

ADAP FACT SHEET

The North Carolina AIDS Drug Assistance Program (ADAP)

Communicable Disease Branch, Division of Public Health, NC DHHS

What is the North Carolina AIDS Drug Assistance Program (ADAP)?

The North Carolina AIDS Drug Assistance Program (ADAP) uses a combination of state and federal funds to provide low-income residents of North Carolina with assistance in obtaining essential medications for treatment of HIV as well as prevention and/or treatment of related opportunistic infections and other co-morbidities.

What are the eligibility criteria for ADAP?

To be eligible for ADAP, individuals must:

- be HIV+.
- reside in North Carolina.
- have a gross family income that is equal to or less than 300 percent of the federal poverty level (FPL); see page 5 for the current Federal Poverty Guidelines.
- not have any third-party prescription drug coverage (private insurance or Medicaid) that enables them to obtain medications (other than Medicare*).
- have at least one prescription for any medication on the ADAP formulary; see pages 7-8 for the current ADAP formulary.

** Clients eligible for Medicare are required to enroll in a Medicare Prescription Drug Plan. Clients eligible for Medicare with an income at/below 150 percent FPL are required to apply for the Low Income Subsidy (LIS or Extra Help) through the Social Security Administration.*

How does someone apply for ADAP?

Applications must be submitted by an interviewer (not the applicant). The interviewer can be the applicant's medical provider, case manager, social worker or anyone else working in an official capacity on the applicant's behalf. Individuals looking for an interviewer should contact their clinician, the person in their doctor's office who handles bills and/or insurance, their HIV case manager, someone at one of NC's HIV Regional Networks, a local health department, or an AIDS service organization/agency. The applicant, with the assistance of their interviewer, will complete two forms; one to establish financial eligibility for the Program (Form 3014 – Financial Eligibility Application) and one to document their clinical information (Form 3056 – Authorization Request).

Forms 3014 and 3056 must be sent to POMCS (Purchase of Medical Care Services) with proof of income, proof of residency, proof of lab values and a copy of one prescription for a final determination of eligibility. POMCS may request additional information before making a final determination. The individual and the interviewer will receive a letter from POMCS stating whether the client was approved, denied or pended. Once a client is approved, prescriptions should be sent to the pharmacy (POMCS will not forward the prescriptions to the pharmacy).

The two application forms with instructions, the ADAP Application Manual and the RW (Ryan White) Part B/ADAP Eligibility Checklist with Instructions can be found on the ADAP website at <http://epi.publichealth.nc.gov/cd/hiv/adap.html>. Please check the ADAP website for updated versions of Form 3014 and 3056. (POMCS will not accept older versions of these forms).

Are all applicants required to provide documentation of income, residency, labs, and prescriptions?

Yes. In accordance with HRSA (Health Resources and Services Administration) guidance, all applicants are required to submit proof of income, proof of NC residency, proof of the lab values entered on Form 3056 and proof that there is a prescription for one medication on the ADAP formulary with their application to verify and document eligibility for ADAP. Applicants with no income or low income will be asked to explain how they meet their monthly living expenses and submit verification of no income or low income. Applicants with undocumented income will be required to submit an Income/Signature Card. Applicants who cannot provide an official document with their name and address (driver's license, utility bill, lease, etc.) will be required to submit a Declaration of Residency.

How often do clients on ADAP need to renew their eligibility for coverage?

All clients on ADAP must renew eligibility every six months. All clients are required to submit an application for the Winter Recertification between January 1 and March 31 every year and submit an application for the Summer Recertification between July 1 and September 30 every year. Different documentation is required during Winter Recertification and Summer Recertification; see the ADAP Application Manual for more information about what is required during the renewal periods.

What is the difference between the two renewal periods?

The Winter Recertification period starts on January 1 and ends on March 31 every year and covers clients from April 1 to September 30. The Summer Recertification period starts on July 1 and ends on September 30 every year and covers clients from October 1 to March 31. All clients must resubmit an application during both of these renewal periods. Please see the ADAP Application Manual for more information about what forms and documents are required during each renewal period.

