

South Carolina

AIDS Drug Assistance Program

Guidelines

South Carolina
Department of Health and Environmental Control
STD/HIV Division – Ryan White Services
September 2009

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Overview

The South Carolina AIDS Drug Assistance program (SC ADAP) was established under the Ryan White CARE Act to provide drugs to treat HIV disease and/or to prevent the serious deterioration of health arising from HIV disease in eligible individuals, including measures for the prevention and treatment of opportunistic infections and document the progress made in making the drugs available. The SC ADAP Direct Dispensing is operated through a third-party, mail-delivery pharmacy. The SC ADAP also administers an insurance assistance program operated out of SC Department of Health and Environmental Control (SC DHEC) via a network of pharmacies. See appendix for the current ADAP formulary.

SC ADAP Program Overview

ADAP currently has approximately 3700 enrolled and serves approximately 2300 per month. The SC ADAP has an advisory body of infectious disease (ID) and other HIV specialty physicians and program staff that meet annually to review the SC ADAP formulary and make recommendations for program improvements.

Mail SC ADAP Direct Dispensing applications and correspondence to:

Direct Dispensing SP-16
P.O. Box 809
State Park, SC 29147-0809
Phone: 803-896-6250
FAX: 803-896-5310

Mail SC ADAP Insurance applications, invoices, and correspondence to:

Patti Sullivan
3rd Floor, Mills/Jarrett
Box 101106
Columbia, SC 29211
Phone: 803-898-0214
FAX: 803-898-7683

I. Application for Services

Applications to the SC ADAP may come from several sources. Applications may come from Ryan White Parts B, C, or D providers; private physician offices; primary care facilities; or other clinics. Applications are available from the SC ADAP or local service providers, or they are available at the STD/HIV Division website:

<http://www.scdhec.gov/adap>

Applications must be completed in their entirety before submission to SC ADAP. The patient and the case manager should complete the front of the application. The physician should complete the back of the application, to include checking medications being prescribed. The ideal treatment regimen for a patient is one in which the patient receives medications consistent with PHS guidelines.

The SC ADAP accepts and processes only applications that are filled out completely and accurately. **Applications must include the patient's legal first and last name as well as an accurate social security number and proof of household income.** If the applicant does not have a social security number please write N/A in the space provided

for SSN. Applications received without the above mentioned features will be considered incomplete. Incomplete applications will be logged as incomplete and correspondence will be submitted to the service provider or case manager stating the necessary documents needed. The 30-day processing time from receipt of application will not apply to incomplete applications. Applications may be mailed or faxed.

Applications with a print date prior to 04/2006 will not be accepted due to their lack of HIPAA required language authorizing the release of patient information. The application print date can be found in the lower left-hand corner of the page. Acceptance into the Program is on a first come first served basis. There is no priority given to persons with lower CD4 counts or higher viral loads. If other circumstances warrant expediting, such as pregnancy or client is already on antiretrovirals, those circumstances must be written in the allocated space on the back of the application and/or attached and faxed to the ADAP Director's attention. These applications will be reviewed by a committee and decisions will be made on a case-by-case basis.

Time Frames

In general, all applications will be reviewed within 15 days of receipt. Approved applications will usually be activated within 30 days of receipt. Once a decision is made, patients, physicians, and case managers will receive written or electronic notification within 10-15 working days of final determination of application status. Any changes to the application once submitted, will result in additional processing time. However, if there is a wait list, activations will be based on funding received and therefore not subject to the 30-day policy regarding activation/processing.

II. Who is Eligible for SC ADAP?

The applicant is responsible for providing all proof of social (to include SSN) and financial eligibility for the SC ADAP. The physician is responsible for providing all proof of medical information. Drugs may not be dispensed in any case until eligibility is confirmed medically and financially. An assessment of health insurance pharmacy benefits must also be established. One-month certifications or one-day "emergency" certifications are **not** permissible with SC ADAP funds. If there are extenuating circumstances, please contact the SC ADAP. Otherwise the purchase of drugs will need to be handled by other resources until the SC ADAP application is approved. Other resources may include Ryan White Part B Service Provider funding, Part C programs, pharmaceutical company drug assistance programs, or private pay.

A. Residency

The Ryan White program is for outpatient, non-institutionalized individuals only. Persons under the care, custody, and/or control of the state or a corrections program are considered institutionalized. Therefore, persons living in prisons and hospitals are **not** eligible for ongoing services from the SC ADAP. One exception to this policy exists based on July 2001 revisions to the CARE Act. The SC

ADAP issued a letter on April 10, 2002 informing the South Carolina Association of Counties that, effective immediately, the SC ADAP will be able to supply medication to pretrial detainees who are currently receiving their HIV medication through the SC ADAP on a regular basis. See Section V. A. for clarification. In order to be eligible for the SC ADAP, applicants and recipients must be living in the state of South Carolina at the time of application. Persons who reside elsewhere are not eligible for South Carolina ADAP. Applicants do not have to document citizenship or immigration status in order to be eligible for program services. However, such non-documented applicants must have been living in South Carolina **for a minimum of three months** (exceptions to this rule may be made on a case-by-case basis). Arrangements to allow a South Carolina patient to have a limited supply of medications for an out-of-town trip may also be made on a case-by-case basis.

