) and State Pharmacy Assistance Programs (SPAPs).<sup>3</sup>



## Total ADAP Expenditures, FY 2007

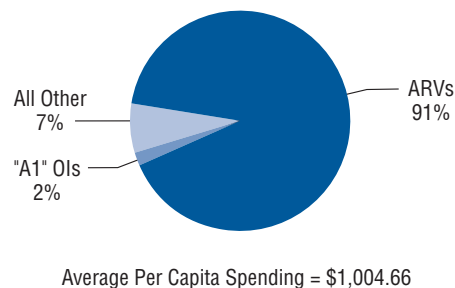


Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. Percentages may not total 100% due to rounding.

### ADAP Clients and Eligibility

ADAP client enrollment and utilization have grown over time and reached their highest levels to date. More than 183,000 people were enrolled in ADAPs in FY 2007, including approximately 36,000 clients who were newly enrolled. In the month of June 2008, about 110,000 clients were served (not all enrolled in the program need or access services each month). Forty states experienced increases in clients served in the last year. ADAP clients are primarily people of color, male, low-income, and uninsured. More than 60% of clients are minorities, primarily African Americans and Hispanics; 74% are low-income (at or below 200% of the Federal Poverty Level); and 72% are uninsured, with few reporting any other source of health coverage. Each ADAP determines its own income eligibility criteria, both by balancing between a goal of targeting those who may not qualify for other low-income programs, such as Medicaid, and by seeing how far their budgets can go in a given year. In FY 2008, ADAP income eligibility ranged from 200% FPL in 10 states, above what most

## ADAP Per Capita Drug Expenditures, June 2008



Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, Vermont, and Virgin Islands (U.S.) did not report data. ARVs=Antiretrovirals; "A1" OIs=Drugs recommended ("A1") for the prevention and treatment of opportunistic infections (OIs). See Tables VI and IX.

state Medicaid income eligibility standards are, to 500% FPL in seven states.

### ADAP Cost-Containment Measures and Waiting Lists

ADAPs must balance client demand with available resources on an ongoing basis. As a result, instituting waiting lists for services or other cost-containment measures sometimes becomes necessary. Despite being eliminated in September 2007 for the first time in years, waiting lists reemerged just a few months later, in January 2008. And, as of March 2009, 62 people were on waiting lists in three states—Indiana, Montana, and Nebraska. Montana has also taken additional steps to control costs and seven other ADAPs anticipate the need to do the same in the next year. States cite level federal funding awards and decreases in state revenue support; increased demand for ADAP services (likely due to increased testing efforts and increased unemployment); increased drug costs; and increased insurance/Medicare Part D wrap-around costs as factors likely contributing to the need for cost-containment measures.

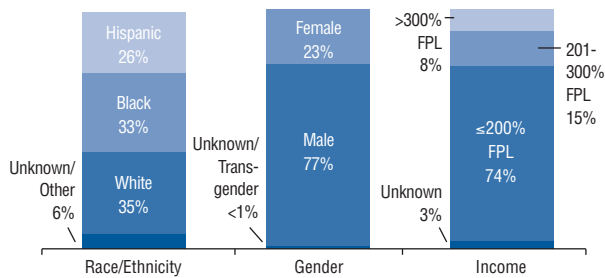
## RYAN WHITE REAUTHORIZATION

"Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006," or the "Ryan White Program," is the single largest federal program designed specifically for people with HIV/AIDS. ADAPs were incorporated into the Ryan White Program when it was first enacted in 1990. The Ryan White Program was reauthorized in 1996, 2000, and 2006. Whereas all prior authorizations were for five-year periods, the 2006 authorization was for three years. Each reauthorization of the Ryan White Program has brought changes and new developments for ADAPs, as well as for other parts of the Ryan White Program, reflecting both past experience and anticipated issues and challenges

moving forward (see "Key Dates in the History of ADAPs"). The 2006 reauthorization mandated that all ADAPs cover at least one medication from each of the approved antiretroviral drug classes, the first type of requirement in the program's history; established a new Part B ADAP earmark formula incorporating living HIV and AIDS cases used to determine funding awards (previously only estimated living AIDS cases were included); and increased ADAP supplemental funding and revised the eligibility requirements for this funding. Congress must take action by the end of September 2009 to continue the Ryan White Program. A new authorization could lead to further changes for ADAPs. ▀



## Profile of ADAP Clients, June 2008



Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. The 2008 Federal Poverty Level (FPL) was \$10,400 (slightly higher in Alaska and Hawaii) for a household of one. Percentages may not total 100% due to rounding.

### Key Issues Facing ADAP

Looking ahead, there are several key developments that may affect ADAPs in the coming year. Changes from the most recent reauthorization of the Ryan White Program in 2006 are still playing out for ADAPs, including shifts in the distribution of federal funds and new policies related to unobligated funds, which may affect future federal awards. Congress must take action by the end of September 2009 to continue the Ryan White Program; a new authorization could lead to further changes for ADAPs. ADAPs are also reporting increased client demand due to recent changes in national HIV testing recommendations by the Centers for Disease Control and Prevention (CDC)<sup>4</sup> aiming to increase the number of people with HIV who know their status; the CDC's Expanded Testing Initiative (ETI) has already identified nearly 4,000 new HIV cases as of December 2008.<sup>5</sup>

Beyond these issues, the nation's economic recession and the challenging fiscal conditions for states are already being felt by ADAPs, several of whom saw decreases in state funding. More states are anticipating reductions in state support during the upcoming state fiscal year, including some states with the largest ADAP caseloads.<sup>6</sup> ADAP waiting lists have begun to return, and state AIDS programs also report hiring freezes and layoffs, which impact their capacity to serve clients.<sup>6</sup> Moreover, to the extent that states may seek to control rising Medicaid costs as pressure on the program mounts and more people become uninsured due to unemployment<sup>7,8,9</sup>, ADAPs could face additional demand for services from those who are no longer able to receive services from other sources.

The full report provides a background and overview of ADAPs, as well as detailed findings on ADAP budgets, drug expenditures, clients, eligibility, and other key aspects of the program. Charts and tables with state-level data can be found in the full report and online.

## Background and Overview of ADAPs

The AIDS Drug Assistance Program (ADAP) of the federal Ryan White Program<sup>10,11</sup> is the nation's prescription drug safety net for low-income people with HIV who have limited or no prescription drug coverage. More than a third of all people with HIV receiving care in the U.S. are enrolled in ADAPs each year.<sup>12</sup> In addition to helping to fill gaps in prescription drug coverage, ADAPs often serve as a bridge between a broader array of healthcare and supportive services funded by other Ryan White programs, Medicaid, Medicare, and private insurance.

The purpose of ADAPs, as stated in Ryan White legislation, is to:

...provide therapeutics to treat HIV disease or prevent the serious deterioration of health arising from HIV disease in eligible individuals, including measures for the prevention and treatment of opportunistic infections...<sup>10</sup>

### 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, using a set-aside of the federal ADAP earmark for states with "severe need."

**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:** Congress must take action by the end of September 2009 to continue the Ryan White Program. ▶

ADAPs fulfill this purpose by purchasing FDA-approved HIV-related prescription drugs directly (and maintaining formularies), by purchasing health insurance coverage that includes prescription drugs, and by wrapping around existing coverage (e.g., paying co-payments and deductibles).

ADAPs began serving clients in 1987, when Congress first appropriated funds (\$30 million over two years<sup>13</sup>) to help states purchase AZT, the only FDA-approved antiretroviral drug at that time. In 1990, these federally funded, state-administered “AZT Assistance Programs” were incorporated into the newly created Ryan White Program as part of its grants to states component (Title II, now called Part B) and became known as “AIDS Drug Assistance Programs,” or ADAPs. The Ryan White Program, administered by the Health Resources and Services Administration (HRSA) of the Department of Health and Human Services (DHHS), is the nation’s third largest source of federal funding for HIV care, after Medicare and Medicaid.<sup>14</sup>

Since FY 1996, Congress has specifically earmarked funding for ADAPs, through the Ryan White Program, which is allocated by formula to states.<sup>15</sup> The ADAP earmark is the largest component of the overall ADAP budget. In

FY 2008, 58 jurisdictions received federal ADAP earmark funding, including all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands; the Republic of Palau was eligible to receive funding but did not report any HIV/AIDS cases and therefore did not receive a funding award.

In addition to the earmark, many ADAPs also receive funding from other sources, including state general revenue support,<sup>16</sup> other parts of the Ryan White Program, and pharmaceutical manufacturers’ drug rebates. These other funding sources, however, which are largely dependent on state and local policy decisions, differing ADAP program management strategies, and resource availability, are highly variable and unpredictable from year to year.

Each state administers its own ADAP and is given flexibility under the Ryan White Program to design many aspects of its program, including client eligibility guidelines, drug purchasing and distribution arrangements, and to a large extent, drug formularies. There is no standard client income eligibility level required by law, although clients must be HIV positive, low-income, and under- or uninsured. The most recent reauthorization of the Ryan White Program instituted a new minimum formulary requirement for all ADAPs,

## ALLOCATION OF FEDERAL FUNDING TO ADAPs & STATE MATCH REQUIREMENTS

Each year, Congress specifically earmarks federal funding for ADAPs through Ryan White Part B (funding for care grants to states). Prior to the most recent reauthorization of the Ryan White Program in 2006, the formula used to allocate these funds to state jurisdictions each year was based on their proportion of the nation’s estimated living AIDS cases. The 2006 Reauthorization changed the formula by moving from estimated living AIDS cases to actual AIDS cases and by including HIV cases in the formula. AIDS case counts are determined by the Centers for Disease Control and Prevention (CDC) as reported by states. HIV case counts are now determined in one of two ways: (1) as certified by the CDC in states with “mature” HIV name reporting systems; or (2) as reported to the Health Resources and Services Administration (HRSA), by jurisdictions without mature HIV name reporting systems, which then applies a five percent “duplication” penalty to the count. Once these counts are determined, a jurisdiction’s proportion of living AIDS and HIV cases is applied to the funding available through the ADAP earmark to determine the award amount.

States with one percent or more of reported AIDS cases during the most recent two-year period must match (with non-federal contributions) their overall Ryan White Part B award, which includes the ADAP earmark, according to an escalated matching rate (based on the number of years in which the state has met the one percent threshold). The

state match may consist of in-kind or dollar contributions from the state that are allocated to HIV-related services, not only ADAP.

The 2006 Reauthorization increased the set-aside for ADAP Supplemental Drug Treatment Grants from three to five percent of the ADAP earmark and made changes to state eligibility criteria for these funds. Award amounts are based on the proportion of states’ HIV and AIDS cases in those jurisdictions applying. In addition, while ADAPs eligible for supplemental awards are required to provide a \$1 state match for every \$4 of federal supplemental funds, the most recent reauthorization allows states to apply for a waiver of this requirement if they have met other Ryan White Part B matching requirements, if applicable.

It is important to note that the ADAP fiscal year differs from the federal and state fiscal year periods:

ADAP fiscal year: April 1–March 31

Federal fiscal year: October 1–September 30

State fiscal year (for most states): July 1–June 30

For example, the ADAP FY 2008 began on April 1, 2008 and ended on March 31, 2009. The Federal FY 2008 began on October 1, 2007 and ended on September 30, 2008. The State FY 2008, in most states, began July 1, 2007 and will end on June 30, 2008. ■

effective July 1, 2007, mandating inclusion of at least one medication from each antiretroviral drug class. ADAPs still determine how many medications from within each antiretroviral class to offer, what, if any, non-antiretroviral, HIV-related medications are covered, and whether cost-sharing, quantity limits, or drug-specific eligibility criteria are instituted.

Like all Ryan White programs, ADAPs serve as “payer of last resort;” that is, they provide prescription medications or health insurance coverage to people with HIV when no other funding source is available to do so. Demand for ADAPs depends on the size of the prescription drug “gap” that ADAPs must fill in their jurisdiction—larger gaps, such as in states with less generous Medicaid programs, may strain ADAP resources further. But ADAPs are discretionary grant programs, not entitlements,<sup>17</sup> and their funding may not correspond to the number of people who need prescription drugs or to the costs of medications. Therefore, annual federal appropriations, and where provided, state funding and contributions from other sources, determine how many clients ADAPs can serve and the level of services they can provide. In addition, given that ADAPs are an integral component of the larger Ryan White system, the funding levels and capacity of other Ryan White components may also affect client access to ADAPs. Trend data indicate that when one ADAP revenue source decreases, others appear to increase to fill the gap. However, these “levers” are seldom permanent and usually unpredictable.

## Detailed Findings

A comprehensive survey was sent to all 58 jurisdictions that received federal ADAP earmark funding in FY 2008; 54 responded (see Methodology). All data are from FY 2008 and June 2008, unless otherwise noted (supplemental data was collected on select issues). The detailed findings of the survey are included below.

### ADAP BUDGET

The ADAP budget reached \$1.5 billion in FY 2008, an increase of more than \$100 million (8%) over FY 2007.<sup>18</sup> Since FY 1996, the budget has grown nearly eight-fold. All funding streams, except for the earmark, increased over the last year. While the ADAP earmark continues to represent the largest share of the budget, it no longer drives budget growth, as it did early on in the program’s history (see Charts 1–11 and Tables I–III).

- In FY 2008, the ADAP earmark was \$774.1 million. The earmark, specifically appropriated by Congress each year for ADAPs, was one-quarter of the budget in FY 1996, the year it was created, rose to more than two-thirds (68%) of the budget in FY 2000, and has more recently declined as a share of the budget, to 51% in FY 2008.

### The National ADAP Budget, FY 1996–2008



- State funding (general revenue support from state budgets) accounted for \$328.5 million, or 21% of the ADAP budget in FY 2008, an increase of 12% over FY 2007. 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).
- Drug rebates accounted for \$327.1 million, or 21%, of the national ADAP budget in FY 2008. They represent an increasingly critical component of the ADAP budget, and drove overall budget growth over the period, accounting for more than 60% of growth between FY 2007 and FY 2008. Drug rebates have risen from six percent of the budget in FY 1996 to 21% in FY 2008. ADAPs must actively seek drug rebates and, while not all ADAPs do so (because of varying state drug purchasing mechanisms), drug rebates accounted for a quarter or more of the ADAP budget in 15 states.
- ADAP Supplemental Drug Treatment Grants, which are targeted to states with demonstrated need (16 were funded in FY 2008), accounted for three percent (\$39.7 million) of the overall ADAP budget, and increased by just one percent between FY 2007 and FY 2008 following a four-fold increase between FY 2006 and FY 2007. 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 national ADAP budget.
- The Part B “base,” formula-based funding to states (other than that earmarked for ADAP) accounted for two percent (\$34.3 million) of the budget in FY 2008; some states choose to allocate some of this funding to ADAPs, but are not required to do so.
- Part A funding, provided to metropolitan jurisdictions, represented \$14.7 million or one percent of the ADAP

budget in FY 2008, similarly reflecting local decisions about whether to allocate funds to ADAPs; seven metropolitan jurisdictions did so in FY 2008 (see Chart 12 and Table IV).

- ADAP budget composition varies by region. The ADAP earmark accounts for the largest share of the budget in the South (62% of the total budget) and Midwest, compared to the Northeast and West. The South receives 88% of ADAP supplemental funding, perhaps reflective of the region's higher needs. Conversely, no states in the Northeast receive supplemental funding. However, ADAPs in the Northeast report significant funding from drug rebates, due in large part to their drug purchasing mechanisms. Budgets in the West are equally distributed across categories.
- ADAP budget composition also varies by state. The earmark is provided to all eligible jurisdictions (58 in FY 2008) based on a formula of living HIV (non-AIDS) and AIDS cases. The breakdown of other sources of funding across the country was as follows (among 54 ADAPs reporting data) (see Chart 4 and Table I):
  - Part B ADAP Supplemental Drug Treatment Grants: 16 ADAPs received funding (34 were eligible to apply);
  - Part B Base Funds: 21 ADAPs received funding, 33 did not;
  - State General Revenue Support: 34 ADAPs received funding, 20 did not;
  - Part A Funds: 7 ADAPs received funding, 47 did not;
  - Other State/Federal Funds: 11 received funding, 43 did not;
  - Drug Rebates: 41 ADAPs received funding, 13 did not.
- While most ADAPs had increases in their budgets between FY 2007 and 2008, some had decreases overall or in specific funding streams (see Chart 5 and Tables II and III):
  - Overall Budget: 36 ADAPs had increases or level funding, 21 had decreases;
  - Part B ADAP Earmark: 33 ADAPs had increases or level funding, 25 had decreases;
  - Part B ADAP Supplemental Drug Treatment Grants: 12 ADAPs had increases, 6 had decreases;
  - Part B Base Funds: 15 ADAPs had increases or level funding, 15 had decreases;
  - State General Revenue Support: 29 ADAPs had increases or level funding, 13 had decreases;
  - Part A Funds: 6 ADAPs had increases or level funding, 4 had decreases;
  - Drug Rebates: 28 ADAPs had increases or level funding, 15 had decreases.
- While not counted as an ADAP budget category in this report (due to its high variability and significant delays), “cost recovery”—reimbursement from third party entities such as private insurers and Medicaid—for medications purchased through ADAP (other than drug rebates), represented \$26.2 million in FY 2008. Private insurance recovery, in which an ADAP receives reimbursement from insurance providers, was the largest component of all cost

recovery sources (72%). Cost recovery from Medicaid represented 23% of this funding and other sources, including manufacturers' free products, represented five percent (see Chart 13 and Table V).

## ADAP DRUG EXPENDITURES, PRESCRIPTIONS, AND FORMULARIES

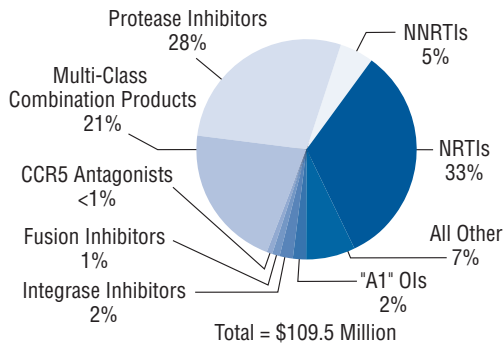
### *ADAP Drug Expenditures and Prescriptions*

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 spending on prescription drugs (directly and indirectly through insurance coverage) totaled \$1.2 billion in FY 2007, accounting for almost all (97%) of program expenditures (the remainder was for program administration and other activities) (see Summary Table III).
- ADAP drug expenditures were \$109,463,099 in June 2008, ranging from a low of \$17,562 in Guam to a high of \$26.7 million in California. Ten states accounted for three-fourths (75%) of all drug spending; five states (California, New York, Texas, New Jersey, and Pennsylvania) accounted for over half (59%) of all drug spending (see Chart 14 and Table VI).
- Drug spending by ADAPs has increased more than seven-fold (617%) since 1996 (in the same 46 states reporting data in both periods), more than twice the rate of client growth over this same period. It, too, has continued to increase but at slower rates. Between June 2007 and June 2008, drug expenditures grew nine percent (see Chart 15).
- Per capita drug expenditures were \$1,004.66 in June 2008, ranging from a low of \$150 in Massachusetts to \$3,512 in Guam. Estimated annual per client expenditures were \$12,056 (see Chart 16 and Table VI).<sup>19</sup>
- The average expenditure per prescription was \$303. It was significantly higher for antiretrovirals (\$458) than non-antiretrovirals (\$77 for “A1” OIs and \$70 for all other drugs). Among the six classes of antiretroviral drugs, fusion inhibitors represented the highest expenditure per prescription (\$1,256), followed by integrase inhibitors (\$510), CCR5 antagonists (\$494), nucleoside reverse transcriptase inhibitors (\$434), protease inhibitors (\$383), and non-nucleoside reverse transcriptase inhibitors (\$299). Per prescription expenditures for multi-class combination products were \$843 (see Chart 17).<sup>20</sup>
- Most ADAP drug spending is on FDA-approved HIV antiretrovirals<sup>21</sup> (91% in June 2008). While this is in part due to their high utilization, it is also related to their costs, as they represent a greater share of expenditures

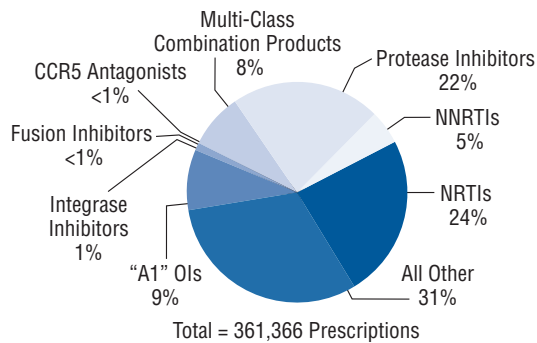


## ADAP Drug Expenditures, by Drug Class, June 2008



Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, Vermont, and Virgin Islands (U.S.) did not report data. Percentages may not total 100% due to rounding. NRTIs=Nucleoside Reverse Transcriptase Inhibitors; NNRTIs=Non-Nucleoside Reverse Transcriptase Inhibitors; “A1” OIs=Drugs recommended (“A1”) for the prevention and treatment of opportunistic infections (OIs). See Table IX.

## ADAP Prescriptions Filled, by Drug Class, June 2008



Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, Vermont, and Virgin Islands (U.S.) did not report data. Percentages may not total 100% due to rounding. NRTIs=Nucleoside Reverse Transcriptase Inhibitors; NNRTIs=Non-Nucleoside Reverse Transcriptase Inhibitors; “A1” OIs=Drugs recommended (“A1”) for the prevention and treatment of opportunistic infections (OIs). See Table X.

than prescriptions filled (60%). The 31 “A1” drugs highly recommended for the prevention and treatment of HIV-related opportunistic infections (OIs)<sup>22,23</sup> accounted for two percent of expenditures and nine percent of prescriptions. All other drugs (including medications for depression, hypertension, and diabetes), accounted for seven percent of drug expenditures, but 31% of prescriptions filled (see Charts 20 and 21 and Tables IX and X).

- ADAPs filled a total of 361,366 prescriptions in June 2008, ranging from a low of 42 in Guam to more than 80,500 in California (see Chart 21 and Table X).
- In addition to providing medications, ADAPs spent \$9.7 million on insurance purchasing/maintenance in June 2008, and estimate that FY 2008 spending on insurance totaled \$106.7 million (see Chart 43 and Table XXV). In

FY 2007, insurance payments totaled \$114.5 million (see Summary Table III).

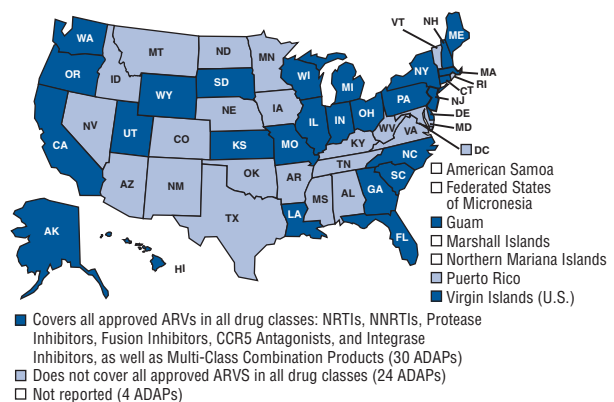
- ADAPs also pay for co-payments that clients may face under other insurance mechanisms. Sixteen states paid co-payments in June 2008, which accounted for just one percent of all drug expenditures, although co-payments (meaning prescriptions for which co-payments were made on behalf of the client) accounted for nine percent of total prescriptions provided to clients. Co-payments are 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 (see Charts 18 and 19 and Tables VII and VIII).

### ADAP Formularies

ADAP formularies (the list of drugs covered) vary significantly across the country. 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 OIs, hepatitis C treatments, or drugs for other HIV-related conditions (e.g., depression, hypertension, and diabetes).

- As of December 31, 2008, ADAP formularies ranged from 28 drugs covered in Idaho to 466 in New York, as well as open formularies<sup>24</sup> in three states (Massachusetts, New Hampshire, and New Jersey). All ADAPs cover at least one ARV in each of the six ARV drug classes, as required under the Ryan White Program. The majority (30) cover all antiretrovirals in each class (nucleotide/nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, protease inhibitors, fusion inhibitors, CCR5 antagonists, integrase inhibitors) as well

## ADAP Formulary Coverage of Antiretroviral Drugs (ARVs), December 31, 2008



Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. See Table XI.

as multi-class combination products on their formularies (see Chart 22 and Table XI).

- Thirty-six ADAPs cover 16 or more of the 31 drugs highly recommended (“A1”) for the prevention and treatment of opportunistic infections, including six that cover all 31 (Illinois, Maine, Massachusetts, New Hampshire, New Jersey, and the U.S. Virgin Islands). Eighteen ADAPs cover 15 or fewer of these medications. Louisiana, which historically has not included any medications for OIs or other HIV-related conditions on its ADAP formulary, added 28 “A1” OIs and a few other medications to its formulary in 2008. ADAPs may cover slightly fewer than the full set of “A1” OIs if they cover equivalent medications, also highly recommended, or have other state-level programs that can provide these medications (see Chart 23 and Table XI).
- Hepatitis A, B, and C infections are important considerations for people with HIV, and ADAPs play a unique role in the provision of treatment for the hepatitis C virus (HCV) and vaccines for hepatitis A and B viruses in the U.S. (see Chart 24 and Table XII).
  - Thirty ADAPs cover hepatitis A and B vaccines, which are recommended for those at high risk for and living with HIV.<sup>25</sup>
  - HCV is classified as an HIV-related opportunistic infection, due to the relatively high co-infection rate of HIV and HCV.<sup>26</sup> Because there is no national funding source specifically for HCV treatment, most of the burden for treating co-infected patients has fallen on ADAPs and other Ryan White programs. In June 2008, 29 ADAPs covered treatment for HCV on their formularies, up from 22 in 2007.

## ADAP CLIENTS, ELIGIBILITY CRITERIA, ENROLLMENT PROCESSES, AND SPECIAL SERVICES

### ADAP Clients

ADAP client enrollment and client utilization were at their highest levels in FY 2008. ADAPs primarily serve low-income, uninsured clients, most of whom are minorities. Client demographics have remained fairly constant over time, although there are significant variations by state and region.

- During FY 2007, 183,299 clients were enrolled in ADAPs nationwide, including 36,354 new clients enrolled throughout the year. Client enrollment ranged from three in Guam to 37,229 in California in FY 2007 (see Chart 25). Typically, fewer clients are served in ADAPs than are enrolled at any given time—ADAPs served 165,383 clients in FY 2007 (see Summary Table III).
- Looking at a one-month snapshot to better examine trends over time, ADAPs provided medications to 110,047 clients across the country in June 2008.

ADAPs also paid for insurance coverage (premiums, co-payments, and/or deductibles) for 15,843 clients, some of whom may have also received medications in that month (see Charts 26 and 43 and Table XXV). The number of clients receiving prescription medications has grown significantly since 1996 (254% among the 49 ADAPs reporting data in both periods), but at a decreasing rate in recent years and has generally lagged behind the rate of increase in drug expenditures (see Charts 15, 27, and 28). Client utilization increased by 15% between June 2007 and June 2008—the largest increase reported by the Monitoring Project since June 1999 (also 15%).

- Mirroring the national epidemic, most ADAP clients are concentrated in states with the highest numbers of people living with HIV. For example, 10 states accounted for two-thirds (67%) of total enrollment in FY 2007; five states accounted for half (52%, California, New York, Florida, Texas, and New Jersey) (see Chart 25). The distribution is similar for clients served in June 2008 (see Chart 26). Regionally, more than a third (37%) of clients enrolled in FY 2007 lived in the South, 27% in the West, 25% in the Northeast, and 11% in the Midwest (again, breakdowns are similar by clients served).
- In June 2008, client demographics were as follows (see Charts 29–34 and Tables XIII–XVIII):
  - African Americans and Hispanics represented 59% (33% and 26%, respectively) of clients served. Combined, Asians, Native Hawaiian/Pacific Islanders, and Alaskan Native/American Indians represented approximately two percent of the total ADAP population. Non-Hispanic whites comprised 35%. Regionally, the South has the highest percentage of African Americans among clients served (44% of clients served in the region); the West has the highest percentage of Hispanics (37% of clients served in the region) and the Midwest has the highest percentage of non-Hispanic whites (48% of clients served in the region).
  - More than three-quarters (77%) of ADAP clients were men.
  - Half of clients (50%) were between the ages of 25 and 44, followed by those between the ages of 45 and 64 (45%).
  - Nearly three-quarters (74%) were at or below 200% of the Federal Poverty Level (FPL), including more than four in 10 (42%) who were at or below 100% FPL. In 2008, the FPL was \$10,400 annually (slightly higher in Alaska and Hawaii) for a family of one. Regionally, 83% of clients in the South were low-income (200% or less FPL) compared to 57% in the West, 63% in the Northeast, and 78% in the Midwest.
  - A majority of ADAP clients (72%) were uninsured, with few reporting any other source of insurance coverage. Seventeen percent had private insurance,

13% Medicare, 11% Medicaid, and two percent were dual beneficiaries of both Medicaid and Medicare. For those with other sources of coverage, ADAP fills the gaps, such as paying client cost-sharing requirements (e.g., premiums, deductibles, co-payments) and/or providing additional medications for those clients who may be subject to monthly or annual prescription drug limits under other forms of coverage.

- Of ADAP clients whose CD4 was reported, half (51%) had CD4 counts of 350 or below (at time of enrollment or at recertification), one potential indication of more advanced HIV disease. Higher CD4 counts may represent successful treatment or early intervention efforts. CD4 count information was available from 34 ADAPs and reflects clients enrolled in ADAPs over the last 12 months or the most recent 12 months for which data are available.

### ADAP Eligibility Criteria

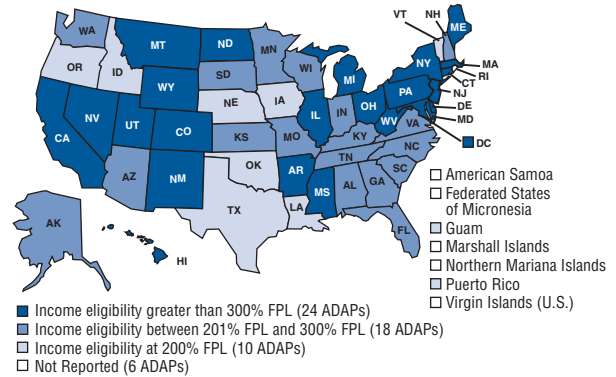
The Ryan White Program requires all ADAP clients to be HIV positive as well as low-income and uninsured or underinsured, but each ADAP determines its own income eligibility criteria, both by balancing between a goal of targeting those who may not qualify for other low-income programs, such as Medicaid, and by seeing how far their budgets can go in a given year. As a result of these factors, eligibility criteria vary by state, although some ADAPs set their eligibility criteria to be consistent with other health programs within their state (see Chart 35 and Table XIX).

- All ADAPs require that individuals provide clinical documentation of HIV infection. Seven ADAPs reported additional clinical eligibility criteria (e.g., specific CD4 or viral load ranges).
- ADAP income eligibility in June 2008 ranged from 200% FPL in 10 states to 500% FPL in seven. Overall, 24 states set income eligibility at greater than 300% FPL. Eighteen states were between 201% and 300% FPL. In addition to using income to determine eligibility, 17 ADAPs reported having asset limits in place in June 2008.
- All ADAPs require enrollees to be residents of the state in which they are seeking medications. Many ADAPs require documentation of residency and a few have specific residency requirements (e.g., must be a resident for 30 days).

### ADAP Enrollment Processes

ADAPs use multiple mechanisms to identify and enroll clients, often meeting clients where they are most likely to access the health care system, including community-based organizations (CBOs), AIDS service organizations (ASOs), local health departments, and ADAP offices. Clients are enrolled online, by phone, by mail, and in person (See Chart 36 and Table XX).

## ADAP Income Eligibility, June 30, 2008



Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. The 2008 Federal Poverty Level (FPL) was \$10,400 (slightly higher in Alaska and Hawaii) for a household of one. See Table XIX.

- 38 ADAPs use ASOs, CBOs, or local health departments to enroll clients;
- 18 ADAPs conduct intake at the ADAP Office;
- 19 ADAPs provide intake at private clinical settings;
- 30 ADAPs provide enrollment by mail;
- 23 ADAPs have other enrollment processes including, but not limited to, online applications, phone-in applications, and enrollment via other state programs.

### ADAPs and Incarcerated Individuals

ADAP funds, as well as other Ryan White Program funds, can be used to provide services to people with HIV who are incarcerated. HRSA's HIV/AIDS Bureau provides detailed guidance on the requirements around this policy, enabling Ryan White Program funds to be used to support transitional primary care and social services for incarcerated individuals nearing release or in short-term custody.<sup>27</sup> As in all instances, the Ryan White Program must be the payer of last resort and used only when other resources are not available or not reasonably expected to be available. As of June 2008, 16 ADAPs reported providing medications to individuals who are HIV positive and incarcerated in county or city jails. Ten of these programs are funded through federal or a combination of federal and state funds; six are funded only through state general revenue funds (see Table XXI).

## ADAP COST-CONTAINMENT MEASURES/MANAGEMENT POLICIES AND WAITING LISTS

ADAPs must balance client demand with available resources on an ongoing basis (given the unpredictability of both). As a result, instituting cost-containment measures or waiting lists for services sometimes becomes necessary (see Charts 37–39 and Table XXII). While waiting lists are the most visible representation of unmet need for ADAP services, ADAPs also control costs or manage resource



constraints in a variety of ways, including reducing or limiting formularies, establishing enrollment caps on particular drugs, instituting patient cost-sharing on medications when it was previously not required, or limiting the number of prescriptions provided per month. When states have had to implement waiting lists, they generally report working with pharmaceutical manufacturer patient assistance programs (PAPs) to help those on waiting lists access medications where possible. These programs, however, are not meant to be permanent sources of drug access and they require people to apply often, sometimes as frequently as every month, and to each drug manufacturer separately. It is important to note that some of these cost-containment measures are also used by ADAPs to ensure efficient use of funds and support appropriate clinical management of patients (see Chart 40 and Table XXIII).

- Fewer ADAPs reported instituting cost-containment measures and maintaining them through the end of the fiscal year compared with last year's report. One state, Montana, instituted additional cost-containment measures (not including waiting lists) as of March 2009, compared to four in the prior year (see Chart 39). However, seven additional states are anticipating that they will need to institute cost-containment measures

during the upcoming ADAP fiscal year (before March 31, 2010)—two of these states are also anticipating new waiting lists.

- Since 2002, a total of 20 different ADAPs have instituted a waiting list at some point, and in May 2004, waiting lists reached a peak of 1,629 people, resulting in one-time additional funding from the federal government. This additional funding, Medicare Part D, and improved state fiscal conditions led to the elimination of waiting lists in September 2007, for the first time. However, waiting lists have once again emerged.
- As of March 2009, three states reported a total of 62 people on waiting lists (see Charts 37 and 38 and Table XXII). The number of clients on waiting lists has been slowly growing since September 2007, when no clients were reported on lists.
- The size of waiting lists has fluctuated within and across states over time. Based on bi-monthly surveys conducted between July 2002 and March 2009 (41 surveys overall):
  - The highest number of states reporting a waiting list in any given period was 11.
  - 12 ADAPs had waiting lists in 10 or more of the survey periods.

## ADAP COST-CONTAINMENT MEASURES AND WAITING LISTS

Since the beginning of ADAP, states have struggled to meet client demand while facing growing prescription drug costs. As a result, many ADAPs have had to make difficult decisions between client access and services, sometimes leading to the implementation of cost-containment measures and waiting lists.

States use a variety of strategies to contain costs, some of which may affect client access and services. Occasionally, states must implement cost-containment measures multiple times over the course of a year, depending on their fiscal situation and client demand. States may also remove a measure when it is no longer needed. Cost-containment measures used over time by ADAPs have included:

- Implementing waiting lists;
- Lowering financial eligibility criteria;
- Limiting and/or reducing ADAP formularies;
- Limiting access for a particular drug(s), including instituting a drug-specific waiting list;
- Instituting cost-sharing requirements for clients;
- Instituting monthly or annual limits on per capita expenditures.

It is important to note that some of these measures may be used by ADAPs to ensure efficient use of funds and support appropriate clinical management of patients on an ongoing

basis, and therefore may be considered standard program management policies.

In certain cases, states have capped program enrollment until more resources become available. When an enrollment cap is reached, the next individual who seeks services cannot get them through the ADAP. States that have enrollment caps have often turned to waiting lists in order to facilitate client access once the program can accommodate them.

Some individuals on waiting lists can get medications through other health programs within their state, or through pharmaceutical assistance programs (PAPs). PAPs, however, require people to apply often, sometimes as frequently as every month, and separate applications must be sent to the manufacturer of each medication needed. For someone on a multiple drug regimen, this process can be quite cumbersome and may not provide them full range of drugs necessary for optimal clinical outcomes.

States with waiting lists are faced with many challenges, such as: how to monitor those on waiting lists; how to help those on waiting lists access prescription drugs through other programs, if available; whether criteria should be developed to bring people off waiting lists into services or whether new clients should be accommodated on a first-come, first-serve basis; and what kinds of future decisions could be made to reduce or eliminate the need for waiting lists, while least compromising access for all clients. ▀

- The number of people on waiting lists ranged from a low of one to a high of 1,629 (the average was 594). The highest number of individuals on any one state's waiting list was 891.
- Factors cited by states as contributing to the need for cost-containment measures include level federal funding awards and decreases in state revenue support; increased demand for ADAP services (likely due to increased testing efforts and increased unemployment); increased drug costs; and increased insurance/Medicare Part D wrap-around costs.

## DRUG PURCHASING MODELS AND INSURANCE COVERAGE ARRANGEMENTS

### *Drug 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 41 and Table XXIV).<sup>28</sup> ADAPs may purchase drugs directly from wholesalers at 340B prices ("direct purchase ADAPs") or through retail pharmacy networks at a higher than 340B price ("rebate ADAPs"); in the latter case, 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<sup>29</sup> created by the federal government to negotiate pharmaceutical pricing below the 340B price.

- 29 ADAPs reported purchasing directly from wholesalers, 18 of which also participated in the HRSA Prime Vendor Program.
- 25 reported purchasing through a pharmacy network and then seeking rebates.
- 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.

### *Insurance Purchasing/Maintenance Programs*

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

## ADAP CRISIS TASK FORCE

The ADAP Crisis Task Force was formed by a group of state AIDS Directors and ADAP Coordinators in December 2002 to address resource constraints within ADAPs. NASTAD serves as the convening organization for the Task Force, which originally consisted of 10 representatives of the largest ADAP programs. Beginning in March 2003, the Task Force met with the eight companies that at the time manufactured antiretroviral drugs. The goal of the meetings was to obtain multi-year concessions on drug prices, to be provided to all ADAPs across the country. Agreements were reached with all eight manufacturers to provide supplemental rebates and discounts (in addition to mandated 340B rebates and discounts), price freezes, and free products to all ADAPs nationwide. During 2004, the Task Force expanded its negotiations to include companies that manufacture high-cost non-antiretroviral drugs. Additional agreements have been obtained since then and previous agreements were extended and/or enhanced. Agreements are currently in place with 14 manufacturers. The Task Force estimated savings of \$180 million in FY 2007, and \$605 million since its formation. Current members of the Task Force include representatives from ADAPs in California, Florida, Michigan, New Jersey, New York, Texas, and Utah.

The Task Force also coordinates its efforts with the Fair Pricing Coalition (a coalition of organizations and individuals working with pharmaceutical companies regarding initial pricing of antiretroviral drugs for all payers) and other community partners. ▶

individuals eligible for ADAP, provided the insurance has comparable formulary benefits to that of the ADAP.<sup>29,30</sup> States are increasingly using ADAP funds for this purpose.

- 37 ADAPs used funds for insurance purchasing/maintenance in 2008 representing \$106.7 million in estimated expenditures in FY 2008. ADAPs also reported spending over \$100 million on insurance purchasing/maintenance in FY 2007.
- In June 2008, 15,843 ADAP clients were served by such arrangements (see Chart 43 and Table XXV).
- Spending on insurance represented an estimated \$610 per capita, about a third less than per capita drug expenditures in that month (\$1,005).

### *Coordination with Medicare Part D*

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) added a new outpatient prescription drug benefit, Part D, to the Medicare program effective January 1, 2006. In calendar year 2008, it is estimated that 16% of ADAP clients were also Medicare-eligible (representing about 17,000 enrolled clients). A subset of these clients were dually eligible for Medicare and Medicaid.