What happens if a client misses a renewal deadline?

ADAP coverage will expire for any clients whose renewal is not approved by March 31 during Winter Recertification or September 30 during Summer Recertification. If a client's coverage expires they will not be able to access medications through ADAP until a full application is approved.

What are the two programs within ADAP?

The **A**DAP **P**harmacy **P**rogram or **APP** and the **S**tate **P**harmaceutical **A**ssistance **P**rogram or **SPAP** are the two programs within ADAP for paying for and dispensing medications. APP uses a model that requires ADAP to purchase medications from a wholesaler and distributes medications through a pharmacy network. SPAP uses a cost sharing model where SPAP clients pay their Medicare Part D premiums and then ADAP pays all their out of pocket costs for ADAP formulary medications through a Pharmacy Benefits Manager. The fundamental difference between APP and SPAP are related to how medications are paid for and which pharmacy dispenses the medications.

How do clients on APP get their medications?

Walgreens is the contracted dispensing pharmacy for APP. Walgreens will mail a thirty-day supply of medication to clients each month. Walgreens will mail medications to any verifiable address in North Carolina (medications cannot be shipped to a P.O. Box). APP prescriptions are filled at and mailed from the Walgreens Store located at 500 Fincher Street in Monroe, NC. APP clients also have the option of picking up their medications at one of twelve Walgreens locations. Clients or providers should call Walgreens to make arrangements to pick up medications at one of these locations (See page 5 for a list of Walgreens locations where clients can pick up medications).

Can someone on Medicare apply for ADAP?

Yes. Clients with Medicare Part D coverage are served through SPAP. *In order to be considered for the program, clients eligible for Medicare Part D are required to enroll in, and pay the premiums for, a Medicare Part D plan.* Once the client is approved for ADAP and their Medicare Part D coverage has been confirmed, they will be moved onto SPAP. Clients may be eligible for the Low Income Subsidy (LIS), also known as “extra help” to help pay Medicare Part D Premiums and related out of pocket costs. All applicants with Medicare Part D coverage and income at or below 150 percent of the federal poverty level are required to apply for the LIS. For more information about LIS or “extra help” visit www.ssa.gov.

How does SPAP work?

SPAP is the program within ADAP for clients who have Medicare Part D coverage. Clients on SPAP pay their Medicare Part D premiums and SPAP pays their out of pocket costs for all medications on the ADAP formulary (copayments and all payments in the ‘donut hole’). When a client on SPAP fills a prescription for a medication on the ADAP formulary, the pharmacy will bill their Medicare Part D plan as the primary payer and ADAP as the secondary payer. The client will not incur any expenses for these dispenses. *All ADAP clients who are eligible for Medicare Part D must enroll in a Medicare Part D plan and pay the plan premiums.*

Is there any cost to clients on APP or SPAP?

There is no cost to individuals on APP or SPAP for medications on the formulary. *All clients are responsible for the cost of medications that are not on the formulary. Clients who are eligible for Medicare Part D are required to enroll in a Part D plan and are responsible for plan premiums.*

How do clients on SPAP get their medications?

Ramsell is the contracted Pharmacy Benefits Manager for SPAP. The SPAP pharmacy network currently includes only Walgreens locations in NC. Walgreens will mail a thirty-day supply of medication to clients each month. Walgreens will mail medications to any verifiable address in North Carolina (medications cannot be shipped to a P.O. Box).

SPAP prescriptions mailed by Walgreens are filled at and mailed from the Walgreens Store located at 4701 South Boulevard in Charlotte, NC. SPAP clients also have the option of picking up their medications at one of twelve Walgreens locations. Clients or providers should call Walgreens to make arrangements to pick up medications at one of these locations (See page 5 for a list of Walgreens locations where clients can pick up medications).

How can clients get their medications if they are away from home?

Clients should notify the pharmacy in advance if they need their medications sent somewhere other than their home. Walgreens can mail medications to any verifiable address in North Carolina (medications cannot be shipped to a P.O. Box). Walgreens can also mail medications to a verifiable address in another state if the ADAP office approves a delivery exception (the maximum allowed is 90 days per authorization period). Clients cannot receive medications if they are out of the country. Clients can fill prescriptions early if the ADAP office approves a delivery exception (the maximum allowed is 90 days per six month coverage period).

