

The AIDS Drug Assistance Program: Findings from the National ADAP Monitoring Project Annual Survey

Presented at a Policy Forum & Release of the Annual Report of the National ADAP Monitoring Project
April 8, 2008
Washington, DC

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The National ADAP Monitoring Project and Survey

- Partnership between Kaiser and NASTAD since 1996
- All ADAPS receiving federal earmark surveyed
 - 58 in FY 2007; 53 responded
 - Non-responders represent <1% of estimated living HIV and AIDS cases
- Data from:
 - **June 2007** for most indicators; offers monthly “snapshot” comparisons to earlier periods
 - **FY 2007** for budget indicators and some policy variables
 - More recent information from supplemental data collection for formularies, waiting lists and cost-containment measures
- Full report on www.kff.org and www.NASTAD.org
- State-level data on www.statehealthfacts.org/hiv

Highlights and Major Themes

- ADAPs are the nation's **prescription drug safety-net** for people with HIV/AIDS with limited or no access to needed medications,
 - reach their target, serving some of the most vulnerable people with HIV in the U.S. (mostly low-income, uninsured)
- National ADAP **caseload has grown over time**
- ADAP clients **reflect national epidemic**,
 - concentrated in states with the highest numbers of people living with HIV/AIDS
 - the South has a greater share of clients than any other region

Highlights and Major Themes, Continued...

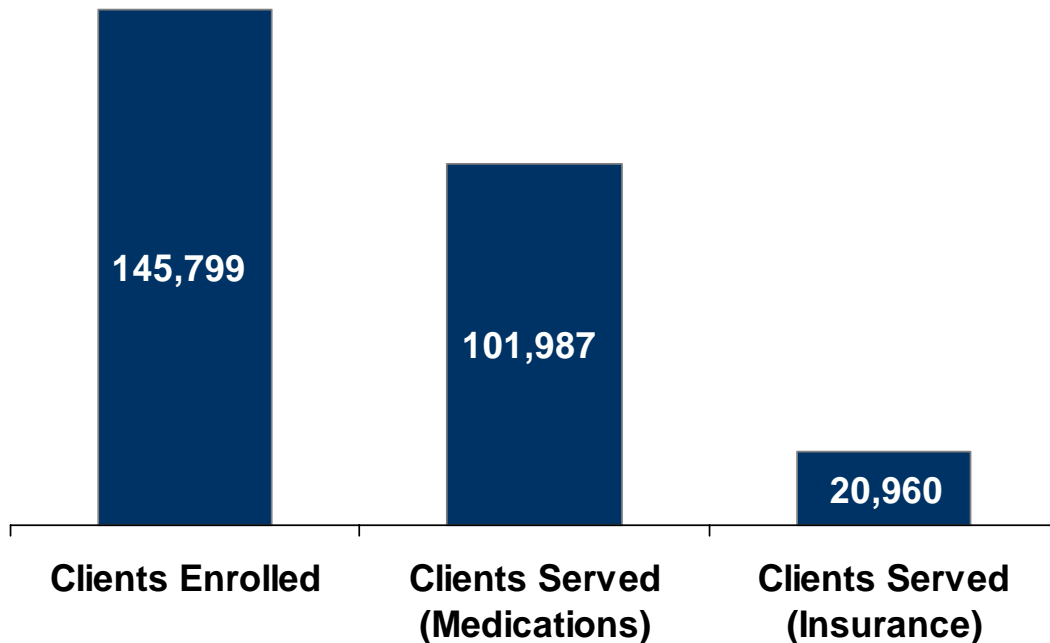
- **First effects of Ryan White Reauthorization felt, new opportunities and new challenges**
 - ADAP supplemental funding changes, overall formula changes
 - Minimum formulary requirement instituted
- **Some good news, easing of past pressures due to numerous factors**
 - Waiting lists virtually eliminated, many states increased enrollment, formularies expanded
 - Why? Increased funding for some ADAPs (from states, drug rebates, Ryan White changes), PAI, Part D
- **But concern for the future**
 - Uncertainty and unpredictability
 - ADAP “budget levers” triggered at different times
 - Signs of a renewed state-level economic downturn

Ryan White Reauthorization: Changes for ADAPs

- **Minimum formulary**
 - At least one ARV from each approved class of ARV medications
- **ADAP supplemental**
 - Increased from 3% to 5% of the ADAP earmark
 - Matching requirements can be waived in some instances
 - Change in eligibility
 - Hold harmless “delinked” from ADAP supplemental
- **Funding formula**
 - Incorporation of living HIV cases in addition to actual (previously estimated) living AIDS cases
- **Changes to other parts of Ryan White**
 - 75% of funds must be spent on core medical services
 - Part B base formula modifications
 - All territories eligible for ADAP
 - Penalties on future funding if 98% of award not spent

Clients & Expenditures

ADAP Clients, June 2007

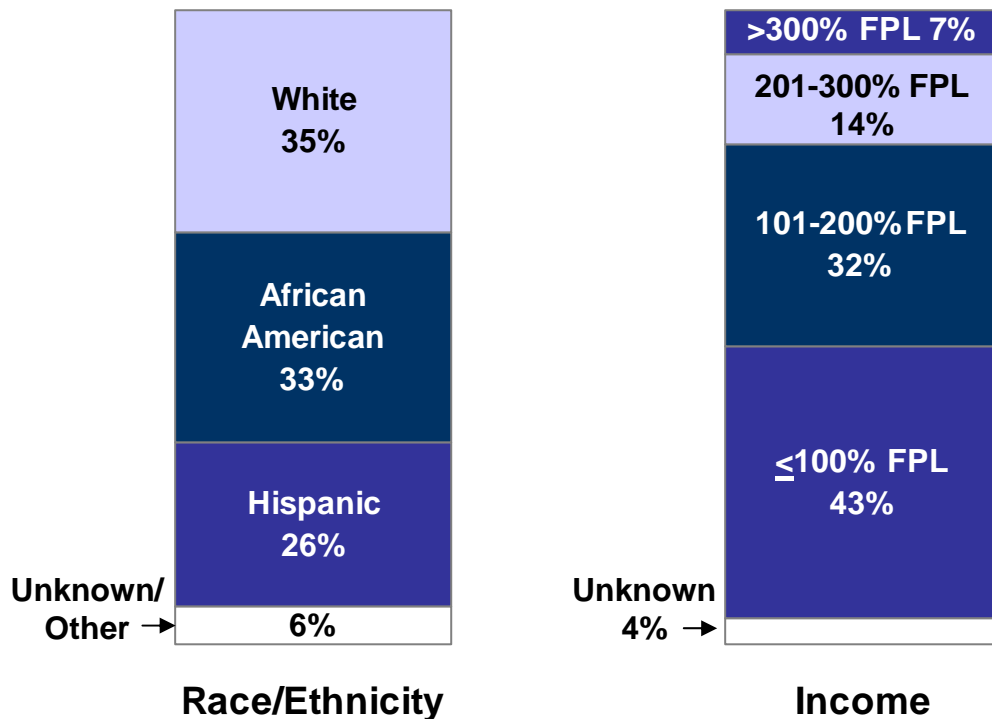


- Nearly 146,000 enrollees; about 3 in 10 people with HIV/AIDS in care
- 70% of those enrolled received Rx in June 2007; thousands of others received insurance coverage
- Ten states accounted for most clients served (68%); ranged from 28 to nearly 19,000

Notes: 53 ADAPs reported data. Some clients receiving insurance coverage through ADAP may also be receiving medications.

Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2008.

Profile of ADAP Clients, June 2007

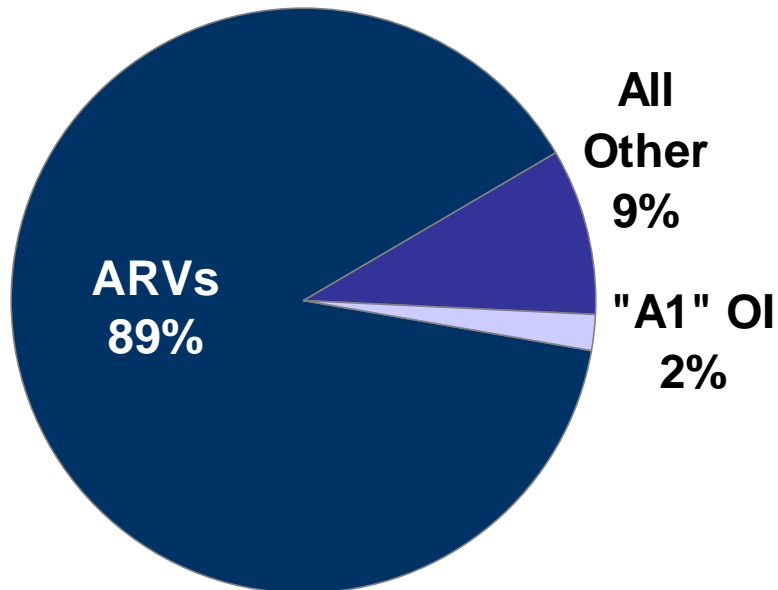


- Most were people of color (63%)
- Most were low-income (75% ≤ 200% FPL)
- Most were uninsured (69%)
- Most were men (77%)
- Half were aged 25-44 (50%)
- Half had indications of advanced HIV disease (51% CD4 count ≤350)

Note: 53 ADAPs reported data.

Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2008.

ADAP Drug Expenditures & Per Capita Drug Spending, June 2007



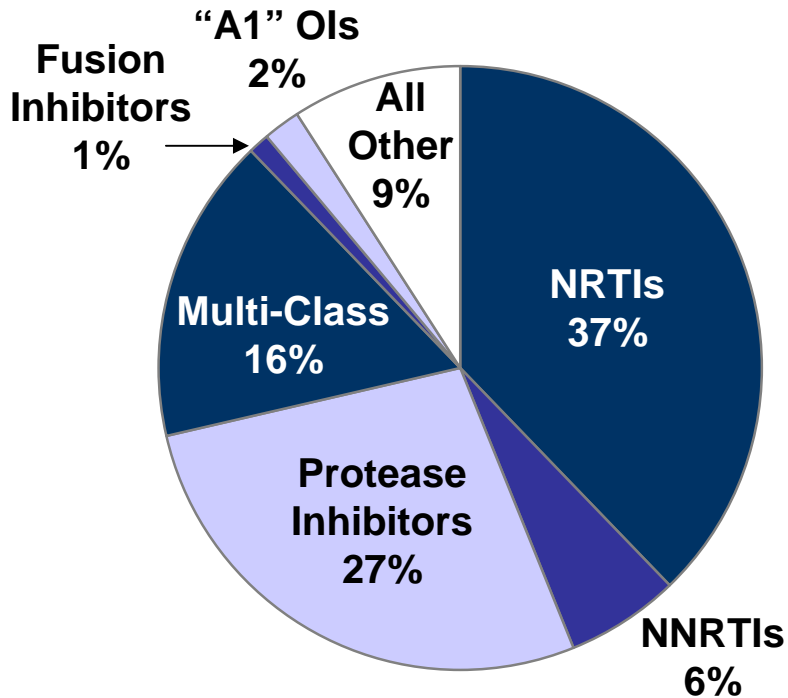
**Per Capita Drug Spending
\$982**

- Drug spending totaled \$100.1 million
- ADAPs also spent \$8.8 million on insurance coverage in June 2007; \$74.5 million in FY 2007
- 10 states accounted for most drug spending (75%); ranged from \$21K to more than \$22 million

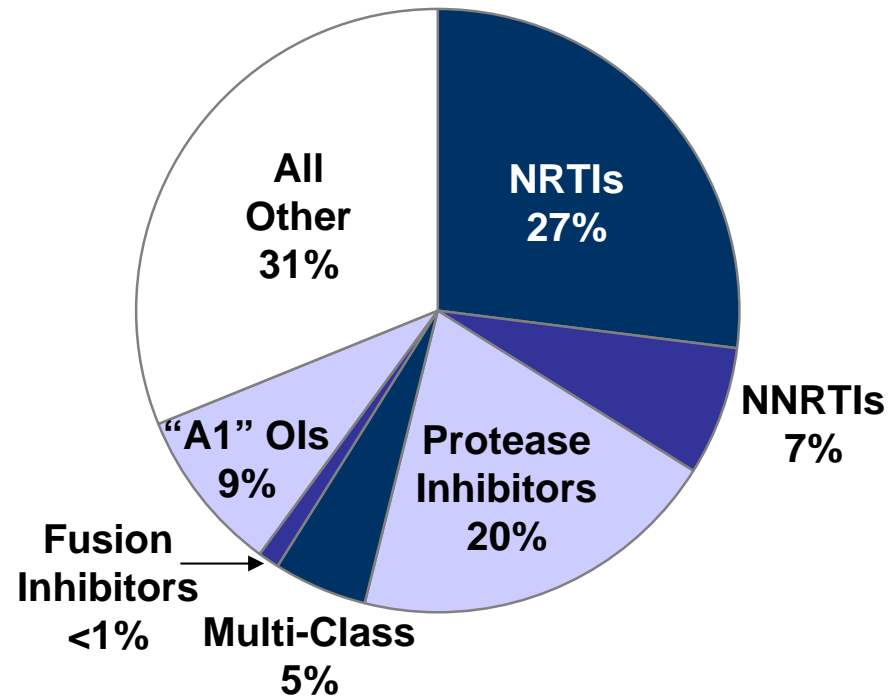
Note: 51 ADAPs reported data. ARVs = Antiretrovirals; "A1" OIs = Drugs recommended ("A1") for prevention and treatment of opportunistic infections (OIs).

Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2008.

ADAP Drug Expenditures & Prescriptions Filled, by Drug Class, June 2007



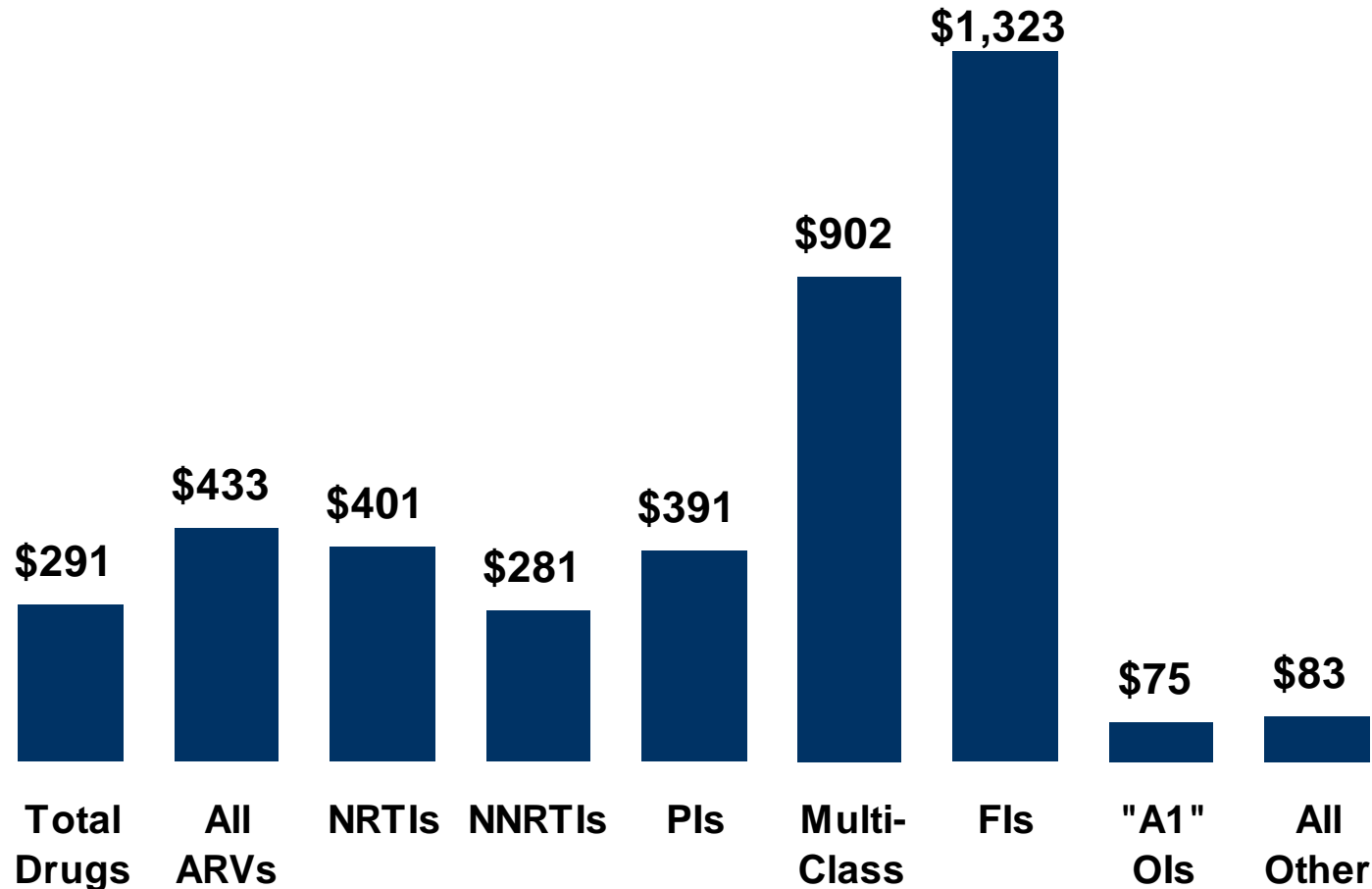
**Total = \$100.1 million
Drug Expenditures**



**Total = 344,600
Prescriptions Filled**

Note: 51 ADAPs reported data on drug expenditures; 52 ADAPs reported data on prescriptions filled.
 NRTIs = Nucleoside Reverse Transcriptase Inhibitors; NNRTIs = Non-Nucleoside Reverse Transcriptase Inhibitors; Multi-Class = Multi-Class Combination Products; "A1" OIs = Drugs recommended ("A1") for the prevention and treatment of opportunistic infections (OIs).
 Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2008.