B. Acceptable Income Documentation

A patient’s household income is one of the primary criteria used to determine eligibility for SC ADAP. Income must be documented in writing in the patient’s record. Income of the applicant and his/her spouse and legal dependents is counted in determining financial eligibility, to include:

- | | |
|-----------------------------------|--------------------------------|
| Salaries | Tips |
| Wages | Business Profits |
| Public Assistance | Rents, Interest, Dividends |
| Sick Pay | Scholarships |
| Royalties and Commissions | Child Support |
| Alimony | Workers’ Compensation |
| Net earnings from self employment | Pensions |
| Unemployment Compensation | Annuities |
| Veteran’s Benefits | Help from relatives and others |
| Social Security cash benefits | Gambling/Lottery winnings |

At the first enrollment, the patient must document all household income for the patient and his/her spouse. Acceptable documentation could include: recent paycheck stubs (no more than 6 months old); signed employer statements on company letterhead with name of employer, date, position, and phone number; current IRS documents (W-2 or 1040); Wages Statement from the Employment Security Commission; Earnings Statement from the Social Security Administration; Social Security Award letters; Military benefits; Retirement income; other employment income. <<< **For applicants who claim “no income,” a current Initial Determination of Status as an Insured Worker Statement documenting no income is required. This can be obtained from the South Carolina Employment Security Commission (unemployment office).**>>> Documentation of income must be included with application and will be retained in SC ADAP files.

If a patient states that he/she has had zero or extremely low income coming into the household for more than a few months there needs to be a notation in the provider records as to how food, shelter, and utilities are being managed. This may be explained if the patient lives with someone rent-free, lives in a migrant camp, or uses a homeless shelter, and receives food stamps. Such situations may call for involving a case manager, if the patient does not have one.

Patients who claim no income will be required to submit documentation from Employment Security Commission reflecting this assertion. In the case of an individual who does not have legal status in the United States, an Income Statement for the Undocumented Persons Living in SC form explaining the patient's support system and income must be attached. This form is available on the SC ADAP website (<http://www.scdhec.gov/adap>).

1. Income Eligibility Limits

Income equal to or less than 300 percent of the current federal poverty guidelines is required for program eligibility in order to receive medications at no cost. **Please note:** A sliding fee scale based on current federal poverty guidelines will be used to determine other eligibility for patients who have income in excess of 300 percent. A copy of the current SC ADAP Sliding Fee Scale may be found in the appendices of this guideline. Poverty guidelines are revised annually; therefore, when completing an application, it is important to make sure that the current year's sliding fee scale is used.

For SC ADAP eligibility purposes, household is defined only as the patient's income and his/her spouse's income. There may be household combinations with other relatives or friends. A person living with a friend, who is providing only food and shelter, would be counted as a household of one. The only income considered would be that of the patient. In the case of a patient and his/her spouse with two children, the income of both persons would be counted for a household of four. Household size is defined as the patient, his/her spouse, and any dependent children residing in the residence. The proof of household income for SC ADAP eligibility purposes must be included when making the determination.

2. Recently Discharged Hospital Patients

Applications received for clients who have recently been discharged from the hospital and who are taking antiretroviral medications will be expedited into SC ADAP. This will be done so a patient will not have the drug regimen interrupted, even if he/she is unable to provide immediate documentation of income. This information must be noted on the SC ADAP application in the indicated section. Please note that the patient must currently be taking the drugs. He/she is permitted to enroll in the

program based on self-declared income and given ten (10) workdays to provide documentation of income as specified in this guideline. Drugs are to be provided based on this self-declared income for the first month of eligibility. If the patient was not discharged on any drugs and is not currently taking any drugs of any type, then regular application requirements and admission into the SC ADAP time frames apply. It is the responsibility of the person completing the enrollment form to check with the patient to determine if he/she was discharged from the hospital on any type of drug treatment.

Note: In the event of a wait list due to limited funding, the SC ADAP will work with case managers to ensure clients are placed on Patient Assistance Programs (PAPs) if there are not slots available within the SC ADAP. Clients who have been hospitalized and discharged from hospital on antiretrovirals are especially encouraged to apply to PAP as soon as they are released to avoid interruption of drug regimen.

3. Patients Who Lose Medicaid Benefits

A patient who loses Medicaid benefits may be able to enroll in the SC ADAP providing they meet the enrollment requirement.

4. Patients with Health Insurance Coverage for Prescriptions

A patient with health insurance that covers SC ADAP drugs is typically not eligible to receive his/her drugs from the direct-dispensing third-party pharmacy. However, patients with health insurance coverage may be enrolled in the SC ADAP Insurance Assistance Program to receive assistance with payment of copays, deductibles, and/or premiums (see VIII. Insurance Assistance Program). The financial and medical eligibility requirements for the Insurance Assistance Program are the same as for patients without insurance.

In certain cases, if a patient has health insurance with **limited** pharmacy benefits, he/she may be eligible to receive their drugs via the Direct Dispensing Program. This includes a patient who has a low financial cap on pharmaceutical benefits. The financial and medical eligibility requirements are the same as patients without insurance.

