National ADAP Monitoring Project

Annual Report

APRIL 2008

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NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

THE HENRY J. KAISER FAMILY FOUNDATION

Acknowledgements

The Henry J. Kaiser Family Foundation (Kaiser) and The National Alliance of State and Territorial AIDS Directors (NASTAD) would like to thank the state ADAP and AIDS program managers and staff for their time and effort in completing the National ADAP Survey which serves as the foundation for this report, and for providing ongoing updates to inform the National ADAP Monitoring Project.

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: Abbott Laboratories, Gilead Sciences, GlaxoSmithKline, Solvay Pharmaceuticals, 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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Prepared by

The Henry J. Kaiser Family Foundation
ALICIA L. CARBAUGH
JENNIFER KATES

National Alliance of State and Territorial AIDS Directors
BETH CRUTSINGER-PERRY
BRITTEN GINSBURG
MURRAY C. PENNER

NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

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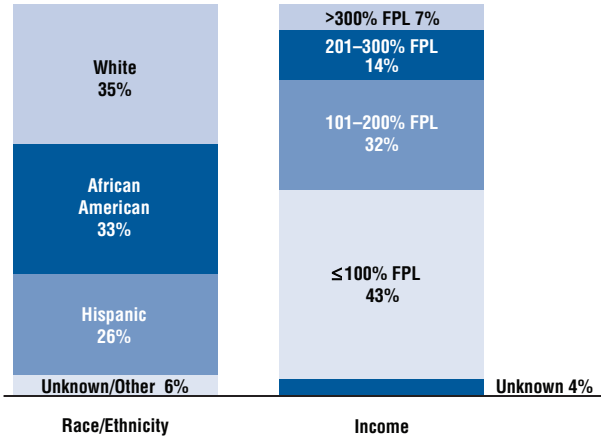
Summary and Highlights

The National ADAP Monitoring Project's *Annual Report* is based on a comprehensive survey of all AIDS Drug Assistance Programs (ADAPs), state-level[1] programs that provide prescription drug medications to low-income people with HIV/AIDS. The National ADAP Monitoring Project is a more than 10-year effort of the National Alliance of State and Territorial AIDS Directors (NASTAD) and the Henry J. Kaiser Family Foundation (Kaiser). Each year, the project 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) 2007 and June 2007 (unless otherwise noted) and discusses recent policy and programmatic changes that affect ADAPs. Key highlights from this year's report are as follows:

- **The national ADAP client caseload has grown over time.** With almost 146,000 enrollees in 2007—and 102,000 served in the month of June 2007 alone—it reached its highest level since the program began.

- As the **nation's prescription drug safety-net for people with HIV/AIDS**, ADAPs are designed to serve some of the most vulnerable people with HIV in the country. Most clients are low-income, with more than four in 10 having incomes at or below 100% of the Federal Poverty Level (FPL was $10,210 annually for a family of one in 2007), and uninsured (69%), and approximately two-thirds are people of color. Without ADAPs, many of these individuals would likely have limited or no access to medications and fall through the cracks in our larger health care system.

Profile of ADAP Clients, June 2007



Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. The Federal Poverty Level (FPL) was $10,210 (slightly higher in Alaska and Hawaii) for a household of one. Percentages may not total 100% due to rounding.

ADAP SNAPSHOT

- Number of ADAPs, FY 2007: 58
- Total ADAP Budget, FY 2007: $1.4 billion
- Federal ADAP Earmark Funds, FY 2007: $775 million
- Clients Enrolled, June 2007: 145,799
- Clients Served, June 2007: 101,987
- Drug Spending, June 2007: $100 million

- **ADAP clients primarily reflect the national epidemic, concentrated in states with the highest numbers of people living with HIV/AIDS**. Ten states accounted for two-thirds (67%) of total client enrollment in June 2007. Regionally, more than a third (37%) of clients enrolled lived in the South, 27% in the West, 25% in the Northeast, and 11% in the Midwest.[2]

- The **2006 reauthorization of the Ryan White Program**, the federal program under which ADAPs were established, changed the way in which federal funding is distributed to states for ADAPs. It also instituted new ADAP policies such as a minimum drug formulary requirement for antiretrovirals, the first such requirement in the program's history. While the implications of these recent changes are still being played out at the state level, they have introduced both new opportunities and new challenges for ADAPs. For example, the funding formula change has resulted in fluctuations in the amount of ADAP funding received by states between FY 2006 and FY 2007, and may continue to do so. Additionally, the new formulary requirement has served to expand access to medications in a few states but may pose resource challenges in others, particularly as newer, but usually more expensive, classes of antiretrovirals are introduced.

- **There is good news for ADAPs, as several recent factors have combined to ease past pressures**, although relief has not been felt equally across the country and its longevity is uncertain. For the first time since the Monitoring Project began tracking ADAPs, waiting lists were nearly eliminated in the most recent period. In addition, most ADAPs increased client

enrollment and added medications from two new drug classes almost immediately upon their approval, despite having a multi-month grace period for doing so. Among the factors contributing to the easing of past pressures for many states were:

– *President's ADAP Initiative (PAI)*: The PAI provided additional one-time funding[3] to 10 states with waiting lists, resulting in a drop in the number of people on waiting lists across the country (although not eliminating waiting lists completely; at the end of the PAI in 2006, more than 300 additional individuals were still on waiting lists in six states).
– *Medicare Part D*: Several ADAPs reported that the introduction of Medicare Part D in 2006 helped to ease constraints and/or provide a new avenue for prescription drugs for people with HIV. For example, many ADAPs have been able to reduce costs by transitioning from paying all prescription drug costs for Part D-eligible clients to covering their "wrap around" costs such as co-payments, monthly premiums, or costs when beneficiaries reach the "coverage gap" in their Part D plans.
– *Non-Federal Funding Sources*: Over time, non-federal funding sources—particularly state general revenue support and drug rebates—have become critical parts of the ADAP budget. States, although not required to do so, have generally acted to provide additional funding to ADAPs at key times, sometimes in response to state-level advocacy efforts. In addition, the easing of the economic downturn that hit states hard in the earlier part of the decade likely led to some states increasing their contributions to ADAP this year. Moreover, because of the uncertainty of ADAP funding from year to year, ADAPs have become increasingly sophisticated at seeking other sources of revenue, particularly pharmaceutical manufacturer drug rebates, which now appear to be a main factor allowing most ADAPs to continue to meet client demand and even expand access in some cases.
– *ADAP Supplemental Drug Treatment Grants*: Ryan White Reauthorization increased the amount of funding available for ADAP Supplemental Drug Treatment Grants, a set-aside of the federal ADAP earmark designed to provide additional funding to states with significant ADAP program limitations.

RYAN WHITE REAUTHORIZATION

The Ryan White 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," is the single largest federal program designed specifically for people with HIV/AIDS. ADAPs, which began as AZT Assistance Programs in the 1980s when federal assistance was initially provided to states for purchasing the first approved antiretroviral medication, were incorporated into the Ryan White Program when it was first enacted in 1990. The Ryan White Program was reauthorized in both 1996 and 2000, and was reauthorized for the third time in December 2006. Whereas all prior authorizations were for five-year periods, the recent 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. The 1996 reauthorization created the federal ADAP earmark. The 2000 reauthorization created the ADAP Supplemental Drug Treatment Grant Program, included a provision allowing ADAPs to use funds for insurance purchasing and maintenance, and increased their flexibility to provide other limited services (e.g., adherence support and outreach).

The 2006 reauthorization brought further changes to ADAPs, including:

Minimum ADAP Formulary: For the first time in the program's history, ADAPs are required to cover at least one medication from each of the approved antiretroviral drug classes, as indicated in the Department of Health and Human Services "Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents" (currently there are six classes subject to the requirement, but this provision will apply to any future classes of antiretroviral medications that are incorporated into the Guidelines). HRSA instituted the new provision into policy, effective July 1, 2007.

Earmark Formula: The formula used for distribution of federal ADAP earmark funding changed. Previously, estimated living AIDS cases were utilized in determining ADAP formula awards. The new formula has moved from estimated living AIDS cases to actual AIDS cases and also includes HIV cases. This change has resulted in some funding shifts for ADAP earmark awards although such shifts were limited by the hold harmless requirement which ensured each state received at least 95% of its FY 2006 award.

ADAP Supplemental: Several changes were made to the ADAP supplemental grant program. The set-aside increased from three to five percent of the ADAP earmark; eligibility requirements changed; and matching requirements can now be waived if certain requirements are met.

Beyond these ADAP-specific changes, reauthorization has brought changes to other parts of the Ryan White Program that continue to affect ADAPs, such as changes in the way overall state Part B funding is distributed across the country, which in turn affects the amount of funds states have available to provide to ADAPs. ◗

This resulted in the first increase in funds available through the ADAP Supplemental since FY 2003, and likely contributed to the easing of fiscal pressures in those states that received increases (13 states) or first-time (3 states) ADAP supplemental funding.

- **Despite these factors, there is a concern for the future.** ADAP funding levels and budget composition are highly variable from year to year, with revenue sources often being triggered as "levers" that rise and fall depending on the amount of federal funding available. Trend data indicate that when one ADAP revenue source decreases, others often increase to fill the gap. For example, as growth in federal ADAP earmark funding has slowed in recent years—even declining over the last year for the first time since it began—other funding sources, such as drug rebates, have been sought more actively. These "levers," however, are seldom permanent and usually unpredictable. The only two ADAP funding sources that increased over the last period were drug rebates and the ADAP Supplemental; all others decreased, including state funding, which has historically been a key driver of ADAP budget growth. Additionally, it is still not clear how the recent changes in the Ryan White Program will affect ADAPs over time; ADAP earmark funding, for instance, is still expected to shift state-by-state as hold harmless and other provisions in the law play out. Finally, there are recent signals of a new state-level economic downturn, with some states already reporting overall budget shortfalls for FY 2008 and/or expecting shortfalls for FY 2009[4]; these states include some of those with the largest ADAP caseloads, and it is unknown if or how ADAPs will be affected. Ultimately, the number of clients served by ADAPs will continue to be determined by the amount of funding the programs receive each year and may not correspond to the number of people who need prescription drugs or to the costs of medications.

The National ADAP Monitoring Project will continue to assess these issues, particularly the ongoing impact of Ryan White Reauthorization and the role of the larger state fiscal environment, over the next year and provide data on the critical role ADAPs play in providing low-income individuals with HIV access to needed medications.

A background and overview on ADAPs, followed by detailed findings on clients, drug expenditures, budgets, eligibility, and other key aspects of the program, are below. Charts and detailed 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 Ryan White Comprehensive AIDS Resources Emergency (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," [5,6] is a critical source of prescription drugs for low-income people with HIV/AIDS in the United States who have limited or no prescription drug coverage. With almost 146,000 enrollees, ADAPs reach about three in 10 people with HIV estimated to be receiving care nationally.[7] In the month of June 2007 alone, ADAPs provided medications to nearly 102,000 clients and insurance coverage for medications and other medical

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. ◗

care to thousands more. In addition to helping to fill gaps in prescription drug coverage, ADAPs serve as a bridge between a broader array of healthcare and supportive services funded by the Ryan White Program, Medicaid, Medicare, and private insurance. As the number of people living with HIV/AIDS in the U.S. has increased, largely due to advances in HIV treatment, and drug prices have continued to rise, the importance of ADAPs has grown over time.

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… [5]

ADAPs accomplish this through two main activities: by providing FDA-approved HIV-related prescription drugs to people with HIV/AIDS and by paying for health insurance that includes coverage of HIV treatments. Individuals are eligible for ADAP when they can demonstrate they are low income and have limited or no prescription drug coverage.

ADAPs began serving clients in 1987, when Congress first appropriated funds ($30 million over two years[8]) 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 under Title II (grants to states, now called Part B) and became known as "AIDS Drug Assistance Programs," or ADAPs. The Ryan White Program is the

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. In FY 2007, 58 jurisdictions were eligible for 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; Palau was eligible to receive funding but did not report any HIV/AIDS cases and therefore did not receive a funding award.

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). States are not required, however, to use all or even part of the state match for ADAP and the match may consist of in-kind or dollar contributions from the state.

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. Now, Supplemental grant eligibility is now based on current "demonstrated need" as measured by ADAP income eligibility criteria, formulary composition, the number of eligible individuals to whom a state is unable to provide medications, and an unanticipated increase in eligible individuals with HIV/AIDS (prior eligibility was based on "severe need" as defined by a January 2000 standard). 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. In FY 2007, 16 ADAPs received award funding (an additional 18 were eligible but did not apply).

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 2007 began on April 1, 2007 and ended on March 31, 2008. The Federal FY 2007 began on October 1, 2006 and ended on September 30, 2007. The State FY 2007, in most states, began July 1, 2007 and will end on June 30, 2008. ◗

nation's third largest source of federal funding for HIV care, after Medicaid and Medicare.[9]

Since FY 1996, Congress has specifically earmarked funding for ADAPs within Part B of the Ryan White Program, which is allocated by formula to states.[10] The ADAP earmark is the largest component of the overall ADAP budget, although available funds from it decreased slightly between FY 2006 and FY 2007 (by one percent) for the first time in its history.[11] Many ADAPs also receive funding from other sources, including state general revenue support,[12] funding from other parts of the Ryan White Program, and pharmaceutical manufacturers' drug rebates. These other funding sources are highly variable and largely dependent on state and local policy decisions, differing ADAP program management strategies, and resource availability.

The Health Resources and Services Administration (HRSA) of the Department of Health and Human Services (DHHS) is the federal agency that administers the Ryan White Program, including ADAPs. In FY 2007, 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; Palau was eligible to receive funding but did not report any HIV/AIDS cases and therefore did not receive a funding award.

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 some 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 reauthorization of the Ryan White Program in 2006 instituted a new "minimum drug list," to be determined by the Secretary of Health and Human Services, to ensure that antiretrovirals from the core antiretroviral drug classes are included on ADAP formularies. HRSA interpreted this requirement to mandate the inclusion of at least one antiretroviral from within each antiretroviral drug class, as specified by the DHHS guidelines on antiretroviral treatment, on all ADAP formularies, a requirement that went into effect on July 1, 2007. ADAPs still determine how many medications from within each antiretroviral class to offer, what, if any, non-antiretroviral 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 to, or pay for health insurance premiums or maintenance (co-payments or deductibles) for, people with HIV/AIDS 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 that have less generous Medicaid programs, may strain ADAP resources further. But ADAPs are discretionary grant programs, not entitlements,[13] 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

The detailed findings below are based on a comprehensive survey sent to all 58 jurisdictions that received federal ADAP earmark funding in FY 2007; 53 responded (see Methodology). All data are from FY 2007 and June 2007, unless otherwise noted (supplemental data collection was conducted in select areas). For the first time, regional comparisons are provided where available.[2]

CLIENTS, DRUG EXPENDITURES, AND PRESCRIPTIONS

ADAP Clients

ADAP client enrollment and utilization were at their highest levels since the Monitoring Project began tracking ADAPs. Client demographics vary by state and region, but national ADAP client demographics have remained fairly constant over the course of the Monitoring Project with ADAPs primarily serving low-income, uninsured clients, most of whom are minorities.

- 145,799 clients were enrolled in ADAPs nationwide as of June 2007, representing a two percent increase over June 2006 (see Chart 1 and Table I). The number of clients enrolled ranged from a low of 57 in Alaska to a high of 28,723 in California. Client enrollment is an important measure of the aggregate number of clients who use ADAP services over time. More clients are typically enrolled in ADAPs than seek services in any given month; this difference comes as a result of changing clinical needs,

differing prescription lengths, and fluctuation in the availability of other resources to pay for medications. Some individuals cycle on and off ADAP throughout a year, particularly those with Medicaid or Medicare Part D coverage. Medicaid beneficiaries may face limits in their coverage in some states and/or are in the Medicaid spend-down process. Medicare Part D beneficiaries might not use ADAP until they reach the coverage gap (the time when Medicare Part D beneficiaries are responsible for all their drug costs), necessitating a return to ADAP.

- ADAPs provided medications to 101,987 clients across the country in June 2007, about 70% of those enrolled and a six percent increase over June 2006. ADAPs also paid for insurance coverage (premiums, co-payments, and/or deductibles) for 20,960 clients, some of whom may have also received medications (see Charts 2 and 39 and Tables I and XXI).

- Mirroring the national epidemic, most ADAP clients are concentrated in states with the highest numbers of people living with HIV/AIDS. For example, ten states accounted for two-thirds (67%) of total enrollment in June 2007; five states accounted for half (51%: California, New York, Texas, Florida, and Pennsylvania). The distribution is similar for clients served. Regionally, more than a third (37%) of clients enrolled 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 2007, client demographics were as follows (see Charts 5–10 and Tables V–X):
  - Nationally, African Americans and Hispanics represented 59% (33% and 26%, respectively) of clients served. Asian/Native Hawaiian/Pacific Islanders and Alaskan Native/American Indians combined 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 (35% of clients served in the region) and the Midwest has the highest percentage of Non-Hispanic whites (50% 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 (43%).
  - Three-quarters (75%) were at or below 200% of the Federal Poverty Level (FPL), including more than four in ten (43%) who were at or below 100% FPL. In 2007, the FPL was $10,210 annually (slightly higher in Alaska and Hawaii) for a family of one. Regionally, 84% of clients in the South were low-income (200% or less of the FPL) compared to 67% in both the West and Northeast and 79% in the Midwest.
  - A majority of ADAP clients (69%) were uninsured, with few reporting any other source of insurance coverage—15% private, 12% Medicare, and/or two percent Medicaid; 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., co-payments, deductibles, etc.) and/or providing additional medications for those clients who may be subject to monthly or annual prescription drug limits under other forms of coverage. Insurance coverage in June 2007 is similar to coverage reported for the same time period in the last two years, with the exception of Medicaid (six percent in June 2006 and 10% in June 2005).
  - More than half of ADAP clients (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 32 ADAPs and reflects clients enrolled in ADAPs over the last 12 months or the most recent 12 months for which data are available. In addition, ADAPs are required to recertify clients two times a year. As a result, these figures do not necessarily represent CD4 counts of new clients.

ADAP Drug Expenditures and Prescriptions

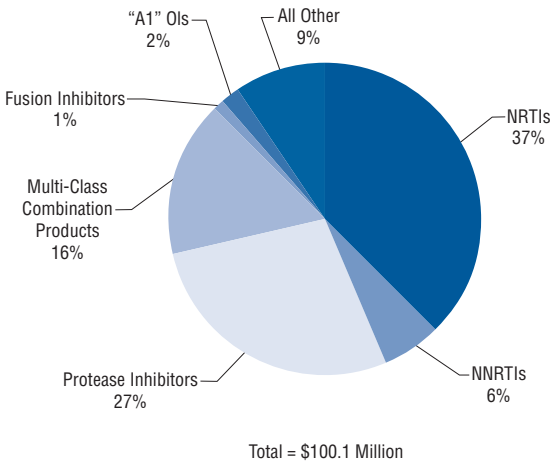
The distribution of drug expenditures and prescriptions varies across states and regions, likely reflecting differing formularies, drug prices, and prescribing patterns. Antiretrovirals, the standard of care for HIV, account for the majority of ADAP drug expenditures and prescriptions filled. (Note: data on drug expenditures and prescriptions are based on June 2007.)

- ADAP drug expenditures were $100,147,921 in June 2007, a five percent increase over June 2006, ranging from a low of $21,195 in Maine to a high of $22.3 million in California (see Chart 11 and Tables I and III). Ten states accounted for three-fourths (75%) of all drug spending; five states (California, New York, Texas, New Jersey, and Florida) accounted for over half (59%) of all drug spending.

- ADAPs spend most of their funding directly on medications with estimated annualized drug spending[14] reaching approximately $1.2 billion in 2007, or 84% of the national

ADAP budget. In addition to providing medications, 39 ADAPs spent $8.8 million on insurance purchasing/maintenance in June 2007, an increase of 63% over June 2006, and report that FY 2007 spending on insurance totaled $74.5 million (see Chart 39 and Table XXI).[15] Twelve ADAPs also reported spending $9.5 million on medication adherence, outreach, and monitoring activities.

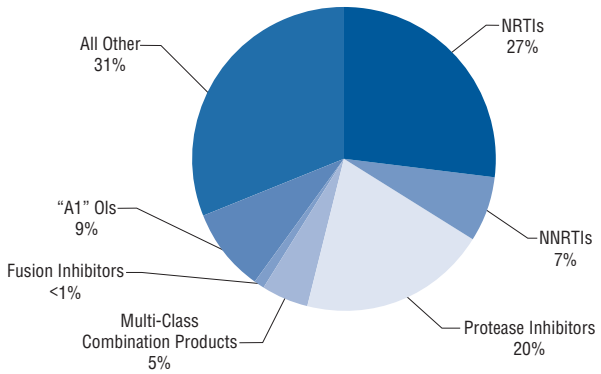
ADAP Drug Expenditures, by Drug Class, June 2007



Total = $100.1 Million

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Nevada, New Mexico, and Northern Mariana Islands 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 III.

ADAP Prescriptions Filled, by Drug Class, June 2007



Total = 344,600 Prescriptions

Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Nevada, and Northern Mariana Islands 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 IV.

- Per capita drug expenditures were $982 in June 2007 (see Chart 13 and Table II), or an estimated $11,784 in annual per capita drug costs. Per capita expenditures in June 2007 ranged from a low of $116 in Oregon to $3,328 in Kansas (see Table II), again likely reflective of differing ADAP formularies, purchasing mechanisms, insurance programs, and/or prices paid by ADAPs across the country for drugs.

- ADAPs filled a total of 344,600 prescriptions in June 2007, ranging from a low of 70 in North Dakota to almost 76,000 in California (see Chart 16 and Table IV).

- Most ADAP drug spending is for antiretrovirals[16] (89% in June 2007). 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 than prescriptions filled (nearly 60%). The 29 "A1" drugs highly recommended for the prevention and treatment of HIV-related opportunistic infections (OIs),[17,18] accounted for two percent of expenditures and nine percent of prescriptions (see Charts 15 and 16 and Tables III and IV).

- The average expenditure per prescription was $291. It was significantly higher for antiretrovirals ($433) than non-antiretrovirals ($75 for "A1" OIs and $83 for all other drugs). Among antiretroviral drug classes, fusion inhibitors represented the highest expenditure per prescription ($1,323), followed by nucleoside reverse transcriptase inhibitors (NRTIs, $401), protease inhibitors ($391), and non-nucleoside reverse transcriptase inhibitors (NNRTIs, $281). Per prescription expenditures for multi-class combination products were $902 (see Chart 14).[19]

Trends in Clients and Drug Expenditures

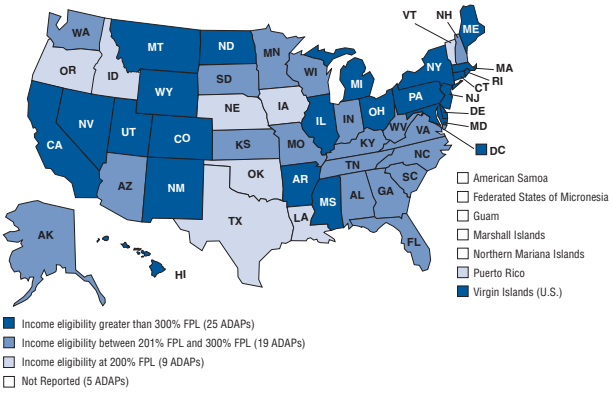
- Client enrollment has grown over time, reaching its highest level (145,799 in June 2007) since the program began, although the rate of growth has slowed in recent years (enrollment rose by two percent between June 2006 and June 2007).

- Client utilization (the number of clients receiving prescription medications) has grown significantly since 1996 (226% among the same 47 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 3, 4, and 12). Client utilization overall increased by five percent between June 2006 and June 2007 (among the same 47 ADAPs). As expected, the one percent decrease in FY 2006 client utilization was a

temporary shift due to implementation of the Medicare Part D benefit. The move of Part D-eligible ADAP clients into the new benefit provided some ADAPs short-term client stability.

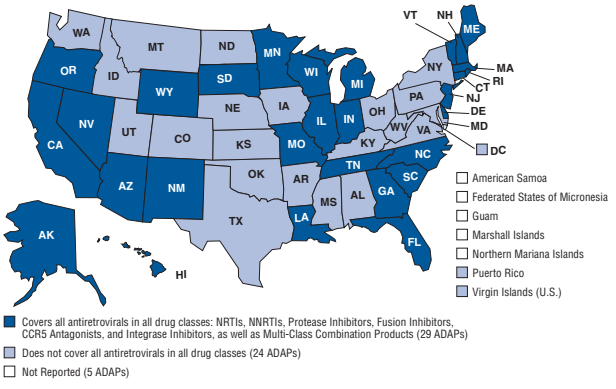
- Drug spending by ADAPs has increased more than six-fold (525%) since 1996, more than twice the rate of client growth over this same period (among the same 46 ADAPs reporting data in both periods). It too has continued to increase but at slower rates. Between June 2006 and June 2007, drug expenditures grew six percent (among the same 46 ADAPs). As observed with client utilization last year, there was a one-time decrease in drug expenditures (seven percent between June 2005 and June 2006), similarly attributable to the expected one-time move of Medicare-eligible ADAP clients into Part D, and/or the transition to ADAPs paying for client cost-sharing for Medicare Part D (versus direct drug expenditures).

ADAP Income Eligibility, December 31, 2007



Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. The 2007 Federal Poverty Level (FPL) was $10,210 (slightly higher in Alaska and Hawaii) for a household of one. See Table XI.

ADAP Formulary Coverage of Antiretroviral Drugs, December 31, 2007



Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. NRTIs = Nucleoside Reverse Transcriptase Inhibitors; NNRTIs = Non-Nucleoside Reverse Transcriptase Inhibitors. See Table XII.

ELIGIBILITY CRITERIA AND FORMULARIES

ADAP Eligibility Criteria

ADAP eligibility criteria are determined by each state, although clients are required by law to be HIV-positive, low-income, and must have insufficient or no insurance. There is no minimum income eligibility set by the federal government. Eligibility decisions reflect budget conditions within a state and the size of the population living with HIV/AIDS needing services. 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 Charts 17 and 18 and Table XI).

- 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 2007 ranged from 200% FPL in nine states to 500% FPL in six. Overall, 25 states set income eligibility at greater than 300% FPL, four more states than last year's report (Arkansas, Colorado, and Wyoming raised their income eligibility levels and New Mexico did not report data last year). Nineteen states were between 201% and 300% FPL. In addition to using income to determine eligibility, 18 ADAPs reported having asset limits in place in June 2007.

- 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 Formularies

ADAP formularies (the list of drugs covered) vary significantly across the country. Until the most recent reauthorization of the Ryan White Program, there was no minimum requirement for ADAP formularies, although federal law specified that states use ADAP funds "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." Effective July 1, 2007, all ADAPs were required to include at least one drug from each antiretroviral drug class; ADAPs have a grace period[20] within which they must add a drug from a new class and at the time of this survey, the grace period was still in effect for two new antiretroviral classes (CCR5 antagonists and integrase inhibitors), for which the first medications were only approved in August and October, respectively. The minimum formulary requirement does not apply to multi-class combination products (not considered a unique class of drugs), drugs for preventing and treating opportunistic infections (OIs), hepatitis C treatments, or drugs for other HIV-related conditions (e.g., depression, hypertension, and diabetes) (see Charts 19–21 and Tables XII and XIII).

- As of December 2007, ADAP formularies ranged from 28 drugs covered in Louisiana to more than 460 in New York, as well as open formularies[21] in four states (Massachusetts, New Hampshire, New Jersey, and Oregon).

ADAP WAITING LISTS AND OTHER COST-CONTAINMENT MEASURES

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 waiting lists and other cost-containment measures.

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.

When an individual is on a waiting list, they may not have access to HIV-related medications. Or, they may have access through other mechanisms, but these are often unstable. 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 the full range of drugs necessary for optimal clinical outcomes.

To date, no state has eliminated current clients from its ADAP when faced with the need to implement a waiting list for new applicants. Nevertheless, 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.

In addition to waiting lists, states use a variety of other 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 (other than waiting lists) used over time by ADAPs have included:

- 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 they may be considered standard program management policies.

Recent factors have combined to ease some of the pressure on ADAPs, including the President's ADAP Initiative (PAI), Medicare Part D, state-level funding contributions, pharmaceutical manufacturer drug rebates, and increased ADAP Supplemental Drug Treatment Grant funding. For the first time in the tracking of the program, waiting lists were nearly eliminated and some ADAPs removed existing cost-containment measures. However, this relief was not felt equally across the country and a small number of ADAPs needed to implement new program limitations to manage costs. ◗

- All ADAPs were in compliance with the new minimum formulary requirement which, at the time of data collection, applied to the four longer-standing antiretroviral drug classes—NRTIs, NNRTIs, protease inhibitors, and fusion inhibitors. In addition, although still within the grace period, most ADAPs had already added the new CCR5 antagonist (44 ADAPs) and integrase inhibitor (43 ADAPs) to their formularies.

- The majority of ADAPs (29) cover every approved antiretroviral in each of the six drug classes.

- All ADAPs also cover the one available multi-class combination product on their formulary.

- The minimum formulary requirement led South Dakota to add protease inhibitors and fusion inhibitors to its formulary for the first time and, although only required to add one protease inhibitor under the law, the state added all 10 approved medications in this class. Three additional states added fusion inhibitors (Alaska, Idaho, and North Dakota) as well.

- Thirty-nine ADAPs cover 15 or more of the 29 drugs highly recommended ("A1") for the prevention and treatment of opportunistic infections, including six that cover all 29 (Alabama, Alaska, Massachusetts, New Hampshire, New Jersey, and Oregon). Thirteen ADAPs cover less than 15 of these medications. One ADAP does not include any medications for OIs or other HIV-related conditions on its formulary, and only covers antiretrovirals (Louisiana). It is important to note that ADAPs may cover fewer than the full set of highly recommended OI medications because they cover equivalent medications, also highly recommended, on their formularies or have other state-level programs that can provide these medications.

- Hepatitis A, B, and C infections are important considerations for people with HIV/AIDS, and ADAPs play an important role in the provision of treatment for the hepatitis C virus (HCV) and vaccines for hepatitis A and B viruses (see Chart 21 and Table XIII).
  - In June 2007, 22 ADAPs covered treatment for HCV on their formularies, down from 25 in 2006. HCV is classified as an HIV-related opportunistic infection, due to the relatively high co-infection rate of HIV and HCV.[18,22] Currently, no national funding infrastructure exists to provide treatment to those infected only with HCV, and state and local resources for such treatment vary greatly. Without HCV treatment programs, most of the burden for treating co-infected patients has fallen on ADAPs and other Ryan White programs. Across ADAPs, utilization of HCV treatment is low. The reason most commonly cited by ADAPs is that clients perceive the treatment to be too difficult. A secondary reason is the lack of client interest and the lack of providers to prescribe treatment.
  - 28 ADAPs cover hepatitis A and B vaccines, which are recommended for those at high risk for and living with HIV.[23]

WAITING LISTS AND OTHER COST-CONTAINMENT MEASURES/MANAGEMENT POLICIES

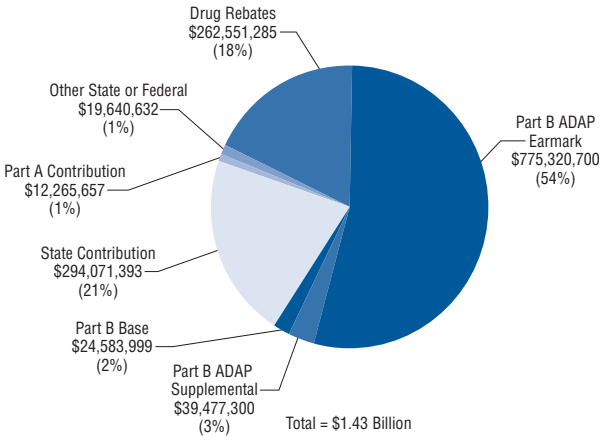
Waiting Lists

ADAP waiting lists have been documented since the Monitoring Project began tracking ADAPs in 1996, with detailed trend analysis beginning in 2002. At that time 1,108 individuals in seven ADAPs were on waiting lists for ADAP medications. Since then, a total of 20 different ADAPs have instituted a waiting list at some point with the largest number of clients on waiting lists reported at 1,629 in May 2004.

- In September 2007, and for the first time since tracking ADAPs, no ADAPs had client waiting lists. By March 2008, one state (Montana) had a waiting list in place (with three people on the waiting list), compared to four states with a combined total of 571 people on waiting lists in March 2007. This decrease was the result of several factors, including the President's ADAP Initiative (PAI), which provided short-term, targeted relief; increased state funding for ADAPs in some states and growing revenue from drug rebates; continued implementation of Medicare Part D; and, for those states with particular ADAP capacity limitations, increased ADAP supplemental funding. These factors contributed to the ability of states to move clients off waiting lists and into their programs (see Charts 22 and 23 and Table XIV).

- The size of waiting lists has fluctuated within and across states over time. The number of people on waiting lists reached its peak in mid-2004. Based on bi-monthly surveys conducted between July 2002 and March 2008 (37 surveys overall):
  - There was only one period (September 2007) when there were no ADAPs reporting waiting lists.
  - 20 ADAPs reported having a waiting list in place at some point over the entire period.
  - 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.
  - The number of people on waiting lists ranged from a low of one to a high of 1,629 (the average was 653). The highest number of individuals on any one state's waiting list was 891 (North Carolina);

National ADAP Budget, by Source, FY 2007



Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report FY 2007 data, but their federal ADAP earmark and supplemental awards were known and incorporated. The total FY 2007 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 XVI.

the lowest was one (Alaska, Idaho, Montana, and West Virginia). North Carolina also had the highest average number of people on its waiting list over the period (337), followed by South Carolina (320). The lowest average was four in Guam and Wyoming.

- When states have had to use waiting lists, they generally report working with pharmaceutical 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 apply to each drug manufacturer separately.

Other Cost-Containment Measures and Management Policies

While waiting lists have always been the most visible representation of unmet need for ADAP services, there are other ways in which ADAPs have sought to control costs or manage resource constraints. These include 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 per month. As with the waiting list trend, fewer ADAPs reported instituting such measures and maintaining them through the end of FY 2007 compared with last year's report (three, not including the state with a waiting list, as of March 2008 compared to eight in the prior year), and seven ADAPs eliminated an existing cost-containment measure (see Chart 24). It is important to note that these measures are also used by ADAPs to ensure efficient use of funds and support appropriate clinical management of patients (see Chart 25 and Table XV).

ADAP BUDGET

The national ADAP budget reached $1.43 billion in FY 2007, an increase of three percent ($42 million) over FY 2006 (for purposes of determining the overall ADAP budget, federal, state, and drug rebate funds are aggregated). Since FY 1996, the budget has grown more than seven-fold. While the ADAP earmark continues to represent the largest share of the national ADAP budget, drug rebates have become the biggest driver of budget growth and only drug rebates and ADAP supplemental funding increased over the last period; all other funding sources declined (see Charts 26–36 and Tables XVI–XVIII):

- ADAP earmark funding,[11] specifically appropriated by Congress each year for ADAPs, has risen from one-quarter of the budget in FY 1996, the year it was created, to 54% in FY 2007. For the first time since the earmark was created, however, funding available from it decreased slightly (by one percent) between FY 2006 and FY 2007 (the ADAP supplemental, a legislated set-aside of the earmark, is accounted for separately below) (see Charts 29 and 31 and Tables XVI and XVIII).

- While ADAP Supplemental Drug Treatment Grants accounted for only three percent of the overall ADAP budget (as only 16 states received awards), they grew more than four-fold between FY 2006 and FY 2007 and were one of only two funding sources that increased over the period. They accounted for up to 18% of ADAP budgets in the states that received this funding. The overall supplemental amount is mandated by law to be five percent of the Congressionally appropriated ADAP earmark, an increase from three percent in the previous authorization period—this increased percentage, which resulted in increased supplemental grant funding for the first time, was by design, intended by Congress to help redistribute funds to ADAPs with more limited formularies, lower income eligibility thresholds, and those that had cost-containment measures in place. In addition, Ryan White Reauthorization changed the state matching requirement for the Supplemental Drug Treatment Grants, permitting a waiver of the requirement if other Part B matching requirements have been met (if applicable) and potentially providing

additional incentives for eligible states to seek funding (three new states received it in FY 2007) (see Charts 29 and 32 and Tables XVI and XVIII).