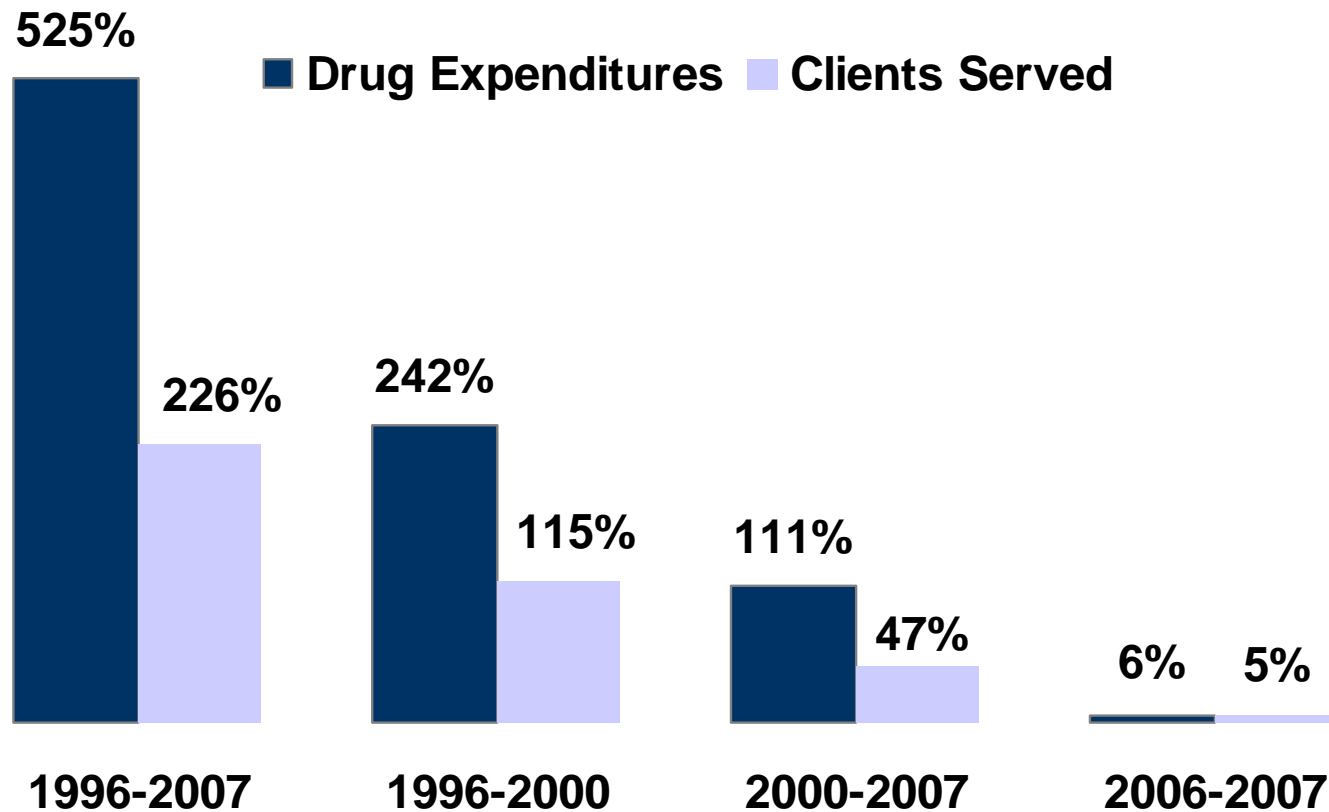
ADAP Expenditures Per Prescription, by Drug Class, June 2007



Note: 51 ADAPs reported data. ARVs = Antiretrovirals; NRTIs = Nucleoside Reverse Transcriptase Inhibitors; NNRTIs = Non-Nucleoside Reverse Transcriptase Inhibitors; PIs = Protease Inhibitors; FIs = Fusion Inhibitors; Multi-Class = Multi-Class Combination Products; "A1" Ols = Drugs recommended ("A1") for the prevention and treatment of opportunistic infections (OIs).
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2008.

Trends in ADAP Clients & Drug Expenditures, 1996-2007

(Percent Change)



Note: Drug expenditure comparisons over time based on 46 ADAPs reporting in each comparison period; clients served comparisons over time based on 47 ADAPs reporting in each comparison period.

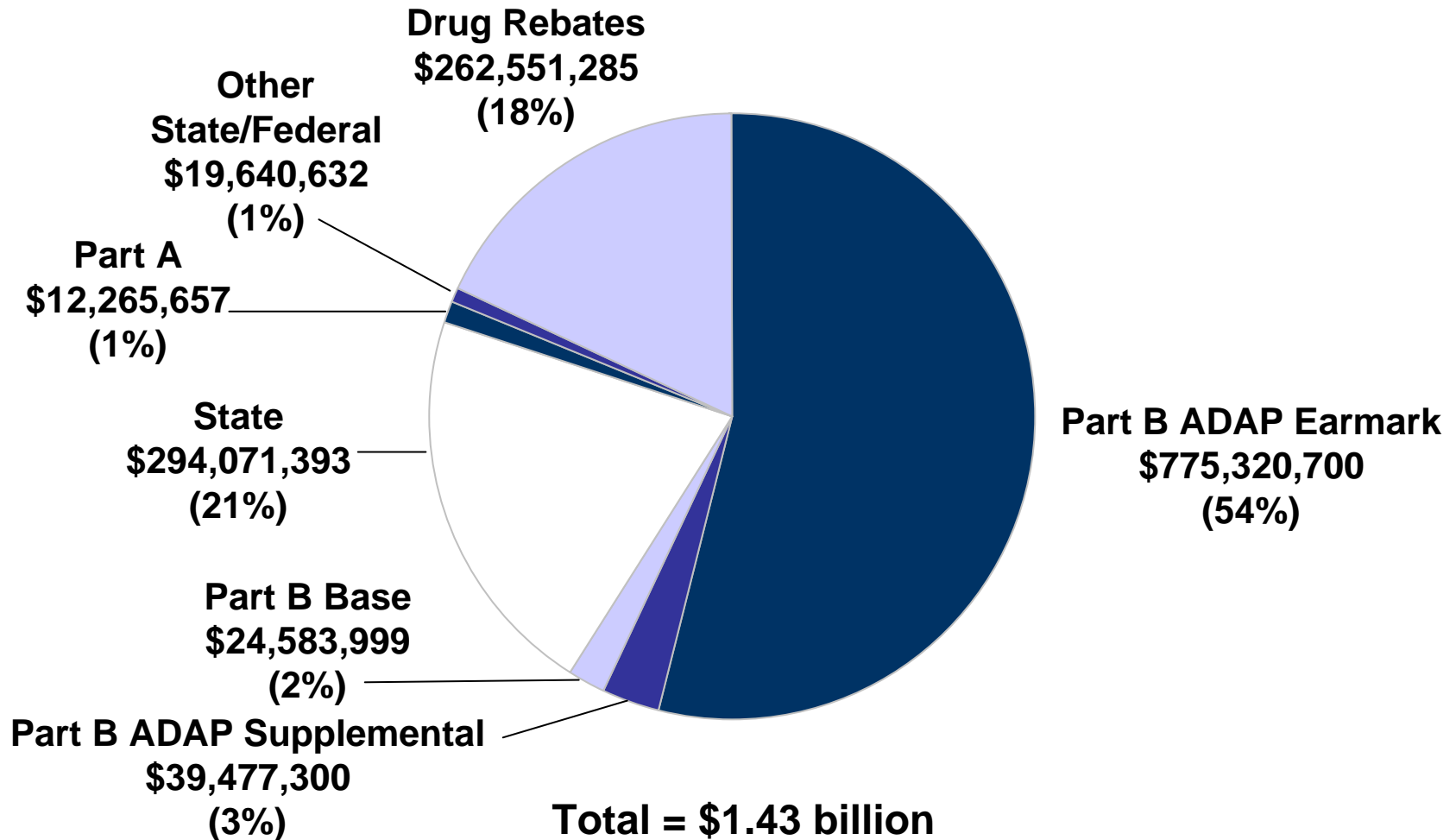
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2008.

Trends in ADAP Clients & Drug Expenditures, Continued....