Can someone in jail receive services from ADAP?

Individuals in a local detention center (county jail) may be eligible for ADAP. Individuals in State or Federal prisons are not eligible for ADAP. Individuals who are housed in or detained by a local detention center but are in custody of the state or federal system (NC DOC, ICE, US Marshalls, etc.) are not eligible for ADAP. New applicants and existing clients in local detention centers will be evaluated on a case by case basis by the ADAP office based on a variety of factors. The local detention center will need to document that the facility is unable to pay for medications and the staff is willing to coordinate medication delivery logistics with the pharmacy before an individual can be served by ADAP.

APP and SPAP Walgreens Locations

Store #9458 841 Merrimon Ave. Asheville, NC 28804 P (828) 225-5113 F (828) 225-5103	Store #5761* 4701 South Blvd. Charlotte, NC 28217 P (704) 523-3227 F (704) 523-8468	Store #11396 2200 W. Sugar Creek Rd. Charlotte, NC 28262 P (704) 494-4878 F (704) 494-8407
Store #11423 108 E. Franklin St. Chapel Hill, NC 27514 P (919) 918-3801 F (919) 918-4457	Store #7317 6405 Fayetteville St. Durham, NC 27713 P (919) 544-6430 F (919) 544-6395	Store #7805 3296 Village Dr. Fayetteville, NC 28304 P (910) 433-4681 F (910) 433-2892
Store #12283 300 E. Cornwallis Dr. Greensboro, NC 27408 P (336) 275-9471 F (336) 275-9477	Store #6579 671 S. Memorial Dr. Greenville, NC 27834 P (252) 754-2099 F (252) 754-2774	Store #7549 4408 New Bern Ave. Raleigh, NC 27610 P (919) 231-6419 F (919) 231-7568
Store #1319 2130 S. 17th St. Wilmington, NC 28401 P (910) 343-2988 F (910) 343-2950	Store #11202 1712 S. Stratford Rd. Winston-Salem, NC 27103 P (336) 765-2967 F (336) 765-5378	Store #11692** 500 Fincher Street Monroe, NC 28112 P (704) 225-9010 F (704) 225-7179

All clients (APP and SPAP) can pick up medications at any of these stores but arrangements should be made in advance by calling Walgreens at 1-800-573-3602 (Client Line) or 1-888-516-8003 (Healthcare Professional Line).

* All SPAP prescriptions delivered by mail will come from Store #5761.

** All APP prescriptions delivered by mail will come from Store #11692.

Family Size/Federal Poverty Guidelines (\$) 2014									
	1	2	3	4	5	6	7	8	Each add. Person
100%	\$11,670	\$15,730	\$19,790	\$23,850	\$27,910	\$31,970	\$36,030	\$40,090	4,060
125%	\$14,588	\$19,663	\$24,738	\$29,813	\$34,888	\$39,963	\$45,038	\$50,113	5,075
150%	\$17,505	\$23,595	\$29,685	\$35,775	\$41,865	\$47,955	\$54,045	\$60,135	6,090
200%	\$23,340	\$31,460	\$39,580	\$47,700	\$55,820	\$63,940	\$72,060	\$80,180	8,120
250%	\$29,175	\$39,325	\$49,475	\$59,625	\$69,775	\$79,925	\$90,075	\$100,225	10,150
300%	\$35,010	\$47,190	\$59,370	\$71,550	\$83,730	\$95,910	\$108,090	\$120,270	12,180

SOURCE: Federal Register, January 22, 2014

How can someone get in touch with program staff or get more information?

