

FACT SHEET: The North Carolina AIDS Drug Assistance/HIV Medications Program (ADAP) HIV/STD Prevention and Care 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), also known as the HIV Medications Program, uses a combination of State and federal funds to provide low-income residents of the State with assistance in obtaining essential, life-sustaining medications to fight HIV/AIDS and the opportunistic infections which often accompany the disease. The Program purchases the medications in bulk from a pharmaceutical wholesaler, and a central pharmacy dispenses and sends the prescriptions for each client to the client's designated address.

Who is eligible to participate in the Program?

In order for someone to be eligible for ADAP, the individual must:

- Be HIV+ (have HIV disease or AIDS);
- Reside in North Carolina;
- Have a gross family income that is at or below 250% of the federal poverty level (see the back of this page for the current FPL for various family sizes);
- Not have any other third-party coverage* (e.g., private insurance, Medicaid or Medicare) that enables them to obtain their medications; and,
- Have a (or several) prescription(s) for anti-retroviral and other medications that are included in the ADAP formulary (list of drugs that the Program will pay for) – (The medications provided under this Program are primarily those related to the diagnosis/treatment of HIV disease/AIDS - see the back of this page for the current ADAP formulary)

* *There may be some circumstances in which exceptions will be considered; please contact the ADAP Program (see below).*

How does someone apply to and get into the Program?

An individual who wants to apply for ADAP coverage should talk to their clinician or the person in the office who handles bills and/or insurance, their HIV case manager, or someone at one of NC's HIV Care Consortia, at any local/public health department, or at an AIDS service organization/agency. The applicant, with the assistance of these individuals, will complete two forms; one to establish that the individual qualifies financially for the Program and one to document their HIV+ status, their need for medications provided under this Program and a mailing/delivery address for the medications. These two forms are then sent to the Office of Purchase of Medical Care Services for a final determination of eligibility. The individual and their "case manager" will be advised if the applicant is eligible for and if they have been enrolled in the Program by return mail. Prescription information may either be captured on the central pharmacy's enrollment form and faxed to the central pharmacy or the actual prescriptions may be mailed to the central pharmacy. These three forms, along with the POMCS provider/instruction manual can be found and downloaded at <http://www.epi.state.nc.us/epi/hiv/adap.html>

Is there any cost to the individual?

There is no cost to the individual covered under this Program for the drugs that are on the Program's formulary. The individual is responsible for the cost of other drugs that they receive which are not covered by the Program.

How does someone get more information about the HIV Medications Program?

For more information about the HIV Medications Program, please go to <http://www.epi.state.nc.us/epi/hiv/adap.html>, or you may contact:

- Steve Sherman – Coordinator, NC AIDS Drug Assistance/HIV Medications Program (ADAP), HIV/STD Prevention and Care Branch – (919) 715-3111 or steve.sherman@ncmail.net
- Sally Kohls – Nurse Consultant, ADAP, HIV/STD Prevention and Care Branch – (919) 733-9602 or sally.kohls@ncmail.net
- Purchase of Medical Care Services (applications are processed by the client's last name alphabetically) -
 - (A-D, O) - Toni Wallace - (919) 855-3668
 - (R-T, V, W) - Glenys Spencer - (919) 855-3665
 - (F-L) - Mike Benson - (919) 855-3666
 - (E, I, M, N, P, Q, U, X-Z) - Febby Manuel – (919) 855-3667
 - General Info – Sue Harrington - (919) 855-3652
 - POMCS Fax Number: (919) 715-5221
 - POMCS Address: 1904 Mail Service Center; Raleigh NC 27699-1904

Family Size / Federal Poverty Level (\$)								
As of October 1, 2007								
	1	2	3	4	5	6	7	Each add. Person
100%	10210	13690	17170	20650	24130	27610	31090	3480
125%	12763	17113	21463	25813	30163	34513	38863	4350
150%	15315	20535	25755	30975	36195	41415	46635	5220
250%	25525	34225	42925	51625	60325	69025	77725	8700

Note: As of October 1, 2007, NC's ADAP financial eligibility level is a "gross family income at or below 250% of the FPL".