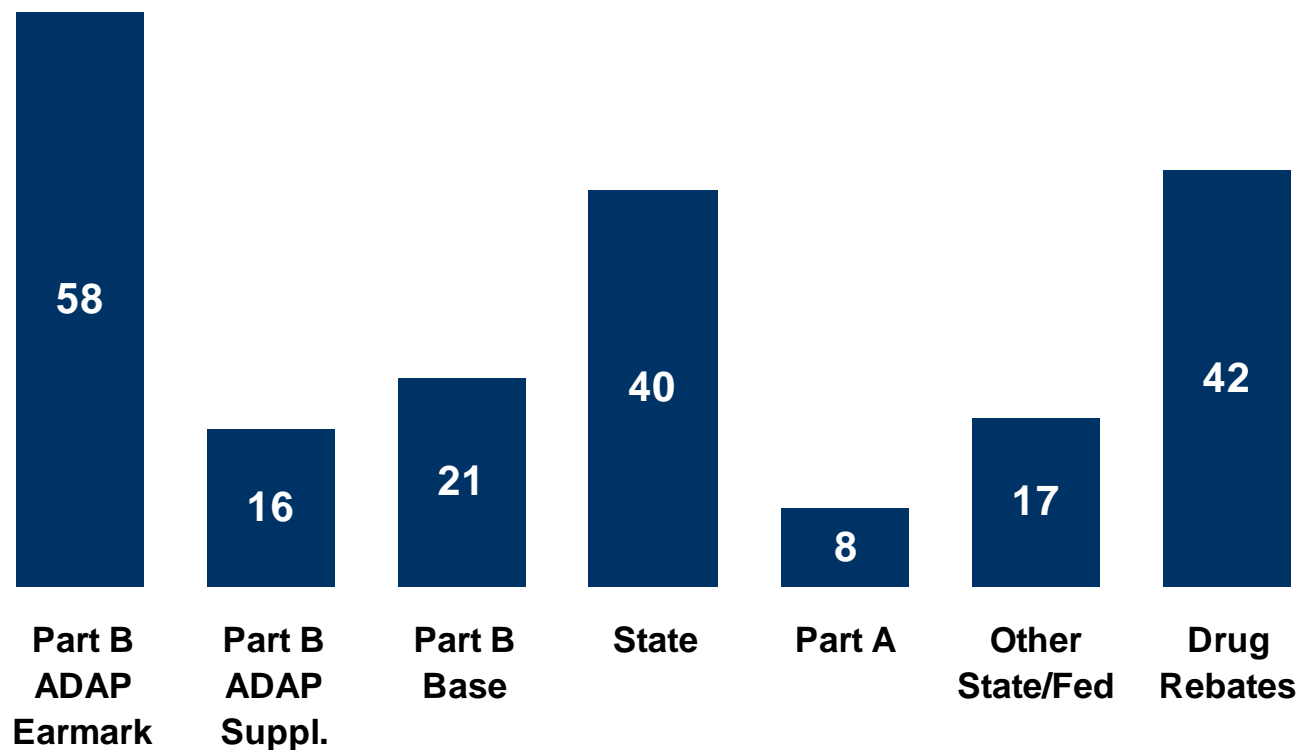
- **Overall program expansion over past decade**
- **Client enrollment up**
- **Client utilization up (number receiving medications)**
 - Increased significantly over time, but at a decreasing rate
 - Increased over last year
- **Drug expenditures up**
 - Have grown more than twice the rate of client utilization over same period, also at decreasing rate
 - Increased over last year
- **Part D Impact:** appears to have been one-time effect
 - As expected, stabilization seen in last report did not continue; reflected one-time shift to Part D, some ADAP clients have had to return, some ADAPs have accommodated new clients

The ADAP Budget

The National ADAP Budget, by Source, FY 2007



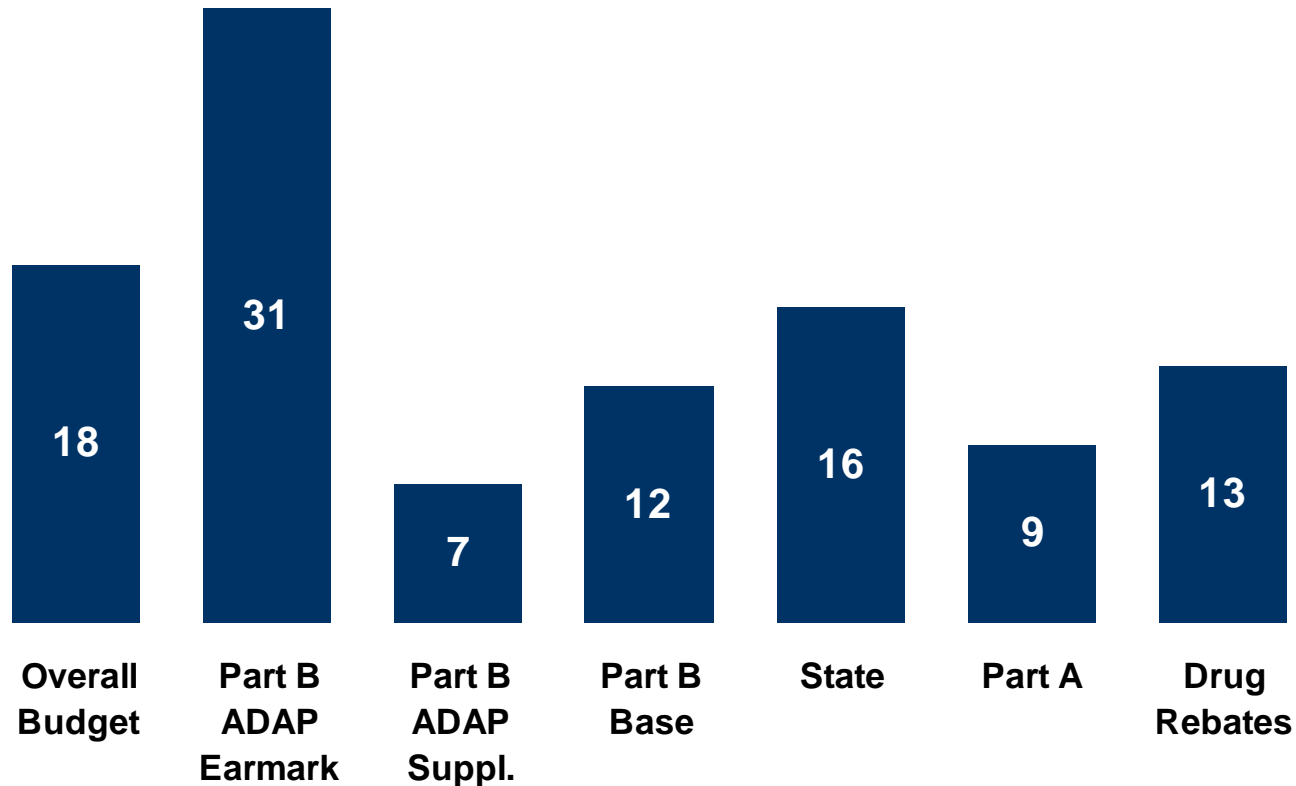
Number of ADAPs, by Budget Source, FY 2007



Notes: 53 ADAPs reported data. Part B ADAP earmark and supplemental funding data available for 58 jurisdictions.

Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2008.

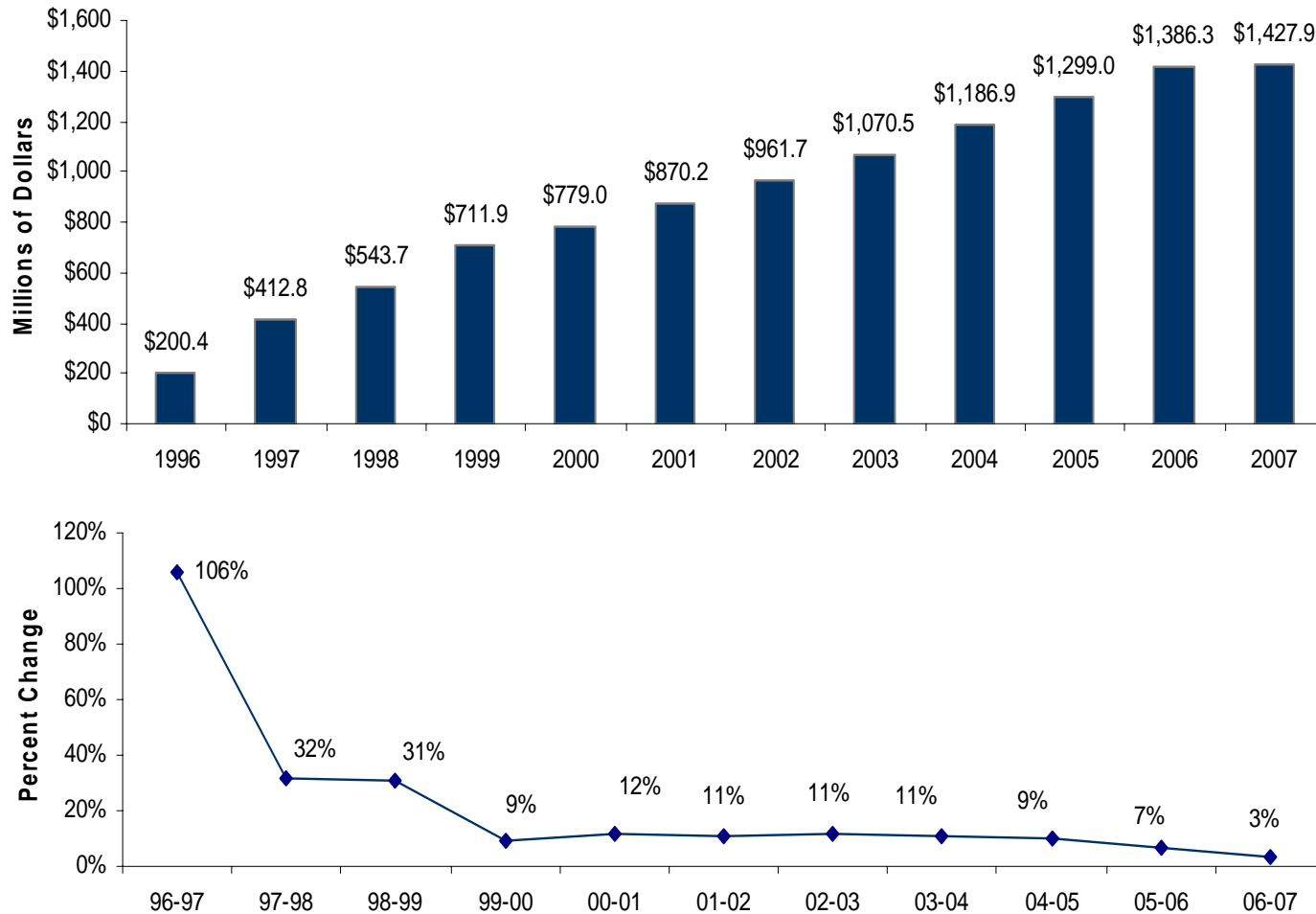
Number of ADAPs with Funding Decreases, by Budget Source, FY 2006-2007