- ADAP Website: <http://epi.publichealth.nc.gov/cd/hiv/adap.html>
- ADAP Client Hotline:
 - In State (Toll Free): 1-877-466-2232
 - Out of State: 919-733-9161
- John Furnari, ADAP Coordinator:
 - (919) 733-9576, or john.furnari@dhhs.nc.gov
- Trisha Hailperin, Assistant ADAP Coordinator:
 - (919) 715-3688 or trisha.hailperin@dhhs.nc.gov
- Debra Bost, ADAP Public Health Program Consultant:
 - (919) 733-9556 or debra.bost@dhhs.nc.gov
- Eleana Sessoms, Public Health Consultant/SPAP Project Manager:
 - (919) 715-1664 or eleana.sessoms@dhhs.nc.gov
- Jasmine Bullard, Public Health Consultant:
 - (919) 733-9161 or jasmine.bullard@dhhs.nc.gov
- Iris Girard, ADAP Processing Assistant:
 - (919) 715-7301 or iris.girard@dhhs.nc.gov
- POMCS (applications are processed by the client's last name alphabetically):
 - Sue Harrington, Supervisor: (919) 855-3652
 - Mike Benson: (919) 855-3666 Letters: A, D, L, M, P, R, V
 - Mary Hardin: (919) 855-3670 Letters: C, E, F, J, K, N, O, Q, S, U, Y, Z
 - Glenys Spencer: (919) 855-3665 Letters: B, G, H, I, T, W
 - POMCS Address: 1907 Mail Service Center; Raleigh NC 27699-1907
All Applications (New clients, Winter Recertification, Summer Recertification) must be sent by mail.
 - POMCS Fax Number: (919) 715-5221
Do not fax applications unless instructed to do so. Only items requested by POMCS for pending applications should be faxed.
- Walgreens:
 - Client Line 1-800-573-3602
 - Healthcare Professionals Line 1-888-516-8003
- Ramsell Help Desk
 - Help1-888-311-7632
- Information about Medicare Part D and the Low Income Subsidy (LIS)
 - Medicare: www.medicare.gov or 1-800-633-4227
 - Social Security: www.ssa.gov or 1-800-772-1213
 - Seniors' Health Insurance Information Program (SHIIP):
www.ncdoi.com/SHIIP/Default.aspx or 1-800-443-9354

ADAP Formulary

Tier 1 - Antiretroviral Medications - *Brand (Generic):*

Aptivus (Tipranavir)	Rescriptor (Delavirdine)
Atripla (Efavirenz, Emtricitabine, Tenofovir)	Retrovir (Zidovudine)
Combivir (Lamivudine, Zidovudine)	Reyataz (Atazanavir Sulfate)
Complera (Emtricitabine, Rilpivirine, Tenofovir)	Selzentry (Maraviroc)
Crixivan (Indinavir)	Stribild (Cobicistat, Elvitegravir, Emtricitabine, Tenofovir)
Edurant (Rilpivirine)	Sustiva (Efavirenz)
Emtriva (Emtricitabine)	Tivicay (dolutegravir)
Epivir (Lamivudine 3TC)	Triumeq (Abacavir, Dolutegravir, Lamivudine)
Epzicom (Abacavir, Lamivudine)	Trizivir (Abacavir, Lamivudine, Zidovudine)
Fuzeon (Enfuvirtide)	Truvada (Emtricitabine, Tenofovir)
Intelence (Etravirine)	Videx (Didanosine ddl)
Invirase (Saquinavir)	Viracept (Nelfinavir)
Isentress (Raltegravir)	Viramune, Viramune XR (Nevirapine)
Kaletra (Lopinavir, Ritonavir)	Viread (Tenofovir)
Lexiva (Fosamprenavir)	Zerit (Stavudine d4T)
Norvir (Ritonavir)	Ziagen (Abacavir)
Prezista (Darunavir)	