HIV MEDICATIONS/ADAP PROGRAM Listing of Covered Tier 1 Medications – As of February 11, 2008

Antiretrovirals: (FDA approved)

Amprenavir – <i>Agenerase</i>	Darunavir – <i>Prezista</i>
Tipranavir – <i>Aptivus</i>	Delavirdine – <i>Rescriptor</i>
Efavirenz, Emtricitabine, Tenofovir – <i>Atripla</i>	Zidovudine (AZT) – <i>Retrovir</i>
Zidovudine and lamivudine – <i>Combivir</i>	Atazanavir – <i>Reyataz</i>
Indinavir – <i>Crixivan</i>	Maraviroc – <i>Selzentry</i> *
Emtricitabine – <i>Emtriva</i>	Efavirenz – <i>Sustiva</i>
Lamivudine (3TC) – <i>Epivir</i>	Zidovudine, Lamivudine and Abacavir – <i>Trizivir</i>
Abacavir and Lamivudine – <i>Epzicom</i>	Tenofovir and Emtricitabine – <i>Truvada</i>
Etravirine – <i>Intence</i>	Didanosine (ddI) – <i>Videx</i>
Enfuvirtide – <i>Fuzeon</i> *	Nelfinavir – <i>Viracept</i>
Saquinavir – <i>Invirase</i>	Nevirapine – <i>Viramune</i>
Raltegravir – <i>Isentress</i>	Tenofovir – <i>Viread</i>
Lopinavir/Ritonavir – <i>Kaletra</i>	Stavudine (d4T) – <i>Zerit</i>
Fosamprenavir – <i>Lexiva</i>	Abacavir – <i>Ziagen</i>
Ritonavir – <i>Norvir</i>	

* Access to Fuzeon and Selzentry are governed by special medical eligibility/appropriateness criteria, and require a separate application

Other Medications**:

Acyclovir – Zovirax	Fluconazole – Diflucan	Pancrelipase – Pancrease, Ultrase, Creon
Amitriptyline – Elavil	Ganciclovir – Cytovene	Paromomycin – Humatin
Atovaquone – Mepro	Hydroxyurea – Hydrea	Pentamidine – NebuPent, Pentam
Azithromycin – Zithromax	Itraconazole – Sporanox	Prochlorperazine – Compazine
Ciprofloxacin – Cipro	Ketoconazole – Nizoral	Promethazine – Phenergan
Clarithromycin – Biaxin	Lansoprazole – Prevacid	Pyrimethamine – Daraprim
Clindamycin – Cleocin	Leucovorin – Wellcovorin	Rifabutin – Mycobutin
Dapsone (DDS) – Dapsone	Loperamide – Imodium	Sulfadiazine
Diphenoxylate w/atropine – Lomotil	Nortriptyline – Aventyl, Pamelor	Sulfamethoxazole/trimethoprim (smx/tmp; tmp-smx) – Bactrim, Septra, Cotrim, Sulfatrim
Ethambutol – Myambutol	Nystatin – Mycostatin, Nilstat	Valacyclovir – Valtrex
Famciclovir – Famvir	Omeprazole – Prilosec	Valganciclovir – Valcyte
	Ondansetron hydrochloride – Zofran	

** **Notes:** (1) If available, generic medications are dispensed unless the prescription is written for a specific brand name product; (2) the above-listed brand names are only examples of those products available, and neither recommended nor required by the Program; (3) See attached list of Covered Tier 2 and Tier 3 Medications.

Decisions about what medications are included within the Program formulary are guided by an HIV Clinical/Medications Advisory Committee. Members of this Committee (clinicians, case managers, HIV program administrators, consumers and others), provide their expertise and perspectives primarily on issues related to the efficacy and importance of new medications. The also provide advice on activities related to the operation and effectiveness of the Program. Their perspectives and best thinking on these issues are integrated with considerations about budgetary status and Program/policy regulations and priorities. While final decisions with regard to all of these matters rest with the State agency responsible for administering the Program (i.e., the HIV/STD Prevention and Care Branch of the Division of Public Health, Department of Health and Human Services), the Advisory Committee plays an invaluable role in assuring that "real world" experience and expertise are incorporated into the decisions made by and operation of the Program.