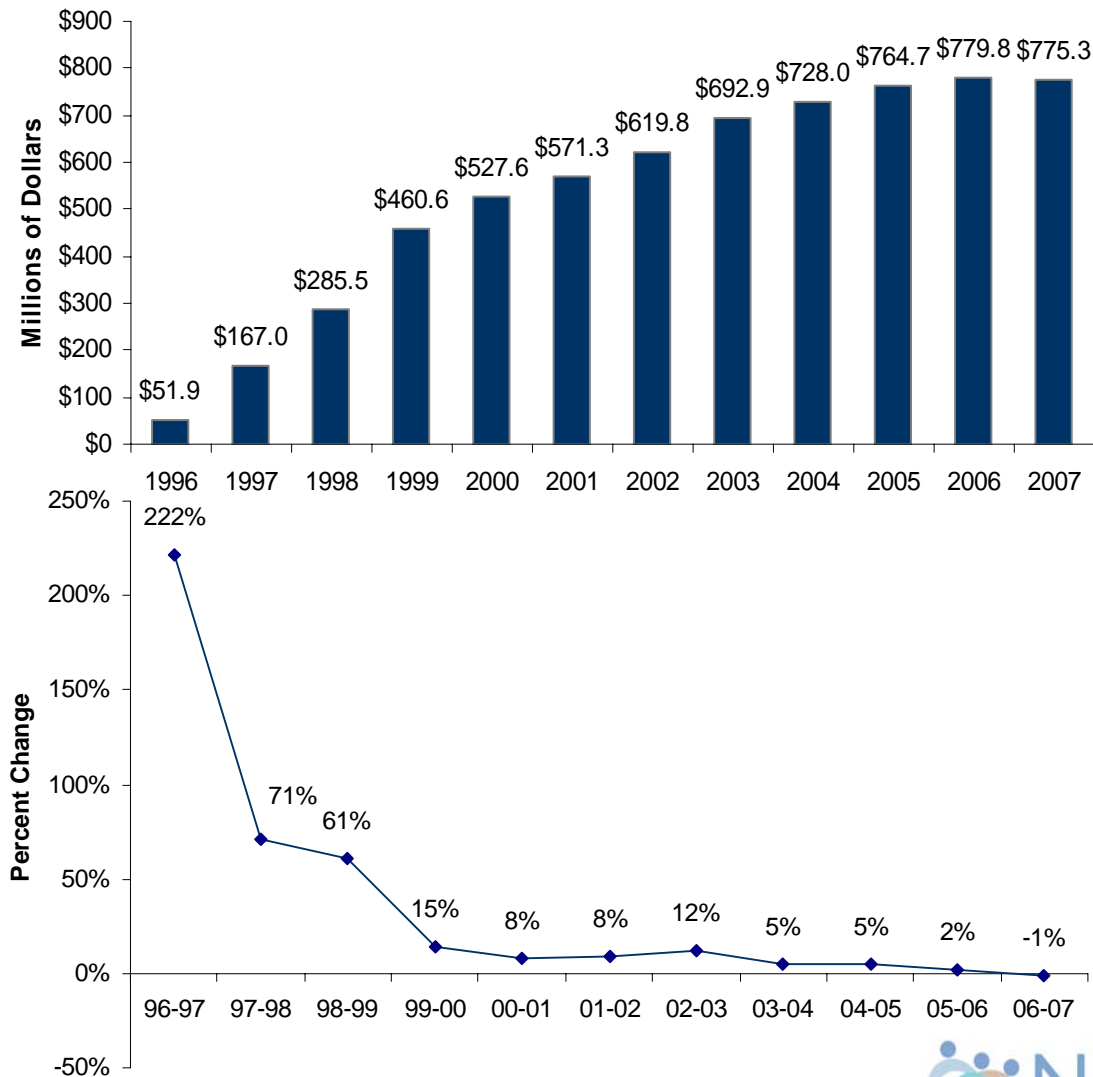
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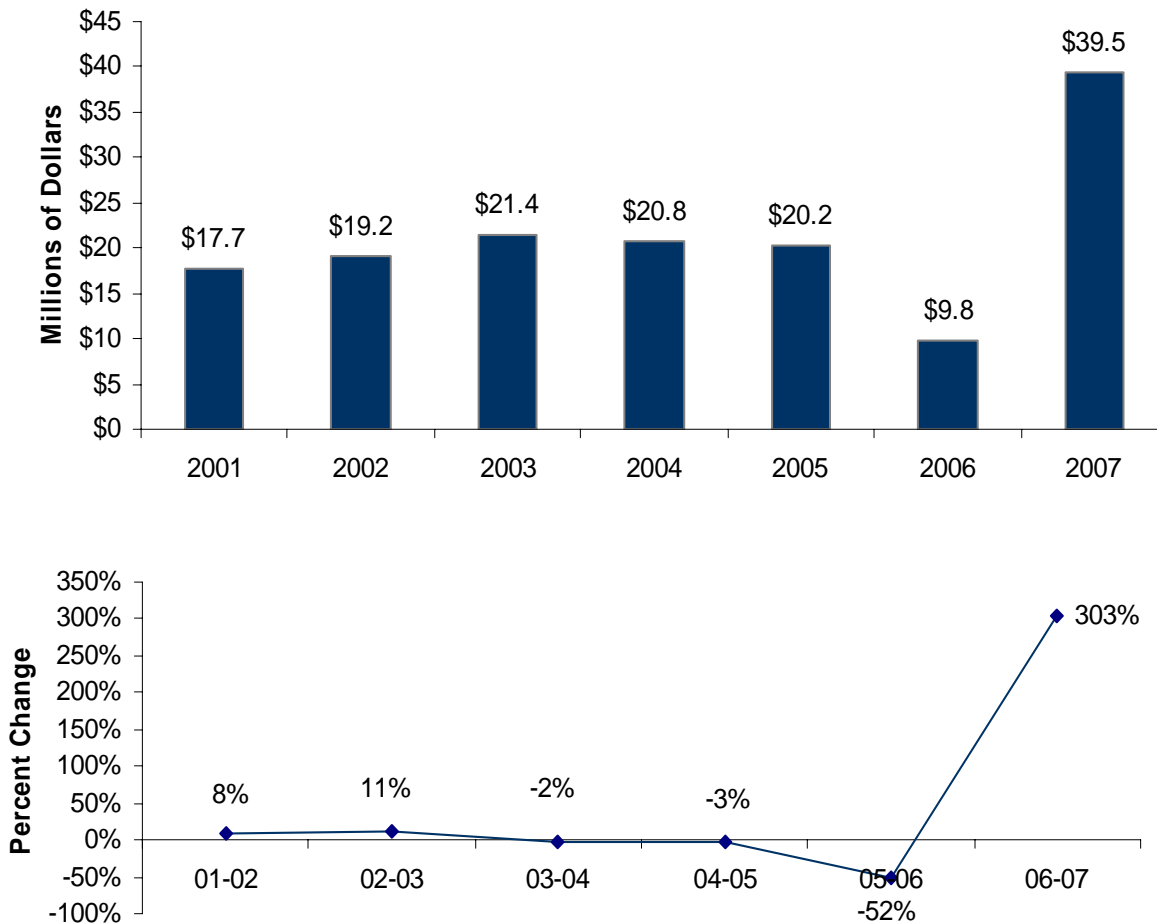
The National ADAP Budget, FY 1996-2007