- Ryan White Part B base funding, formula-based funding allocated to states (other than that earmarked for ADAP) represented just two percent of the national ADAP budget in FY 2007; states are not required to allocate these funds to ADAPs. Part A funding represented one percent of the ADAP budget in FY 2007; these funds, which are allocated to metropolitan jurisdictions, are distributed by these jurisdictions based on locally-determined priorities and are not required to be allocated to ADAPs. Part B base and Part A funds were the only two funding sources in the national ADAP budget that were less in FY 2007 than in FY 1996 (see Charts 29, 33, and 34 and Tables XVI and XVIII). [Note: The 2006 Reauthorization created two tiers of Part A jurisdictions, eligible metropolitan areas (EMAs) and transitional grant areas (TGAs). To be eligible as an EMA, metropolitan areas must have a general population exceeding 500,000 and documentation of 2,000 or more actual AIDS cases reported in the previous five years. TGAs are those areas documenting 1,000–1,999 AIDS cases in the last five years. In FY 2007, there were 22 EMAs and 34 TGAs funded under Part A of the Ryan White Program (see Chart 41 and Table XXIII).]

- State funding (general revenue support) continued to account for the second largest share of the ADAP budget, although it decreased by four percent between FY 2006 and FY 2007, the first decrease since FY 1996. States are not required to provide funding to their ADAPs (except in limited cases), 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 base funds, they are not required to put this funding toward ADAP. In the case of the ADAP supplemental, where states are required to provide a state match (or apply for a waiver of this requirement if they have met their Part B match, if applicable), such funding represents a relatively small share ($35 million, or 11%, in FY 2007) of state funding for ADAPs (see Charts 29 and 35 and Tables XVI and XVIII).

- An increasingly critical component of the ADAP budget is drug rebates, which drove the overall budget growth between FY 2006 and FY 2007. Drug rebates have risen from six percent of the national ADAP budget in FY 1996 to 18% in FY 2007, growing more than 20-fold. While not all ADAPs obtain rebates, drug rebates accounted for about one-third or more of the ADAP budget in 11 states in FY 2007. The rise of drug rebates as a source of revenue is an important development that is in part due to the need for states to seek additional funding as client demand continues, and to the growing sophistication of states and NASTAD's ADAP Crisis Task Force in working to obtain rebates. Some drug rebates are dependent on negotiations by individual states or state coalitions, and rebate increases are in part a function of rising drug expenditures and prices (since rebates are based on a percentage of drug price). Drug rebates, however, are not available to some states due to their type of drug purchasing system and, while an important source of revenue for others, may be variable and unstable (some are based on negotiations determined with pharmaceutical manufacturers), may be subject to a lag, and could require intense labor on the part of ADAP staff to collect (see Charts 29 and 36 and Tables XVI and XVIII).

- ADAP budget composition varies by region. For example, ADAP earmark funding accounts for the largest share of the budget in the South (65%) followed by state contributions (19%) and drug rebates (three percent). In the Northeast, earmark funding accounts for 52% of the budget, with drug rebates representing 26% and state contributions 17%. ADAP budgets in the West are equally comprised of earmark funding, state contributions, and drug rebates, and in the Midwest, 63% of the ADAP budget is from earmark funding, 16% is from state contributions and 15% is from drug rebates. Nine ADAPs in the South received most (88%) of the ADAP supplemental funding available. Seven ADAPS in the Midwest and West received the remaining 12% of ADAP supplemental funding. No state in the Northeast received ADAP supplemental funding in FY 2007.

- By definition, all eligible jurisdictions (58 in FY 2007) receive federal ADAP earmark funding based on a formula of living HIV and AIDS cases, but, as noted above, not all ADAPs receive funding from other sources, which are often dependent on individual state and local planning, policy, and/or legislative decisions, as well as resource availability. The breakdown of other sources of funding across the country was as follows (among 53 ADAPs reporting data) (see Chart 27 and Table XVI):
  - Part B ADAP Supplemental Treatment Grants: 16 ADAPs received funding (an additional 18 were also eligible but did not apply);
  - Part B Base Funds: 21 ADAPs received funding, 32 did not;
  - State General Revenue Support: 40 ADAPs received funding, 13 did not;
  - Part A Funds: 8 ADAPs received funding, 45 did not;
  - Other State/Federal Funds: 17 received funding, 36 did not;
  - Drug Rebates: 42 ADAPs received funding, 11 did not.

- Additionally, despite a three percent increase in the national ADAP budget across all ADAPs between FY

2006 and FY 2007, some ADAPs had decreases either in their overall budget or for specific funding streams. Some of these decreases were related to decreases in the overall federal funding allocation, federal funding distribution changes, and/or individual adjustments states made to their budgets (see Chart 28 and Tables XVII and XVIII):

- Overall Budget: 35 ADAPs had increases or level funding, 18 had decreases;
- Part B ADAP Earmark funding: 27 ADAPs had increases, 31 had decreases;
- Part B ADAP Supplemental Drug Treatment Grants: 16 had increases, seven had decreases;
- Part B Base Funds: 17 ADAPs had increases or level funding, 12 had decreases;
- State General Revenue Support: 26 ADAPs had increases or level funding, 16 had decreases;
- Part A Funds: five ADAPs had increases or level funding, nine had decreases;
- Drug Rebates: 31 ADAPs had increases or level funding, 13 had decreases.

- While not counted as an ADAP budget category (due to its high variability and significant delays including some that are multi-year), cost recovery, reimbursement from third party entities such as private insurers and Medicaid, for medications purchased through ADAP (other than drug rebates), represented $25.9 million in FY 2007. Private insurance recovery, in which an ADAP receives reimbursement from insurance providers, was the largest component (68%). Cost recovery from Medicaid represented 26% and other sources, including manufacturers' free product, represented six percent (see Chart 37 and Table XIX).

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.[24] Participation in the program is not mandatory, yet all ADAPs participate (see Chart 38 and Table XX).
  - ADAPs may purchase drugs either at a lower negotiated price directly from wholesalers or through retail pharmacy networks and then apply to drug manufacturers for rebates. As of June 2007, 29 ADAPs reported purchasing directly; 24 reported purchasing through a pharmacy network and then seeking rebates.
  - Direct purchase ADAPs can also choose to participate in the HRSA Prime Vendor Program,[24] which was created to negotiate pharmaceutical pricing below the 340B price. The "prime vendor" is an entity that negotiates with manufacturers on behalf of a group of purchasers, in this case 340B-covered entities, to achieve sub-340B prices. Twelve of the 29 ADAPs that purchase directly from wholesalers participate in the HRSA Prime Vendor Program.
  - Although the District of Columbia participates in the 340B program, it purchases the majority of its drugs 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.

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 $145 million in FY 2006, and $425 million since its formation. Current members of the Task Force include representatives from ADAPs in California, Florida, Michigan, New Jersey, New York, North Carolina, 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. ◗

Insurance Purchasing/Maintenance Programs

- The Ryan White Program allows states to use ADAP dollars to purchase health insurance and pay insurance premiums, co-payments, and/or deductibles for individuals eligible for ADAP, provided the insurance has comparable formulary benefits to that of the ADAP.[25,26] States are increasingly using ADAP funds for this purpose. More ADAPs than ever before (40) reported purchasing or maintaining insurance in 2007, representing $74.5 million in expenditures in FY 2007. In June 2007, 20,960 ADAP clients were served by such arrangements—53% higher than in June 2006. June 2007 expenditures were 63% higher than in June 2006, although overall 2007 expenditures were 11% lower than in 2006 (see Chart 39 and Table XXI).

- These strategies appear to be cost effective—in June 2007, spending on insurance represented an estimated $422 per capita, less than half of per capita drug expenditures in that month ($982).

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. It is estimated that 12% of ADAP clients are also Medicare-eligible (representing about 17,000 enrolled clients). A subset of these clients is dually eligible for Medicare and Medicaid.

As the payer of last resort, ADAPs were required by HRSA to ensure that all Medicare Part D-eligible clients enroll in a Medicare prescription drug plan by May 15, 2006 (or at least ensure that they are not paying 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 state policy, pay for drug plan premiums, deductibles, coinsurance, and co-payments.[25] 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 (and, therefore, not eligible for low income assistance), must incur these costs themselves when in the coverage gap before they are eligible to receive catastrophic coverage under their Medicare drug plan.[27]

- To meet the federal requirements and maintain appropriate medication coverage for their clients, 30 ADAPs report having developed policies to coordinate with the Part D benefit (see Chart 40 and Table XXII). As of May 2007:
  - 20 ADAPs pay Part D premiums;
  - 25 ADAPs pay Part D deductibles;
  - 28 ADAPs pay Part D co-payments for ADAP clients eligible for Part D;
  - 26 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.

- In addition, 21 ADAPs report disenrolling Medicare Part D eligibles who qualify for the full low-income subsidy benefit under Part D (those dually eligible for Medicaid and Medicare and those with incomes less than 135% FPL). A subset of ADAPs also reports disenrolling Part D eligibles who only qualify for partial subsidies under Part D or no subsidy at all, in which case the ADAP tries to transition these clients from ADAP to their State Pharmacy Assistance Program (SPAP), if one is available, since SPAP contributions do count toward TrOOP.

Implementing the Part D benefit continues to be a complicated process for some ADAPs, depending on availability of Part D prescription drug plans in their state and their own program infrastructure and financial resources for coordinating with the benefit. However, the payer of last resort mandate requires that ADAPs do their due diligence to ensure all other payer sources for prescription drugs have been exhausted before an individual can be eligible for ADAP services.

CHARTS AND TABLES

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

REFERENCES AND NOTES

[1] The term "state" is used in this report to include states, territories, and associated jurisdictions.

[2] U.S. Census Bureau, Geographic Terms and Definitions, Available at: http://www.census.gov/popest/geographic/ (accessed March 10, 2008).

[3] Between September 2004 and March 2006. See: The White House, "Extending and Improving the Lives of Those Living with HIV/AIDS," Fact Sheet, Available at: http://www.whitehouse.gov/news/releases/2004/06/20040623-1.html (accessed March 18, 2008).

[4] Center on Budget and Policy Priorities, http://www.cbpp.org/pubs/sfp.htm (accessed March 10, 2008).

[5] Pub. L. 101-381; Pub. L. 104-146, SEC. 2616. [300ff-26].

[6] HRSA HIV/AIDS Bureau, http://hab.hrsa.gov/treatmentmodernization (accessed March 7, 2008).

[7] Based on Kaiser Family Foundation analysis of data from the Centers for Disease Control and Prevention (CDC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

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 2007, 58 jurisdictions received earmark funding and all 58 were surveyed; 53 responded. American Samoa, Federated States of Micronesia, Guam, 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 2007 and FY 2007, 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, "Persons Living with HIV/AIDS or AIDS, by Geographic Area and Ryan White CARE Act Eligible Metropolitan Area of Residence, December 2004", HIV/AIDS Surveillance Supplemental Report 2006;12(No. 1). Available at: http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006supp_vol12no3/table1.htm.

[8] HRSA, HIV/AIDS Bureau, Personal Communication, March 15, 2005.

[9] White House, Office of Management and Budget, February 2008.

[10] 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".

[11] Congress earmarks a specific amount of Part B funds to ADAP each year. To adhere to other provisions of the Ryan White Program, however, the amount available to distribute to states may vary from that original earmark. Five percent of the ADAP earmark is removed to fund ADAP supplemental grants and remaining earmark funds may further fluctuate due to applicable hold harmless requirements. For example, in FY 2007, Congress appropriated $789.5 million to the ADAP earmark, of which $39.5 million was used for ADAP supplemental grants. In order to meet hold harmless requirements, HRSA then added approximately $25 million of Part B base funds to applicable state ADAP earmark awards.

[12] 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".

[13] Funding for entitlement programs, such as Medicaid and Medicare, generally changes (increases or decreases) based on the number of people eligible to enroll in these programs and the costs of providing them care.

[14] This estimate is based on annualizing June 2007 drug expenditures. It is important to note that June 2007 expenditures may not be representative of monthly expenditures overall.

[15] There may be some duplication in the amount reported for drug expenditures and the amount reported for insurance purchasing/maintenance because some ADAPs are unable to disaggregate co-payments into these two categories.

[16] FDA, "Drugs Used in the Treatment of HIV Infection", Available at: http://www.fda.gov/oashi/aids/virals.html (accessed March 7, 2008).

[17] CDC, "Guidelines for the Prevention of Opportunistic Infections in Persons Infected with Human Immunodeficiency Virus." *MMWR* 2002; 51(No. RR08):1-46. Available at: http://www.aidsinfo.nih.gov/ (accessed March 7, 2008).

[18] CDC, "Treating Opportunistic Infections Among HIV-Infected Adults and Adolescents." *MMWR* 2004; 53(No. RR15):1-112. Available at: http://www.aidsinfo.nih.gov/ (accessed March 7, 2008).

[19] While multi-class combination products are not considered a unique class of drugs, the costs for these drugs were considered separately in this report (in the *2007 National ADAP Monitoring Project Annual Report* they were included in the NRTI class). 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.

[20] HRSA's HIV/AIDS Bureau requires that when a new drug comes to the market and is approved by the FDA, ADAPs do not have to add the drug to their formularies (to be compliant with the new minimum formulary requirement) until the DHHS "Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents" have been revised to incorporate the drug. Once the revised guidelines are released, ADAPs have 90 days to officially add the new drug to their formularies.

[21] Providing any FDA-approved HIV-related prescription drug.

[22] CDC, 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 (accessed March 7, 2008).

[23] CDC, "Sexually Transmitted Diseases Treatment Guidelines, 2006," *MMWR*, Vol. 55, September 2006.

[24] HRSA, Pharmacy Services Support Center, "What is the 340B Program?" Available at: http://pssc.aphanet.org/about/whatisthe340b.htm (accessed March 7, 2008).

[25] HRSA, HIV/AIDS Bureau, Policy Notice 99-01, "The Use of the Ryan White CARE Act Title II ADAP Funds to Purchase Health Insurance."

[26] HRSA, 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.

[27] HRSA, HIV/AIDS Bureau, "Medicare Prescription Drug Benefit and CARE Act Grantees." Available at: http://www.hrsa.gov/medicare/hiv/about.htm (accessed March 7, 2008).

Matrix of Key ADAP Highlights

State/Territory	Financial Eligibility as % of FPL (GR = Gross Income; NET = Net Income), December 31, 2007	Total FY 2007 Budget*	FY 2007 State Contribution	FY 2007 State Contribution as % of Total Budget	June 2007 Clients Served	June 2007 Drug Expenditures	June 2007 Prescriptions Filled	June 2007 Per Capita Drug Expenditures
Alabama	250% GR	$16,973,461	$4,452,565	26%	981	$909,660	2,771	$927.28
Alaska	300% GR	$668,308	$29,326	4%	54	$40,244	174	$745.27
American Samoa	—	$1,979	—	—	—	—	—	—
Arizona	300% GR	$10,610,361	$1,000,000	9%	824	$890,306	4,518	$1,080.47
Arkansas	500% GR	$4,245,310	$0	0%	305	$729,460	839	$2,391.67
California	400% GR	$288,106,287	$90,565,000	31%	18,939	$22,285,233	75,869	$1,176.68
Colorado	400% GR	$14,407,880	$4,181,268	29%	921	$744,646	2,341	$808.52
Connecticut	400% NET	$15,876,996	$606,678	4%	1,351	$1,586,003	5,771	$1,173.95
Delaware	500% GR	$4,306,754	$0	0%	244	$85,350	911	$349.79
District of Columbia	400% GR	$14,429,241	$0	0%	740	$546,787	2,171	$738.90
Federated States of Micronesia	—	$4,947	—	—	—	—	—	—
Florida	300% NET	$97,649,008	$10,500,000	11%	8,640	$4,668,285	15,937	$540.31
Georgia	300% GR	$45,869,313	$14,003,984	31%	3,411	$2,889,590	10,021	$847.14
Guam	—	$91,084	—	—	—	—	—	—
Hawaii	400% GR	$2,570,088	$440,535	17%	205	$206,857	690	$1,009.06
Idaho	200% GR	$1,914,730	$779,300	41%	107	$349,320	479	$3,264.67
Illinois	400% GR	$36,878,149	$9,250,000	25%	3,042	$2,997,094	8,485	$985.24
Indiana	300% GR	$12,890,359	$0	0%	1,172	$261,946	6,451	$223.50
Iowa	200% GR	$2,272,594	$555,000	24%	225	$147,613	610	$656.06
Kansas	300% NET	$7,070,222	$2,500,000	35%	469	$1,560,997	1,114	$3,328.35
Kentucky	300% GR	$6,387,343	$250,000	4%	780	$417,622	2,563	$535.41
Louisiana	200% GR	$16,735,021	$0	0%	1,559	$1,291,580	3,722	$828.47
Maine	500% GR	$1,035,666	$60,000	6%	147	$21,195	230	$144.18
Marshall Islands	—	$2,968	—	—	—	—	—	—
Maryland	500% GR	$50,545,655	$0	0%	3,294	$2,625,968	8,686	$797.20
Massachusetts	488% GR	$20,150,935	$1,900,000	9%	2,833	$460,393	10,661	$162.51
Michigan	450% GR	$18,913,552	$0	0%	1,558	$1,621,669	7,082	$1,040.87
Minnesota	300% GR	$9,895,065	$1,100,000	11%	474	$544,582	1,661	$1,148.91
Mississippi	400% GR	$8,027,816	$750,000	9%	690	$730,056	2,380	$1,058.05
Missouri	300% GR	$17,929,783	$3,590,224	20%	1,062	$1,245,829	4,017	$1,173.10
Montana	330% GR	$740,954	$189,000	26%	66	$42,608	144	$645.58
Nebraska	200% GR	$2,234,366	$900,000	40%	236	$165,068	482	$699.44
Nevada	400% GR	$7,646,830	$1,777,000	23%	603	—	—	—
New Hampshire	300% GR	$2,907,001	$500,000	17%	136	$91,482	472	$672.66
New Jersey	500% GR	$71,515,052	$6,000,000	8%	4,241	$6,095,718	23,243	$1,437.33

Matrix of Key ADAP Highlights *(continued)*

State/Territory	Financial Eligibility as % of FPL (GR = Gross Income; NET = Net Income), December 31, 2007	Total FY 2007 Budget*	FY 2007 State Contribution	FY 2007 State Contribution as % of Total Budget	June 2007 Clients Served	June 2007 Drug Expenditures	June 2007 Prescriptions Filled	June 2007 Per Capita Drug Expenditures
New Mexico	400% GR	$2,243,691	$0	0%	58	—	155	—
New York	431% GR	$240,592,758	$45,000,000	19%	13,127	$19,628,372	54,853	$1,495.27
North Carolina	250% GR	$32,702,340	$9,620,856	29%	2,712	$2,695,867	8,137	$994.05
North Dakota	400% NET	$315,934	$0	0%	28	$24,314	70	$868.36
Northern Mariana Islands	—	$3,958	—	—	—	—	—	—
Ohio	500% GR	$17,366,314	$2,636,422	15%	1,681	$728,746	5,988	$433.52
Oklahoma	200% GR	$8,072,744	$1,615,000	20%	668	$467,532	1,716	$699.90
Oregon	200% GR	$10,631,947	$1,875,937	18%	1,493	$172,566	4,950	$115.58
Pennsylvania	350% GR	$59,390,779	$16,228,000	27%	3,259	$4,375,219	13,979	$1,342.50
Puerto Rico	200% GR	$37,860,798	$8,000,000	21%	3,413	$3,239,852	13,126	$949.27
Rhode Island	400% GR	$3,502,014	$0	0%	304	$177,248	488	$583.05
South Carolina	300% GR	$24,119,801	$4,500,000	19%	1,646	$1,109,251	3,346	$673.91
South Dakota	300% GR	$629,085	$0	0%	56	$43,674	113	$779.90
Tennessee	300% GR	$17,927,004	$5,200,000	29%	2,228	$1,053,258	3,164	$472.74
Texas	200% GR	$100,511,125	$33,649,329	33%	7,501	$6,439,495	17,916	$858.48
Utah	400% GR	$3,955,961	$184,427	5%	472	$215,123	699	$455.77
Vermont	200% NET	$827,212	$0	0%	127	$66,702	217	$525.21
Virgin Islands (U.S.)	400% NET	$957,874	$140,000	15%	87	$49,872	160	$573.24
Virginia**	300% GR	$23,908,487	$2,612,200	11%	1,535	$1,948,257	4,329	$1,269.22
Washington	300% GR	$18,875,980	$6,097,842	32%	1,354	$743,227	4,642	$548.91
West Virginia	250% GR	$2,124,271	$0	0%	161	$134,661	382	$836.40
Wisconsin	300% GR	$9,025,622	$464,000	5%	706	$523,765	1,509	$741.88
Wyoming	332% GR	$860,188	$367,500	43%	62	$57,756	166	$931.54
Total		**$1,427,910,966**	**$294,071,393**	**21%**	**101,987**	**$100,147,921**	**344,600**	**$981.97**

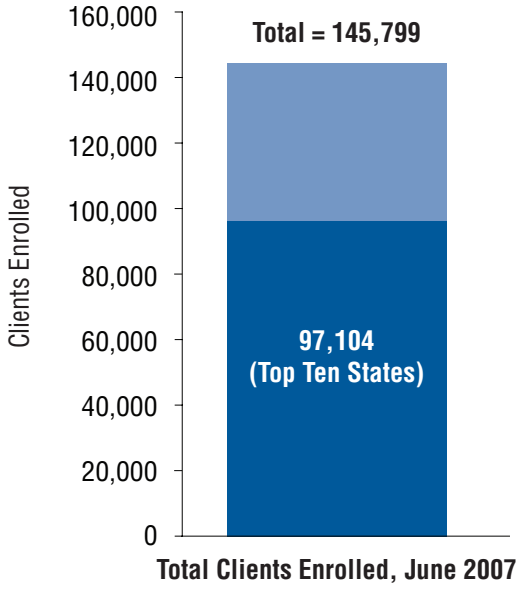
*The total FY 2007 budget includes federal, state, and drug rebate dollars. Cost recovery funds, with the exception of drug rebate dollars, are not included in the total budget.

**Virginia has an FPL of 333% in Northern Virginia and 300% FPL in all other parts of the state.

Note: The number of ADAPs reporting data for each category above varies. See Tables I, II, III, IV, XI, and XVI for additional detail. A dash (—) indicates no data available from the ADAP. A zero ($0) indicates a response of zero ($0) from the ADAP. The 2007 Federal Poverty Level (FPL) was $10,210 (slightly higher in Alaska and Hawaii) for a household of one.

Charts

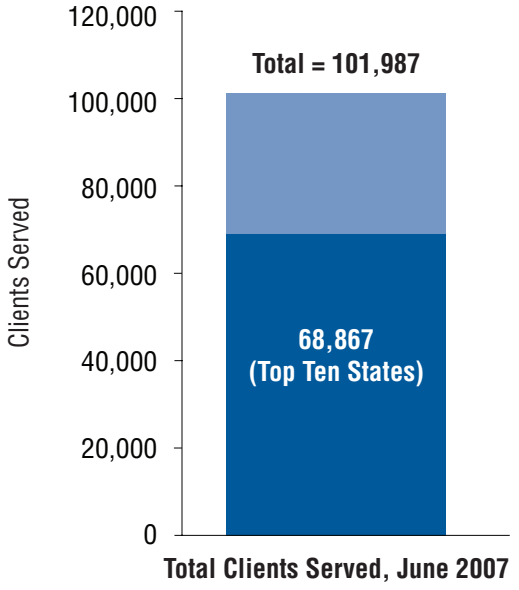
Chart 1
ADAP Clients Enrolled and Top Ten States, by Clients Enrolled, June 2007



State	Clients Enrolled, June 2007
California	28,723
New York	17,516
Texas	11,588
Florida	10,052
Pennsylvania	5,965
New Jersey	5,672
Georgia	5,289
Massachusetts	4,153
Illinois	4,086
Maryland	4,060
Total	**97,104**

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. See Table I.

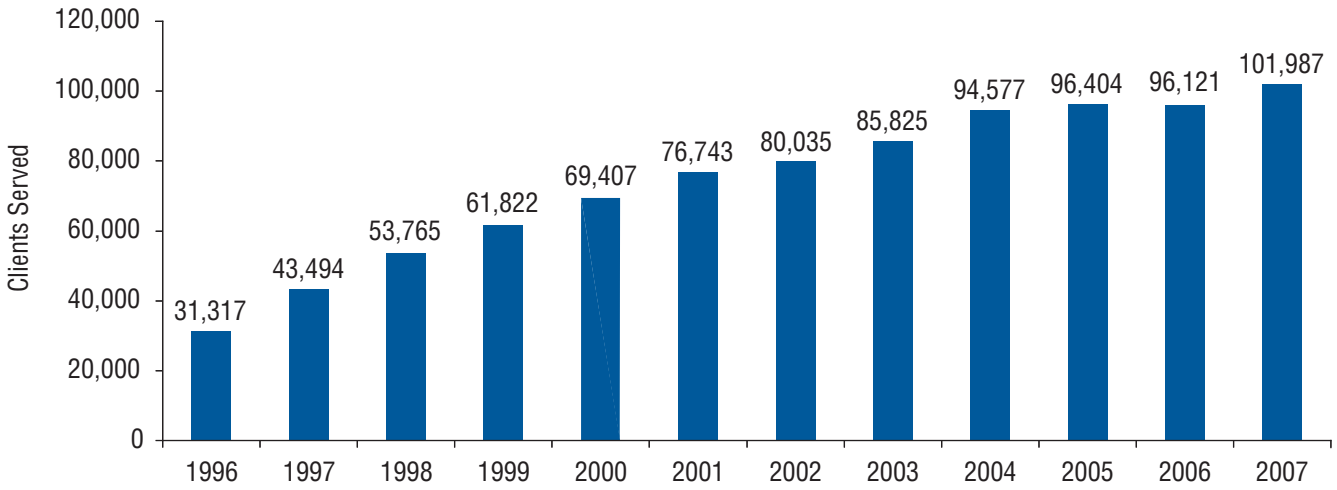
Chart 2
ADAP Clients Served and Top Ten States, by Clients Served, June 2007



State	Clients Served, June 2007
California	18,939
New York	13,127
Florida	8,640
Texas	7,501
New Jersey	4,241
Puerto Rico	3,413
Georgia	3,411
Maryland	3,294
Pennsylvania	3,259
Illinois	3,042
Total	**68,867**

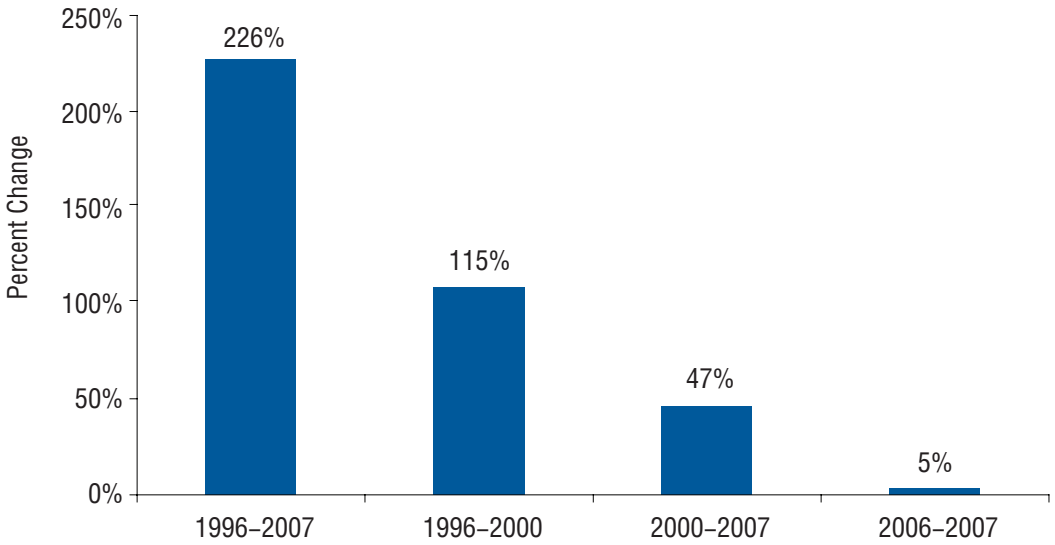
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. See Table I.

Chart 3
ADAP Client Utilization, June 1996–2007



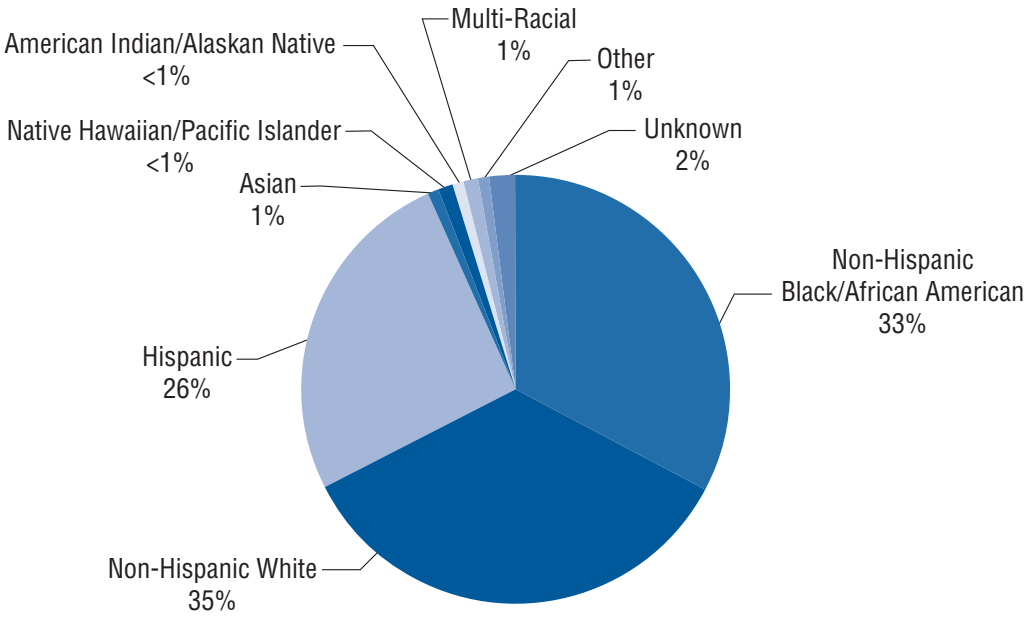
Note: Includes clients served by ADAPs reporting data for June in a given year.

Chart 4
Trends in ADAP Client Utilization, June 1996–2007



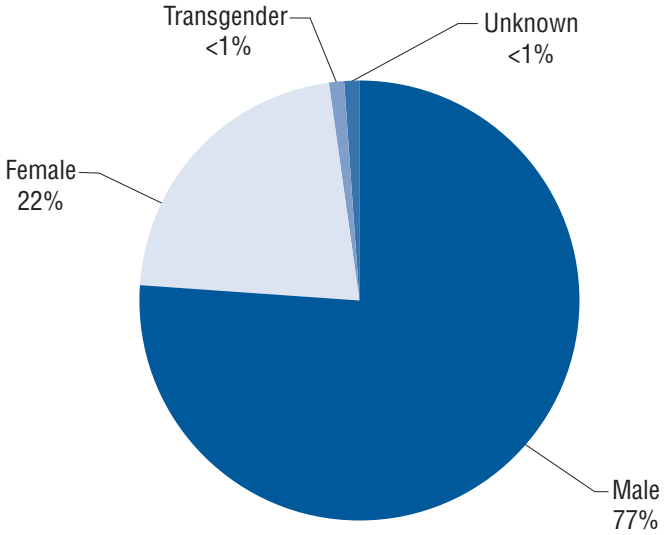
Note: Comparisons over time based on 47 ADAPs reporting in each comparison period.

Chart 5
ADAP Clients Served, by Race/Ethnicity, June 2007



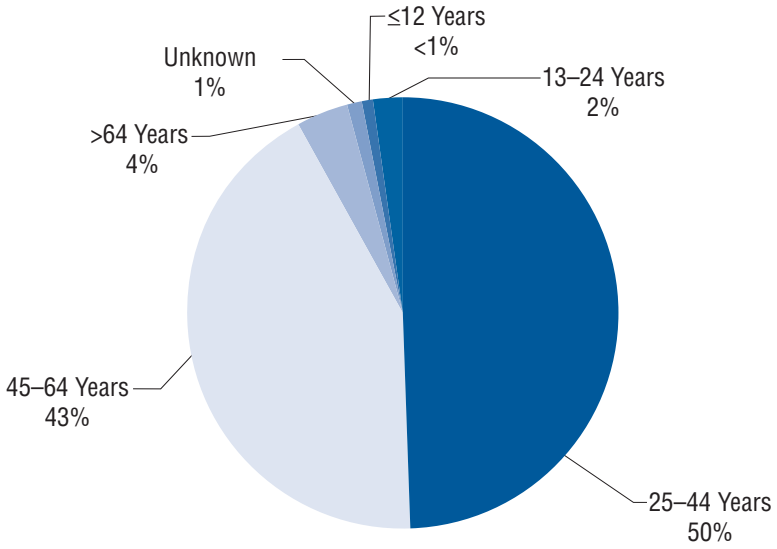
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. Percentages may not total 100% due to rounding. See Table V.

Chart 6
ADAP Clients Served, by Gender, June 2007



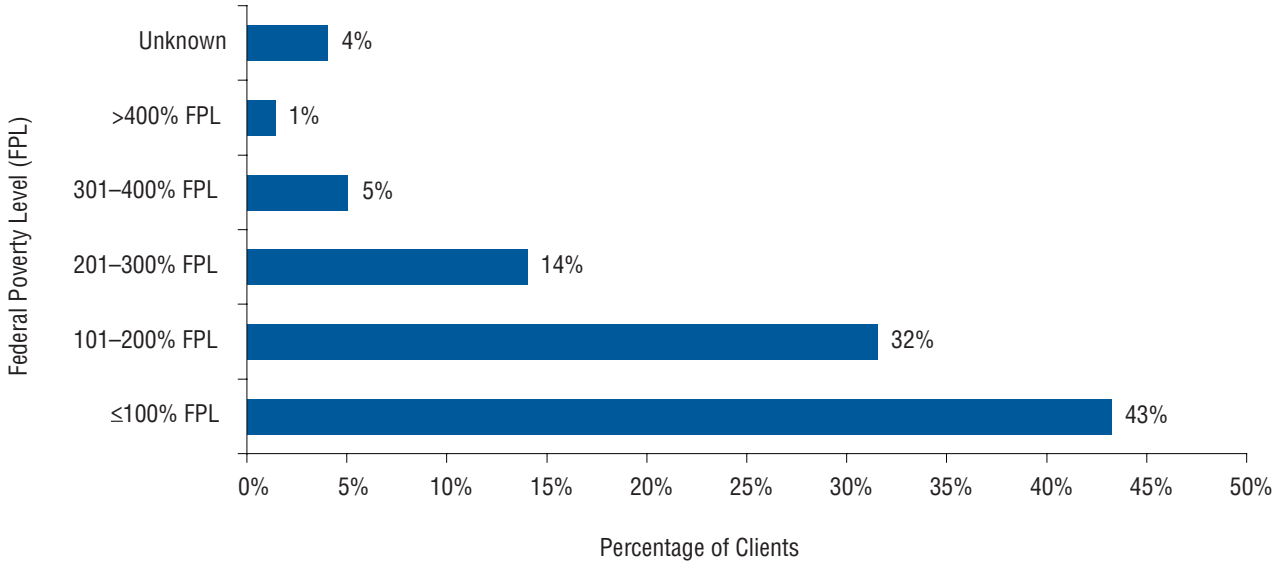
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. Percentages may not total 100% due to rounding. See Table VI.