Tier 1A - *Brand (Generic):*

Ancobon (Flucytosine)	Pegasys (Peginterferon alfa 2a)
Bactrim, Septra, Cotrim, Sulfatrim (Sulfadiazine Sulfamethoxazole/trimethoprim)	Peg-Intron (Peginterferon alfa 2b)
Biaxin (Clarithromycin)	Prednisone
Cleocin (Clindamycin)	Probenecid (Probenecid)
Cytovene (Ganciclovir)	PZA (Pyrazinamide)
Daraprim (Pyrimethamine)	Rifadin, Rimactane (Rifampin)
Diflucan (Fluconazole)	Sporanox (Itraconazole)
Famvir (Famciclovir)	Valcyte (Valganciclovir)
Foscavir (Foscarnet)	Valtrex (Valacyclovir)
Fungizone (Amphotericin B)	Virazole, Rebetol, Copegus (Ribavirin)
Myambutol (Ethambutol)	Vistide (Cidofovir)
Mycobutin (Rifabutin)	Wellcovorin (Leucovorin)
Mycostatin, Nilstat (Nystatin)	Zithromax (Azithromycin)
NebuPent, Pentam (Pentamidine)	Zovirax (Acyclovir)
Nydrazid (Isoniazid, INH)	

If available, generic medications are dispensed. The above brand names are only examples of those products available, and are neither recommended nor required.

Tier 1B - Brand (Generic):

Avelox B (Moxifloxacin)	Levaquin (Levofloxacin)
Aventyl, Pamelor (Nortriptyline)	Lomotil (Diphenoxylate w/atropine)
Cipro (Ciprofloxacin)	Marinol (Dronabinol)
Compazine (Prochlorperazine)	Megace (Megestrol)
Creon (Pancrelipase)	Mepron (Atovaquone)
Dapsone (Dapsone, DDS)	Minocin, Dynacin (Minocycline)
Desyrel, Oleptro (Trazodone)	Neupogen (Filgrastim)
Dilantin (Phenytoin)	Neurontin (Gabapentin)
Doryx, Vibramycin, Vibra-Tabs (Doxycycline hyclate)	Nizoral (Ketoconazole)
Elavil (Amitriptyline)	Phenergan (Promethazine)
Epogen, Procrit (Erythropoietin)	Prevacid (Lansoprazole)
Flagyl (Metronidazole)	Prilosec (Omeprazole)
Humatin (Paromomycin)	Primaquine (Primaquine)
Hydrea (Hydroxyurea)	Prozac (Fluoxetine)
Imodium (Loperamide)	Remeron (Mirtazapine)
Keppra (Levetiracetam)	Zofran (Ondansetron Hydrochloride)

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Tier 2 - Brand (Generic):

Androgel, Testim Androderm (Testosterone)	Lotensin (Benazepril)
Aldara, Zyclara (Imiquimod)	Luminal (Phenobarbital)
Amoxil (Amoxicillin)	Lyrica (Pregabalin)
Baraclude (Entecavir)	Mevacor, Altoprev (Lovastatin)
Bicillin LA (Penicillin G Benzathine)	Mycelex, Canesten, Lotrimin, (Clotrimazole)
Calan, Isoptin (Verapamil)	Norvasc (Amlodipine)
Catapres (Clonidine)	Paxil (Paroxetine)
Celexa (Citalopram Hydrobromide)	Pravachol (Pravastatin)
Chantix B (Varenicline)	Prinzide, Zestoretic (Lisinopril HCTZ)
Crestor (Rosuvastatin)	Reglan (Metoclopramide)
Depakote (Divalproex)	Sinequan (Doxepin)
Effexor, Effexor XR (Venlafaxine)	Tamiflu (Oseltamivir Phosphate)
Fulyzaq (Crofelemer)	Tegretol, Carbatrol (Carbamazepine)
Glucophage, Glumetza, Riomet (Metformin)	Tenormin (Atenolol)
HCTZ (Hydrochlorothiazide)	Tricor, Lofibra (Fenofibrate)
Hepsera (Adefovir)	Trilipix (Fenofibric Acid)
Infergen (Interferon Alfacon-1)	Vasotec (Enalapril Maleate)
Intron A (Interferon Alfa-2a)	Veetids, V-Cillin-K (Penicillin VK)
Keflex (Cephalexin Monohydrate)	Wellbutrin (Bupropion HCL)
Lexapro (Escitalopram)	Zestril, Prinivil (Lisinopril)
Lipitor (Atorvastatin Calcium)	Zetia (Ezetimibe)
Lopid (Gemfibrozil)	Zoloft (Sertraline)
Lopressor, Toprol (Metoprolol)	

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