5. Other Insurance or Pharmaceutical Benefits

To receive SC ADAP services, a patient must demonstrate ineligibility for Medicaid, Medicare, or any other program that reimburses for drugs. Before applying for SC ADAP benefits, every patient must be evaluated to ensure that SC ADAP is the payor of last resort. If a patient has been

denied Medicaid or recently lost Medicaid benefits, please submit a copy of the denial letter along with the SC ADAP application.

If a patient appears to be Medicaid eligible, he/she must be referred for eligibility determination, and must follow through on the referral. A patient may be enrolled in SC ADAP during the referral and Medicaid application/eligibility determination process. If a patient on the SC ADAP subsequently becomes Medicaid eligible, the patient should have his/her prescriptions filled at a local pharmacy. The patient must be closed from the SC ADAP immediately once Medicaid services become available. The only exception to this policy is if a female patient is receiving Medicaid benefits for the purpose of family planning coverage **only**, she is eligible for the SC ADAP.

Should a patient not follow through with the Medicaid application, his/her case manager should be contacted to assist in resolving the situation. A patient who refuses to follow through with a Medicaid application, or who refuses to use Medicaid and/or private insurance pharmacy benefits is not eligible for SC ADAP.

Written proof of denial of Medicaid or ineligibility of Medicaid is required by SC ADAP. Documentation of ineligibility must be retained in provider files, and be available to SC ADAP for review upon request. This information is captured in the "Benefits Assessment Form", included in the Ryan White Intake/Assessment.

Dual Eligible and Full Low Income Subsidy Medicare Part D drug benefit patients are not eligible for SC ADAP services and will be closed from the program. The SC ADAP will continue to assist Low Income Subsidy patients eligible for the Medicare Part D prescription benefit with an income between 135-550% FPL.

C. Medical Eligibility Criteria

1. Documentation of HIV Infection

A patient must have a documented HIV infection or AIDS diagnosis in order to be medically eligible for the program.

2. Laboratory Reports

If antiretroviral drugs are to be prescribed, current U.S. Department of Health and Human Services/National Institutes of Health (DHHS/NIH) Guidelines should be followed with regard to obtaining viral load values and CD4 counts prior to initiation of treatment. It is expected that generally accepted treatment protocols would be followed. This is

applicable to both public and private physicians. Any unusual practices or “off label” treatments need to be discussed with the SC ADAP Medical Consultant.

The SC ADAP recommends that a patient receive laboratory evaluations while undergoing treatment. These evaluations should be in accordance with the National Institutes of Health Guidelines. Baseline viral load and CD4 lab values should be obtained prior to the start of antiretroviral therapy (ART) and then twice a year thereafter.

Treatment guidelines are not intended to replace the judgment of a physician. The decision to prescribe certain treatments lies with the physician and the patient. However, it is expected that the current recommended protocols would be used for determining treatments. It is also expected that drug protocols will be in keeping with currently accepted practices and any guidelines set forth by the SC ADAP. Certain contraindicated drug combinations may not be dispensed without the approval of the SC ADAP medical consultant. If there are any questions, contact the SC ADAP.

If a patient chooses not to take HIV antiretroviral medications, this should be documented in his/her chart. There is no requirement for medical review when Opportunistic Infection-related medications are ordered in the absence of HIV antiretroviral medications.

Patients who are only receiving antidepressants will be reviewed after six months of utilization and continuation will be determined on a case-by-case basis by the SC ADAP medical consultant.

If a physician prescribes a sub-standard or off label therapy, SC ADAP may require periodic lab results in order for a patient to get drugs through SC ADAP. If this is a new patient, previous laboratory results, or a copy of published documentation of therapy (e.g. peer review journal article, abstract, or study that is ongoing) may be required.

3. SC ADAP Formulary

The formulary for the SC ADAP consists of all of the currently FDA approved antiretroviral medications¹, Hepatitis C medications, as well as other drugs deemed necessary for the treatment and quality of life of the HIV patient (see appendix for the current list). This list includes antivirals, antifungals, drugs used in the treatment of mycobacterium avium complex (MAC), toxoplasmosis, CMV retinitis, PCP, and antidepressants. As a federally funded program, SC ADAP must closely

¹ ddc/Hivid is currently not on the formulary at the recommendation of the SC ADAP Physicians Advisory Committee due to low utilization.

monitor our expenditures to ensure budget compliance. Should funding become limited, SC ADAP may have to institute access restrictions. These restrictions could range from limiting the formulary, reduced financial eligibility criteria, and imposed cost sharing, to capping enrollment of new patients.

4. **Med Hold**

For some patients, providers agree on or plan for a period of time when the patient does not take antiretrovirals. SC ADAP refers to this situation as **Med Hold**. The intent of **Med Hold** status is to allow the physician a short time to get the patient ready to take antiretrovirals, or to allow the selection of a new medication regimen due to side effects or drug resistance. If the physician is planning an extended Med Hold (longer than six months), reasons for the extended delay of medication therapy **will** be required. Some patients may need to be closed and reapplied at a later date when they are ready to begin ARV medication therapy.