Chart 7
ADAP Clients Served, by Age, June 2007



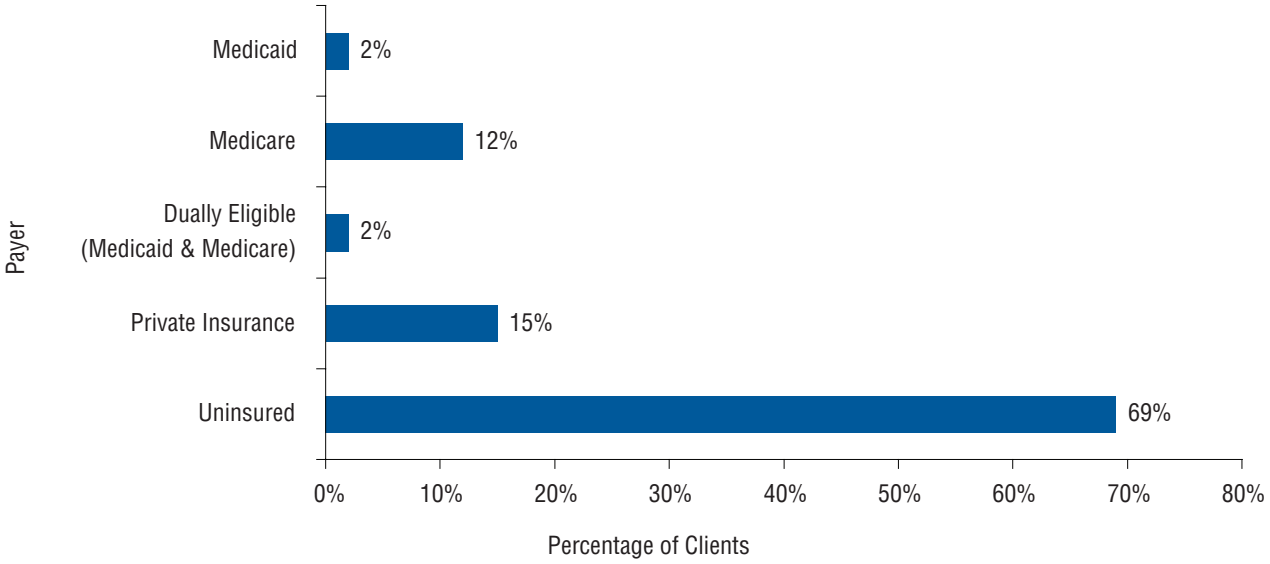
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. Percentages may not total 100% due to rounding. See Table VII.

Chart 8
ADAP Clients Served, by Income Level, June 2007



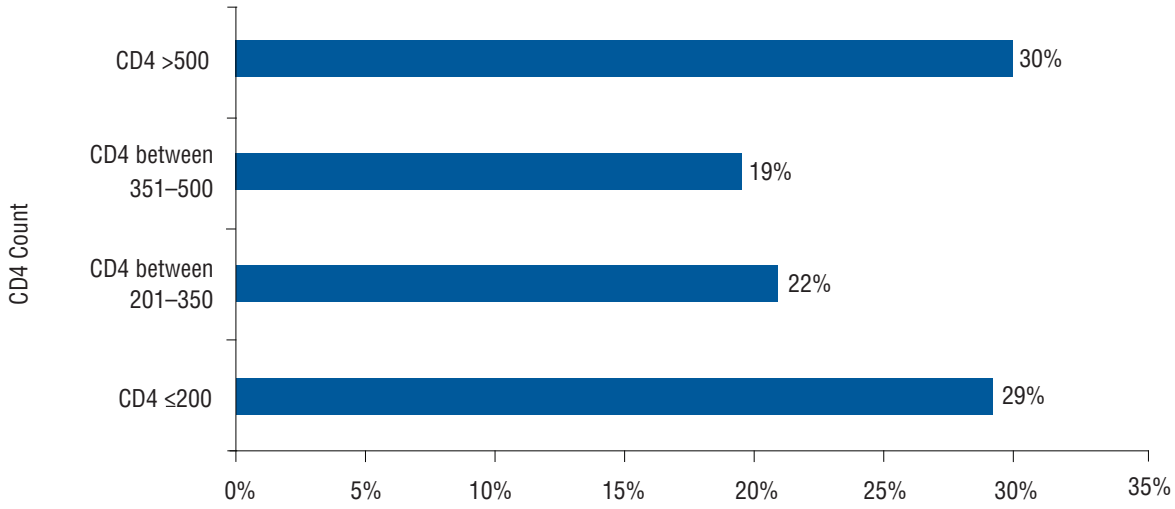
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. The 2007 Federal Poverty Level (FPL) was $10,210 (slightly higher in Alaska and Hawaii) for a household of one. Percentages may not total 100% due to rounding. See Table VIII.

Chart 9
ADAP Clients Served, by Insurance Status, June 2007



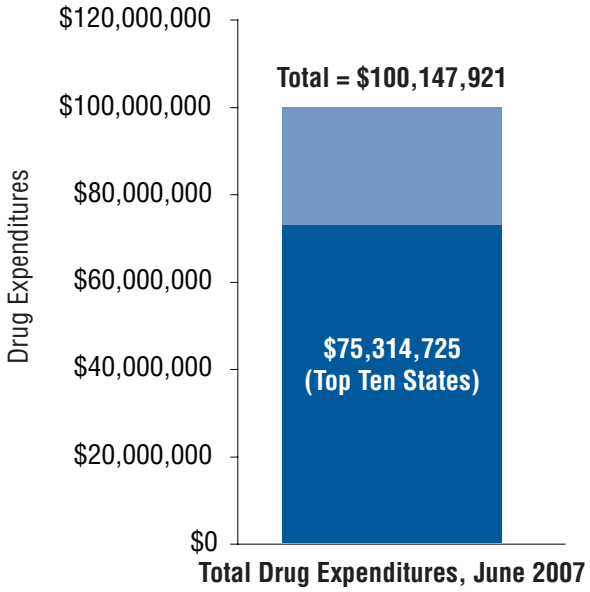
Note: 46 ADAPs reported data. Insurance categories are not mutually exclusive. The overall percentage of clients insured in each category is calculated separately based on reported data. See Table IX.

Chart 10
ADAP Clients, by CD4 Count, Enrolled During 12-Month Period, June 2007



Note: 32 ADAPs reported data. See Table X.

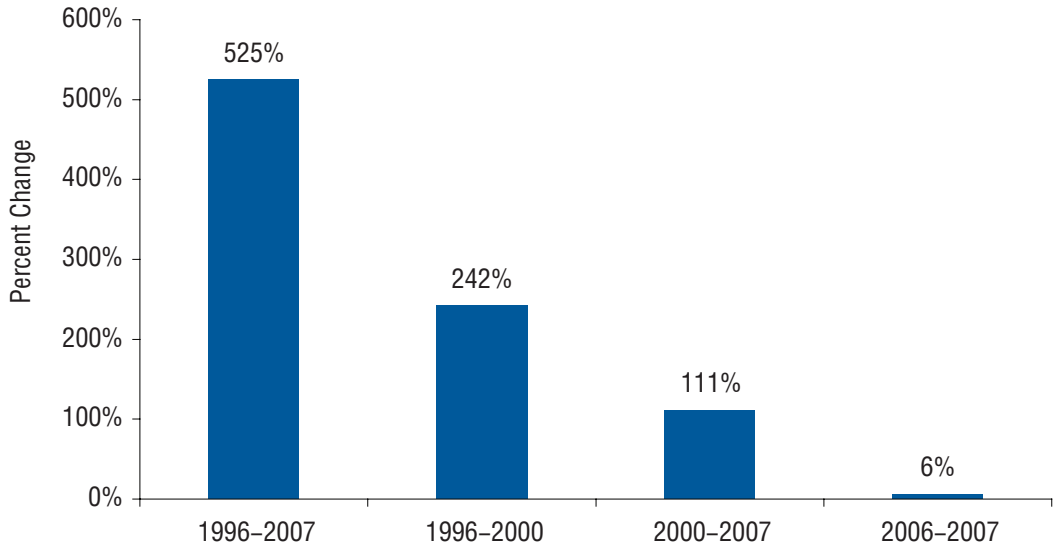
Chart 11
ADAP Drug Expenditures and Top 10 States, by Expenditures, June 2007



State	Drug Expenditures, June 2007
California	$22,285,233
New York	$19,628,372
Texas	$6,439,495
New Jersey	$6,095,718
Florida	$4,668,285
Pennsylvania	$4,375,219
Puerto Rico	$3,239,852
Illinois	$2,997,094
Georgia	$2,889,590
North Carolina	$2,695,867
Total	**$75,314,725**

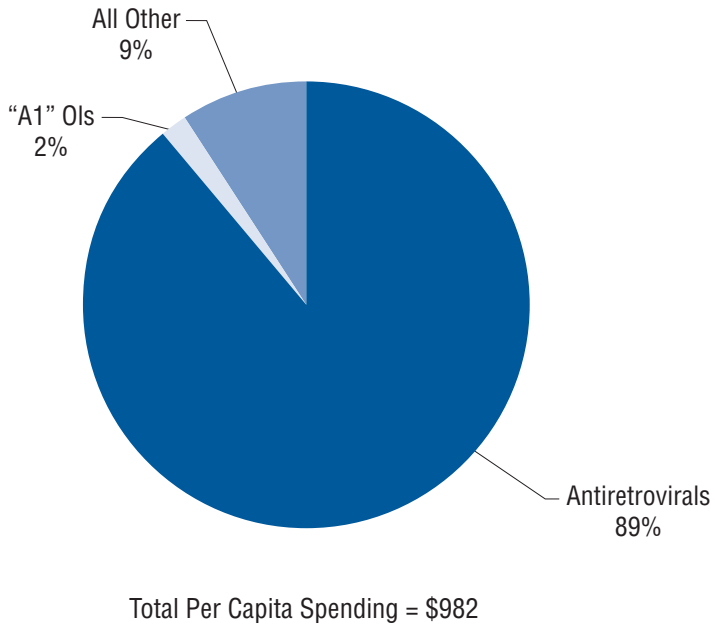
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. See Tables I and III.

Chart 12
Trends in ADAP Drug Expenditures, June 1996–2007



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

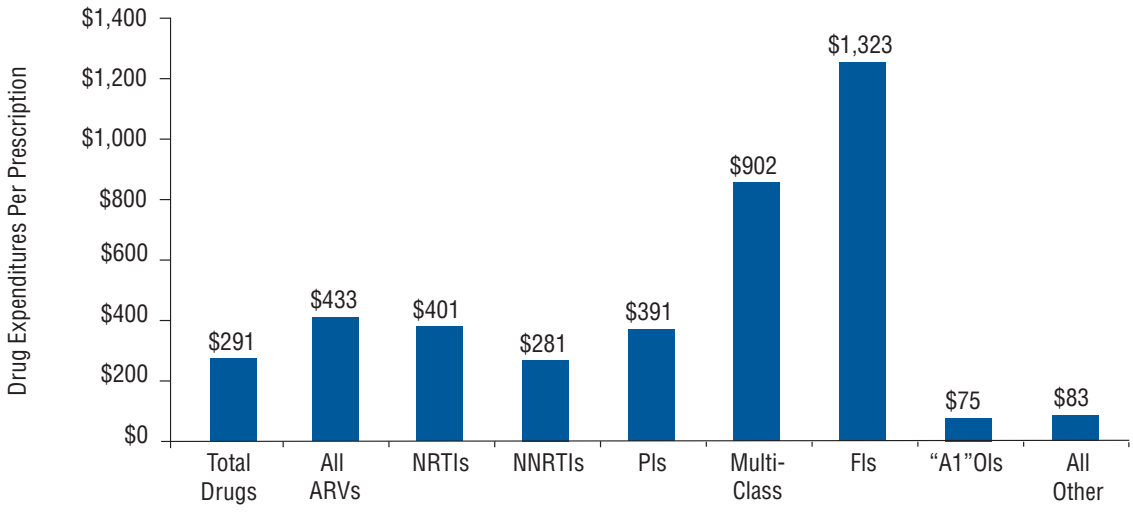
Chart 13
ADAP Per Capita Drug Expenditures, June 2007



Total Per Capita Spending = $982

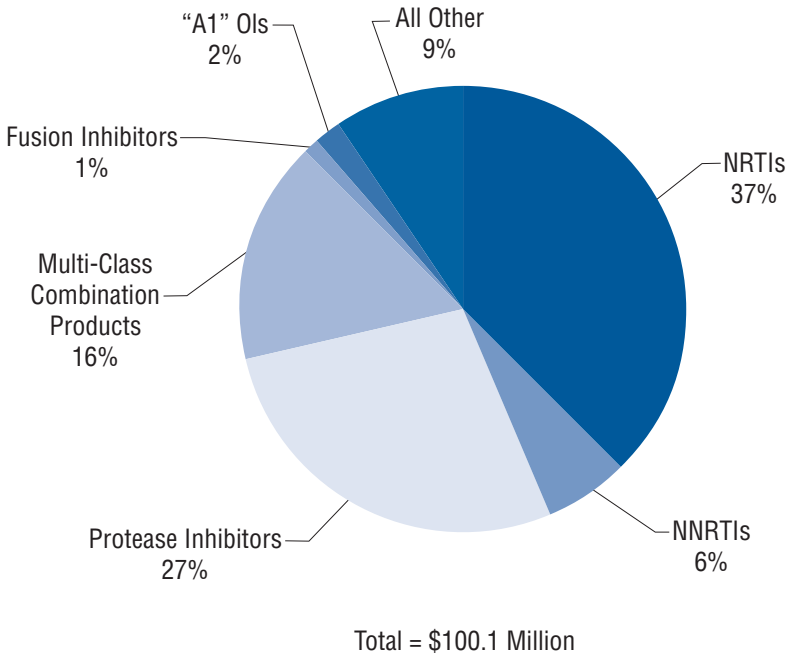
Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Nevada, New Mexico, and Northern Mariana Islands did not report data. Percentages may not total 100% due to rounding. "A1" OIs = Drugs recommended ("A1") for prevention and treatment of opportunistic infections (OIs). See Table II.

Chart 14
ADAP Expenditures Per Prescription, by Drug Class, June 2007



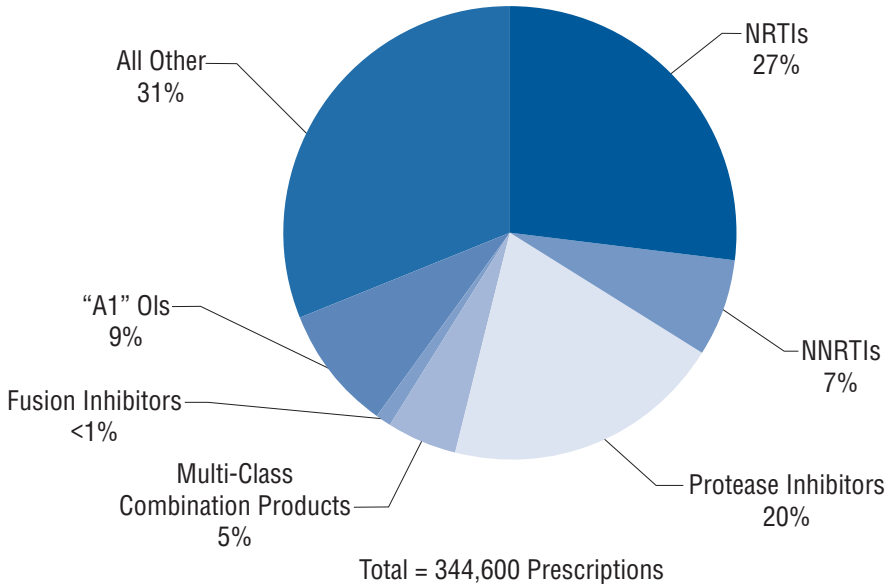
Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Nevada, New Mexico, and Northern Mariana Islands did not report data. ARVs = Antiretrovirals; NRTIs = Nucleoside Reverse Transcriptase Inhibitors; NNRTIs = Non-Nucleoside Reverse Transcriptase Inhibitors;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

Chart 15
ADAP Drug Expenditures, by Drug Class, June 2007



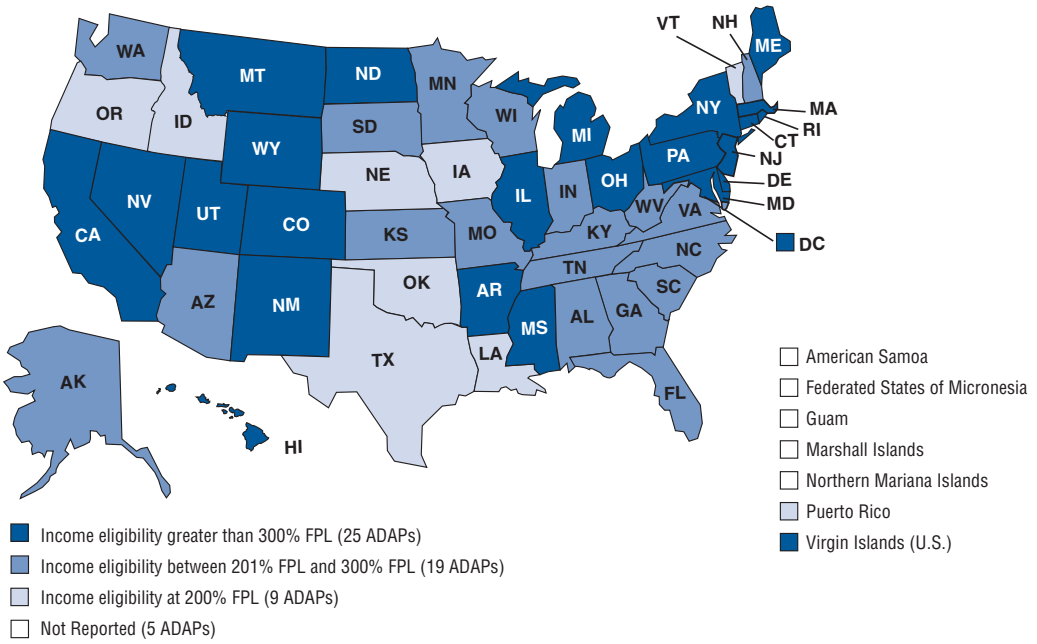
Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Nevada, New Mexico, and Northern Mariana Islands did not report data. Percentages may not total 100% due to rounding. NRTIs = Nucleoside Reverse Transcriptase Inhibitors; NNRTIs = Non-Nucleoside Reverse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

Chart 16
ADAP Prescriptions Filled, by Drug Class, June 2007



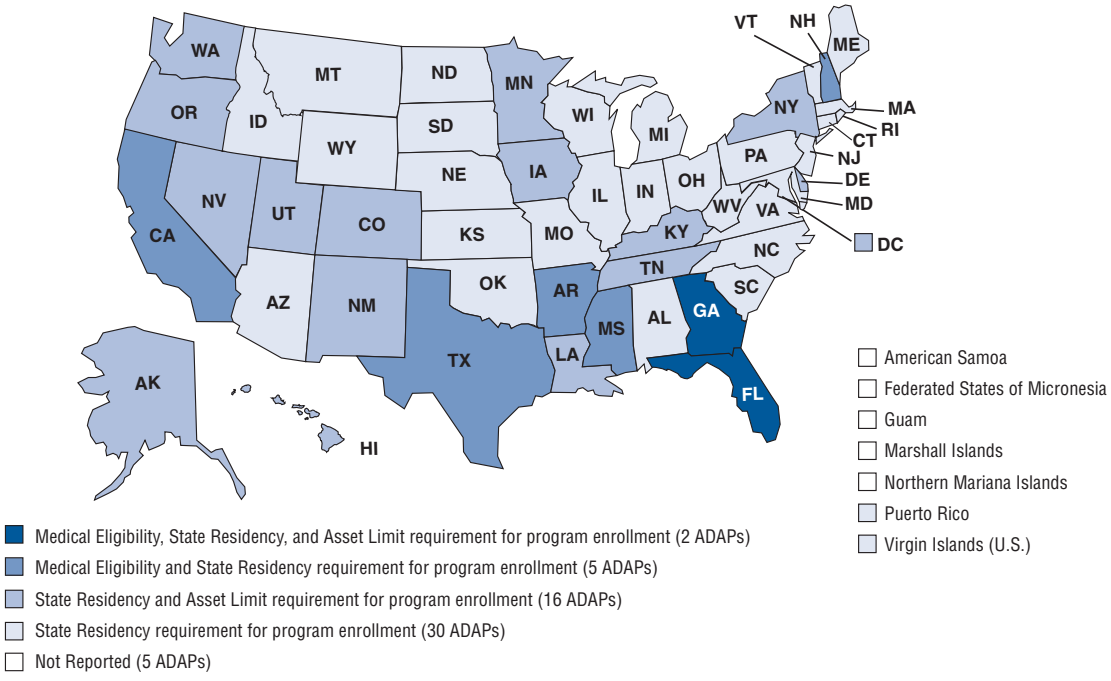
Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Nevada, and Northern Mariana Islands did not report data. Percentages may not total 100% due to rounding. NRTIs = Nucleoside Reverse Transcriptase Inhibitors; NNRTIs = Non-Nucleoside Reverse Transcriptase Inhibitors; "A1" OIs = Drugs recommended ("A1") for the prevention and treatment of opportunistic infections (OIs). See Table IV.

Chart 17
ADAP Income Eligibility, December 31, 2007



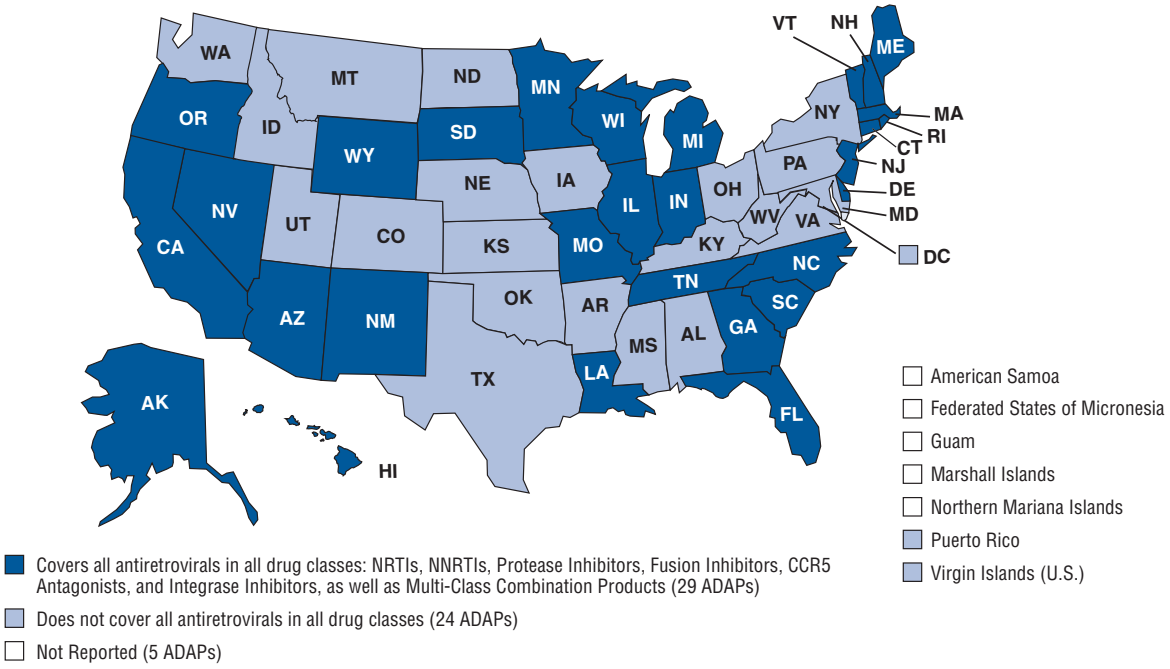
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. The 2007 Federal Poverty Level (FPL) was $10,210 (slightly higher in Alaska and Hawaii) for a household of one. See Table XI.

Chart 18
ADAP Client Eligibility Requirements, December 31, 2007



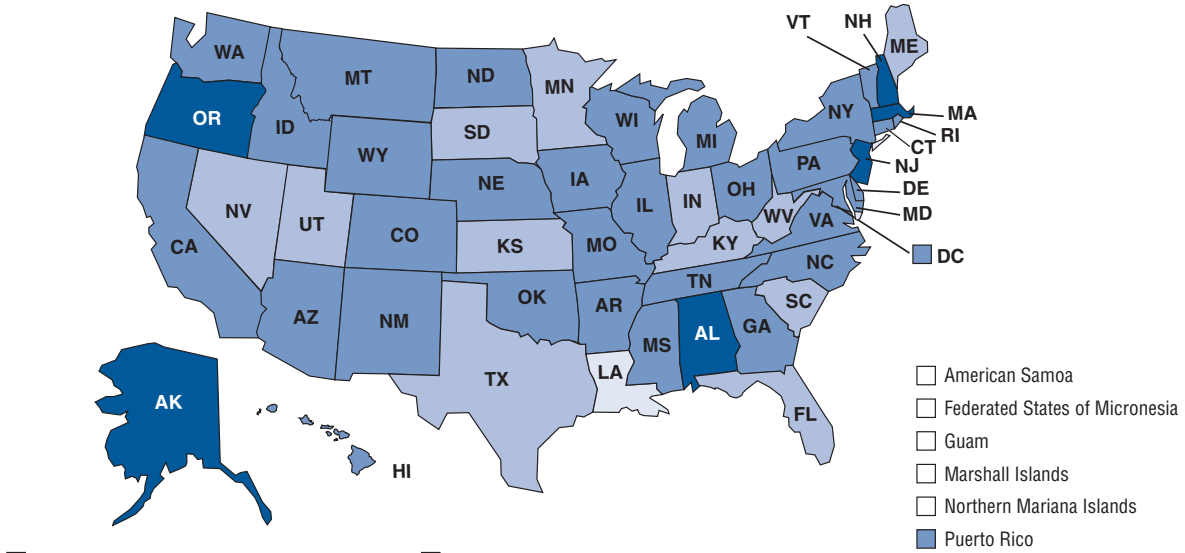
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. See Table XI.

Chart 19
ADAP Formulary Coverage of Antiretroviral Drugs, December 31, 2007



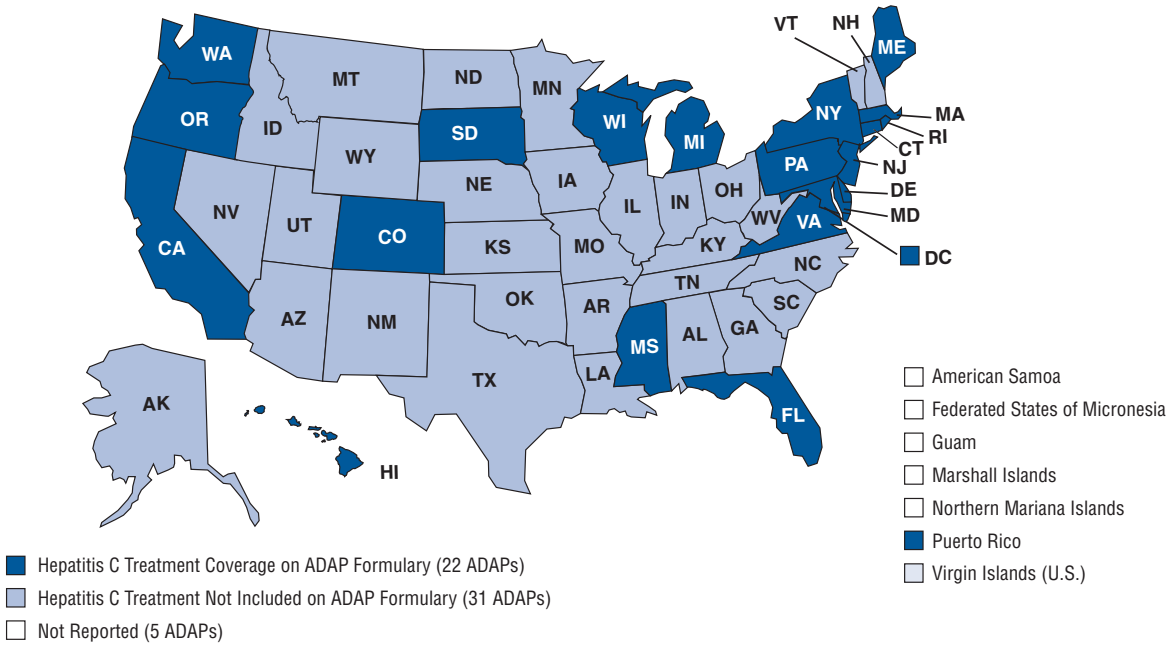
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. NRTIs = Nucleoside Reverse Transcriptase Inhibitors; NNRTIs = Non-Nucleoside Reverse Transcriptase Inhibitors. See Table XII.

Chart 20
ADAP Formulary Coverage of Drugs Recommended ("A1") for Prevention and Treatment of Opportunistic Infections (OIs), December 31, 2007



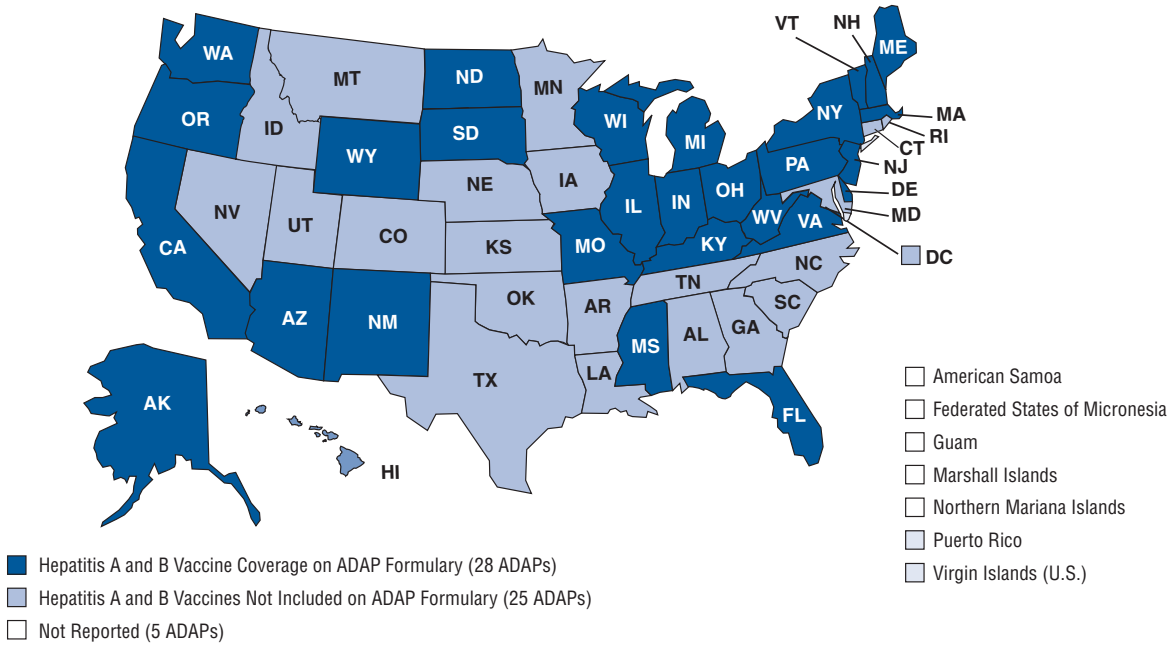
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. See Table XII.

Chart 21a
Hepatitis C Treatment Coverage on ADAP Formulary, June 2007



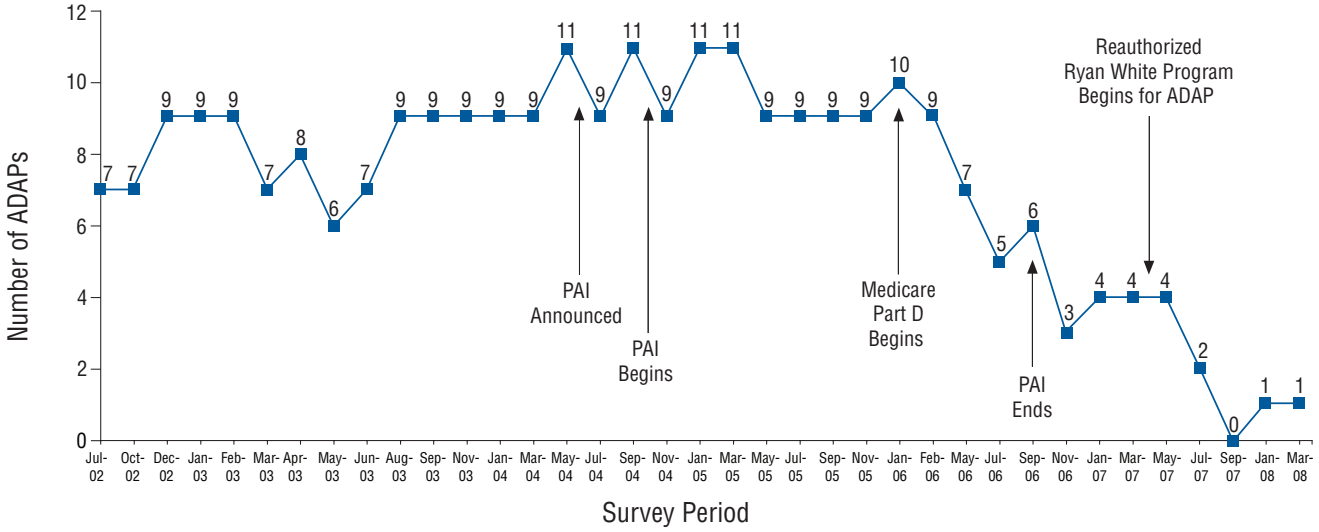
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. Eight states (Arizona, Arkansas, North Carolina, Ohio, Oklahoma, South Carolina, Texas, and West Virginia) report referring ADAP clients to the Schering Plough free slots for Hepatitis C treatment. See Table XIII.

Chart 21b
Hepatitis A and B Vaccine Coverage on ADAP Formulary, June 2007



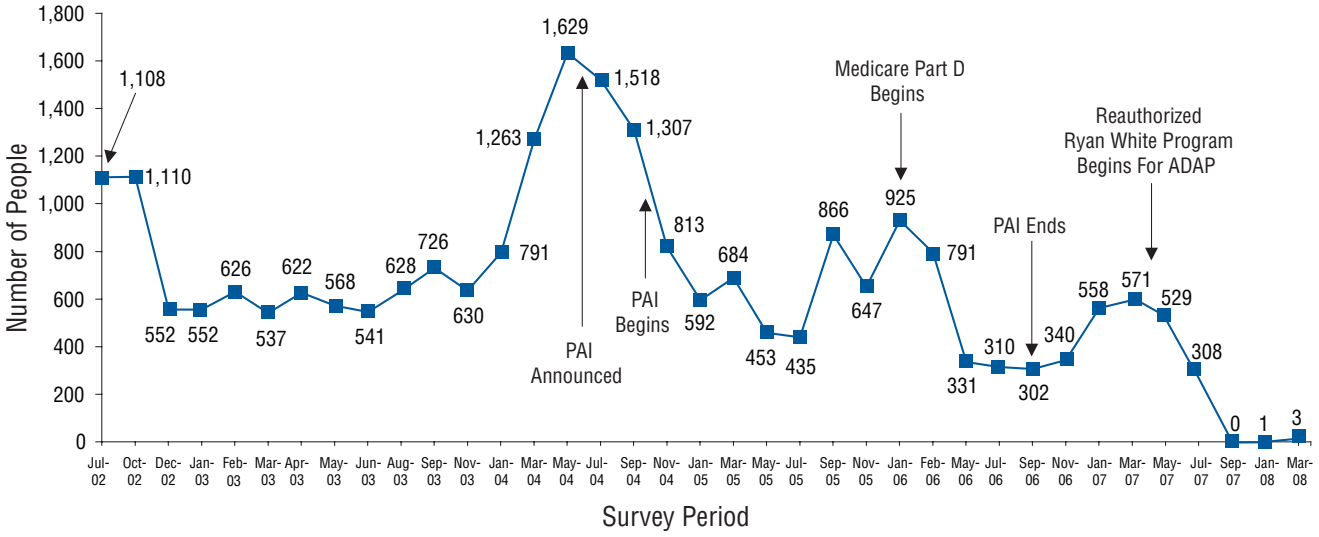
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. See Table XIII.