- As the payer of last resort, ADAPs are required to ensure that all Medicare Part D-eligible clients enroll in a Medicare prescription drug plan or at least ensure that ADAP funds are not used for any Medicare-covered prescription drug service for Medicare-eligible ADAP clients. ADAPs are encouraged to coordinate with Medicare prescription drug plans and, in accordance with any applicable state policy, pay for drug plan premiums, deductibles, coinsurance, and co-payments.<sup>29</sup> However, the MMA does not allow ADAP funds to be counted toward a beneficiary's True Out-of-Pocket expenses (TrOOP). This means ADAP enrollees whose income defines them as a standard Part D beneficiary must incur these costs themselves when in the coverage gap before they are eligible to receive catastrophic coverage under their Medicare drug plan.<sup>31</sup> If ADAP enrollees cannot incur these costs themselves, the ADAP can assume the cost of their care; however, the client will not be able to transition out of the coverage gap.
- To meet the federal requirements and maintain appropriate medication coverage for their clients, 52 ADAPs have developed policies to coordinate with the Part D benefit, including 14 that put such policies in place in the last year (see Chart 42 and Table XXVI). As of June 2008:
  - 25 ADAPs pay Part D premiums;
  - 28 ADAPs pay Part D deductibles;
  - 33 ADAPs pay Part D co-payments for ADAP clients eligible for Part D;
  - 29 ADAPs pay for all medications on their ADAP formularies when their Part D clients reach the coverage gap or “doughnut hole”. This action meets the requirement of “payer of last resort” but also provides a safety net for continuing HIV treatment access for beneficiaries.
- Some states have turned to enrolling clients in State Pharmacy Assistance Programs (SPAPs),<sup>3</sup> whose contributions do count toward TrOOP, helping to move the beneficiary through the coverage gap and into Part D catastrophic coverage. SPAPs may also create cost savings for ADAPs by enabling eligible clients to move off ADAP program rolls. As of June 2008, 16 states had SPAPs into which the ADAP could enroll some or all of their Medicare Part D clients and nine additional ADAPs were considering implementing an SPAP for individuals living with HIV to assist them with Medicare Part D costs.

## CHARTS AND TABLES

Charts for each major finding and tables, with data provided by state, are included in the full report. State-level data from this report are provided on Kaiser's StateHealthFacts.org website: [www.statehealthfacts.org/hiv](http://www.statehealthfacts.org/hiv).

## METHODOLOGY

Since 1996, the National ADAP Monitoring Project, an initiative of the Kaiser Family Foundation (Kaiser) and the National Alliance of State and Territorial AIDS Directors (NASTAD), has surveyed all jurisdictions receiving federal ADAP earmark funding through Ryan White. In FY 2008, 58 jurisdictions received earmark funding and all 58 were surveyed; 54 responded. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not respond; these jurisdictions represent less than one percent of estimated living HIV and AIDS cases.\*

The annual survey requests data and other program information for a one-month period (June), 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 2008 and FY 2008, unless otherwise noted. Supplemental data collection is conducted in certain areas to obtain more current data, including: waiting lists, other cost-containment measures, and formulary composition.

All data reflect the status of ADAPs as reported by survey respondents; however, 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 issues specific to a particular jurisdiction are provided on relevant charts and tables. ▶

\*CDC, "HIV/AIDS Data through December 2005: Provided for the Ryan White HIV/AIDS Treatment Modernization Act of 2006, for Fiscal Year 2007," HIV/AIDS Surveillance Supplemental Report, Volume 13, Number 3. Available at: [http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2008supp\\_vol13no3/pdf/HIVAIDS\\_SSR\\_Vol13\\_No3.pdf](http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2008supp_vol13no3/pdf/HIVAIDS_SSR_Vol13_No3.pdf).

## References and Notes

- <sup>1</sup> The term “state” is used in this report to include states, territories, and associated jurisdictions.
- <sup>2</sup> State programs that offer health insurance to residents who are considered uninsurable and unable to buy coverage in the individual market. Typically, people are considered uninsurable if they have been turned down, charged substantially higher premiums, or if they have been offered private coverage with an elimination rider.
- <sup>3</sup> State-funded programs that provide financial assistance for prescription drugs to low-income and medically needy senior citizens and individuals with disabilities. In a number of states, SPAPs have been expanded to include HIV-infected individuals or were created specifically for HIV-infected individuals.
- <sup>4</sup> Centers for Disease Control and Prevention, “Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.” *MMWR* 2006; 55(RR14): 1-17.
- <sup>5</sup> National Alliance of State and Territorial AIDS Directors, “Report on the Centers for Disease Control and Prevention (CDC) Expanded Testing Initiative: Successes and Challenges for Health Department HIV/AIDS Programs,” March 2009. Available at: [http://www.nastad.org/Docs/highlight/200935\\_26632\\_NASTAD\\_Brief%20\(3\).pdf](http://www.nastad.org/Docs/highlight/200935_26632_NASTAD_Brief%20(3).pdf) (accessed March 10, 2009).
- <sup>6</sup> National Alliance of State and Territorial AIDS Directors, Unpublished Data, March 2009.
- <sup>7</sup> Kaiser Commission on Medicaid and the Uninsured, “Medicaid, SCHIP and Economic Downturn: Policy Challenges and Policy Responses,” April 2008.
- <sup>8</sup> Kaiser Commission on Medicaid and the Uninsured, “Headed for a Crunch: An Update on Medicaid Spending, Coverage and Policy Heading into an Economic Downturn,” September 2008.
- <sup>9</sup> Center on Budget and Policy Priorities, “Facing Deficits, At Least 40 States Are Imposing or Planning Cuts That Hurt Vulnerable Residents,” February 10, 2009. Available at: <http://www.cbpp.org/3-13-08sfp.htm> (accessed March 10, 2009).
- <sup>10</sup> Pub. L. 101-381; Pub. L. 104-146, SEC. 2616. [300ff-26].
- <sup>11</sup> Health Resources and Services Administration, HIV/AIDS Bureau, <http://hab.hrsa.gov/treatmentmodernization/partb.htm> (accessed March 10, 2009).
- <sup>12</sup> Based on Kaiser Family Foundation analysis of data from the Centers for Disease Control and Prevention.
- <sup>13</sup> Health Resources and Services Administration, HIV/AIDS Bureau, Personal Communication, March 15, 2005.
- <sup>14</sup> Kaiser Family Foundation, “The Ryan White Program,” Fact Sheet, February 2009.
- <sup>15</sup> Up until the most recent reauthorization of Ryan White, three percent of the ADAP earmark was set-aside for the ADAP Supplemental Drug Treatment Grant, grants to states with severe need. As of FY 2007, this amount was increased to five percent. See box on “Allocation of Federal Funding to ADAPs & State Match Requirements.”
- <sup>16</sup> Some of these funds must be provided to ADAPs, due to state matching fund requirements. See box on “Allocation of Federal Funding to ADAPs & State Match Requirements.”
- <sup>17</sup> Funding for entitlement programs, such as Medicaid and Medicare, generally changes (increases or decreases) based on the number of eligible individuals who enroll in these programs and the costs of providing them care.
- <sup>18</sup> For purposes of determining the overall ADAP budget, federal, state, and drug rebate funds are counted.
- <sup>19</sup> This estimate is based on annualizing June 2008 per capita drug expenditures. It is important to note that June 2008 expenditures may not be representative of monthly expenditures overall.
- <sup>20</sup> While the multi-class combination products are not considered a unique class of drugs, the costs for these drugs were broken out in this report. The per prescription cost is difficult to compare, since the one approved multi-class combination product includes three different drugs (two NRTIs and one NNRTI), and can appear higher in cost than it actually is if compared to single class products.
- <sup>21</sup> 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 March 10, 2009).
- <sup>22</sup> 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 March 10, 2009).
- <sup>23</sup> 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 March 10, 2009).
- <sup>24</sup> Providing any FDA-approved prescription drug.
- <sup>25</sup> Centers for Disease Control and Prevention, “Sexually Transmitted Diseases Treatment Guidelines, 2006.” *MMWR*, Vol. 55, September 2006.
- <sup>26</sup> Centers for Disease Control and Prevention, “Frequently Asked Questions and Answers About Coinfection with HIV and Hepatitis C Virus.” Available at [http://www.cdc.gov/hiv/resources/qa/HIV-HCV\\_Coinfection.htm](http://www.cdc.gov/hiv/resources/qa/HIV-HCV_Coinfection.htm) (accessed March 10, 2009).
- <sup>27</sup> Health Resources and Services Administration, HIV/AIDS Bureau, Policy Notice 01-01, “Use of Ryan White CARE Act Funds for Transitional Social Support and Primary Care Services for Incarcerated Persons,” in *The ADAP Manual: AIDS Drug Assistance Program of the Ryan White CARE Act*, Section V, Chapter 2, 2001.
- <sup>28</sup> Health Resources and Services Administration, Pharmacy Services Support Center, “What is the 340B Program?” Available at: <http://pssc.aphanet.org/about/whatisthe340b.htm> (accessed March 10, 2009).
- <sup>29</sup> Health Resources and Services Administration, HIV/AIDS Bureau, Policy Notice 99-01, “The Use of the Ryan White CARE Act Title II ADAP Funds to Purchase Health Insurance.”
- <sup>30</sup> 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.
- <sup>31</sup> Health Resources and Services Administration, HIV/AIDS Bureau, “Medicare Prescription Drug Benefit and CARE Act Grantees.” Available at: <http://www.hrsa.gov/medicare/hiv/about.htm> (accessed March 10, 2009).



## Summary Table I

### Matrix of Key ADAP Highlights

State/Territory	Financial Eligibility as % of FPL <sup>1</sup>	Total FY 2008 Budget <sup>2</sup>	State Contribution	State Contribution as % of Total Budget	June 2008 Clients Served	June 2008 Drug Expenditures	June 2008 Prescriptions Filled	June 2008 Per Capita Drug Expenditures <sup>3</sup>
Alabama	250% GR	\$16,313,574	\$5,075,403	31%	1,207	\$1,132,283	3,219	\$938.10
Alaska	300% GR	\$674,285	\$31,221	5%	57	\$51,583	163	\$904.96
American Samoa	—	\$1,978	—	—	—	—	—	—
Arizona	300% GR	\$12,723,709	\$1,000,000	8%	949	\$1,067,035	5,297	\$1,124.38
Arkansas	500% GR	\$4,245,310	\$0	0%	393	\$328,028	1,294	\$834.68
California	400% GR	\$321,887,287	\$96,349,000	30%	20,471	\$26,723,020	80,522	\$1,305.41
Colorado	400% GR	\$14,630,225	\$5,083,028	35%	934	\$852,900	2,775	\$913.17
Connecticut	400% NET	\$29,997,547	\$606,678	2%	1,271	\$1,360,911	4,946	\$1,070.74
Delaware	500% GR	\$4,415,397	\$0	0%	380	\$158,623	1,493	\$417.43
District of Columbia	500% GR	\$14,392,258	\$0	0%	927	\$772,698	3,010	\$833.55
Federated States of Micronesia	—	\$4,934	—	—	—	—	—	—
Florida	300% GR	\$94,009,558	\$10,500,000	11%	10,738	\$3,860,505	17,792	\$359.52
Georgia	300% GR	\$41,731,043	\$9,500,000	23%	3,600	\$3,384,880	10,728	\$940.24
Guam	200% GR	\$130,055	\$0	0%	5	\$17,562	42	\$3,512.31
Hawaii	400% GR	\$2,518,601	\$440,535	17%	247	\$266,085	832	\$1,077.27
Idaho	200% GR	\$2,238,972	\$779,300	35%	113	\$219,238	326	\$1,940.16
Illinois	400% GR	\$41,442,223	\$13,814,074	33%	3,407	\$3,341,937	9,122	\$980.90
Indiana	300% GR	\$12,263,515	\$0	0%	1,318	\$242,591	6,307	\$184.06
Iowa	200% GR	\$2,348,431	\$555,000	24%	261	\$178,617	647	\$684.36
Kansas	300% GR	\$5,465,222	\$0	0%	431	\$704,976	1,070	\$1,635.68
Kentucky	300% GR	\$6,872,876	\$0	0%	990	\$650,562	3,186	\$657.13
Louisiana	200% GR	\$19,248,508	\$0	0%	1,572	\$1,374,192	3,739	\$874.17
Maine	500% GR	\$1,088,124	\$66,550	6%	187	\$66,950	517	\$358.02
Marshall Islands	—	\$2,893	—	—	—	—	—	—
Maryland	500% GR	\$72,868,483	\$17,372,828	24%	2,748	\$2,450,249	9,177	\$891.65
Massachusetts	481% GR	\$19,954,311	\$1,958,523	10%	3,102	\$464,425	11,691	\$149.72
Michigan	450% GR	\$20,681,534	\$0	0%	1,690	\$1,624,482	6,609	\$961.23
Minnesota	300% GR	\$9,074,912	\$0	0%	914	\$257,545	1,529	\$281.78
Mississippi	400% GR	\$7,585,816	\$0	0%	675	\$778,240	2,244	\$1,152.95
Missouri	300% GR	\$16,889,193	\$3,649,634	22%	1,206	\$1,613,798	4,829	\$1,338.14
Montana	330% GR	\$757,279	\$147,018	19%	77	\$52,979	221	\$688.04
Nebraska	200% GR	\$2,234,366	\$900,000	40%	258	\$220,746	809	\$855.61
Nevada	400% GR	\$9,861,493	\$1,633,261	17%	655	\$493,127	1,430	\$752.86
New Hampshire	300% GR	\$2,009,571	\$500,000	25%	189	\$174,429	850	\$922.90
New Jersey	500% GR	\$69,471,571	\$4,700,000	7%	4,746	\$6,545,695	21,203	\$1,379.20
New Mexico	400% GR	\$4,060,585	\$0	0%	568	\$33,321	108	\$812.71
New York	423% GR	\$260,483,981	\$55,000,000	21%	13,806	\$21,414,488	56,169	\$1,551.10
North Carolina	250% GR	\$33,138,757	\$14,551,663	44%	3,286	\$3,330,568	11,233	\$1,013.56
North Dakota	400% NET	\$439,133	\$0	0%	33	\$37,857	84	\$1,147.18
Northern Mariana Islands	—	\$3,958	—	—	—	—	—	—
Ohio	500% GR	\$19,999,234	\$3,000,000	15%	1,806	\$154,334	6,993	\$85.46
Oklahoma	200% GR	\$9,343,712	\$1,646,179	18%	768	\$589,331	1,976	\$767.36
Oregon <sup>4</sup>	200% GR	\$11,591,911	\$1,157,157	10%	1,663	\$349,769	5,754	\$210.32
Pennsylvania	337% GR	\$57,986,902	\$16,267,000	28%	3,383	\$4,130,405	13,896	\$1,220.93
Puerto Rico	200% NET	\$33,747,827	\$0	0%	3,210	\$2,735,978	7,094	\$852.33
Rhode Island	—	\$4,284,014	\$1,700,000	40%	397	—	—	—
South Carolina	300% GR	\$25,820,224	\$5,900,000	23%	2,172	\$3,513,143	6,009	\$1,617.47
South Dakota	300% GR	\$502,084	\$0	0%	77	\$64,078	247	\$832.18
Tennessee	300% GR	\$23,101,925	\$7,300,000	32%	2,016	\$1,198,581	3,140	\$594.53
Texas	200% GR	\$102,703,466	\$35,475,307	35%	6,750	\$6,067,800	15,650	\$898.93
Utah	400% GR	\$4,339,509	\$0	0%	475	\$438,048	1,245	\$922.21
Vermont	200% NET	\$1,002,212	\$0	0%	83	—	—	—
Virgin Islands (U.S.)	—	\$640,973	\$0	0%	85	—	—	—
Virginia <sup>5</sup>	300% GR	\$23,977,929	\$2,612,200	11%	1,520	\$1,880,534	4,450	\$1,237.19
Washington	300% GR	\$22,197,091	\$8,809,064	40%	1,310	\$998,020	6,714	\$761.85
West Virginia	325% GR	\$2,318,538	\$0	0%	184	\$164,590	468	\$894.51
Wisconsin	300% GR	\$9,792,825	\$464,000	5%	677	\$858,409	2,307	\$1,267.96
Wyoming	332% GR	\$550,188	\$0	0%	60	\$72,954	210	\$1,215.90
<b>Total</b>		<b>\$1,532,062,032</b>	<b>\$328,544,623</b>	<b>21%</b>	<b>110,047</b>	<b>\$109,463,099</b>	<b>361,366</b>	<b>\$1,004.66</b>

<sup>1</sup> The 2008 Federal Poverty Level (FPL) was \$10,400 (slightly higher in Alaska and Hawaii) for a household of one. GR=Gross income; NET=Net income.

<sup>2</sup> The total FY 2008 budget includes federal, state, and drug rebate dollars. Cost recovery funds, with the exception of drug rebate dollars, are not included in the total budget.

<sup>3</sup> Per capita expenditures calculation based on June 2008 clients served and drug expenditures.

<sup>4</sup> Oregon has an FPL of 200% for standard ADAP clients and 300% for clients who have some form of insurance.

<sup>5</sup> Virginia has an FPL of 333% in Northern Virginia and 300% in all other parts of the state.

Note: The number of ADAPs reporting data for each category varies. See Summary Table II and Tables I, VI, IX, X, and XIX for additional detail. A dash (—) indicates no data available from the ADAP. A zero (\$0 or 0%) indicates a response of zero (\$0 or 0%) from the ADAP.

Summary Table II

Total Clients Enrolled/Served, Drug Expenditures, and Prescriptions Filled, June 2007 and June 2008

State/Territory	June 2007 Clients Enrolled	June 2008 Clients Enrolled	% Change	June 2007 Clients Served	June 2008 Clients Served	% Change	June 2007 Drug Expenditures	June 2008 Drug Expenditures	% Change	June 2007 Prescriptions Filled	June 2008 Prescriptions Filled	% Change
Alabama	1,182	1,439	22%	981	1,207	23%	\$909,660	\$1,132,283	24%	2,771	3,219	16%
Alaska	57	63	11%	54	57	6%	\$40,244	\$51,583	28%	174	163	-6%
American Samoa	—	—	—	—	—	—	—	—	—	—	—	—
Arizona	1,786	2,025	13%	824	949	15%	\$890,306	\$1,067,035	20%	4,518	5,297	17%
Arkansas	350	511	46%	305	393	29%	\$729,460	\$328,028	-55%	839	1,294	54%
California	28,723	30,320	6%	18,939	20,471	8%	\$22,285,233	\$26,723,020	20%	75,869	80,522	6%
Colorado	1,583	1,440	-9%	921	934	1%	\$744,646	\$852,900	15%	2,341	2,775	19%
Connecticut	1,764	1,771	0.40%	1,351	1,271	-6%	\$1,586,003	\$1,360,911	-14%	5,771	4,946	-14%
Delaware	387	660	71%	244	380	56%	\$85,350	\$158,623	86%	911	1,493	64%
District of Columbia	1,030	1,619	57%	740	927	25%	\$546,787	\$772,698	41%	2,171	3,010	39%
Federated States of Micronesia	—	—	—	—	—	—	—	—	—	—	—	—
Florida	10,052	10,757	7%	8,640	10,738	24%	\$4,668,285	\$3,860,505	-17%	15,937	17,792	12%
Georgia	5,289	4,190	-21%	3,411	3,600	6%	\$2,889,590	\$3,384,880	17%	10,021	10,728	7%
Guam	—	5	—	—	5	—	—	\$17,562	—	—	42	—
Hawaii	251	272	8%	205	247	20%	\$206,857	\$266,085	29%	690	832	21%
Idaho	132	149	13%	107	113	6%	\$349,320	\$219,238	-37%	479	326	-32%
Illinois	4,086	4,528	11%	3,042	3,407	12%	\$2,997,094	\$3,341,937	12%	8,485	9,122	8%
Indiana	1,172	1,318	12%	1,172	1,318	12%	\$261,946	\$242,591	-7%	6,451	6,307	-2%
Iowa	337	366	9%	225	261	16%	\$147,613	\$178,617	21%	610	647	6%
Kansas	982	947	-4%	469	431	-8%	\$1,560,997	\$704,976	-55%	1,114	1,070	-4%
Kentucky	1,027	1,207	18%	780	990	27%	\$417,622	\$650,562	56%	2,563	3,186	24%
Louisiana	1,559	1,572	1%	1,559	1,572	1%	\$1,291,580	\$1,374,192	6%	3,722	3,739	0.5%
Maine	446	543	22%	147	187	27%	\$21,195	\$66,950	216%	230	517	125%
Marshall Islands	—	—	—	—	—	—	—	—	—	—	—	—
Maryland	4,060	4,341	7%	3,294	2,748	-17%	\$2,625,968	\$2,450,249	-7%	8,686	9,177	6%
Massachusetts	4,153	4,626	11%	2,833	3,102	9%	\$460,393	\$464,425	1%	10,661	11,691	10%
Michigan	2,151	1,939	-10%	1,558	1,690	8%	\$1,621,669	\$1,624,482	0%	7,082	6,609	-7%
Minnesota	969	1,158	20%	474	914	93%	\$544,582	\$257,545	-53%	1,661	1,529	-8%
Mississippi	1,057	1,039	-2%	690	675	-2%	\$730,056	\$778,240	7%	2,380	2,244	-6%
Missouri	1,613	1,854	15%	1,062	1,206	14%	\$1,245,829	\$1,613,798	30%	4,017	4,829	20%
Montana <sup>1</sup>	85	93	9%	66	77	17%	\$45,660	\$52,979	16%	195	221	13%
Nebraska	409	384	-6%	236	258	9%	\$165,068	\$220,746	34%	482	809	68%
Nevada	876	844	-4%	603	655	9%	—	\$493,127	—	—	1,430	—
New Hampshire	363	350	-4%	136	189	39%	\$91,482	\$174,429	91%	472	850	80%
New Jersey	5,672	5,841	3%	4,241	4,746	12%	\$6,095,718	\$6,545,695	7%	23,243	21,203	-9%
New Mexico <sup>2</sup>	69	585	748%	58	568	879%	—	\$33,321	—	155	108	-30%
New York	17,516	18,034	3%	13,127	13,806	5%	\$19,628,372	\$21,414,488	9%	54,853	56,169	2%
North Carolina	3,925	4,501	15%	2,712	3,286	21%	\$2,695,867	\$3,330,568	24%	8,137	11,233	38%
North Dakota	62	64	3%	28	33	18%	\$24,314	\$37,857	56%	70	84	20%
Northern Mariana Islands	—	—	—	—	—	—	—	—	—	—	—	—
Ohio	3,130	3,593	15%	1,681	1,806	7%	\$728,746	\$154,334	-79%	5,988	6,993	17%
Oklahoma	875	1,018	16%	668	768	15%	\$467,532	\$589,331	26%	1,716	1,976	15%
Oregon	1,499	1,857	24%	1,493	1,663	11%	\$172,566	\$349,769	103%	4,950	5,754	16%
Pennsylvania	5,965	4,986	-16%	3,259	3,383	4%	\$4,375,219	\$4,130,405	-6%	13,979	13,896	-1%
Puerto Rico	3,773	3,606	-4%	3,413	3,210	-6%	\$3,239,852	\$2,735,978	-16%	13,126	7,094	-46%
Rhode Island	809	—	—	304	397	31%	\$177,248	—	—	488	—	—
South Carolina	2,328	3,042	31%	1,646	2,172	32%	\$1,109,251	\$3,513,143	217%	3,346	6,009	80%
South Dakota	167	196	17%	56	77	38%	\$43,674	\$64,078	47%	113	247	119%
Tennessee	2,315	2,840	23%	2,228	2,016	-10%	\$1,053,258	\$1,198,581	14%	3,164	3,140	-1%
Texas	11,588	10,443	-10%	7,501	6,750	-10%	\$6,439,495	\$6,067,800	-6%	17,916	15,650	-13%
Utah	556	475	-15%	472	475	1%	\$215,123	\$438,048	104%	699	1,245	78%
Vermont	222	259	17%	127	83	-35%	\$66,702	—	—	217	—	—
Virgin Islands (U.S.)	178	—	—	87	85	-2%	\$49,872	—	—	160	—	—
Virginia	2,550	2,740	7%	1,535	1,520	-1%	\$1,948,257	\$1,880,534	-3%	4,329	4,450	3%
Washington	3,104	3,206	3%	1,354	1,310	-3%	\$743,227	\$998,020	34%	4,642	6,714	45%
West Virginia	356	325	-9%	161	184	14%	\$134,661	\$164,590	22%	382	468	23%
Wisconsin	1,110	1,172	6%	706	677	-4%	\$523,765	\$858,409	64%	1,509	2,307	53%
Wyoming	99	87	-12%	62	60	-3%	\$57,756	\$72,954	26%	166	210	27%
<b>Total</b>	<b>145,799</b>	<b>151,200</b>		<b>101,987</b>	<b>110,047</b>		<b>\$100,150,973</b>	<b>\$109,463,099</b>		<b>344,651</b>	<b>361,366</b>	
<b>Comparison Total<sup>3</sup></b>	<b>144,812</b>	<b>151,195</b>	<b>4%</b>	<b>101,683</b>	<b>110,042</b>	<b>8%</b>	<b>\$98,611,321</b>	<b>\$108,919,090</b>	<b>10%</b>	<b>343,786</b>	<b>359,894</b>	<b>5%</b>

<sup>1</sup> Montana provided updated June 2007 drug expenditure and prescription data that has been included in this report. All other June 2007 data was taken from the 2008 National ADAP Monitoring Project Annual Report.

<sup>2</sup> Prior to the 2009 National ADAP Monitoring Project Report, New Mexico included only traditional ADAP program clients in clients enrolled and served. In June 2008, the ADAP reported both traditional ADAP and ADAP insurance clients for clients enrolled and served, accounting for the significant increases in clients when comparing June 2007 to June 2008.

<sup>3</sup> Comparison Totals are based on only those ADAPs that reported data in both time periods.

Note: 52 ADAPs reported data for clients enrolled; 54 ADAPs reported data for clients served; 51 ADAPs reported data for drug expenditures; 51 ADAPs reported data for prescriptions filled. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP.

Summary Table III

Total Clients Enrolled/Served and Program Expenditures, FY 2007<sup>1</sup>

State/Territory	FY 2007			FY 2007 ADAP Expenditures										Total Expenditures
	FY 2007 Clients Enrolled <sup>2</sup>	FY 2007 New Clients Enrolled	FY 2007 Clients Served <sup>2</sup>	Prescription Drugs	Insurance Payments	Client Outreach	Adherence and Monitoring	Quality Management	Program Administration	Other <sup>3</sup>				
Alabama	1,305	466	1,305	\$12,063,501	\$183,093	\$0	\$70,596	\$37,821	\$629,244	\$0	\$12,984,255			
Alaska	87	37	85	\$532,183	\$72,660	\$4,412	\$0	\$0	\$22,643	\$120,340	\$752,238			
American Samoa	—	—	—	—	—	—	—	—	—	—	—			
Arizona	1,370	413	1,051	\$11,612,585	\$0	\$0	\$0	\$0	\$0	\$0	\$11,612,585			
Arkansas	554	251	552	\$3,788,636	\$246,410	\$0	\$0	\$0	\$0	\$0	\$4,035,045			
California	37,229	4,964	32,387	\$254,326,083	\$31,847,463	\$0	\$0	\$0	\$2,156,500	\$0	\$288,330,046			
Colorado	1,731	1,161	1,730	\$7,554	\$97,021	\$1,014	\$31,815	\$7,461	\$291,058	\$0	\$435,923			
Connecticut	1,951	338	1,607	\$16,433,874	\$0	\$0	\$200,504	\$0	\$525,710	\$2,497,858	\$19,657,946			
Delaware	692	91	637	\$1,647,595	\$109,741	0.0	\$619,100	\$6,714	\$370,459	\$68,431	\$2,822,040			
District of Columbia	2,108	859	1,646	\$9,130,818	\$172,090	\$0	\$597,518	\$0	\$288,994	\$0	\$10,189,420			
Federated States of Micronesia	—	—	—	—	—	—	—	—	—	—	—			
Florida	14,660	2,761	14,099	\$81,144,155	\$835,511	\$0	\$0	\$0	\$4,078,827	\$0	\$86,058,493			
Georgia	3,838	937	5,501	\$3,511,295	\$0	\$0	\$0	\$0	\$142,070	\$0	\$3,653,365			
Hawaii	3	1	3	\$91,084	\$0	\$0	\$0	\$0	\$0	\$0	\$91,084			
Idaho	248	103	328	\$2,245,955	\$95,383	\$0	\$4,872	\$0	\$42,700	\$103,013	\$2,491,923			
Illinois	194	68	167	\$2,200,969	\$0	\$0	\$14,800	\$14,800	\$148,000	\$0	\$2,378,569			
Indiana	4,382	1,089	3,917	\$26,440,712	\$1,487,354	\$0	\$0	\$0	\$0	\$0	\$27,928,066			
Iowa	1,477	418	1,477	\$486,411	\$11,405,681	\$0	\$0	\$209,768	\$923,015	\$0	\$13,024,875			
Kansas	407	95	398	\$1,774,183	\$209,565	\$0	\$0	\$0	\$186,703	\$0	\$2,170,450			
Kentucky	1,203	239	661	\$7,064,858	\$91,404	\$0	\$0	\$0	\$0	\$0	\$7,156,263			
Kentucky	461	306	1,278	\$5,342,474	\$760,219	\$0	\$0	\$0	\$0	\$0	\$6,102,693			
Louisiana	3,209	860	3,209	\$13,974,678	\$417,806	\$0	\$0	\$46,850	\$286,360	\$103,329	\$14,829,023			
Maine	594	181	321	\$298,966	\$199,700	\$39,000	\$85,442	\$58,408	\$186,686	\$0	\$868,202			
Marshall Islands	—	—	—	—	—	—	—	—	—	—	—			
Maryland	5,319	1,044	5,020	\$25,518,764	\$4,597,158	\$0	\$1,396,947	\$245,847	\$776,583	\$0	\$32,535,299			
Massachusetts	5,282	910	4,860	\$4,341,427	\$11,158,386	\$0	\$923,364	\$0	\$2,813,440	\$0	\$19,236,617			
Michigan	2,699	1,522	2,531	\$20,261,134	\$780,769	\$0	\$0	\$0	\$387,973	\$63,592	\$21,493,468			
Minnesota	1,392	292	1,135	\$2,331,629	\$2,337,711	\$0	\$0	\$7,807	\$466,134	\$0	\$5,143,281			
Mississippi	1,273	334	1,267	\$8,478,872	\$0	\$0	\$0	\$0	\$0	\$0	\$8,478,872			
Missouri	2,248	412	1,839	\$16,246,326	\$795,286	\$0	\$0	\$25,817	\$150,280	\$0	\$17,217,709			
Montana	127	49	127	\$639,281	\$54,477	\$0	\$0	\$2,440	\$32,101	\$0	\$728,299			
Nebraska	458	102	458	\$2,152,870	\$94,429	\$0	\$0	\$0	\$127,859	\$0	\$2,375,158			
Nevada	1,265	297	1,334	\$4,310,397	\$494,540	\$0	\$211,271	\$168,183	\$0	\$0	\$5,184,391			
New Hampshire	366	35	366	\$1,884,298	\$201,609	\$0	\$0	\$0	\$0	\$0	\$2,085,907			
New Jersey	7,786	1,279	7,557	\$77,826,593	\$2,588,270	\$0	\$1,674,768	\$0	\$0	\$0	\$82,089,631			
New Mexico	772	287	753	\$475,000	\$1,993,061	0.0	\$0	\$0	\$0	\$0	\$2,468,061			
New York	22,179	3,425	19,544	\$242,760,046	\$13,159,824	\$807,294	\$3,184,831	\$807,294	\$403,647	\$2,018,236	\$263,141,172			
North Carolina	5,621	2,775	4,671	\$28,308,726	\$0	\$0	\$0	\$0	\$200,000	\$1,100,986	\$29,609,712			
North Dakota	69	16	63	\$434,326	\$0	\$0	\$0	\$0	\$0	\$0	\$434,326			
Northern Mariana Islands	—	—	—	—	—	—	—	—	—	—	—			
Ohio	4,380	408	3,482	\$9,611,529	\$3,945,558	\$0	\$0	\$0	\$0	\$0	\$13,557,087			
Oklahoma	1,153	277	1,104	\$5,749,986	\$880,244	\$0	\$0	\$174,208	\$534,848	\$228,675	\$7,567,960			
Oregon	2,041	338	2,005	\$2,715,133	\$5,271,491	\$0	\$0	\$67,083	\$1,475,722	\$0	\$9,529,429			
Pennsylvania	7,166	1,145	4,159	\$14,653,166	\$0	\$0	\$0	\$0	\$0	\$0	\$14,653,166			
Puerto Rico	4,046	189	3,707	\$33,304,883	\$0	\$0	\$0	\$0	\$242,441	\$0	\$33,547,324			

(continued)



Summary Table III (continued)

Total Clients Enrolled/Served and Program Expenditures, FY 2007<sup>1</sup>

State/Territory	FY 2007 Clients Enrolled <sup>2</sup>		FY 2007 New Clients Enrolled		FY 2007 Clients Served <sup>2</sup>		FY 2007 ADAP Expenditures							Total Expenditures
	FY 2007 Clients Enrolled <sup>2</sup>	FY 2007 New Clients Enrolled	FY 2007 New Clients Enrolled	FY 2007 Clients Served <sup>2</sup>	Prescription Drugs	Insurance Payments	Client Outreach	Adherence and Monitoring	Quality Management	Program Administration	Other <sup>3</sup>			
Rhode Island	—	—	—	—	—	—	—	—	—	—	—	—	—	—
South Carolina	3,321	725	2,984	2,984	\$11,512,670	\$1,083,732	\$0	\$0	\$203	\$859,803	\$0	\$13,456,408		
South Dakota	186	24	116	116	\$589,259	\$0	\$0	\$0	\$0	\$0	\$0	\$589,259		
Tennessee	2,729	1,088	2,440	2,440	\$11,342,522	\$6,237,832	\$0	\$0	\$0	\$0	\$445,649	\$18,026,003		
Texas	13,447	1,876	12,971	12,971	\$78,092,750	\$0	\$0	\$0	\$0	\$0	\$0	\$78,092,750		
Utah	739	104	739	739	\$2,144,638	\$543,912	\$0	\$0	\$13,032	\$269,073	\$0	\$2,970,655		
Vermont	259	13	83	83	\$380,340	\$120,000	\$0	\$25,928	\$28,759	\$89,978	\$0	\$645,005		
Virgin Islands (U.S.)	—	—	—	—	—	—	—	—	—	—	—	—		
Virginia	3,546	902	3,263	3,263	\$23,477,929	\$0	\$0	\$0	\$0	\$0	\$0	\$23,477,929		
Washington	3,868	499	2,982	2,982	\$10,263,205	\$7,735,885	\$0	\$0	\$129,366	\$1,464,433	\$2,604,202	\$22,197,091		
West Virginia	382	80	279	279	\$2,024,452	\$0	\$0	\$0	\$0	\$29,167	\$0	\$2,053,619		
Wisconsin	1,349	233	1,087	1,087	\$6,942,769	\$2,264,127	\$0	\$0	\$0	\$203,282	\$0	\$9,410,198		
Wyoming	128	36	98	98	\$993,431	\$0	\$0	\$0	\$0	\$0	\$0	\$993,431		
<b>Total</b>	<b>183,299</b>	<b>36,354</b>	<b>165,383</b>	<b>165,383</b>	<b>\$1,103,886,938</b>	<b>\$114,549,401</b>	<b>\$851,720</b>	<b>\$9,041,756</b>	<b>\$2,051,861</b>	<b>\$20,805,734</b>	<b>\$9,354,311</b>	<b>\$1,260,541,721</b>		

<sup>1</sup> This table represents ADAP program expenditures in FY 2007 (April 1, 2007-March 31, 2008). Only expenditure categories requested in the National ADAP Monitoring Survey are represented in this table.

<sup>2</sup> For some states, enrolled clients reported may be a snapshot in time rather than a cumulative unduplicated client count. In this instance, some ADAPs may report a higher number of clients served throughout the fiscal year compared to the number of clients enrolled in the program at the end of the fiscal year.

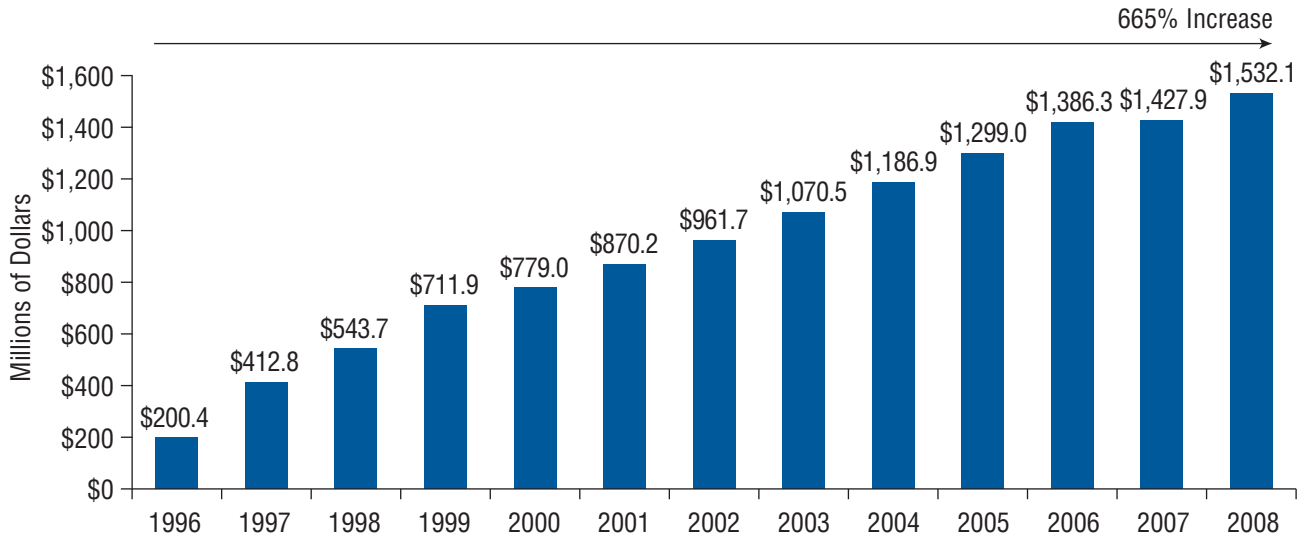
<sup>3</sup> "Other" includes, but is not limited to, contract services to dispense medications, determine eligibility, and manage enrollment; pharmacy charges, dispensing and shipping fees, central pharmacy fees; as well as medical, dental, lab, and nutritional services.

Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above.