When patients are placed on Med Hold, Direct Dispensing will contact the physician's office twice a year to determine the patient's status and if the patient has been keeping appointments and the date of the last appointment. Patients lost to follow-up will be closed; this can be counted as closed by Physician's Request and will not count as a non-adherent incident against the patient. Med Hold is not a status to be used to save a non-adherent patient from closure.

5. **Coordination with Case Management Services**

At every opportunity, SC ADAP services should be coordinated with case management services. The case manager should be involved in assisting the patient to enroll in SC ADAP and access other needed services.

There are two types of case managers indicated on the SC ADAP Application:

1) Referring Case Manager: The nurse or social worker that will serve as SC ADAP's point of contact and be responsible for actively monitoring the progress and medication adherence of the patient. The Referring Case Manager should be involved on a regular basis to assist the patient in remaining enrolled in the drug program and in applying for other benefits that might provide drug coverage, such as Medicaid. The case manager should also assist the patient in adhering to his/her drug regimens. When a patient fails to call for refills, the case manager and/or the medical care staff may be notified by SC ADAP staff. The SC ADAP staff, medical professionals, and the case manager should act as a team to support the patient in order to assure adherence to treatment and access to

needed services.

2) Non-Referring Case Manager: A nurse or social worker that is **only assisting in filling out the ADAP application for the patient and will not be responsible for treatment adherence.** In such instances, the only signature required will be on the front of the application as a witness. In most cases, the application will be forwarded to the nurse or social worker that will actively monitor the patient.

III. Enrollment and Ongoing Eligibility

A. Wait List

A wait list will be implemented if necessary due to limited funding at any time.

It is recommended that, whenever possible, a physician delay starting drugs until acceptance into the SC ADAP or a Pharmaceutical Assistance Program (PAP) has been approved.

B. Initial Enrollment Procedures

This procedure is to be used for all applicants. For enrollment, an application is completed and sent to the SC ADAP. SC ADAP requires submission of documentation of household income with each application. Acceptable documentation could include: recent paycheck stubs (no more than 6 months old); signed employer statements on company letterhead with name of employer, date, position, and phone number; current IRS documents (W-2 or 1040); Wages Statement from the Employment Security Commission; Earnings Statement from the Social Security Administration; Social Security Award letters; Military benefits; Retirement income; other employment income. <<< **For applicants who claim “no income,” a current Initial Determination of Status as an Insured Worker Statement documenting no income is required. This can be obtained from the South Carolina Employment Security Commission (unemployment office).**>>>

Note: For each application and annual recertification, a case manager, nurse, physician, or other unrelated person is **never** permitted to sign a patient’s name, or sign in the place of the patient for any reason. A caretaker or spouse is not allowed to sign, unless the patient is completely physically incapacitated and cannot sign his/her name. There must be written justification for caretaker or spouse signatures in the patient’s record. A court-appointed guardian may sign for an individual who has been adjudicated incompetent by a judge and a copy of the court order must be placed in the patient’s file. Persons designated with Power of Attorney for Health Care may sign for an individual and a copy of the Power of Attorney must be placed in the patient’s file.

C. Recertification

SC ADAP will require all patients to recertify once a year. All patients will recertify in their birth month. The recertification will include documentation of household income and the most recent CD4 and viral load. Recertification forms should be returned within **90** days of receipt. If recertification has not been returned within 45 days, the patient will receive a 2nd Request reminding that the recertification form is due. If the recertification form has not been received within 90 days, a Final request will be mailed to the patient, case manager and/or physician. After 90 days, the client may be closed for non-compliance.

The process of filling out recertification forms is the same as filling out initial applications with the exception of only needing one signature on the recertification form. The provider assisting in filling out the form should sign the recertification form. Patients who do not recertify annually may be removed from the SC ADAP. The SC DHEC also requires documentation of household income with each recertification. Acceptable documentation could include: recent paycheck stubs (no more than 6 months old); signed employer statements on company letterhead with name of employer, date, position, and phone number; current IRS documents (W-2 or 1040); Wages Statement from the Employment Security Commission; Earnings Statement from the Social Security Administration; Social Security Award letters; Military benefits; Retirement income; other employment income. <<< **For applicants who claim “no income,” a current Initial Determination of Status as an Insured Worker Statement documenting no income is required. This can be obtained from the Employment Security Commission (unemployment office).>>>**

In an attempt to assure that SC ADAP is the payer of last resort, SC ADAP staff matches client files with Medicaid files on an individual basis before each service to ensure that approved Medicaid patients can be removed from the active SC ADAP roster in a timely manner. The SC ADAP will submit invoices for Medicaid reimbursements for prescriptions dispensed to Medicaid eligible patients by Direct Dispensing.

D. Prescriptions

Prescriptions will be filled on a monthly basis. Program staff will review exceptions to this policy. New prescriptions from the physician need to be sent to SC ADAP's contracting pharmacy every four months. SC ADAP Direct Dispensing requires the faxing of prescriptions versus calling them in as a quality management tool. E-prescribing capabilities are also available.

