



The ADAP Watch

As of May 16, 2007, a total of 529 individuals were on AIDS Drug Assistance Program (ADAP) waiting lists in four jurisdictions. In addition, three ADAPs have implemented other cost-containment measures in the two months since the ADAP fiscal year began on April 1, 2007. One ADAP also anticipates the need to implement new or additional cost-containment measures during the current ADAP fiscal year ending March 31, 2008.

In the absence of sufficient federal funding that would enable ADAPs to meet the growing demand for Highly Active Antiretroviral Therapy (HAART) and other HIV-related medications, ADAPs have been forced to limit access to medications by instituting waiting lists and other cost-containment measures. Of the four jurisdictions with ADAP waiting lists, two have had them for nearly two years. A third ADAP was forced to reduce its formulary in FY2006 in addition to maintaining an extensive and growing waiting list. The fourth ADAP recently instituted its waiting list.

The estimated need for ADAP in FY2008 is \$1 billion, an increase of \$233 million. FY2008 funding for ADAP is currently under consideration by Congress -- a \$41 million increase is included in the House bill and a \$25.4 million increase is in the Senate bill. ADAP received a \$2 million increase in FY2006 and was flat funded in FY2007. Without substantial financial support to make up for previous years of underfunding, waiting lists and other cost-containment measures will likely continue as permanent features of this critical program. Five states have indicated the need to implement a cap on medications, maintain a waiting list, lower financial eligibility, implement client cost sharing, and/or reduce the state's formulary as a result of a decrease in FY2007 funding.

In FY2007, many states did receive a significant increase in funding to their HIV primary care and support service grants (Part B base of the Ryan White Program). As a result, 12 states have indicated they will be able to enhance their programs by expanding program formularies, eliminating the need to institute a waiting list, adding additional staff members, enhancing primary health care, raising financial eligibility, increasing capacity, and removing clients from waiting lists.

ADAPs provide life-saving HIV treatments to low income, uninsured, and underinsured individuals living with HIV/AIDS in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, the Federated States of Micronesia, American Samoa, and the Republic of the Marshall Islands. Since the advent of highly active antiretroviral therapy (HAART) in 1996, AIDS deaths have declined and the number of people living with HIV/AIDS has markedly increased. ADAPs have played a critical role in making HAART more widely available.



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ADAPs with Waiting Lists (529 individuals as of May 16, 2007)

Alaska: 1 on waiting list
Montana: 22 on waiting list
Puerto Rico: 36 on waiting list
South Carolina: 470 on waiting list

ADAPs with Other Cost-containment Strategies (instituted since April 1, 2007)

Indiana: Capped enrollment
Michigan: Formulary management

Nine ADAPs also have capped enrollment for Fuzeon access and one state does not include the drug on its formulary (52 ADAPs reporting), as of May 16, 2007

Two ADAPs also have capped enrollment for Aptivus access and two states do not include the drug on their formularies (52 ADAPs reporting), as of May 16, 2007

One state does not include Prezista on its formulary (52 ADAPs reporting), as of May 16, 2007

One state does not include Atripla on its formulary (52 ADAPs reporting), as of May 16, 2007

ADAPs Anticipating New/Additional Cost-containment Measures (before March 31, 2008*)

Kentucky

** March 31, 2008 is the end of ADAP FY 2007. ADAP fiscal years begin April 1 and end March 31.*