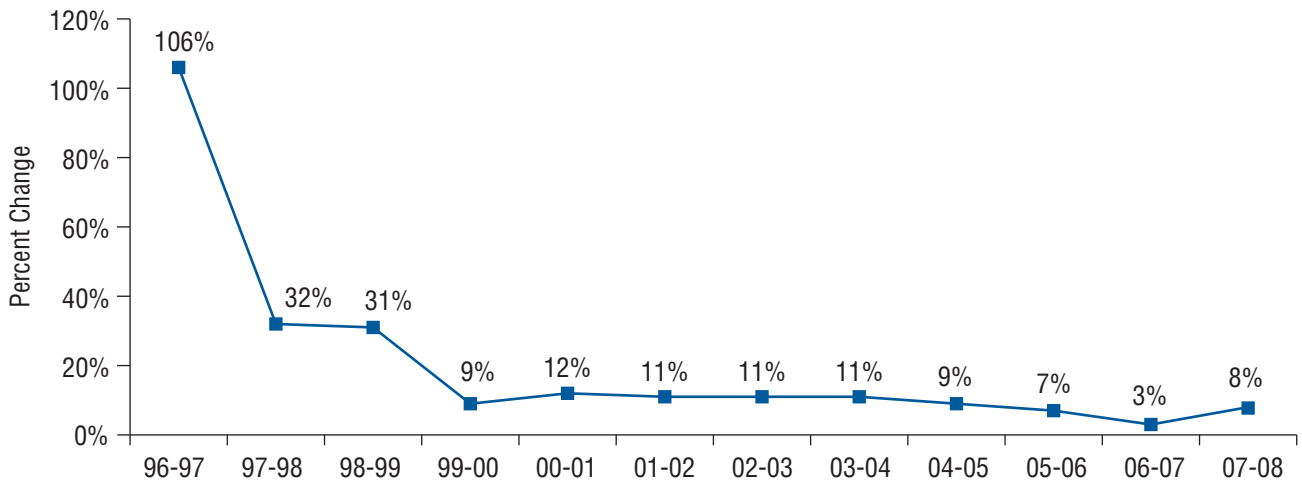


## Charts

**Chart 1a**  
**The National ADAP Budget, FY 1996–2008**

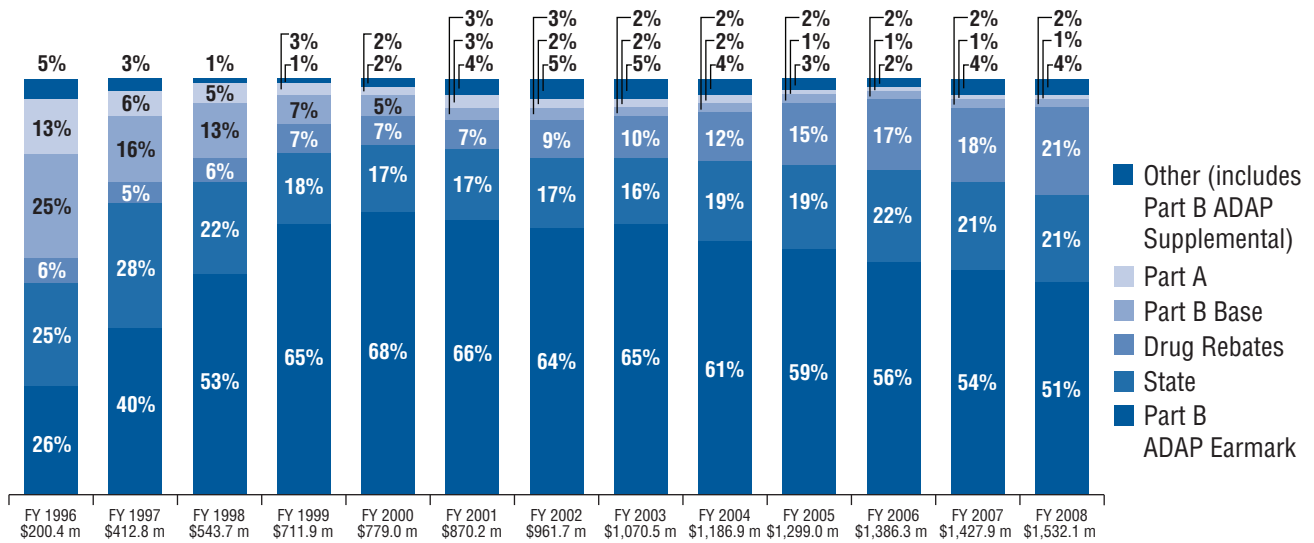


**Chart 1b**  
**The National ADAP Budget, Rate of Change, FY 1996–2008**



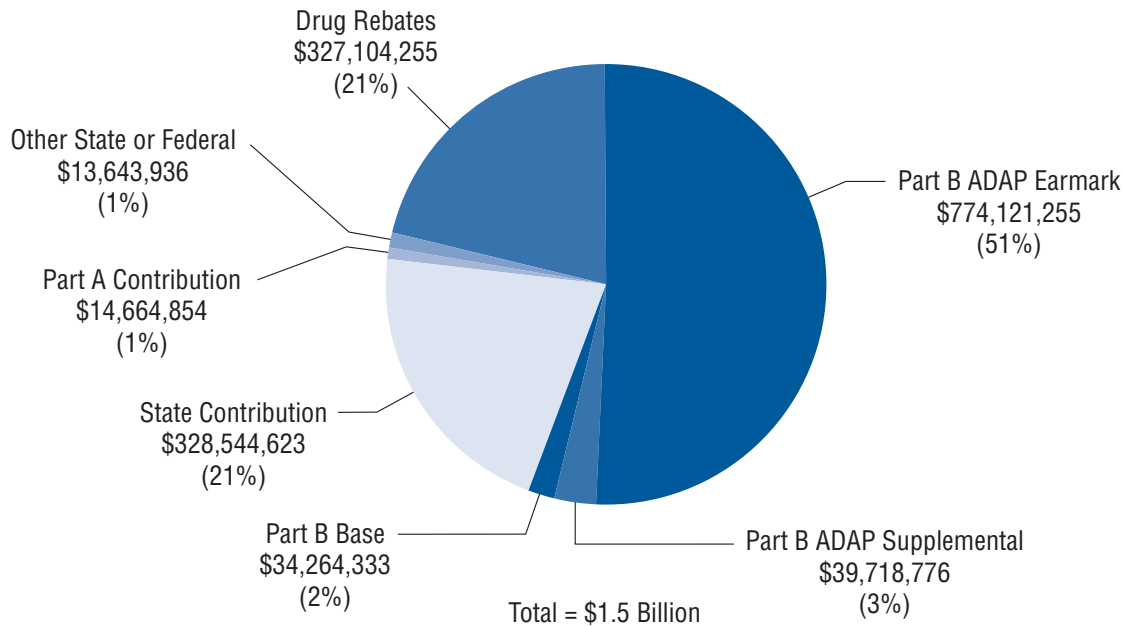
Note: The total FY 2008 budget includes federal, state, and drug rebate dollars. Cost recovery funds, with the exception of drug rebate dollars, are not included in the total budget. Percentages on the *National ADAP Budget, Rate of Change* graph represent changes between the two years indicated, not aggregate changes since FY 1996.

**Chart 2**  
**The National ADAP Budget, by Source, FY 1996–2008**



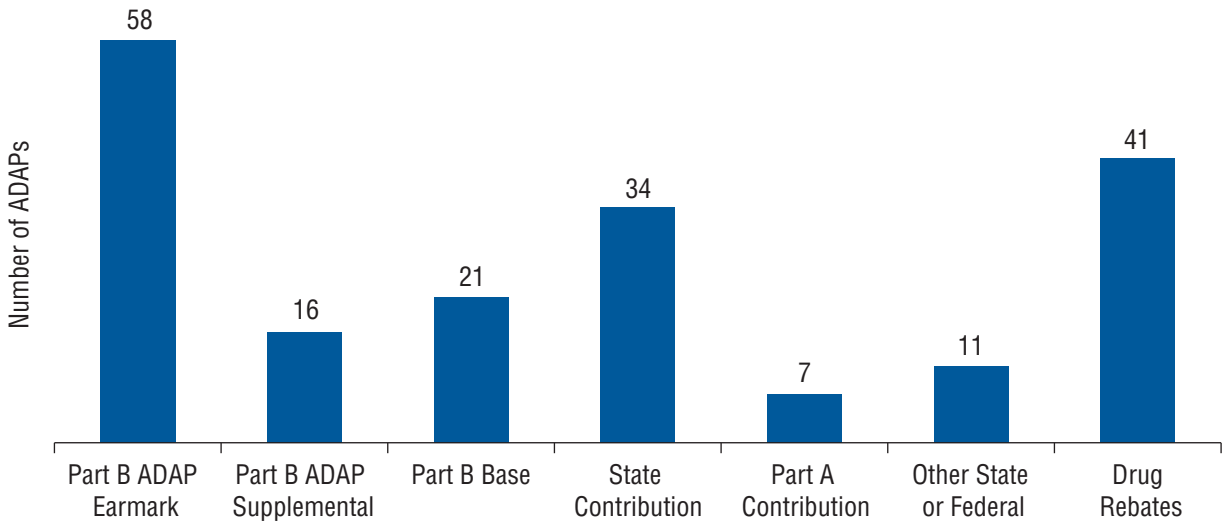
Note: All Part B ADAP earmark and ADAP supplemental awards were known and incorporated for all fiscal years. Funding from all other sources (state, drug rebates, Part B base, Part A, and other) represents data reported by ADAPs in each fiscal year.

**Chart 3**  
**The National ADAP Budget, by Source, FY 2008**



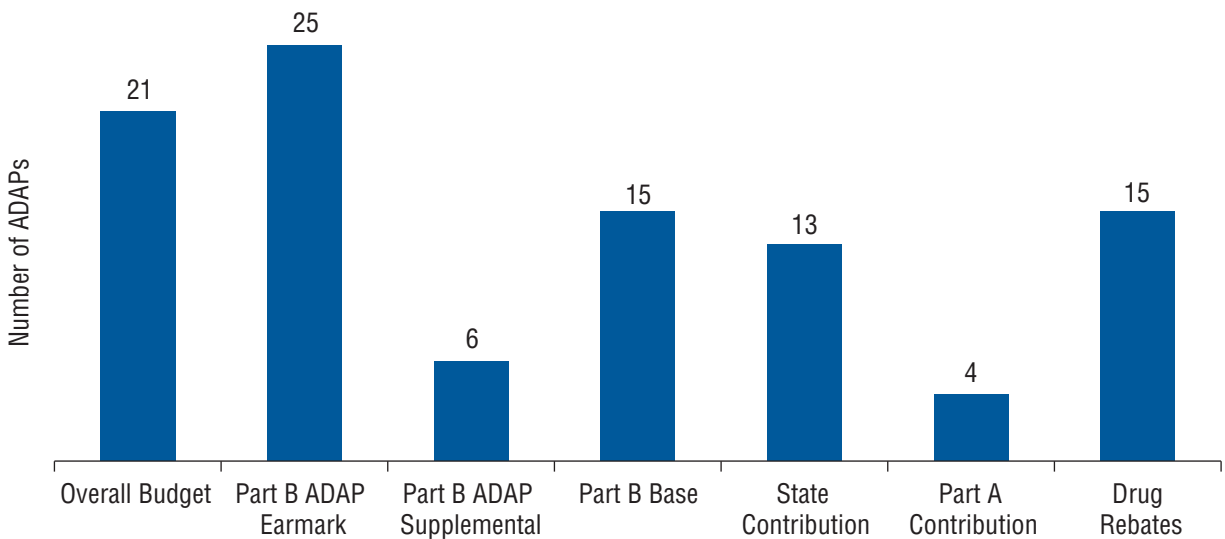
Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report FY 2008 data, but their federal ADAP earmark awards were known and incorporated. The total FY 2008 budget includes federal, state, and drug rebate dollars. Cost recovery funds, with the exception of drug rebate dollars, are not included in the total budget. See Table I.

**Chart 4**  
**Number of ADAPs, by Budget Source, FY 2008**



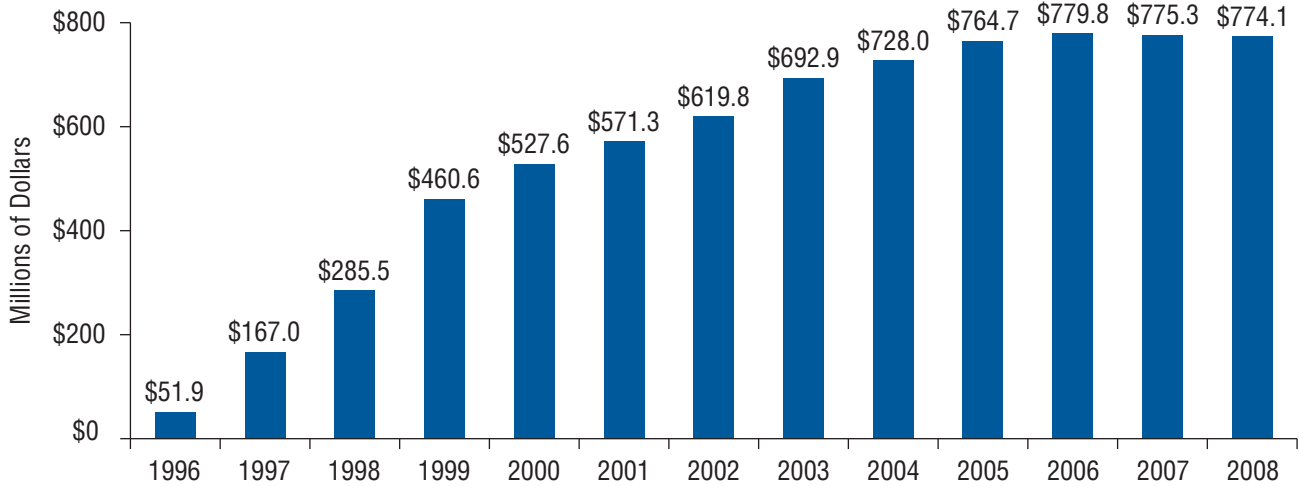
Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report FY 2008 data, but their federal ADAP earmark awards were known and incorporated. See Table I.

**Chart 5**  
**Number of ADAPs with Funding Decreases, by Budget Source, FY 2007–2008**

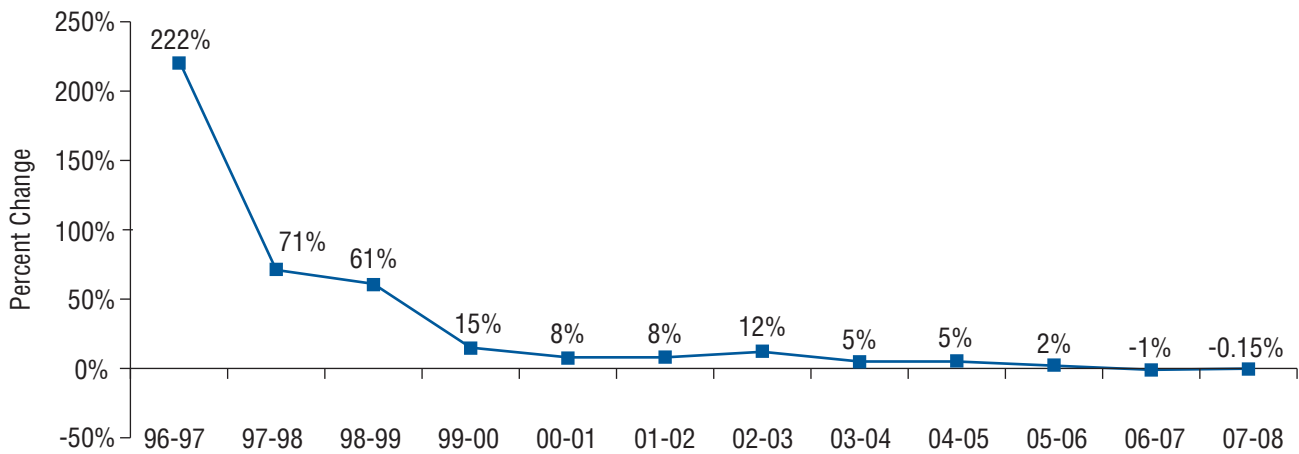


Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report FY 2008 data, but their federal ADAP earmark awards were known and incorporated. See Tables II and III.

**Chart 6a**  
**Part B ADAP Earmark, FY 1996–2008**



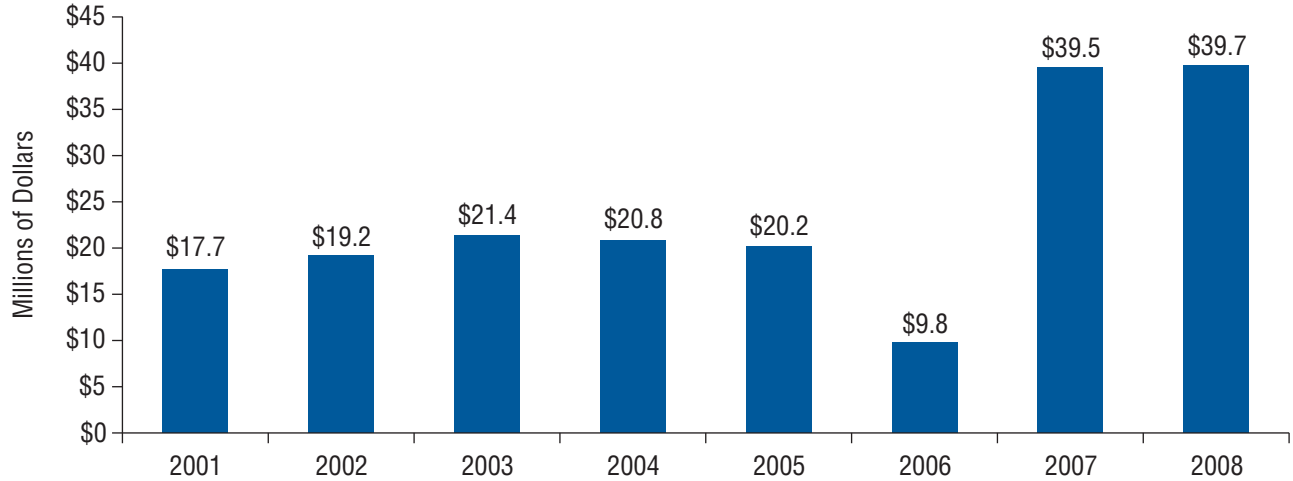
**Chart 6b**  
**Part B ADAP Earmark, Rate of Change, FY 1996–2008**



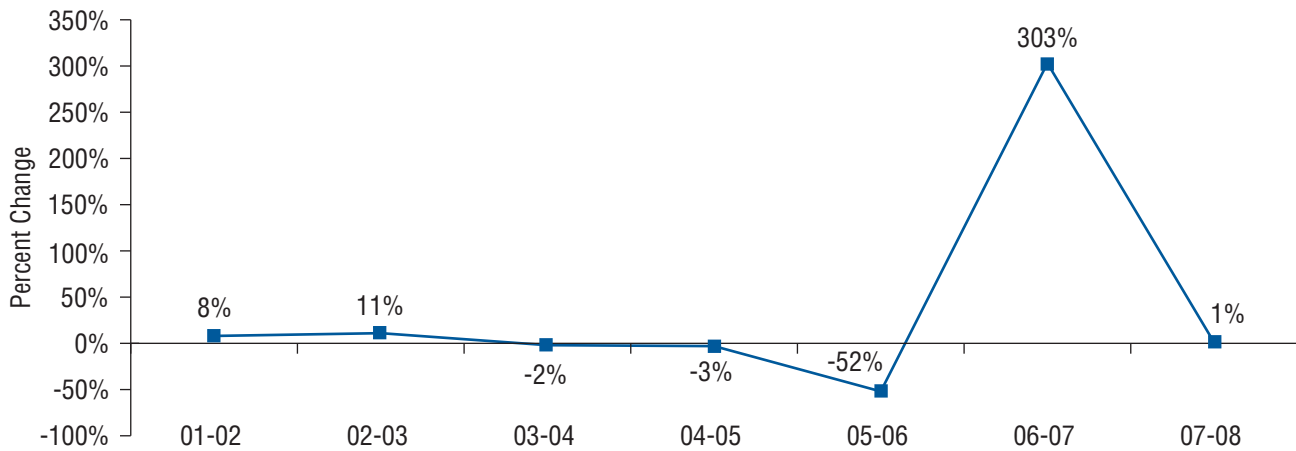
Note: ADAP earmark does not include ADAP Supplemental Fund set-aside from FY 2001–2008. Percentages on the *Part B ADAP Earmark, Rate of Change* graph represent changes between the two years indicated, not aggregate changes since FY 1996.



**Chart 7a**  
**Part B ADAP Supplemental Funding, FY 2001–2008**

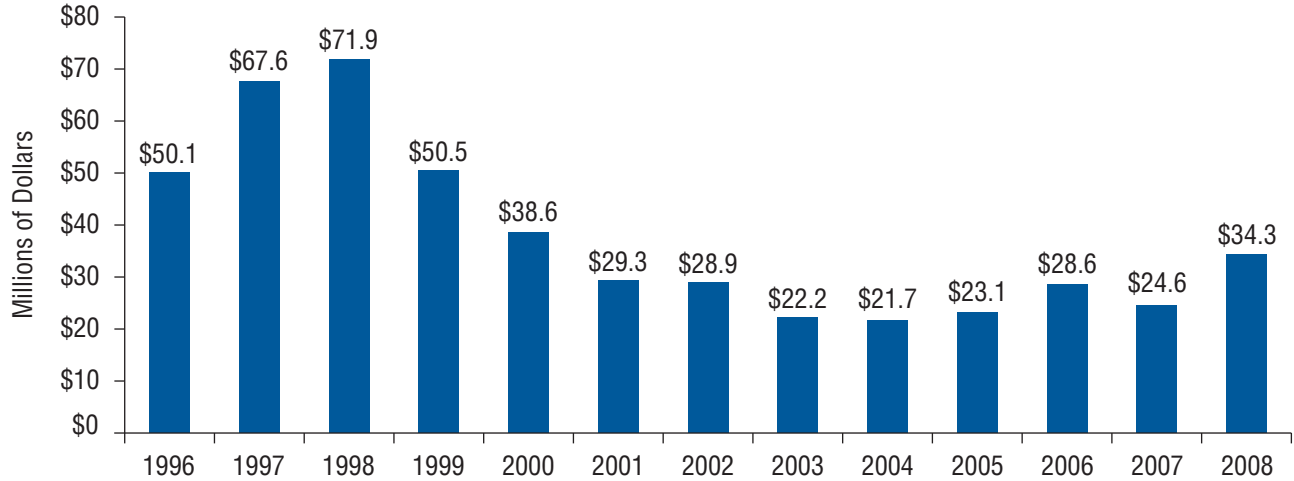


**Chart 7b**  
**Part B ADAP Supplemental Funding, Rate of Change, FY 2001–2008**

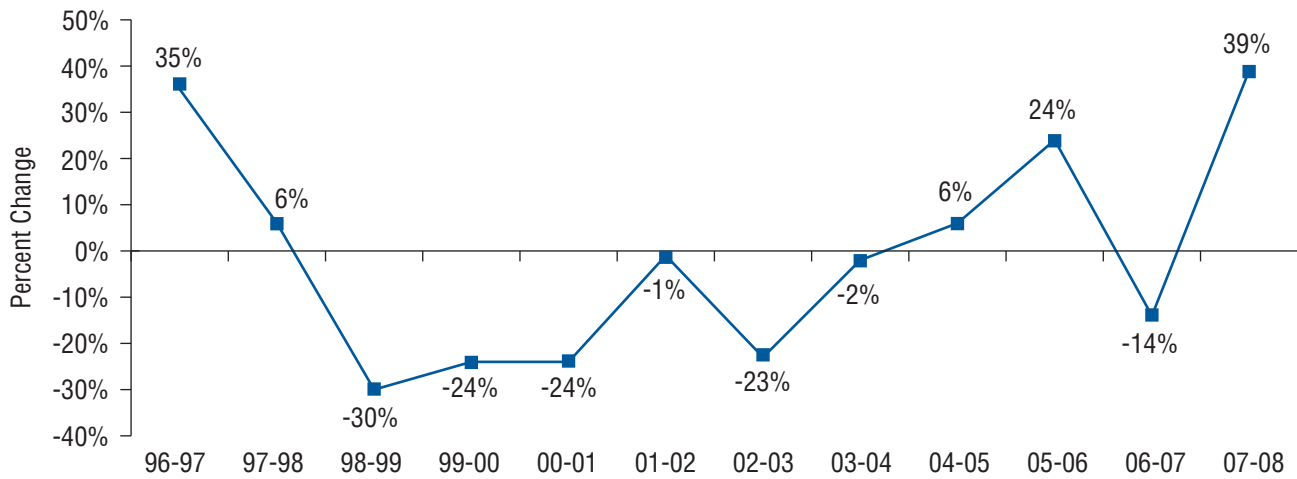


Note: All Part B ADAP supplemental funds are reported. Percentages on the *Part B ADAP Supplemental Funding, Rate of Change* graph represent changes between the two years indicated, not aggregate changes since FY 2001.

**Chart 8a**  
**Part B Base Funding, FY 1996–2008**



**Chart 8b**  
**Part B Base Funding, Rate of Change, FY 1996–2008**

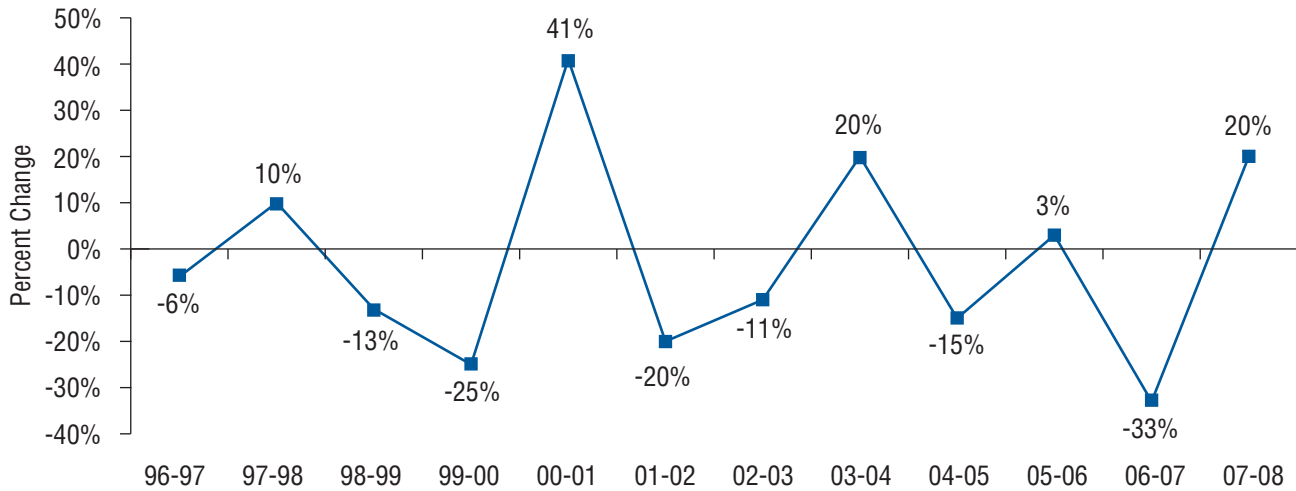


Note: Percentages on the *Part B Base Funding, Rate of Change* graph represent changes between the two years indicated, not aggregate changes since FY 1996.

**Chart 9a**  
**Part A Funding, FY 1996–2008**

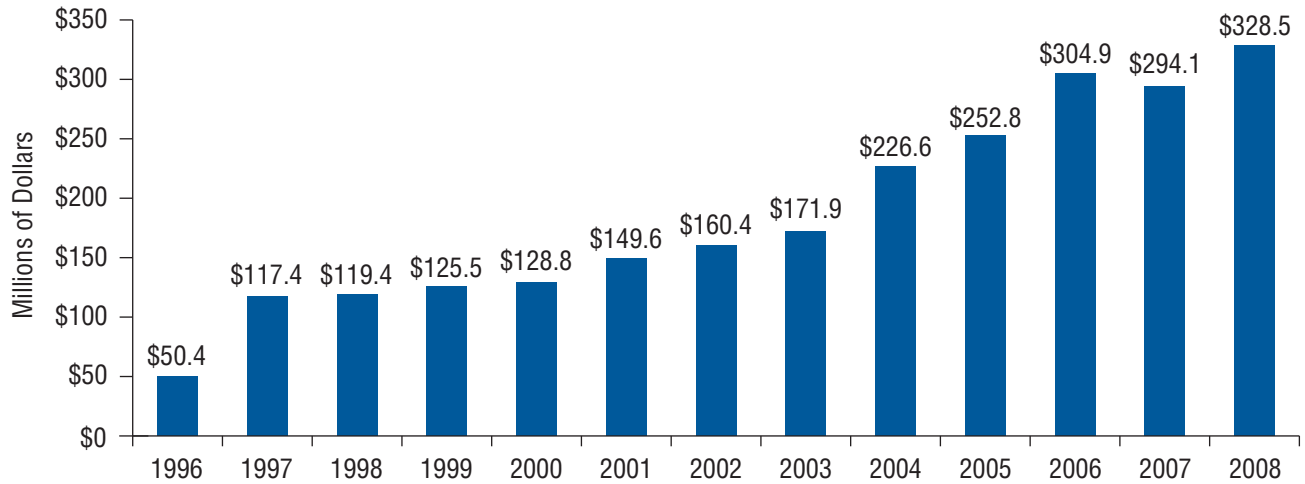


**Chart 9b**  
**Part A Funding, Rate of Change, FY 1996–2008**

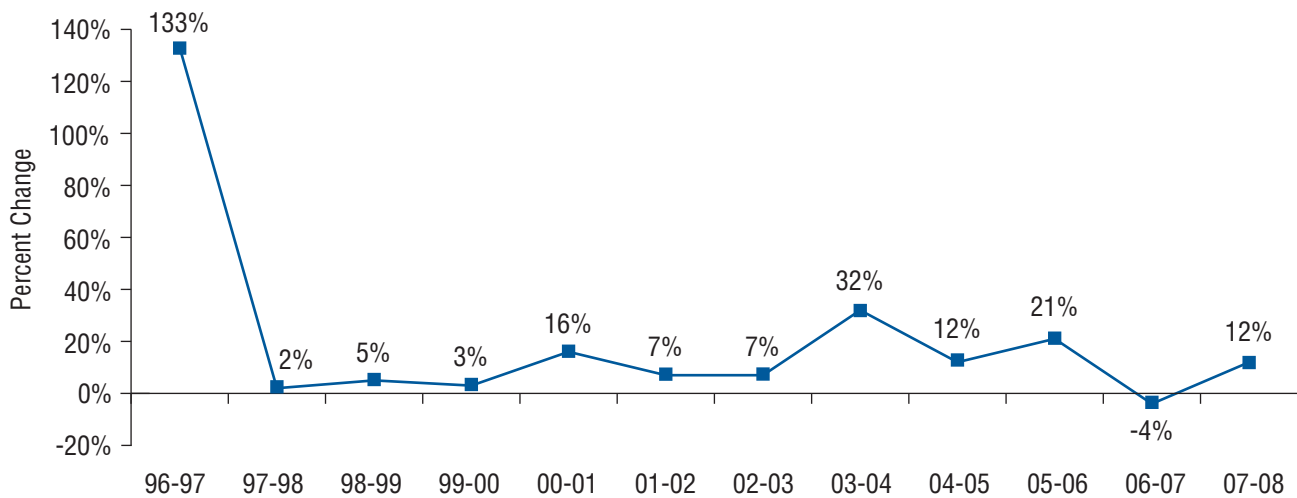


Note: Percentages on the *Part A Funding, Rate of Change* graph represent changes between the two years indicated, not aggregate changes since FY 1996.

**Chart 10a**  
**State Funding, FY 1996–2008**

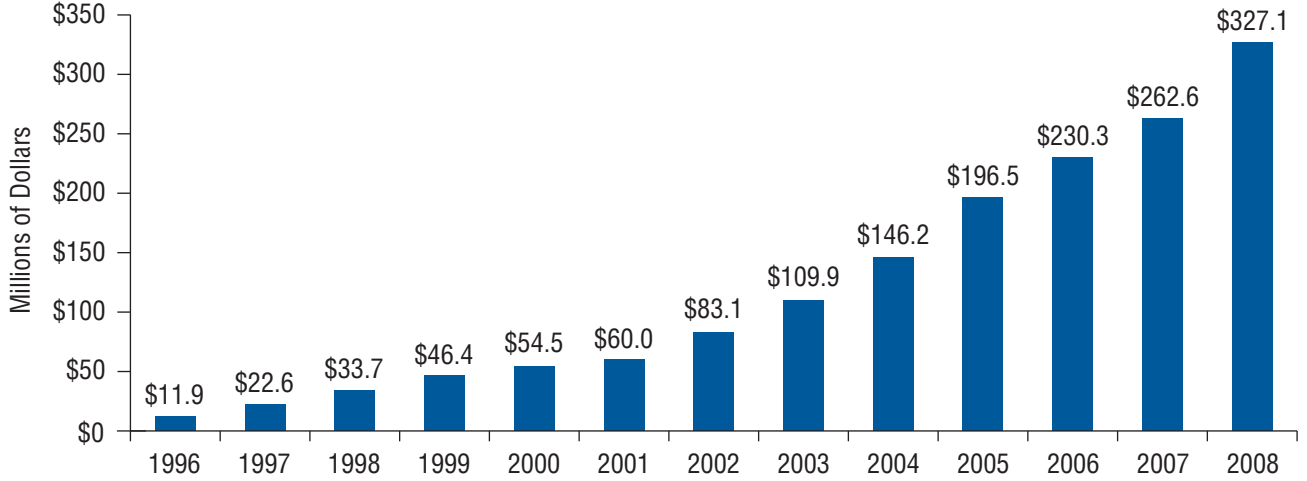


**Chart 10b**  
**State Funding, Rate of Change, FY 1996–2008**

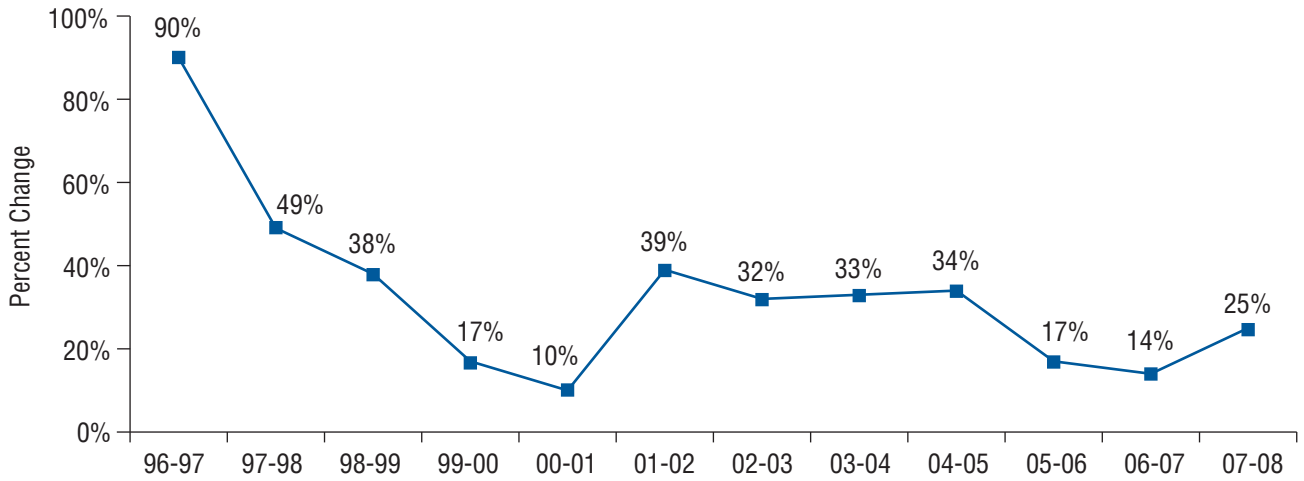


Note: Percentages on the *State Funding, Rate of Change* graph represent changes between the two years indicated, not aggregate changes since FY 1996.

**Chart 11a**  
**Drug Rebates, FY 1996–2008**



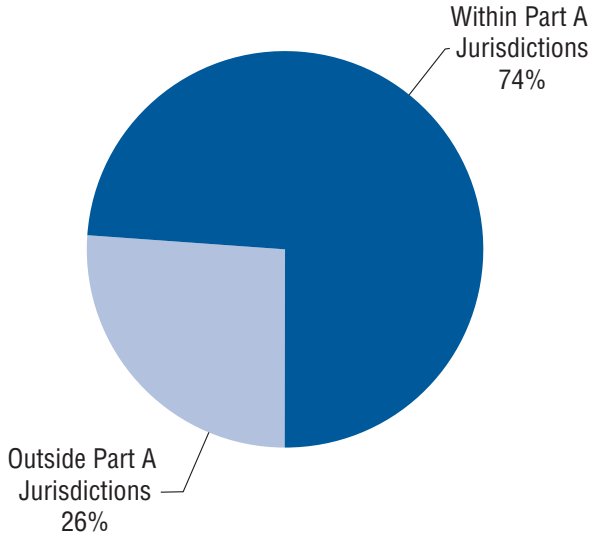
**Chart 11b**  
**Drug Rebates, Rate of Change, FY 1996–2008**



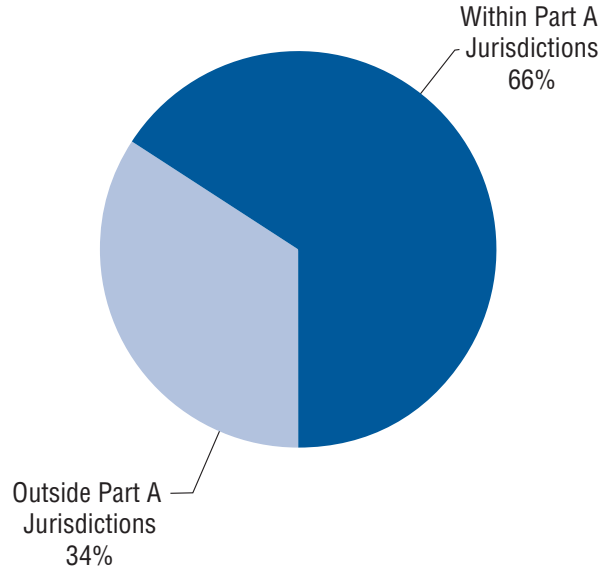
Note: Percentages on the *Drug Rebates, Rate of Change* graph represent changes between the two years indicated, not aggregate changes since FY 1996.

**Chart 12**

**ADAP Clients Served in June 2008  
Who Reside within Part A Jurisdictions  
Compared to Total Clients Served by ADAPs  
in States with Part A Jurisdiction  
(or Portions of Part A Jurisdictions)**



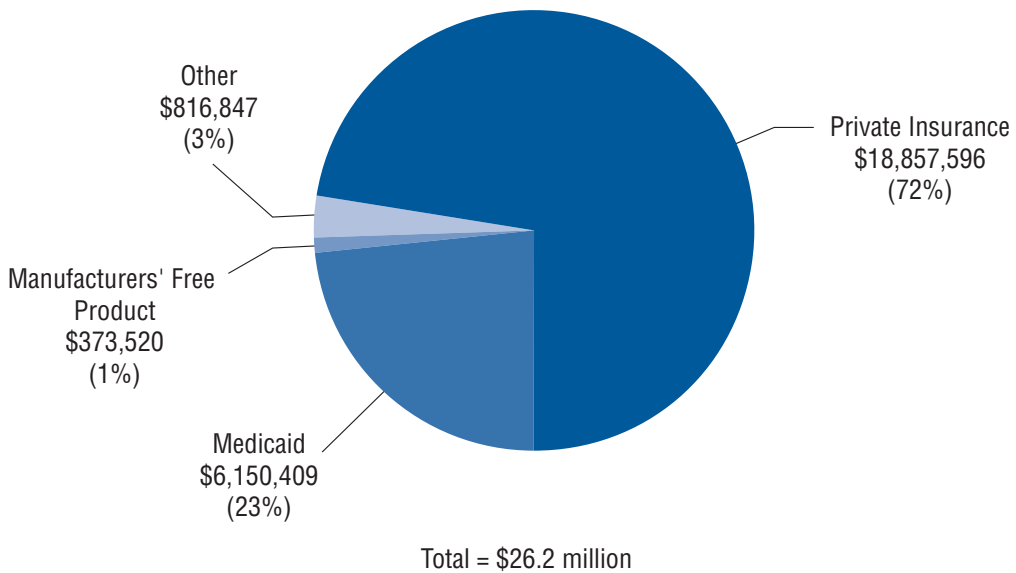
**ADAP Clients Served in June 2008  
Who Reside within Part A Jurisdictions  
Compared to Clients Served in All ADAPs**



Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. See Table IV.

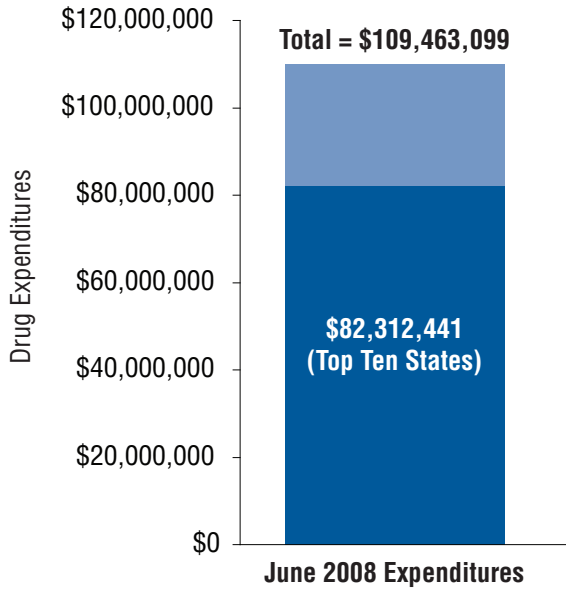
**Chart 13**

**Cost Recovery and Other Cost-Saving Mechanisms (Excluding Drug Rebates), FY 2008**



Note: 15 ADAPs reported data. Manufacturers' drug rebates are not included. Cost recovery and other cost-saving mechanisms are not included in the total ADAP budget. See Table V.