E. Termination of Services

Termination of services from the SC ADAP may occur for a number of reasons:

- The patient has been determined eligible for Medicaid benefits;
- The patient's income rises to more than 550 percent of the current poverty level;
- The patient moves out of the state of South Carolina or cannot be located;
- The patient goes to prison (see Section V. A. for clarification of status of pretrial detainees);
- The patient has a poor adherence record requiring adherence intervention on three separate occasions;
- The patient fails to request medications in any 90-day period, and is refusing to adhere to the medication regimen despite counseling and support or other assistance offered;
- It is discovered that the patient failed to report substantial income that made him/her ineligible at the time of application or subsequent to application;
- The patient fails to provide necessary proof of eligibility, i.e. does not submit recertification in a timely manner;
- The patient dies.

When a patient is terminated from the program, the date and reason for termination will be documented in the SC ADAP record.

F. Change of Address

For patients who move within the state, there are no changes in SC ADAP services. When a patient calls or is contacted by the SC ADAP, his/her address will be verified prior to any additional dialogue. This is important for verification that the person on the phone is the person enrolled in the program. Further verification such as date of birth or social security number may be required if deemed necessary to establish identification.

G. Non-Adherence/Failure to Request Medications

A patient who fails to request drugs within a **90-day period** may be automatically terminated. If pharmacy records show that a patient has gone extended periods between refills, an adherence letter will be sent to the patient, physician, and case manager, if the patient has one. The letter states the date of non-adherence, and requests an explanation of non-adherence. A response to this letter must be sent to the SC ADAP. If a physician discontinues a patient's medications, the physician or case manager must inform the SC ADAP of the termination of medications, or the patient will be terminated from the program. The patient must keep medical appointments in order to remain enrolled in the program.

H. Three-Strike Program

The SC ADAP Three-Strike Program has been discontinued. If a wait list should be reinstated, this decision will be reconsidered.

IV. Records Documentation and Retention

A. SC ADAP Records

Application and recertification forms, as well as copies of correspondences will be maintained in SC ADAP files.

Records of any deceased patients will be retained for four years after the patient's death, and reviewed by SC ADAP staff before being destroyed. Other patient records will be retained for 13 years after the last time the patient receives services from SC ADAP and until no longer needed for reference, and then reviewed by SC ADAP staff before being archived or destroyed.

B. Provider Records

Documentation of HIV infection diagnosis, CD4 counts, viral loads, financial status, Medicaid eligibility review and denial, patient information forms, and copies of each signed application must remain with the patient's medical and/or case management record. Written proof of denial of Medicaid or ineligibility of Medicaid is required by SC ADAP and must be retained in provider records. Documentation of ineligibility must be retained in provider files, and be available to SC ADAP for review upon request. The SC ADAP may conduct yearly random samples of current SC ADAP patients (both Direct Dispensing and Insurance Programs) from service providers to include private providers in order to ensure that complete documentation meeting program guidelines is in place. SC ADAP requires providers to retain records for six years after the end of the contract period, and records shall be available for audit and inspection at any time such audit is deemed necessary by SC ADAP. If an audit has begun but is not completed at the end of the six-year period, or if audit findings have not been resolved at the end of the six-year period, the records shall be retained until resolution of the audit findings.

V. City and County Jails, Department of Corrections

Once an individual is incarcerated, the jail or prison is legally responsible for that individual's room, board, and medical care. Individuals who are incarcerated are residing in institutions, and are **not** eligible for SC ADAP services. When an individual is incarcerated, he/she must be terminated from the program. This provision applies to all city and county jails, state and federal prisons. One exception to this policy exists based on July 2001 revisions to the CARE Act that supports the use of CARE Act funds for transitional social support and primary care services for incarcerated persons for a brief period. The SC ADAP issued a letter on April 10, 2002 informing the South Carolina Association of Counties that, effective immediately, the SC ADAP will be able to supply

medication to pretrial detainees (those who have not been sentenced) who are **currently** receiving their HIV medication through the SC ADAP and, are in good standing with the program. This will be dependent upon the availability of federal funding for this program.

A. City and County Jails

Any patient incarcerated in a city or county jail must be terminated immediately from the SC ADAP. The exception to this policy described above allows for pretrial detainees who are currently receiving their HIV medication through the SC ADAP and, are in good standing with the program, to receive medications for a period of up to 180 days. If other funding for medical treatment becomes available to county/city detention facilities, it will be the responsibility of the facility in which the detainee is being held to notify SC ADAP immediately. If the SC ADAP provides medications to pretrial detainees, no additional charges are to be assessed by local jails for dispensing these medications. A detainee would take any medications with him upon release. Also, SC ADAP **must** be notified prior to release of the inmate in order to adequately provide for discharge planning and transition to another care provider. This policy will be dependent upon the availability of federal funding for this program.

It is permissible for a Ryan White case manager to do “transitional” case management with an inmate to be released within 30 days.

B. Department of Corrections

Any patient incarcerated in a Department of Corrections (DOC) correctional facility, including those under contract to any state or municipal entity, must be terminated immediately from the SC ADAP. It is permissible for a Ryan White case manager to do “transitional” case management with an inmate pending release within 30 days.