Chart 22
Number of States with ADAP Waiting Lists, by Survey Period, July 2002–March 2008



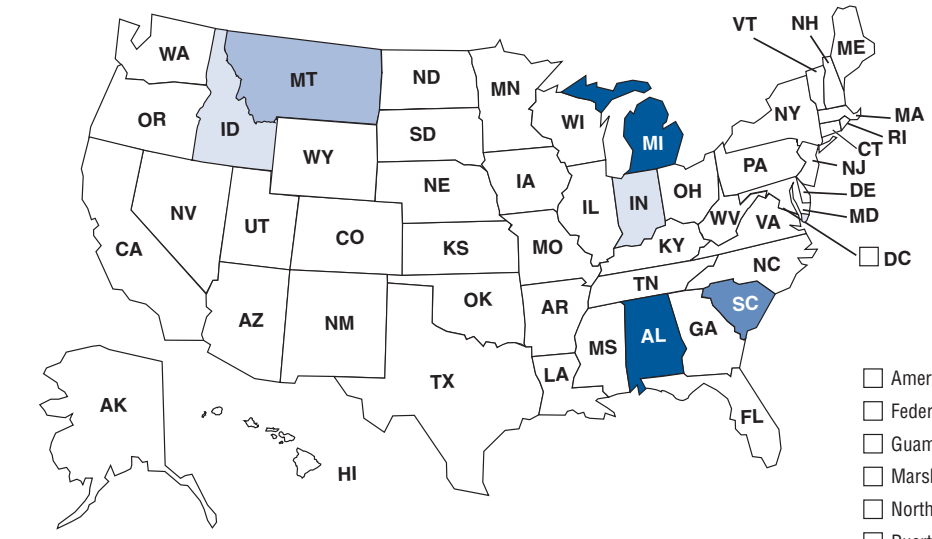
Note: PAI = President's ADAP Initiative. See Table XIV.

Chart 23
Number of People on ADAP Waiting Lists, by Survey Period, July 2002–March 2008



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

Chart 24
ADAPs Reporting Current or Planned Cost-Containment Measures, Including Waiting Lists, as of March 5, 2008*



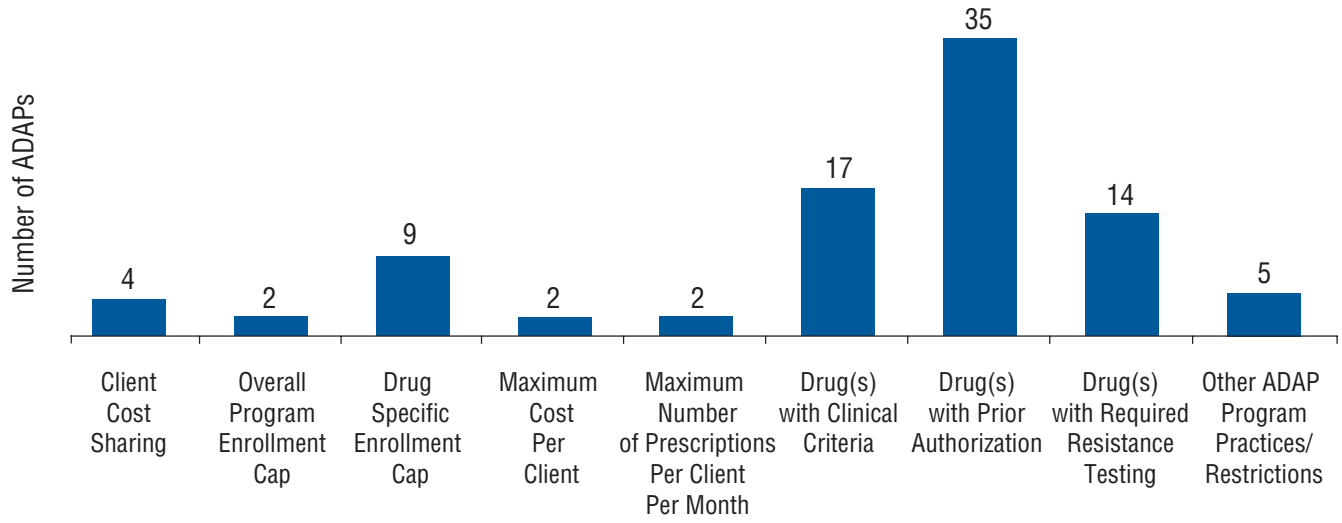
- American Samoa
- Federated States of Micronesia
- Guam
- Marshall Islands
- Northern Mariana Islands
- Puerto Rico
- Virgin Islands (U.S.)

- ADAPs with cost-containment measures in place (2 ADAPs), as of March 5, 2008.
- ADAPs with cost-containment measures in place and anticipate the need to implement additional measures in FY 2008 (1 ADAP), as of March 5, 2008
- ADAPs with a waiting list in place and anticipate the need to implement additional measures in FY 2008 (1 ADAP), as of March 5, 2008
- ADAPS with no cost-containment measures in place but anticipate the need to institute cost-containment measures in FY 2008 (2 ADAPs), as of March 5, 2008.

*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 5, 2008.

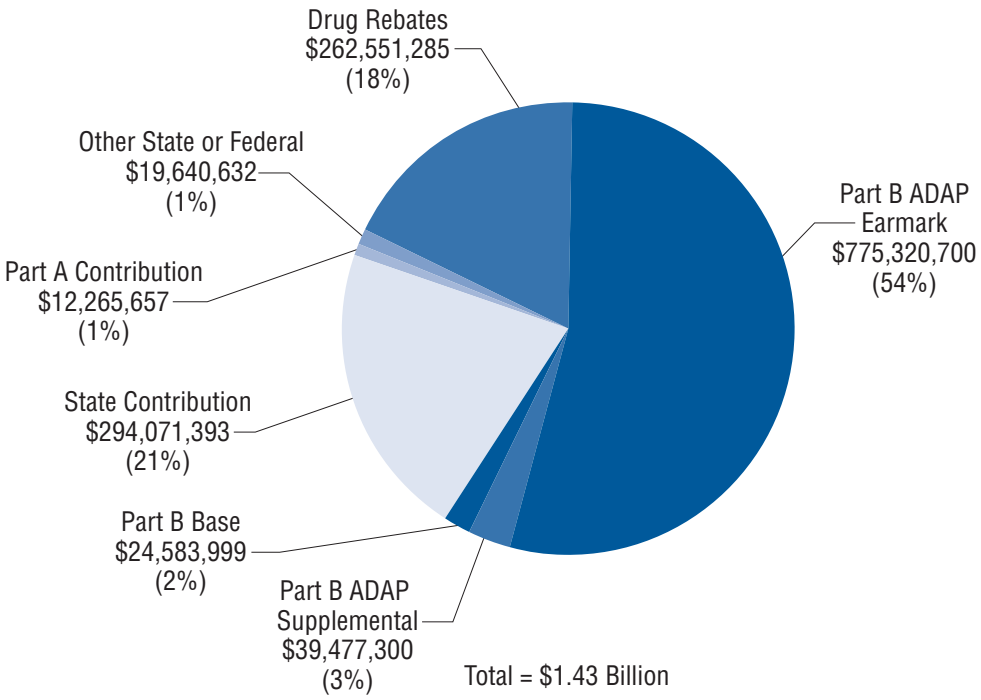
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. The ADAP Fiscal Year runs from April 1 through March 31.

Chart 25
ADAP Management Policies in Place, June 2007



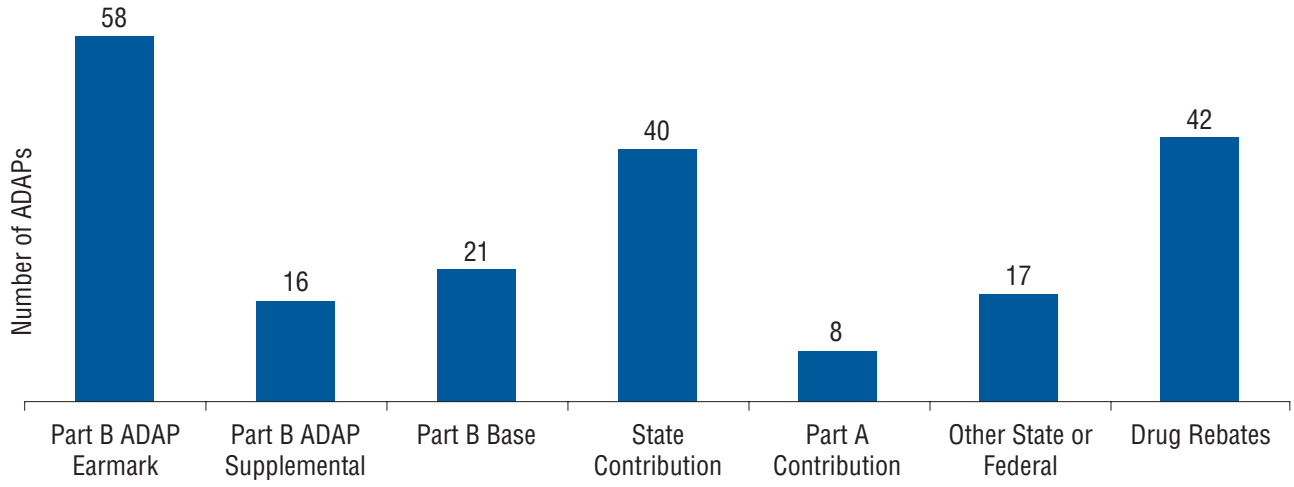
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. Does not include the current or planned cost-containment measures captured in Chart 24. See Table XV.

Chart 26
The National ADAP Budget, by Source, FY 2007



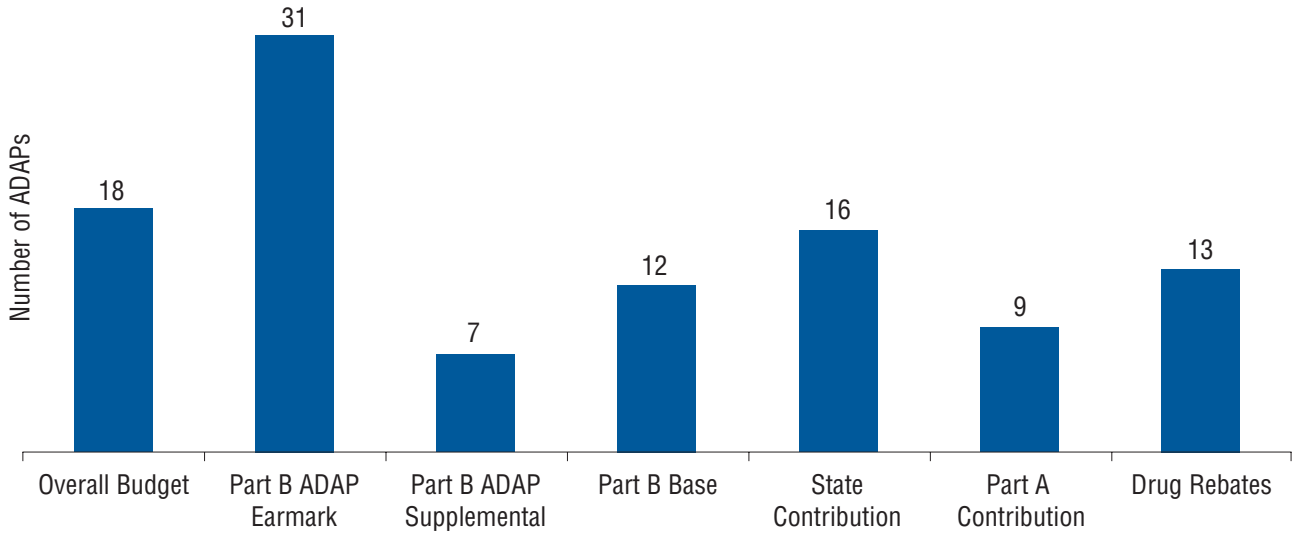
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report FY 2007 data, but their federal ADAP earmark and supplemental awards were known and incorporated. The total FY 2007 budget includes federal, state, and drug rebate dollars. Cost recovery funds, with the exception of drug rebate dollars, are not included in the total budget. See Table XVI.

Chart 27
Number of ADAPs, by Budget Source, FY 2007



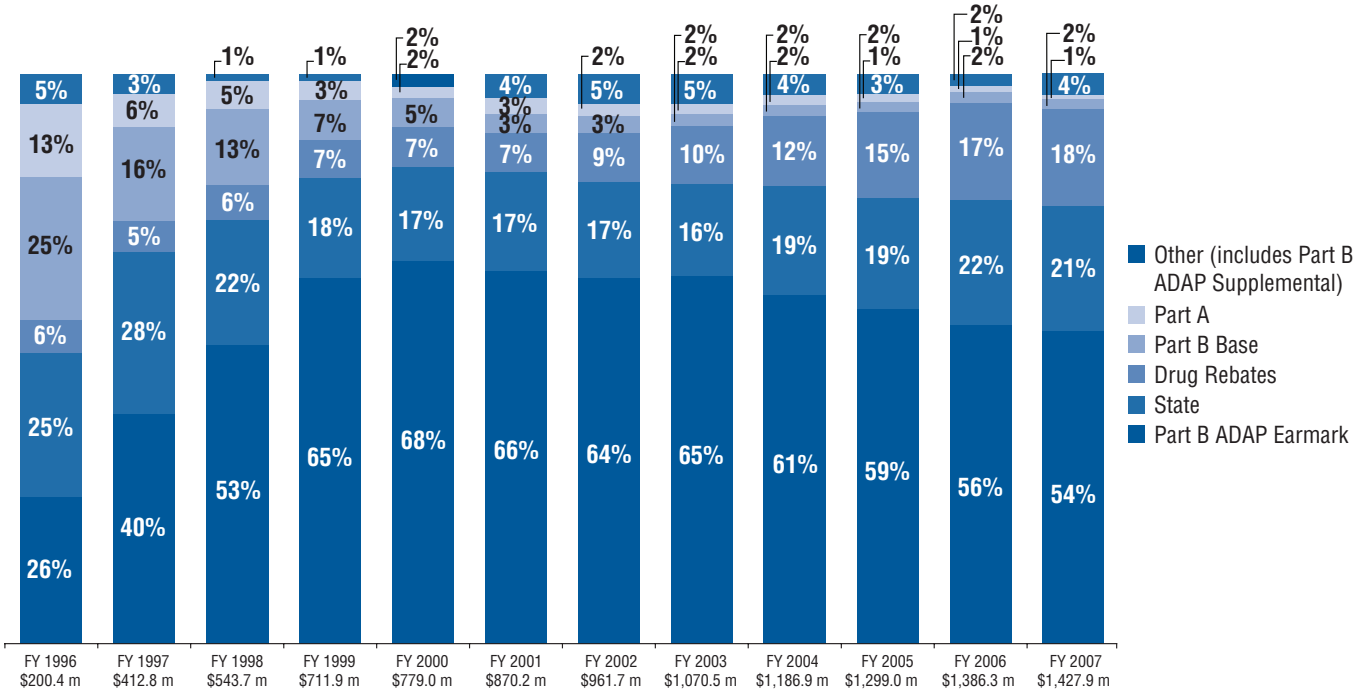
Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report FY 2007 data, but their federal ADAP earmark and supplemental awards were known and incorporated. See Table XVI.

Chart 28
Number of ADAPs with Funding Decreases, by Budget Source, FY 2006–FY 2007



Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report FY 2007 data, but their federal ADAP earmark and supplemental awards were known and incorporated. These jurisdictions, with the exception of Guam, were not eligible for funding in FY 2006. See Tables XVII and XVIII.

Chart 29
The National ADAP Budget, by Source, FY 1996–FY 2007



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 30a
The National ADAP Budget, FY 1996–2007

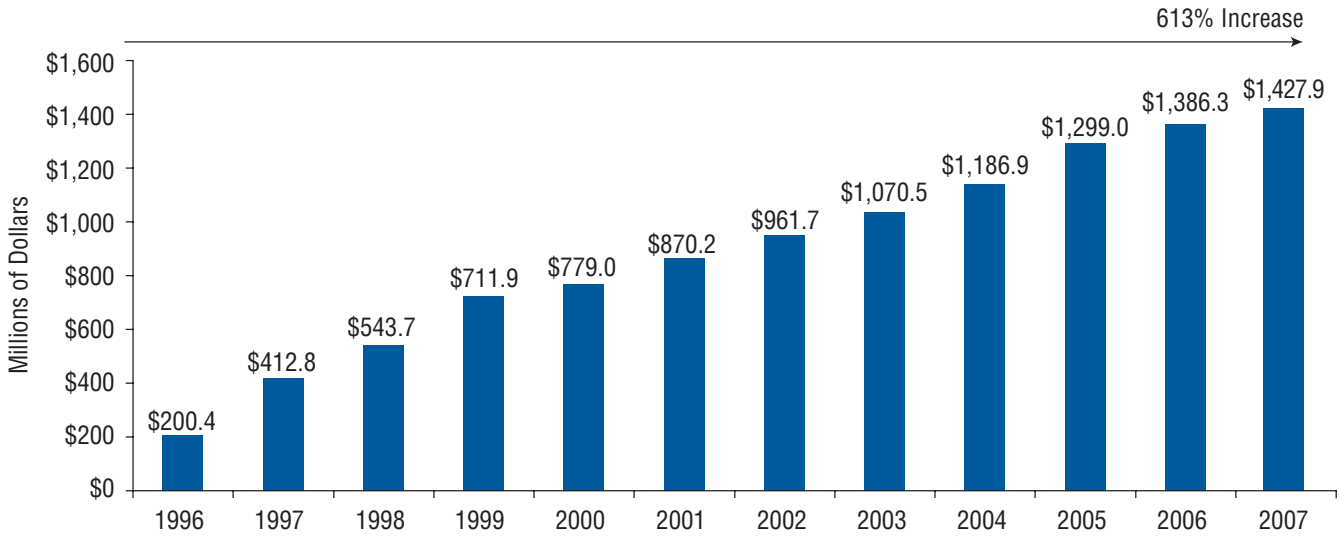
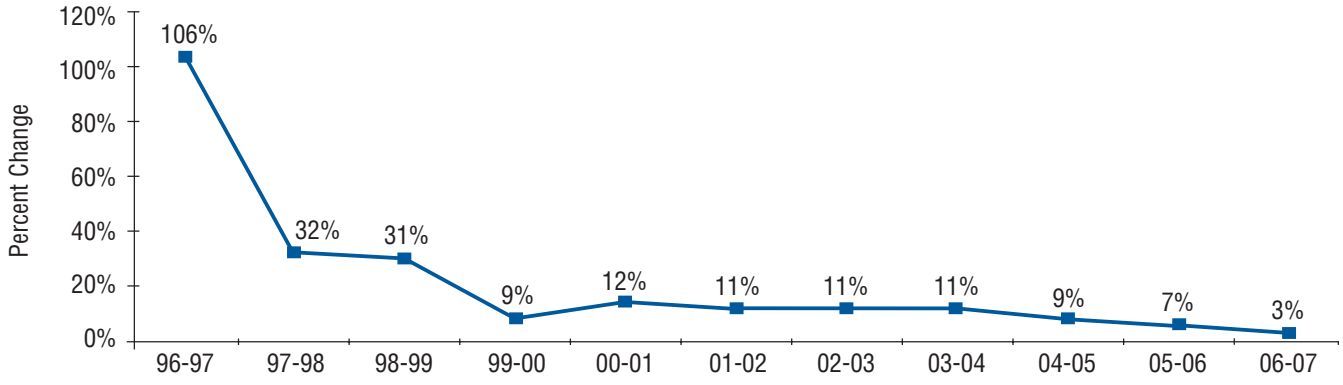


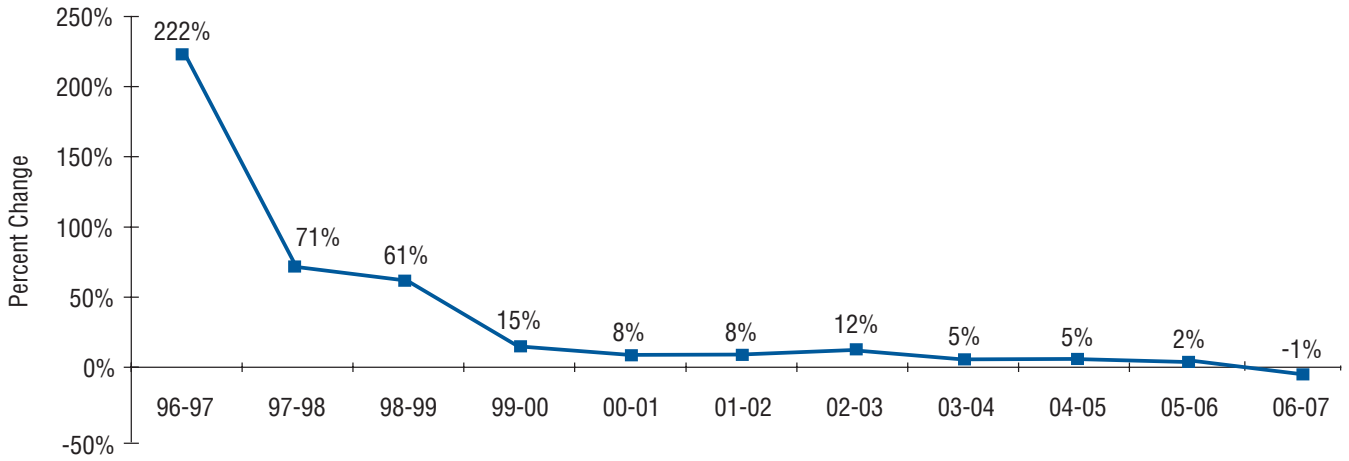
Chart 30b
The National ADAP Budget, Rate of Growth, FY 1996–2007



Note: The total FY 2007 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 Growth* graph represent changes between the two years indicated, not aggregate changes since FY 1996.

Chart 31a
Part B ADAP Earmark Funding, FY 1996–2007

Chart 31b
Part B ADAP Earmark Funding, Rate of Growth, FY 1996–2007



Note: ADAP earmark funding does not include ADAP Supplemental Fund set-aside from FY 2001–FY 2007. Percentages on the *Part B ADAP Earmark Funding, Rate of Growth* graph represent changes between the two years indicated, not aggregate changes since FY 1996.

Chart 32a
Part B ADAP Supplemental Funding, FY 2001–2007

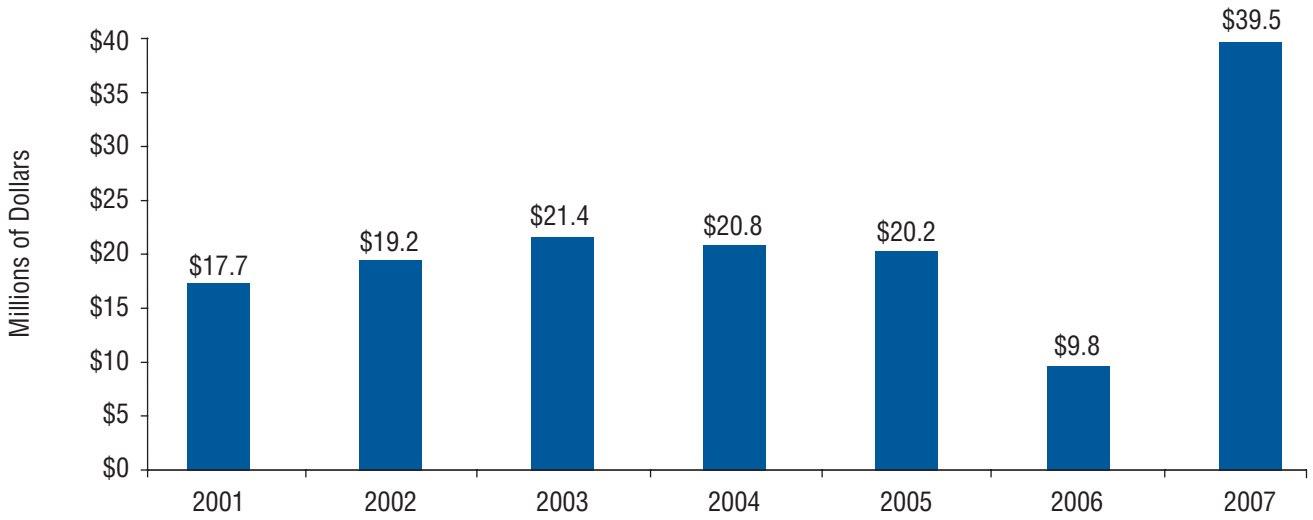
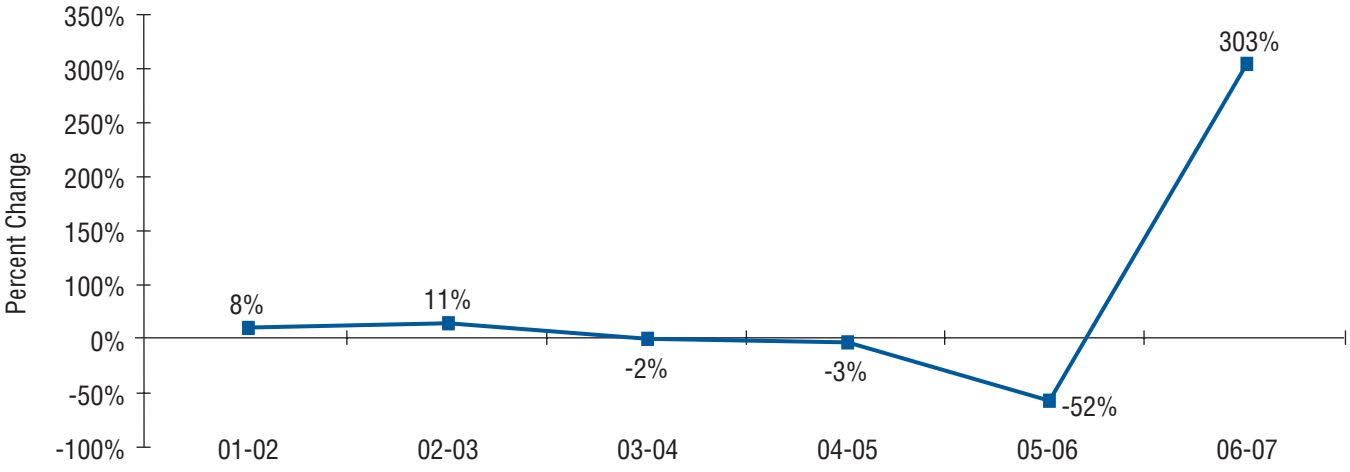


Chart 32b
Part B ADAP Supplemental Funding, Rate of Growth, FY 2001–2007



Note: Percentages on the *Part B ADAP Supplemental Funding, Rate of Growth* graph represent changes between the two years indicated, not aggregate changes since FY 2001.

Chart 33a
Part B Base Funding, FY 1996–2007

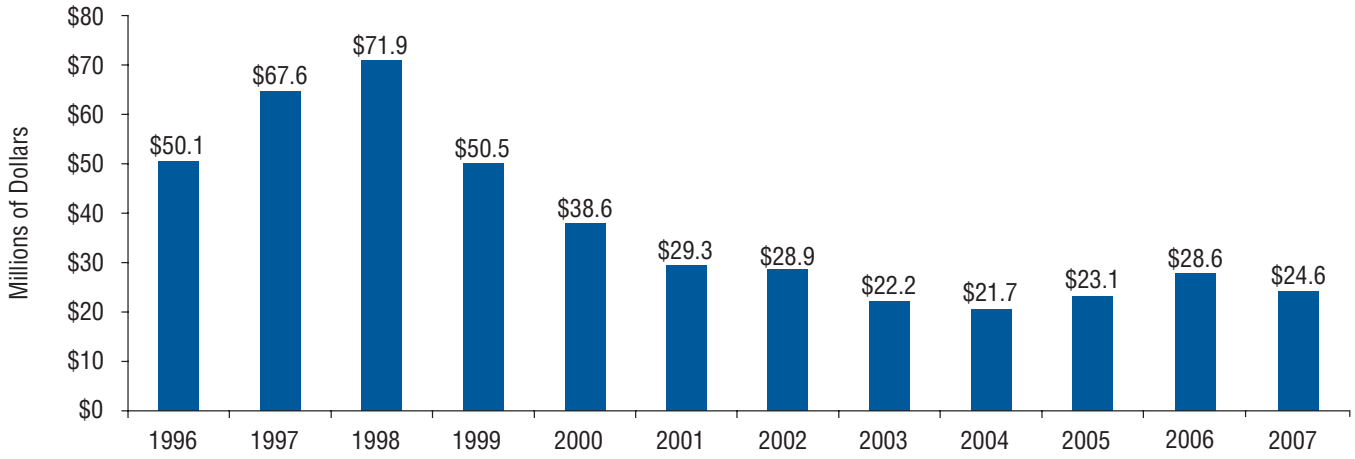
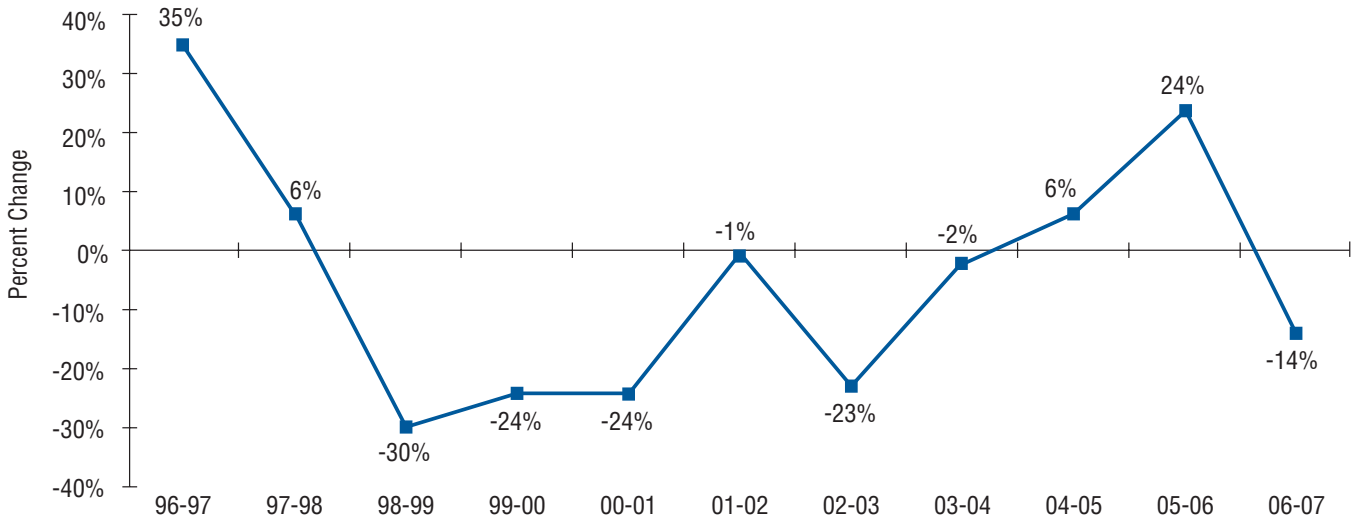


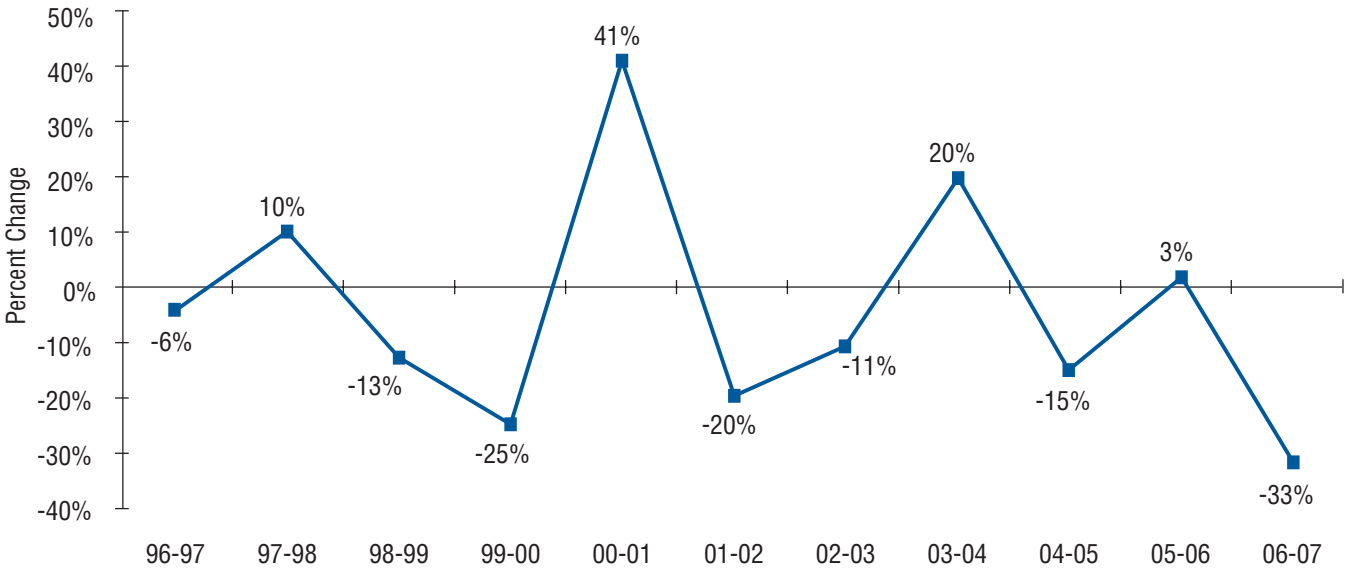
Chart 33b
Part B Base Funding, Rate of Growth, FY 1996–2007