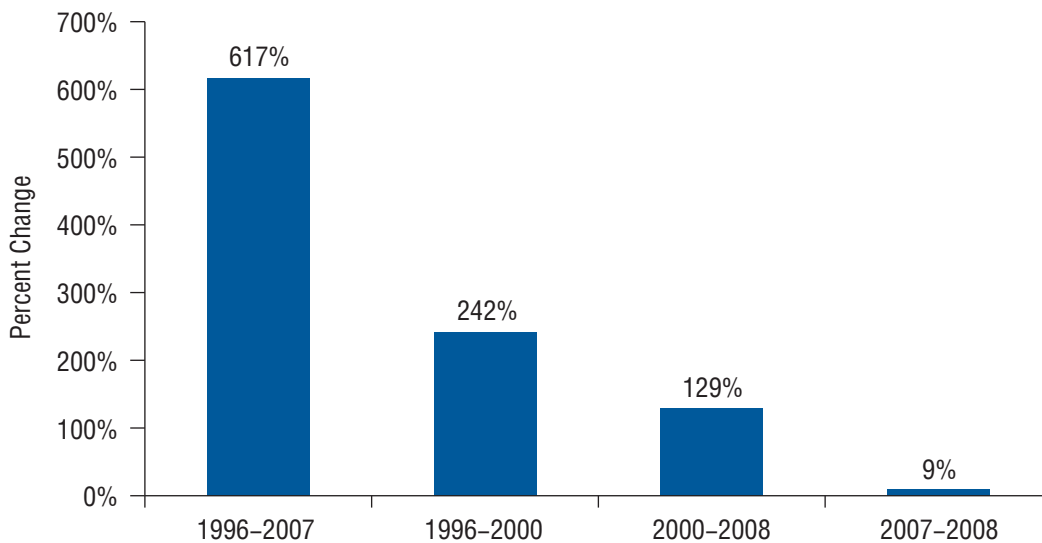
**Chart 14**  
**ADAP Drug Expenditures and Top 10 States, by Drug Expenditures, June 2008**



State	Drug Expenditures, June 2008
California	\$26,723,020
New York	\$21,414,488
Texas	\$6,067,800
New Jersey	\$6,545,695
Pennsylvania	\$4,130,405
Florida	\$3,860,505
South Carolina	\$3,513,143
Georgia	\$3,384,880
Illinois	\$3,341,937
North Carolina	\$3,330,568
<b>Total</b>	<b>\$82,312,441</b>

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, Vermont, and Virgin Islands (U.S.) did not report data. See Table VI.

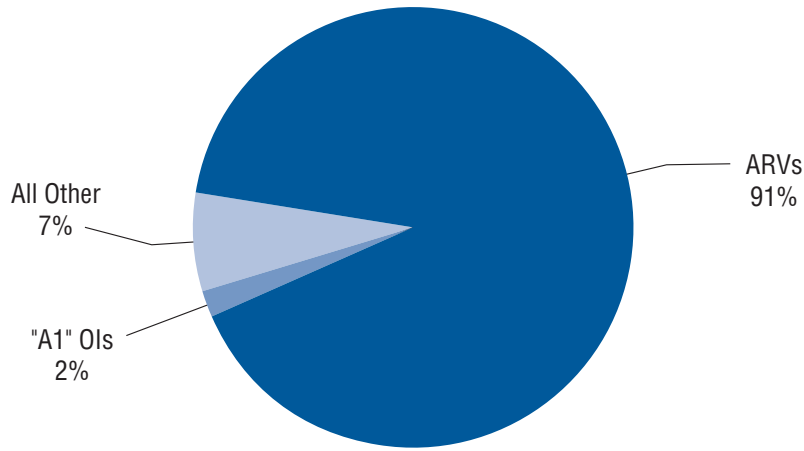
**Chart 15**  
**Trends in ADAP Drug Expenditures, June 1996–2008**



Note: Comparisons over time based on 46 ADAPs reporting in each comparison period.



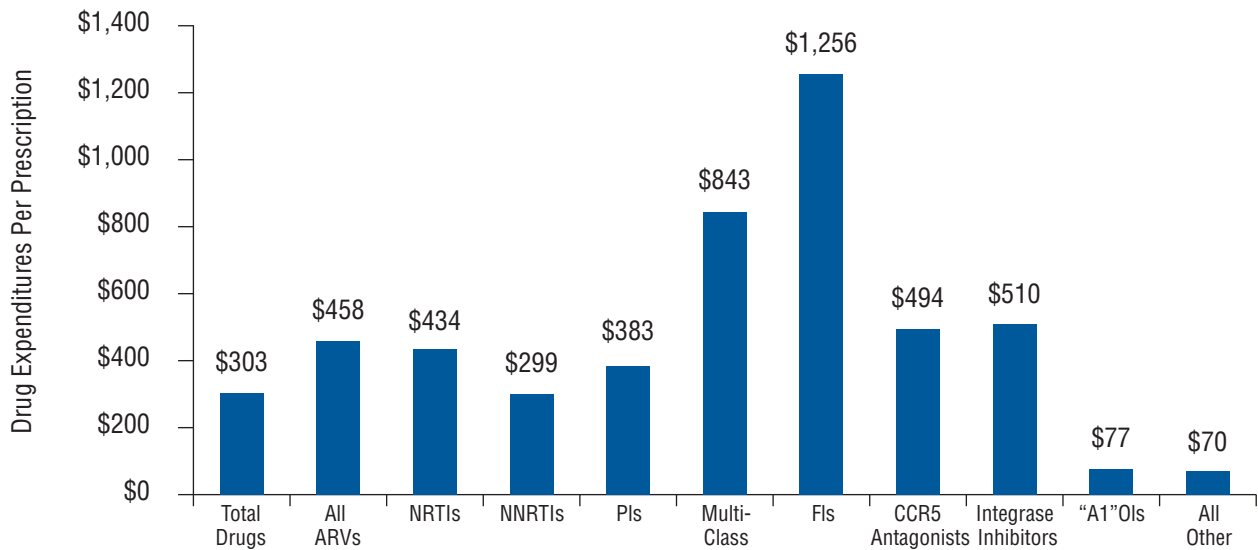
**Chart 16**  
**ADAP Per Capita Drug Expenditures, June 2008**



Average Per Capita Spending = \$1,004.66

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, Vermont, and Virgin Islands (U.S.) did not report data. ARVs=Antiretrovirals; "A1" OIs=Drugs recommended ("A1") for the prevention and treatment of opportunistic infections (OIs). See Tables VI and IX.

**Chart 17**  
**ADAP Expenditures Per Prescription, by Drug Class, June 2008**

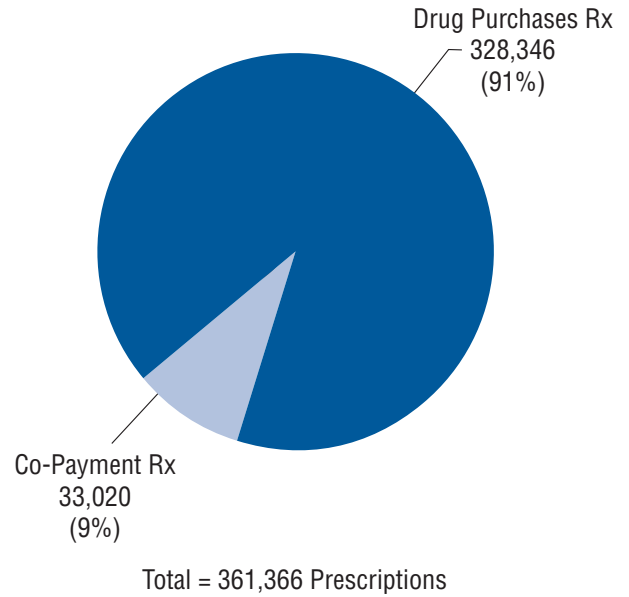
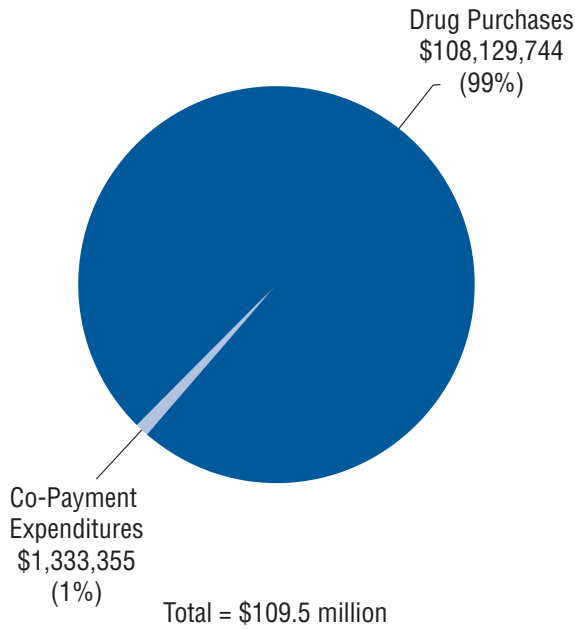


Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, Vermont, and Virgin Islands (U.S.) did not report data. ARVs=Antiretrovirals; NRTIs=Nucleoside Reverse Transcriptase Inhibitors; NNRTIs=Non-Nucleoside Reverse Transcriptase Inhibitors; PIs=Protease Inhibitors; Multi-Class=Multi-Class Combination Products; FIIs=Fusion Inhibitors; "A1" OIs=Drugs recommended ("A1") for the prevention and treatment of opportunistic infections (OIs).

**Chart 18**

**ADAP Drug Expenditures (Including Drug Purchases and Co-Payments), June 2008**

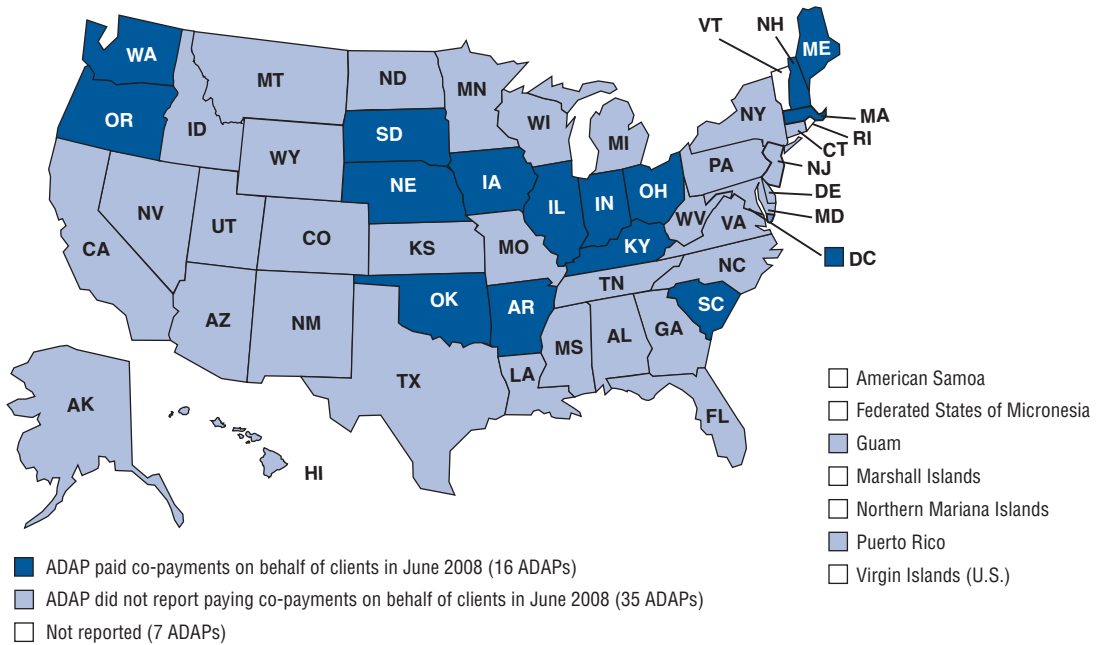
**ADAP Prescriptions Filled (Including Drug Purchases and Co-Payments), June 2008**



Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, Vermont, and Virgin Islands (U.S.) did not report data. See Tables VII and VIII.

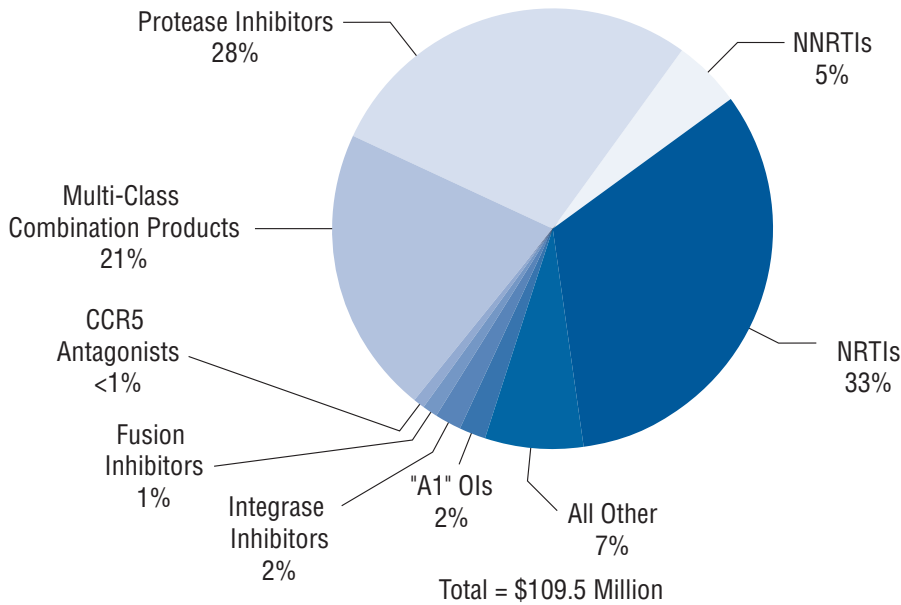
**Chart 19**

**ADAPs Paying Co-Payments on Behalf of Clients, June 2008**



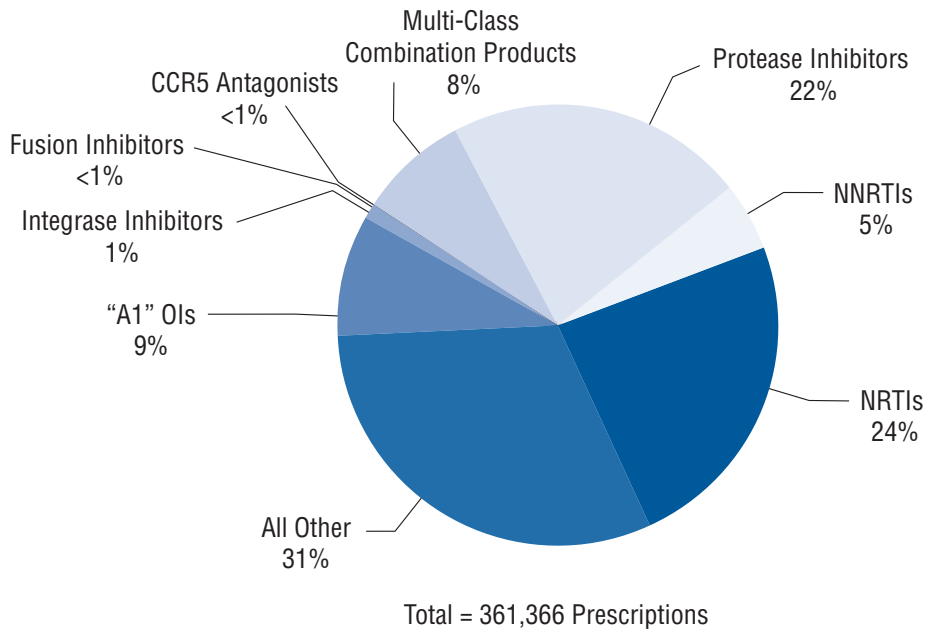
Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, Vermont, and Virgin Islands (U.S.) did not report data. See Table VII.

**Chart 20**  
**ADAP Drug Expenditures, by Drug Class, June 2008**



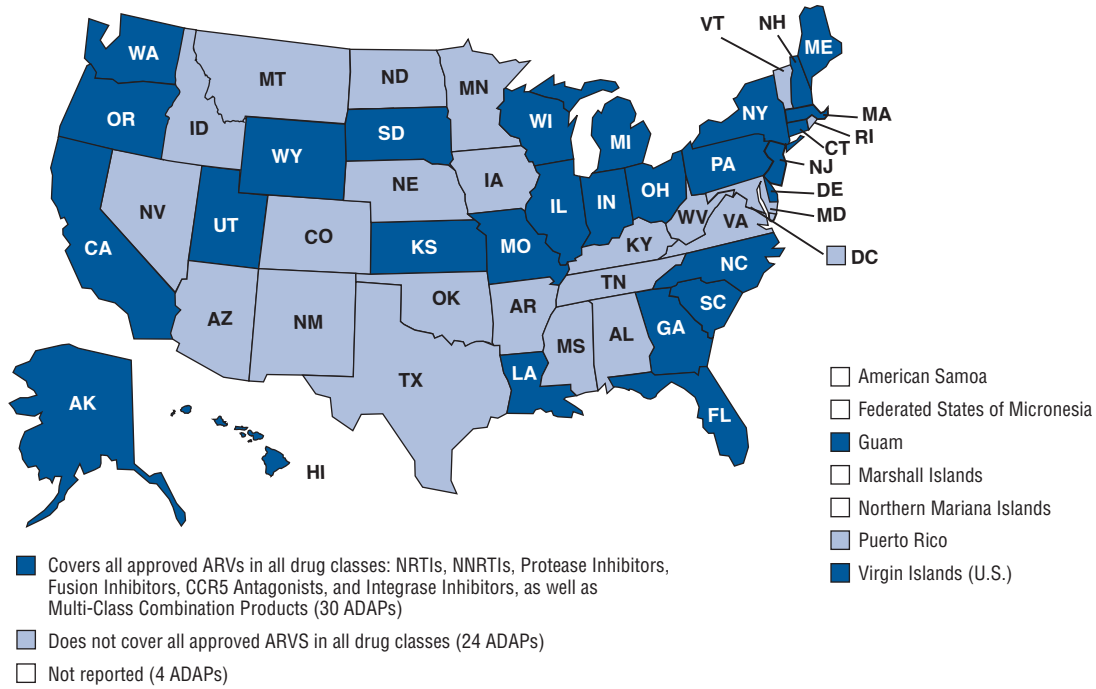
Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, Vermont, and Virgin Islands (U.S.) did not report data. Percentages may not total 100% due to rounding. NRTIs=Nucleoside Reverse Transcriptase Inhibitors; NNRTIs=Non-Nucleoside Reverse Transcriptase Inhibitors; "A1" OIs=Drugs recommended ("A1") for the prevention and treatment of opportunistic infections (OIs). See Table IX.

**Chart 21**  
**ADAP Prescriptions Filled, by Drug Class, June 2008**



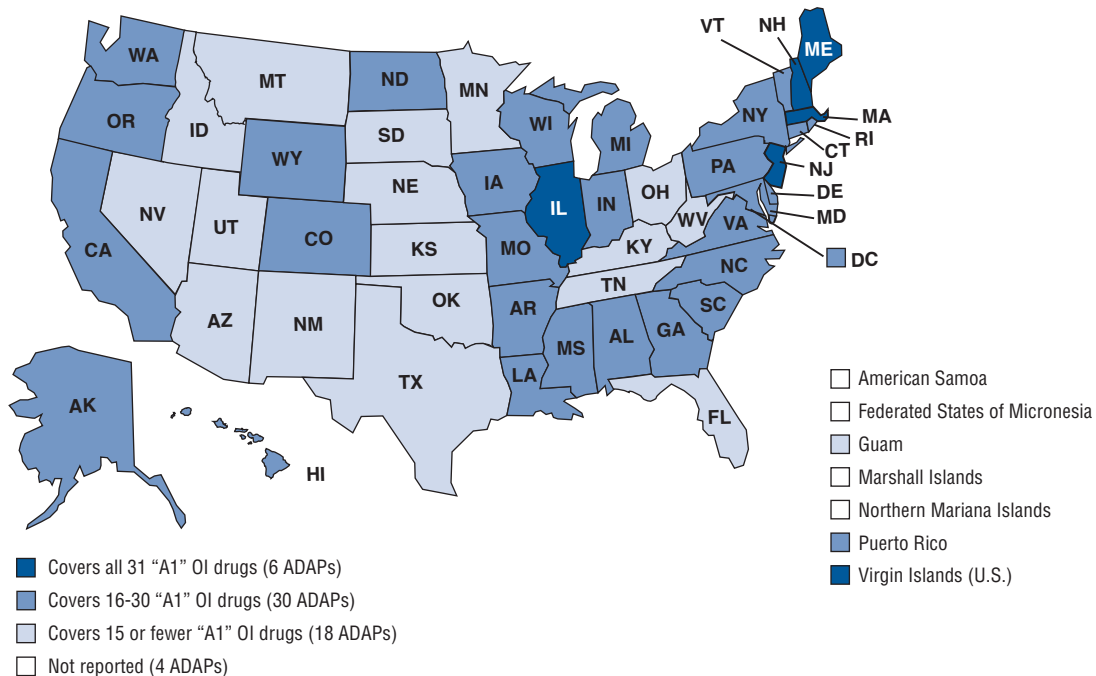
Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, Vermont, and Virgin Islands (U.S.) did not report data. Percentages may not total 100% due to rounding. NRTIs=Nucleoside Reverse Transcriptase Inhibitors; NNRTIs=Non-Nucleoside Reverse Transcriptase Inhibitors; "A1" OIs=Drugs recommended ("A1") for the prevention and treatment of opportunistic infections (OIs). See Table IX.

**Chart 22**  
**ADAP Formulary Coverage of Antiretroviral Drugs (ARVs), December 31, 2008**



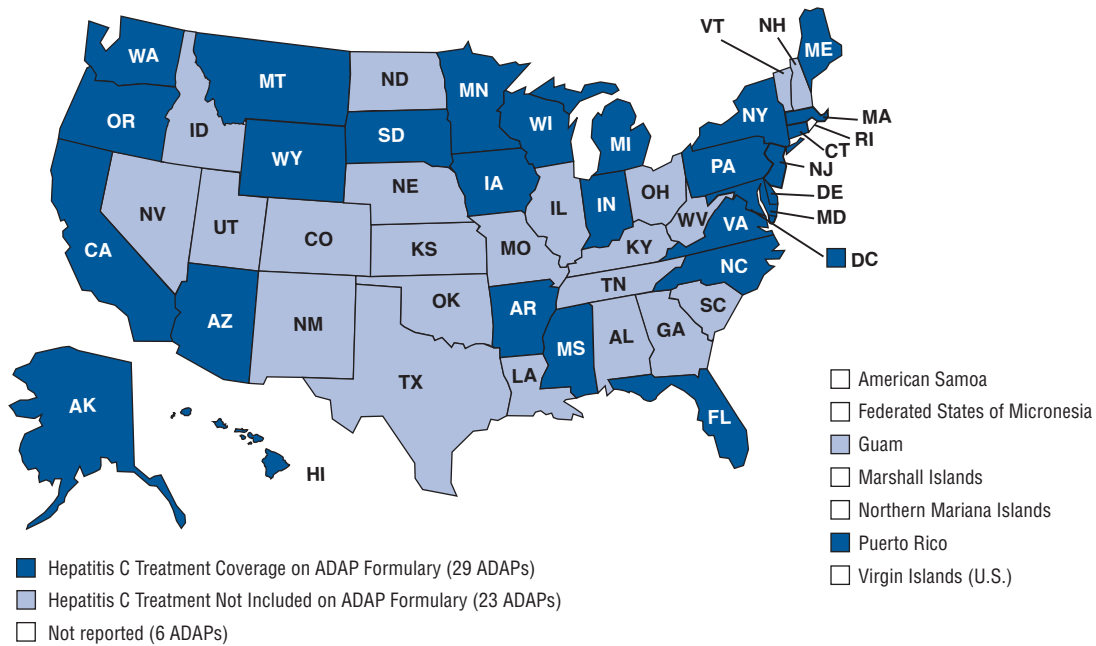
Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. See Table XI.

**Chart 23**  
**ADAP Formulary Coverage of Drugs Recommended (“A1”) for Prevention and Treatment of Opportunistic Infections (OIs), December 31, 2008**



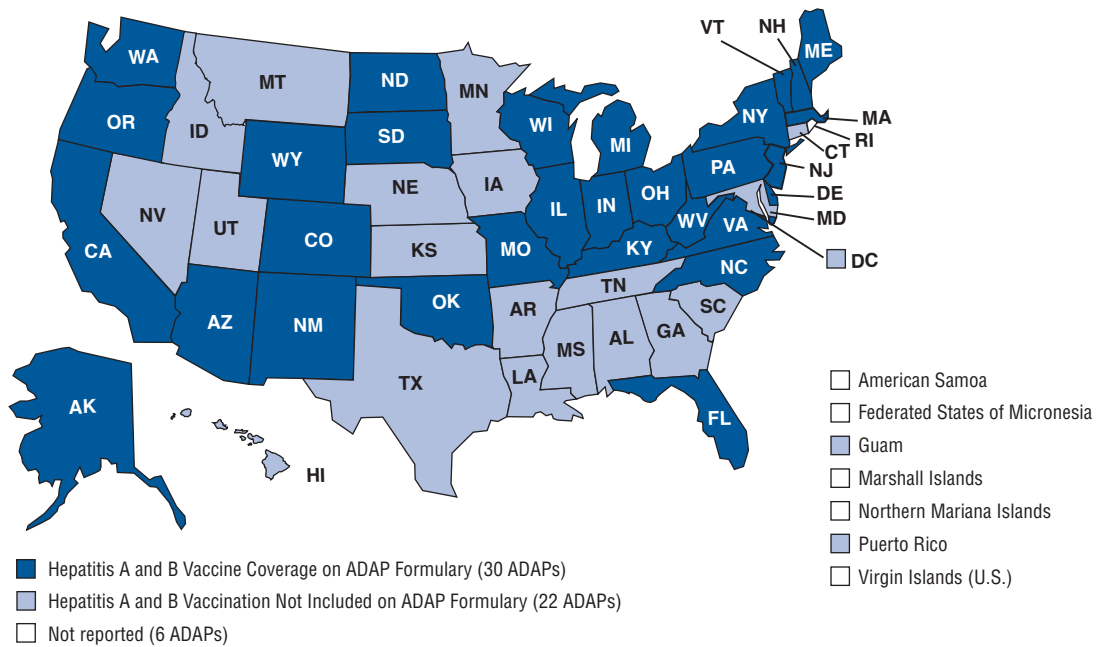
Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. ADAPs may cover slightly fewer than the full set of “A1” OIs if they cover equivalent medications, also highly recommended, or have other state-level programs that can provide these medications. See Table XI.

**Chart 24a**  
**Hepatitis C Treatment Coverage on ADAP Formulary, June 2008**



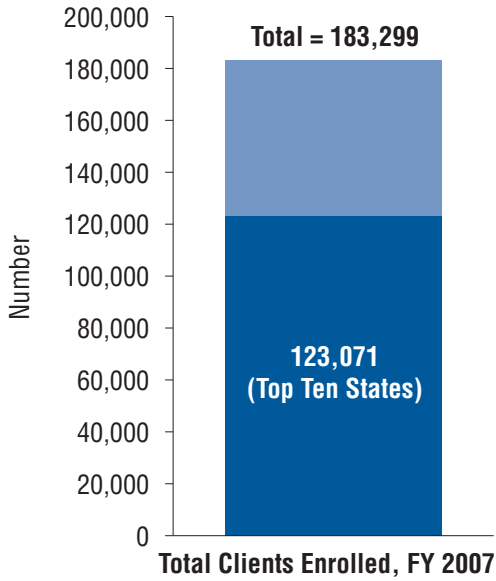
Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. Eight states (Colorado, Kansas, Kentucky, New Hampshire, Ohio, Oklahoma, Texas, and West Virginia) report referring ADAP clients to the Schering Plough free slots for Hepatitis C treatment. See Table XII.

**Chart 24b**  
**Hepatitis A and B Vaccine Coverage on ADAP Formulary, June 2008**



Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. See Table XII.

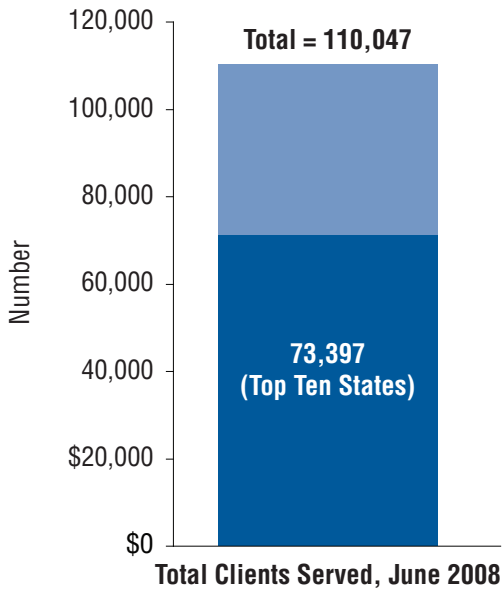
**Chart 25**  
**ADAP Clients Enrolled and Top Ten States, by Clients Enrolled, FY 2007**



State	Clients Enrolled, FY 2007
California	37,229
New York	22,179
Florida	14,660
Texas	13,447
New Jersey	7,786
Pennsylvania	7,166
North Carolina	5,621
Maryland	5,319
Massachusetts	5,282
Illinois	4,382
<b>Total</b>	<b>123,071</b>

Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. See Summary Table III.

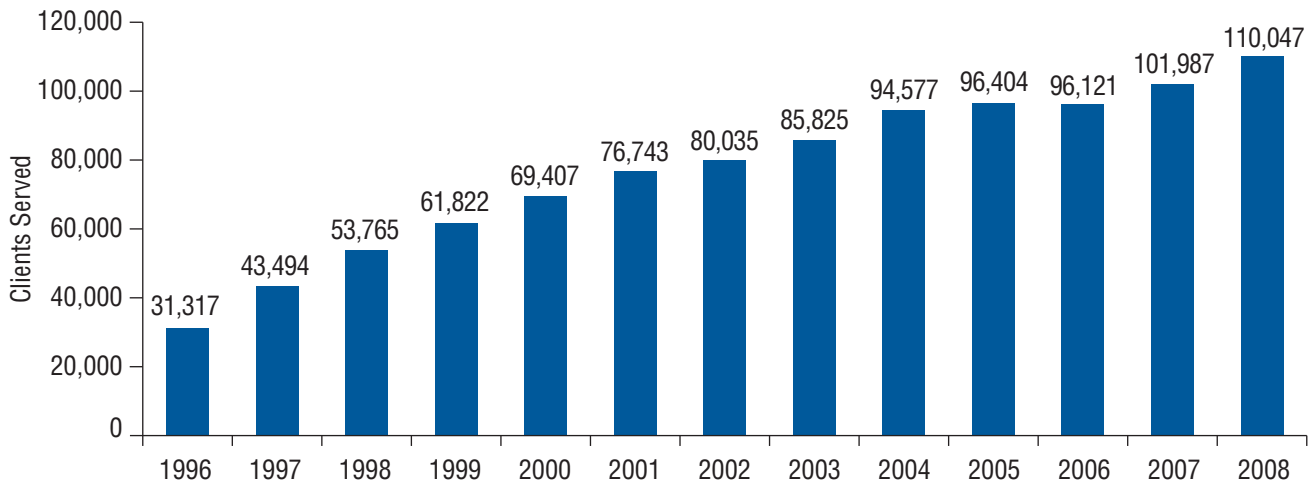
**Chart 26**  
**ADAP Clients Served and Top Ten States, by Clients Served, June 2008**



State	Clients Served, June 2008
California	20,471
New York	13,806
Florida	10,738
Texas	6,750
New Jersey	4,746
Georgia	3,600
Illinois	3,407
Pennsylvania	3,383
North Carolina	3,286
Puerto Rico	3,210
<b>Total</b>	<b>73,397</b>

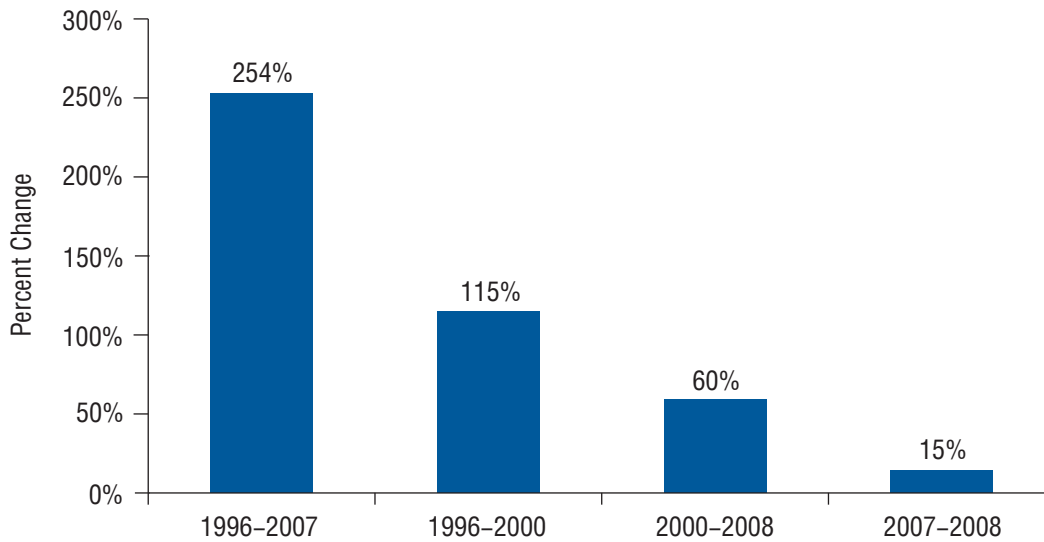
Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. See Summary Table II.

**Chart 27**  
**ADAP Client Utilization, June 1996–2008**



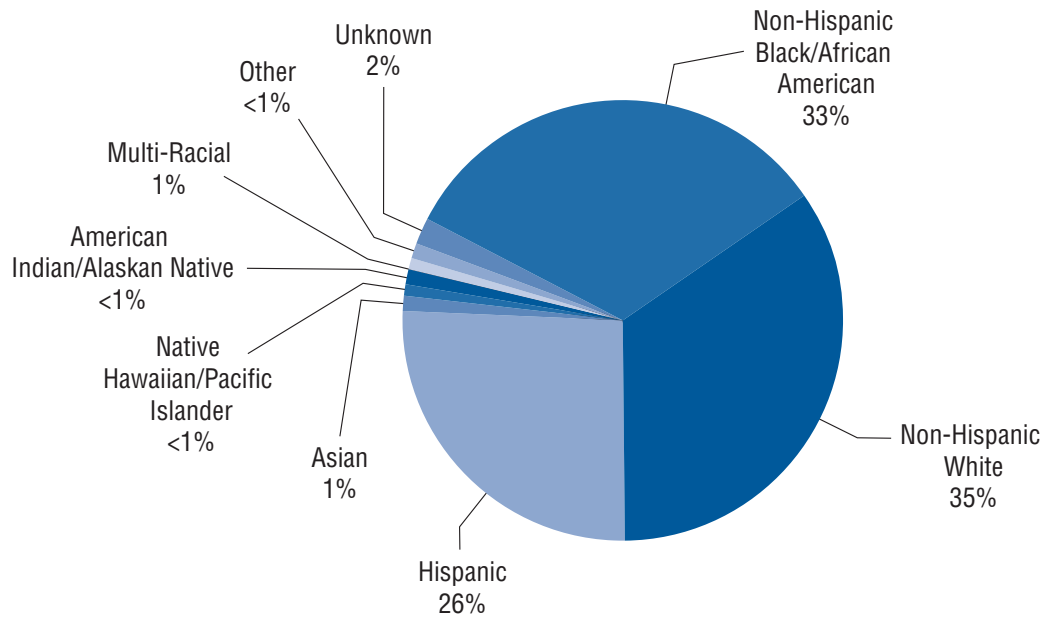
Note: Includes clients served by ADAPs reporting data for June in a given year.

**Chart 28**  
**Trends in ADAP Client Utilization, June 1996–2008**



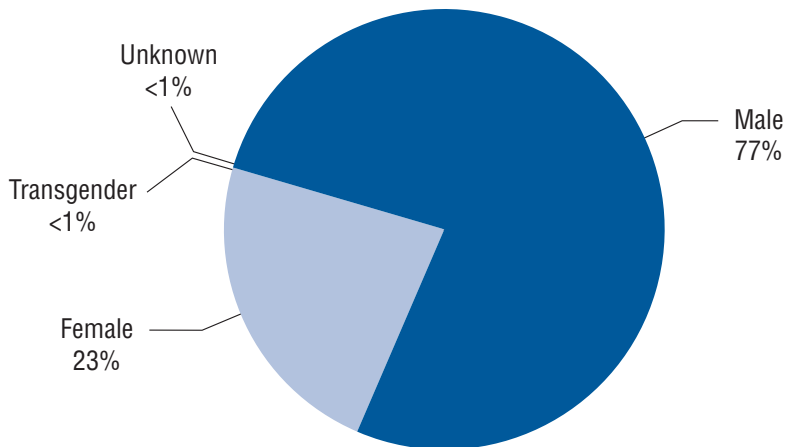
Note: Comparisons over time based on 49 ADAPs reporting in each comparison period.

**Chart 29**  
**ADAP Clients Served, by Race/Ethnicity, June 2008**



Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. Percentages may not total 100% due to rounding. See Table XIII.

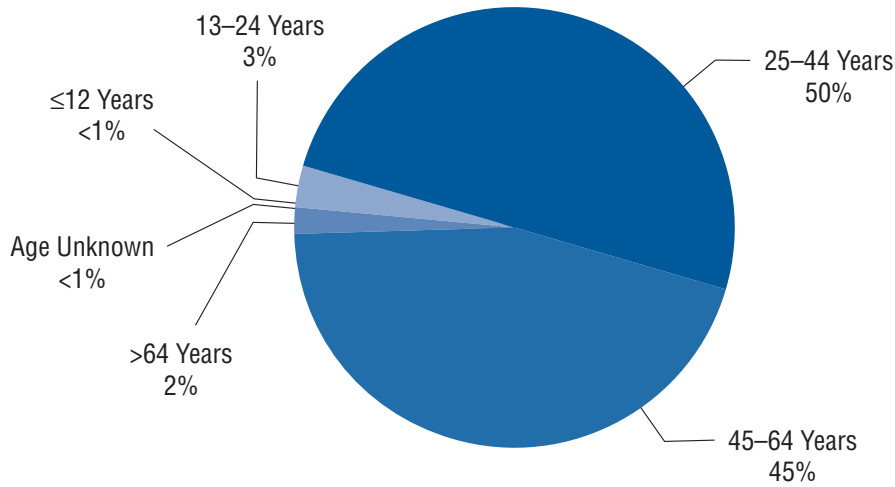
**Chart 30**  
**ADAP Clients Served, by Gender, June 2008**



Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. Percentages may not total 100% due to rounding. See Table XIV.

