

## Grantee Contact Information

**1. Grantee name:**

adap

**2. Grant number:**

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**3. ADAP number:**

5	5	5	5
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**4. D-U-N-S number:**

5	5	-	5	5	5	-	5	5	5	5
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**5. Grantee address:**

a. Street: 354 ERIE Street

b. City: Yeppers State: LA

c. ZIP Code: 74034

**6. Contact information for the ADAP Coordinator/Administrator:**

a. Name: ADAT

b. Title: MT

c. Phone #: 5555555555

d. Fax #: 5654354252

e. E-mail: ASD@GRGR.ORG

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

April 1 – September 30

November 1 - March 31

## Section 1: Programmatic Summary Submission

Section 1 (Items 1–7) should be completed for each six month period. Please review the Instructions for Completing the ADAP Grantee Report to ensure that you respond to each item appropriately

### A. PROGRAM ADMINISTRATION

1. Please indicate which of the following limits applied to your ADAP during the reporting period. For each item that applied, complete the blank with the information requested on that limit. (Check all that apply)

- Waiting list anytime during the reporting period
- Enrollment cap Max number of enrollees 1000
- Cappend expenditure Monetary cap 100 per client

Drug-specific enrollment caps for ARVs or Hepatitis C medications - Please specify below for each medication that has an enrollment cap:

Medication abacavir/dolutegravir/ lamivudine Max # of enrollees 100

2. Indicate which of the following developments or changes occurred in your program during this reporting period: (Check all that apply)

- Project budget deficit
- Change in income eligibility criteria (please specify \_\_\_\_\_ )
- Change in medical eligibility criteria (please specify \_\_\_\_\_ )
- Added medications to the formulary
- Deleted medications from the formulary

3. Please indicate the maximum ADAP eligibility requirements as a percentage of Federal Poverty Level (FPL):

5 %

4. Please indicate which of the following activities your ADAP uses to coordinate with Medicaid or a State-only Pharmacy Assistance Program: (Check all that apply)

- Online interface
- Dual Application
- Coordinated Benefits
- Retroactive Billing
- Other (Please Specify \_\_\_\_\_ )
- We have no coordination with Medicaid or State-only ADAP

## B. FUNDING

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

	Funding Source	Amount Received (to nearest dollar)
a.	Total contributions from Part A EMA(s) / TGAs	\$700,000
b.	Total contributions from Part B Base funding	\$300,000
c.	Total contributions from Part B Supplemental funding	\$100,000
d.	State contributions (other than Ryan White or Required State Match Funds)	\$1,000,000
e.	Carry-over of Ryan White funds from previous year	\$500,000
f.	Manufacturer Rebates	\$100,000
g.	Other Negotiated Rebates	\$100,000
h.	All Insurance Reimbursements, including Medicaid	\$1,000,000
	<b>Resources received this reporting period (Total of a through h)</b>	<b>\$3,800,000</b>

## C. EXPENDITURES

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

	Expenditure Category	Total Cost
a.	Pharmaceuticals	\$2,000,000
b.	Dispensing and other administrative costs	\$500,000
c.	Insurance coverage (including co-pays, deductibles and premiums)	\$1,000,000
d.	Under the ADAP Flexibility Policy - <b>Adherence</b>	\$10,000
e.	Under the ADAP Flexibility Policy - <b>Access</b>	\$10,000
f.	Under the ADAP Flexibility Policy - <b>Monitoring</b>	\$10,000
	<b>Total ADAP Expenditures this quarter</b>	<b>\$3,530,000</b>

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

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

Included in Formulary	GENERIC NAME	BRAND NAME	Category	Added to Formulary this Reporting Period	
				Med Added?	Date Added
<input type="checkbox"/>	enfuvirtide	Fuzeon	Entry Inhibitors	<input type="checkbox"/>	
<input type="checkbox"/>	maraviroc	Selzentry	Entry Inhibitors	<input type="checkbox"/>	
<input type="checkbox"/>	dolutegravir	Tivicay	II	<input type="checkbox"/>	
<input type="checkbox"/>	raltegravir	Isentress	Integrase Inhibitors	<input type="checkbox"/>	
<input type="checkbox"/>	cobicistat,elvitegravir, emtricitabine, tenofovir	Stribild	Multi-class	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	efavirenz/emtricitabine/tenofovir	Atripla	Multi-class	<input type="checkbox"/>	06/04/2010
<input type="checkbox"/>	emtricitabine/rilpivirine/tenofovir	Complera	Multi-class	<input type="checkbox"/>	
<input type="checkbox"/>	delavirdine	Rescriptor	NNRTI	<input type="checkbox"/>	
<input type="checkbox"/>	efavirenz	Sustiva	NNRTI	<input type="checkbox"/>	
<input type="checkbox"/>	etravirine	Intelence	NNRTI	<input type="checkbox"/>	
<input type="checkbox"/>	nevirapine	Viramune	NNRTI	<input type="checkbox"/>	
<input type="checkbox"/>	rilpivirine	Edurant	NNRTI	<input type="checkbox"/>	
<input type="checkbox"/>	abacavir	Ziagen	NRTI	<input type="checkbox"/>	
<input type="checkbox"/>	abacavir/lamivudine/zidovudine	Trizivir	NRTI	<input type="checkbox"/>	
<input type="checkbox"/>	abacavir-lamivudine	Epzicom	NRTI	<input type="checkbox"/>	
<input type="checkbox"/>	didanosine	Videx	NRTI	<input type="checkbox"/>	
<input type="checkbox"/>	emtricitabine	Emtriva	NRTI	<input type="checkbox"/>	
<input type="checkbox"/>	emtricitabine-tenofovir	Truvada	NRTI	<input type="checkbox"/>	