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

Chart 34a
Part A Funding, FY 1996–2007

Chart 34b
Part A Funding, Rate of Growth, FY 1996–2007



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

Chart 35a
State Funding, FY 1996–2007

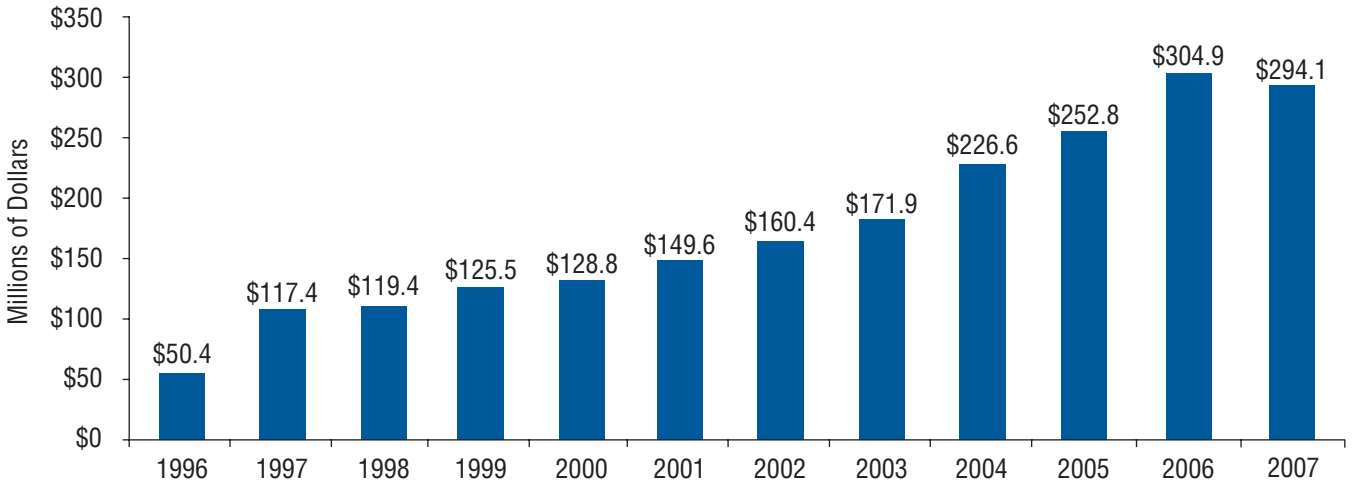
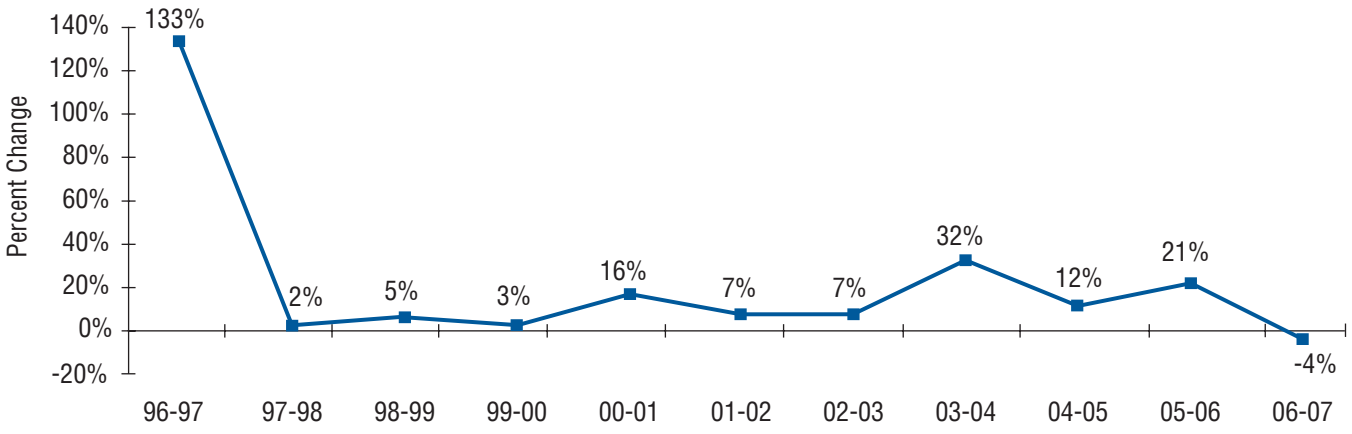


Chart 35b
State Funding, Rate of Growth, FY 1996–2007



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

Chart 36a
Drug Rebates, FY 1996–2007

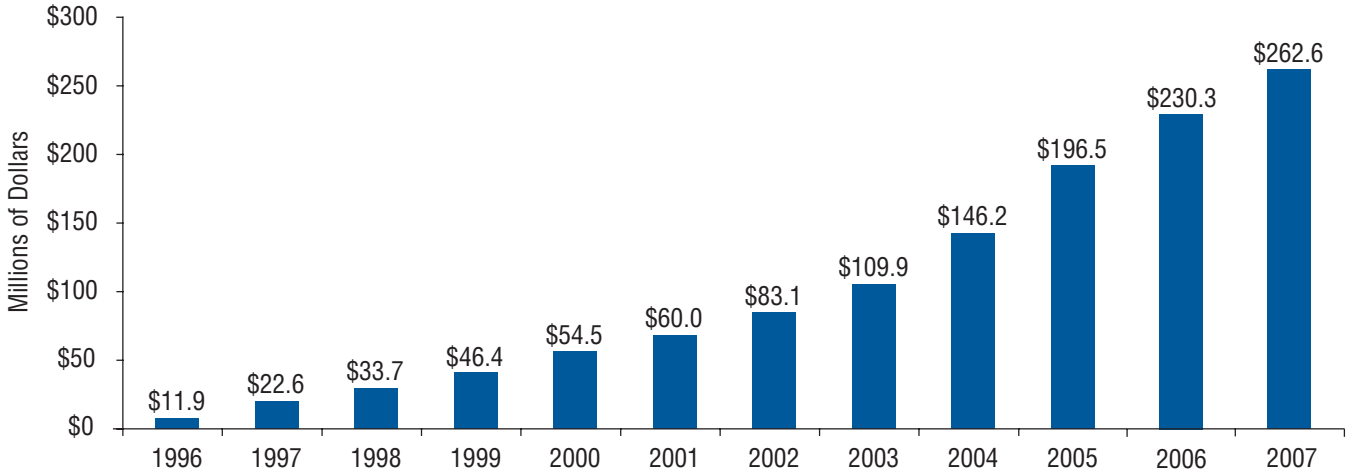
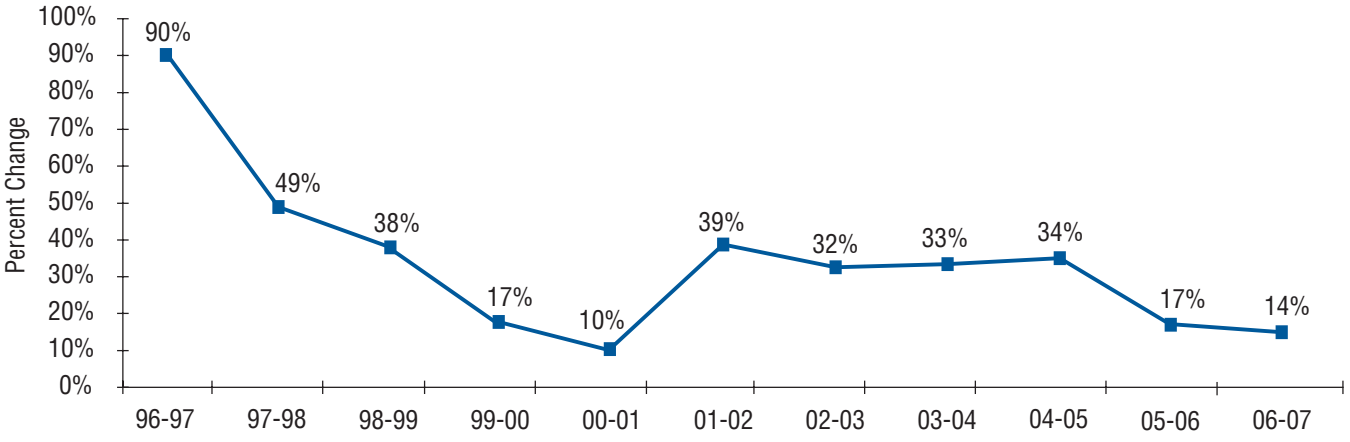
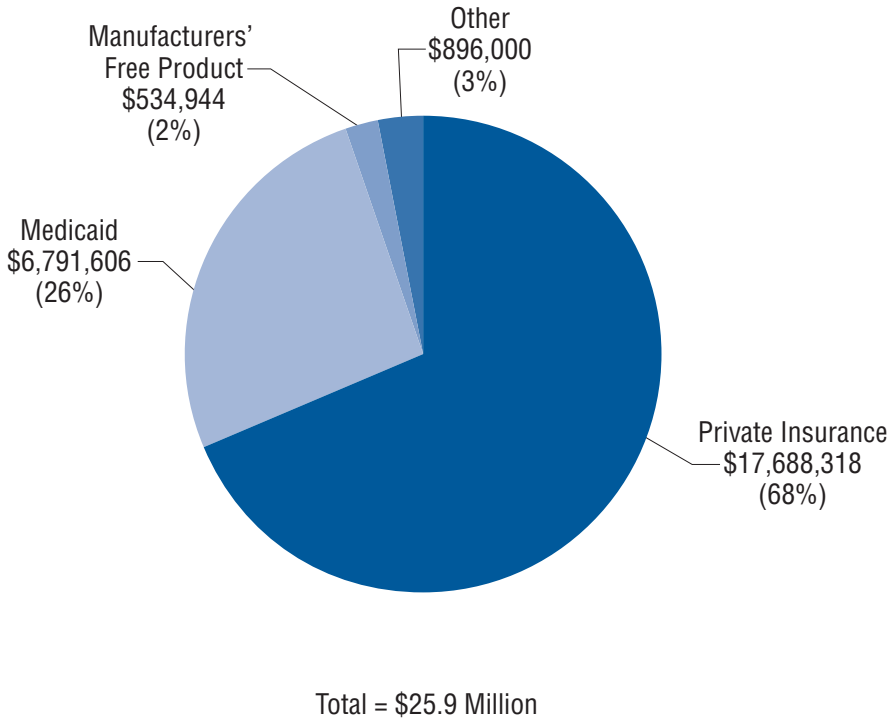


Chart 36b
Drug Rebates, Rate of Growth, FY 1996–2007



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

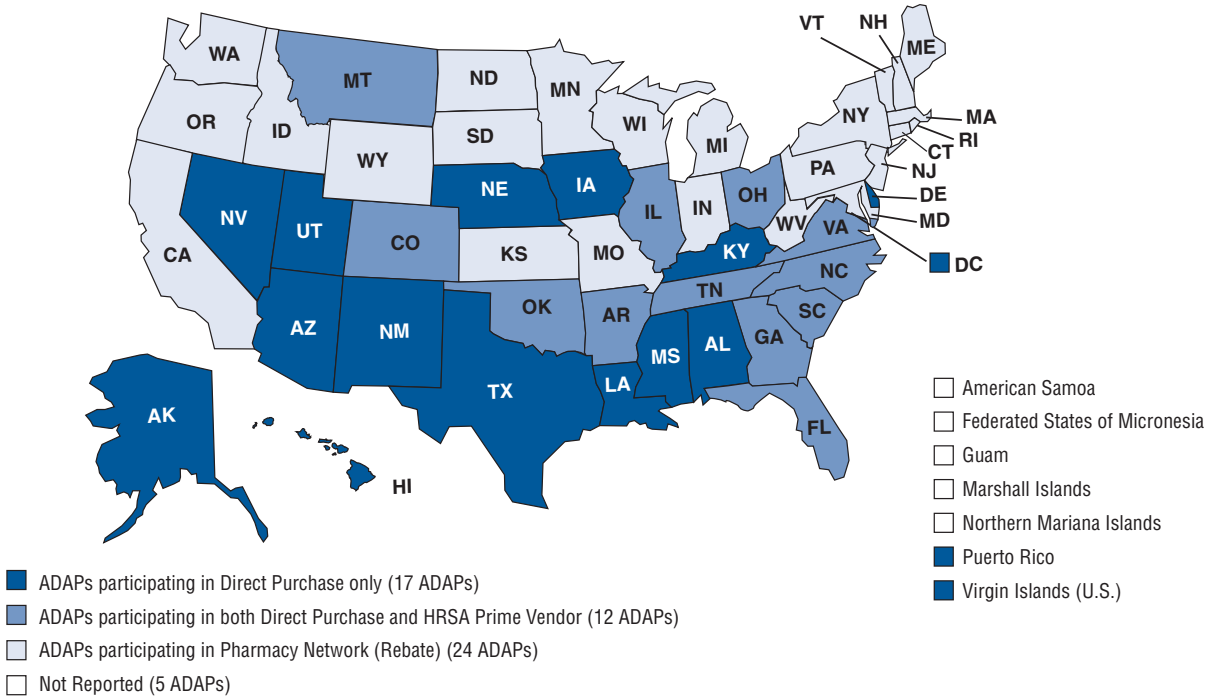
Chart 37
Cost Recovery and Other Cost-Saving Mechanisms (Excluding Drug Rebates), FY 2007



Total = $25.9 Million

Note: 18 ADAPs reported data. Manufacturers' drug rebates are not included. Cost recovery and other cost-saving mechanisms are not included in the total ADAP budget. Percentages may not total 100% due to rounding. See Table XIX.

Chart 38
ADAP Drug Purchasing Mechanisms, FY 2007



Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. See Table XX.

Chart 39a
Clients Served in Insurance Purchasing/Maintenance Programs, June 2002–2007

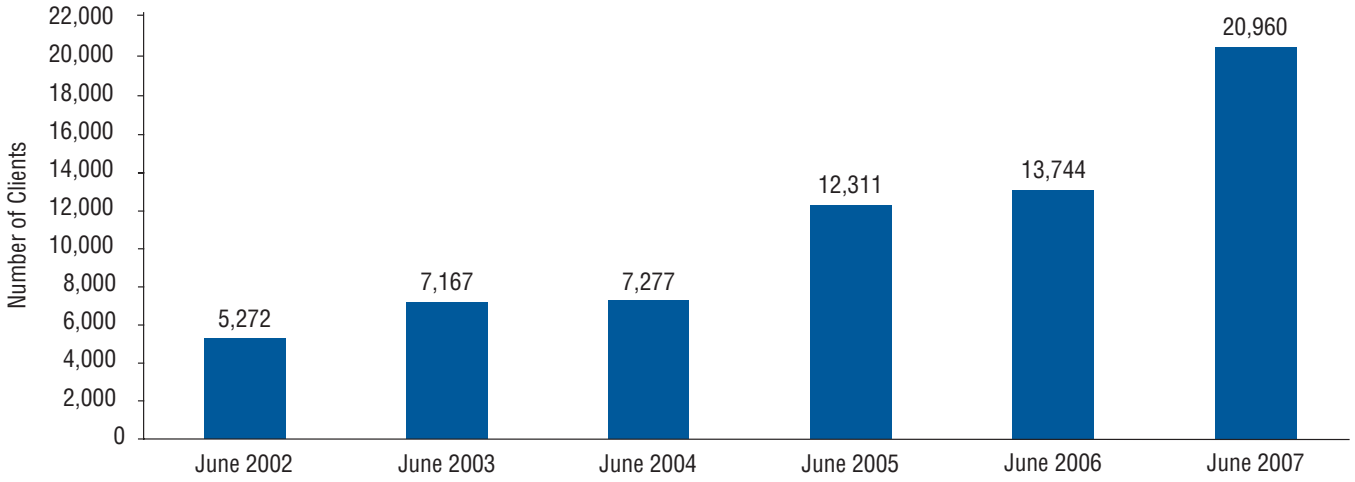
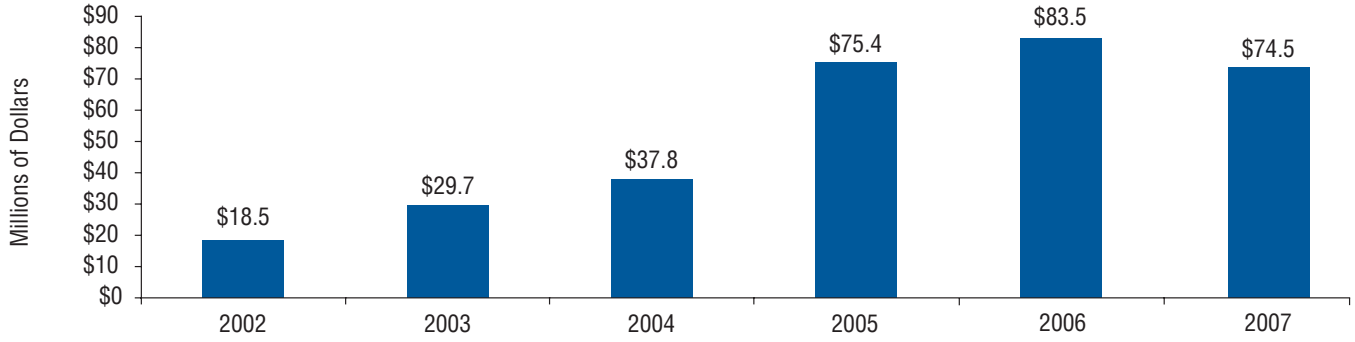
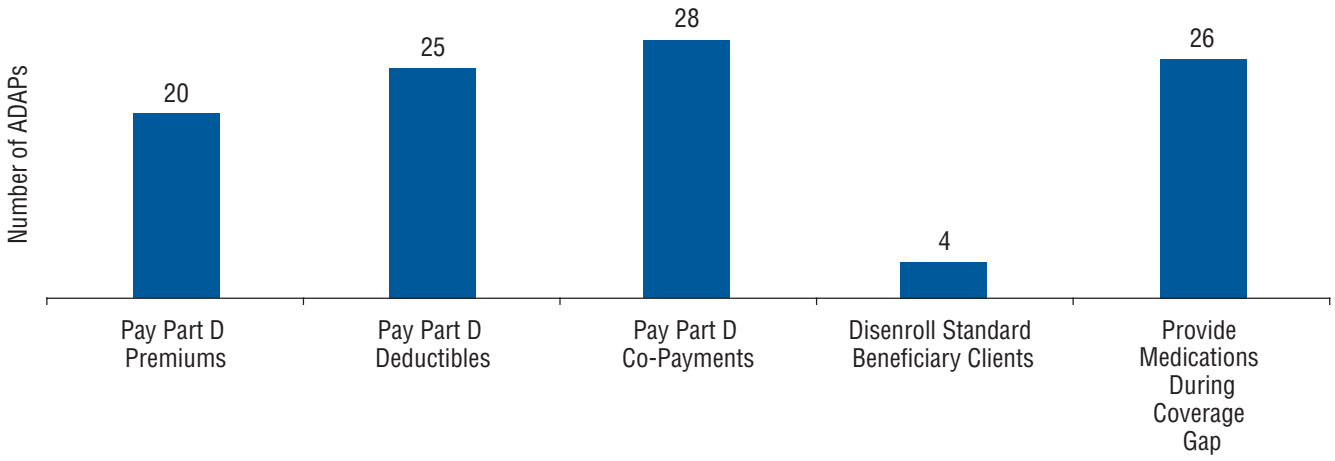


Chart 39b
Estimated ADAP Spending on Insurance Purchasing/Maintenance Programs, FY 2002–2007



Note: 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 2004-2007 data represent clients served. All ADAPs that have reported having insurance purchasing/maintenance programs since 2002 are included. See Table XXI.

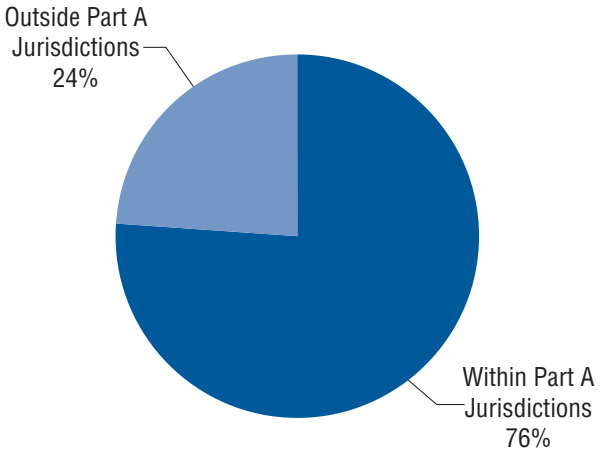
Chart 40
ADAP Policies Related to Medicare Part D, May 2007



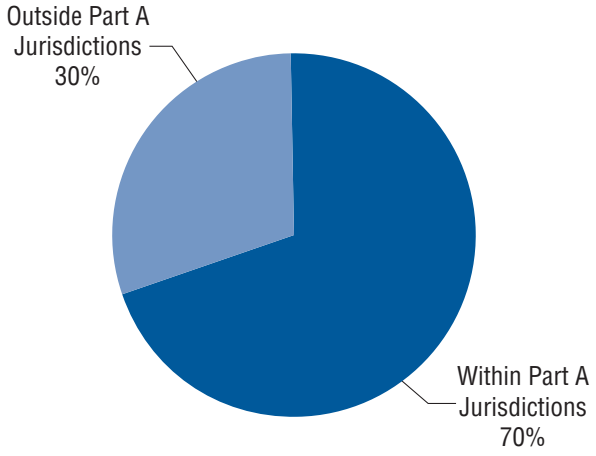
Note: 38 ADAPs reported data. See Table XXII.

Chart 41

ADAP Clients Served in June 2007 Who Reside within Part A Jurisdictions Compared to Total Clients Served by ADAPs in States with a Part A Jurisdiction (or Portions of Part A Jurisdictions)



ADAP Clients Served in June 2007 Who Reside within Part A Jurisdictions Compared to Clients Served in All ADAPs



Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. See Table XXIII.

Tables

Table I

Total Clients Enrolled/Served, Drug Expenditures, and Prescriptions Filled, June 2006 and June 2007

State/Territory	June 2006 Clients Enrolled	June 2007 Clients Enrolled	% Change	June 2006 Clients Served	June 2007 Clients Served	% Change	June 2006 Drug Expenditures	June 2007 Drug Expenditures	% Change	June 2006 Prescriptions Filled	June 2007 Prescriptions Filled	% Change
Alabama	1,100	1,182	7%	920	981	7%	$1,032,443	$909,660	-12%	3,190	2,771	-13%
Alaska	61	57	-7%	49	54	10%	$54,413	$40,244	-26%	173	174	1%
American Samoa	—	—	—	—	—	—	—	—	—	—	—	—
Arizona	1,200	1,786	49%	856	824	-4%	$884,249	$890,306	1%	4,330	4,518	4%
Arkansas	283	350	24%	198	305	54%	$164,015	$729,460	345%	552	839	52%
California	26,505	28,723	8%	17,306	18,939	9%	$19,889,704	$22,285,233	12%	71,816	75,869	6%
Colorado	1,156	1,583	37%	852	921	8%	$718,502	$744,646	4%	2,328	2,341	1%
Connecticut	1,690	1,764	4%	1,339	1,351	1%	$1,598,359	$1,586,003	-1%	6,356	5,771	-9%
Delaware	—	387	—	—	244	—	—	$85,350	—	—	911	—
District of Columbia	945	1,030	9%	563	740	31%	$481,576	$546,787	14%	1,970	2,171	10%
Federated States of Micronesia	—	—	—	—	—	—	—	—	—	—	—	—
Florida	11,258	10,052	-11%	8,267	8,640	5%	$6,276,117	$4,668,285	-26%	19,552	15,937	-18%
Georgia	4,923	5,289	7%	3,473	3,411	-2%	$3,427,413	$2,889,590	-16%	11,712	10,021	-14%
Guam	—	—	—	—	—	—	—	—	—	—	—	—
Hawaii	185	251	36%	144	205	42%	$160,584	$206,857	29%	632	690	9%
Idaho	80	132	65%	63	107	70%	$86,202	$349,320	305%	169	479	183%
Illinois	4,526	4,086	-10%	3,097	3,042	-2%	$3,350,554	$2,997,094	-11%	10,443	8,485	-19%
Indiana*	1,000	1,172	17%	1,000	1,172	17%	$213,251	$261,946	23%	4,871	6,451	32%
Iowa	387	337	-13%	315	225	-29%	$143,067	$147,613	3%	617	610	-1%
Kansas	987	982	-1%	294	469	60%	$334,223	$1,560,997	367%	735	1,114	52%
Kentucky	764	1,027	34%	574	780	36%	$293,460	$417,622	42%	1,922	2,563	33%
Louisiana	3,596	1,559	-57%	1,391	1,559	12%	$1,284,521	$1,291,580	1%	3,723	3,722	-0%
Maine	300	446	49%	93	147	58%	$25,170	$21,195	-16%	308	230	-25%
Marshall Islands	—	—	—	—	—	—	—	—	—	—	—	—
Maryland	3,679	4,060	10%	2,558	3,294	29%	$2,877,431	$2,625,968	-9%	9,045	8,686	-4%
Massachusetts	3,840	4,153	8%	2,665	2,833	6%	$530,415	$460,393	-13%	10,890	10,661	-2%
Michigan	1,830	2,151	18%	1,526	1,558	2%	$1,639,116	$1,621,669	-1%	7,290	7,082	-3%
Minnesota	797	969	22%	565	474	-16%	$193,206	$544,582	182%	1,333	1,661	25%
Mississippi	1,031	1,057	3%	666	690	4%	$618,932	$730,056	18%	2,432	2,380	-2%
Missouri	1,649	1,613	-2%	1,032	1,062	3%	$1,252,643	$1,245,829	-1%	4,509	4,017	-11%
Montana	71	85	20%	52	66	27%	$45,683	$42,608	-7%	152	144	-5%
Nebraska	246	409	66%	246	236	-4%	$123,504	$165,068	34%	393	482	23%
Nevada	701	876	25%	416	603	45%	$450,724	—	—	1,300	—	—
New Hampshire	342	363	6%	109	136	25%	$116,138	$91,482	-21%	469	472	1%
New Jersey	5,125	5,672	11%	4,015	4,241	6%	$5,878,562	$6,095,718	4%	23,633	23,243	-2%

Table I *(continued)*

Total Clients Enrolled/Served, Drug Expenditures, and Prescriptions Filled, June 2006 and June 2007

State/Territory	June 2006 Clients Enrolled	June 2007 Clients Enrolled	% Change	June 2006 Clients Served	June 2007 Clients Served	% Change	June 2006 Drug Expenditures	June 2007 Drug Expenditures	% Change	June 2006 Prescriptions Filled	June 2007 Prescriptions Filled	% Change
New Mexico	—	69	—	—	58	—	—	—	—	—	155	—
New York	16,481	17,516	6%	12,467	13,127	5%	$18,407,214	$19,628,372	7%	55,427	54,853	-1%
North Carolina	3,367	3,925	17%	2,093	2,712	30%	$1,936,635	$2,695,867	39%	6,503	8,137	25%
North Dakota	47	62	32%	25	28	12%	$22,411	$24,314	8%	77	70	-9%
Northern Mariana Islands	—	—	—	—	—	—	—	—	—	—	—	—
Ohio	2,489	3,130	26%	1,606	1,681	5%	$1,115,040	$728,746	-35%	6,195	5,988	-3%
Oklahoma	766	875	14%	583	668	15%	$399,865	$467,532	17%	1,725	1,716	-1%
Oregon	1,326	1,499	13%	1,312	1,493	14%	$113,812	$172,566	52%	3,318	4,950	49%
Pennsylvania	5,705	5,965	5%	3,296	3,259	-1%	$4,022,076	$4,375,219	9%	14,590	13,979	-4%
Puerto Rico	3,834	3,773	-2%	3,576	3,413	-5%	$3,124,797	$3,239,852	4%	9,863	13,126	33%
Rhode Island	699	809	16%	338	304	-10%	$267,166	$177,248	-34%	1,118	488	-56%
South Carolina	2,670	2,328	-13%	1,798	1,646	-8%	$1,351,515	$1,109,251	-18%	5,706	3,346	-41%
South Dakota	120	167	39%	70	56	-20%	$43,089	$43,674	1%	154	113	-27%
Tennessee	2,438	2,315	-5%	2,150	2,228	4%	$475,660	$1,053,258	121%	2,242	3,164	41%
Texas	13,512	11,588	-14%	7,455	7,501	1%	$6,384,476	$6,439,495	1%	19,773	17,916	-9%
Utah	397	556	40%	330	472	43%	$178,596	$215,123	20%	609	699	15%
Vermont	194	222	14%	101	127	26%	$64,399	$66,702	4%	306	217	-29%
Virgin Islands (U.S.)	138	178	29%	57	87	53%	$39,168	$49,872	27%	143	160	12%
Virginia	2,810	2,550	-9%	1,477	1,535	4%	$1,841,255	$1,948,257	6%	4,665	4,329	-7%
Washington	3,068	3,104	1%	1,940	1,354	-30%	$858,797	$743,227	-13%	8,426	4,642	-45%
West Virginia	276	356	29%	118	161	36%	$101,874	$134,661	32%	316	382	21%
Wisconsin	1,198	1,110	-7%	647	706	9%	$486,795	$523,765	8%	1,395	1,509	8%
Wyoming	64	99	55%	38	62	63%	$30,718	$57,756	88%	106	166	57%
Total	**141,856**	**145,799**		**96,121**	**101,987**		**$95,409,538**	**$100,147,921**		**349,502**	**344,600**	
Comparison Total	***141,856***	***145,343***	***2%***	***96,121***	***101,685***	***6%***	***$94,958,814***	***$100,062,572***	***5%***	***348,202***	***343,689***	***-1%***

Comparison Totals are based on only those ADAPs that reported data in both time periods.

* Indiana provided updated June 2006 drug expenditure and prescription data that has been included in this report. All other June 2006 data was taken from the *2007 National ADAP Monitoring Project Annual Report.*

Note: 53 ADAPs reported data for clients enrolled and served; 51 ADAPs reported data for drug expenditures; 52 ADAPs reported data for prescriptions filled. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data in any category. A dash (—) indicates no data available from the ADAP.

Table II

ADAP Per Capita Drug Expenditures, June 2007

State/Territory	June 2007 Clients Served	June 2007 Drug Expenditures	June 2007 Per Capita Drug Expenditures
Alabama	981	$909,660	$927.28
Alaska	54	$40,244	$745.27
American Samoa	—	—	—
Arizona	824	$890,306	$1,080.47
Arkansas	305	$729,460	$2,391.67
California	18,939	$22,285,233	$1,176.68
Colorado	921	$744,646	$808.52
Connecticut	1,351	$1,586,003	$1,173.95
Delaware	244	$85,350	$349.79
District of Columbia	740	$546,787	$738.90
Federated States of Micronesia	—	—	—
Florida	8,640	$4,668,285	$540.31
Georgia	3,411	$2,889,590	$847.14
Guam	—	—	—
Hawaii	205	$206,857	$1,009.06
Idaho	107	$349,320	$3,264.67
Illinois	3,042	$2,997,094	$985.24
Indiana	1,172	$261,946	$223.50
Iowa	225	$147,613	$656.06
Kansas	469	$1,560,997	$3,328.35
Kentucky	780	$417,622	$535.41
Louisiana	1,559	$1,291,580	$828.47
Maine	147	$21,195	$144.18
Marshall Islands	—	—	—
Maryland	3,294	$2,625,968	$797.20
Massachusetts	2,833	$460,393	$162.51
Michigan	1,558	$1,621,669	$1,040.87
Minnesota	474	$544,582	$1,148.91
Mississippi	690	$730,056	$1,058.05
Missouri	1,062	$1,245,829	$1,173.10
Montana	66	$42,608	$645.58
Nebraska	236	$165,068	$699.44
Nevada	603	—	—
New Hampshire	136	$91,482	$672.66
New Jersey	4,241	$6,095,718	$1,437.33

Table II *(continued)*

ADAP Per Capita Drug Expenditures, June 2007

State/Territory	June 2007 Clients Served	June 2007 Drug Expenditures	June 2007 Per Capita Drug Expenditures
New Mexico	58	—	—
New York	13,127	$19,628,372	$1,495.27
North Carolina	2,712	$2,695,867	$994.05
North Dakota	28	$24,314	$868.36
Northern Mariana Islands	—	—	—
Ohio	1,681	$728,746	$433.52
Oklahoma	668	$467,532	$699.90
Oregon	1,493	$172,566	$115.58
Pennsylvania	3,259	$4,375,219	$1,342.50
Puerto Rico	3,413	$3,239,852	$949.27
Rhode Island	304	$177,248	$583.05
South Carolina	1,646	$1,109,251	$673.91
South Dakota	56	$43,674	$779.90
Tennessee	2,228	$1,053,258	$472.74
Texas	7,501	$6,439,495	$858.48
Utah	472	$215,123	$455.77
Vermont	127	$66,702	$525.21
Virgin Islands (U.S.)	87	$49,872	$573.24
Virginia	1,535	$1,948,257	$1,269.22
Washington	1,354	$743,227	$548.91
West Virginia	161	$134,661	$836.40
Wisconsin	706	$523,765	$741.88
Wyoming	62	$57,756	$931.54
Total	**101,987**	**$100,147,921**	**$981.97**

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Nevada, New Mexico, and Northern Mariana Islands did not report data. A dash (—) indicates no data available from the ADAP. Per capita drug expenditures calculation based on June 2007 clients served and drug expenditures.