The SC DHEC and DOC have developed a protocol that provides assistance for HIV infected patients on drug regimens who are discharged from DOC facilities and are unable to procure drugs from other resources. The protocol is as follows:

- The patient must be on an HIV medication regimen prior to release from the DOC.
- The DOC initiates arrangements at least 30 days prior to release of the patient.
- The DOC discharge planner will contact the local service provider to facilitate the application being filled out and prescriptions obtained for patient.
- The DOC is responsible for making arrangements for a 5-day supply of drugs to be given to the prisoner at discharge.
- The patient is responsible for making contact with the local service

provider to complete enrollment into SC ADAP and obtain necessary drugs within 30 days of discharge.

- If the patient does not follow through by contacting the service provider within 30 days of discharge, he/she will be subject to the same enrollment and wait list (if applicable) procedures as any other individual applying for services.
- Eligibility recertification and all other SC ADAP policies and procedures apply to these patients.
- Payor of last resort applies to these patients. Documentation of application to Medicaid and follow through must be retained in files.

C. Probation and Parole

Persons who are on probation or parole are eligible for SC ADAP services since they are living in the community. These individuals are not in the care or custody of an institution (jail or prison system) although they may be reporting to a parole or probation officer. Persons who are on House Arrest will need to be considered on a case-by-case basis.

VI. Out of State Physicians and Prescriptions

Prescribing physicians, with one exception, are to be licensed to practice in the state of South Carolina. A patient who sees physicians in bordering states of North Carolina and Georgia may continue to obtain medications from SC ADAP as long as he/she meets the SC ADAP eligibility criteria.

VII. Grievance Procedures

A. Types of Grievances

1. Consumers may express their dissatisfaction with the SC ADAP in writing
2. Providers/agencies may express dissatisfaction with the SC ADAP.

B. Grievance Process

If a consumer, provider or agency wishes to address a concern with a SC ADAP policy, the following procedure is recommended:

- The consumer, provider or agency is encouraged to address the concern immediately with SC ADAP staff.
- SC ADAP Staff will respond to or address the concerns expressed in a timely manner either verbally or in writing.

- In the event that the staff cannot resolve the issue, he/she will document and forward the concern to the SC ADAP Director.
- If necessary, the SC ADAP Director will review the concern(s) with the Ryan White Part B Program Manager and/or the STD/HIV Division Director and management team, to determine the appropriate response and communicate that response to the SC ADAP staff.

C. Filing a Grievance

Persons wishing to file a grievance may do so by calling, e-mailing, or submitting a written correspondence to the following address:

Attention: ADAP Director
 SC DHEC Division of STD/HIV, Ryan White Part B Program
 1751 Calhoun Street, Columbia, SC 29201

If you wish to speak with someone, please call the following telephone number: 803.898.0198 to express your concerns.

or

Submit an email to the following address: ODONNENT@dhec.sc.gov

VIII. Insurance Assistance Program

During each enrollment and subsequent recertifications, the patient must include documentation of all household income for the patient and his/her spouse. Acceptable documentation could include: recent paycheck stubs (no more than 6 months old); signed employer statements on company letterhead with name of employer, date, position, and phone number; current IRS documents (W-2 or 1040); Wages Statement from the Employment Security Commission; Earnings Statement from the Social Security Administration; Social Security Award letters; Military benefits; Retirement income; other employment income. <<< **For applicants who claim “no income,” a current Initial Determination of Status as an Insured Worker Statement documenting no income is required. This can be obtained from the Employment Security Commission (unemployment office).**>>> Documentation of income must be retained in SC ADAP files

If a patient states that he/she has had zero or extremely low income coming into the household for more than a few months there needs to be notation in the provider records as to how food, shelter, and utilities are being managed. This may be explained if the patient lives with someone rent-free, lives in a migrant camp or uses a homeless shelter, and receives food stamps. Such situations may call for involving a case manager, if the patient does not have one.

Patients who claim no income will be required to submit Employment Security Commission documentation supporting this assertion. There can be no exceptions to this

policy since federal regulations require the Program to show that we are the payor of last resort and that income criteria are being met.

A. Insurance Copay

Purpose: To reimburse out of pocket expenses, to include copays and deductibles, for patients with health insurance coverage for prescriptions.

1. Eligibility

- a. The financial and medical eligibility requirements are the same as those without insurance.
- b. Applications must be made in writing on a form prescribed by the SC ADAP dated 04/2006 or later. SC ADAP Applications may be obtained from the SC ADAP, one of the local providers, or through the STD/HIV Division's website at: <http://www.scdhec.gov/adap>. Attach a copy of the front and back of the insurance card to the application.

2. Time Frames

In general, all applications will be reviewed within 15 days of receipt. Approved applications will usually be activated within 30 days of receipt. Longer periods may occur depending on workload and follow up required to obtain necessary application information. Once a decision is made, patients, physicians, and case managers should receive written or electronic notification within 10-15 working days of final determination of application status. Any changes to the application once submitted, will result in additional processing time.

Patients must make arrangements to get their medications through other means until their SC ADAP application has been activated and they or their case manager receive an acceptance letter.