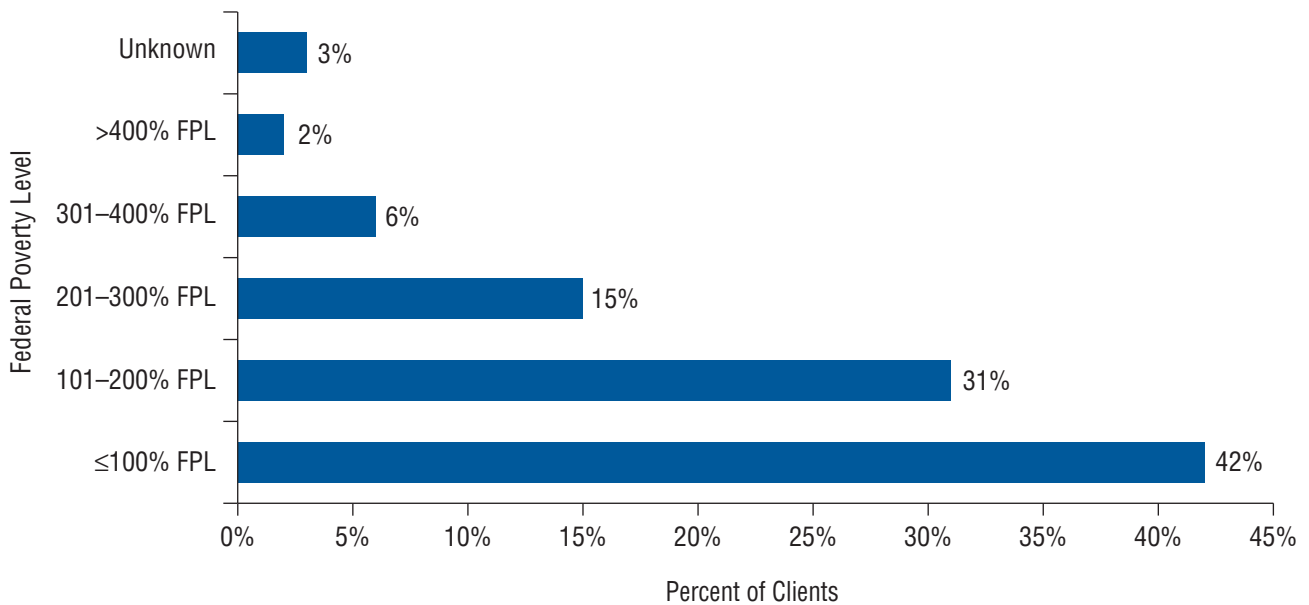


**Chart 31**  
**ADAP Clients Served, by Age, June 2008**



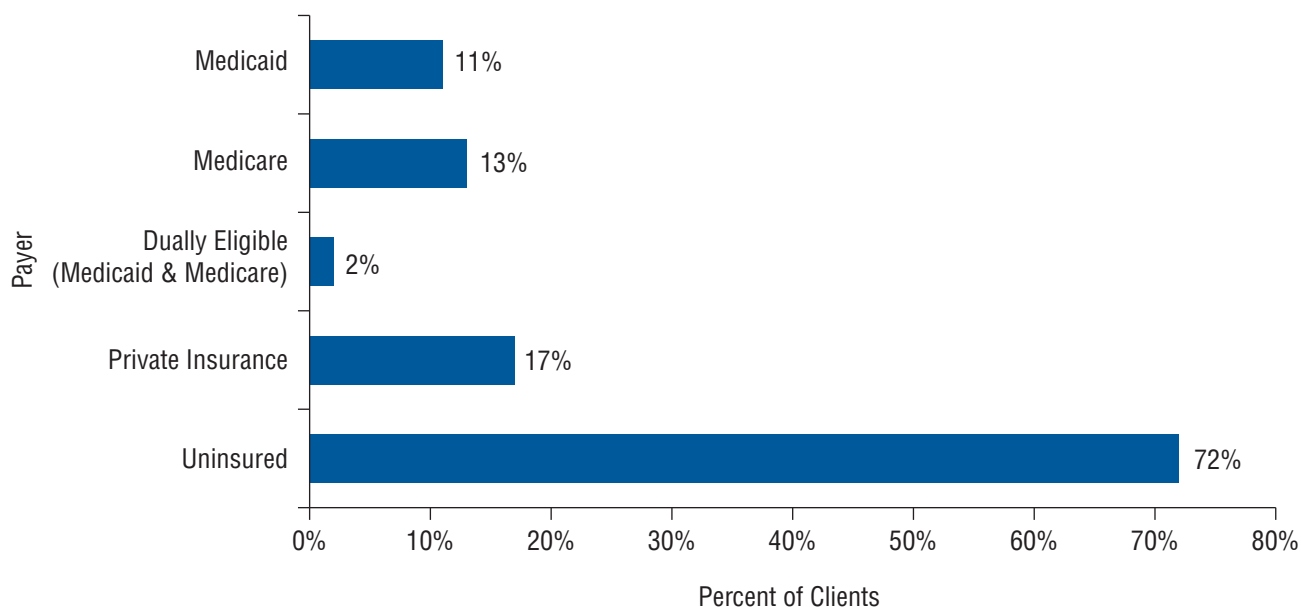
Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. Percentages may not total 100% due to rounding. See Table XV.

**Chart 32**  
**ADAP Clients Served, by Income Level, June 2008**



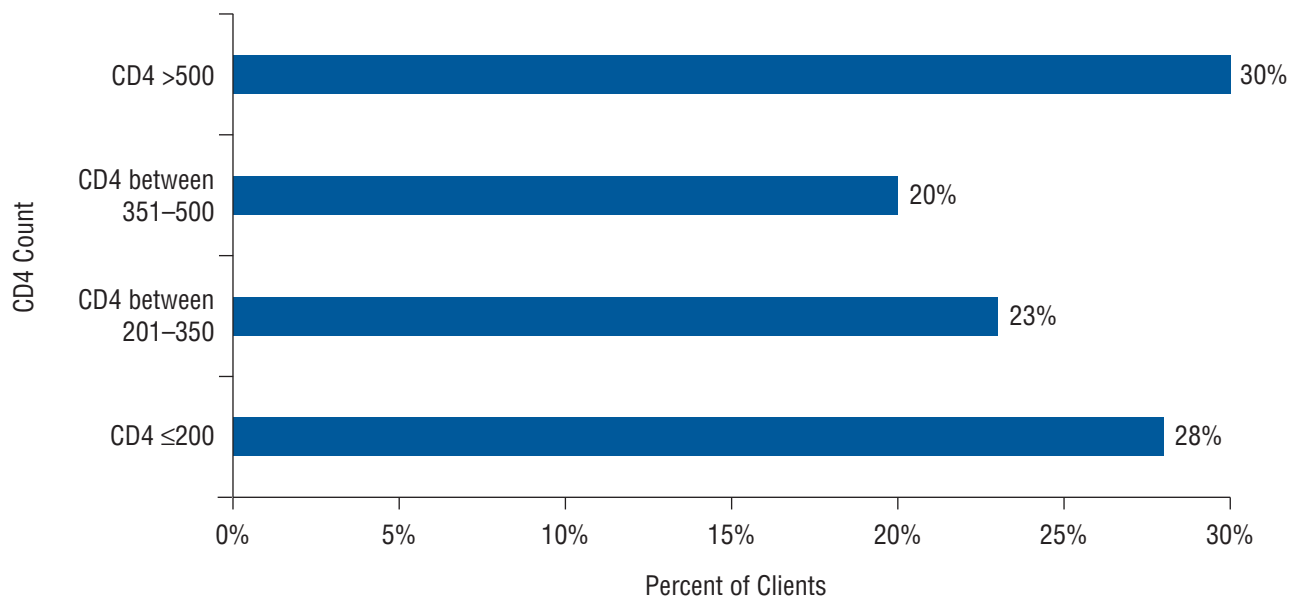
Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. The 2008 Federal Poverty Level (FPL) was \$10,400 (slightly higher in Alaska and Hawaii) for a household of one. Percentages may not total 100% due to rounding. See Table XVI.

**Chart 33**  
**ADAP Clients Served, by Insurance Status, June 2008**



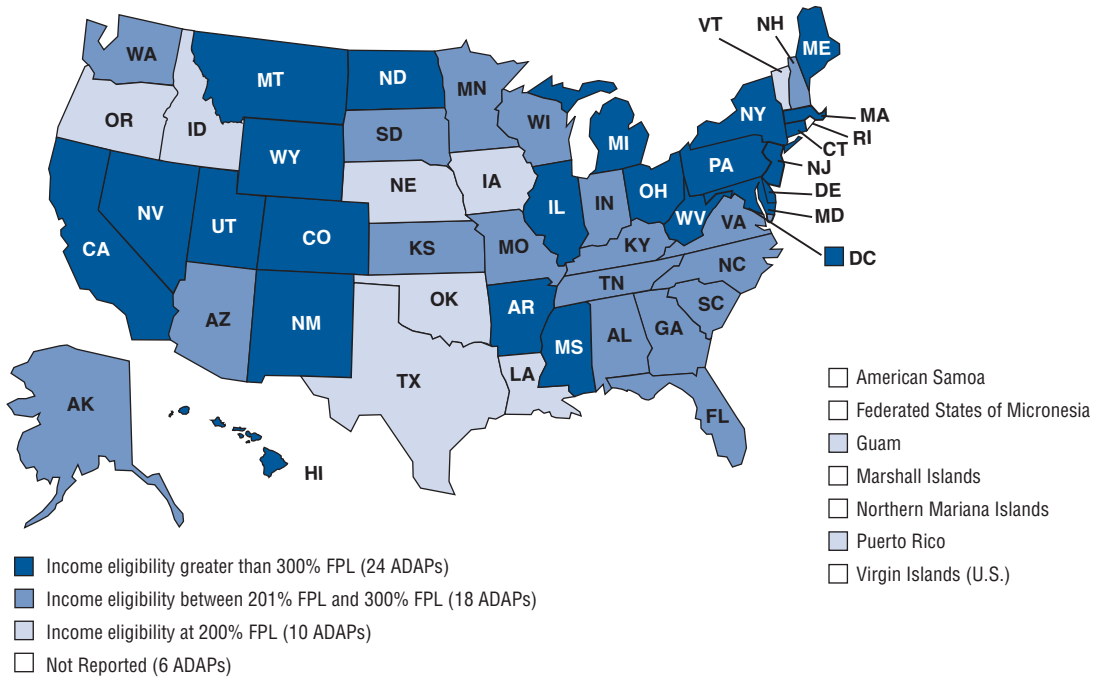
Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. Insurance categories are not mutually exclusive. The overall percentage of clients insured in each category is calculated separately based on reported data. See Table XVII.

**Chart 34**  
**ADAP Clients by CD4 Count, Enrolled During 12-Month Period, June 2008**



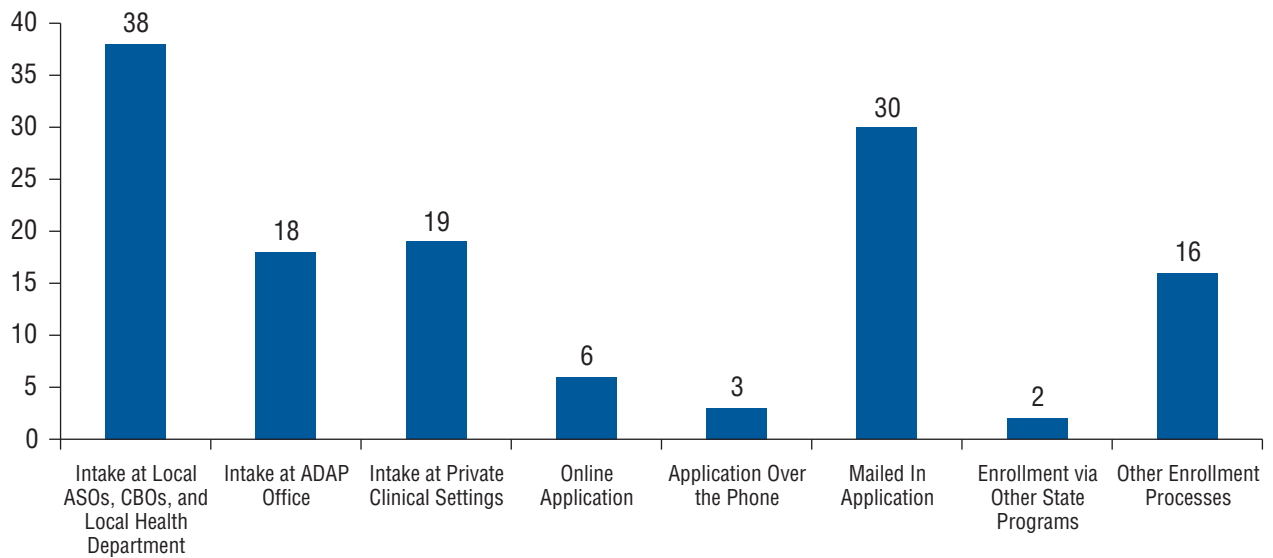
Note: 34 ADAPs reported data. See Table XVIII.

**Chart 35**  
**ADAP Income Eligibility, June 30, 2008**



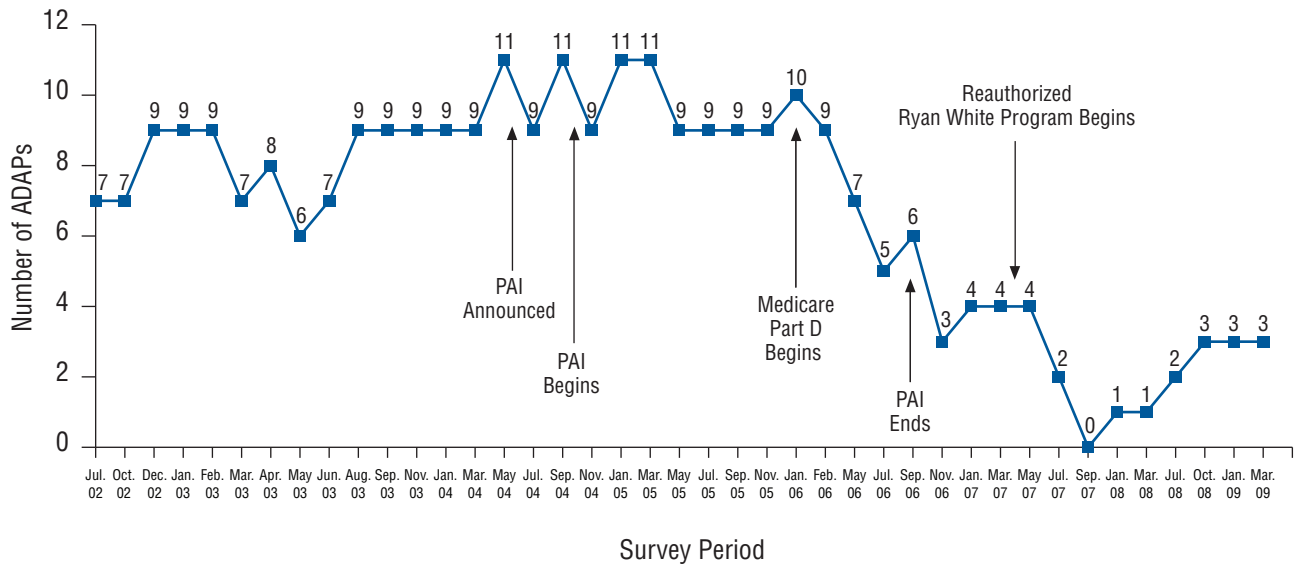
Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. The 2008 Federal Poverty Level (FPL) was \$10,400 (slightly higher in Alaska and Hawaii) for a household of one. See Table XIX.

**Chart 36**  
**ADAP Enrollment Processes, June 2008**



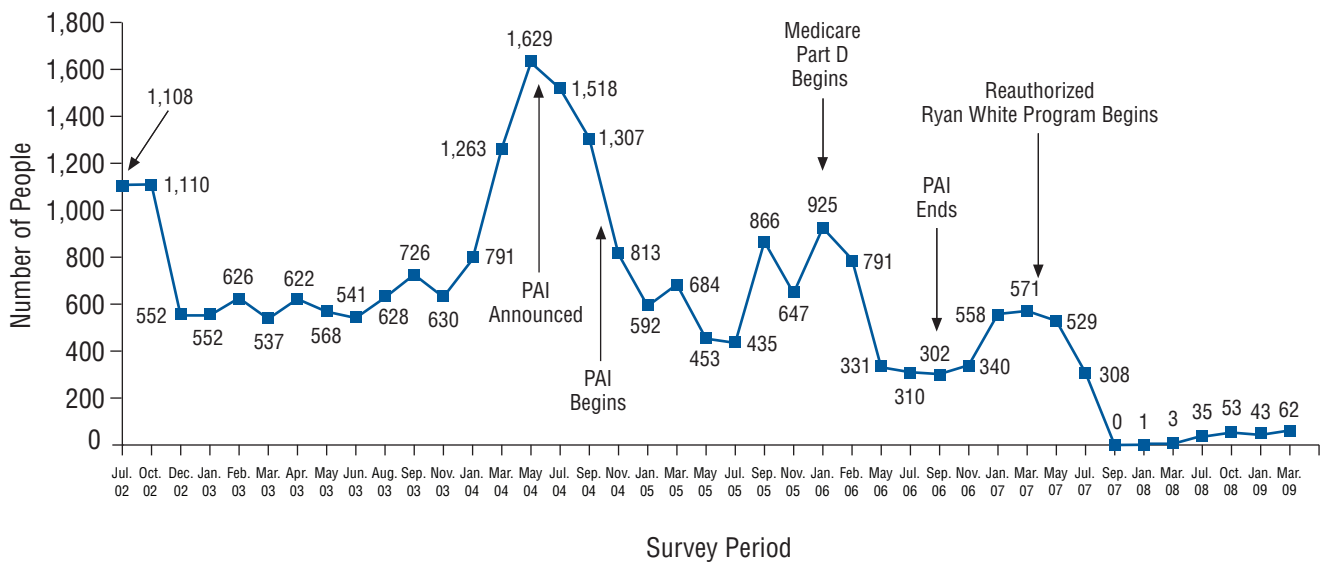
Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. ASOs=AIDS Service Organizations; CBOs=Community-Based Organizations. See Table XX.

**Chart 37**  
**Number of States with ADAP Waiting Lists, by Survey Period, July 2002–March 2009**



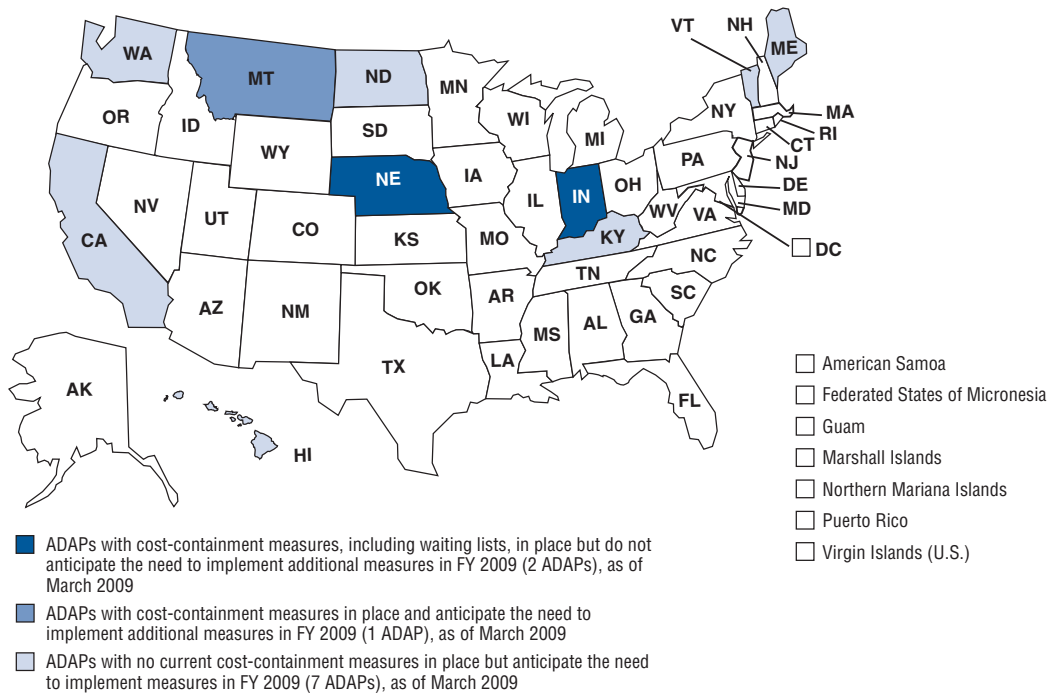
Note: PAI = President's ADAP Initiative. See Table XXII.

**Chart 38**  
**Number of People on ADAP Waiting Lists, by Survey Period, July 2002–March 2009**



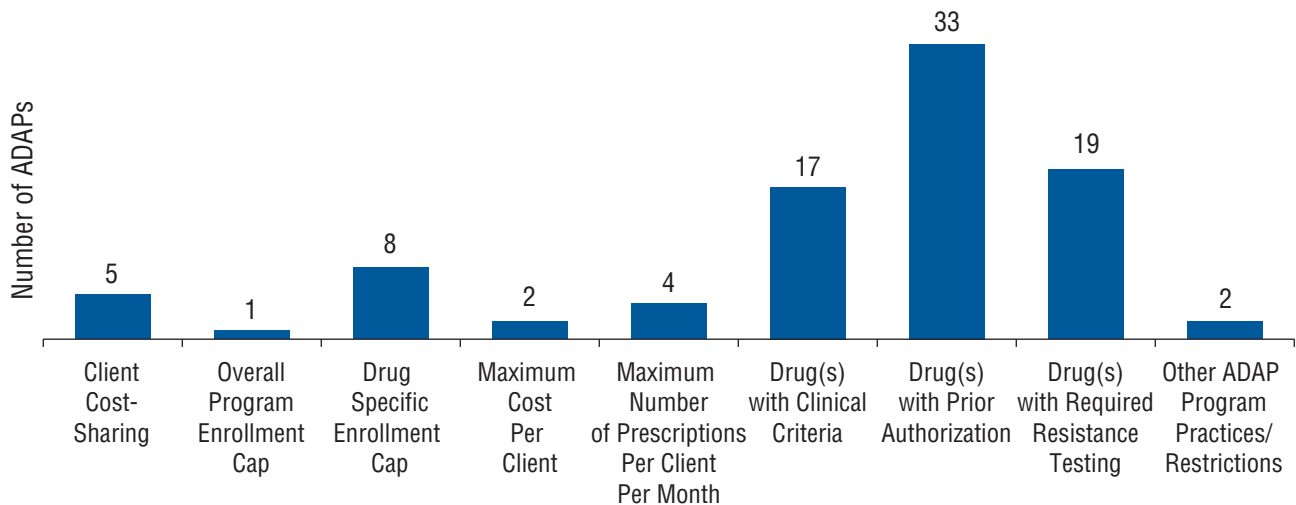
Note: PAI = President's ADAP Initiative. See Table XXII.

**Chart 39**  
**ADAPs with Current (Instituted During Last Year) or Planned Cost-Containment Measures, Including Waiting Lists, March 2009\***



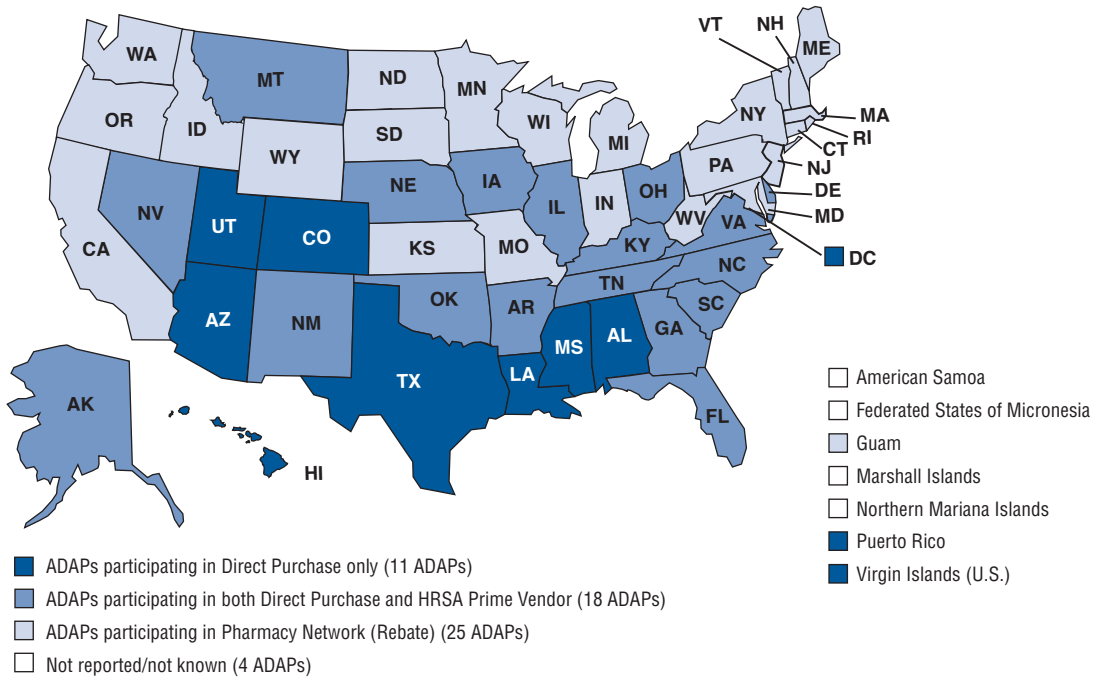
\*ADAPs implement cost-containment measures at various points throughout the fiscal year. This chart only captures measures currently in place or planned as of March 2009.  
 Note: 42 ADAPs reported data. American Samoa, Arizona, District of Columbia, Federated States of Micronesia, Georgia, Guam, Illinois, Marshall Islands, Maryland, Mississippi, North Carolina, Northern Mariana Islands, Ohio, South Dakota, Virgin Islands (U.S.), and Wyoming did not report data. The ADAP Fiscal Year runs from April 1 through March 31.

**Chart 40**  
**ADAP Management Policies in Place, June 30, 2008**



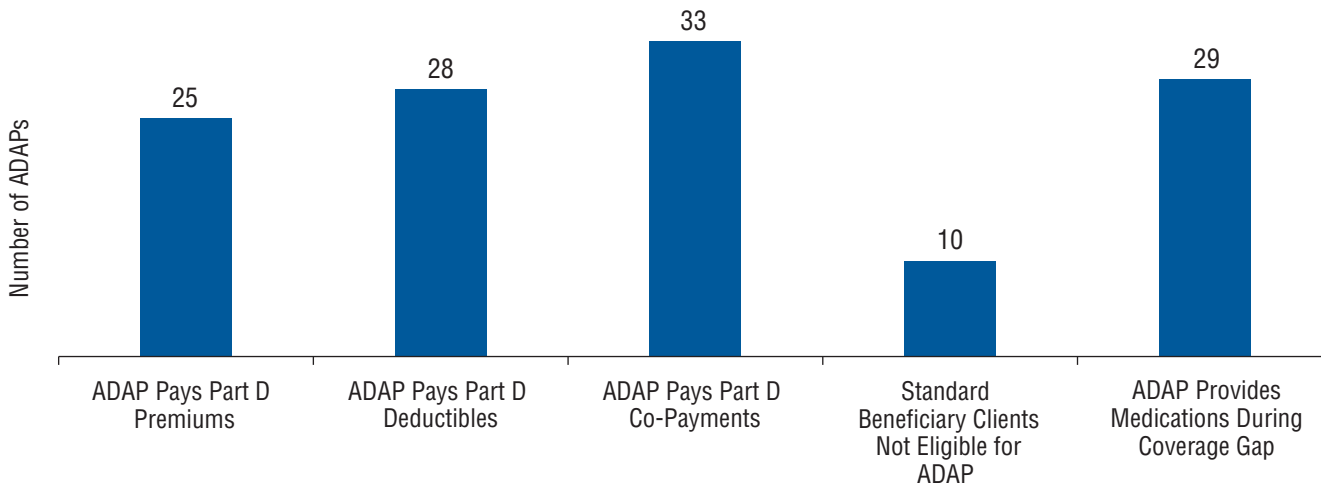
Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. See Table XXIII.

**Chart 41**  
**ADAP Drug Purchasing Mechanisms, June 2008**



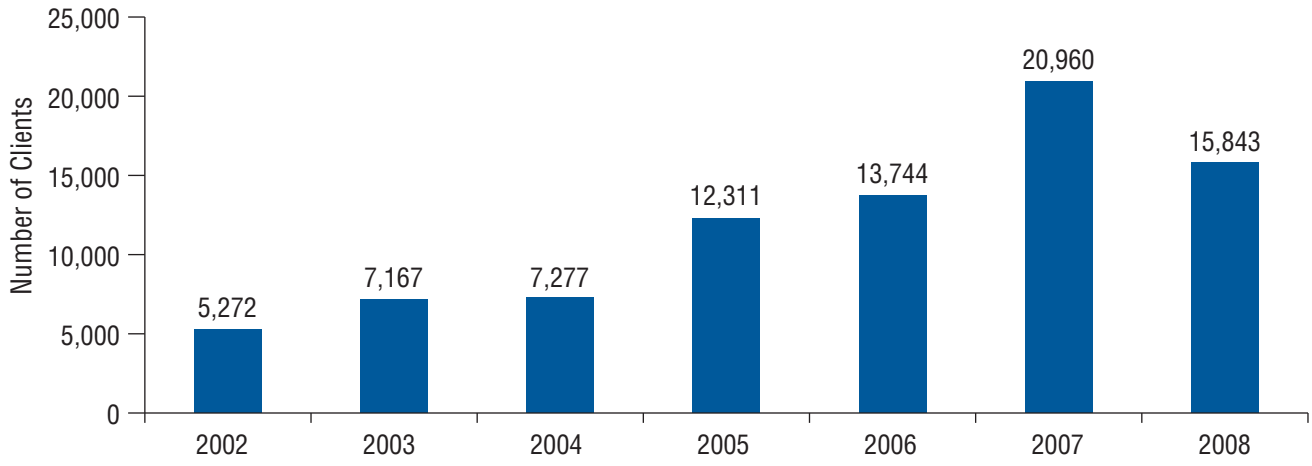
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, and Rhode Island did not report data (Rhode Island's drug purchasing mechanism was known and incorporated). See Table XXIV.

**Chart 42**  
**ADAP Policies Related to Medicare Part D, June 2008**

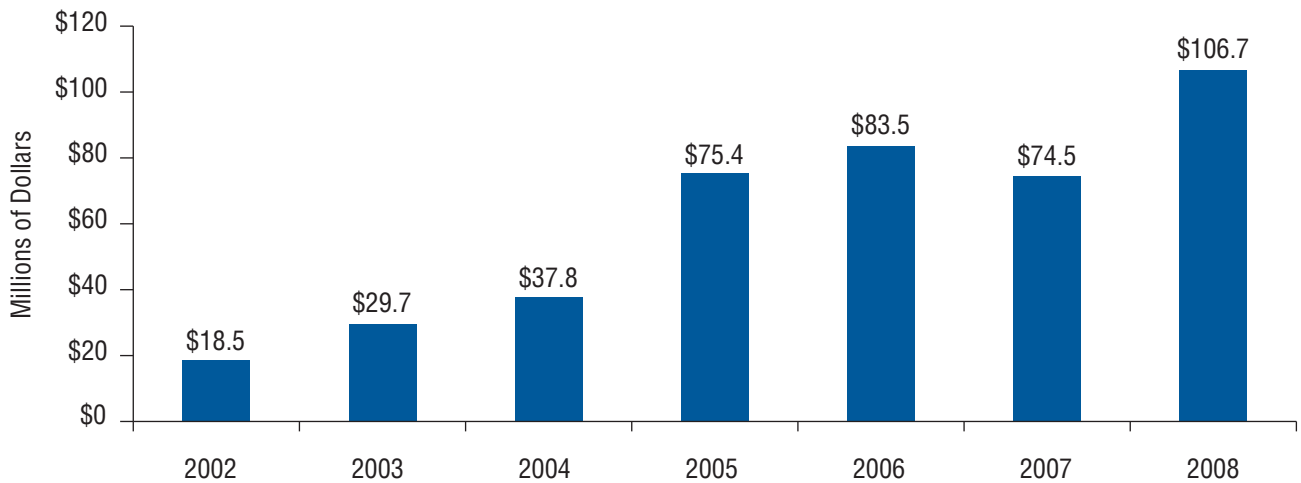


Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. See Table XXVI.

**Chart 43a**  
**Clients Served in Insurance Purchasing/Maintenance Programs, June 2002–2008**



**Chart 43b**  
**Estimated ADAP Spending on Insurance Purchasing/Maintenance Programs, FY 2002–2008**



Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) 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 2004-2008 data represent clients served. All ADAPs that have reported having insurance purchasing/maintenance programs since 2002 are included. See Table XXV.





## Tables

Table I

The National ADAP Budget, by Source, FY 2008

State/Territory	Part B ADAP Earmark	% of Total Budget	Part B ADAP Supplemental <sup>1</sup>	% of Total Budget	Part B Base Contribution	% of Total Budget	State Contribution	% of Total Budget	Part A Contribution	% of Total Budget	Other State or Federal	% of Total Budget	Estimated Drug Rebates	% of Total Budget	Total FY 2008 Budget
Alabama	\$9,055,936	56%	\$2,182,235	13%	\$0	0%	\$5,075,403	31%	\$0	0%	\$0	0%	\$0	0%	\$16,313,574
Alaska	\$508,178	75%	\$124,886	19%	\$0	0%	\$31,221	5%	\$0	0%	\$0	0%	\$10,000	1%	\$674,285
American Samoa	\$1,978	100%	\$0	0%	\$0	0%	\$1,000,000	8%	\$327,000	3%	\$1,786,348	14%	\$0	0%	\$1,978
Arizona	\$9,610,361	76%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$12,723,709
Arkansas	\$4,245,310	100%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$4,245,310
California	\$89,623,287	28%	\$0	0%	\$0	0%	\$96,349,000	30%	\$0	0%	\$0	0%	\$135,915,000	42%	\$321,887,287
Colorado	\$9,527,197	65%	\$0	0%	\$0	0%	\$5,083,028	35%	\$0	0%	\$0	0%	\$20,000	0%	\$14,630,225
Connecticut	\$11,471,742	38%	\$0	0%	\$10,419,127	35%	\$606,678	2%	\$0	0%	\$0	0%	\$7,500,000	25%	\$29,997,547
Delaware	\$3,291,545	75%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$842,077	19%	\$281,775	6%	\$4,415,397
District of Columbia	\$14,392,258	100%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$14,392,258
Federated States of Micronesia	\$4,934	100%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$4,934
Florida	\$83,509,558	89%	\$0	0%	\$0	0%	\$10,500,000	11%	\$0	0%	\$0	0%	\$0	0%	\$94,009,558
Georgia	\$25,396,411	61%	\$5,607,965	13%	\$0	0%	\$9,500,000	23%	\$0	0%	\$1,226,667	3%	\$0	0%	\$41,731,043
Guam	\$91,055	70%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$39,000	30%	\$0	0%	\$130,055
Hawaii	\$2,057,066	82%	\$0	0%	\$0	0%	\$440,535	17%	\$0	0%	\$0	0%	\$21,000	1%	\$2,518,601
Idaho	\$583,136	26%	\$148,418	7%	\$28,118	1%	\$79,300	35%	\$0	0%	\$0	0%	\$700,000	31%	\$2,238,972
Illinois	\$27,628,149	67%	\$0	0%	\$0	0%	\$13,814,074	33%	\$0	0%	\$0	0%	\$0	0%	\$41,442,223
Indiana	\$7,469,885	61%	\$1,809,442	15%	\$2,324,613	19%	\$0	0%	\$454,575	4%	\$0	0%	\$205,000	2%	\$12,263,515
Iowa	\$1,359,141	58%	\$335,513	14%	\$78,777	3%	\$55,000	24%	\$0	0%	\$0	0%	\$20,000	1%	\$2,348,431
Kansas	\$2,265,222	41%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$3,200,000	59%	\$5,465,222
Kentucky	\$4,307,876	63%	\$0	0%	\$65,000	1%	\$0	0%	\$0	0%	\$0	0%	\$2,500,000	36%	\$6,872,876
Louisiana	\$15,132,653	79%	\$3,615,855	19%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$500,000	3%	\$19,248,508
Maine	\$871,574	80%	\$0	0%	\$0	0%	\$66,550	6%	\$0	0%	\$0	0%	\$150,000	14%	\$1,088,124
Marshall Islands	\$2,893	100%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$2,893
Maryland	\$26,541,994	36%	\$0	0%	\$8,203,661	11%	\$17,372,828	24%	\$0	0%	\$750,000	1%	\$20,000,000	27%	\$72,868,483
Massachusetts	\$14,782,288	74%	\$0	0%	\$0	0%	\$1,958,523	10%	\$1,713,500	9%	\$0	0%	\$1,500,000	8%	\$19,954,311
Michigan	\$11,681,534	56%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$9,000,000	44%	\$20,681,534
Minnesota	\$5,143,281	57%	\$0	0%	\$3,361	0%	\$0	0%	\$0	0%	\$0	0%	\$3,928,270	43%	\$9,074,912
Mississippi	\$7,277,816	96%	\$0	0%	\$100,000	1%	\$0	0%	\$0	0%	\$0	0%	\$208,000	3%	\$7,585,816
Missouri	\$9,789,559	58%	\$0	0%	\$250,000	1%	\$3,649,634	22%	\$0	0%	\$0	0%	\$3,200,000	19%	\$16,889,193
Montana	\$294,995	39%	\$69,898	9%	\$232,868	31%	\$147,018	19%	\$0	0%	\$0	0%	\$12,500	2%	\$757,279
Nebraska	\$1,256,366	56%	\$0	0%	\$50,000	2%	\$900,000	40%	\$0	0%	\$0	0%	\$28,000	1%	\$2,234,366
Nevada	\$5,784,830	59%	\$0	0%	\$2,225,402	23%	\$1,633,261	17%	\$0	0%	\$108,000	1%	\$110,000	1%	\$9,861,493
New Hampshire	\$998,421	50%	\$0	0%	\$0	0%	\$500,000	25%	\$411,150	20%	\$0	0%	\$100,000	5%	\$2,009,571
New Jersey	\$33,221,747	48%	\$0	0%	\$0	0%	\$4,700,000	7%	\$0	0%	\$500	0%	\$31,549,324	45%	\$69,471,571
New Mexico	\$2,238,552	55%	\$0	0%	\$1,822,033	45%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$4,060,585
New York	\$125,611,598	48%	\$0	0%	\$856,817	0%	\$55,000,000	21%	\$9,670,966	4%	\$0	0%	\$69,344,600	27%	\$260,483,981
North Carolina	\$18,587,094	56%	\$0	0%	\$0	0%	\$14,551,663	44%	\$0	0%	\$0	0%	\$0	0%	\$33,138,757
North Dakota	\$143,526	33%	\$0	0%	\$65,393	15%	\$0	0%	\$0	0%	\$80,214	18%	\$150,000	34%	\$439,133
Northern Mariana Islands	\$3,958	100%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$3,958
Ohio	\$14,529,892	73%	\$0	0%	\$1,609,342	8%	\$3,000,000	15%	\$0	0%	\$610,000	3%	\$250,000	1%	\$19,999,234
Oklahoma	\$4,235,231	45%	\$1,024,714	11%	\$1,477,588	16%	\$1,646,179	18%	\$0	0%	\$0	0%	\$960,000	10%	\$9,343,712
Oregon	\$4,186,545	36%	\$1,028,209	9%	\$0	0%	\$1,157,157	10%	\$0	0%	\$144,000	1%	\$5,076,000	44%	\$11,591,911
Pennsylvania	\$28,159,902	49%	\$0	0%	\$0	0%	\$16,267,000	28%	\$0	0%	\$0	0%	\$13,560,000	23%	\$57,986,902
Puerto Rico	\$20,674,920	61%	\$1,612,384	5%	\$3,403,393	10%	\$0	0%	\$0	0%	\$8,057,130	24%	\$0	0%	\$33,747,827

(continued)

Table I (continued)

The National ADAP Budget, by Source, FY 2008

State/Territory	Part B ADAP Earmark	% of Total Budget	Part B ADAP Supplemental <sup>1</sup>	% of Total Budget	Part B Base Contribution	% of Total Budget	State Contribution	% of Total Budget	Part A Contribution	% of Total Budget	Other State or Federal	% of Total Budget	Estimated Drug Rebates	% of Total Budget	Total FY 2008 Budget
Rhode Island	\$2,002,014	47%	\$0	0%	\$0	0%	\$1,700,000	40%	\$0	0%	\$0	0%	\$582,000	14%	\$4,284,014
South Carolina	\$13,399,717	52%	\$3,120,507	12%	\$0	0%	\$5,900,000	23%	\$0	0%	\$0	0%	\$3,400,000	13%	\$25,820,224
South Dakota	\$305,924	61%	\$0	0%	\$80,000	16%	\$0	0%	\$0	0%	\$0	0%	\$116,160	23%	\$502,084
Tennessee	\$12,597,325	55%	\$0	0%	\$0	0%	\$7,300,000	32%	\$1,704,600	7%	\$0	0%	\$1,500,000	6%	\$23,101,925
Texas	\$53,842,575	52%	\$13,385,584	13%	\$0	0%	\$35,475,307	35%	\$0	0%	\$0	0%	\$0	0%	\$102,703,466
Utah	\$2,109,364	49%	\$474,379	11%	\$698,840	16%	\$0	0%	\$0	0%	\$0	0%	\$1,056,926	24%	\$4,339,509
Vermont	\$402,212	40%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$600,000	60%	\$1,002,212
Virgin Islands (U.S.)	\$640,973	100%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$640,973
Virginia	\$16,730,761	70%	\$4,134,968	17%	\$0	0%	\$2,612,200	11%	\$0	0%	\$0	0%	\$500,000	2%	\$23,977,929
Washington	\$8,694,418	39%	\$0	0%	\$0	0%	\$8,809,064	40%	\$383,063	2%	\$0	0%	\$4,310,546	19%	\$22,197,091
West Virginia	\$1,373,538	59%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$945,000	41%	\$2,318,538
Wisconsin	\$4,290,852	44%	\$1,043,819	11%	\$0	0%	\$464,000	5%	\$0	0%	\$0	0%	\$3,994,154	41%	\$9,792,825
Wyoming	\$180,188	33%	\$0	0%	\$270,000	49%	\$0	0%	\$0	0%	\$0	0%	\$100,000	18%	\$550,188
<b>Total</b>	<b>\$774,121,255</b>	<b>51%</b>	<b>\$39,718,776</b>	<b>3%</b>	<b>\$34,264,333</b>	<b>2%</b>	<b>\$328,544,623</b>	<b>21%</b>	<b>\$14,664,854</b>	<b>1%</b>	<b>\$13,643,936</b>	<b>1%</b>	<b>\$327,104,255</b>	<b>21%</b>	<b>\$1,532,062,032</b>

<sup>1</sup> Part B ADAP supplemental awards were provided to 16 states that met federal eligibility criteria, applied for funding, and were able to meet the mandated matching requirement or receive a waiver.

Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report FY 2008 data, but their federal ADAP earmark awards were known and incorporated. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. The total FY 2008 budget includes federal, state, and drug rebate dollars. Cost recovery funds, with the exception of drug rebate dollars, are not included in the total budget.

**Table II**

**The ADAP Budget, FY 2007 and FY 2008**

State/Territory	ADAP FY 2007 Total Budget	ADAP FY 2008 Total Budget	% Change
Alabama	\$16,973,461	\$16,313,574	-4%
Alaska	\$668,308	\$674,285	1%
American Samoa	\$1,979	\$1,978	-0.1%
Arizona	\$10,610,361	\$12,723,709	20%
Arkansas	\$4,245,310	\$4,245,310	0%
California	\$288,106,287	\$321,887,287	12%
Colorado	\$14,407,880	\$14,630,225	2%
Connecticut	\$15,876,996	\$29,997,547	89%
Delaware	\$4,306,754	\$4,415,397	3%
District of Columbia	\$14,429,241	\$14,392,258	-0.3%
Federated States of Micronesia	\$4,947	\$4,934	-0.3%
Florida	\$97,649,008	\$94,009,558	-4%
Georgia	\$45,869,313	\$41,731,043	-9%
Guam <sup>1</sup>	\$91,084	\$130,055	—
Hawaii	\$2,570,088	\$2,518,601	-2%
Idaho	\$1,914,730	\$2,238,972	17%
Illinois	\$36,878,149	\$41,442,223	12%
Indiana	\$12,890,359	\$12,263,515	-5%
Iowa	\$2,272,594	\$2,348,431	3%
Kansas	\$7,070,222	\$5,465,222	-23%
Kentucky	\$6,387,343	\$6,872,876	8%
Louisiana	\$16,735,021	\$19,248,508	15%
Maine	\$1,035,666	\$1,088,124	5%
Marshall Islands	\$2,968	\$2,893	-3%
Maryland	\$50,545,655	\$72,868,483	44%
Massachusetts	\$20,150,935	\$19,954,311	-1%
Michigan	\$18,913,552	\$20,681,534	9%
Minnesota	\$9,895,065	\$9,074,912	-8%
Mississippi	\$8,027,816	\$7,585,816	-6%
Missouri	\$17,929,783	\$16,889,193	-6%
Montana	\$740,954	\$757,279	2%
Nebraska	\$2,234,366	\$2,234,366	0%
Nevada	\$7,646,830	\$9,861,493	29%
New Hampshire	\$2,907,001	\$2,009,571	-31%
New Jersey	\$71,515,052	\$69,471,571	-3%
New Mexico	\$2,243,691	\$4,060,585	81%
New York	\$240,592,758	\$260,483,981	8%
North Carolina	\$32,702,340	\$33,138,757	1%
North Dakota	\$315,934	\$439,133	39%
Northern Mariana Islands	\$3,958	\$3,958	0%
Ohio	\$17,366,314	\$19,999,234	15%
Oklahoma	\$8,072,744	\$9,343,712	16%
Oregon	\$10,631,947	\$11,591,911	9%
Pennsylvania	\$59,390,779	\$57,986,902	-2%
Puerto Rico	\$37,860,798	\$33,747,827	-11%
Rhode Island	\$3,502,014	\$4,284,014	22%
South Carolina	\$24,119,801	\$25,820,224	7%
South Dakota	\$629,085	\$502,084	-20%
Tennessee	\$17,927,004	\$23,101,925	29%
Texas	\$100,511,125	\$102,703,466	2%
Utah	\$3,955,961	\$4,339,509	10%
Vermont	\$827,212	\$1,002,212	21%
Virgin Islands (U.S.)	\$957,874	\$640,973	-33%
Virginia	\$23,908,487	\$23,977,929	0.3%
Washington	\$18,875,980	\$22,197,091	18%
West Virginia	\$2,124,271	\$2,318,538	9%
Wisconsin	\$9,025,622	\$9,792,825	9%
Wyoming	\$860,188	\$550,188	-36%
<b>Total</b>	<b>\$1,427,910,966</b>	<b>\$1,532,062,032</b>	
<b>Comparison Total<sup>2</sup></b>	<b>\$1,424,317,868</b>	<b>\$1,531,931,977</b>	<b>8%</b>

<sup>1</sup> Guam did not report FY 2007 data for the 2008 National ADAP Monitoring Project Annual Report, but their federal ADAP earmark award was known and incorporated. Guam reported FY 2008 data for the 2009 National ADAP Monitoring Project Annual Report, which was included above. As the two funding amounts are not comparable, a percent change was not determined.

<sup>2</sup> Comparison Totals are based on only those states that reported data for both time periods.

Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report FY 2008 data, but their federal ADAP earmark awards were known and incorporated. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. The total FY 2008 budget includes federal, state, and drug rebate dollars. Cost recovery funds, with the exception of drug rebate dollars, are not included in the total budget.

Table III

Major FY 2008 Budget Categories Compared with FY 2007

State/Territory	2007 Part B ADAP Earmark	2008 Part B ADAP Earmark	% Change	2007 Part B ADAP Supplemental <sup>1</sup>	2008 Part B ADAP Supplemental <sup>1</sup>	% Change	2007 Part B Base Contribution	2008 Part B Base Contribution	% Change	2007 State Contribution	2008 State Contribution	% Change	2007 Part A Contribution	2008 Part A Contribution	% Change	2007 Estimated Drug Rebates	2008 Estimated Drug Rebates	% Change
Alabama	\$9,055,936	\$9,055,936	0%	\$2,189,740	\$2,182,235	-0.3%	\$1,275,220	\$0	-100%	\$4,452,565	\$5,075,403	14%	\$0	\$0	—	\$0	\$0	—
Alaska	\$508,178	\$508,178	0%	\$117,304	\$124,886	6%	\$0	\$0	—	\$29,326	\$31,221	6%	\$0	\$0	—	\$13,500	\$10,000	-26%
American Samoa	\$1,979	\$1,978	-0.1%	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arizona	\$9,610,361	\$9,610,361	0%	\$0	\$0	—	\$0	\$0	—	\$1,000,000	\$1,000,000	0%	\$0	\$327,000	—	\$0	\$0	—
Arkansas	\$4,245,310	\$4,245,310	0%	\$0	\$0	—	\$0	\$0	—	\$0	\$0	—	\$0	\$0	—	\$0	\$0	—
California	\$89,623,287	\$89,623,287	0%	\$0	\$0	—	\$0	\$0	—	\$90,565,000	\$96,349,000	6%	\$0	\$0	—	\$107,918,000	\$135,915,000	26%
Colorado	\$9,527,197	\$9,527,197	0%	\$0	\$0	—	\$344,000	\$0	-100%	\$4,181,268	\$5,083,028	22%	\$0	\$0	—	\$355,415	\$20,000	-94%
Connecticut	\$11,550,284	\$11,471,742	-0.7%	\$0	\$10,419,127	—	\$0	\$0	—	\$606,678	\$606,678	0%	\$0	\$0	—	\$3,720,034	\$7,500,000	102%
Delaware	\$3,312,158	\$3,291,545	-0.6%	\$0	\$0	—	\$0	\$0	—	\$0	\$0	—	\$0	\$0	—	\$315,555	\$281,775	-11%
District of Columbia	\$14,429,241	\$14,392,258	-0.3%	\$0	\$0	—	\$0	\$0	—	\$0	\$0	—	\$0	\$0	—	\$0	\$0	—
Federated States of Micronesia	\$4,947	\$4,934	-0.3%	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Florida	\$83,621,697	\$83,509,558	-0.1%	\$0	\$0	—	\$995,778	\$0	-100%	\$10,500,000	\$10,500,000	0%	\$0	\$0	—	\$504,188	\$0	-100%
Georgia	\$25,475,653	\$25,396,411	-0.3%	\$5,064,627	\$5,607,965	11%	\$98,382	\$0	-100%	\$14,003,984	\$9,500,000	-32%	\$0	\$0	—	\$0	\$0	—
Guam	\$91,084	\$91,055	-0.03%	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hawaii	\$2,057,066	\$2,057,066	0%	\$0	\$0	—	\$0	\$0	—	\$440,535	\$440,535	0%	\$0	\$0	—	\$5,500	\$21,000	282%
Idaho	\$583,136	\$583,136	0%	\$0	\$148,418	—	\$101,794	\$28,118	-72%	\$779,300	\$779,300	0%	\$0	\$0	—	\$450,500	\$700,000	55%
Illinois	\$27,628,149	\$27,628,149	0%	\$0	\$0	—	\$0	\$0	—	\$9,250,000	\$13,814,074	49%	\$0	\$0	—	\$0	\$0	—
Indiana	\$7,469,885	\$7,469,885	0%	\$1,806,230	\$1,809,442	0.2%	\$2,873,235	\$2,324,613	-19%	\$0	\$0	—	\$462,840	\$454,575	-2%	\$250,000	\$205,000	-18%
Iowa	\$1,359,141	\$1,359,141	0%	\$320,310	\$335,513	5%	\$0	\$78,777	—	\$555,000	\$555,000	0%	\$0	\$0	—	\$32,000	\$20,000	-38%
Kansas	\$2,265,222	\$2,265,222	0%	\$0	\$0	—	\$0	\$0	—	\$2,500,000	\$0	-100%	\$205,000	\$0	-100%	\$2,100,000	\$3,200,000	52%
Kentucky	\$4,330,107	\$4,307,876	-0.5%	\$0	\$0	—	\$0	\$65,000	—	\$250,000	\$0	-100%	\$0	\$0	—	\$1,500,000	\$2,500,000	67%
Louisiana	\$15,135,021	\$15,132,653	-0.02%	\$0	\$3,615,855	—	\$0	\$0	—	\$0	\$0	—	\$300,000	\$0	-100%	\$800,000	\$500,000	-38%
Maine	\$871,666	\$871,574	-0.01%	\$0	\$0	—	\$0	\$0	—	\$60,000	\$66,550	11%	\$0	\$0	—	\$104,000	\$150,000	44%
Marshall Islands	\$2,968	\$2,893	-3%	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Maryland	\$26,541,994	\$26,541,994	0%	\$0	\$0	—	\$8,203,661	\$8,203,661	0%	\$0	\$17,372,828	—	\$0	\$0	—	\$12,000,000	\$20,000,000	67%
Massachusetts	\$14,782,288	\$14,782,288	0%	\$0	\$0	—	\$778,015	\$1,958,523	-100%	\$1,900,000	\$1,958,523	3%	\$790,632	\$1,713,500	117%	\$1,900,000	\$1,500,000	-21%
Michigan	\$11,681,534	\$11,681,534	0%	\$0	\$0	—	\$0	\$0	—	\$0	\$0	—	\$0	\$0	—	\$7,232,018	\$9,000,000	24%
Minnesota	\$5,143,281	\$5,143,281	0%	\$0	\$0	—	\$0	\$3,361	—	\$1,100,000	\$0	-100%	\$0	\$0	—	\$3,651,784	\$3,928,270	8%
Mississippi	\$7,277,816	\$7,277,816	0%	\$0	\$0	—	\$0	\$100,000	—	\$750,000	\$0	-100%	\$0	\$0	—	\$0	\$208,000	—
Missouri	\$9,789,559	\$9,789,559	0%	\$0	\$0	—	\$0	\$250,000	—	\$3,590,224	\$3,649,634	2%	\$1,350,000	\$0	-100%	\$3,200,000	\$3,200,000	0%
Montana	\$295,137	\$294,995	-0.05%	\$71,101	\$69,898	-2%	\$155,902	\$232,868	48%	\$189,000	\$147,018	-22%	\$0	\$0	—	\$15,000	\$12,500	-17%
Nebraska	\$1,256,366	\$1,256,366	0%	\$0	\$0	—	\$50,000	\$50,000	0%	\$900,000	\$900,000	0%	\$0	\$0	—	\$28,000	\$28,000	0%
Nevada	\$5,784,830	\$5,784,830	0%	\$0	\$0	—	\$0	\$2,225,402	—	\$1,777,000	\$1,633,261	-8%	\$0	\$0	—	\$85,000	\$110,000	29%
New Hampshire	\$999,945	\$998,421	-0.2%	\$0	\$0	—	\$51,371	\$500,000	-100%	\$500,000	\$500,000	0%	\$406,949	\$411,150	1%	\$900,000	\$100,000	-89%
New Jersey	\$33,279,285	\$33,221,747	-0.2%	\$0	\$0	—	\$0	\$0	—	\$6,000,000	\$4,700,000	-22%	\$0	\$0	—	\$25,000,000	\$31,549,324	26%
New Mexico	\$2,243,691	\$2,238,552	-0.2%	\$0	\$0	—	\$0	\$1,822,033	—	\$0	\$0	—	\$0	\$0	—	\$0	\$0	—
New York	\$126,168,109	\$125,611,598	-0.4%	\$0	\$0	—	\$902,340	\$856,817	-5%	\$45,000,000	\$55,000,000	22%	\$8,566,516	\$9,670,966	13%	\$59,000,000	\$69,344,600	18%
North Carolina	\$18,587,094	\$18,587,094	0%	\$4,494,390	\$0	-100%	\$0	\$14,551,663	—	\$9,620,856	\$14,551,663	51%	\$0	\$0	—	\$0	\$0	—
North Dakota	\$184,556	\$143,526	-0.02%	\$0	\$0	—	\$72,378	\$65,393	-10%	\$0	\$0	—	\$0	\$0	—	\$100,000	\$150,000	50%
Northern Mariana Islands	\$3,958	\$3,958	0%	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ohio	\$14,529,892	\$14,529,892	0%	\$0	\$0	—	\$0	\$1,609,342	—	\$2,636,422	\$3,000,000	14%	\$0	\$0	—	\$200,000	\$250,000	25%
Oklahoma	\$4,253,231	\$4,235,231	-0.4%	\$1,028,438	\$1,024,714	-0.4%	\$429,820	\$1,477,588	244%	\$1,615,000	\$1,646,179	2%	\$0	\$0	—	\$600,000	\$960,000	60%
Oregon	\$4,186,545	\$4,186,545	0%	\$909,465	\$1,028,209	13%	\$0	\$0	—	\$1,875,937	\$1,157,157	-38%	\$0	\$0	—	\$3,660,000	\$5,076,000	39%
Pennsylvania	\$28,162,779	\$28,159,902	-0.01%	\$0	\$0	—	\$0	\$0	—	\$16,228,000	\$16,267,000	0.2%	\$0	\$0	—	\$15,000,000	\$13,560,000	-10%
Puerto Rico	\$20,854,678	\$20,674,920	-0.9%	\$1,542,624	\$1,612,384	5%	\$4,956,153	\$3,403,393	-31%	\$8,000,000	\$0	-100%	\$0	\$0	—	\$0	\$0	—

(continued)

Table III (continued)

## Major FY 2008 Budget Categories Compared with FY 2007

State/Territory	2007 Part B ADAP Earmark	2008 Part B ADAP Earmark	% Change	2007 Part B ADAP Supplemental <sup>1</sup>	2008 Part B ADAP Supplemental <sup>1</sup>	% Change	2007 Part B Base Contribution	2008 Part B Base Contribution	% Change	2007 State Contribution	2008 State Contribution	% Change	2007 Part A Contribution	2008 Part A Contribution	% Change	2007 Estimated Drug Rebates	2008 Estimated Drug Rebates	% Change
Rhode Island	\$2,002,014	\$2,002,014	0%	\$0	\$0	—	\$0	\$0	—	\$0	\$1,700,000	—	\$0	\$0	—	\$1,500,000	\$582,000	-61%
South Carolina	\$13,415,102	\$13,399,717	-0.1%	\$3,243,794	\$3,120,507	-4%	\$1,969,569	\$0	-100%	\$4,500,000	\$5,900,000	31%	\$0	\$0	—	\$950,000	\$3,400,000	258%
South Dakota	\$305,924	\$305,924	0%	\$0	\$0	—	\$194,576	\$80,000	-59%	\$0	\$0	—	\$0	\$0	—	\$128,585	\$116,160	-10%
Tennessee	\$12,597,325	\$12,597,325	0%	\$0	\$0	—	\$0	\$0	—	\$5,200,000	\$7,300,000	40%	\$0	\$1,704,600	—	\$129,679	\$1,500,000	1057%
Texas	\$53,842,575	\$53,842,575	0%	\$13,019,221	\$13,385,584	3%	\$0	\$0	—	\$33,649,329	\$35,475,307	5%	\$0	\$0	—	\$0	\$0	—
Utah	\$2,114,540	\$2,109,364	-0.2%	\$459,398	\$474,379	3%	\$533,305	\$698,840	31%	\$184,427	\$0	-100%	\$0	\$0	—	\$514,291	\$1,056,926	72%
Vermont	\$402,212	\$402,212	0%	\$0	\$0	—	\$0	\$0	—	\$0	\$0	—	\$0	\$0	—	\$425,000	\$600,000	41%
Virgin Islands (U.S.)	\$645,277	\$640,973	-0.7%	\$127,597	\$0	-100%	\$35,000	\$0	-100%	\$140,000	\$0	-100%	\$0	\$0	—	\$10,000	\$0	-100%
Virginia	\$16,730,761	\$16,730,761	0%	\$4,045,526	\$4,134,968	2%	\$0	\$0	—	\$2,612,200	\$2,612,200	0%	\$0	\$0	—	\$520,000	\$500,000	-4%
Washington	\$8,694,418	\$8,694,418	0%	\$0	\$0	—	\$0	\$0	—	\$6,097,842	\$8,809,064	44%	\$183,720	\$383,063	109%	\$3,900,000	\$4,310,546	11%
West Virginia	\$1,374,271	\$1,373,538	-0.1%	\$0	\$0	—	\$350,000	\$0	-100%	\$0	\$0	—	\$0	\$0	—	\$400,000	\$945,000	136%
Wisconsin	\$4,290,852	\$4,290,852	0%	\$1,037,535	\$1,043,819	1%	\$0	\$0	—	\$464,000	\$464,000	0%	\$0	\$0	—	\$3,233,235	\$3,994,154	24%
Wyoming	\$180,188	\$180,188	0%	\$0	\$0	—	\$212,500	\$270,000	27%	\$367,500	\$0	-100%	\$0	\$0	—	\$100,000	\$100,000	0%
<b>Total</b>	<b>\$775,320,700</b>	<b>\$774,121,255</b>	<b>-0.15%</b>	<b>\$39,477,300</b>	<b>\$39,718,776</b>	<b>1%</b>	<b>\$24,583,999</b>	<b>\$34,264,333</b>	<b>39%</b>	<b>\$294,071,393</b>	<b>\$328,544,623</b>	<b>12%</b>	<b>\$12,265,657</b>	<b>\$14,664,854</b>	<b>20%</b>	<b>\$262,551,285</b>	<b>\$327,104,255</b>	<b>25%</b>

<sup>1</sup> Part B ADAP Supplemental awards were provided to states that met federal eligibility criteria, applied for funding, and were able to meet the mandated matching requirement or receive a waiver.

Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report FY 2008 data, but their federal ADAP earmark awards were known and incorporated. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. This table does not include the "Other State or Federal" category (\$13,643,936), which is reported in the total budget in Tables I and II.

Table IV

## ADAP Clients Served Who Reside in Part A Jurisdictions, June 2008

State/Territory <sup>1</sup>	June 2008 Clients Served	June 2008 Clients Served Who Reside in Part A Jurisdictions	% of Clients Served in June 2008 Who Reside in Part A Jurisdictions
Alabama	1,207	—	—
Alaska	57	—	—
American Samoa	—	—	—
<b>Arizona</b>	949	—	—
Arkansas	393	—	—
<b>California</b>	20,471	18,910	92%
<b>Colorado</b>	934	719	77%
<b>Connecticut</b>	1,271	1,271	100%
Delaware	380	—	—
<b>District of Columbia</b>	927	927	100%
Federated States of Micronesia	—	—	—
<b>Florida</b>	10,738	8,439	79%
<b>Georgia</b>	3,600	—	—
Guam	5	—	—
Hawaii	247	—	—
Idaho	113	—	—
<b>Illinois</b>	3,407	2,854	84%
<b>Indiana</b>	1,318	588	45%
Iowa	261	—	—
Kansas <sup>2</sup>	431	121	28%
Kentucky	990	—	—
<b>Louisiana</b>	1,572	906	58%
Maine	187	—	—
Marshall Islands	—	—	—
<b>Maryland</b>	2,748	2,473	90%
<b>Massachusetts</b>	3,102	2,453	79%
<b>Michigan</b>	1,690	964	57%
<b>Minnesota</b>	914	764	84%
Mississippi <sup>2</sup>	675	22	3%
<b>Missouri</b>	1,206	998	83%
Montana	77	—	—
Nebraska	258	—	—
<b>Nevada</b>	655	433	66%
New Hampshire <sup>2</sup>	189	140	74%
<b>New Jersey</b>	4,746	4,034	85%
New Mexico	568	—	—
<b>New York</b>	13,806	11,635	84%
<b>North Carolina</b>	3,286	573	17%
North Dakota	33	—	—
Northern Mariana Islands	—	—	—
Ohio	1,806	395	22%
Oklahoma	768	—	—
<b>Oregon</b>	1,663	1,236	74%
<b>Pennsylvania</b>	3,383	1,742	51%
<b>Puerto Rico</b>	3,210	1,858	58%
Rhode Island	397	—	—
<b>South Carolina</b>	2,172	81	4%
South Dakota	77	—	—
<b>Tennessee</b>	2,016	1,351	67%
<b>Texas</b>	6,750	5,211	77%
Utah	475	—	—
Vermont	83	—	—
Virgin Islands	85	—	—
<b>Virginia</b>	1,520	846	56%
<b>Washington</b>	1,310	848	65%
West Virginia <sup>2</sup>	184	6	3%
Wisconsin	677	—	—
Wyoming	60	—	—
<b>Total</b>	<b>110,047</b>	<b>72,798</b>	
<b>Comparison Total for States with Part A Jurisdictions<sup>3</sup></b>	<b>98,100</b>	<b>72,798</b>	<b>74%</b>
<b>Comparison Total for All States<sup>4</sup></b>	<b>110,047</b>	<b>72,798</b>	<b>66%</b>

<sup>1</sup> States in **bold** have Part A jurisdictions or a portion of a Part A jurisdiction within the state.

<sup>2</sup> Indicates states that have a portion of a Part A jurisdiction within the state, but the grantee for Part A is not located within the state.

<sup>3</sup> The Comparison Total for States with Part A Jurisdictions represents clients served by ADAPs who reside in Part A jurisdictions compared to total clients served by ADAPs in states with a Part A jurisdiction.

<sup>4</sup> The Comparison Total for All States represents clients served by ADAPs who reside in Part A Jurisdictions compared to clients served in all ADAPs.

Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP.



Table V

## Cost Recovery and Other Cost-Saving Mechanisms (Excluding Drug Rebates), FY 2008

State/Territory	Private Insurance	Medicaid	Manufacturers' Free Product	Other	Total
Alabama	—	—	—	—	—
Alaska	\$300,000	\$0	\$0	\$0	\$300,000
American Samoa	—	—	—	—	—
Arizona	—	—	—	—	—
Arkansas	—	—	—	—	—
California	—	—	—	—	—
Colorado	—	—	—	—	—
Connecticut	—	—	—	—	—
Delaware	—	—	—	—	—
District of Columbia	—	—	—	—	—
Federated States of Micronesia	—	—	—	—	—
Florida	—	—	—	—	—
Georgia	—	—	—	—	—
Guam	—	—	—	—	—
Hawaii	\$0	\$0	\$0	\$47,000	\$47,000
Idaho	—	—	—	—	—
Illinois	—	—	—	—	—
Indiana	—	—	—	—	—
Iowa	\$75,000	\$45,000	\$0	\$0	\$120,000
Kansas	—	—	—	—	—
Kentucky	—	—	—	—	—
Louisiana	—	—	—	—	—
Maine	\$1,600	\$0	\$0	\$0	\$1,600
Marshall Islands	—	—	—	—	—
Maryland	—	—	—	—	—
Massachusetts	—	—	—	—	—
Michigan	—	—	—	—	—
Minnesota	—	—	—	—	—
Mississippi	—	—	—	—	—
Missouri	\$60,000	\$1,200,000	\$0	\$0	\$1,260,000
Montana	—	—	—	—	—
Nebraska	—	—	—	—	—
Nevada	—	—	—	—	—
New Hampshire	—	—	—	—	—
New Jersey	\$4,445,920	\$3,340,749	\$0	\$0	\$7,786,669
New Mexico	—	—	—	—	—
New York	\$13,812,830	\$750,000	\$0	\$0	\$14,562,830
North Carolina	\$0	\$0	\$73,520	\$769,847	\$843,367
North Dakota	—	—	—	—	—
Northern Mariana Islands	—	—	—	—	—
Ohio	—	—	—	—	—
Oklahoma	\$113,000	\$60,000	\$0	\$0	\$173,000
Oregon	—	—	—	—	—
Pennsylvania	\$48,150	\$0	\$0	\$0	\$48,150
Puerto Rico	—	—	—	—	—
Rhode Island	—	—	—	—	—
South Carolina	\$0	\$0	\$300,000	\$0	\$300,000
South Dakota	—	—	—	—	—
Tennessee	—	—	—	—	—
Texas	—	—	—	—	—
Utah	\$0	\$58,500	\$0	\$0	\$58,500
Vermont	—	—	—	—	—
Virgin Islands (U.S.)	—	—	—	—	—
Virginia	\$0	\$350,000	\$0	\$0	\$350,000
Washington	\$1,096	\$0	\$0	\$0	\$1,096
West Virginia	—	—	—	—	—
Wisconsin	\$0	\$346,160	\$0	\$0	\$346,160
Wyoming	—	—	—	—	—
<b>Totals</b>	<b>\$18,857,596</b>	<b>\$6,150,409</b>	<b>\$373,520</b>	<b>\$816,847</b>	<b>\$26,198,372</b>
<b>Total # of ADAPs</b>	<b>9</b>	<b>8</b>	<b>2</b>	<b>2</b>	<b>15</b>

Note: 15 ADAPs reported data. A zero (\$0) indicates a response of zero (\$0) from the ADAP.

**Table VI**

**ADAP Per Capita Drug Expenditures, June 2008**

State/Territory	June 2008 Clients Served	June 2008 Drug Expenditures	June 2008 Per Capita Drug Expenditures <sup>1</sup>
Alabama	1,207	\$1,132,283	\$938.10
Alaska	57	\$51,583	\$904.96
American Samoa	—	—	—
Arizona	949	\$1,067,035	\$1,124.38
Arkansas	393	\$328,028	\$834.68
California	20,471	\$26,723,020	\$1,305.41
Colorado	934	\$852,900	\$913.17
Connecticut	1,271	\$1,360,911	\$1,070.74
Delaware	380	\$158,623	\$417.43
District of Columbia	927	\$772,698	\$833.55
Federated States of Micronesia	—	—	—
Florida	10,738	\$3,860,505	\$359.52
Georgia	3,600	\$3,384,880	\$940.24
Guam	5	\$17,562	\$3,512.31
Hawaii	247	\$266,085	\$1,077.27
Idaho <sup>2</sup>	113	\$219,238	\$1,940.16
Illinois	3,407	\$3,341,937	\$980.90
Indiana	1,318	\$242,591	\$184.06
Iowa	261	\$178,617	\$684.36
Kansas	431	\$704,976	\$1,635.68
Kentucky	990	\$650,562	\$657.13
Louisiana	1,572	\$1,374,192	\$874.17
Maine	187	\$66,950	\$358.02
Marshall Islands	—	—	—
Maryland	2,748	\$2,450,249	\$891.65
Massachusetts	3,102	\$464,425	\$149.72
Michigan	1,690	\$1,624,482	\$961.23
Minnesota	914	\$257,545	\$281.78
Mississippi	675	\$778,240	\$1,152.95
Missouri	1,206	\$1,613,798	\$1,338.14
Montana	77	\$52,979	\$688.04
Nebraska	258	\$220,746	\$855.61
Nevada	655	\$493,127	\$752.86
New Hampshire	189	\$174,429	\$922.90
New Jersey	4,746	\$6,545,695	\$1,379.20
New Mexico <sup>3</sup>	41	\$33,321	\$812.71
New York	13,806	\$21,414,488	\$1,551.10
North Carolina	3,286	\$3,330,568	\$1,013.56
North Dakota	33	\$37,857	\$1,147.18
Northern Mariana Islands	—	—	—
Ohio	1,806	\$154,334	\$85.46
Oklahoma	768	\$589,331	\$767.36
Oregon	1,663	\$349,769	\$210.32
Pennsylvania	3,383	\$4,130,405	\$1,220.93
Puerto Rico	3,210	\$2,735,978	\$852.33
Rhode Island	—	—	—
South Carolina	2,172	\$3,513,143	\$1,617.47
South Dakota	77	\$64,078	\$832.18
Tennessee	2,016	\$1,198,581	\$594.53
Texas	6,750	\$6,067,800	\$898.93
Utah	475	\$438,048	\$922.21
Vermont	—	—	—
Virgin Islands (U.S.)	—	—	—
Virginia	1,520	\$1,880,534	\$1,237.19
Washington	1,310	\$998,020	\$761.85
West Virginia	184	\$164,590	\$894.51
Wisconsin	677	\$858,409	\$1,267.96
Wyoming	60	\$72,954	\$1,215.90
<b>Total</b>	<b>108,955</b>	<b>\$109,463,099</b>	<b>\$1,004.66</b>

<sup>1</sup> Per capita drug expenditures calculation based on June 2008 clients served and drug expenditures. Clients served for Rhode Island, Vermont, and Virgin Islands (U.S.) were not included as they did not report drug expenditures.

<sup>2</sup> In June 2008, Idaho purchased two months' worth of medications, resulting in a per capita drug expenditure calculation that is significantly higher compared with June 2007.

<sup>3</sup> In June 2008, New Mexico served 41 clients in their traditional ADAP program and 527 in their ADAP funded insurance program. Clients in the ADAP funded insurance program only received premium payments made on their behalf. Premium payments are not captured in ADAP drug expenditures. Therefore, the per capita drug expenditure calculation for New Mexico was calculated using only the clients served by their traditional ADAP program and the drug expenditures for those clients. Only the clients served by their traditional ADAP program were included in the June 2008 clients served total above.

Note: 54 ADAPs reported data for clients served; 51 ADAPs reported data for drug expenditures. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP.

Table VII

## ADAP Drug Expenditures (Including Drug Purchases and Co-Payments), June 2008

State/Territory	June 2008 Drug Purchases	Drug Purchases % of Total Expenditures	June 2008 Co-Payment Expenditures	Co-Payment % of Total Expenditures	June 2008 Total Drug Expenditures
Alabama	\$1,132,283	100%	\$0	0%	\$1,132,283
Alaska	\$51,583	100%	\$0	0%	\$51,583
American Samoa	—	—	—	—	—
Arizona	\$1,067,035	100%	\$0	0%	\$1,067,035
Arkansas	\$318,706	97%	\$9,322	3%	\$328,028
California	\$26,723,020	100%	\$0	0%	\$26,723,020
Colorado	\$852,900	100%	\$0	0%	\$852,900
Connecticut	\$1,360,911	100%	\$0	0%	\$1,360,911
Delaware	\$158,623	100%	\$0	0%	\$158,623
District of Columbia	\$754,911	98%	\$17,787	2%	\$772,698
Federated States of Micronesia	—	—	—	—	—
Florida	\$3,860,505	100%	\$0	0%	\$3,860,505
Georgia	\$3,384,880	100%	\$0	0%	\$3,384,880
Guam	\$17,562	100%	\$0	0%	\$17,562
Hawaii	\$266,085	100%	\$0	0%	\$266,085
Idaho	\$219,238	100%	\$0	0%	\$219,238
Illinois	\$3,145,634	94%	\$196,303	6%	\$3,341,937
Indiana	\$69,313	29%	\$173,278	71%	\$242,591
Iowa	\$160,433	90%	\$18,184	10%	\$178,617
Kansas	\$704,976	100%	\$0	0%	\$704,976
Kentucky	\$602,913	93%	\$47,649	7%	\$650,562
Louisiana	\$1,374,192	100%	\$0	0%	\$1,374,192
Maine	\$52,282	78%	\$14,668	22%	\$66,950
Marshall Islands	—	—	—	—	—
Maryland	\$2,450,249	100%	\$0	0%	\$2,450,249
Massachusetts	\$301,767	65%	\$162,658	35%	\$464,425
Michigan	\$1,624,482	100%	\$0	0%	\$1,624,482
Minnesota	\$257,545	100%	\$0	0%	\$257,545
Mississippi	\$778,240	100%	\$0	0%	\$778,240
Missouri	\$1,613,798	100%	\$0	0%	\$1,613,798
Montana	\$52,979	100%	\$0	0%	\$52,979
Nebraska	\$212,803	96%	\$7,943	4%	\$220,746
Nevada	\$493,127	100%	\$0	0%	\$493,127
New Hampshire	\$161,928	93%	\$12,501	7%	\$174,429
New Jersey	\$6,545,695	100%	\$0	0%	\$6,545,695
New Mexico	\$33,321	100%	\$0	0%	\$33,321
New York	\$21,414,488	100%	\$0	0%	\$21,414,488
North Carolina	\$3,330,568	100%	\$0	0%	\$3,330,568
North Dakota	\$37,857	100%	\$0	0%	\$37,857
Northern Mariana Islands	—	—	—	—	—
Ohio	\$0	0%	\$154,334	100%	\$154,334
Oklahoma	\$539,369	92%	\$49,962	8%	\$589,331
Oregon	\$41,254	12%	\$308,514	88%	\$349,769
Pennsylvania	\$4,130,405	100%	\$0	0%	\$4,130,405
Puerto Rico	\$2,735,978	100%	\$0	0%	\$2,735,978
Rhode Island	—	—	—	—	—
South Carolina	\$3,434,121	98%	\$79,022	2%	\$3,513,143
South Dakota	\$59,396	93%	\$4,682	7%	\$64,078
Tennessee	\$1,198,581	100%	\$0	0%	\$1,198,581
Texas	\$6,067,800	100%	\$0	0%	\$6,067,800
Utah	\$438,048	100%	\$0	0%	\$438,048
Vermont	—	—	—	—	—
Virgin Islands (U.S.)	—	—	—	—	—
Virginia	\$1,880,534	100%	\$0	0%	\$1,880,534
Washington	\$921,472	92%	\$76,548	8%	\$998,020
West Virginia	\$164,590	100%	\$0	0%	\$164,590
Wisconsin	\$858,409	100%	\$0	0%	\$858,409
Wyoming	\$72,954	100%	\$0	0%	\$72,954
<b>Total</b>	<b>\$108,129,744</b>	<b>99%</b>	<b>\$1,333,355</b>	<b>1%</b>	<b>\$109,463,099</b>

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, Vermont, and Virgin Islands (U.S.) did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP. A zero (\$0) indicates a response of zero (\$0) from the ADAP. In instances when ADAPs reported \$0 expenditures despite reporting prescriptions filled, it is likely that drugs were filled in one month and paid for in the following month.

Table VIII

## ADAP Prescriptions Filled (Including Drug Purchases and Co-Payments), June 2008

State/Territory	June 2008 Drug Purchases Rx <sup>1</sup>	Drug Purchases Rx % of Total Rx	June 2008 Co-Payment Rx	Co-Payment Rx % of Total Rx	June 2008 Total Rx
Alabama	3,219	100%	0	0%	3,219
Alaska	163	100%	0	0%	163
American Samoa	—	—	—	—	—
Arizona	5,297	100%	0	0%	5,297
Arkansas	1,056	82%	238	18%	1,294
California	80,522	100%	0	0%	80,522
Colorado	2,775	100%	0	0%	2,775
Connecticut	4,946	100%	0	0%	4,946
Delaware	1,493	100%	0	0%	1,493
District of Columbia	2,596	86%	414	14%	3,010
Federated States of Micronesia	—	—	—	—	—
Florida	17,792	100%	0	0%	17,792
Georgia	10,728	100%	0	0%	10,728
Guam	42	100%	0	0%	42
Hawaii	832	100%	0	0%	832
Idaho	326	100%	0	0%	326
Illinois	8,681	95%	441	5%	9,122
Indiana	183	3%	6,124	97%	6,307
Iowa	412	64%	235	36%	647
Kansas	1,070	100%	0	0%	1,070
Kentucky	1,676	53%	1,510	47%	3,186
Louisiana	3,739	100%	0	0%	3,739
Maine	107	21%	410	79%	517
Marshall Islands	—	—	—	—	—
Maryland	9,177	100%	0	0%	9,177
Massachusetts	903	8%	10,788	92%	11,691
Michigan	6,609	100%	0	0%	6,609
Minnesota	1,529	100%	0	0%	1,529
Mississippi	2,244	100%	0	0%	2,244
Missouri	4,829	100%	0	0%	4,829
Montana	155	70%	66	30%	221
Nebraska	625	77%	184	23%	809
Nevada	1,430	100%	0	0%	1,430
New Hampshire	379	45%	471	55%	850
New Jersey	21,203	100%	0	0%	21,203
New Mexico	108	100%	0	0%	108
New York	56,169	100%	0	0%	56,169
North Carolina	11,233	100%	0	0%	11,233
North Dakota	84	100%	0	0%	84
Northern Mariana Islands	—	—	—	—	—
Ohio	4,100	59%	2,893	41%	6,993
Oklahoma	1,518	77%	458	23%	1,976
Oregon	103	2%	5,651	98%	5,754
Pennsylvania	13,896	100%	0	0%	13,896
Puerto Rico	7,094	100%	0	0%	7,094
Rhode Island	—	—	—	—	—
South Carolina	4,626	77%	1,383	23%	6,009
South Dakota	168	68%	79	32%	247
Tennessee	3,140	100%	0	0%	3,140
Texas	15,650	100%	0	0%	15,650
Utah	1,245	100%	0	0%	1,245
Vermont	—	—	—	—	—
Virgin Islands (U.S.)	—	—	—	—	—
Virginia	4,450	100%	0	0%	4,450
Washington	5,039	75%	1,675	25%	6,714
West Virginia	468	100%	0	0%	468
Wisconsin	2,307	100%	0	0%	2,307
Wyoming	210	100%	0	0%	210
<b>Total</b>	<b>328,346</b>	<b>91%</b>	<b>33,020</b>	<b>9%</b>	<b>361,366</b>

<sup>1</sup> Rx=Prescription.

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, Vermont, and Virgin Islands (U.S.) did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP. A zero (\$0) indicates a response of zero (\$0) from the ADAP. In instances when ADAPs reported \$0 expenditures despite reporting prescriptions filled, it is likely that drugs were filled in one month and paid for in the following month.