Table III

ADAP Drug Expenditures, by Drug Class, June 2007

State/Territory	June 2007 Total Expenses	June 2007 NRTI Expenses	NRTI % of Total Expenses	June 2007 NNRTI Expenses	NNRTI % of Total Expenses	June 2007 Protease Inhibitor Expenses	Protease Inhibitor % of Total Expenses	June 2007 Multi-Class Combination Product Expenses	Multi-Class Combination Product % of Total Expenses	June 2007 Fusion Inhibitor Expenses	Fusion Inhibitor % of Total Expenses	June 2007 "A1" OI Expenses	"A1" OI % of Total Expenses	June 2007 All Other RX Expenses	All Other Rx % of Total Expenses
Alabama	$909,660	$384,201	42%	$75,480	8%	$263,497	29%	$150,630	17%	$12,165	1%	$23,687	3%	$0	0%
Alaska	$40,244	$15,812	39%	$2,740	7%	$12,043	30%	$8,777	22%	$0	0%	$223	1%	$650	2%
American Samoa	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arizona	$890,306	$365,764	41%	$57,151	6%	$265,243	30%	$104,254	12%	$12,795	1%	$6,894	1%	$78,205	9%
Arkansas	$729,460	$87,035	12%	$19,878	3%	$53,957	7%	$535,121	73%	$3,181	0.4%	$15,459	2%	$14,830	2%
California	$22,285,233	$8,429,300	38%	$1,305,299	6%	$6,534,017	29%	$3,512,638	16%	$187,075	1%	$550,734	2%	$1,766,170	8%
Colorado	$744,646	$289,725	39%	$48,795	7%	$213,820	29%	$162,861	22%	$2,312	0.3%	$20,318	3%	$6,815	1%
Connecticut	$1,586,003	$361,746	23%	$101,270	6%	$412,615	26%	$272,863	17%	$17,323	1%	$35,813	2%	$384,373	24%
Delaware	$85,350	$35,931.62	42%	$2,789.45	3%	$22,449.94	26%	$23,944.75	28%	$0	0%	$234	0.3%	$0	0%
District of Columbia	$546,787	$219,095	40%	$31,936	6%	$171,541	31%	$90,440	17%	$13,579	2%	$14,416	3%	$5,781	1%
Federated States of Micronesia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Florida	$4,668,285	$1,881,448	40%	$361,579	8%	$1,364,168	29%	$826,275	18%	$48,273	1%	$24,451	1%	$162,090	3%
Georgia	$2,889,590	$973,387	34%	$182,582	6%	$966,546	33%	$617,192	21%	$40,231	1%	$109,652	4%	$0	0%
Guam	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hawaii	$206,857	$81,746	40%	$16,376	8%	$57,957	28%	$34,096	16%	$1,200	1%	$2,849	1%	$12,633	6%
Idaho	$349,320	$133,541	38%	$15,425	4%	$108,675	31%	$86,146.50	25%	$4,364.10	1%	$832	0.2%	$337	0.1%
Illinois	$2,997,094	$1,186,436	40%	$254,455	8%	$407,248	14%	$603,272	20%	$58,435	2%	$24,597	1%	$462,651	15%
Indiana	$261,946	$70,474	27%	$9,965	4%	$30,941	12%	$19,737	8%	$4,803	2%	$10,056	4%	$115,970	44%
Iowa	$147,613	$51,739	35%	$12,805	9%	$40,864	28%	$37,745	26%	$1,514	1%	$2,899	2%	$49	0.0%
Kansas	$1,560,997	$569,789	37%	$108,459	7%	$368,604	24%	$390,025	25%	$6,892	0.4%	$39,012	2%	$78,216	5%
Kentucky	$417,622	$165,647	40%	$67,198	16%	$115,694	28%	$1,225	0.3%	$117	0%	$40,874	10%	$26,867	6%
Louisiana*	$1,291,580	$466,332	36%	$166,078	13%	$429,379	33%	$208,171	16%	$21,621	2%	$0	0%	$0	0%
Maine	$21,195	$8,766	41%	$2,222	10%	$4,166	20%	$5,738	27%	$11	0.1%	$256	1%	$36	0.2%
Marshall Islands	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Maryland	$2,625,968	$965,001	37%	$105,504	4%	$883,067	34%	$437,185	17%	$41,333	2%	$63,710	2%	$130,168	5%
Massachusetts	$460,393	$151,881	33%	$29,841	6%	$93,498	20%	$80,960	18%	$3,331	1%	$16,679	4%	$84,203	18%
Michigan	$1,621,669	$531,918	33%	$92,012	6%	$426,572	26%	$309,204	19%	$20,388	1%	$34,779	2%	$206,796	13%
Minnesota	$544,582	$164,045	30%	$66,570	12%	$79,466	15%	$107,794	20%	$121,300	22%	$5,407	1%	$0	0%
Mississippi	$730,056	$293,379	40%	$73,679	10%	$172,515	24%	$148,516	20%	$10,453	1%	$21,004	3%	$10,509	1%
Missouri	$1,245,829	$434,744	35%	$89,033	7%	$325,517	26%	$290,849	23%	$4,837	0.4%	$25,833	2%	$75,016	6%

Table III *(continued)*

ADAP Drug Expenditures, by Drug Class, June 2007

State/Territory	June 2007 Total Expenses	June 2007 NRTI Expenses	NRTI % of Total Expenses	June 2007 NNRTI Expenses	NNRTI % of Total Expenses	June 2007 Protease Inhibitor Expenses	Protease Inhibitor % of Total Expenses	June 2007 Multi-Class Combination Product Expenses	Multi-Class Combination Product % of Total Expenses	June 2007 Fusion Inhibitor Expenses	Fusion Inhibitor % of Total Expenses	June 2007 "A1" OI Expenses	"A1" OI % of Total Expenses	June 2007 All Other RX Expenses	All Other Rx % of Total Expenses
Montana	$42,608	$15,250	36%	$5,977	14%	$13,036	31%	$6,773	16%	$0	0%	$105	0.2%	$1,467	3%
Nebraska	$165,068	$17,071	10%	$10,603	6%	$49,665	30%	$80,319	49%	$1,492	1%	$2,146	1%	$3,772	2%
Nevada	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
New Hampshire	$91,482	$36,154	40%	$7,333	8%	$18,909	21%	$20,625	23%	$0	0%	$587	1%	$7,875	9%
New Jersey	$6,095,718	$2,022,226	33%	$312,363	5%	$832,688	14%	$933,928	15%	$68,856	1%	$147,367	2%	$1,778,290	29%
New Mexico	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
New York	$19,628,372	$7,298,184	37%	$1,218,402	6%	$5,475,162	28%	$2,759,952	14%	$313,407	2%	$497,719	3%	$2,065,546	11%
North Carolina	$2,695,867	$1,079,881	40%	$175,995	7%	$737,380	27%	$511,327	19%	$36,869	1%	$116,894	4%	$37,520	1%
North Dakota	$24,314	$11,198	46%	$3,072	13%	$4,500	19%	$4,136	17%	$0	0%	$232	1%	$1,177	5%
Northern Mariana Islands	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ohio	$728,746	$369,040	51%	$117,613	16%	$138,784	19%	$0	0%	$28,029	4%	$13,378	2%	$61,902	8%
Oklahoma	$467,532	$164,288	35%	$26,215	6%	$129,024	28%	$135,032	29%	$1,166	0.2%	$9,247	2%	$2,560	1%
Oregon	$172,566	$37,736	22%	$12,077	7%	$41,015	24%	$12,956	8%	$1,477	1%	$3,278	2%	$64,027	37%
Pennsylvania	$4,375,219	$1,361,788	31%	$269,755	6%	$1,008,353	23%	$645,936	15%	$62,837	1%	$56,593	1%	$969,957	22%
Puerto Rico	$3,239,852	$1,132,780	35%	$93,081	3%	$1,498,418	46%	$0	0%	$100,440	3%	$314,850	10%	$100,283	3%
Rhode Island	$177,248	$59,692	34%	$15,225	9%	$42,310	24%	$51,754	29%	$2,371	1%	$1,251	1%	$4,643	3%
South Carolina	$1,109,251	$486,362	44%	$87,382	8%	$301,779	27%	$200,478	18%	$16,516	1%	$4,829	0.4%	$11,906	1%
South Dakota	$43,674	$20,980	48%	$6,327	14%	$0	0%	$14,383	33%	$0	0%	$1,924	4%	$59	0.1%
Tennessee	$1,053,258	$385,022	37%	$0	0%	$351,384	33%	$295,294	28%	$18,062	2%	$1,318	0.1%	$2,178	0.2%
Texas	$6,439,495	$2,906,226	45%	$435,810	7%	$2,035,961	32%	$902,077	14%	$76,844	1%	$62,628	1%	$19,949	0.3%
Utah	$215,123	$79,189	37%	$20,993	10%	$66,263	31%	$44,446	21%	$853	0.4%	$2,901	1%	$479	0.2%
Vermont	$66,702	$22,300	33%	$3,210	5%	$19,850	30%	$17,770	27%	$2,300	3%	$370	0.6%	$902	1%
Virgin Islands (U.S.)	$49,872	$23,999	48%	$5,928	12%	$18,517	37%	$0	0%	$0	0%	$84	0.2%	$1,344	3%
Virginia	$1,948,257	$805,170	41%	$109,661	6%	$503,182	26%	$427,445	22%	$19,209	1%	$65,900	3%	$17,691	1%
Washington	$743,227	$278,453	37%	$44,792	6%	$190,860	26%	$148,653	20%	$2,554	0.3%	$14,483	2%	$63,431	9%
West Virginia	$134,661	$62,135	46%	$12,985	10%	$32,842	24%	$24,799	18%	$1,112	0.8%	$535	0.4%	$253	0.2%
Wisconsin	$523,765	$216,652	41%	$29,028	6%	$158,328	30%	$92,026	18%	$2,415	0.5%	$19,945	4%	$5,371	1%
Wyoming	$57,756	$21,740	38%	$6,805	12%	$12,643	22%	$13,651	24%	$0	0%	$411	1%	$2,505	4%
Total	**$100,147,921**	**$37,232,398**	**37%**	**$6,329,754**	**6%**	**$27,504,912**	**27%**	**$16,409,418**	**16%**	**$1,394,344**	**1%**	**$2,429,643**	**2%**	**$8,847,452**	**9%**

*Louisiana is the only state that does not include at least one "A1" OI medication on its formulary.

Note: 51 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Nevada, New Mexico, and Northern Mariana Islands did not report data. 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. This table reflects only drugs on formulary as of June 2007.

Table IV

ADAP Prescriptions Filled, By Drug Class, June 2007

State/Territory	June 2007 Total Rx	June 2007 NRTI Rx	NRTI % of Total Rx	June 2007 NNRTI Rx	NNRTI % of Total Rx	June 2007 Protease Inhibitor Rx	Protease Inhibitor % of Total Rx	June 2007 Multi-Class Combination Product Rx	Multi-Class Combination Product % of Total Rx	June 2007 Fusion Inhibitor Rx	Fusion Inhibitor % of Total Rx	June 2007 "A1" OI Rx	"A1" OI % of Total Rx	June 2007 All Other Rx	All Other % of Total Rx
Alabama	2,771	995	36%	278	10%	732	26%	204	7%	8	0.3%	554	20%	0	0%
Alaska	174	87	50%	11	6%	35	20%	12	7%	0	0%	16	9%	13	7%
American Samoa	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arizona	4,518	1,194	26%	292	6%	1,014	22%	187	4%	16	0.4%	547	12%	1,268	28%
Arkansas	839	247	29%	72	9%	187	22%	80	10%	5	1%	171	20%	77	9%
California	75,869	19,137	25%	4,738	6%	15,785	21%	3,508	5%	210	0.3%	8,643	11%	23,848	31%
Colorado	2,341	754	32%	206	9%	668	29%	224	10%	2	0.1%	323	14%	164	7%
Connecticut	5,771	999	17%	335	6%	1,008	17%	294	5%	16	0.3%	243	4%	2,876	50%
Delaware	911	210	23%	26	3%	198	22%	20	2%	0	0%	79	9%	378	41%
District of Columbia	2,171	657	30%	140	6%	586	27%	148	7%	8	0.4%	369	17%	263	12%
Federated States of Micronesia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Florida	15,937	5,014	31%	1,472	9%	4,510	28%	1,126	7%	45	0.3%	1,591	10%	2,179	14%
Georgia	10,021	3,872	39%	705	7%	2,773	28%	615	6%	33	0.3%	2,023	20%	0	0%
Guam	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hawaii	690	236	34%	66	10%	152	22%	39	6%	1	0.1%	80	12%	116	17%
Idaho	479	183	38%	36	8%	181	38%	66	14%	2	0.4%	10	2%	1	0%
Illinois	8,485	3,031	36%	935	11%	1,335	16%	803	9%	39	0%	394	5%	1,948	23%
Indiana	6,451	1,121	17%	275	4%	491	8%	192	3%	19	0%	612	9%	3,741	58%
Iowa	610	266	44%	72	12%	151	25%	63	10%	2	0%	42	7%	14	2%
Kansas	1,114	375	34%	117	11%	292	26%	83	7%	2	0.2%	65	6%	180	16%
Kentucky	2,563	829	32%	210	8%	689	27%	111	4%	6	0%	359	14%	359	14%
Louisiana*	3,722	1,449	39%	640	17%	1,192	32%	423	11%	18	0.5%	0	0%	0	0%
Maine	230	87	38%	28	12%	65	28%	24	10%	1	0%	17	7%	8	3%
Marshall Islands	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Maryland	8,686	2,334	27%	382	4%	2,348	27%	488	6%	31	0.4%	806	9%	2,297	26%
Massachusetts	10,661	1,377	13%	487	5%	921	9%	380	4%	13	0.1%	384	4%	7,099	67%
Michigan	7,082	1,352	19%	345	5%	1,143	16%	349	5%	23	0%	49	1%	3,821	54%
Minnesota	1,661	566	34%	191	11%	372	22%	417	25%	15	1%	100	6%	0	0%
Mississippi	2,380	728	31%	285	12%	475	20%	174	7%	9	0.4%	421	18%	288	12%
Missouri	4,017	862	21%	240	6%	634	16%	260	6%	7	0.2%	357	9%	1,657	41%
Montana	144	36	25%	22	15%	37	26%	9	6%	0	0%	8	6%	32	22%
Nebraska	482	25	5%	34	7%	108	22%	135	28%	1	0%	52	11%	127	26%
Nevada	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
New Hampshire	472	103	22%	25	5%	75	16%	41	9%	0	0%	18	4%	210	44%
New Jersey	23,243	6,266	27%	831	4%	1,809	8%	802	3%	40	0.2%	1,427	6%	12,068	52%

Table IV *(continued)*

ADAP Prescriptions Filled, By Drug Class, June 2007

State/Territory	June 2007 Total Rx	June 2007 NRTI Rx	NRTI % of Total Rx	June 2007 NNRTI Rx	NNRTI % of Total Rx	June 2007 Protease Inhibitor Rx	Protease Inhibitor % of Total Rx	June 2007 Multi-Class Combination Product Rx	Multi-Class Combination Product % of Total Rx	June 2007 Fusion Inhibitor Rx	Fusion Inhibitor % of Total Rx	June 2007 "A1" OI Rx	"A1" OI % of Total Rx	June 2007 All Other Rx	All Other % of Total Rx
New Mexico	155	49	32%	14	9%	38	25%	16	10%	1	1%	20	13%	17	11%
New York	54,853	12,357	23%	2,911	5%	9,263	17%	2,217	4%	157	0.3%	3,767	7%	24,181	44%
North Carolina	8,137	2,744	34%	701	9%	2,153	26%	698	9%	26	0.3%	1,266	16%	549	7%
North Dakota	70	29	41%	9	13%	10	14%	3	4%	0	0%	7	10%	12	17%
Northern Mariana Islands	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ohio	5,988	2,364	39%	549	9%	976	16%	354	6%	26	0.4%	652	11%	1,067	18%
Oklahoma	1,716	600	35%	133	8%	464	27%	213	12%	2	0.1%	271	16%	33	2%
Oregon	4,950	621	13%	293	6%	800	16%	135	3%	30	1%	329	7%	2,742	55%
Pennsylvania	13,979	3,086	22%	840	6%	2,402	17%	627	4%	47	0.3%	875	6%	6,102	44%
Puerto Rico	13,126	2,951	22%	374	3%	3,567	27%	0	0%	79	1%	1,900	14%	4,255	32%
Rhode Island	488	149	31%	54	11%	102	21%	43	9%	2	0.4%	23	5%	115	24%
South Carolina	3,346	1,211	36%	354	11%	884	26%	269	8%	14	0%	305	9%	309	9%
South Dakota	113	47	42%	20	18%	0	0%	15	13%	0	0%	28	25%	3	3%
Tennessee	3,164	723	23%	143	5%	1,085	34%	179	6%	0	0%	622	20%	412	13%
Texas	17,916	7,936	44%	1,762	10%	5,733	32%	1,243	7%	67	0.4%	1,007	6%	168	1%
Utah	699	257	37%	104	15%	187	27%	61	9%	2	0%	85	12%	3	0%
Vermont	217	61	28%	20	9%	43	20%	20	9%	4	2%	25	12%	44	20%
Virgin Islands (U.S.)	160	91	57%	18	11%	42	26%	0	0%	0	0%	6	4%	3	2%
Virginia	4,329	1,388	32%	309	7%	1,204	28%	456	11%	12	0.3%	783	18%	177	4%
Washington	4,642	1,141	25%	232	5%	858	18%	221	5%	6	0.1%	388	8%	1,796	39%
West Virginia	382	164	43%	49	13%	97	25%	32	8%	2	1%	34	9%	4	1%
Wisconsin	1,509	535	35%	126	8%	412	27%	100	7%	5	0.3%	208	14%	123	8%
Wyoming	166	43	26%	18	11%	21	13%	11	7%	0	0%	10	6%	63	38%
Total	**344,600**	**92,939**	**27%**	**22,529**	**7%**	**70,307**	**20%**	**18,190**	**5%**	**1,054**	**0.3%**	**32,371**	**9%**	**107,210**	**31%**

*Louisiana is the only state that does not include at least one "A1" OI medication on its formulary.

Note: 52 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Nevada, and Northern Mariana Islands did not report data. 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. This table reflects only drugs on formulary as of June 2007.

Table V

ADAP Clients Served, by Race/Ethnicity, June 2007

State/Territory	June 2007 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	981	64%	31%	4%	<1%	0%	<1%	0%	0%	<1%
Alaska	54	9%	63%	22%	4%	0%	2%	0%	0%	0%
American Samoa	—	—	—	—	—	—	—	—	—	—
Arizona	824	0%	0%	0%	0%	0%	0%	0%	0%	100%
Arkansas	305	32%	59%	6%	<1%	<1%	0%	<1%	<1%	0%
California	18,939	11%	40%	40%	3%	0%	<1%	4%	0%	1%
Colorado	921	16%	50%	29%	<1%	<1%	2%	1%	0%	1%
Connecticut	1,351	38%	38%	23%	<1%	0%	<1%	0%	0%	0%
Delaware	244	53%	41%	2%	0%	0%	0%	4%	0%	0%
District of Columbia	740	79%	8%	9%	<1%	0%	<1%	<1%	<1%	2%
Federated States of Micronesia	—	—	—	—	—	—	—	—	—	—
Florida	8,640	44%	25%	30%	<1%	<1%	<1%	<1%	<1%	0%
Georgia	3,411	60%	27%	6%	<1%	0%	<1%	1%	0%	5%
Guam	—	—	—	—	—	—	—	—	—	—
Hawaii	205	5%	51%	12%	16%	12%	1%	3%	0%	0%
Idaho	107	3%	71%	21%	<1%	0%	2%	2%	0%	0%
Illinois	3,042	38%	31%	27%	1%	0%	0%	0%	<1%	2%
Indiana	1,172	17%	72%	7%	<1%	0%	<1%	<1%	3%	0%
Iowa	225	15%	70%	12%	2%	0%	<1%	0%	0%	0%
Kansas	469	23%	59%	16%	<1%	0%	<1%	<1%	0%	0%
Kentucky	780	26%	68%	5%	<1%	<1%	<1%	<1%	0%	<1%
Louisiana	1,559	56%	41%	1%	<1%	0%	<1%	0%	1%	<1%
Maine	147	5%	88%	5%	1%	<1%	1%	0%	0%	0%
Marshall Islands	—	—	—	—	—	—	—	—	—	—
Maryland	3,294	64%	20%	6%	<1%	<1%	<1%	<1%	7%	<1%
Massachusetts	2,833	28%	44%	24%	2%	<1%	<1%	<1%	2%	0%
Michigan	1,558	41%	50%	6%	<1%	<1%	2%	<1%	0%	<1%
Minnesota	474	29%	45%	15%	2%	<1%	1%	0%	0%	8%
Mississippi	690	75%	24%	0%	<1%	0%	<1%	<1%	0%	0%
Missouri	1,062	45%	48%	6%	<1%	0%	<1%	0%	0%	<1%
Montana	66	2%	77%	3%	0%	0%	15%	0%	0%	3%
Nebraska	236	22%	48%	25%	0%	0%	2%	0%	2%	0%
Nevada	603	20%	45%	30%	3%	<1%	<1%	0%	0%	1%
New Hampshire	136	15%	71%	10%	<1%	0%	<1%	1%	1%	0%
New Jersey	4,241	47%	22%	25%	1%	<1%	0%	0%	3%	0%

Table V *(continued)*

ADAP Clients Served, by Race/Ethnicity, June 2007

State/Territory	June 2007 Clients Served	Non-Hispanic Black/African American	Non-Hispanic White	Hispanic	Asian	Native Hawaiian/ Pacific Islander	American Indian/ Alaskan Native	Multi-Racial	Other	Unknown
New Mexico	58	7%	43%	33%	0%	0%	16%	0%	2%	0%
New York	13,127	34%	30%	29%	2%	<1%	<1%	0%	5%	0%
North Carolina	2,712	55%	31%	11%	<1%	0%	<1%	0%	2%	0%
North Dakota	28	7%	93%	0%	0%	0%	0%	0%	0%	0%
Northern Mariana Islands	—	—	—	—	—	—	—	—	—	—
Ohio	1,681	33%	59%	4%	<1%	0%	<1%	0%	3%	0%
Oklahoma	668	15%	69%	8%	<1%	0%	8%	<1%	0%	0%
Oregon	1,493	7%	73%	15%	1%	<1%	2%	2%	0%	0%
Pennsylvania	3,259	40%	42%	8%	<1%	0%	<1%	0%	<1%	8%
Puerto Rico	3,413	0%	0%	100%	0%	0%	0%	0%	0%	0%
Rhode Island	304	16%	57%	19%	<1%	0%	1%	<1%	4%	2%
South Carolina	1,646	67%	27%	4%	<1%	0%	<1%	<1%	0%	<1%
South Dakota	56	32%	59%	0%	2%	0%	5%	2%	0%	0%
Tennessee	2,228	56%	37%	2%	<1%	0%	0%	<1%	0%	3%
Texas	7,501	28%	31%	38%	<1%	0%	<1%	0%	<1%	1%
Utah	472	6%	70%	22%	<1%	0%	2%	0%	0%	0%
Vermont	127	4%	85%	8%	<1%	0%	0%	2%	0%	0%
Virgin Islands (U.S.)	87	69%	5%	26%	0%	0%	0%	0%	0%	0%
Virginia	1,535	51%	29%	9%	<1%	<1%	<1%	0%	<1%	9%
Washington	1,354	13%	56%	16%	1%	<1%	1%	3%	1%	7%
West Virginia	161	13%	83%	2%	2%	0%	0%	0%	0%	0%
Wisconsin	706	22%	61%	15%	<1%	<1%	1%	0%	0%	0%
Wyoming	62	3%	87%	5%	2%	0%	3%	0%	0%	0%
Total	**101,987**	**33%**	**35%**	**26%**	**1%**	**<1%**	**<1%**	**1%**	**1%**	**2%**

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. A dash (—) indicates no data available from the ADAP. A zero (0%) indicates a response of zero (0%) from the ADAP.

Table VI

ADAP Clients Served, by Gender, June 2007

State/Territory	June 2007 Clients Served	Male	Female	Transgender	Unknown
Alabama	981	69%	31%	0%	0%
Alaska	54	78%	22%	0%	0%
American Samoa	—	—	—	—	—
Arizona	824	0%	0%	0%	100%
Arkansas	305	81%	19%	0%	0%
California	18,939	90%	9%	<1%	0%
Colorado	921	85%	14%	<1%	0%
Connecticut	1,351	72%	28%	0%	0%
Delaware	244	70%	30%	0%	0%
District of Columbia	740	75%	24%	<1%	<1%
Federated States of Micronesia	—	—	—	—	—
Florida	8,640	71%	28%	<1%	0%
Georgia	3,411	74%	26%	0%	<1%
Guam	—	—	—	—	—
Hawaii	205	93%	7%	<1%	0%
Idaho	107	79%	21%	0%	0%
Illinois	3,042	82%	17%	0%	<1%
Indiana	1,172	83%	17%	0%	0%
Iowa	225	78%	22%	0%	0%
Kansas	469	77%	22%	<1%	0%
Kentucky	780	85%	15%	<1%	0%
Louisiana	1,559	75%	25%	0%	0%
Maine	147	83%	17%	0%	0%
Marshall Islands	—	—	—	—	—
Maryland	3,294	63%	37%	0%	0%
Massachusetts	2,833	69%	31%	<1%	0%
Michigan	1,558	84%	16%	0%	0%
Minnesota	474	75%	25%	0%	0%
Mississippi	690	70%	30%	<1%	0%
Missouri	1,062	81%	18%	<1%	0%
Montana	66	85%	15%	0%	0%
Nebraska	236	79%	21%	0%	0%
Nevada	603	80%	20%	<1%	0%
New Hampshire	136	77%	22%	<1%	0%
New Jersey	4,241	66%	34%	0%	0%

Table VI *(continued)*

ADAP Clients Served, by Gender, June 2007

State/Territory	June 2007 Clients Served	Male	Female	Transgender	Unknown
New Mexico	58	86%	14%	0%	0%
New York	13,127	75%	25%	<1%	0%
North Carolina	2,712	69%	31%	0%	0%
North Dakota	28	89%	11%	0%	0%
Northern Mariana Islands	—	—	—	—	—
Ohio	1,681	81%	18%	<1%	<1%
Oklahoma	668	84%	16%	0%	0%
Oregon	1,493	87%	12%	<1%	0%
Pennsylvania	3,259	77%	23%	0%	<1%
Puerto Rico	3,413	64%	36%	0%	0%
Rhode Island	304	77%	23%	<1%	0%
South Carolina	1,646	67%	32%	<1%	0%
South Dakota	56	73%	27%	0%	0%
Tennessee	2,228	61%	38%	<1%	<1%
Texas	7,501	78%	22%	<1%	0%
Utah	472	86%	14%	0%	0%
Vermont	127	83%	17%	0%	0%
Virgin Islands (U.S.)	87	56%	44%	0%	0%
Virginia	1,535	70%	30%	0%	<1%
Washington	1,354	87%	13%	<1%	<1%
West Virginia	161	84%	16%	0%	0%
Wisconsin	706	86%	14%	<1%	0%
Wyoming	62	84%	16%	0%	0%
Total	**101,987**	**77%**	**22%**	**<1%**	**<1%**

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. A dash (—) indicates no data available from the ADAP. A zero (0%) indicates a response of zero (0%) from the ADAP.

Table VII

ADAP Clients Served, by Age, June 2007

State/Territory	June 2007 Clients Served	≤12 Years	13-24 Years	25-44 Years	45-64 Years	>64 Years	Unknown
Alabama	981	0%	10%	66%	23%	<1%	0%
Alaska	54	0%	4%	41%	52%	4%	0%
American Samoa	—	—	—	—	—	—	—
Arizona	824	0%	0%	0%	0%	0%	100%
Arkansas	305	0%	3%	55%	40%	2%	0%
California	18,939	0%	2%	55%	40%	2%	<1%
Colorado	921	<1%	2%	58%	39%	1%	0%
Connecticut	1,351	0%	2%	40%	54%	4%	0%
Delaware	244	<1%	3%	43%	53%	1%	0%
District of Columbia	740	<1%	3%	51%	44%	1%	0%
Federated States of Micronesia	—	—	—	—	—	—	—
Florida	8,640	<1%	2%	50%	45%	2%	0%
Georgia	3,411	<1%	5%	63%	31%	1%	0%
Guam	—	—	—	—	—	—	—
Hawaii	205	0%	0%	38%	57%	5%	0%
Idaho	107	0%	4%	53%	42%	<1%	0%
Illinois	3,042	<1%	4%	56%	39%	1%	<1%
Indiana	1,172	<1%	2%	52%	45%	1%	0%
Iowa	225	<1%	2%	56%	41%	1%	0%
Kansas	469	<1%	4%	57%	38%	<1%	0%
Kentucky	780	<1%	1%	48%	47%	3%	0%
Louisiana	1,559	<1%	1%	43%	52%	3%	0%
Maine	147	0%	1%	38%	59%	2%	0%
Marshall Islands	—	—	—	—	—	—	—
Maryland	3,294	<1%	2%	48%	47%	3%	0%
Massachusetts	2,833	<1%	1%	45%	51%	3%	0%
Michigan	1,558	0%	3%	52%	43%	2%	0%
Minnesota	474	<1%	3%	53%	41%	3%	0%
Mississippi	690	<1%	6%	62%	31%	<1%	0%
Missouri	1,062	<1%	3%	64%	33%	<1%	0%
Montana	66	0%	2%	50%	47%	2%	0%
Nebraska	236	<1%	1%	66%	30%	2%	0%
Nevada	603	<1%	<1%	64%	35%	0%	0%
New Hampshire	136	0%	1%	40%	57%	<1%	0%
New Jersey	4,241	<1%	2%	46%	49%	2%	0%

Table VII *(continued)*

ADAP Clients Served, by Age, June 2007

State/Territory	June 2007 Clients Served	≤12 Years	13-24 Years	25-44 Years	45-64 Years	>64 Years	Unknown
New Mexico	58	0%	5%	55%	34%	5%	0%
New York	13,127	<1%	2%	47%	47%	3%	0%
North Carolina	2,712	<1%	2%	50%	46%	2%	0%
North Dakota	28	0%	7%	57%	36%	0%	0%
Northern Mariana Islands	—	—	—	—	—	—	—
Ohio	1,681	<1%	2%	51%	45%	2%	0%
Oklahoma	668	0%	<1%	62%	36%	1%	0%
Oregon	1,493	0%	3%	54%	40%	3%	0%
Pennsylvania	3,259	<1%	2%	45%	50%	3%	0%
Puerto Rico	3,413	<1%	<1%	4%	42%	49%	4%
Rhode Island	304	<1%	1%	45%	50%	3%	0%
South Carolina	1,646	<1%	2%	51%	45%	2%	0%
South Dakota	56	0%	7%	50%	43%	0%	0%
Tennessee	2,228	<1%	9%	61%	30%	<1%	<1%
Texas	7,501	<1%	2%	55%	41%	2%	0%
Utah	472	<1%	2%	56%	41%	<1%	0%
Vermont	127	0%	1%	41%	56%	2%	0%
Virgin Islands (U.S.)	87	0%	2%	34%	49%	14%	0%
Virginia	1,535	<1%	3%	49%	45%	3%	<1%
Washington	1,354	0%	2%	54%	42%	2%	0%
West Virginia	161	0%	3%	44%	0%	49%	4%
Wisconsin	706	<1%	2%	50%	46%	1%	0%
Wyoming	62	0%	3%	29%	63%	5%	0%
Total	**101,987**	**<1%**	**2%**	**50%**	**43%**	**4%**	**1%**

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. A dash (—) indicates no data available from the ADAP. A zero (0%) indicates a response of zero (0%) from the ADAP.

Table VIII

ADAP Clients Served, by Income Level, June 2007

State/Territory	June 2007 Clients Served	≤100% FPL	101-200% FPL	201-300% FPL	301-400% FPL	>400% FPL	Unknown
Alabama	981	65%	25%	10%	0%	0%	0%
Alaska	54	35%	46%	19%	0%	0%	0%
American Samoa	—	—	—	—	—	—	—
Arizona	824	0%	0%	0%	0%	0%	100%
Arkansas	305	54%	38%	8%	<1%	0%	0%
California	18,939	37%	33%	18%	10%	1%	<1%
Colorado	921	0%	0%	0%	0%	0%	100%
Connecticut	1,351	31%	45%	19%	5%	0%	0%
Delaware	244	40%	34%	17%	7%	2%	0%
District of Columbia	740	73%	17%	6%	3%	<1%	0%
Federated States of Micronesia	—	—	—	—	—	—	—
Florida	8,640	48%	37%	14%	<1%	0%	0%
Georgia	3,411	44%	44%	12%	0%	0%	<1%
Guam	—	—	—	—	—	—	—
Hawaii	205	35%	45%	17%	3%	0%	0%
Idaho	107	59%	41%	0%	0%	0%	0%
Illinois	3,042	46%	27%	17%	8%	2%	<1%
Indiana	1,172	48%	42%	11%	0%	0%	0%
Iowa	225	60%	40%	0%	0%	0%	0%
Kansas	469	49%	35%	17%	0%	0%	0%
Kentucky	780	42%	42%	16%	0%	0%	0%
Louisiana	1,559	0%	0%	0%	0%	0%	100%
Maine	147	41%	38%	18%	3%	0%	0%
Marshall Islands	—	—	—	—	—	—	—
Maryland	3,294	20%	35%	23%	13%	8%	<1%
Massachusetts	2,833	45%	23%	14%	11%	7%	0%
Michigan	1,558	31%	36%	18%	9%	2%	4%
Minnesota	474	52%	31%	15%	0%	0%	2%
Mississippi	690	58%	28%	12%	2%	0%	0%
Missouri	1,062	60%	33%	6%	0%	0%	0%
Montana	66	41%	20%	26%	8%	0%	6%
Nebraska	236	48%	45%	6%	0%	0%	<1%
Nevada	603	54%	26%	13%	6%	0%	0%
New Hampshire	136	40%	40%	17%	0%	0%	3%
New Jersey	4,241	46%	23%	18%	9%	4%	0%

Table VIII *(continued)*

ADAP Clients Served, by Income Level, June 2007

State/Territory	June 2007 Clients Served	≤100% FPL	101-200% FPL	201-300% FPL	301-400% FPL	>400% FPL	Unknown
New Mexico	58	81%	16%	3%	0%	0%	0%
New York	13,127	37%	31%	17%	12%	3%	0%
North Carolina	2,712	52%	47%	0%	0%	0%	<1%
North Dakota	28	46%	25%	7%	21%	0%	0%
Northern Mariana Islands	—	—	—	—	—	—	—
Ohio	1,681	45%	35%	12%	5%	3%	0%
Oklahoma	668	30%	53%	16%	1%	0%	0%
Oregon	1,493	48%	39%	13%	1%	0%	0%
Pennsylvania	3,259	13%	36%	23%	2%	0%	26%
Puerto Rico	3,413	81%	19%	0%	0%	0%	0%
Rhode Island	304	35%	36%	18%	8%	0%	3%
South Carolina	1,646	60%	26%	9%	3%	2%	0%
South Dakota	56	66%	30%	4%	0%	0%	0%
Tennessee	2,228	57%	36%	7%	0%	0%	0%
Texas	7,501	65%	26%	9%	0%	0%	0%
Utah	472	35%	33%	23%	8%	0%	0%
Vermont	127	59%	41%	0%	0%	0%	0%
Virgin Islands (U.S.)	87	0%	0%	0%	0%	0%	100%
Virginia	1,535	61%	26%	10%	<1%	0%	2%
Washington	1,354	34%	38%	23%	5%	0%	0%
West Virginia	161	51%	37%	12%	0%	0%	0%
Wisconsin	706	36%	38%	25%	0%	0%	<1%
Wyoming	62	0%	0%	0%	0%	0%	100%
Total	**101,987**	**43%**	**32%**	**14%**	**5%**	**1%**	**4%**

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. A dash (—) indicates no data available from the ADAP. A zero (0%) indicates a response of zero (0%) from the ADAP. The 2007 Federal Poverty Level (FPL) was $10,210 (slightly higher in Alaska and Hawaii) for a household of one.

Table IX

ADAP Clients Served, by Insurance Status, June 2007

State/Territory	June 2007 Clients Served	Medicaid	Medicare	Dually Eligible*	Private Insurance	Uninsured
Alabama	981	0%	4%	0%	0%	96%
Alaska	54	0%	6%	0%	28%	61%
American Samoa	—	—	—	—	—	—
Arizona	824	0%	24%	0%	0%	76%
Arkansas	305	1%	17%	—	—	81%
California	18,939	1%	11%	5%	19%	64%
Colorado	921	0%	15%	0%	0%	—
Connecticut	1,351	—	—	—	—	—
Delaware	244	10%	2%	<1%	35%	31%
District of Columbia	740	—	2%	—	9%	—
Federated States of Micronesia	—	—	—	—	—	—
Florida	8,640	1%	4%	0%	6%	94%
Georgia	3,411	—	—	—	—	—
Guam	—	—	—	—	—	—
Hawaii	205	0%	21%	0%	25%	53%
Idaho	107	0%	3%	0%	2%	95%
Illinois	3,042	2%	1%	0%	3%	94%
Indiana	1,172	0%	28%	0%	0%	72%
Iowa	225	4%	1%	15%	14%	66%
Kansas	469	19%	17%	9%	23%	86%
Kentucky	780	0%	39%	0%	19%	42%
Louisiana	1,559	—	—	—	—	—
Maine	147	88%	23%	18%	7%	9%
Marshall Islands	—	—	—	—	—	—
Maryland	3,294	—	17%	—	33%	22%
Massachusetts	2,833	25%	13%	12%	22%	1%
Michigan	1,558	0%	17%	0%	37%	56%
Minnesota	474	12%	<1%	1%	3%	—
Mississippi	690	0%	0%	0%	0%	100%
Missouri	1,062	0%	0%	0%	19%	81%
Montana	66	2%	9%	8%	18%	64%
Nebraska	236	—	—	—	—	—
Nevada	603	—	—	—	—	—
New Hampshire	136	6%	30%	6%	32%	32%
New Jersey	4,241	0%	5%	0%	27%	73%

Table IX *(continued)*

ADAP Clients Served, by Insurance Status, June 2007

State/Territory	June 2007 Clients Served	Medicaid	Medicare	Dually Eligible*	Private Insurance	Uninsured
New Mexico	58	0%	0%	0%	0%	100%
New York	13,127	0%	16%	0%	15%	73%
North Carolina	2,712	5%	—	—	0%	—
North Dakota	28	7%	11%	—	29%	25%
Northern Mariana Islands	—	—	—	—	—	—
Ohio	1,681	7%	16%	6%	—	—
Oklahoma	668	2%	13%	2%	32%	63%
Oregon	1,493	3%	40%	—	8%	1%
Pennsylvania	3,259	0%	25%	0%	27%	73%
Puerto Rico	3,413	—	—	—	—	—
Rhode Island	304	6%	23%	4%	43%	23%
South Carolina	1,646	0%	0%	0%	26%	74%
South Dakota	56	9%	11%	0%	29%	52%
Tennessee	2,228	—	—	—	—	—
Texas	7,501	3%	11%	0%	2%	98%
Utah	472	0%	1%	0%	17%	49%
Vermont	127	23%	29%	8%	25%	28%
Virgin Islands (U.S.)	87	—	21%	1%	—	—
Virginia	1,535	0%	7%	0%	3%	—
Washington	1,354	9%	26%	8%	45%	29%
West Virginia	161	27%	40%	9%	6%	—
Wisconsin	706	6%	17%	4%	33%	40%
Wyoming	62	29%	21%	—	13%	—
Total	**101,987**	**2%**	**12%**	**2%**	**15%**	**69%**
Comparison Total		***88,359***	***86,474***	***80,552***	***87,113***	***80,813***

*Eligible for both Medicare and Medicaid.

Note: 46 ADAPs reported data. 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. The ***Comparison Totals*** are used to calculate the overall category percentages.