3. Formulary

Reimbursement can only be made for medications on the SC ADAP Formulary (see attached). This is the same formulary that the SC ADAP Direct Dispensing uses with the exception that the Insurance program will reimburse for both generic and brand name drugs on the formulary. While preauthorization is necessary in Direct Dispensing for some medications, it is not necessary in the Insurance Program. The Insurance program will rely on the prescribing physician's approval.

If after activation it is determined that the patient's drug formulary is not

equivalent to the SC ADAP formulary, the patient will be closed and transferred to Direct Dispensing. Should this happen, the patient, case manager, physician, and/or the patient's pharmacy will be notified. Reimbursements will not be paid after the effective date of a closure and a notification of closure has been sent, either verbally or in writing.

4. Where to Get Medications

- a. Insurance patients cannot get their medications through the SC ADAP Direct Dispensing. All new patients will be enrolled with a participating pharmacy, unless the insurance policy specifies that the patient must use a network specialty pharmacy. Unless a pharmacy choice is noted on the application, most new patients who have no pharmacy restrictions will be enrolled with a pharmacy located in Columbia. If the patient is already using a pharmacy, please note this on the application. When possible, we will enroll the patient with the pharmacy of the patient's choice, if the pharmacy of choice contracts with SC ADAP.
- b. Patients who are required to use a network specialty pharmacy will be handled on a case-by-case basis. In these cases, the local service provider should note on the application which network specialty pharmacy must be used. The service provider must make copay payment arrangements with the network specialty pharmacy then bill SC ADAP for reimbursement.
- c. Patients should not be sent to any pharmacy to pick up medication before the SC ADAP has arranged for coverage. To do so may jeopardize reimbursement of that medication. Medications picked up prior to the acceptance date of the SC ADAP application cannot be reimbursed.
- d. The SC ADAP cannot reimburse individuals for out-of-pocket expenditures.

5. Reimbursement Requests

Insurance reimbursement requests will be processed within 30 days of receipt, depending on staff availability. From that point, it will take an additional 2 - 3 weeks to receive a check. Reimbursements to service providers will be on a case-by-case basis and under limited and/or restricted circumstances.

6. Losing/Getting Insurance

- a. If a patient loses his/her insurance, the SC ADAP must be notified immediately. The patient may be eligible to receive his/her medications through the SC ADAP Direct Dispensing. Patient may also be eligible for COBRA benefits.
- b. If a patient is currently receiving his/her medication through the SC ADAP Direct Dispensing and becomes eligible for insurance, the SC ADAP must be notified immediately to arrange for insurance reimbursement coverage.

B. Insurance Continuation

Purpose: To pay insurance/COBRA premiums for patients at risk of losing insurance due to the inability to afford payments or for losing job/insurance benefits. Patients must currently be on or starting ARV therapy upon SC ADAP activation. Documentation of the premium amount must be submitted with the application.

Note: If patient is at risk of losing insurance or has recently lost insurance, please contact the SC ADAP as soon as possible to ensure client's enrollment in COBRA in the allotted time frame.

The SC ADAP must demonstrate overall cost effectiveness of the program. For instance, the cost of paying premiums for patients must overall be less than the cost of medications to Direct Dispensing. Also, the patient's insurance policy drug formulary must be equivalent to the SC ADAP Formulary.

1. Eligibility Process

a. Applications

- (1) Applications must be submitted on the SC ADAP Application dated 04/2006 or later. Applications may be obtained from the SC ADAP, one of the local providers, or the STD/HIV Division website at <http://www.dhec.sc.gov/adap>. Documentation of the premium amount must be submitted with the application.
- (2) Attach copies of the front and back of the patient's insurance card, insurance policy (if possible), and the drug formulary.

b. Beginning and Ending Dates

- (1) Assistance begins, if the individual is eligible and approved, effective the first day of the period covered by the first premium due date following the date of application. For instance, if payment is due August 1st for the period of August 1 – 31, the effective date would be August 1st.
- (2) Assistance is discontinued on the last day of the month in which eligibility ends or on the date of closure from SC ADAP.

c. Time Frames

The SC ADAP will process the completed application generally within 30-45 days of receipt. Longer periods may occur depending on workload and follow up required to obtain necessary application information.

d. Approval/Denial

Once a decision is made, patients, physicians, and case managers should receive written or electronic notification within 10-15 working days of final determination of application status. Any changes to the application once submitted, will result in additional processing time. **Only those applications that appear to be cost effective and have formularies equivalent to the SC ADAP Formulary will be approved.**

If after activation it is determined that the patient's drug formulary is not equivalent to the SC ADAP formulary, the patient will be closed and transferred to Direct Dispensing. Should this happen, the patient, case manager, physician, and/or the patient's pharmacy will be notified. Reimbursements will not be paid after the effective date of a closure and a notification of closure has been sent, either verbally or in writing.

e. Certification Period

Certification continues until such a time, as the individual is found ineligible through periodic review of the recertification form or other eligibility evaluation.

