



# **ADAP Watch**

June 24, 2011

## ADAPs with Waiting Lists (8,506 individuals in 13 states\*, as of June 23, 2011)

Alabama: 49 individuals
Arkansas: 46 individuals
Florida: 3,581 individuals
Georgia: 1,611 individuals
Idaho: 20 individuals
Louisiana: 807 individuals\*
Montana: 28 individuals
North Carolina: 285 individuals
Ohio: 473 individuals
South Carolina: 790 individuals

Utah: 24 individuals Virginia: 787 individuals Wyoming: 5 individuals

### ADAPs with Other Cost-containment Strategies (instituted since April 1, 2009, as of April 13, 2011)

**Arizona:** reduced formulary

Arkansas: reduced formulary, lowered financial eligibility to 200% FPL

(disenrolled 99 clients in September 2009)

Colorado: reduced formulary

Florida: reduced formulary, transitioned 5,403 clients to Welvista from 2/15-3/31/11

**Georgia:** reduced formulary, implemented medical criteria, participating in the Alternative Method Demonstration Project (AMDP)

**Idaho:** capped enrollment

Illinois: reduced formulary, instituted monthly expenditure cap (\$2,000 per client per month)

**Kentucky:** reduced formulary

Louisiana: discontinued reimbursement of laboratory assays

North Carolina: reduced formulary

North Dakota: capped enrollment, instituted annual expenditure cap.

lowered financial eligibility to 300% FPL (grandfathered in current clients above 300% FPL)

Ohio: reduced formulary, lowered financial eligibility to 300% FPL (disenrolled 257 clients in July 2010)

Puerto Rico: reduced formulary

South Carolina: lowered financial eligibility to 300% FPL (grandfathered in current clients above 300% FPL)

Utah: reduced formulary, lowered financial eligibility to 250% FPL (disenrolled 89 clients in FY2010)

Virginia: reduced formulary, transitioned 207 clients onto waiting list and PAPs,

only distributing 30-day prescription refills

Washington: instituted client cost sharing, reduced formulary (for uninsured clients only),

only paying insurance premiums for clients currently on antiretrovirals

Wyoming: reduced formulary, instituted client cost sharing

\*As a result of ADAP emergency funding, Hawaii, Idaho, Iowa, Kentucky, South Dakota, and Utah eliminated their waiting lists; Idaho reinstituted a waiting list in February 2011 and Utah reinstituted a waiting list in May 2011.

\*\*Louisiana has a capped enrollment on their program. This number represents their current unmet need.



#### ADAPs Considering New/Additional Cost-containment Measures (before March 31, 2012\*\*\*)

Alabama: reduce formulary

Colorado: institute client cost sharing, establish waiting list

Florida: lower financial eligibility Hawaii: establish waiting list

Illinois: lower financial eligibility to 300% FPL

(grandfather in current enrollees from 301 - 500% FPL), disenroll clients not accessing ADAP for 90-days

Kentucky: reduce formulary
Montana: reduce formulary
Oregon: reduce formulary
Puerto Rico: reduce formulary

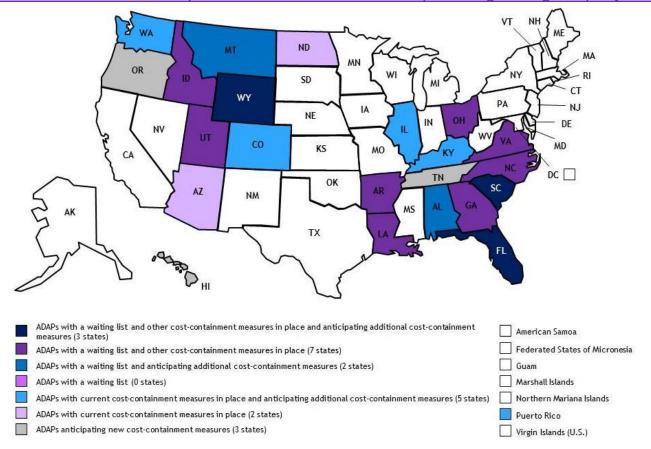
South Carolina: disenroll 200 clients based on financial eligibility

**Tennessee:** establish waiting list (as of July 1, 2011)

Washington: cap enrollment, establish waiting list, reduce formulary

Wyoming: reduce formulary

### ADAPs with Current or Anticipated Cost-Containment Measures, Including Waiting Lists, May 2011



\*\*\*March 31, 2012 is the end of ADAP FY2011. ADAP fiscal years begin April 1 and ends March 31.

NASTAD (www.NASTAD.org) is a nonprofit national alliance of state health department HIV/AIDS program directors who have programmatic responsibility for administering HIV/AIDS and viral hepatitis health care, prevention, education, and supportive services programs funded by state and federal governments. To receive *The ADAP Watch*, please e-mail Britten Pund atbpund@NASTAD.org.