Table X

ADAP Clients, by CD4 Count, Enrolled During 12-Month Period, June 2007

State/Territory	Number of Clients	CD4 ≤200	CD4 between 201-350	CD4 between 351-500	CD4 >500
Alabama	402	33%	26%	24%	18%
Alaska	—	—	—	—	—
American Samoa	—	—	—	—	—
Arizona	—	—	—	—	—
Arkansas	—	—	—	—	—
California	3,242	34%	24%	17%	24%
Colorado	—	—	—	—	—
Connecticut	—	—	—	—	—
Delaware	—	—	—	—	—
District of Columbia	1,759	23%	23%	20%	34%
Federated States of Micronesia	—	—	—	—	—
Florida	11,622	22%	22%	20%	36%
Georgia	—	—	—	—	—
Guam	—	—	—	—	—
Hawaii	83	29%	19%	20%	31%
Idaho	—	—	—	—	—
Illinois	4,712	23%	22%	21%	35%
Indiana	293	15%	32%	30%	23%
Iowa	360	20%	24%	21%	35%
Kansas	91	45%	25%	16%	13%
Kentucky	1,048	31%	24%	19%	26%
Louisiana	—	—	—	—	—
Maine	383	17%	21%	26%	36%
Marshall Islands	—	—	—	—	—
Maryland	4,925	38%	19%	17%	26%
Massachusetts	4,176	16%	20%	22%	42%
Michigan	1,630	22%	23%	19%	37%
Minnesota	295	17%	21%	19%	43%
Mississippi	343	47%	32%	9%	12%
Missouri	—	—	—	—	—
Montana	22	36%	27%	5%	32%
Nebraska	677	15%	20%	18%	47%
Nevada	—	—	—	—	—
New Hampshire	338	17%	17%	25%	41%
New Jersey	6,987	24%	20%	20%	36%

Table X *(continued)*

ADAP Clients, by CD4 Count, Enrolled During 12-Month Period, June 2007

State/Territory	Number of Clients	CD4 ≤200	CD4 between 201-350	CD4 between 351-500	CD4 >500
New Mexico	—	—	—	—	—
New York	16,846	35%	23%	19%	23%
North Carolina	5,109	26%	22%	19%	34%
North Dakota	—	—	—	—	—
Northern Mariana Islands	—	—	—	—	—
Ohio	3,966	26%	21%	19%	35%
Oklahoma	530	20%	23%	21%	36%
Oregon	1,276	28%	17%	19%	35%
Pennsylvania	—	—	—	—	—
Puerto Rico	—	—	—	—	—
Rhode Island	119	30%	24%	17%	29%
South Carolina	—	—	—	—	—
South Dakota	—	—	—	—	—
Tennessee	426	31%	28%	18%	23%
Texas	2,470	46%	28%	12%	14%
Utah	89	47%	19%	16%	18%
Vermont	—	—	—	—	—
Virgin Islands (U.S.)	—	—	—	—	—
Virginia	1,505	49%	22%	7%	14%
Washington	—	—	—	—	—
West Virginia	102	33%	25%	16%	26%
Wisconsin	1,002	44%	13%	14%	29%
Wyoming	—	—	—	—	—
Total	**76,828**	**29%**	**22%**	**19%**	**30%**

Note: 32 ADAPs reported data. 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. In addition, ADAPs are required to recertify clients two times a year. As a result, these data do not necessarily represent CD4 counts of new clients.

Table XI

ADAP Client Eligibility Requirements, December 31, 2007

State/Territory	Financial Eligibility as % of FPL (GR = Gross Income; NET = Net Income)	Medical Eligibility (CD4 = CD4 Cell Count; VL = Viral Load)	State Residency Requirement	Asset Limit
Alabama	250% GR	—	Yes (Proof required)	—
Alaska	300% GR	—	Yes (Must be a resident for 30 days with the intent to stay)	$10,000 in liquid assets excluding residence and one vehicle
American Samoa	—	—	—	—
Arizona	300% GR	—	Yes (Proof required)	—
Arkansas	500% GR	CD4 <350 or VL >55,000	Yes	—
California	400% GR	CD4 and VL test results required for enrollment	Yes (Proof required)	—
Colorado	400% GR	—	Yes (Proof required)	$50,000 in retirement assets
Connecticut	400% NET	—	Yes	—
Delaware	500% GR	—	Yes	$10,000
District of Columbia	400% GR		Yes (Proof required)	$5,000 (ADAP); $4,000 (Insurance assistance)
Federated States of Micronesia	—	—	—	—
Florida	300% NET	CD4 and VL test results required for enrollment	Yes	$12,000
Georgia	300% GR	CD4 <350	Yes (Proof required)	$10,000
Guam	—	—	—	—
Hawaii	400% GR	—	Yes	$10,000 in liquid assets excluding residence, one vehicle, and federally recognized retirement accounts
Idaho	200% GR	—	Yes (Must be a resident for six weeks; proof required)	—
Illinois	400% GR	—	Yes	—
Indiana	300% GR	—	Yes (Proof required)	—
Iowa	200% GR	—	Yes (Without an absence of more than two months)	$10,000 in liquid assets excluding primary residence and personal vehicle
Kansas	300% NET	—	Yes (Proof required)	—
Kentucky	300% GR	—	Yes (Proof required)	$10,000
Louisiana	200% GR	—	Yes (Proof required)	$4,000 in liquid assets excluding residence and one vehicle
Maine	500% GR	—	Yes (Proof required)	—
Marshall Islands	—	—	—	—
Maryland	500% GR	—	Yes (Proof required)	—
Massachusetts	488% GR	—	Yes	—
Michigan	450% GR	—	Yes	—
Minnesota	300% GR	—	Yes (Six months and one day in each year)	$25,000
Mississippi	400% GR	CD4 ≤350 or VL >100,000	Yes (Proof required)	—
Missouri	300% GR	—	Yes	—
Montana	330% GR	—	Yes (Proof required)	—
Nebraska	200% GR	—	Yes	—
Nevada	400% GR	—	Yes (Proof required)	$4,000 in liquid assets excluding one residence, one car for single clients, two cars for married clients
New Hampshire	300% GR	CD4 ≤250	Yes	—
New Jersey	500% GR	—	Yes (Must be a resident for 30 days)	—

Table XI *(continued)*

ADAP Client Eligibility Requirements, December 31, 2007

State/Territory	Financial Eligibility as % of FPL (GR = Gross Income; NET = Net Income)	Medical Eligibility (CD4 = CD4 Cell Count; VL = Viral Load)	State Residency Requirement	Asset Limit
New Mexico	400% GR	—	Yes	$9,999
New York	431% GR	—	Yes (Proof required)	$25,000
North Carolina	250% GR	—	Yes	—
North Dakota	400% NET	—	Yes (Proof required)	—
Northern Mariana Islands	—	—	—	—
Ohio	500% GR	—	Yes (Must be a resident for at least 10 months in each year)	—
Oklahoma	200% GR	—	Yes (Proof required)	—
Oregon	200% GR	—	Yes (Proof required)	$10,000 in liquid assets excluding residence, one vehicle, and federally recognized retirement accounts
Pennsylvania	350% GR	—	Yes (Proof required)	—
Puerto Rico	200% GR	—	Yes	—
Rhode Island	400% GR	—	Yes	—
South Carolina	300% GR	—	Yes	—
South Dakota	300% GR	—	Yes	—
Tennessee	300% GR	—	Yes (Proof required)	$8,000
Texas	200% GR	CD4 and VL test results required for enrollment	Yes (Proof required)	—
Utah	400% GR	—	Yes	$5,000
Vermont	200% NET	—	Yes	—
Virgin Islands (U.S.)	400% NET	—	Yes	—
Virginia*	300% GR	—	Yes	—
Washington	300% GR	—	Yes (Proof required)	$10,000
West Virginia	250% GR	—	Yes (Proof required)	—
Wisconsin	300% GR	—	Yes (Proof required)	—
Wyoming	332% GR	—	Yes (Proof required)	—
Total		**7**	**53**	**18**

*Virginia has an FPL of 333% in Northern Virginia and 300% FPL in all other parts of the state.

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. For all other ADAPs, a dash (—) indicates no requirement for the ADAP. The 2007 Federal Poverty Level (FPL) was $10,210 (slightly higher in Alaska and Hawaii) for a household of one.

Table XII

ADAP Formulary Coverage, December 31, 2007

State/Territory	Total Number of Drugs on Formulary	NRTIs Covered (11 Drugs Approved)	NNRTIs Covered (3 Drugs Approved)	Protease Inhibitors Covered* (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** (1 Drug Approved)	"A1" OI Prophylaxis Covered (29 PHS Recommended Drugs)	Other Medications Covered***
Alabama	57	11	2	9	1	1	1	1	29	2
Alaska	80	11	3	10	1	1	1	1	29	23
American Samoa	—	—	—	—	—	—	—	—	—	—
Arizona	82	11	3	10	1	1	1	1	15	39
Arkansas	51	11	3	9	1	0	0	1	15	11
California	176	11	3	10	1	1	1	1	27	121
Colorado	89	10	3	10	1	1	1	1	19	43
Connecticut	169	11	3	10	1	1	1	1	21	120
Delaware	252	11	3	10	1	1	1	1	25	199
District of Columbia	81	11	3	9	1	1	1	1	19	35
Federated States of Micronesia	—	—	—	—	—	—	—	—	—	—
Florida	75	11	3	10	1	1	1	1	11	36
Georgia	58	11	3	10	1	1	1	1	17	13
Guam	—	—	—	—	—	—	—	—	—	—
Hawaii	98	11	3	10	1	1	1	1	22	48
Idaho	40	11	3	8	1	0	0	1	16	0
Illinois	86	11	3	10	1	1	1	1	21	37
Indiana	117	11	3	10	1	1	1	1	12	77
Iowa	66	11	3	9	1	1	1	1	21	18
Kansas	55	11	3	10	1	0	0	1	12	17
Kentucky	61	11	3	9	1	1	0	1	13	22
Louisiana	28	11	3	10	1	1	1	1	0	0
Maine	308	11	3	10	1	1	1	1	12	268
Marshall Islands	—	—	—	—	—	—	—	—	—	—
Maryland	112	11	3	9	1	1	1	1	24	61
Massachusetts	Open formulary	11	3	10	1	1	1	1	29	Open formulary
Michigan	182	11	3	10	1	1	1	1	23	131
Minnesota	123	11	3	10	1	1	1	1	12	83
Mississippi	51	11	2	10	1	0	0	1	16	10
Missouri	271	11	3	10	1	1	1	1	19	224
Montana	120	11	3	9	1	1	1	1	18	75
Nebraska	109	11	3	9	1	1	0	1	15	68
Nevada	69	11	3	10	1	1	1	1	11	30
New Hampshire	Open formulary	11	3	10	1	1	1	1	29	Open formulary
New Jersey	Open formulary	11	3	10	1	1	1	1	29	Open formulary

Table XII *(continued)*

ADAP Formulary Coverage, December 31, 2007

State/Territory	Total Number of Drugs on Formulary	NRTIs Covered (11 Drugs Approved)	NNRTIs Covered (3 Drugs Approved)	Protease Inhibitors Covered* (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** (1 Drug Approved)	"A1" OI Prophylaxis Covered (29 PHS Recommended Drugs)	Other Medications Covered***
New Mexico	71	11	3	10	1	1	1	1	18	25
New York	462	11	3	10	1	0	1	1	27	408
North Carolina	90	11	3	10	1	1	1	1	16	46
North Dakota	90	10	3	9	1	0	0	1	16	50
Northern Mariana Islands	—	—	—	—	—	—	—	—	—	—
Ohio	95	11	3	9	1	1	0	1	15	54
Oklahoma	55	11	3	9	1	1	1	1	19	9
Oregon	Open formulary	11	3	10	1	1	1	1	29	Open formulary
Pennsylvania	82	11	3	10	1	0	1	1	24	31
Puerto Rico	114	11	3	9	1	0	0	1	24	65
Rhode Island	66	11	3	10	1	1	1	1	16	22
South Carolina	57	11	3	10	1	1	1	1	14	15
South Dakota	57	11	3	10	1	1	1	1	12	17
Tennessee	91	11	3	10	1	1	1	1	20	43
Texas	45	11	3	9	1	1	1	1	11	7
Utah	44	9	3	10	1	1	1	1	13	5
Vermont	87	11	3	10	1	1	1	1	18	41
Virgin Islands (U.S.)	42	11	3	9	1	1	1	1	12	3
Virginia	95	11	3	9	1	1	1	1	23	45
Washington	181	9	3	10	1	1	1	1	23	132
West Virginia	40	11	3	10	1	0	0	1	9	5
Wisconsin	66	11	3	10	1	1	1	1	21	17
Wyoming	90	11	3	10	1	1	1	1	17	45

*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.

**Atripla is a multi-class combination product that includes efavirenz (NNRTI), emtricitabine (NRTI), and tenofovir disoproxil fumarate (NRTI).

***Examples of "Other Medications" include those used to treat depression, hypertension, and diabetes.

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. A zero (0) indicates a response of zero (0) from the ADAP. The reauthorization of the Ryan White Program in 2006 required ADAPs to cover at least one currently approved drug from within each antiretroviral drug class on their formularies, beginning July 2007. In the fall of 2007, the first antiretrovirals in two new drug classes (CCR5 antagonists and integrase inhibitors) were approved by the U.S. Food and Drug Administration. ADAPs have 90 days from the time the DHHS guidelines for antiretroviral treatment are revised to add any new drug classes to their formularies. As of December 31, 2007, the DHHS guidelines had not yet been revised to include these drug classes, therefore not all ADAPs had added drugs in these new classes to their formularies. In addition, multi-class combination products are not considered a unique drug class, since their component parts are included in other drug classes, and ADAPs are therefore not required to cover them on their formularies.

Table XIII

ADAP Formulary Coverage of Hepatitis C Treatment and Hepatitis A and B Vaccines, June 2007

State/Territory	Hepatitis C Treatment*	Hepatitis A and B Combination Vaccine	Hepatitis A Vaccine	Hepatitis B Vaccine
Alabama	—	—	—	—
Alaska	—	Yes	Yes	Yes
American Samoa	—	—	—	—
Arizona	—	Yes	Yes	Yes
Arkansas	—	—	—	—
California	Yes	Yes	Yes	Yes
Colorado	Yes	—	—	—
Connecticut	Yes	—	—	—
Delaware	Yes	Yes	—	—
District of Columbia	Yes	—	—	—
Federated States of Micronesia	—	—	—	—
Florida	Yes	Yes	—	—
Georgia	—	—	—	—
Guam	—	—	—	—
Hawaii	Yes	—	—	—
Idaho	—	—	—	—
Illinois	—	Yes	Yes	Yes
Indiana	—	Yes	Yes	Yes
Iowa	—	—	—	—
Kansas	—	—	—	—
Kentucky	—	Yes	Yes	Yes
Louisiana	—	—	—	—
Maine	Yes	Yes	Yes	Yes
Marshall Islands	—	—	—	—
Maryland	Yes	—	—	—
Massachusetts	Yes	Yes	—	—
Michigan	Yes	Yes	Yes	Yes
Minnesota	—	—	—	—
Mississippi	Yes	Yes	—	—
Missouri	—	Yes	Yes	Yes
Montana	—	—	—	—
Nebraska	—	—	—	—
Nevada	—	—	—	—
New Hampshire	—	Yes	Yes	Yes
New Jersey	Yes	Yes	Yes	Yes

Table XIII *(continued)*

ADAP Formulary Coverage of Hepatitis C Treatment and Hepatitis A and B Vaccines, June 2007

State/Territory	Hepatitis C Treatment*	Hepatitis A and B Combination Vaccine	Hepatitis A Vaccine	Hepatitis B Vaccine
New Mexico	—	Yes	Yes	Yes
New York	Yes	Yes	Yes	Yes
North Carolina	—	—	—	—
North Dakota	—	—	Yes	Yes
Northern Mariana Islands	—	—	—	—
Ohio	—	Yes	Yes	Yes
Oklahoma	—	—	—	—
Oregon	Yes	Yes	Yes	Yes
Pennsylvania	Yes	Yes	Yes	Yes
Puerto Rico	Yes	—	—	—
Rhode Island	Yes	—	—	—
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
Total	**22**	**27**	**22**	**22**

*Eight states (Arizona, Arkansas, North Carolina, Ohio, Oklahoma, South Carolina, Texas, and West Virginia) report referring ADAP clients to the Schering Plough free slots for Hepatitis C treatment.

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. 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.

Table XIV

Number of People on ADAP Waiting Lists, by Survey Period, July 2002-March 2008

State/Territory	Jul-02	Oct-02	Dec-02	Jan-03	Feb-03	Mar-03	Apr-03	May-03	Jun-03	Aug-03	Sep-03	Nov-03	Jan-04	Mar-04	May-04	Jul-04	Sep-04	Nov-04	Jan-05	Mar-05	May-05	Jul-05	Sep-05	Nov-05	Jan-06	Feb-06	May-06	Jul-06	Sep-06	Nov-06	Jan-07	Mar-07	May-07	Jul-07	Sep-07	Jan-08	Mar-08	Average # of People on Waiting List
Alabama	250	175	175	175	175	175	104	104	90	89	107	141	247	304	395	353	**393**	**244**	**126**	**133**	**180**	**143**	**168**	**196**	**285**	**280**	**38**		**6**									**188**
Alaska										1			4	9	7	8	**12**	**4**	**5**	**1**			**8**	**8**	**12**	**12**			**10**	10	16	13	1	5				**8**
American Samoa																																					
Arizona																																					
Arkansas															3		11	31	30	43	59	55	78	73	89	89	21	4										45
California																																					
Colorado									12	28	80	130	190	292	310																							149
Connecticut																																					
Delaware																																					
District of Columbia																																					
Federated States of Micronesia																																					
Florida																																					
Georgia																																					
Guam			4	4	4	4	4																															4
Hawaii																		7																				7
Idaho													3	5	13	24	**34**		**1**	**5**	**13**	**18**	**26**	**33**	**40**	**36**	**15**											**19**
Illinois																																					
Indiana	30	34	34	34	34	34				47	48	47													9	9	8		33									31
Iowa															6	31	**46**	**12**	**39**	**47**	**55**																	**34**
Kansas																																					
Kentucky	50	62	121	121	121	121	141	141	130	135	165	140	140	123	113	138	**191**		**27**	**72**	**80**	**125**	**192**	**217**	**258**	**211**	**188**	**153**										**136**
Louisiana																																					
Maine																																					
Marshall Islands																																					
Maryland																																					
Massachusetts																																					
Michigan																																					
Minnesota																																					
Mississippi																																					
Missouri																																					
Montana	2	2	8	8	8						4	1	4	4	8	10	**14**		**6**	**5**	**4**	**6**	**15**	**12**	**17**	**17**	**20**	**20**	**20**	22	22	20	22			1	3	**11**

Table XIV *(continued)*

Number of People on ADAP Waiting Lists, by Survey Period, July 2002-March 2008

State/Territory	Jul-02	Oct-02	Dec-02	Jan-03	Feb-03	Mar-03	Apr-03	May-03	Jun-03	Aug-03	Sep-03	Nov-03	Jan-04	Mar-04	May-04	Jul-04	Sep-04	Nov-04	Jan-05	Mar-05	May-05	Jul-05	Sep-05	Nov-05	Jan-06	Feb-06	May-06	Jul-06	Sep-06	Nov-06	Jan-07	Mar-07	May-07	Jul-07	Sep-07	Jan-08	Mar-08	Average # of People on Waiting List
Nebraska			8	8	15	15	29	29	30	36	30	30						15	27	46	61	85	85	92	89	94												43
Nevada																																					
New Hampshire																																					
New Jersey																																					
New Mexico																																					
New York																																					
North Carolina	715	776	150	150	217		50					96	126	449	716	891	**524**	**493**	**325**	**325**		**2**	**293**	**13**	**83**												**337**
North Dakota																																					
Northern Mariana Islands																																					
Ohio																																					
Oklahoma																																					
Oregon	18	18	9	9	9	145	236	236	220	228	228	24																									115
Pennsylvania																																					
Puerto Rico																														126	75	36					
Rhode Island																																					
South Carolina																											94	209	308	394	463	470	303				320
South Dakota	43	43	43	43	43	43	49	49	49	52	50		49	43	23	28	**36**																				**43**
Tennessee																																					
Texas																																					
Utah																	11																				11
Vermont																																					
Virgin Islands (U.S.)																																					
Virginia																																					
Washington																																					
West Virginia							9	9	10	12	14	21	28	34	35	35	**35**	**5**	**1**	**1**	**1**	**1**	**1**	**3**	**43**	**43**	**41**	**39**	**24**								**19**
Wisconsin																																					
Wyoming																		2	5	6																	4
Total # People on Waiting Lists	**1108**	**1110**	**552**	**552**	**626**	**537**	**622**	**568**	**541**	**628**	**726**	**630**	**791**	**1263**	**1629**	**1518**	**1307**	**813**	**592**	**684**	**453**	**435**	**866**	**647**	**925**	**791**	**331**	**310**	**302**	**340**	**558**	**571**	**529**	**308**	**0**	**1**	**3**	**653**
Total # of States with Waiting Lists	**7**	**7**	**9**	**9**	**9**	**7**	**8**	**6**	**7**	**9**	**9**	**9**	**9**	**9**	**11**	**9**	**11**	**9**	**11**	**11**	**9**	**9**	**9**	**9**	**10**	**9**	**7**	**5**	**6**	**3**	**4**	**4**	**4**	**2**	**0**	**1**	**1**	

Note: States in **bold** were eligible for the Presidential ADAP Initiative (PAI), announced in June 2004. PAI provided $20 million in one-time funds targeted to individuals on waiting lists in 10 states. States in bold began including PAI clients on their waiting lists in May 2005. The initiative ended in September 2006.

Table XV

ADAP Management Policies in Place, June 2007

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	—	Yes (1,100)	—	—	—	Fuzeon	Fuzeon, Procrit	Procrit	—
Alaska	—	—	—	—	—	—	—	—	—
American Samoa	—	—	—	—	—	—	—	—	—
Arizona	—	—	—	—	—	Baraclude, Fuzeon, Hepatitis C treatment through Schering Plough, Lyrica, Valcyte	Baraclude, Fuzeon, Lyrica, Valcyte	Fuzeon	Step therapy for Lyrica*
Arkansas	—	—	Yes (Fuzeon)	—	—	—	—	Fuzeon	—
California	Yes	—	—	—	—	Fuzeon	Amikacin, Bleomycin, Cidofovir, Ciprofloacin, Daunorubicin, Doxorubicin, Epoetin, Fentanyl, Filgrastim, Fomivirsen, Foscarnet, Fuzeon, Ganciclovir, Hepatitis A and B vaccine, Interferon, Ketorolac, Lansoprazole, Methadone, Nandrolone, Omeprazole, Paclitaxel, Pegylated Interferon, Ribivirin/Interferon Alfa 2B, Somatropin, Testosterone, Valacyclovir, Valganciclovir, Vincristine, Vinlastine	—	Step therapy for Lanzoprazole and Omeprazole*
Colorado	—	—	—	—	—	—	—	—	—
Connecticut	—	—	—	—	—	—	Serostim	—	—
Delaware	—	—	—	—	—	—	—	—	—
District of Columbia	—	—	—	—	—	—	Suboxone, Subutex	—	—
Federated States of Micronesia	—	—	—	—	—	—	—	—	—
Florida	—	—	—	—	—	Aptivus	Fuzeon	—	—
Georgia	—	—	—	—	—	—	—	—	—
Guam	—	—	—	—	—	—	—	—	—
Hawaii	—	—	—	—	—	Fuzeon	Fuzeon	Fuzeon	Written request from physician required for controlled substances and for Hepatitis C treatment
Idaho	—	—	Yes (Fuzeon)	—	—	—	Aptivus, Fuzeon	—	—
Illinois	—	—	—	Yes ($2,000 per month)	Yes (5 ARVs plus a reduced dose of Norvir)	—	Aptivus, Fuzeon	Fuzeon	—
Indiana	—	Yes (1,175)	—	—	—	—	—	—	—
Iowa	—	—	—	—	—	—	Fuzeon	—	—
Kansas	—	—	—	—	—	—	Fuzeon	—	—

Table XV *(continued)*

ADAP Management Policies in Place, June 2007

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
Kentucky	—	—	—	—	—	—	Aptivus, Fuzeon, Prezista	—	—
Louisiana	—	—	—	—	—	—	Fuzeon	—	—
Maine	—	—	—	—	—	—	Androgel, Ferrous Sulfate, Lyrica, Nondolone, testosterone	—	Prior authorization and step therapy consistent with Maine Medicaid*
Marshall Islands	—	—	—	—	—	—	—	—	—
Maryland	—	—	—	—	—	Fuzeon, Hepatitis C treatment, Neupogen, Ozandrin, Procrit	Fuzeon, Neupogen, Oxandrin, Pegasys, Peg-intron, Procrit, Rebetol	Fuzeon, Hepatitis C treatment	—
Massachusetts	—	—	—	—	—	—	—	—	—
Michigan	—	—	—	—	—	Fuzeon, Neupogen, Procrit	Fuzeon, Neupogen, Procrit	—	Daily dose limits; step therapy for proton pump inhibitors, antihistamines, antidepressants, herpes agents*
Minnesota	—	—	—	—	—	—	—	—	—
Mississippi	—	—	—	—	—	Fuzeon, Prezista	—	—	—
Missouri	—	—	—	—	—	—	—	—	—
Montana	—	—	Yes (Aptivus and Fuzeon)	—	—	Fuzeon	Ampothotercin B, Aptivus, Cancidas, Combination drugs, Epogen, Fuzeon, MAOIs, Neutrontin, Prezista, Selzentry, Testosterone	—	—
Nebraska	—	—	—	—	—	Fuzeon	Fuzeon	Fuzeon	—
Nevada	—	—	—	—	—	Fuzeon	Fuzeon	—	—
New Hampshire	—	—	—	—	—	Fuzeon	Fuzeon	—	—
New Jersey	—	—	—	—	—	—	Aptivus, Fuzeon, Prezista	—	—
New Mexico	—	—	—	—	—	—	Amikin, Cytovene, Diflucan, Epogen, Famvir, Fuzeon, Maraviroc, Megace, Mepron, Nuepogen, Prenatal-S, Prezista, Sporonax, Valcyte, Vfend	—	—
New York	—	—	—	—	—	—	Aptivus, Epogen, Fuzeon, G-csf, Mepron, Nuemega, Win Rho	—	—
North Carolina	—	—	—	—	—	Fuzeon	Fuzeon	Fuzeon	—
North Dakota	—	—	—	—	—			—	—
Northern Mariana Islands	—	—	—	—	—	—	—	—	—
Ohio	—	—	Yes (Fuzeon)	—	—	—	Fuzeon	Fuzeon	—
Oklahoma	—	—	Yes (Fuzeon)	—	—	—	Aptivus, Fuzeon, Prezista	—	—
Oregon	Yes	—	—	—	—	—	—	—	—
Pennsylvania	—	—	—	—	—	—	—	—	—
Puerto Rico	—	—	—	—	—	—	Aptivus, Fuzeon, Prezista	Aptivus, Fuzeon, Prezista	—

Table XV *(continued)*

ADAP Management Policies in Place, June 2007

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
Rhode Island	—	—	—	—	—	—	Fuzeon, Hepatitis C treatment	—	—
South Carolina	Yes	—	Yes (Fuzeon)	—	—	—	—	—	—
South Dakota	—	—	Yes (Fuzeon)	Yes ($10,500 per year)	—	—	—	—	—
Tennessee	—	—	—	—	—	—	Fuzeon	—	—
Texas	—	—	—	—	Yes (4 ARVs)	Each drug has specific criteria; see program guidelines	—	Fuzeon	—
Utah	—	—	—	—	—	—	Fuzeon	—	—
Vermont	—	—	Yes (Fuzeon)	—	—	Fuzeon	CMV medications, Fuzeon, Prescription strength OTC	Fuzeon	—
Virgin Islands (U.S.)	—	—	—	—	—	—	Atripla, Fuzeon	—	—
Virginia	—	—	—	—	—	Each drug has specific criteria; see program guidelines	Aptivus, Fuzeon, Prednisone, Prezista, Voriconazole	—	—
Washington	Yes	—	Yes (Fuzeon)	—	—	Aptivus, Fuzeon	Aptivus, Clarithromycin, Fosamprenavir, Fuzeon, Marinol, Norvir, Valtrex, Zofran	Fuzeon	—
West Virginia	—	—	—	—	—	—	Fuzeon	Fuzeon	—
Wisconsin	—	—	—	—	—	—	—	—	—
Wyoming	—	—	—	—	—	—	—	—	—
Total	**4**	**2**	**9**	**2**	**2**	**17**	**35**	**14**	**5**

*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. It is also called step protocol. Step therapy does not apply to antiretrovirals.

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data.

Table XVI

National ADAP Budget, by Source, FY 2007

State/Territory	Part B ADAP Earmark	% of Total Budget	Part B ADAP Supplemental*	% of Total Budget	Part B Base	% of Total Budget	State Contribution	% of Total Budget	Part A Contribution	% of Total Budget	Other State or Federal	% of Total Budget	Drug Rebates	% of Total Budget	Total FY 2007 Budget
Alabama	$9,055,936	53%	$2,189,740	13%	$1,275,220	8%	$4,452,565	26%	$0	0%	$0	0%	$0	0%	$16,973,461
Alaska	$508,178	76%	$117,304	18%	$0	0%	$29,326	4%	$0	0%	$0	0%	$13,500	2%	$668,308
American Samoa	$1,979	100%	$0	0%	—	—	—	—	—	—	—	—	—	—	$1,979
Arizona	$9,610,361	91%	$0	0%	$0	0%	$1,000,000	9%	$0	0%	$0	0%	$0	0%	$10,610,361
Arkansas	$4,245,310	100%	$0	0%	$0	0%	$0	0%	$0	0%	$0	0%	$0	0%	$4,245,310
California	$89,623,287	31%	$0	0%	$0	0%	$90,565,000	31%	$0	0%	$0	0%	$107,918,000	37%	$288,106,287
Colorado	$9,527,197	66%	$0	0%	$344,000	2%	$4,181,268	29%	$0	0%	$0	0%	$355,415	2%	$14,407,880
Connecticut	$11,550,284	73%	$0	0%	$0	0%	$606,678	4%	$0	0%	$0	0%	$3,720,034	23%	$15,876,996
Delaware	$3,312,158	77%	$0	0%	$0	0%	$0	0%	$0	0%	$679,041	16%	$315,555	7%	$4,306,754
District of Columbia	$14,429,241	100%	$0	0%	$0	0%	$0	0%	$0	0%	$0	0%	$0	0%	$14,429,241
Federated States of Micronesia	$4,947	100%	$0	0%	—	—	—	—	—	—	—	—	—	—	$4,947
Florida	$83,621,697	86%	$0	0%	$995,778	1%	$10,500,000	11%	$0	0%	$2,027,345	2%	$504,188	1%	$97,649,008
Georgia	$25,475,653	56%	$5,064,627	11%	$98,382	0%	$14,003,984	31%	$0	0%	$1,226,667	3%	$0	0%	$45,869,313
Guam	$91,084	100%	$0	0%	—	—	—	—	—	—	—	—	—	—	$91,084
Hawaii	$2,057,066	80%	$0	0%	$0	0%	$440,535	17%	$0	0%	$66,987	3%	$5,500	0%	$2,570,088
Idaho	$583,136	30%	$0	0%	$101,794	5%	$779,300	41%	$0	0%	$0	0%	$450,500	24%	$1,914,730
Illinois	$27,628,149	75%	$0	0%	$0	0%	$9,250,000	25%	$0	0%	$0	0%	$0	0%	$36,878,149
Indiana	$7,469,885	58%	$1,806,230	14%	$2,873,235	22%	$0	0%	$462,840	4%	$28,169	0.22%	$250,000	2%	$12,890,359
Iowa	$1,359,141	60%	$320,310	14%	$0	0%	$555,000	24%	$0	0%	$6,143	0.27%	$32,000	1%	$2,272,594
Kansas	$2,265,222	32%	$0	0%	$0	0%	$2,500,000	35%	$205,000	3%	$0	0%	$2,100,000	30%	$7,070,222
Kentucky	$4,330,107	68%	$0	0%	$0	0%	$250,000	4%	$0	0%	$307,236	5%	$1,500,000	23%	$6,387,343
Louisiana	$15,135,021	90%	$0	0%	$0	0%	$0	0%	$300,000	2%	$500,000	3%	$800,000	5%	$16,735,021
Maine	$871,666	84%	$0	0%	$0	0%	$60,000	6%	$0	0%	$0	0%	$104,000	10%	$1,035,666
Marshall Islands	$2,968	100%	$0	0%	—	—	—	—	—	—	—	—	—	—	$2,968
Maryland	$26,541,994	53%	$0	0%	$8,203,661	16%	$0	0%	$0	0%	$3,800,000	8%	$12,000,000	24%	$50,545,655
Massachusetts	$14,782,288	73%	$0	0%	$778,015	4%	$1,900,000	9%	$790,632	4%	$0	0%	$1,900,000	9%	$20,150,935
Michigan	$11,681,534	62%	$0	0%	$0	0%	$0	0%	$0	0%	$0	0%	$7,232,018	38%	$18,913,552
Minnesota	$5,143,281	52%	$0	0%	$0	0%	$1,100,000	11%	$0	0%	$0	0%	$3,651,784	37%	$9,895,065
Mississippi	$7,277,816	91%	$0	0%	$0	0%	$750,000	9%	$0	0%	$0	0%	$0	0%	$8,027,816
Missouri	$9,789,559	55%	$0	0%	$0	0%	$3,590,224	20%	$1,350,000	8%	$0	0%	$3,200,000	18%	$17,929,783
Montana	$295,137	40%	$71,101	10%	$156,902	21%	$189,000	26%	$0	0%	$13,814	2%	$15,000	2%	$740,954
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	76%	$0	0%	$0	0%	$1,777,000	23%	$0	0%	$0	0%	$85,000	1%	$7,646,830
New Hampshire	$999,945	34%	$0	0%	$51,371	2%	$500,000	17%	$406,949	14%	$48,736	2%	$900,000	31%	$2,907,001
New Jersey	$33,279,285	47%	$0	0%	$0	0%	$6,000,000	8%	$0	0%	$7,235,767	10%	$25,000,000	35%	$71,515,052

Table XVI *(continued)*

National ADAP Budget, by Source, FY 2007

State/Territory	Part B ADAP Earmark	% of Total Budget	Part B ADAP Supplemental*	% of Total Budget	Part B Base	% of Total Budget	State Contribution	% of Total Budget	Part A Contribution	% of Total Budget	Other State or Federal	% of Total Budget	Drug Rebates	% of Total Budget	Total FY 2007 Budget
New Mexico	$2,243,691	100%	$0	0%	$0	0%	$0	0%	$0	0%	$0	0%	$0	0%	$2,243,691
New York	$126,168,109	52%	$0	0%	$902,340	0%	$45,000,000	19%	$8,566,516	4%	$955,793	0.40%	$59,000,000	25%	$240,592,758
North Carolina	$18,587,094	57%	$4,494,390	14%	$0	0%	$9,620,856	29%	$0	0%	$0	0%	$0	0%	$32,702,340
North Dakota	$143,556	45%	$0	0%	$72,378	23%	$0	0%	$0	0%	$0	0%	$100,000	32%	$315,934
Northern Mariana Islands	$3,958	100%	$0	0%	—	—	—	—	—	—	—	—	—	—	$3,958
Ohio	$14,529,892	84%	$0	0%	$0	0%	$2,636,422	15%	$0	0%	$0	0%	$200,000	1%	$17,366,314
Oklahoma	$4,253,231	53%	$1,028,438	13%	$429,820	5%	$1,615,000	20%	$0	0%	$146,255	2%	$600,000	7%	$8,072,744
Oregon	$4,186,545	39%	$909,465	9%	$0	0%	$1,875,937	18%	$0	0%	$0	0%	$3,660,000	34%	$10,631,947
Pennsylvania	$28,162,779	47%	$0	0%	$0	0%	$16,228,000	27%	$0	0%	$0	0%	$15,000,000	25%	$59,390,779
Puerto Rico	$20,854,678	55%	$1,542,624	4%	$4,956,153	13%	$8,000,000	21%	$0	0%	$2,507,343	7%	$0	0%	$37,860,798
Rhode Island	$2,002,014	57%	$0	0%	$0	0%	$0	0%	$0	0%	$0	0%	$1,500,000	43%	$3,502,014
South Carolina	$13,415,102	56%	$3,243,794	13%	$1,969,569	8%	$4,500,000	19%	$0	0%	$41,336	0.17%	$950,000	4%	$24,119,801
South Dakota	$305,924	49%	$0	0%	$194,576	31%	$0	0%	$0	0%	$0	0%	$128,585	20%	$629,085
Tennessee	$12,597,325	70%	$0	0%	$0	0%	$5,200,000	29%	$0	0%	$0	0%	$129,679	1%	$17,927,004
Texas	$53,842,575	54%	$13,019,221	13%	$0	0%	$33,649,329	33%	$0	0%	$0	0%	$0	0%	$100,511,125
Utah	$2,114,540	53%	$459,398	12%	$533,305	13%	$184,427	5%	$0	0%	$50,000	1%	$614,291	16%	$3,955,961
Vermont	$402,212	49%	$0	0%	$0	0%	$0	0%	$0	0%	$0	0%	$425,000	51%	$827,212
Virgin Islands (U.S.)	$645,277	67%	$127,597	13%	$35,000	4%	$140,000	15%	$0	0%	$0	0%	$10,000	1%	$957,874
Virginia	$16,730,761	70%	$4,045,526	17%	$0	0%	$2,612,200	11%	$0	0%	$0	0%	$520,000	2%	$23,908,487
Washington	$8,694,418	46%	$0	0%	$0	0%	$6,097,842	32%	$183,720	1%	$0	0%	$3,900,000	21%	$18,875,980
West Virginia	$1,374,271	65%	$0	0%	$350,000	16%	$0	0%	$0	0%	$0	0%	$400,000	19%	$2,124,271
Wisconsin	$4,290,852	48%	$1,037,535	11%	$0	0%	$464,000	5%	$0	0%	$0	0%	$3,233,235	36%	$9,025,622
Wyoming	$180,188	21%	$0	0%	$212,500	25%	$367,500	43%	$0	0%	$0	0%	$100,000	12%	$860,188
Total	**$775,320,700**	**54%**	**$39,477,300**	**3%**	**$24,583,999**	**2%**	**$294,071,393**	**21%**	**$12,265,657**	**1%**	**$19,640,632**	**1%**	**$262,551,285**	**18%**	**$1,427,910,966**

*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 if applicable (or received state match waiver).