Table IX

## ADAP Drug Expenditures, by Drug Class, June 2008

State/Territory	June 2008 Total Expenditures	June 2008 ARV Total Expenditures <sup>1</sup>	ARV % of Total Expenditures <sup>1</sup>	June 2008 "A1" OI Total Expenditures <sup>2</sup>	"A1" OI % of Total Expenditures <sup>2</sup>	June 2008 All Other Total Expenditures	All Other % of Total Expenditures
Alabama	\$1,132,283	\$1,102,394	97%	\$29,889	3%	\$0	0%
Alaska	\$51,583	\$50,472	98%	\$693	1%	\$418	1%
American Samoa	—	—	—	—	—	—	—
Arizona	\$1,067,035	\$920,908	86%	\$56,136	5%	\$89,991	8%
Arkansas	\$328,028	\$301,100	92%	\$6,175	2%	\$20,754	6%
California	\$26,723,020	\$24,177,900	90%	\$573,303	2%	\$1,971,817	7%
Colorado	\$852,900	\$819,827	96%	\$13,917	2%	\$19,155	2%
Connecticut	\$1,360,911	\$1,190,115	87%	\$29,047	2%	\$141,750	10%
Delaware	\$158,623	\$138,430	87%	\$1,989	1%	\$18,205	11%
District of Columbia	\$772,698	\$730,865	95%	\$10,875	1%	\$30,958	4%
Federated States of Micronesia	—	—	—	—	—	—	—
Florida	\$3,860,505	\$3,685,870	95%	\$53,994	1%	\$120,641	3%
Georgia	\$3,384,880	\$3,278,716	97%	\$94,194	3%	\$11,970	0.35%
Guam	\$17,562	\$13,616	78%	\$3,235	18%	\$710	4%
Hawaii	\$266,085	\$252,846	95%	\$1,864	1%	\$11,375	4%
Idaho	\$219,238	\$218,397	100%	\$732	0.33%	\$110	0.05%
Illinois	\$3,341,937	\$3,189,970	95%	\$34,732	1%	\$117,235	4%
Indiana	\$242,591	\$115,529	48%	\$3,204	1%	\$123,859	51%
Iowa	\$178,617	\$176,220	99%	\$1,960	1%	\$437	0.24%
Kansas	\$704,976	\$637,522	90%	\$6,875	1%	\$60,579	9%
Kentucky	\$650,562	\$628,163	97%	\$7,997	1%	\$14,402	2%
Louisiana	\$1,374,192	\$1,358,032	99%	\$16,160	1%	\$0	0%
Maine	\$66,950	\$59,018	88%	\$562	1%	\$7,371	11%
Marshall Islands	—	—	—	—	—	—	—
Maryland	\$2,450,249	\$2,291,918	94%	\$56,156	2%	\$102,175	4%
Massachusetts	\$464,425	\$395,877	85%	\$9,842	2%	\$58,705	13%
Michigan	\$1,624,482	\$1,505,169	93%	\$22,063	1%	\$97,250	6%
Minnesota	\$257,545	\$245,382	95%	\$3,645	1%	\$8,517	3%
Mississippi	\$778,240	\$757,555	97%	\$13,440	2%	\$7,245	1%
Missouri	\$1,613,798	\$1,371,728	85%	\$80,691	5%	\$161,379	10%
Montana	\$52,979	\$51,670	98%	\$117	0.22%	\$1,192	2%
Nebraska	\$220,746	\$214,144	97%	\$2,393	1%	\$4,209	2%
Nevada	\$493,127	\$482,570	98%	\$4,358	1%	\$6,198	1%
New Hampshire	\$174,429	\$162,006	93%	\$324	0.19%	\$12,099	7%
New Jersey	\$6,545,695	\$4,796,555	73%	\$137,354	2%	\$1,611,786	25%
New Mexico	\$33,321	\$32,955	99%	\$71	0.21%	\$295	1%
New York	\$21,414,488	\$18,812,932	88%	\$490,819	2%	\$2,110,738	10%
North Carolina	\$3,330,568	\$3,028,268	91%	\$149,852	4%	\$152,448	5%
North Dakota	\$37,857	\$34,411	91%	\$86	0.23%	\$3,359	9%
Northern Mariana Islands	—	—	—	—	—	—	—
Ohio	\$154,334	\$138,055	89%	\$2,673	2%	\$13,606	9%
Oklahoma	\$589,331	\$572,112	97%	\$10,733	2%	\$6,486	1%
Oregon	\$349,769	\$240,543	69%	\$4,211	1%	\$105,015	30%
Pennsylvania	\$4,130,405	\$3,685,638	89%	\$67,413	2%	\$377,354	9%
Puerto Rico	\$2,735,978	\$2,489,484	91%	\$206,220	8%	\$40,273	1%
Rhode Island	—	—	—	—	—	—	—
South Carolina	\$3,513,143	\$3,448,607	98%	\$31,899	1%	\$32,637	1%
South Dakota	\$64,078	\$61,971	97%	\$1,582	2%	\$524	1%
Tennessee	\$1,198,581	\$1,139,727	95%	\$40,906	3%	\$17,948	1%
Texas	\$6,067,800	\$5,991,301	99%	\$53,803	1%	\$22,696	0.37%
Utah	\$438,048	\$428,262	98%	\$6,745	2%	\$3,041	1%
Vermont	—	—	—	—	—	—	—
Virgin Islands (U.S.)	—	—	—	—	—	—	—
Virginia	\$1,880,534	\$1,808,293	96%	\$42,836	2%	\$29,405	2%
Washington	\$998,020	\$856,110	86%	\$14,551	1%	\$127,359	13%
West Virginia	\$164,590	\$159,020	97%	\$975	1%	\$4,595	3%
Wisconsin	\$858,409	\$795,449	93%	\$54,797	6%	\$8,163	1%
Wyoming	\$72,954	\$68,294	94%	\$332	0.46%	\$4,328	6%
<b>Total</b>	<b>\$109,463,099</b>	<b>\$99,111,917</b>	<b>91%</b>	<b>\$2,458,420</b>	<b>2%</b>	<b>\$7,892,761</b>	<b>7%</b>

<sup>1</sup> ARV=Antiretrovirals.

<sup>2</sup> "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, Marshall Islands, Northern Mariana Islands, Rhode Island, Vermont, and Virgin Islands (U.S.) did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP. A zero (\$0) indicates a response of zero (\$0) from the ADAP.

Table X

## ADAP Prescriptions Filled, by Drug Class, June 2008

State/Territory	June 2008 Total Rx <sup>1</sup>	June 2008 ARV Total Rx <sup>2</sup>	ARV % of Total Rx <sup>2</sup>	June 2008 "A1" OI Total Rx <sup>3</sup>	"A1" OI % of Total Rx <sup>3</sup>	June 2008 All Other Total Rx	All Other Rx % of Total Rx
Alabama	3,219	2,508	78%	711	22%	0	0%
Alaska	163	118	72%	28	17%	17	10%
American Samoa	—	—	—	—	—	—	—
Arizona	5,297	2,284	43%	390	7%	2,623	50%
Arkansas	1,294	788	61%	199	15%	307	24%
California	80,522	46,124	57%	8,931	11%	25,467	32%
Colorado	2,775	1,884	68%	323	12%	568	20%
Connecticut	4,946	2,183	44%	232	5%	2,531	51%
Delaware	1,493	682	46%	71	5%	740	50%
District of Columbia	3,010	2,136	71%	374	12%	500	17%
Federated States of Micronesia	—	—	—	—	—	—	—
Florida	17,792	14,484	81%	462	3%	2,846	16%
Georgia	10,728	8,429	79%	2,149	20%	150	1%
Guam	42	22	52%	16	38%	4	10%
Hawaii	832	574	69%	76	9%	182	22%
Idaho	326	286	88%	34	10%	6	2%
Illinois	9,122	7,260	80%	507	6%	1,355	15%
Indiana	6,307	1,894	30%	84	1%	4,329	69%
Iowa	647	564	87%	39	6%	44	7%
Kansas	1,070	822	77%	50	5%	198	19%
Kentucky	3,186	2,341	73%	332	10%	513	16%
Louisiana	3,739	3,140	84%	599	16%	0	0%
Maine	517	323	62%	34	7%	160	31%
Marshall Islands	—	—	—	—	—	—	—
Maryland	9,177	5,941	65%	833	9%	2,403	26%
Massachusetts	11,691	4,631	40%	519	4%	6,541	56%
Michigan	6,609	3,272	50%	212	3%	3,125	47%
Minnesota	1,529	1,081	71%	69	5%	379	25%
Mississippi	2,244	1,598	71%	405	18%	241	11%
Missouri	4,829	3,507	73%	660	14%	662	14%
Montana	221	171	77%	11	5%	39	18%
Nebraska	809	574	71%	59	7%	176	22%
Nevada	1,430	1,091	76%	154	11%	185	13%
New Hampshire	850	391	46%	27	3%	432	51%
New Jersey	21,203	7,760	37%	1,335	6%	12,108	57%
New Mexico	108	77	71%	15	14%	16	15%
New York	56,169	27,696	49%	3,767	7%	24,706	44%
North Carolina	11,233	7,040	63%	1,718	15%	2,475	22%
North Dakota	84	63	75%	3	4%	18	21%
Northern Mariana Islands	—	—	—	—	—	—	—
Ohio	6,993	4,048	58%	546	8%	2,399	34%
Oklahoma	1,976	1,594	81%	282	14%	100	5%
Oregon	5,754	2,123	37%	322	6%	3,309	58%
Pennsylvania	13,896	7,106	51%	864	6%	5,926	43%
Puerto Rico	7,094	5,984	84%	1,010	14%	100	1%
Rhode Island	—	—	—	—	—	—	—
South Carolina	6,009	4,816	80%	387	6%	806	13%
South Dakota	247	211	85%	24	10%	12	5%
Tennessee	3,140	2,047	65%	608	19%	485	15%
Texas	15,650	14,676	94%	894	6%	80	1%
Utah	1,245	1,014	81%	147	12%	84	7%
Vermont	—	—	—	—	—	—	—
Virgin Islands (U.S.)	—	—	—	—	—	—	—
Virginia	4,450	3,275	74%	682	15%	493	11%
Washington	6,714	3,409	51%	367	5%	2,938	44%
West Virginia	468	341	73%	46	10%	81	17%
Wisconsin	2,307	1,812	79%	329	14%	166	7%
Wyoming	210	100	48%	8	4%	102	49%
<b>Total</b>	<b>361,366</b>	<b>216,295</b>	<b>60%</b>	<b>31,944</b>	<b>9%</b>	<b>113,127</b>	<b>31%</b>

<sup>1</sup> Rx=Prescription.<sup>2</sup> ARV=Antiretrovirals.<sup>3</sup> "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, Marshall Islands, Northern Mariana Islands, Rhode Island, Vermont, and Virgin Islands (U.S.) did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP. A zero (0) indicates a response of zero (0) from the ADAP.

Table XI

## ADAP Formulary Coverage, December 31, 2008

State/Territory	Total Number of Drugs on Formulary	NRTIs Covered (11 Drugs Approved) <sup>1</sup>	NNRTIs Covered (4 Drugs Approved) <sup>2</sup>	Protease Inhibitors Covered <sup>3</sup> (10 Drugs Approved)	Fusion Inhibitors Covered (1 Drug Approved)	CCR5 Antagonists Covered (1 Drug Approved)	Integrase Inhibitors Covered (1 Drug Approved)	Multi-Class Combination Products Covered <sup>4</sup> (1 Drug Approved)	"A1" OIs Covered (31 DHHS Recommended Drugs) <sup>5</sup>	Other Medications Covered <sup>6</sup>
Alabama	52	11	3	10	1	1	1	1	21	3
Alaska	83	11	4	10	1	1	1	1	28	26
American Samoa	—	—	—	—	—	—	—	—	—	—
Arizona	160	11	4	9	1	1	1	1	11	121
Arkansas	104	11	4	9	1	1	1	1	17	59
California	176	11	4	10	1	1	1	1	25	122
Colorado	98	11	4	9	1	1	1	1	18	52
Connecticut	189	11	4	10	1	1	1	1	16	144
Delaware	249	11	4	10	1	1	1	1	24	196
District of Columbia	85	11	4	9	1	1	1	1	19	38
Federated States of Micronesia	—	—	—	—	—	—	—	—	—	—
Florida	95	11	4	10	1	1	1	1	14	52
Georgia	59	11	4	10	1	1	1	1	17	13
Guam	41	11	4	10	1	1	1	1	12	—
Hawaii	111	11	4	10	1	1	1	1	27	55
Idaho	28	11	3	7	1	1	1	1	3	0
Illinois	99	11	4	10	1	1	1	1	31	39
Indiana	130	11	4	10	1	1	1	1	24	77
Iowa	67	11	4	9	1	1	1	1	21	18
Kansas	54	11	4	10	1	1	1	1	8	17
Kentucky	63	11	3	10	1	1	1	1	14	21
Louisiana	60	11	4	10	1	1	1	1	28	3
Maine	328	11	4	10	1	1	1	1	31	268
Marshall Islands	—	—	—	—	—	—	—	—	—	—
Maryland	146	11	4	9	1	1	1	1	22	96
Massachusetts	Open formulary	11	4	10	1	1	1	1	31	Open formulary
Michigan	183	11	4	10	1	1	1	1	23	131
Minnesota	124	11	4	9	1	1	1	1	13	83
Mississippi	66	11	3	10	1	1	1	1	28	10
Missouri	238	11	4	10	1	1	1	1	21	188
Montana	114	11	4	9	1	1	1	1	15	71
Nebraska	123	11	4	9	1	1	1	1	15	80
Nevada	77	11	4	9	1	1	1	1	12	37
New Hampshire	Open formulary	11	4	10	1	1	1	1	31	Open formulary
New Jersey	Open formulary	11	4	10	1	1	1	1	31	Open formulary
New Mexico	71	11	4	9	1	1	1	1	13	30
New York	466	11	4	10	1	1	1	1	27	410
North Carolina	121	11	4	10	1	1	1	1	19	73
North Dakota	94	11	4	8	1	1	1	1	19	48
Northern Mariana Islands	—	—	—	—	—	—	—	—	—	—
Ohio	99	11	4	10	1	1	1	1	11	59
Oklahoma	47	10	4	9	1	1	1	1	13	7
Oregon	95	11	4	10	1	1	1	1	21	45
Pennsylvania	89	11	4	10	1	1	1	1	27	33
Puerto Rico	68	11	4	9	1	1	1	1	19	21
Rhode Island	66	11	3	10	1	1	1	1	16	22
South Carolina	63	11	4	10	1	1	1	1	19	15
South Dakota	58	11	4	10	1	1	1	1	12	17
Tennessee	70	11	3	9	1	1	1	1	14	29
Texas	44	11	4	9	1	1	1	1	9	7
Utah	46	11	4	10	1	1	1	1	14	3
Vermont	83	11	4	9	1	1	1	1	16	39
Virgin Islands (U.S.)	63	11	4	10	1	1	1	1	31	3
Virginia	94	11	4	9	1	1	1	1	21	45
Washington	162	11	4	10	1	1	1	1	23	110
West Virginia	68	11	4	9	1	1	1	1	15	25
Wisconsin	66	11	4	10	1	1	1	1	20	17
Wyoming	108	11	4	10	1	1	1	1	28	51

<sup>1</sup> NRTI=Nucleoside Reverse Transcriptase Inhibitor.

<sup>2</sup> NNRTI=Non-Nucleoside Reverse Transcriptase Inhibitor.

<sup>3</sup> Fortovase (saquinavir soft-gel) is no longer marketed by the manufacturer. The *National ADAP Monitoring Project Annual Report* counts Fortovase and Invirase (saquinavir hard-gel) as one drug for the purposes of tabulating the number of protease inhibitors covered on an ADAP's formulary.

<sup>4</sup> Atripla is a multi-class combination product that includes efavirenz (NNRTI), emtricitabine (NRTI), and tenofovir disoproxil fumarate (NRTI). In addition, the multi-class combination products listed above are not considered a class of drugs since their component parts are included in other drug classes, and are therefore not required to be included in ADAP formularies.

<sup>5</sup> DHHS=Department of Health and Human Services. "A1" OIs=Drugs recommended ("A1") for the prevention and treatment of opportunistic infections (OIs).

<sup>6</sup> Examples of "Other Medications" include those used to treat depression, hypertension, and diabetes.

Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. The reauthorization of the Ryan White Program in 2006 requires ADAPs to cover at least one currently approved drug in each antiretroviral class beginning in July 2007.



Table XII

## ADAP Formulary Coverage of Hepatitis C Treatment and Hepatitis A and B Vaccines, June 2008

State/Territory	Hepatitis C Treatment	Hepatitis A and B Combination Vaccine	Hepatitis A Vaccine	Hepatitis B Vaccine
Alabama	—	—	—	—
Alaska	Yes	Yes	Yes	Yes
American Samoa	—	—	—	—
Arizona	Yes	Yes	Yes	Yes
Arkansas	Yes	—	—	—
California	Yes	Yes	Yes	Yes
Colorado	—	Yes	Yes	Yes
Connecticut	Yes	—	—	—
Delaware	Yes	Yes	Yes	Yes
District of Columbia	Yes	—	—	—
Federated States of Micronesia	—	—	—	—
Florida	Yes	Yes	Yes	Yes
Georgia	—	—	—	—
Guam	—	—	—	—
Hawaii	Yes	—	—	—
Idaho	—	—	—	—
Illinois	—	Yes	Yes	Yes
Indiana	Yes	Yes	Yes	Yes
Iowa	Yes	—	—	—
Kansas	—	—	—	—
Kentucky	—	Yes	Yes	Yes
Louisiana	—	—	—	—
Maine	Yes	Yes	Yes	Yes
Marshall Islands	—	—	—	—
Maryland	Yes	—	—	—
Massachusetts	Yes	Yes	—	—
Michigan	Yes	Yes	Yes	Yes
Minnesota	Yes	—	—	—
Mississippi	Yes	—	—	—
Missouri	—	Yes	Yes	Yes
Montana	Yes	—	—	—
Nebraska	—	—	—	—
Nevada	—	—	—	—
New Hampshire	—	Yes	Yes	Yes
New Jersey	Yes	Yes	Yes	Yes
New Mexico	—	Yes	Yes	Yes
New York	Yes	Yes	Yes	Yes
North Carolina	Yes	Yes	Yes	Yes
North Dakota	—	—	Yes	Yes
Northern Mariana Islands	—	—	—	—
Ohio	—	Yes	Yes	Yes
Oklahoma	—	Yes	Yes	Yes
Oregon	Yes	Yes	Yes	Yes
Pennsylvania	Yes	—	Yes	Yes
Puerto Rico	Yes	—	—	—
Rhode Island	—	—	—	—
South Carolina	—	—	—	—
South Dakota	Yes	Yes	—	—
Tennessee	—	—	—	—
Texas	—	—	—	—
Utah	—	—	—	—
Vermont	—	Yes	Yes	Yes
Virgin Islands (U.S.)	—	—	—	—
Virginia	Yes	Yes	Yes	Yes
Washington	Yes	Yes	—	—
West Virginia	—	Yes	Yes	Yes
Wisconsin	Yes	Yes	Yes	Yes
Wyoming	Yes	Yes	Yes	Yes
<b>Total</b>	<b>29</b>	<b>28</b>	<b>27</b>	<b>27</b>

Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. For all other ADAPs, a dash (—) indicates the ADAP does not cover Hepatitis C treatment, Hepatitis A and B combination vaccine, or Hepatitis A and B vaccines. Eight states (Colorado, Kansas, Kentucky, New Hampshire, Ohio, Oklahoma, Texas, and West Virginia) report referring ADAP clients to the Schering Plough free slots for Hepatitis C treatment.

Table XIII

## ADAP Clients Served, by Race/Ethnicity, June 2008

State/Territory	June 2008 Clients Served	Non-Hispanic Black/African American	Non-Hispanic White	Hispanic	Asian	Native Hawaiian/Pacific Islander	American Indian/Alaskan Native	Multi-Racial	Other	Unknown
Alabama	1,207	65%	33%	1%	0%	0%	<1%	0%	0%	0%
Alaska	57	5%	67%	23%	2%	0%	4%	0%	0%	0%
American Samoa	—	—	—	—	—	—	—	—	—	—
Arizona	949	8%	47%	42%	1%	0%	1%	0%	<1%	<1%
Arkansas	393	39%	52%	7%	<1%	0%	<1%	<1%	<1%	0%
California	20,471	12%	39%	40%	3%	<1%	<1%	4%	0%	1%
Colorado	934	14%	55%	26%	11%	<1%	1%	<1%	0%	1%
Connecticut	1,271	37%	39%	23%	<1%	<1%	<1%	0%	0%	0%
Delaware	380	59%	33%	6%	0%	0%	0%	2%	0%	0%
District of Columbia	927	77%	10%	10%	<1%	0%	<1%	<1%	<1%	2%
Federated States of Micronesia	—	—	—	—	—	—	—	—	—	—
Florida	10,738	45%	26%	28%	<1%	<1%	<1%	<1%	<1%	0%
Georgia	3,600	61%	26%	5%	<1%	<1%	<1%	2%	0%	5%
Guam	5	0%	20%	0%	0%	80%	0%	0%	0%	0%
Hawaii	247	3%	52%	11%	17%	11%	<1%	6%	0%	0%
Idaho	113	4%	72%	22%	<1%	0%	<1%	0%	<1%	0%
Illinois	3,407	38%	30%	26%	1%	<1%	0%	0%	<1%	3%
Indiana	1,318	18%	71%	7%	<1%	0%	<1%	<1%	3%	0%
Iowa	261	15%	70%	13%	<1%	0%	<1%	0%	0%	0%
Kansas	431	23%	59%	16%	<1%	0%	<1%	<1%	0%	0%
Kentucky	990	28%	65%	6%	<1%	<1%	<1%	<1%	0%	<1%
Louisiana	1,572	52%	26%	3%	<1%	0%	<1%	3%	<1%	16%
Maine	187	7%	82%	4%	2%	0%	2%	<1%	2%	0%
Marshall Islands	—	—	—	—	—	—	—	—	—	—
Maryland	2,748	67%	17%	6%	<1%	<1%	<1%	7%	0%	1%
Massachusetts	3,102	28%	43%	26%	2%	<1%	<1%	<1%	2%	0%
Michigan	1,690	38%	46%	6%	<1%	0%	<1%	2%	1%	6%
Minnesota	914	25%	49%	16%	<1%	<1%	1%	<1%	0%	7%
Mississippi	675	77%	23%	0%	<1%	0%	0%	<1%	0%	0%
Missouri	1,206	44%	48%	7%	<1%	0%	<1%	<1%	0%	0%
Montana	77	3%	79%	4%	0%	0%	13%	1%	0%	0%
Nebraska	258	26%	49%	22%	1%	<1%	1%	0%	0%	0%
Nevada	655	19%	45%	30%	1%	1%	1%	<1%	2%	<1%
New Hampshire	189	17%	68%	13%	<1%	0%	1%	<1%	0%	<1%
New Jersey	4,746	48%	22%	25%	<1%	0%	0%	0%	4%	<1%
New Mexico	568	5%	42%	49%	<1%	0%	3%	0%	<1%	0%
New York	13,806	35%	30%	29%	2%	<1%	<1%	0%	<1%	3%
North Carolina	3,286	55%	32%	10%	<1%	0%	<1%	0%	2%	0%
North Dakota	33	9%	79%	0%	0%	0%	12%	0%	0%	0%
Northern Mariana Islands	—	—	—	—	—	—	—	—	—	—
Ohio	1,806	33%	61%	3%	<1%	<1%	<1%	0%	2%	0%
Oklahoma	768	15%	68%	9%	<1%	0%	7%	0%	<1%	0%
Oregon	1,663	7%	71%	16%	1%	<1%	2%	2%	<1%	<1%
Pennsylvania	3,383	40%	42%	9%	<1%	0%	<1%	0%	<1%	7%
Puerto Rico	3,210	0%	0%	100%	0%	0%	0%	0%	0%	0%
Rhode Island	397	18%	54%	22%	<1%	0%	1%	1%	2%	1%
South Carolina	2,172	67%	26%	5%	<1%	<1%	<1%	1%	0%	<1%
South Dakota	77	30%	57%	4%	0%	0%	9%	0%	0%	0%
Tennessee	2,016	36%	57%	4%	<1%	<1%	0%	<1%	1%	<1%
Texas	6,750	30%	25%	42%	<1%	0%	<1%	0%	<1%	<1%
Utah	475	5%	71%	23%	0%	0%	1%	0%	<1%	0%
Vermont	83	8%	75%	8%	1%	0%	2%	1%	0%	4%
Virgin Islands (U.S.)	85	46%	4%	27%	0%	0%	0%	0%	0%	24%
Virginia	1,520	48%	29%	9%	<1%	<1%	<1%	<1%	0%	12%
Washington	1,310	10%	61%	16%	2%	<1%	<1%	4%	2%	5%
West Virginia	184	14%	84%	1%	1%	0%	0%	0%	0%	0%
Wisconsin	677	27%	51%	19%	1%	<1%	1%	0%	<1%	<1%
Wyoming	60	3%	87%	3%	2%	0%	5%	0%	0%	0%
<b>Total</b>	<b>110,047</b>	<b>33%</b>	<b>35%</b>	<b>26%</b>	<b>1%</b>	<b>&lt;1%</b>	<b>&lt;1%</b>	<b>1%</b>	<b>&lt;1%</b>	<b>2%</b>

Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP. A zero (0%) indicates a response of zero (0%) from the ADAP.

Table XIV

## ADAP Clients Served, by Gender, June 2008

State/Territory	June 2008 Clients Served	Male	Female	Transgender	Unknown
Alabama	1,207	71%	29%	0%	0%
Alaska	57	82%	18%	0%	0%
American Samoa	—	—	—	—	—
Arizona	949	0%	0%	0%	0%
Arkansas	393	22%	78%	0%	0%
California	20,471	90%	9%	<1%	0%
Colorado	934	87%	13%	<1%	0%
Connecticut	1,271	71%	29%	0%	0%
Delaware	380	68%	32%	0%	0%
District of Columbia	927	76%	23%	<1%	<1%
Federated States of Micronesia	—	—	—	—	—
Florida	10,738	71%	29%	<1%	0%
Georgia	3,600	73%	27%	<1%	<1%
Guam	5	60%	40%	0%	0%
Hawaii	247	88%	11%	<1%	0%
Idaho	113	74%	26%	0%	0%
Illinois	3,407	83%	17%	0%	<1%
Indiana	1,318	83%	17%	0%	0%
Iowa	261	80%	20%	0%	0%
Kansas	431	79%	20%	<1%	0%
Kentucky	990	82%	18%	<1%	0%
Louisiana	1,572	71%	29%	0%	0%
Maine	187	87%	13%	0%	0%
Marshall Islands	—	—	—	—	—
Maryland	2,748	62%	38%	0%	0%
Massachusetts	3,102	67%	32%	<1%	0%
Michigan	1,690	84%	16%	<1%	0%
Minnesota	914	78%	22%	0%	0%
Mississippi	675	69%	31%	0%	0%
Missouri	1,206	81%	19%	<1%	0%
Montana	77	84%	16%	0%	0%
Nebraska	258	76%	24%	0%	0%
Nevada	655	80%	19%	<1%	0%
New Hampshire	189	76%	24%	0%	0%
New Jersey	4,746	66%	34%	0%	0%
New Mexico	568	89%	11%	0%	0%
New York	13,806	75%	25%	<1%	<1%
North Carolina	3,286	70%	30%	0%	0%
North Dakota	33	79%	21%	0%	0%
Northern Mariana Islands	—	—	—	—	—
Ohio	1,806	79%	21%	<1%	0%
Oklahoma	768	83%	16%	<1%	0%
Oregon	1,663	87%	13%	<1%	0%
Pennsylvania	3,383	77%	23%	0%	<1%
Puerto Rico	3,210	63%	37%	0%	0%
Rhode Island	397	77%	23%	<1%	0%
South Carolina	2,172	69%	31%	<1%	0%
South Dakota	77	68%	32%	0%	0%
Tennessee	2,016	74%	26%	<1%	<1%
Texas	6,750	77%	23%	<1%	0%
Utah	475	87%	13%	0%	0%
Vermont	83	83%	17%	0%	0%
Virgin Islands (U.S.)	85	55%	45%	0%	0%
Virginia	1,520	71%	29%	<1%	<1%
Washington	1,310	86%	14%	<1%	0%
West Virginia	184	85%	15%	0%	0%
Wisconsin	677	84%	15%	<1%	0%
Wyoming	60	82%	18%	0%	0%
<b>Total</b>	<b>110,047</b>	<b>77%</b>	<b>23%</b>	<b>&lt;1%</b>	<b>&lt;1%</b>

Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP. A zero (0%) indicates a response of zero (0%) from the ADAP.

Table XV

## ADAP Clients Served, by Age, June 2008

State/Territory	June 2008 Clients Served	≤12 Years	13–24 Years	25–44 Years	45–64 Years	>64 Years	Age Unknown
Alabama	1,207	0%	10%	66%	24%	0%	0%
Alaska	57	0%	4%	44%	49%	4%	0%
American Samoa	—	—	—	—	—	—	—
Arizona	949	0%	3%	54%	40%	3%	0%
Arkansas	393	0%	2%	53%	44%	1%	0%
California	20,471	0%	3%	53%	43%	3%	0%
Colorado	934	<1%	2%	50%	45%	3%	0%
Connecticut	1,271	0%	2%	38%	55%	4%	0%
Delaware	380	0%	1%	42%	54%	3%	0%
District of Columbia	927	<1%	4%	53%	41%	2%	0%
Federated States of Micronesia	—	—	—	—	—	—	—
Florida	10,738	<1%	2%	48%	48%	2%	0%
Georgia	3,600	<1%	7%	61%	31%	<1%	0%
Guam	5	0%	0%	60%	40%	0%	0%
Hawaii	247	0%	<1%	41%	54%	4%	0%
Idaho	113	0%	4%	50%	44%	2%	0%
Illinois	3,407	<1%	3%	55%	40%	1%	0%
Indiana	1,318	<1%	2%	49%	47%	2%	0%
Iowa	261	<1%	3%	57%	38%	2%	0%
Kansas	431	<1%	3%	55%	41%	<1%	0%
Kentucky	990	<1%	3%	50%	45%	2%	0%
Louisiana	1,572	<1%	3%	52%	44%	2%	0%
Maine	187	0%	2%	44%	53%	1%	0%
Marshall Islands	—	—	—	—	—	—	—
Maryland	2,748	<1%	2%	46%	48%	3%	0%
Massachusetts	3,102	<1%	<1%	42%	54%	3%	0%
Michigan	1,690	<1%	2%	48%	47%	2%	0%
Minnesota	914	<1%	4%	49%	44%	3%	0%
Mississippi	675	0%	5%	61%	33%	1%	0%
Missouri	1,206	<1%	4%	59%	36%	<1%	0%
Montana	77	0%	0%	47%	53%	0%	0%
Nebraska	258	1%	3%	60%	35%	<1%	0%
Nevada	655	1%	3%	56%	39%	1%	0%
New Hampshire	189	1%	1%	44%	50%	3%	0%
New Jersey	4,746	0%	3%	44%	51%	2%	0%
New Mexico	568	0%	2%	48%	48%	<1%	0%
New York	13,806	<1%	2%	45%	49%	4%	0%
North Carolina	3,286	<1%	4%	54%	41%	2%	0%
North Dakota	33	0%	3%	61%	36%	0%	0%
Northern Mariana Islands	—	—	—	—	—	—	—
Ohio	1,806	<1%	3%	48%	41%	7%	0%
Oklahoma	768	0%	1%	59%	39%	1%	0%
Oregon	1,663	0%	3%	51%	44%	2%	0%
Pennsylvania	3,383	<1%	2%	41%	53%	4%	0%
Puerto Rico	3,210	<1%	5%	40%	52%	3%	0%
Rhode Island	397	0%	2%	47%	47%	4%	0%
South Carolina	2,172	<1%	2%	48%	48%	1%	0%
South Dakota	77	3%	3%	56%	38%	1%	0%
Tennessee	2,016	<1%	2%	59%	38%	<1%	0%
Texas	6,750	<1%	3%	58%	39%	<1%	0%
Utah	475	<1%	1%	52%	44%	2%	0%
Vermont	83	0%	1%	31%	65%	2%	0%
Virgin Islands (U.S.)	85	0%	1%	49%	32%	6%	12%
Virginia	1,520	<1%	3%	51%	43%	2%	<1%
Washington	1,310	<1%	1%	45%	51%	3%	0%
West Virginia	184	0%	3%	47%	47%	4%	0%
Wisconsin	677	0%	5%	56%	39%	<1%	0%
Wyoming	60	0%	2%	45%	48%	5%	0%
<b>Total</b>	<b>110,047</b>	<b>&lt;1%</b>	<b>3%</b>	<b>50%</b>	<b>45%</b>	<b>2%</b>	<b>&lt;1%</b>

Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP. A zero (0%) indicates a response of zero (0%) from the ADAP.

Table XVI

## ADAP Clients Served, by Income Level, June 2008

State/Territory	June 2008 Clients Served	≤100% FPL	101–200% FPL	201–300% FPL	301–400% FPL	>400% FPL	Unknown
Alabama	1,207	33%	49%	18%	0%	0%	0%
Alaska	57	40%	46%	14%	0%	0%	0%
American Samoa	—	—	—	—	—	—	—
Arizona	949	0%	0%	100%	0%	0%	0%
Arkansas	393	56%	33%	9%	1%	<1%	0%
California	20,471	39%	32%	18%	10%	1%	<1%
Colorado	934	0%	0%	0%	0%	0%	100%
Connecticut	1,271	28%	45%	22%	5%	0%	0%
Delaware	380	44%	32%	14%	6%	3%	0%
District of Columbia	927	69%	16%	9%	5%	<1%	<1%
Federated States of Micronesia	—	—	—	—	—	—	—
Florida	10,738	49%	36%	14%	<1%	0%	0%
Georgia	3,600	47%	40%	13%	0%	0%	<1%
Guam	5	0%	100%	0%	0%	0%	0%
Hawaii	247	31%	48%	16%	4%	0%	0%
Idaho	113	55%	42%	0%	0%	0%	3%
Illinois	3,407	48%	29%	15%	8%	0%	<1%
Indiana	1,318	44%	41%	15%	0%	0%	0%
Iowa	261	50%	50%	0%	0%	0%	0%
Kansas	431	39%	42%	19%	0%	0%	<1%
Kentucky	990	42%	42%	16%	0%	0%	0%
Louisiana	1,572	0%	0%	0%	0%	0%	100%
Maine	187	47%	35%	12%	4%	1%	0%
Marshall Islands	—	—	—	—	—	—	—
Maryland	2,748	19%	36%	23%	14%	8%	0%
Massachusetts	3,102	46%	22%	15%	11%	7%	0%
Michigan	1,690	44%	32%	13%	6%	1%	4%
Minnesota	914	32%	18%	20%	8%	4%	18%
Mississippi	675	42%	43%	13%	2%	0%	0%
Missouri	1,206	61%	24%	15%	0%	0%	0%
Montana	77	48%	23%	16%	4%	3%	6%
Nebraska	258	0%	100%	0%	0%	0%	0%
Nevada	655	49%	33%	14%	4%	0%	0%
New Hampshire	189	35%	43%	19%	0%	0%	3%
New Jersey	4,746	46%	22%	17%	10%	5%	0%
New Mexico	568	55%	31%	13%	0%	0%	0%
New York	13,806	35%	29%	18%	13%	6%	0%
North Carolina	3,286	45%	41%	14%	0%	0%	0%
North Dakota	33	55%	27%	18%	0%	0%	0%
Northern Mariana Islands	—	—	—	—	—	—	—
Ohio	1,806	53%	28%	10%	5%	3%	0%
Oklahoma	768	37%	49%	14%	0%	0%	0%
Oregon	1,663	47%	39%	13%	1%	0%	0%
Pennsylvania	3,383	22%	38%	27%	9%	4%	0%
Puerto Rico	3,210	81%	19%	0%	0%	0%	0%
Rhode Island	397	0%	0%	0%	0%	0%	100%
South Carolina	2,172	38%	32%	19%	7%	4%	0%
South Dakota	77	64%	23%	13%	0%	0%	0%
Tennessee	2,016	54%	26%	19%	<1%	0%	<1%
Texas	6,750	62%	38%	0%	0%	0%	0%
Utah	475	36%	30%	24%	10%	0%	0%
Vermont	83	0%	100%	0%	0%	0%	0%
Virgin Islands (U.S.)	85	0%	0%	0%	0%	0%	100%
Virginia	1,520	63%	25%	9%	<1%	0%	2%
Washington	1,310	30%	39%	27%	4%	<1%	0%
West Virginia	184	49%	30%	14%	7%	0%	0%
Wisconsin	677	44%	32%	23%	<1%	0%	<1%
Wyoming	60	0%	0%	0%	0%	0%	100%
<b>Total</b>	<b>110,047</b>	<b>42%</b>	<b>31%</b>	<b>15%</b>	<b>6%</b>	<b>2%</b>	<b>3%</b>

Note: 54 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, and Northern Mariana Islands did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP. A zero (0%) indicates a response of zero (0%) from the ADAP. The 2008 Federal Poverty Level (FPL) was \$10,400 (slightly higher in Alaska and Hawaii) for a household of one.

Table XVII

## ADAP Clients Served, by Insurance Status, June 2008

State/Territory	June 2008 Clients Served	Medicaid	Medicare	Dually Eligible <sup>1</sup>	Private Insurance	Uninsured
Alabama	1,207	<1%	<1%	<1%	0%	94%
Alaska	57	0%	7%	0%	26%	63%
American Samoa	—	—	—	—	—	—
Arizona	949	0%	27%	0%	0%	73%
Arkansas	393	4%	19%	0%	4%	72%
California	20,471	1%	11%	5%	18%	65%
Colorado	934	0%	39%	8%	0%	65%
Connecticut	1,271	0%	0%	0%	0%	0%
Delaware	380	30%	11%	8%	34%	22%
District of Columbia	927	0%	16%	0%	0%	0%
Federated States of Micronesia	—	—	—	—	—	—
Florida	10,738	2%	5%	<1%	9%	96%
Georgia	3,600	0%	0%	0%	0%	0%
Guam	5	0%	40%	0%	0%	60%
Hawaii	247	0%	26%	0%	30%	45%
Idaho	113	0%	0%	0%	0%	0%
Illinois	3,407	2%	<1%	0%	5%	93%
Indiana	1,318	0%	27%	0%	0%	73%
Iowa	261	4%	11%	11%	17%	68%
Kansas	431	2%	35%	9%	21%	78%
Kentucky	990	0%	42%	<1%	25%	61%
Louisiana	1,572	0%	0%	0%	0%	0%
Maine	187	60%	14%	9%	11%	18%
Marshall Islands	—	—	—	—	—	—
Maryland	2,748	0%	20%	0%	28%	51%
Massachusetts	3,102	29%	15%	13%	55%	1%
Michigan	1,690	4%	19%	0%	40%	56%
Minnesota	914	0%	0%	0%	0%	0%
Mississippi	675	0%	3%	0%	0%	0%
Missouri	1,206	0%	0%	0%	27%	73%
Montana	77	0%	0%	0%	19%	81%
Nebraska	258	0%	5%	0%	10%	84%
Nevada	655	4%	15%	3%	10%	88%
New Hampshire	189	3%	24%	5%	29%	39%
New Jersey	4,746	0%	5%	0%	25%	98%
New Mexico	568	0%	0%	0%	93%	7%
New York	13,806	0%	18%	0%	20%	61%
North Carolina	3,286	0%	15%	0%	0%	0%
North Dakota	33	9%	15%	0%	0%	36%
Northern Mariana Islands	—	—	—	—	—	—
Ohio	1,806	16%	23%	12%	6%	57%
Oklahoma	768	6%	22%	17%	7%	86%
Oregon	1,663	1%	25%	1%	9%	2%
Pennsylvania	3,383	<1%	17%	<1%	21%	75%
Puerto Rico	3,210	81%	0%	0%	4%	<1%
Rhode Island	397	—	—	—	—	—
South Carolina	2,172	0%	0%	0%	25%	78%
South Dakota	77	17%	6%	3%	30%	44%
Tennessee	2,016	0%	0%	0%	0%	0%
Texas	6,750	3%	3%	0%	1%	99%
Utah	475	0%	<1%	0%	0%	0%
Vermont	83	0%	0%	0%	0%	0%
Virgin Islands (U.S.)	85	—	—	—	—	—
Virginia	1,520	0%	5%	0%	0%	0%
Washington	1,310	8%	25%	7%	47%	24%
West Virginia	184	0%	28%	0%	4%	68%
Wisconsin	677	<1%	6%	0%	65%	44%
Wyoming	60	0%	0%	8%	0%	0%
<b>Total</b>	<b>110,047</b>	<b>11%</b>	<b>13%</b>	<b>2%</b>	<b>17%</b>	<b>72%</b>
<b>Comparison Total<sup>2</sup></b>		<b>62,873</b>	<b>92,703</b>	<b>48,697</b>	<b>88,607</b>	<b>93,053</b>

<sup>1</sup> Eligible for both Medicare and Medicaid.