<input type="checkbox"/>	lamivudine	Epivir	NRTI	<input type="checkbox"/>	
<input type="checkbox"/>	lamivudine-zidovudine	Combivir	NRTI	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	stavudine	Zerit	NRTI	<input type="checkbox"/>	06/04/2010
<input type="checkbox"/>	tenofovir	Viread	NRTI	<input type="checkbox"/>	
<input type="checkbox"/>	zalcitabine, ddC, dideoxycytidine	Hivid	NRTI	<input type="checkbox"/>	
<input type="checkbox"/>	zidovudine	Retrovir	NRTI	<input type="checkbox"/>	
<input type="checkbox"/>	amprenavir	Agenerase	PI	<input type="checkbox"/>	
<input type="checkbox"/>	atazanavir	Reyataz	PI	<input type="checkbox"/>	
<input type="checkbox"/>	darunavir	Prezista	PI	<input type="checkbox"/>	
<input type="checkbox"/>	fosamprenavir	Lexiva	PI	<input type="checkbox"/>	
<input type="checkbox"/>	indinavir	Crixivan	PI	<input type="checkbox"/>	
<input type="checkbox"/>	lopinavir-ritonavir	Kaletra	PI	<input type="checkbox"/>	
<input type="checkbox"/>	nelfinavir	Viracept	PI	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	ritonavir	Norvir	PI	<input type="checkbox"/>	05/19/2010
<input type="checkbox"/>	saquinavir	Invirase	PI	<input type="checkbox"/>	
<input type="checkbox"/>	tipranavir	Aptivus	PI	<input type="checkbox"/>	

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

Included in Formulary	GENERIC NAME	BRAND NAME
<input type="checkbox"/>	acyclovir	Zovirax
<input type="checkbox"/>	amphotericin B	Fungizone
<input type="checkbox"/>	azithromycin	Zithromax
<input type="checkbox"/>	cidofovir	Vistide
<input type="checkbox"/>	clarithromycin	Biaxin
<input type="checkbox"/>	clindamycin topical	Cleocin
<input type="checkbox"/>	ethambutol	Myambutal
<input type="checkbox"/>	famciclovir	Famvir
<input type="checkbox"/>	fluconazole	Diflucan
<input type="checkbox"/>	flucytosine	Ancobon
<input type="checkbox"/>	fomivirsen	Vitravene
<input type="checkbox"/>	foscarnet	Foscavir
<input type="checkbox"/>	ganciclovir	Cytovene
<input type="checkbox"/>	isoniazid	Lanizid, Nydrazid
<input type="checkbox"/>	itraconazole	Sporonox
<input type="checkbox"/>	leucovorin calcium	Wellcovorin
<input type="checkbox"/>	peginterferon alfa-2b	PegIntron
<input type="checkbox"/>	pentamidine	Nebupent
<input type="checkbox"/>	prednisone	Deltasone, Liquid Pred, Metocorten, Orasone, Panasol, Prednicen-M, Sterapred
<input type="checkbox"/>	probenecid	Probenecid
<input type="checkbox"/>	pyrazinimide	pyrazinimide
<input type="checkbox"/>	pyrimethamine	Daraprim, Fansidar

<input type="checkbox"/>	rifampin	Rifadin/Rimactane
<input type="checkbox"/>	ribavirin	Copegus
<input type="checkbox"/>	rifabutin	Mycobutin
<input type="checkbox"/>	sulfadiazine	Microsulfon
<input checked="" type="checkbox"/>	trimethoprim-sulfamethoxazole	Bactrim/Septra
<input type="checkbox"/>	valacyclovir	Valtrex
<input type="checkbox"/>	valganciclovir	Valcyte

**b. Grantee-level Formulary Information - Hepatitis B Medications**

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

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

Included in Formulary	GENERIC NAME	BRAND NAME
<input type="checkbox"/>	boceprevir	Victrelis
<input type="checkbox"/>	interferon alfa-2a	Roferon-A
<input type="checkbox"/>	interferon alfa-2b	Intron A
<input type="checkbox"/>	interferon alfa-2b-ribavirin	Rebetron
<input type="checkbox"/>	interferon alfacon-1	Infergen
<input type="checkbox"/>	peginterferon alfa-2a	Pegasys
<input type="checkbox"/>	peginterferon alfa-2b	PegIntron
<input type="checkbox"/>	ribavirin	Copegus
<input type="checkbox"/>	telaprevir	Incivek
<input type="checkbox"/>	Simeprevir	Olysio
<input type="checkbox"/>	Sofosbuvir	Sovaldi