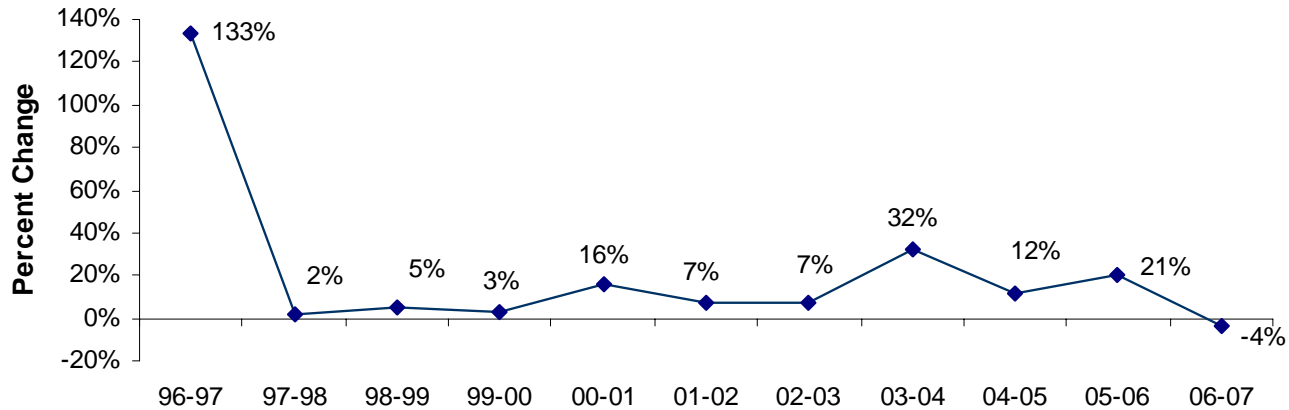
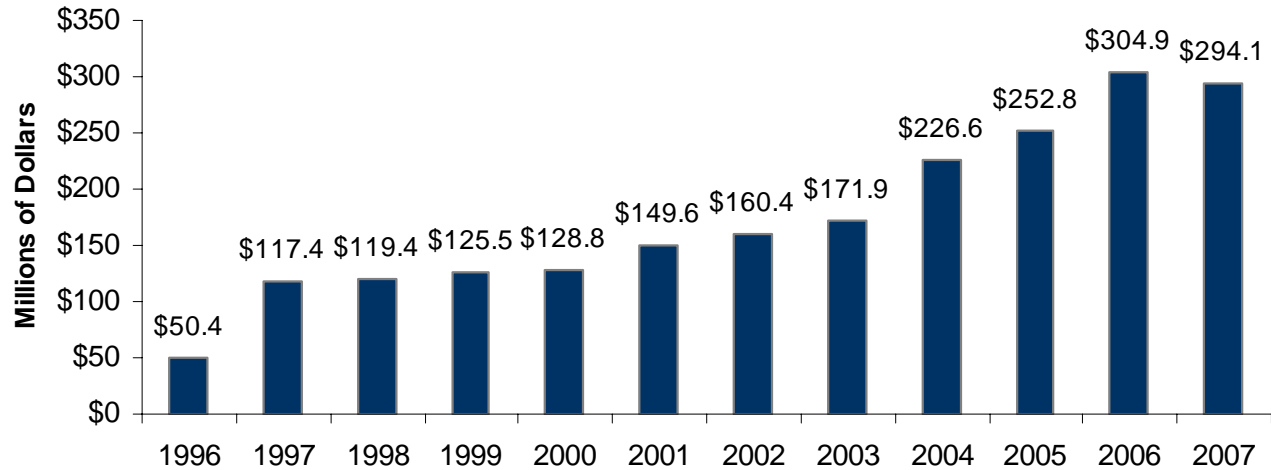
Part B ADAP Earmark Funding, FY 1996-2007



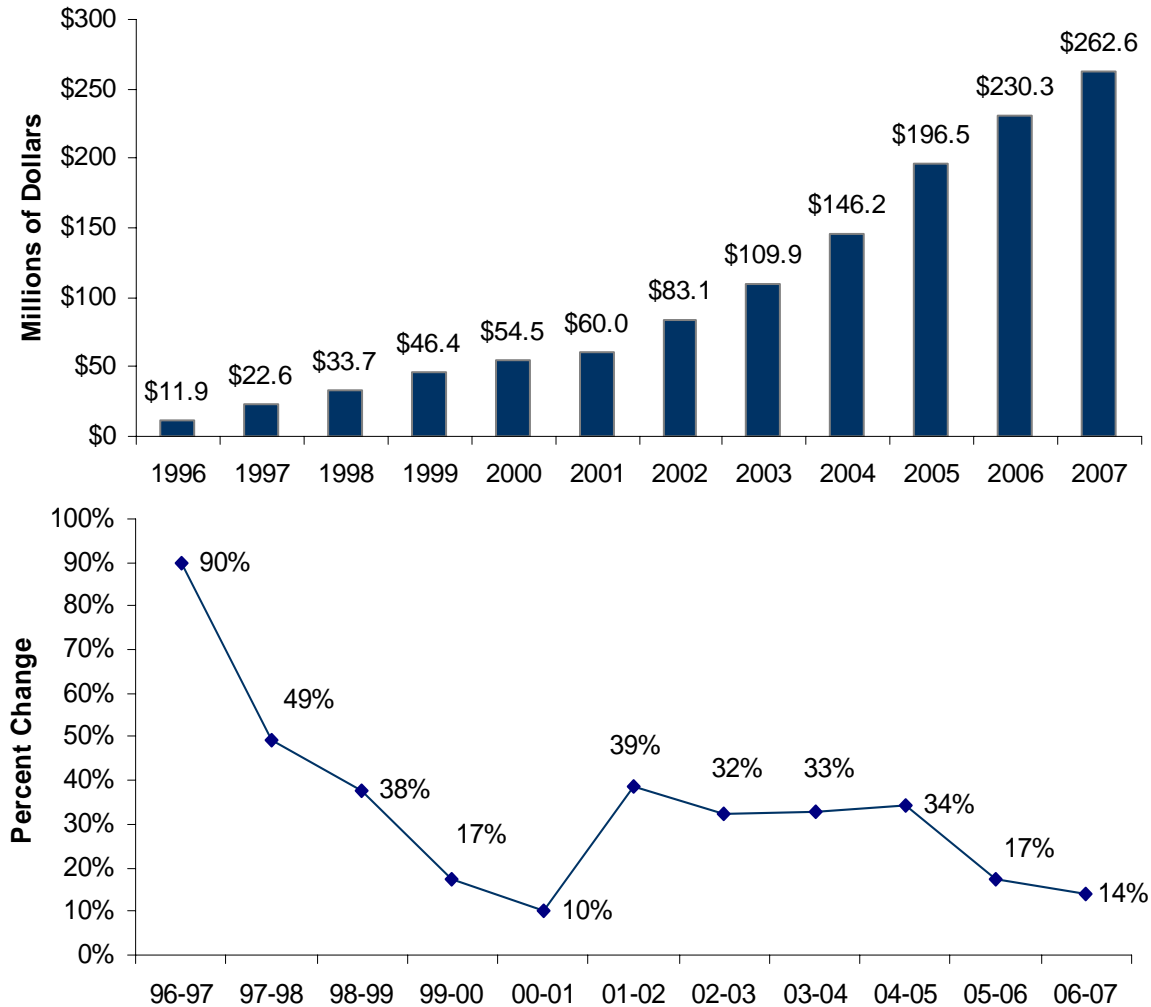
Part B ADAP Supplemental Funding, FY 2001-2007