<sup>2</sup> Comparison Totals are used to calculate the overall category percentages.

Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP. A zero (0%) indicates a response of zero (0) from the ADAP. Insurance categories are not mutually exclusive. Insurance status percentages by category are based on the number of clients from ADAPs that reported data for that category.

Table XVIII

## ADAP Clients by CD4 Count, Enrolled During 12-Month Period, June 2008

State/Territory	Number of Clients <sup>1</sup>	CD4 ≤200	CD4 between 201–350	CD4 between 351–500	CD4 > 500
Alabama	399	18%	29%	22%	32%
Alaska	—	—	—	—	—
American Samoa	—	—	—	—	—
Arizona	1,396	25%	23%	21%	32%
Arkansas	—	—	—	—	—
California	3,218	33%	25%	18%	23%
Colorado	—	—	—	—	—
Connecticut	—	—	—	—	—
Delaware	530	24%	21%	20%	35%
District of Columbia	826	33%	27%	16%	23%
Federated States of Micronesia	—	—	—	—	—
Florida	10,521	18%	22%	21%	39%
Georgia	—	—	—	—	—
Guam	2	50%	0%	50%	0%
Hawaii	102	25%	25%	19%	31%
Idaho	51	33%	20%	20%	27%
Illinois	1,273	35%	28%	16%	21%
Indiana	418	15%	18%	25%	42%
Iowa	416	14%	19%	21%	45%
Kansas	—	—	—	—	—
Kentucky	306	37%	24%	20%	19%
Louisiana	—	—	—	—	—
Maine	91	20%	22%	21%	37%
Marshall Islands	—	—	—	—	—
Maryland	1,044	40%	26%	16%	18%
Massachusetts	4,861	17%	19%	22%	42%
Michigan	—	—	—	—	—
Minnesota	265	30%	22%	20%	28%
Mississippi	334	56%	27%	7%	10%
Missouri	—	—	—	—	—
Montana	40	30%	15%	25%	30%
Nebraska	—	—	—	—	—
Nevada	—	—	—	—	—
New Hampshire	35	31%	29%	20%	20%
New Jersey	7,407	24%	19%	20%	37%
New Mexico	—	—	—	—	—
New York	17,948	35%	24%	19%	22%
North Carolina	5,621	29%	24%	21%	25%
North Dakota	5	20%	20%	20%	40%
Northern Mariana Islands	—	—	—	—	—
Ohio	3,716	20%	21%	19%	39%
Oklahoma	848	21%	22%	21%	36%
Oregon	290	28%	18%	25%	29%
Pennsylvania	—	—	—	—	—
Puerto Rico	—	—	—	—	—
Rhode Island	—	—	—	—	—
South Carolina	495	44%	27%	15%	14%
South Dakota	24	38%	21%	21%	21%
Tennessee	611	19%	28%	21%	31%
Texas	1,876	44%	30%	12%	14%
Utah	—	—	—	—	—
Vermont	—	—	—	—	—
Virgin Islands (U.S.)	—	—	—	—	—
Virginia	134	42%	19%	14%	25%
Washington	—	—	—	—	—
West Virginia	80	24%	43%	34%	0%
Wisconsin	180	26%	21%	23%	31%
Wyoming	—	—	—	—	—
<b>Total</b>	<b>65,363</b>	<b>28%</b>	<b>23%</b>	<b>20%</b>	<b>30%</b>

<sup>1</sup> This number reflects only the number of clients for which a CD4 count was reported.

Note: 53 ADAPs reported data; 34 ADAPs collected CD4 count data for ADAP clients. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, and Rhode Island did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP. Data reflect clients enrolled in ADAPs over the past 12 months or the most recent 12 months for which data are available.

Table XIX

ADAP Client Eligibility Requirements, June 30, 2008

State/Territory	Financial Eligibility as % of FPL <sup>1</sup>	Medical Eligibility <sup>2</sup>	Asset Limits	State Residency Requirement	Other Requirement
Alabama	250% GR	—	—	Yes (Proof required)	—
Alaska	300% GR	—	\$10,000 in liquid assets excluding residence and one vehicle	Yes (Must be a resident for 30 days with intent to stay)	—
American Samoa	—	—	—	—	—
Arizona	300% GR	—	—	Yes	—
Arkansas	500% GR	CD4<350 or VL>55,000 in last six months or client ever had an AIDS diagnosis	—	Yes	—
California	400% GR	—	—	Yes (Proof required)	Clients must be 18 or older
Colorado	400% GR	—	\$50,000 in liquid assets excluding residence and one vehicle	Yes (Proof required)	—
Connecticut	400% NET	—	—	Yes (Proof required)	—
Delaware	500% GR	—	\$10,000	Yes	—
District of Columbia	500% GR	—	\$25,000	Yes (Proof required)	—
Federated States of Micronesia	—	—	—	—	—
Florida	300% GR	—	\$12,000	Yes (Proof required)	—
Georgia	300% GR	CD4<350; if CD4>350, physician can provide justification for initiating treatment	\$10,000	Yes	—
Guam	200% GR	—	—	Yes (Must be a resident for 6 months prior to application)	—
Hawaii	400% GR	—	—	Yes	Enrollment in case management program
Idaho	200% GR	—	—	Yes	—
Illinois	400% GR	—	—	Yes	—
Indiana	300% GR	—	—	Yes	Enrollment in case management program
Iowa	200% GR	—	<\$10,000	Yes (Without an absence of more than two months)	—
Kansas	300% GR	—	—	Yes (Proof required)	—
Kentucky	300% GR	—	\$10,000	Yes (Proof required)	—
Louisiana	200% GR	—	\$4,000 in liquid assets excluding residence and one vehicle	Yes (Proof required)	—
Maine	500% GR	—	—	Yes (Proof required)	—
Marshall Islands	—	—	—	—	—
Maryland	500% GR	Reporting of CD4 and VL, no limits	—	Yes (Proof required)	—
Massachusetts	481% GR	—	—	Yes (Proof required)	—
Michigan	450% GR	—	—	Yes	—
Minnesota	300% GR	—	<\$25,000	Yes	—
Mississippi	400% GR	CD4<350 or VL>100,000 in treatment naive patients (copy of most recent qualifying lab results required with application)	—	Yes (Proof required)	—
Missouri	300% GR	—	—	Yes (Proof required)	Enrollment in case management program
Montana	330% GR	—	—	Yes (Proof required)	—
Nebraska	200% GR	—	—	Yes (Proof required)	—
Nevada	400% GR	—	\$4,000 in liquid assets excluding residence, one car for single clients, two cars for married clients	Yes (Proof required)	—
New Hampshire	300% GR	CD4<350, or currently on antiretrovirals, or diagnosed with an opportunistic infection	—	Yes (Proof required)	—
New Jersey	500% GR	—	—	Yes (Must be a resident for 30 days with intent to stay)	—
New Mexico	400% GR	—	<\$9,999	Yes (Proof required)	—
New York	423% GR	—	\$25,000	Yes	—
North Carolina	250% GR	—	—	Yes	—
North Dakota	400% NET	—	—	Yes	—
Northern Mariana Islands	—	—	—	—	—



Table XIX (continued)

ADAP Client Eligibility Requirements, June 30, 2008

State/Territory	Financial Eligibility as % of FPL <sup>1</sup>	Medical Eligibility <sup>2</sup>	Asset Limits	State Residency Requirement	Other Requirement
Ohio	500% GR	—	—	Yes	—
Oklahoma	200% GR	—	—	Yes (Proof required)	—
Oregon <sup>3</sup>	200% GR	—	\$10,000 in liquid assets excluding residence, one vehicle, and federally recognized retirement accounts	Yes (Proof required)	—
Pennsylvania	337% GR	—	—	Yes (Proof required)	—
Puerto Rico	200% NET	—	—	Yes (Must be a resident for 30 days)	—
Rhode Island	—	—	—	—	—
South Carolina	300% GR	—	—	Yes	—
South Dakota	300% GR	Must provide most recent CD4	—	Yes	—
Tennessee	300% GR	—	\$8,000	Yes (Proof required)	Enrollment in case management program
Texas	200% GR	CD4 and VL results on file, HIV diagnosis	—	Yes	—
Utah	400% GR	—	\$5,000	Yes	—
Vermont	200% NET	—	—	Yes	—
Virgin Islands (U.S.)	—	—	—	—	—
Virginia <sup>4</sup>	300% GR	—	—	Yes	—
Washington	300% GR	—	\$10,000	Yes (Proof required)	—
West Virginia	325% GR	—	—	Yes (Proof required)	—
Wisconsin	300% GR	—	—	Yes (Proof required)	—
Wyoming	332% GR	—	—	Yes (Proof required)	—
<b>Total</b>		<b>7</b>	<b>17</b>	<b>52</b>	<b>5</b>

<sup>1</sup> The 2008 Federal Poverty Level (FPL) was \$10,400 (slightly higher in Alaska and Hawaii) for a household of one. GR=Gross Income; NET=Net Income.

<sup>2</sup> CD4=CD4 cell count; VL = Viral load.

<sup>3</sup> Oregon has an FPL of 200% for standard ADAP clients and 300% for clients who have some form of insurance.

<sup>4</sup> Virginia has an FPL of 333% in Northern Virginia and 300% in all other parts of the state.

Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. For all other ADAPs, a dash (—) indicates no requirement for the ADAP.

**Table XX**

**ADAP Client Enrollment Processes, June 2008**

State/Territory	Intake at Local ASOs, CBOs, and Local Health Department <sup>1</sup>	Intake at ADAP Office	Intake at Private Clinical Settings	Online Application	Application Over the Phone	Mailed Application	Enrollment via Other State Programs	Other Enrollment Processes
Alabama	—	—	Yes	Yes	—	Yes	—	Yes
Alaska	Yes	Yes	—	Yes	Yes	Yes	—	—
American Samoa	—	—	—	—	—	—	—	—
Arizona	—	Yes	—	—	—	Yes	—	Yes
Arkansas	Yes	—	—	—	—	—	—	—
California	Yes	—	—	—	—	—	—	—
Colorado	Yes	Yes	—	—	Yes	Yes	—	—
Connecticut	Yes	Yes	Yes	—	—	Yes	Yes	—
Delaware	Yes	—	—	—	—	—	—	—
District of Columbia	Yes	Yes	Yes	—	—	Yes	—	—
Federated States of Micronesia	—	—	—	—	—	—	—	—
Florida	Yes	Yes	—	—	—	—	—	—
Georgia	Yes	—	Yes	—	—	Yes	—	—
Guam	Yes	—	—	—	—	—	—	—
Hawaii	Yes	—	—	—	—	—	—	—
Idaho	Yes	—	—	—	—	—	—	—
Illinois	—	—	—	—	—	Yes	—	Yes
Indiana	Yes	—	—	—	—	—	—	—
Iowa	Yes	—	—	—	—	—	—	—
Kansas	Yes	—	—	—	—	—	—	—
Kentucky	Yes	—	—	—	—	—	—	—
Louisiana	Yes	Yes	Yes	—	—	Yes	—	Yes
Maine	Yes	—	Yes	—	—	Yes	—	—
Marshall Islands	—	—	—	—	—	—	—	—
Maryland	Yes	—	Yes	—	—	Yes	—	—
Massachusetts	Yes	Yes	Yes	—	—	Yes	—	—
Michigan	Yes	Yes	Yes	—	—	Yes	—	Yes
Minnesota	—	Yes	—	—	—	Yes	—	—
Mississippi	—	—	—	—	—	Yes	—	Yes
Missouri	Yes	—	—	—	—	—	—	—
Montana	Yes	—	—	—	—	Yes	—	—
Nebraska	Yes	Yes	Yes	—	—	Yes	—	—
Nevada	Yes	—	—	—	—	—	—	—
New Hampshire	Yes	—	Yes	—	—	Yes	—	—
New Jersey	Yes	Yes	Yes	Yes	—	Yes	—	—
New Mexico	—	—	—	—	—	—	—	Yes
New York	—	—	—	—	—	Yes	—	—
North Carolina	Yes	—	Yes	—	—	—	—	—
North Dakota	Yes	—	—	—	—	—	—	—
Northern Mariana Islands	—	—	—	—	—	—	—	—
Ohio	Yes	—	—	—	—	Yes	—	Yes
Oklahoma	—	—	—	—	—	—	—	Yes
Oregon	—	—	—	—	—	Yes	—	Yes
Pennsylvania	—	—	—	Yes	Yes	Yes	—	Yes
Puerto Rico	Yes	Yes	—	—	—	—	—	Yes
Rhode Island	—	—	—	—	—	—	—	—
South Carolina	Yes	—	Yes	—	—	Yes	—	—
South Dakota	Yes	Yes	Yes	—	—	Yes	Yes	—
Tennessee	—	Yes	—	Yes	—	—	—	—
Texas	—	—	—	—	—	Yes	—	Yes
Utah	Yes	—	Yes	—	—	—	—	—
Vermont	Yes	Yes	Yes	Yes	—	Yes	—	—
Virgin Islands (U.S.)	—	—	—	—	—	—	—	—
Virginia	—	—	—	—	—	—	—	Yes
Washington	—	—	—	—	—	Yes	—	Yes
West Virginia	Yes	Yes	Yes	—	—	Yes	—	Yes
Wisconsin	Yes	Yes	Yes	—	—	Yes	—	—
Wyoming	Yes	—	—	—	—	—	—	—
<b>Total</b>	<b>38</b>	<b>18</b>	<b>19</b>	<b>6</b>	<b>3</b>	<b>30</b>	<b>2</b>	<b>16</b>

<sup>1</sup> ASOs=AIDS Service Organizations; CBOs=Community-Based Organizations.

Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above.

**Table XXI**

**ADAP Services for Individuals Incarcerated in County or City Jails, June 2008**

State/Territory	ADAP Provides Services to Individuals Incarcerated in County or City Jails	Funding Used to Provide Services
Alabama	—	—
Alaska	—	—
American Samoa	—	—
Arizona	—	—
Arkansas	Yes	Federal funds only
California	Yes	State funds only
Colorado	Yes	State funds only
Connecticut	—	—
Delaware	Yes	Federal funds only
District of Columbia	—	—
Federated States of Micronesia	—	—
Florida	Yes	State funds only
Georgia	—	—
Guam	—	—
Hawaii	—	—
Idaho	Yes	Federal and state funds
Illinois	—	—
Indiana	—	—
Iowa	—	—
Kansas	Yes	Federal funds only
Kentucky	—	—
Louisiana	—	—
Maine	—	—
Marshall Islands	—	—
Maryland	—	—
Massachusetts	Yes	Federal and state funds
Michigan	Yes	Federal funds only
Minnesota	—	—
Mississippi	—	—
Missouri	—	—
Montana	Yes	Federal and state funds
Nebraska	—	—
Nevada	Yes	State funds only
New Hampshire	—	—
New Jersey	—	—
New Mexico	Yes	Federal and state funds
New York	—	—
North Carolina	—	—
North Dakota	—	—
Northern Mariana Islands	—	—
Ohio	—	—
Oklahoma	Yes	Federal and state funds
Oregon	—	—
Pennsylvania	—	—
Puerto Rico	—	—
Rhode Island	—	—
South Carolina	Yes	Federal and state funds
South Dakota	—	—
Tennessee	—	—
Texas	Yes	State funds only
Utah	—	—
Vermont	—	—
Virgin Islands (U.S.)	—	—
Virginia	—	—
Washington	—	—
West Virginia	—	—
Wisconsin	Yes	State funds only
Wyoming	—	—
<b>Total</b>	<b>16</b>	
<p>Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP.</p>		





Table XXIII

ADAP Management Policies in Place, June 30, 2008

State/Territory	Client Cost-Sharing	Overall Program Enrollment Cap	Drug Specific Enrollment Cap	Maximum Cost Per Client	Maximum Number of Prescriptions Per Client Per Month	Drug(s) with Clinical Criteria	Drug(s) with Prior Authorization	Drug(s) with Required Resistance Testing	Other ADAP Program Practices/Restrictions
Alabama	—	—	—	—	—	Procrit, Selzentry	Fuzeon, Maraviroc, Procrit	Fuzeon, Maraviroc	—
Alaska	—	—	—	—	—	—	—	—	—
American Samoa	—	—	—	—	—	—	—	—	—
Arizona	—	—	—	—	—	Fuzeon, Lyrica, Valganciclovir	Entecavir, Fuzeon, Lyrica, Peg-Intron, Ribavirin, Selzentry, Valcyle	—	—
Arkansas	—	—	Yes (Fuzeon)	—	—	Selzentry	Fuzeon	Fuzeon	—
California	Yes	—	—	—	—	Bupropion, Capreomycin, Caspofungin, Cycloserine, Dextroamphetamine, Ethionamide, Fentanyl patch, Imipenem/Cilastatin, Lansoprazole, Linezolid, Methadone, Methylphenidate, Moxifloxacin, Nandrolone, Omeprazole, Pacifloxel, Para-aminosalicylate, Selzentry, Somatropin (Serostim), Testosterone, Valacyclovir, Valganciclovir, Voriconazole	—	—	Step therapy for Lanzoprazole, Omeprazole, Valacyclovir
Colorado	—	—	—	—	—	—	—	—	—
Connecticut	—	—	—	—	—	—	Somatropin (Serostim)	—	—
Delaware	Yes	—	—	—	—	—	Selzentry	—	—
District of Columbia	—	—	—	—	—	—	Buprenorphine, Somatropin (Serostim)	—	—
Federated States of Micronesia	—	—	—	—	—	—	—	—	—
Florida	—	—	—	—	—	—	Fuzeon, Selzentry	Selzentry	—
Georgia	—	—	Yes (Fuzeon)	—	Yes (6 per month)	—	Aptivus, Fuzeon, Isentress, Selzentry	Aptivus, Fuzeon, Isentress, Selzentry	—
Guam	—	—	—	—	—	—	—	—	—
Hawaii	—	—	—	—	—	—	Fuzeon	—	—
Idaho	—	—	Yes (Fuzeon)	—	—	—	Fuzeon, Aptivus, Maraviroc	—	—
Illinois	—	—	Yes (Fuzeon)	Yes (\$2,000 per month)	Yes (5 antiretrovirals plus a reduced dose of Norvir per month)	—	Fuzeon, Valcyle	Fuzeon	—
Indiana	—	Yes (1,345)	—	—	—	—	—	—	—
Iowa	—	—	—	—	—	—	Fuzeon	—	—
Kansas	—	—	—	—	—	—	Fuzeon, Selzentry	Selzentry	—
Kentucky	—	—	—	—	—	—	Prezista, Selzentry, Aptivus, Fuzeon, Isentress	Aptivus, Fuzeon, Isentress, Prezista, Selzentry	—
Louisiana	—	—	—	—	—	—	—	—	—
Maine	—	—	—	—	—	Selzentry	Andropel, Ferrous sulfate, Lyrica, Nandrolone, Testosterone	—	—
Marshall Islands	—	—	—	—	—	—	—	—	—
Maryland	—	—	—	—	—	Copegus, Epogen, Fuzeon, Neupogen, Oxandrin, Pegasys, Peg-Intron, Procrit, Rebetol, Selzentry	Copegus, Epogen, Fuzeon, Neupogen, Oxandrin, Pegasys, Peg-Intron, Procrit, Rebetol, Selzentry	Fuzeon	—

(continued)

Table XXIII (continued)

ADAP Management Policies in Place, June 30, 2008

State/Territory	Client Cost-Sharing	Overall Program Enrollment Cap	Drug Specific Enrollment Cap	Maximum Cost Per Client	Maximum Number of Prescriptions Per Client Per Month	Drug(s) with Clinical Criteria	Drug(s) with Prior Authorization	Drug(s) with Required Resistance Testing	Other ADAP Program Practices/Restrictions
Massachusetts	—	—	—	—	—	—	—	—	—
Michigan	—	—	—	—	—	Fuzeon, Neupogen, Procrit, Selzentry	Fuzeon, Neupogen, Procrit, Selzentry, Fuzeon	Fuzeon	Step therapy for proton pump inhibitors, antihistamines, antidepressants, herpes agents <sup>1</sup>
Minnesota	—	—	—	—	—	—	—	—	—
Mississippi	—	—	—	—	—	Fuzeon, Intelence, Isentress, Prezista	—	Selzentry	—
Missouri	—	—	—	—	—	—	—	—	—
Montana	—	—	Yes (Fuzeon)	—	—	Fuzeon	Aptivus, Fuzeon, Isentress, Prezista, Selzentry	Aptivus	—
Nebraska	—	—	—	—	—	—	Fuzeon, Isentress, Selzentry	—	—
Nevada	—	—	—	—	—	—	—	—	—
New Hampshire	—	—	—	—	—	—	Fuzeon, Isentress, Selzentry	—	—
New Jersey	—	—	—	—	—	—	All second line antiretrovirals	—	—
New Mexico	—	—	—	—	—	—	Fuzeon, Isentress, Prezista, Selzentry	—	—
New York	—	—	—	—	Yes (5 per month)	—	Aptivus, Epogen, Fuzeon, G-csf, Mepron, Nuemega, Selzentry, Win Rho	Selzentry	—
North Carolina	—	—	—	—	—	Fuzeon	Fuzeon, Selzentry	Selzentry	—
North Dakota	—	—	—	—	—	—	—	—	—
Northern Mariana Islands	—	—	—	—	—	—	—	—	—
Ohio	—	—	Yes (Fuzeon)	—	—	Fuzeon, Selzentry	Fuzeon, Selzentry	Fuzeon	—
Oklahoma	—	—	—	—	—	—	—	—	—
Oregon	Yes	—	—	—	—	—	—	—	—
Pennsylvania	—	—	—	—	—	—	—	—	—
Puerto Rico	—	—	—	—	—	—	—	—	—
Rhode Island	—	—	—	—	—	—	—	—	—
South Carolina	Yes	—	—	—	—	—	Aptivus, Fuzeon, Prezista, Selzentry	Aptivus, Fuzeon, Prezista	—
South Dakota	—	—	Yes (Fuzeon)	Yes (\$10,500 per year)	—	—	Fuzeon, Selzentry	—	—
Tennessee	—	—	—	—	—	—	Fuzeon, Selzentry	Selzentry	—
Texas	—	—	—	—	Yes (4 antiretrovirals per month)	Each drug has specific criteria; see program guidelines	—	Fuzeon, Selzentry	—
Utah	—	—	—	—	—	—	Fuzeon, Intelence, Isentress	—	—
Vermont	—	—	—	—	—	—	—	—	—
Virgin Islands (U.S.)	—	—	—	—	—	—	—	—	—
Virginia	—	—	—	—	—	Each drug has specific criteria; see program guidelines	Aptivus, Fuzeon, Intelence, Prednisone, Prezista, Voriconazole	—	—
Washington	Yes	—	Yes (Fuzeon)	—	—	Aptivus, Baraclude, Fuzeon, Selzentry	Aptivus, Baraclude, Ciarthromycin, Fosamprenavir, Fuzeon, Marinol, Norvir, Selzentry, Valtrex, Zofran	Aptivus, Baraclude, Fuzeon, Maraviroc	—
West Virginia	—	—	—	—	—	Selzentry	Fuzeon, Foscavir, Selzentry	—	—
Wisconsin	—	—	—	—	—	—	—	—	—
Wyoming	—	—	—	—	—	—	—	—	—
<b>Total</b>	<b>5</b>	<b>1</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>17</b>	<b>33</b>	<b>19</b>	<b>2</b>

<sup>1</sup> Step therapy is the practice of beginning drug therapy for a medical condition with the most cost-effective and safest drug therapy and progressing to other more costly or risky therapy, only if necessary. The aims are to control costs and minimize risks. Also called step protocol. Step therapy does not apply to antiretrovirals.

Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above.

Table XXIV

## ADAP Drug Purchasing and Prime Vendor Participation, June 2008

State/Territory	Participates in 340B Drug Pricing Program	Direct Purchase	Pharmacy Network (Rebate)	Participates in HRSA Prime Vendor Program (Direct Purchasers Only)
Alabama	Yes	Yes	—	—
Alaska	Yes	Yes	—	Yes
American Samoa	—	—	—	—
Arizona	Yes	Yes	—	—
Arkansas	Yes	Yes	—	Yes
California	Yes	—	Yes	—
Colorado	Yes	Yes	—	—
Connecticut	Yes	—	Yes	—
Delaware	Yes	Yes	—	Yes
District of Columbia <sup>1</sup>	Yes	Yes	—	—
Federated States of Micronesia	—	—	—	—
Florida	Yes	Yes	—	Yes
Georgia	Yes	Yes	—	Yes
Guam	Yes	—	Yes	—
Hawaii	Yes	Yes	—	—
Idaho	Yes	—	Yes	—
Illinois	Yes	Yes	—	Yes
Indiana	Yes	—	Yes	—
Iowa	Yes	Yes	—	Yes
Kansas	Yes	—	Yes	—
Kentucky	Yes	Yes	—	Yes
Louisiana	Yes	Yes	—	—
Maine	Yes	—	Yes	—
Marshall Islands	—	—	—	—
Maryland	Yes	—	Yes	—
Massachusetts	Yes	—	Yes	—
Michigan	Yes	—	Yes	—
Minnesota	Yes	—	Yes	—
Mississippi	Yes	Yes	—	—
Missouri	Yes	—	Yes	—
Montana	Yes	Yes	—	Yes
Nebraska	Yes	Yes	—	Yes
Nevada	Yes	Yes	—	Yes
New Hampshire	Yes	—	Yes	—
New Jersey	Yes	—	Yes	—
New Mexico	Yes	Yes	—	Yes
New York	Yes	—	Yes	—
North Carolina	Yes	Yes	—	Yes
North Dakota	Yes	—	Yes	—
Northern Mariana Islands	—	—	—	—
Ohio	Yes	Yes	—	Yes
Oklahoma	Yes	Yes	—	Yes
Oregon	Yes	—	Yes	—
Pennsylvania	Yes	—	Yes	—
Puerto Rico	Yes	Yes	—	—
Rhode Island	Yes	—	Yes	—
South Carolina	Yes	Yes	—	Yes
South Dakota	Yes	—	Yes	—
Tennessee	Yes	Yes	—	Yes
Texas	Yes	Yes	—	—
Utah	Yes	Yes	—	—
Vermont	Yes	—	Yes	—
Virgin Islands (U.S.)	Yes	Yes	—	—
Virginia	Yes	Yes	—	Yes
Washington	Yes	—	Yes	—
West Virginia	Yes	—	Yes	—
Wisconsin	Yes	—	Yes	—
Wyoming	Yes	—	Yes	—
<b>Total</b>	<b>54</b>	<b>29</b>	<b>25</b>	<b>18</b>

<sup>1</sup>The District of Columbia receives Department of Defense pricing, allowing it to receive prices at the Federal Ceiling Price (at or below 340B prices) for most drugs; 340B prices are in effect for selected items.

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, and Rhode Island did not report data. Data regarding Rhode Island's drug purchasing mechanism is available online and was incorporated. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above.



Table XXV

## Federal ADAP Funds Used For and Number of Clients Served Through Insurance Purchasing/Maintenance, 2008

State/Territory <sup>1</sup>	FY 2008 Estimated Expenditures	June 2008 Expenditures	June 2008 Clients Served
Alabama	\$192,000	\$5,840	—
Alaska	\$75,000	\$7,644	8
American Samoa	—	—	—
Arizona	\$0	\$0	0
Arkansas	—	—	—
California	\$18,519,197	\$1,516,335	920
Colorado	\$1,338,192	\$110,481	498
Connecticut	\$0	\$0	0
Delaware	\$108,086	\$1,470	17
District of Columbia	\$172,707	\$21,641	—
Federated States of Micronesia	—	—	—
Florida	\$2,000,000	\$169,549	217
<b>Georgia</b>	\$1,500,000	\$125,000	275
Guam	\$0	\$0	0
Hawaii	\$150,000	\$7,586	24
Idaho	\$0	\$0	0
Illinois	\$520,802	\$36,600	—
Indiana	\$11,207,460	\$199,924	1,297
Iowa	\$200,000	\$71,622	83
Kansas	\$1,771,820	\$89,848	24
Kentucky	\$825,000	\$48,000	—
Louisiana	\$672,750	\$72,187	567
Maine	\$295,209	\$30,687	23
Marshall Islands	—	—	—
Maryland	\$2,500,000	\$608,130	983
Massachusetts	\$12,560,608	\$805,848	1,569
Michigan	\$910,000	\$76,030	155
Minnesota	\$2,039,866	\$46,191	723
Mississippi	\$0	\$0	0
Missouri	\$990,000	\$88,758	—
Montana	\$58,000	\$5,476	15
Nebraska	\$110,000	\$6,031	—
Nevada	\$367,677	\$41,091	161
New Hampshire	\$298,049	\$12,502	—
New Jersey	\$2,880,000	\$435,443	161
New Mexico	\$2,229,936	\$216,809	527
New York	\$13,000,000	\$1,380,543	1,746
North Carolina	\$0	\$0	0
North Dakota	\$0	\$0	0
Northern Mariana Islands	—	—	—
Ohio	\$1,750,000	—	925
Oklahoma	\$1,135,600	\$89,772	192
Oregon	\$6,000,000	\$489,535	1,472
Pennsylvania	—	—	—
Puerto Rico	\$0	\$0	0
Rhode Island	—	—	—
South Carolina	\$1,100,000	\$105,147	469
South Dakota	\$0	\$0	0
Tennessee	\$8,000,000	\$641,329	1,025
Texas	\$0	\$0	0
Utah	\$615,000	\$42,322	104
Vermont	\$120,000	\$53,396	34
Virgin Islands (U.S.)	—	—	—
Virginia	\$0	\$0	0
Washington	\$7,735,885	\$1,581,578	1,046
West Virginia	\$0	\$0	0
Wisconsin	\$2,796,982	\$419,711	583
Wyoming	\$0	\$0	0
<b>Total</b>	<b>\$106,745,825</b>	<b>\$9,660,058</b>	<b>15,843</b>

<sup>1</sup> New states since 2007 reported in bold.

Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates no data available from the ADAP. A zero (\$0 or 0) indicates a response of zero (\$0 or 0) from the ADAP. Health insurance programs include purchasing health insurance and paying insurance premiums, co-payments, and/or deductibles.

**Table XXVI**

**ADAP Policies Related to Medicare Part D, June 2008**

State/Territory	ADAP Pays Part D Premiums		ADAP Pays Part D Deductibles		ADAP Pays Part D Co-Payments				Not Eligible for ADAP <sup>1</sup>				Provide Medications During Coverage Gap <sup>3</sup>
	Partial Subsidy Clients	Standard Clients	Partial Subsidy Clients	Standard Clients	Dually Eligible Clients <sup>2</sup>	Full Subsidy Clients	Partial Subsidy Clients	Standard Clients	Dually Eligible Clients <sup>2</sup>	Full Subsidy Clients	Partial Subsidy Clients	Standard Clients	
Alabama	—	Yes	—	—	—	—	—	Yes	Yes	Yes	—	—	Yes
Alaska	—	—	—	—	—	Yes	Yes	Yes	Yes	—	—	—	Yes
American Samoa	—	—	—	—	—	—	—	—	—	—	—	—	—
Arizona	—	—	—	—	—	—	—	—	Yes	Yes	Yes	—	—
Arkansas	—	—	Yes	Yes	—	—	Yes	Yes	—	Yes	—	—	Yes
California	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
Colorado	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
Connecticut	Yes	Yes	Yes	Yes	—	Yes	Yes	Yes	Yes	—	—	—	Yes
Delaware	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
District of Columbia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
Federated States of Micronesia	—	—	—	—	—	—	—	—	—	—	—	—	—
Florida	Yes	—	Yes	—	—	Yes	Yes	—	Yes	Yes	—	—	—
Georgia	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	—	—	—	—	—	—	—	—	—	—	—	—
Hawaii	—	—	—	—	—	—	—	—	Yes	Yes	—	—	—
Idaho	—	—	—	—	—	—	—	—	Yes	Yes	Yes	Yes	Yes
Illinois	—	—	—	—	—	—	—	—	Yes	Yes	Yes	Yes	—
Indiana	—	—	Yes	Yes	—	Yes	Yes	Yes	—	—	—	—	Yes
Iowa	Yes	Yes	Yes	Yes	—	—	Yes	Yes	—	—	—	Yes	Yes
Kansas	—	—	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
Kentucky	—	—	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
Louisiana	Yes	Yes	Yes	Yes	—	Yes	Yes	Yes	—	—	—	—	Yes
Maine	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
Marshall Islands	—	—	—	—	—	—	—	—	—	—	—	—	—
Maryland	Yes	Yes	Yes	Yes	—	Yes	Yes	Yes	Yes	—	—	—	Yes
Massachusetts	—	Yes	—	—	Yes	—	—	Yes	—	—	—	—	Yes
Michigan	Yes	Yes	Yes	Yes	—	Yes	Yes	Yes	Yes	—	—	—	Yes
Minnesota	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—
Mississippi	—	—	—	—	—	—	—	—	—	—	—	Yes	—
Missouri	—	—	—	—	—	—	—	—	Yes	Yes	Yes	Yes	—
Montana	—	—	—	—	—	—	—	—	Yes	Yes	Yes	Yes	—
Nebraska	Yes	Yes	—	—	—	Yes	Yes	Yes	Yes	—	—	—	—
Nevada	Yes	Yes	Yes	Yes	—	—	Yes	Yes	Yes	Yes	—	—	Yes
New Hampshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
New Jersey	—	Yes	—	Yes	—	—	—	Yes	Yes	—	—	—	Yes
New Mexico	—	—	—	—	—	—	—	—	Yes	Yes	Yes	Yes	—
New York	—	—	—	—	—	—	—	—	Yes	—	—	—	—
North Carolina	—	—	—	—	—	—	—	—	Yes	Yes	—	—	—
North Dakota	—	—	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	—
Northern Mariana Islands	—	—	—	—	—	—	—	—	—	—	—	—	—
Ohio	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
Oklahoma	Yes	—	Yes	—	Yes	Yes	Yes	—	—	—	—	—	Yes
Oregon	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
Pennsylvania	—	—	—	—	—	—	—	—	Yes	—	—	—	—
Puerto Rico	—	—	—	—	—	—	—	—	Yes	—	—	—	—
Rhode Island	—	—	—	—	—	—	—	—	—	—	—	—	—
South Carolina	—	—	—	—	—	—	—	—	Yes	Yes	—	—	—
South Dakota	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
Tennessee	—	—	—	—	—	—	—	—	Yes	Yes	Yes	Yes	—
Texas	—	—	—	—	—	—	—	—	Yes	Yes	Yes	Yes	—
Utah	Yes	Yes	—	—	—	Yes	Yes	Yes	Yes	—	—	—	—
Vermont	—	—	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
Virgin Islands	—	—	—	—	—	—	—	—	—	Yes	Yes	Yes	—
Virginia	—	—	—	—	—	—	—	—	Yes	Yes	—	—	—
Washington	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
West Virginia	—	—	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
Wisconsin	—	Yes	—	Yes	—	—	—	Yes	Yes	Yes	Yes	—	Yes
Wyoming	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>Total</b>	<b>21</b>	<b>23</b>	<b>26</b>	<b>26</b>	<b>18</b>	<b>26</b>	<b>29</b>	<b>31</b>	<b>27</b>	<b>19</b>	<b>10</b>	<b>10</b>	<b>29</b>

<sup>1</sup> Clients receiving any portion of the Medicare Part D subsidy were disenrolled from ADAP because the benefit provided them comprehensive care. In many instances, when standard clients were disenrolled from ADAP, they were consequently enrolled in other State Pharmacy Assistance Programs (SPAPs).

<sup>2</sup> Eligible for both Medicare and Medicaid.

<sup>3</sup> Once a client reaches the coverage gap (or "doughnut hole") in their Part D plan, the client will revert back to ADAP to receive all medications available through the ADAP formulary.

Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, Rhode Island, and Virgin Islands (U.S.) did not report data. Following reauthorization of the Ryan White Program in 2006, the Republic of Palau was eligible for ADAP funding, but did not receive funding in FY 2008 and is not included above. A dash (—) indicates that the ADAP did not report its policy or the ADAP reported "No."

Table XXVII

## HIV/AIDS Medications

FDA-Approved Antiretroviral Medications	
GENERIC NAME	BRAND NAME
<b>Multi-Class Combination Products</b>	
efavirenz, emtricitabine, and tenofovir disoproxil fumarate	Atripla
<b>NRTIs</b>	
abacavir sulfate, ABC	Ziagen
abacavir, zidovudine, and lamivudine	Trizivir
abacavir and lamivudine	Epzicom
didanosine, dideoxyinosine, ddI	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 <sup>1</sup>
zidovudine, azidothymidine, AZT, ZDV	Retrovir
<b>NNRTIs</b>	
delavirdine, DLV	Rescriptor
efavirenz, EFV	Sustiva
etravirine	Intelence
mnevirapine, NVP	Viramune
<b>Protease Inhibitors</b>	
amprenavir, APV	Agenerase <sup>2</sup>
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 <sup>3</sup>
saquinavir mesylate, SQV	Invirase
tipranavir, TPV	Aptivus
<b>Fusion Inhibitors</b>	
enfuvirtide, T-20	Fuzeon
<b>Entry Inhibitors - CCR5 Co-Receptor Antagonist</b>	
maraviroc	Selzentry
<b>HIV Integrase Strand Transfer Inhibitors</b>	
raltegravir	Isentress
<p><sup>1</sup> The sale and distribution of Hivid (zalcitabine, dideoxycytidine, ddC) was discontinued as of December 2006.</p> <p><sup>2</sup> 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 available in pediatric dosing.</p> <p><sup>3</sup> Fortovase (saquinavir soft-gel) is no longer marketed.</p>	
<p>Source: FDA, "Drugs Used in the Treatment of HIV Infection": <a href="http://www.fda.gov/oashi/aids/virals.html">http://www.fda.gov/oashi/aids/virals.html</a>. Also see: DHHS, "Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents," November 24, 2008: <a href="http://aidsinfo.nih.gov/Guidelines/GuidelineDetail.aspx?MenuItem=Guidelines&amp;Search=Off&amp;GuidelineID=7&amp;ClassID=1">http://aidsinfo.nih.gov/Guidelines/GuidelineDetail.aspx?MenuItem=Guidelines&amp;Search=Off&amp;GuidelineID=7&amp;ClassID=1</a>.</p>	

(continued)

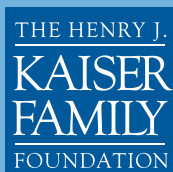
**Table XXVII** (continued)

**HIV/AIDS Medications**

<b>“A1” Medications for the Prevention &amp; Treatment of Opportunistic Infections (Highly Recommended)<sup>1</sup></b>	
<b>GENERIC NAME</b>	<b>BRAND NAME</b>
acyclovir	Zovirax
amphotericin B	Fungizone
azithromycin	Zithromax
cidofovir	Vistide
clarithromycin	Biaxin
clindamycin	Cleocin
ethambutol	—
famciclovir	Famvir
fluconazole	Diffucan
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
<sup>1</sup> “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 Virus.” <i>MMWR</i> , 51 (No. RR08),1-46; 2002; CDC, “Treating Opportunistic Infections Among HIV-Infected Adults and Adolescents.” <i>MMWR</i> , 53 (No. RR15), 1-112; 2004. Also see: DHHS, “Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents,” November 24, 2008: <a href="http://aidsinfo.nih.gov/Guidelines/GuidelineDetail.aspx?MenuItem=Guidelines&amp;Search=Off&amp;GuidelineID=211&amp;ClassID=4">http://aidsinfo.nih.gov/Guidelines/GuidelineDetail.aspx?MenuItem=Guidelines&amp;Search=Off&amp;GuidelineID=211&amp;ClassID=4</a> .	



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