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report FY 2007 data, but their federal ADAP earmark and supplemental awards were known and incorporated. The total FY 2007 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 XVII

ADAP Budget, FY 2006 and FY 2007

State/Territory	ADAP FY 2006 Total Budget	ADAP FY 2007 Total Budget	% Change
Alabama	$15,567,729	$16,973,461	9%
Alaska	$534,924	$668,308	25%
American Samoa	—	$1,979	—
Arizona	$10,623,252	$10,610,361	-0.1%
Arkansas	$3,712,458	$4,245,310	14%
California	$301,320,001	$288,106,287	-4%
Colorado	$11,128,584	$14,407,880	29%
Connecticut	$17,264,871	$15,876,996	-8%
Delaware	$3,486,482	$4,306,754	24%
District of Columbia	$15,188,675	$14,429,241	-5%
Federated States of Micronesia	—	$4,947	—
Florida	$101,358,137	$97,649,008	-4%
Georgia	$41,991,541	$45,869,313	9%
Guam	$97,000	$91,084	-6%
Hawaii	$2,655,868	$2,570,088	-3%
Idaho	$1,944,657	$1,914,730	-2%
Illinois	$39,900,193	$36,878,149	-8%
Indiana	$7,515,481	$12,890,359	72%
Iowa	$2,367,158	$2,272,594	-4%
Kansas	$4,072,787	$7,070,222	74%
Kentucky	$5,422,637	$6,387,343	18%
Louisiana	$17,193,806	$16,735,021	-3%
Maine	$945,187	$1,035,666	10%
Marshall Islands	—	$2,968	—
Maryland	$43,377,292	$50,545,655	17%
Massachusetts	$21,053,293	$20,150,935	-4%
Michigan	$20,131,032	$18,913,552	-6%
Minnesota	$4,488,877	$9,895,065	120%
Mississippi	$7,977,861	$8,027,816	1%
Missouri	$16,270,913	$17,929,783	10%
Montana	$556,375	$740,954	33%
Nebraska	$2,162,425	$2,234,366	3%
Nevada	$7,529,342	$7,646,830	2%
New Hampshire	$2,734,691	$2,907,001	6%
New Jersey	$70,759,043	$71,515,052	1%

Table XVII *(continued)*

ADAP Budget, FY 2006 and FY 2007

State/Territory	ADAP FY 2006 Total Budget	ADAP FY 2007 Total Budget	% Change
New Mexico	$2,361,780	$2,243,691	-5%
New York	$246,888,472	$240,592,758	-3%
North Carolina	$28,697,785	$32,702,340	14%
North Dakota	$196,548	$315,934	61%
Northern Mariana Islands	—	$3,958	—
Ohio	$15,422,837	$17,366,314	13%
Oklahoma	$5,612,861	$8,072,744	44%
Oregon	$7,879,340	$10,631,947	35%
Pennsylvania	$51,749,948	$59,390,779	15%
Puerto Rico	$30,616,270	$37,860,798	24%
Rhode Island	$4,407,383	$3,502,014	-21%
South Carolina	$16,080,570	$24,119,801	50%
South Dakota	$397,980	$629,085	58%
Tennessee	$32,226,995	$17,927,004	-44%
Texas	$93,513,947	$100,511,125	7%
Utah	$2,978,514	$3,955,961	33%
Vermont	$708,997	$827,212	17%
Virgin Islands (U.S.)	$888,813	$957,874	8%
Virginia	$19,500,323	$23,908,487	23%
Washington	$15,002,481	$18,875,980	26%
West Virginia	$2,235,881	$2,124,271	-5%
Wisconsin	$6,842,435	$9,025,622	32%
Wyoming	$759,764	$860,188	13%
Total	**$1,386,302,496**	**$1,427,910,966**	
Comparison Total	***$1,386,302,496***	***$1,427,897,114***	***3%***

Comparison Totals are based on only those states that reported data for both time periods.

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report FY 2007 data, but their federal ADAP earmark and supplemental awards were known and incorporated. These jurisdictions, with the exception of Guam, were not eligible for funding in FY 2006. The total FY 2007 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 XVIII

Major FY 2007 Budget Categories Compared with FY 2006

State/Territory	2006 Part B ADAP Earmark	2007 Part B ADAP Earmark	% Change	2006 Part B ADAP Supplemental*	2007 Part B ADAP Supplemental*	% Change	2006 Part B Base Contribution	2007 Part B Base Contribution	% Change	2006 State Contribution	2007 State Contribution	% Change	2006 Part A	2007 Part A	% Change	2006 Est. Drug Rebates	2007 Est. Drug Rebates	% Change
Alabama	$7,901,465	$9,055,936	15%	$397,673	$2,189,740	451%	$877,547	$1,275,220	45%	$5,991,044	$4,452,565	-26%	$0	$0	—	$400,000	$0	—
Alaska	$534,924	$508,178	-5%	$0	$117,304	—	$0	$0	—	$0	$29,326	—	$0	$0	—	$0	$13,500	—
American Samoa	—	$1,979	—	—	$0	—	—	—	—	—	—	—	—	—	—	—	—	—
Arizona	$9,623,252	$9,610,361	-0.1%	$0	$0	—	$0	$0	—	$1,000,000	$1,000,000	0%	$0	$0	—	$0	$0	—
Arkansas	$3,598,289	$4,245,310	18%	$0	$0	—	$114,169	$0	—	$0	$0	—	$0	$0	—	$0	$0	—
California	$90,235,394	$89,623,287	-0.7%	$0	$0	—	$11,409,607	$0	—	$107,740,000	$90,565,000	-16%	$0	$0	—	$91,935,000	$107,918,000	17%
Colorado	$5,710,273	$9,527,197	67%	$282,569	$0	—	$344,000	$344,000	2%	$4,366,482	$4,181,268	-4%	$365,260	$0	—	$60,000	$355,415	492%
Connecticut	$12,158,193	$11,550,284	-5%	$0	$0	—	$0	$0	—	$606,678	$606,678	0%	$0	$0	—	$4,500,000	$3,720,034	-17%
Delaware	$3,486,482	$3,312,158	-5%	$0	$0	—	$0	$0	—	$0	$0	—	$0	$0	—	$0	$315,555	—
District of Columbia	$15,188,675	$14,429,241	-5%	$0	$0	—	$0	$0	—	$0	$0	—	$0	$0	—	$0	$0	—
Federated States of Micronesia	—	$4,947	—	—	$0	—	—	—	—	—	—	—	—	—	—	—	—	—
Florida	$88,022,839	$83,621,697	-5%	$0	$0	—	$944,245	$995,778	5%	$10,500,000	$10,500,000	0%	$0	$0	—	$1,891,053	$504,188	-73%
Georgia	$26,816,477	$25,475,653	-5%	$1,349,649	$5,064,627	275%	$43,676	$98,382	125%	$11,805,339	$14,003,984	19%	$1,976,400	$0	—	$0	$0	—
Guam	$92,437	$91,084	-1%	$4,563	$0	—	$0	$0	—	$0	$0	—	$0	$0	—	$0	—	—
Hawaii	$2,165,333	$2,057,066	-5%	$0	$0	—	$0	$0	—	$440,535	$440,535	0%	$0	$0	—	$50,000	$5,500	-89%
Idaho	$465,496	$583,136	25%	$22,131	$0	—	$259,214	$101,794	-61%	$779,300	$779,300	0%	$0	$0	—	$418,516	$450,500	8%
Illinois	$27,800,193	$27,628,149	-1%	$0	$0	—	$0	$0	—	$12,100,000	$9,250,000	-24%	$0	$0	—	$0	$0	—
Indiana	$7,305,591	$7,469,885	2%	$0	$1,806,230	—	$0	$2,873,235	—	$0	$0	—	$0	$462,840	—	$209,890	$250,000	19%
Iowa	$1,430,675	$1,359,141	-5%	$70,614	$320,310	354%	$0	$0	—	$822,606	$555,000	-33%	$0	$0	—	$40,000	$32,000	-20%
Kansas	$2,123,496	$2,265,222	7%	$0	$0	—	$0	$0	—	$400,000	$2,500,000	525%	$205,000	$205,000	0%	$1,344,291	$2,100,000	56%
Kentucky	$4,558,007	$4,330,107	-5%	$227,356	$0	—	$72,274	$0	—	$250,000	$250,000	0%	$0	$0	—	$200,000	$1,500,000	650%
Louisiana	$15,931,601	$15,135,021	-5%	$795,005	$0	—	$0	$0	—	$0	$0	—	$0	$300,000	—	$467,200	$800,000	71%
Maine	$831,937	$871,666	5%	$0	$0	—	$0	$0	—	$60,000	$60,000	0%	$0	$0	—	$53,250	$104,000	95%
Marshall Islands	—	$2,968	—	—	$0	—	—	—	—	—	—	—	—	—	—	—	—	—
Maryland	$27,938,941	$26,541,994	-5%	$0	$0	—	$0	$8,203,661	—	$0	$0	—	$238,351	$0	—	$10,000,000	$12,000,000	20%
Massachusetts	$15,560,303	$14,782,288	-5%	$0	$0	—	$0	$778,015	—	$2,802,358	$1,900,000	-32%	$790,632	$790,632	0%	$1,900,000	$1,900,000	0%
Michigan	$11,931,032	$11,681,534	-2%	$0	$0	—	$0	$0	—	$0	$0	—	$0	$0	—	$8,200,000	$7,232,018	-12%
Minnesota	$3,288,877	$5,143,281	56%	$0	$0	—	$0	$0	—	$0	$1,100,000	—	$0	$0	—	$1,200,000	$3,651,784	204%
Mississippi	$6,972,148	$7,277,816	4%	$0	$0	—	$255,713	$0	—	$750,000	$750,000	0%	$0	$0	—	$0	$0	—
Missouri	$7,702,126	$9,789,559	27%	$0	$0	—	$550,000	$0	—	$4,390,224	$3,590,224	-18%	$920,000	$1,350,000	47%	$2,708,563	$3,200,000	18%
Montana	$310,671	$295,137	-5%	$14,146	$71,101	403%	$154,000	$156,902	2%	$54,979	$189,000	244%	$0	$0	—	$16,000	$15,000	-6%
Nebraska	$1,185,386	$1,256,366	6%	$58,179	$0	—	$0	$50,000	—	$900,000	$900,000	0%	$0	$0	—	$18,860	$28,000	48%
Nevada	$5,083,984	$5,784,830	14%	$0	$0	—	$374,121	$0	—	$1,813,437	$1,777,000	-2%	$0	$0	—	$120,000	$85,000	-29%
New Hampshire	$778,520	$999,945	28%	$0	$0	—	$0	$51,371	—	$180,000	$500,000	178%	$928,695	$406,949	-56%	$400,000	$900,000	125%
New Jersey	$35,030,826	$33,279,285	-5%	$0	$0	—	$0	$0	—	$9,000,000	$6,000,000	-33%	$68,000	$0	—	$25,657,198	$25,000,000	-3%

Table XVIII *(continued)*

Major FY 2007 Budget Categories Compared with FY 2006

State/Territory	2006 Part B ADAP Earmark	2007 Part B ADAP Earmark	% Change	2006 Part B ADAP Supplemental*	2007 Part B ADAP Supplemental*	% Change	2006 Part B Base Contribution	2007 Part B Base Contribution	% Change	2006 State Contribution	2007 State Contribution	% Change	2006 Part A	2007 Part A	% Change	2006 Est. Drug Rebates	2007 Est. Drug Rebates	% Change
New Mexico	$2,361,780	$2,243,691	-5%	$0	$0	—	$0	$0	—	$0	$0	—	$0	$0	—	$0	$0	—
New York	$132,808,536	$126,168,109	-5%	$0	$0	—	$1,000,135	$902,340	-10%	$41,295,245	$45,000,000	9%	$11,591,562	$8,566,516	-26%	$58,296,000	$59,000,000	1%
North Carolina	$15,068,543	$18,587,094	23%	$758,386	$4,494,390	493%	$0	$0	—	$12,120,856	$9,620,856	-21%	$0	$0	—	$750,000	$0	—
North Dakota	$120,131	$143,556	19%	$0	$0	—	$76,417	$72,378	-5%	$0	$0	—	$0	$0	—	$0	$100,000	—
Northern Mariana Islands	—	$3,958	—	—	$0	—	—	—	—	—	—	—	—	—	—	—	—	—
Ohio	$11,455,538	$14,529,892	27%	$0	$0	—	$0	$0	—	$3,515,299	$2,636,422	-25%	$250,000	$0	—	$150,000	$200,000	33%
Oklahoma	$3,851,706	$4,253,231	10%	$193,361	$1,028,438	432%	$0	$429,820	—	$1,287,340	$1,615,000	25%	$0	$0	—	$120,000	$600,000	400%
Oregon	$4,406,889	$4,186,545	-5%	$0	$909,465	—	$0	$0	—	$952,451	$1,875,937	97%	$0	$0	—	$2,520,000	$3,660,000	45%
Pennsylvania	$29,645,030	$28,162,779	-5%	$0	$0	—	$0	$0	—	$14,822,515	$16,228,000	9%	$0	$0	—	$7,282,403	$15,000,000	106%
Puerto Rico	$21,952,293	$20,854,678	-5%	$1,104,839	$1,542,624	40%	$5,830,742	$4,956,153	-15%	$1,728,396	$8,000,000	363%	$0	$0	—	$0	$0	—
Rhode Island	$2,107,383	$2,002,014	-5%	$0	$0	—	$20,000	$0	—	$2,280,000	$0	—	$0	$0	—	$0	$1,500,000	—
South Carolina	$13,738,201	$13,415,102	-2%	$642,369	$3,243,794	405%	$0	$1,969,569	—	$800,000	$4,500,000	463%	$0	$0	—	$900,000	$950,000	6%
South Dakota	$233,463	$305,924	31%	$0	$0	—	$105,517	$194,576	84%	$0	$0	—	$0	$0	—	$59,000	$128,585	118%
Tennessee	$12,777,562	$12,597,325	-1%	$0	$0	—	$5,943,875	$0	—	$8,000,000	$5,200,000	-35%	$0	$0	—	$211,000	$129,679	-39%
Texas	$55,471,791	$53,842,575	-3%	$2,767,173	$13,019,221	370%	$0	$0	—	$34,622,983	$33,649,329	-3%	$652,000	$0	—	$0	$0	—
Utah	$2,225,832	$2,114,540	-5%	$94,342	$459,398	387%	$0	$533,305	—	$180,000	$184,427	2%	$0	$0	—	$342,178	$614,291	80%
Vermont	$383,059	$402,212	5%	$0	$0	—	$0	$0	—	$0	$0	—	$0	$0	—	$265,000	$425,000	60%
Virgin Islands (U.S.)	$679,239	$645,277	-5%	$30,574	$127,597	317%	$25,000	$35,000	40%	$154,000	$140,000	-9%	$0	$0	—	$0	$10,000	—
Virginia	$15,541,487	$16,730,761	8%	$746,636	$4,045,526	442%	$0	$0	—	$2,612,200	$2,612,200	0%	$0	$0	—	$600,000	$520,000	-13%
Washington	$8,280,398	$8,694,418	5%	$0	$0	—	$0	$0	—	$2,761,238	$6,097,842	121%	$407,000	$183,720	-55%	$3,553,845	$3,900,000	10%
West Virginia	$1,446,601	$1,374,271	-5%	$71,412	$0	—	$154,868	$350,000	126%	$188,000	$0	—	$0	$0	—	$375,000	$400,000	7%
Wisconsin	$3,259,411	$4,290,852	32%	$164,043	$1,037,535	532%	$0	$0	—	$464,000	$464,000	0%	$0	$0	—	$2,930,638	$3,233,235	10%
Wyoming	$172,264	$180,188	5%	$0	$0	—	$60,000	$212,500	254%	$367,500	$367,500	0%	$0	$0	—	$160,000	$100,000	-38%
Total	**$779,750,980**	**$775,320,700**	**-1%**	**$9,795,020**	**$39,477,300**	**303%**	**$28,615,120**	**$24,583,999**	**-14%**	**$304,905,005**	**$294,071,393**	**-4%**	**$18,392,900**	**$12,265,657**	**-33%**	**$230,304,885**	**$262,551,285**	**14%**

*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.

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report FY 2007 data, but their federal ADAP earmark and supplemental awards were known and incorporated. These jurisdictions, with the exception of Guam, were not eligible for funding in FY 2006. This table does not include the "Other State or Federal" category ($19,640,632), which is reported in the total budget in Tables XVI and XVII.

Table XIX

Cost Recovery and Other Cost-Saving Mechanisms (Excluding Drug Rebates), FY 2007

State/Territory	Private Insurance	Medicaid	Manufacturers' Free Product	Other	Total
Alabama	$0	$265,000	$0	$0	$265,000
Alaska	$300,000	$0	$0	$0	$300,000
Connecticut	$1,007,218	$715,843	$0	$0	$1,723,061
Hawaii	$0	$0	$0	$56,000	$56,000
Iowa	$50,282	$28,190	$0	$0	$78,472
Missouri	$95,218	$1,245,920	$0	$0	$1,341,138
New Jersey	$5,600,000	$2,500,000	$0	$0	$8,100,000
New York	$10,500,000	$1,250,000	$0	$0	$11,750,000
North Carolina	$0	$0	$100,000	$600,000	$700,000
Oklahoma	$48,600	$60,000	$20,000	$0	$128,600
Oregon	$0	$0	$0	$240,000	$240,000
South Carolina	$0	$50,000	$0	$0	$50,000
Tennessee	$0	$0	$4,944	$0	$4,944
Texas	$0	$0	$360,000	$0	$360,000
Vermont	$50,000	$0	$0	$0	$50,000
Virginia	$0	$210,000	$50,000	$0	$260,000
Washington	$37,000	$14,000	$0	$0	$51,000
Wisconsin	$0	$452,653	$0	$0	$452,653
Totals	**$17,688,318**	**$6,791,606**	**$534,944**	**$896,000**	**$25,910,868**
Total # of ADAPs	**9**	**11**	**5**	**3**	**18**

Note: 18 ADAPs reported data. A zero ($0) indicates a response of zero ($0) from the ADAP.

Table XX

ADAP Drug Purchasing and Prime Vendor Participation, June 2007

State/Territory	Participates in 340B	Direct Purchase	Pharmacy Network (Rebate)	HRSA Prime Vendor (340B Direct Purchasers Only)
Alabama	Yes	Yes	—	—
Alaska	Yes	Yes	—	—
American Samoa	—	—	—	—
Arizona	Yes	Yes	—	—
Arkansas	Yes	Yes	—	Yes
California	Yes	—	Yes	—
Colorado	Yes	Yes	—	Yes
Connecticut	Yes	—	Yes	—
Delaware	Yes	Yes	—	—
District of Columbia*	Yes	Yes	—	—
Federated States of Micronesia	—	—	—	—
Florida	Yes	Yes	—	Yes
Georgia	Yes	Yes	—	Yes
Guam	—	—	—	—
Hawaii	Yes	Yes	—	—
Idaho	Yes	—	Yes	—
Illinois	Yes	Yes	—	Yes
Indiana	Yes	—	Yes	—
Iowa	Yes	Yes	—	—
Kansas	Yes	—	Yes	—
Kentucky	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	—	—
Nevada	Yes	Yes	—	—
New Hampshire	Yes	—	Yes	—
New Jersey	Yes	—	Yes	—

Table XX *(continued)*

ADAP Drug Purchasing and Prime Vendor Participation, June 2007

State/Territory	Participates in 340B	Direct Purchase	Pharmacy Network (Rebate)	HRSA Prime Vendor (340B Direct Purchasers Only)
New Mexico	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	—
Total	**53**	**29**	**24**	**12**

*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, Guam, Marshall Islands, and Northern Mariana Islands did not report data.

Table XXI

ADAP Funds Used For and Number of Clients Served Through Insurance Purchasing/Maintenance, 2007

State/Territory	FY 2007 Est. Expenditures	June 2007 Expenditures	June 2007 Clients Served
Alabama	$240,000	$12,560	88
Alaska	$75,000	$6,717	21
American Samoa	—	—	—
Arizona	$0	$0	0
Arkansas	$135,000	$15,513	51
California	$12,964,918	$954,572	6,858
Colorado	$929,384	$60,485	96
Connecticut	$0	$0	0
Delaware	$85,247	$10,193	14
District of Columbia	$145,000	$13,444	80
Federated States of Micronesia	—	—	—
Florida	$198,750	$16,563	28
Georgia	$0	$0	0
Guam	—	—	—
Hawaii	$90,000	$7,286	23
Idaho	$0	$0	0
Illinois	$300,000	$25,128	94
Indiana	$11,675,029	$2,243,532	2,138
Iowa	$222,091	$23,489	76
Kansas	$500,000	$184,050	74
Kentucky	$450,000	$45,763	434
Louisiana	$485,742	$13,290	—
Maine	$180,878	$15,024	131
Marshall Islands	—	—	—
Maryland	$770,913	$292,353	660
Massachusetts	$8,709,204	$752,767	2,244
Michigan	$765,000	$60,633	587
Minnesota	$2,167,811	$76,901	—
Mississippi	$0	$0	0
Missouri	$540,000	$46,868	201
Montana	$73,277	$5,552	19
Nebraska	$65,000	$4,922	69
Nevada	$221,000	$46,596	—
New Hampshire	$298,049	$20,294	79
New Jersey	$2,225,000	$166,875	55

Table XXI *(continued)*

ADAP Funds Used For and Number of Clients Served Through Insurance Purchasing/Maintenance, 2007

State/Territory	FY 2007 Est. Expenditures	June 2007 Expenditures	June 2007 Clients Served
New Mexico*	$1,712,690	$0	0
New York	$11,000,000	$1,089,382	1,541
North Carolina	$0	$0	0
North Dakota	$0	$0	0
Northern Mariana Islands	—	—	—
Ohio	—	$256,362	792
Oklahoma	$1,232,900	$59,859	283
Oregon	$4,106,084	$333,828	1,571
Pennsylvania	$2,000,000	$17,000	—
Puerto Rico	$0	$0	0
Rhode Island	$165,000	$1,375	—
South Carolina	$1,000,000	$85,334	428
South Dakota	$0	$0	0
Tennessee	—	$421,739	924
Texas	$0	$0	0
Utah	$585,000	$38,416	101
Vermont	$95,000	$9,300	95
Virgin Islands (U.S.)	$151,901	$4,957	48
Virginia	$0	$0	0
Washington	$6,194,575	$1,087,184	630
West Virginia	$0	$0	0
Wisconsin	$1,756,952	$322,468	427
Wyoming	$0	$0	0
Total	**$74,512,395**	**$8,848,573**	**20,960**

New states since 2006 reported in **bold**.

*New Mexico uses ADAP funds for insurance purchasing/maintenance, but reported zero ($0) expenditures and zero (0) clients served for June 2007.

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. 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 XXII

ADAP Policies Related to Medicare Part D, May 2007

State/Territory	Pays for Part D Premiums		Pays for Part D Deductibles		Pays for Part D Co-Payments				Disenrollment from ADAP*				Provide Medications During Coverage Gap**
	Partial Subsidy Clients	Standard Clients	Partial Subsidy Clients	Standard Clients	Dually Eligible Clients	Full Subsidy Clients	Partial Subsidy Clients	Standard Clients	Dually Eligible Clients	Full Subsidy Clients	Partial Subsidy Clients	Standard Clients	
Alabama	No	Yes	—	—	No	No	No	Yes	Yes	Yes	Yes	Yes	No
Alaska	Yes	Yes	Yes	Yes	—	—	—	Yes	—	—	No	No	Yes
American Samoa	—	—	—	—	—	—	—	—	—	—	—	—	—
Arizona	No	No	No	No	No	No	No	No	Yes	Yes	No	No	No
Arkansas	No	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	No	Yes
California	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Colorado	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No	—
Connecticut	—	—	—	—	—	—	—	—	—	—	—	—	—
Delaware	—	—	—	—	—	—	—	—	—	—	—	—	—
District of Columbia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Federated States of Micronesia	—	—	—	—	—	—	—	—	—	—	—	—	—
Florida	No	No	Yes	No	No	No	Yes	No	Yes	Yes	No	No	—
Georgia	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	—	—	—	—	—	—	—	—	—	—	—	—
Hawaii	No	No	No	No	No	No	No	No	Yes	Yes	No	No	No
Idaho	No	No	No	No	No	No	No	No	Yes	Yes	Yes	No	Yes
Illinois	—	—	—	—	—	—	—	—	Yes	Yes	Yes	No	—
Indiana	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Iowa	Yes	No	Yes	No	No	No	Yes	No	Yes	Yes	No	Yes	No
Kansas	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Kentucky	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Louisiana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—	—	—	—	Yes
Maine	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Marshall Islands	—	—	—	—	—	—	—	—	—	—	—	—	—
Maryland	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No	Yes
Massachusetts	—	Yes	—	No	Yes	—	—	Yes	No	—	—	No	Yes
Michigan	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No	Yes
Minnesota	—	—	—	—	—	—	—	—	—	—	—	—	—
Mississippi	—	—	—	—	—	—	—	—	—	—	—	—	—
Missouri	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	No
Montana	No	No	No	No	No	No	No	No	Yes	Yes	Yes	No	Yes
Nebraska	Yes	Yes	—	—	—	Yes	Yes	Yes	—	—	—	—	—
Nevada	—	—	—	—	—	—	—	—	—	—	—	—	—
New Hampshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes
New Jersey	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes

Table XXII *(continued)*

ADAP Policies Related to Medicare Part D, May 2007

State/Territory	Pays for Part D Premiums		Pays for Part D Deductibles		Pays for Part D Co-Payments				Disenrollment from ADAP*				Provide Medications During Coverage Gap**
	Partial Subsidy Clients	Standard Clients	Partial Subsidy Clients	Standard Clients	Dually Eligible Clients	Full Subsidy Clients	Partial Subsidy Clients	Standard Clients	Dually Eligible Clients	Full Subsidy Clients	Partial Subsidy Clients	Standard Clients	
New Mexico	—	—	—	—	—	—	—	—	—	—	—	—	—
New York	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No	Yes
North Carolina	No	No	No	No	No	No	No	No	Yes	Yes	No	No	No
North Dakota	—	—	—	—	—	—	—	—	—	—	—	—	—
Northern Mariana Islands	—	—	—	—	—	—	—	—	—	—	—	—	—
Ohio	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Oklahoma	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Oregon	—	—	—	—	—	—	—	—	—	—	—	—	—
Pennsylvania	Yes	Yes	Yes	Yes	—	Yes	Yes	Yes	—	No	No	No	Yes
Puerto Rico	—	—	—	—	—	—	—	—	—	—	—	—	—
Rhode Island	—	—	—	—	—	—	—	—	—	—	—	—	—
South Carolina	—	—	—	—	No	No	No	No	Yes	Yes	No	No	—
South Dakota	—	—	—	—	—	—	—	—	—	—	—	—	—
Tennessee	—	—	—	—	—	—	—	—	—	—	—	—	—
Texas	No	No	No	No	No	No	No	No	Yes	Yes	No	No	—
Utah	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes
Vermont	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Virgin Islands (U.S.)	—	—	—	—	—	—	—	—	—	—	—	—	—
Virginia	No	No	No	No	No	No	No	No	Yes	Yes	—	No	Yes
Washington	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes
West Virginia	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Wisconsin	No	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes
Wyoming	—	—	—	—	—	—	—	—	—	—	—	—	—
Total "Yes"	**17**	**19**	**25**	**23**	**16**	**20**	**25**	**26**	**20**	**17**	**6**	**4**	**26**

*Many ADAPs chose to disenroll clients receiving any portion of the Part D subsidy because the benefit provided them comprehensive care. In many instances, when standard clients were disenrolled from ADAP, they were consequently enrolled in a state pharmaceutical assistance program (SPAP).

**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: 38 ADAPs reported data. A dash (—) indicates that the ADAP did not report its policy.

Table XXIII

ADAP Clients Served Who Reside in Part A Jurisdictions, June 2007

State/Territory	June 2007 Clients Served	June 2007 Clients Served Who Reside In Part A Jurisdictions	% of Clients Served in June 2007 Who Reside In Part A Jurisdictions
Alabama	981	—	—
Alaska	54	—	—
American Samoa	—	—	—
Arizona	824	599	73%
Arkansas	305	—	—
California	18,939	17,505	92%
Colorado	921	724	79%
Connecticut	1,351	1,202	89%
Delaware	244	—	—
District of Columbia	740	740	100%
Federated States of Micronesia	—	—	—
Florida	8,640	7,001	81%
Georgia	3,411	2,000	59%
Guam	—	—	—
Hawaii	205	—	—
Idaho	107	—	—
Illinois	3,042	2,524	83%
Indiana	1,172	537	46%
Iowa	225	—	—
Kansas*	469	136	29%
Kentucky	780	—	—
Louisiana	1,559	781	50%
Maine	147	—	—
Marshall Islands	—	—	—
Maryland	3,294	2,964	90%
Massachusetts	2,833	2,231	79%
Michigan	1,558	882	57%
Minnesota	474	419	88%
Mississippi	690	—	—
Missouri	1,062	846	80%
Montana	66	—	—
Nebraska	236	—	—
Nevada	603	457	76%
New Hampshire	136	97	71%
New Jersey	4,241	3,573	84%

Table XXIII *(continued)*

ADAP Clients Served Who Reside in Part A Jurisdictions, June 2007

State/Territory	June 2007 Clients Served	June 2007 Clients Served Who Reside In Part A Jurisdictions	% of Clients Served in June 2007 Who Reside In Part A Jurisdictions
New Mexico	58	—	—
New York	13,127	11,090	84%
North Carolina	2,712	471	17%
North Dakota	28	—	—
Northern Mariana Islands	—	—	—
Ohio	1,681	454	27%
Oklahoma	668	—	—
Oregon	1,493	1,070	72%
Pennsylvania	3,259	1,713	53%
Puerto Rico	3,413	2,675	78%
Rhode Island	304	—	—
South Carolina	1,646	—	—
South Dakota	56	—	—
Tennessee	2,228	794	36%
Texas	7,501	5,800	77%
Utah	472	—	—
Vermont	127	—	—
Virgin Islands	87	—	—
Virginia	1,535	878	57%
Washington	1,354	648	48%
West Virginia*	161	10	6%
Wisconsin	706	—	—
Wyoming	62	—	—
Total	**101,987**	**70,821**	
Comparison Total for States with Part A Jurisdictions	***93,733***	***70,821***	***76%***
Comparison Total for All States	***101,049***	***70,821***	***70%***

*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.

States in **bold** have Part A jurisdictions or a portion of a Part A jurisdiction within the state.

Note: 53 ADAPs reported data. American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and Northern Mariana Islands did not report data. 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. The **Comparison Total for All States** represents clients served by ADAPs who reside in Part A Jurisdictions compared to clients served in all ADAPs.

Table XXIV

HIV/AIDS Medications

FDA-Approved Antiretroviral Medications	
GENERIC NAME	**BRAND NAME**
Multi-Class Combination Products	
efavirenz, emtricitabine, and tenofovir disoproxil fumarate	Atripla
NRTIs	
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*
zidovudine, azidothymidine, AZT, ZDV	Retrovir
NNRTIs	
delavirdine, DLV	Rescriptor
efavirenz, EFV	Sustiva
etravirine	Intelence**
nevirapine, NVP	Viramune
Protease Inhibitors	
amprenavir, APV	Agenerase***
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****
saquinavir mesylate, SQV	Invirase
tipranavir, TPV	Aptivus

Table XXIV *(continued)*

HIV/AIDS Medications

FDA-Approved Antiretroviral Medications	
GENERIC NAME	**BRAND NAME**
Fusion Inhibitors	
enfuvirtide, T-20	Fuzeon
Entry Inhibitors – CCR5 Co-Receptor Antagonist	
maraviroc	Selzentry
HIV Integrase Strand Transfer Inhibitors	
raltegravir	Isentress

*The sale and distribution of Hivid (zalcitabine, dideoxycytidine, ddC) was discontinued as of December 2006.

**Intelence (etravirine) was approved in January 2008, after data was collected for the *2008 National ADAP Monitoring Project Annual Report*.

***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.

****Fortovase (saquinavir soft-gel) is no longer marketed.

Source: FDA, "Drugs Used in the Treatment of HIV Infection": http://www.fda.gov/oashi/aids/virals.html. Also see: DHHS, "Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents," January 29, 2008: http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf.

Table XXIV *(continued)*

HIV/AIDS Medications

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

*"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." *MMWR* 2002; 51(No. RR08):1-46; CDC, "Treating Opportunistic Infections Among HIV-Infected Adults and Adolescents." *MMWR* 2004; 53(No. RR15):1-112. Available at: http://aidsinfo.nih.gov/Guidelines/GuidelineDetail.aspx?MenuItem=Guidelines&Search=Off&GuidelineID=14&ClassID=4.

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NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

The National Alliance of State and Territorial AIDS Directors
444 North Capitol Street, NW, Suite 339, Washington, DC 20001
Phone: 202.434.8090 Fax: 202.434.8092 www.NASTAD.org

THE HENRY J. KAISER FAMILY FOUNDATION

The Henry J. Kaiser Family Foundation
Headquarters
2400 Sand Hill Road, Menlo Park, CA 94025
Phone: 650.854.9400 Fax: 650.854.4800

Washington Offices and Barbara Jordan Conference Center
1330 G Street, NW, Washington, DC 20005
Phone: 202.347.5270 Fax: 202.347.5274
www.kff.org

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