**LISTING OF TIER 2 MEDICATIONS
COVERED BY THE NC ADAP PROGRAM
EFFECTIVE February 13, 2008**

GENERIC NAME *	BRAND NAME
Antidepressants	
Bupropion	<i>Wellbutrin</i>
Citalopram	<i>Celexa</i>
Doxepin	<i>Sinequan</i>
Fluoxetine	<i>Prozac</i>
Mirtazapine	<i>Remeron</i>
Paroxetine	<i>Paxil</i>
Sertraline	<i>Zoloft</i>
Antilipidemics	
Gemfibrozil	<i>Lopid</i>
Pravastatin	<i>Pravachol</i>
Anti-hypertensives	
Amlodipine	<i>Norvasc</i>
Atenolol	<i>Tenormin</i>
Benazepril	<i>Lotensin</i>
Clonidine	<i>Catapres</i>
Enalapril	<i>Vasotec</i>
HCTZ	<i>HCTZ</i>
Lisinopril	<i>Zestril, Prinivil</i>
Metoprolol	<i>Lopressor, Toprol</i>
Anti-diabetics	
Glimepiride	<i>Amaryl</i>
Glipizide	<i>Glucotrol</i>
Metformin	<i>Glucophage</i>
Glyburide	<i>Diabeta, Micronase</i>
Appetite Stimulants	
Megestrol	<i>Megace</i>
Medication Associated Nausea	
Metoclopramide	<i>Reglan</i>
Antimicrobials	
Amoxicillin	<i>Amoxil</i>
Doxycycline hyclate	<i>Doryx, Vibramycin, Vibra-Tabs</i>
Penicillin VK	<i>Veetids, V-Cillin-K</i>
Cephalexin	<i>Kelfex</i>
Isoniazid, INH	<i>Nydrazid</i>
Metronidazole	<i>Flagyl</i>
Clotrimazole Troches	<i>Mycelex Troches</i>
Neuropathy	
Gabapentin	<i>Neurontin</i>
Carbamazepine	<i>Tegretol, Carbatrol</i>

Antiepileptics	
Carbamazepine	<i>Tegretol, Carbatrol</i>
Phenobarbital	<i>Luminal</i>
Phenytoin	<i>Dilantin</i>
Valproic Acid	<i>Depakote</i>
Others	
Prednisone	<i>Prednisone</i>

Notes:

* Only generic medications will be dispensed for any medication on this Tier 2 Listing. The above-listed brand names are only provided as examples of those products.

Tier 2 medications are subject to removal from the list of covered medications in the event of financial difficulties within the NC ADAP Program.

**LISTING OF TIER 3 MEDICATIONS
COVERED BY THE NC ADAP PROGRAM
EFFECTIVE February 13, 2008**

GENERIC NAME	BRAND NAME
Hepatitis C Treatment *	
Ribavirin	<i>Ribavirin (generic), Copegus, Rebetol, Ribapak</i>
Peginterferon Alfa-2a	<i>Pegasys</i>
Peginterferon Alfa-2b	<i>PegIntron</i>
Interferon Alfa-2a	<i>Intron A</i>
Interferon Alfacon-1	<i>Infergen</i>
Hepatitis B Treatment *	
Adedefovir	<i>Hepsera</i>
Entecavir	<i>Baraclude</i>
Bone Marrow Stimulators *	
Erythropoetin	<i>Epogen, Procrit</i>
Filgrastim	<i>Neupogen</i>
Neuropathy	
Pregabalin	<i>Lyrica</i>
Anti-diabetics *	
Insulin	<i>Novolog 70/30, Novolin 70/30, Humulin 70/30, Humalog 75/25</i>
Insulin Syringes	<i>Humulin (Regular, NPH, 50/50)</i>
Vaccines **	
Hepatitis A	<i>Havrix</i>
Hepatitis B	<i>Engerix B, Recombivax</i>
Hepatitis A and B	<i>Twinrix</i>
Pneumococcal	<i>Prennar, Pneumovax</i>
Antimicrobials	
Moxifloxacin	<i>Avelox B</i>
Minocycline	<i>Minocin, Dynacin</i>
Rifampin	<i>Rifadin, Rimactane</i>
Penicillin G benzathine **	<i>Bicillin LA</i>
Imiquimod	<i>Aldara</i>
Antidepressants	
Escitalopram	<i>Lexapro</i>
Appetite Stimulants	
Dronabinol	<i>Marinol</i>

AIDS Wasting	
Testosterone	<i>Androgel, Testim, Androderm</i>
Smoking Cessation	
Verenicline	<i>Chantix B</i>
Nicotine	<i>Nicoderm, Nicorette, Commit Lozenge, Nicotine Gum (generic)</i>
Antilipidemics	
Ezetimibe	<i>Zetia</i>
Fenofibrate	<i>Tricor, Lofibra</i>
Rosuvastatin	<i>Crestor</i>
Atorvastatin	<i>Lipitor</i>

NOTES:

* All medications given by injection with dosing regimens over multiple days, weeks, or months will initially be delivered to the clinician's office, unless the client has already been on the medication and/or previously completed training. The clinician is responsible for educating and training the client about proper injection techniques, monitoring injection sites, and disposal of sharps containers.

** All vaccines and/or one-time injectable medications will be delivered to the clinician's office for administration.

Tier 3 medications are subject to removal from the list of covered medications in the event of financial difficulties within the NC ADAP Program.