

Obtaining Medications

To prevent delays in getting prescriptions filled, please have the client contact the local health department as soon as possible to complete the initial (and annual) eligibility and enrollment process.

Please encourage patients to contact the health department to order refills **prior to running out of their medications**. Delays may jeopardize their continued health.



Other Resources

1. Information on the Pharmaceutical Manufacturers Association Indigent Program is available at 1-800-PMA-INFO.
2. Information on experimental treatments/ clinical trials is available at 1-800-TRIALS-A.
3. Information on currently approved treatments is available at 1-800-HIV-0440.
4. Health care providers who have clinical questions may contact:

Virginia HIV/AIDS Resource and Consultation Center:

800-525-7605
804-828-2210

*The Virginia
Department of Health
is committed to providing the
latest approved medications
for HIV positive persons who
qualify.*

*We believe in working
with you
to maintain
state-of-the-art care.*

For more information about ADAP or the phone number of your local health department, please call:

**Virginia Disease Prevention
Hotline
1-800-533-4148
(Voice/TDD)**

Or visit:

**[http://www.vdh.virginia.gov/epidemiology/
DiseasePrevention/Programs/ADAP/](http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/ADAP/)**

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Virginia AIDS Drug Assistance Program (ADAP)

Information for Providers

VIRGINIA DEPARTMENT
of
HEALTH

DIVISION OF DISEASE PREVENTION
..... hiv • std • tb • Rx

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Eligibility

1. The client must have written prescriptions for medications and documentation of CD4 count and HIV viral load, including the most recent date of testing. The lab information may be documented on a prescription or a copy of the lab results may be provided.
2. Clients must have no third party insurance coverage for the prescribed medication(s).
3. The client must be ineligible for Medicaid. The local health department will use the Medicaid Referral Assessment Form to determine whether referral to Department of Social Services to submit a Medicaid application is indicated. If referred, verification of application submission must be provided within 14 days. To remain eligible for ADAP, clients must submit proof of Medicaid ineligibility within 90 days of Medicaid application.
4. Veterans (who meet all other ADAP eligibility criteria) may access covered medications through ADAP.
5. **Persons incarcerated in jails or prisons may not utilize ADAP.**
6. Yearly FAMILY income cannot exceed 300% (333% in Northern Virginia) of the federal poverty level. Clients must provide proof of income (pay stub or 1040-tax form).
7. Individuals without income must bring either a signed letter of support or evidence of employment status to the local health department. It is no longer required that this documentation be notarized.
8. ADAP eligibility must be recertified every 12 months. Clients are required to report changes in income, insurance or Medicaid/Medicare status when they occur. Failure to report changes in factors impacting eligibility may result in discontinuation of ADAP services.

9. Clients will be considered ineligible for ADAP after two documented attempts by local health department staff to obtain proof of income, insurance or Medicaid status.
10. Medicare eligibility status must be documented at intake and annually. Federal policy mandates that ADAP clients who are eligible for Medicare must enroll in the new Medicare Part D benefit.
11. Clients with incomes less than 150% of the federal poverty level (FPL) must apply for the low-income subsidy (LIS) or “extra-help” component of the Part D benefit to assist with cost sharing.
12. ADAP clients with Medicare with incomes above 150% FPL and those who do not qualify for the LIS will be allowed to remain on ADAP.
13. Medicare eligible clients who qualify for the LIS, with incomes between 135% to 150% FPL, and are unable to obtain assistance with Part D cost sharing may request an eligibility exception through the local health department. These exceptions are reviewed on a case-by-case basis.

Medication Specific Requirements

Antiretrovirals (except enfuvirtide, tipranavir and darunavir):

- CD4 count currently or previously below 500 or CD4 count over 500 but with a detectable viral load.
- New prescriptions, CD4 and viral load counts are required every 6 months for all antiretrovirals
- New ADAP clients currently on antiretroviral therapy are not required to meet the CD4 and viral load requirements for these medications. A statement documenting that the client has been receiving antiretroviral therapy and identifying the previous source of funding must be provided for consideration on an individual basis.

- HIV-infected pregnant women or newborn infants of HIV-infected mothers are eligible for antiretrovirals regardless of the CD4 or viral load.

enfuvirtide tipranavir, and darunavir
ADAP Medication Exception Form is required with the initial prescription only and must document the following criteria:

- NRTI and NNRTI experienced with
- Either a viral load greater than 400 or intolerance to current regimen and
- Prior experience with 1 or more PIs.

Opportunistic Infection (OI) Protection/Treatment

- New prescriptions, CD4 count and viral load are required every 12 months.
- PCP Prophylaxis requires a CD4 count <250 or active thrush.
- MAC Prophylaxis requires a CD4 count <100 or a current OI.
- Famciclovir : For the treatment of Herpes Zoster only.
- Prednisone: For the treatment of toxoplasmosis, pneumocystis carinii pneumonia and aphthous ulcers only.
Medication Exception Form Required.
- Rifabutin : Only available for treatment of MAC if client is unable to tolerate Zithromax. Rifabutin can be prescribed for treatment of TB.
- Voriconazole : For the treatment of fluconazole resistant candidiasis or invasive aspergillus only. **Medication Exception Form Required.**

ADAP Formulary may be viewed at:

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/ADAP/formulary.htm>