State Funding, FY 1996-2007

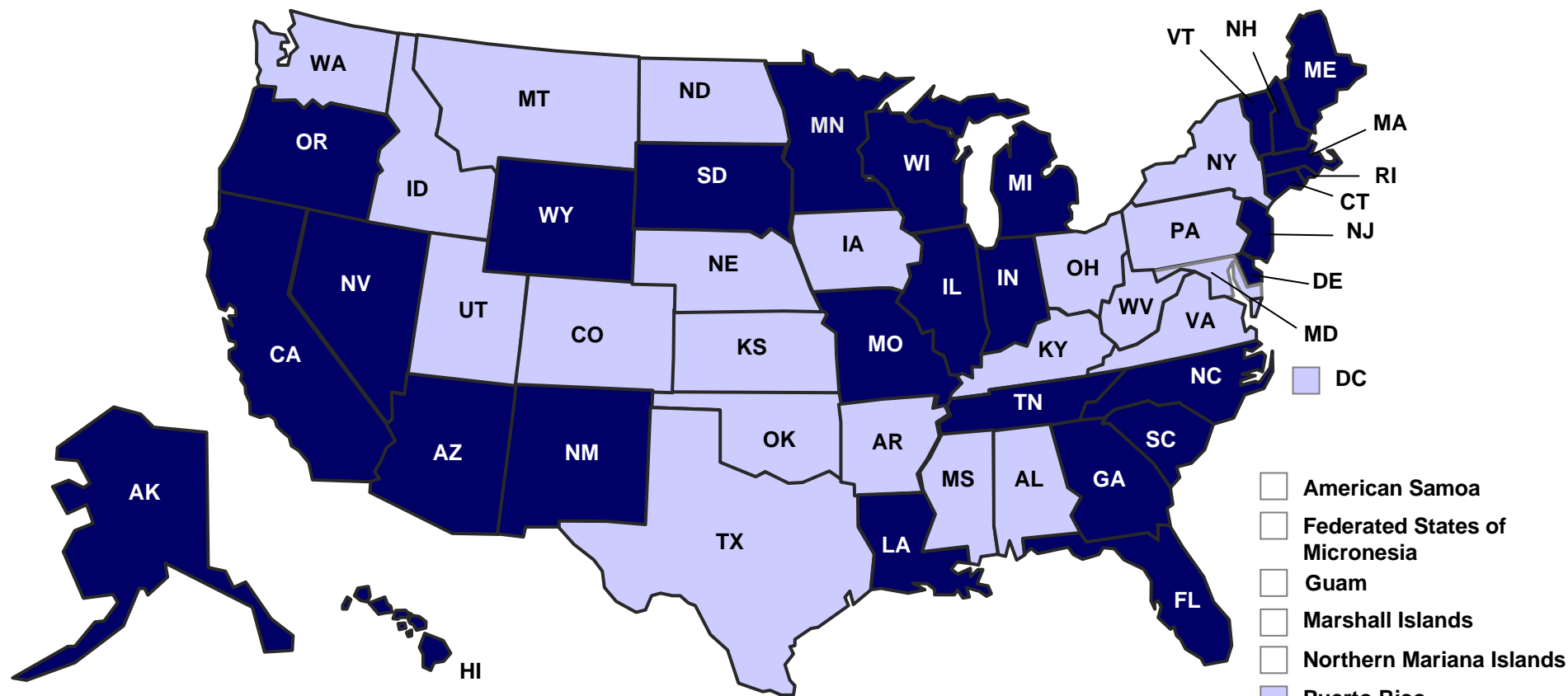


Drug Rebates, FY 1996-2007



Program Policies & Design

ADAP Formulary Coverage of Antiretroviral Drugs, December 31, 2007



■ Covers all ARVs in all drug classes: NRTIs, NNRTIs, Protease Inhibitors, Fusion Inhibitors, CCR5 Antagonists, and Integrase Inhibitors, as well as Multi-Class Combination Products (29 ADAPs)

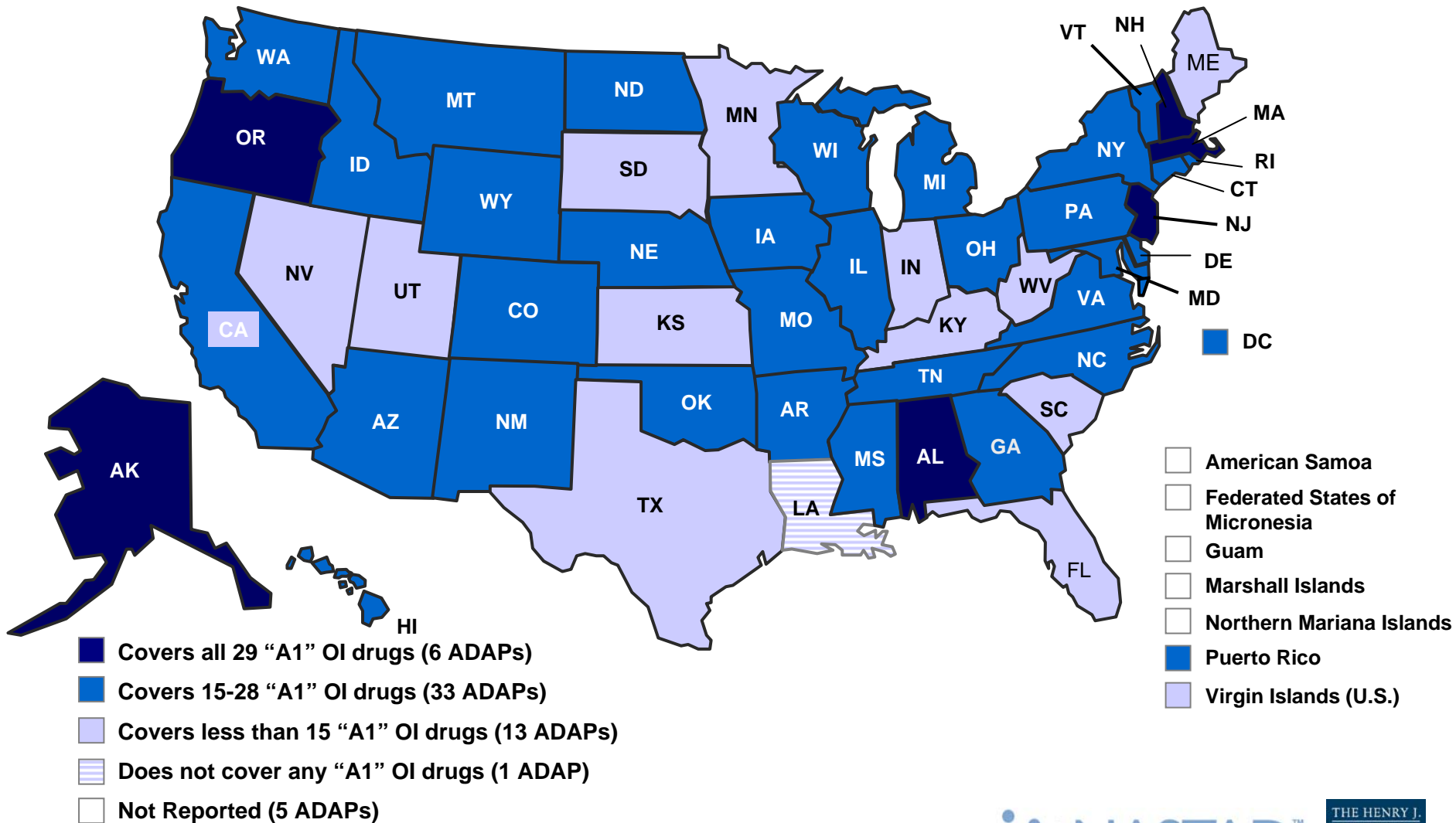
■ Does not cover all ARVs in all drug classes (24 ADAPs)

□ Not Reported (5 ADAPs)

Notes: 53 ADAPs reported data. ARVs = Antiretrovirals.

Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2008.

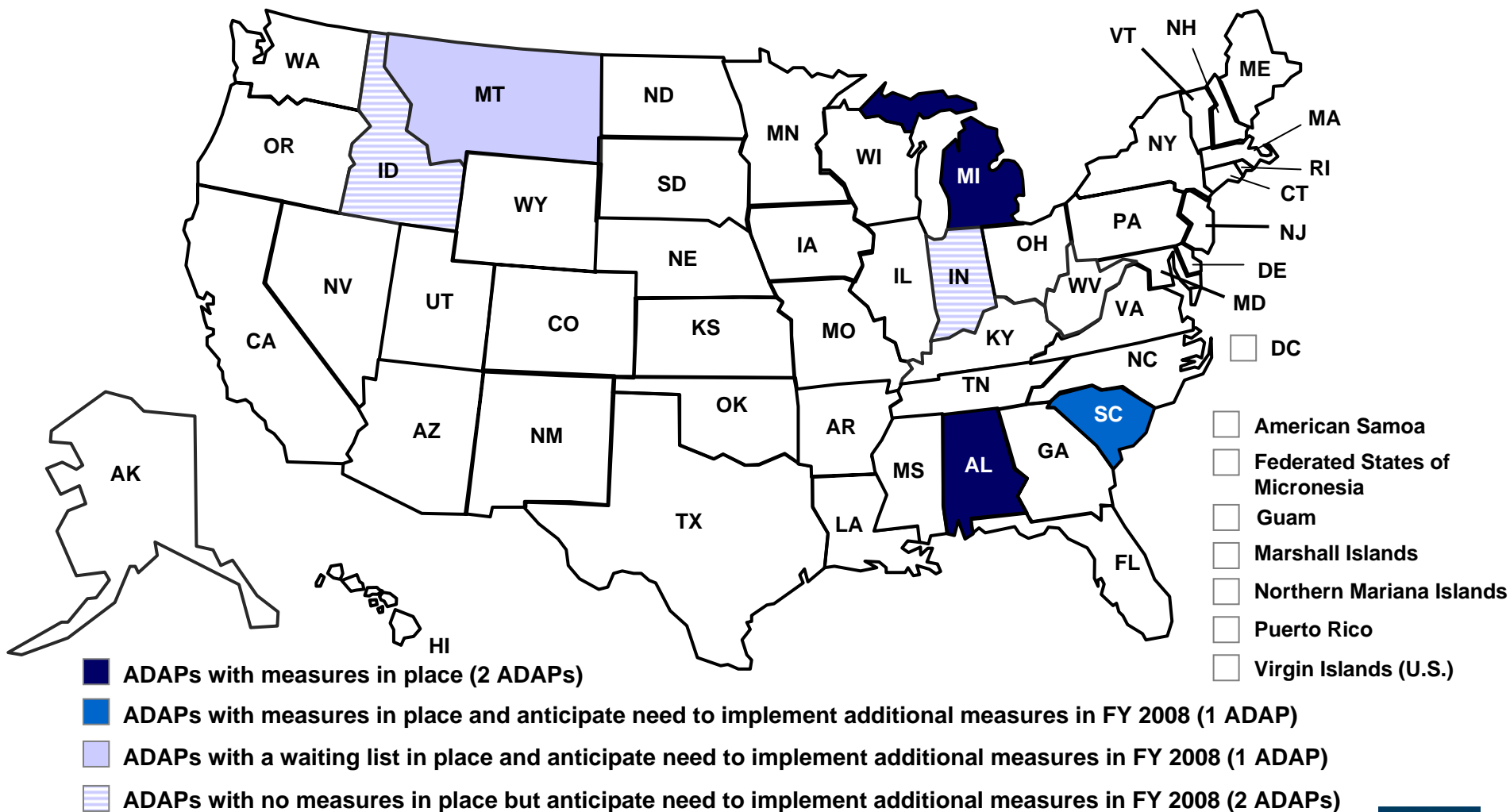
ADAP Formulary Coverage of "A1" Drugs for OIs, December 31, 2007



Notes: 53 ADAPs reported data. "A1" OIs = Drugs recommended ("A1") for the prevention and treatment of opportunistic infections (OIs).

Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2008.

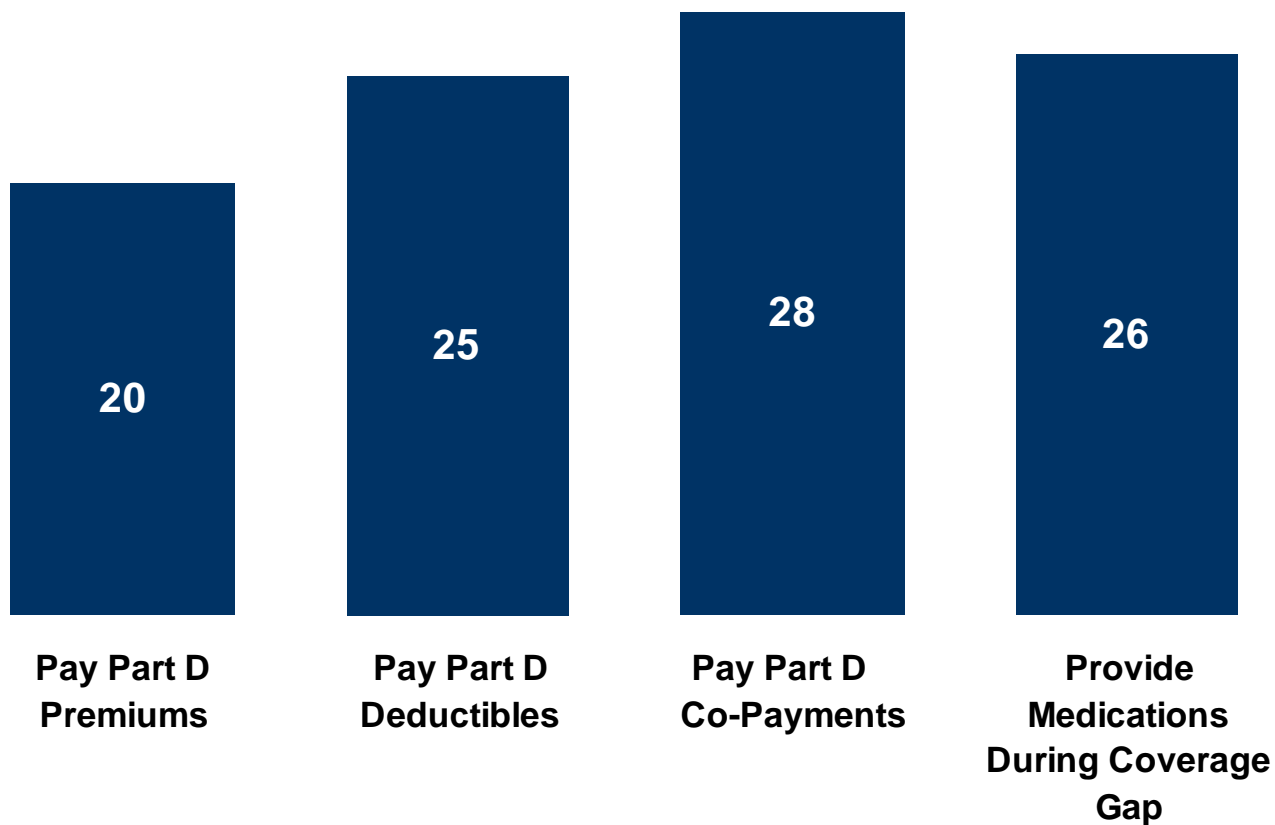
ADAPs Reporting Current or Planned Cost-Containment Measures, as of March 5, 2008



Note: 53 ADAPs reported data. Includes waiting lists.

Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2008.

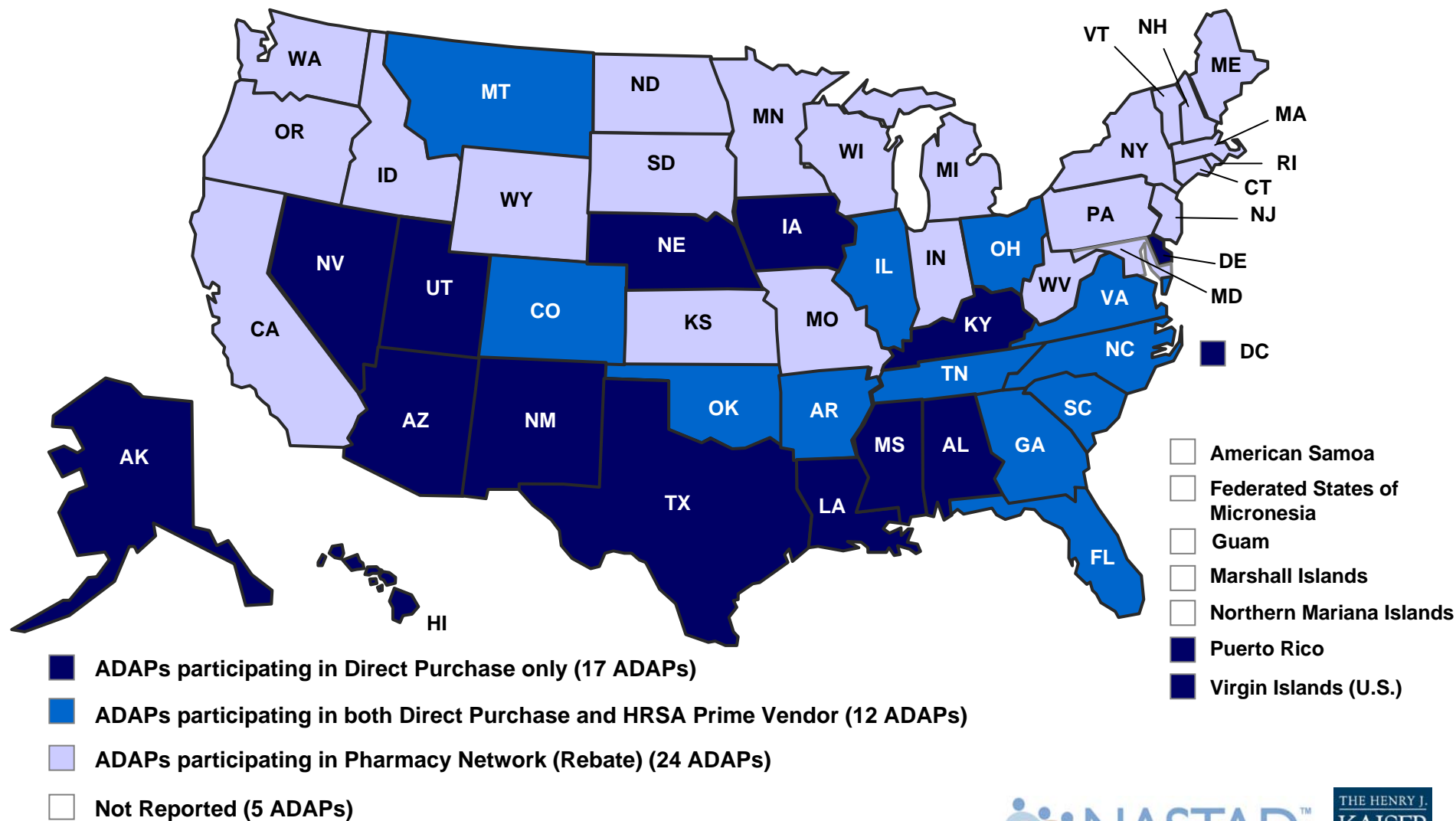
Medicare Part D: ADAP Policies, as of May 2007



Note: 38 ADAPs reported data.

Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2008.

Drug Purchasing Mechanisms, FY 2007



Notes: 53 ADAPs reported data.

Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2008.

The Outlook

- **Critical role of ADAPs will continue**
 - Growing population of people living with HIV/AIDS
 - Filling the “gap” between other programs (Medicare Part D, Medicaid)
 - If gap grows, more may turn to ADAP
- **Key areas to monitor include:**
 - **Ryan White reauthorization** impacts over time
 - **Waiting lists** – will current trend continue?
 - **Part D** – ADAP interface with Medicare Part D, role of Part D for ADAP clients
 - **State fiscal environment / economic downturn** – what will it mean for ADAPs?
 - **ADAP budget levers, predictability, stability** – future role of State funding? Drug rebates? Other sources?
 - **State and regional program variability**