2. Eligibility Requirements

The individual must furnish necessary information to determine eligibility

at the time of initial application and at the times of periodic review of eligibility.

a. Criteria

- (1) The individual must be diagnosed by a physician as having HIV disease and must currently be on antiretroviral therapy or must start antiretroviral therapy upon SC ADAP activation.
- (2) The individual must be covered by health insurance before becoming eligible for this program.
- (3) An individual whose medical bills for treatment of HIV disease affect his financial ability to pay his/her individual health insurance premiums may apply for this program.
- (4) The program reimburses insurance premiums on behalf of an eligible individual only for as long as the individual qualifies for insurance coverage (i.e., COBRA or individual conversion coverage). This program is for patients with health insurance only; it does not pay for life, dental, vision, or other related insurance.
- (5) If an individual has third party funding as an interim to final medical disability determination (i.e., Social Security Disability), then that individual may apply for the program during the medical disability determination period.
- (6) Patients cannot be reimbursed directly for premiums under any circumstances.

b. Residency

Must be a resident of South Carolina.

c. Income and/or Assets

- (1) The income standard is an amount equal to or less than 550% of the federal poverty level for the appropriate family size. The income standard will be reviewed on an annual basis.
- (2) Patients whose income makes them eligible for copay (for medications) will be accepted into the continuation program without copay for insurance premiums.

- (3) The individual or couple must have less than \$10,000 in counted assets. Assets include only the following liquid assets:

Cash/Savings	Stocks/Bonds
Mutual Funds	Severance pay

An asset owned jointly by the individual or couple and another person is considered as belonging entirely to the individual or couple unless proven otherwise.

3. Standards of Assistance:

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a. Standard of Assistance for Eligibility

- (1) The income standard is equal to or less than 550% of the federal poverty level for the appropriate family size.
- (2) If the patient's physician orders a medication hold, the SC ADAP Medical Consultant, on a case-by-case basis, will evaluate continuing eligibility.
- (3) If the patient voluntarily stops taking medications, he/she will be dropped from the program and the responsibility for making premium payments will return to the patient.

b. Standard of Assistance for Benefit Amount

- (1) The standard of assistance is equal to the premium that would be charged to an individual at the same level as immediately prior to the continuation.
- (2) If the individual's medical insurance premium includes an amount for family coverage, the SC ADAP pays only that portion covering the individual.

4. Verification:

a. Eligibility Requirements

- (1) Under group or individual insurance coverage, the individual must verify that he/she is HIV infected.
- (2) The individual must verify that he/she is eligible for continuation of health insurance coverage.

b. Assets

The individual must verify the value of counted assets, which he/she, or couple, if any, own. The patient's signature on the SC ADAP application serves to verify this information.

c. Standards of Assistance

- (1) The individual must verify the amount of the premium that he/she is required to pay for continuation of health coverage.
- (2) If the insurance cost includes an amount for dependents, the individual must verify the amount that is required for continuation of insurance for the individual only.

d. Income Eligibility

- (1) The individual must verify the gross income that he/she, or family, if appropriate, has or expects to have during the certification period. **Documentation of income must be provided to SC ADAP with every application and recertification.**
- (2) For SC ADAP eligibility purposes, household is defined only as the patient, his/her spouse, and any dependent children residing in the residence.

In order for the SC ADAP to approve payment of insurance premiums, the insurance policy must be reviewed and found that the insurance policy formulary is at least as comprehensive as the SC ADAP Formulary. Payments for insurance premiums must be less than the SC ADAP cost of prescription drugs in the aggregate.

C. Billing Procedures for the Insurance Assistance Program

1. Insurance Copay Patients

a. Reimburse Service Provider

- (1) After a patient has been approved for the Insurance Copay Program, SC ADAP may contact the agency making the copay payments to confirm billing arrangements.
- (2) An acceptance letter will be mailed to the patient, case manager and/or physician.

- (3) The agency making the copay payments can then invoice SC ADAP for reimbursement. The billing start date is the date of acceptance into SC ADAP, as is indicated in the acceptance letter, or the first day of the month in which they are eligible.
 - (a) Reimbursements can only be made for medications on the SC ADAP Formulary.
 - (b) Required billing information includes: patient name and SSN, date of service, drug name and strength, number of days prescribed, and amount of copay.
 - (c) Billing Requests: A separate billing statement is required on each patient. It is not necessary to send a separate invoice or to include the actual prescription tickets. *Documentation of eligible charges must be retained in local service provider files.*
 - (d) SC ADAP should be billed on a monthly basis.
- (4) Reimbursement requests will be processed within 30 days of receipt, depending on staff availability. It will take an additional 2-3 weeks to receive a check. *Please note that the state does not pay late fees, interest, or penalties on overdue accounts.*

b. Reimburse Pharmacy

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- (1) After a patient has been approved for the Insurance Copay Program, SC ADAP will work with the patient and/or service provider to arrange for coverage. Once SC ADAP has a copy of the front and back of the insurance card, the selected pharmacy will be contacted to arrange for billing.
- (2) Once arrangements have been made for a pharmacy to bill SC ADAP for the patient's copay and deductible, SC ADAP will fax or give the pharmacy the patient's demographic information over the telephone, to include date of birth and social security number. The patient's acceptance letter and a copy of the insurance card will then be faxed to the pharmacy. The pharmacy billing start date is the date of enrollment at the pharmacy or acceptance into SC ADAP, as is indicated in the date of the acceptance letter.

- (3) SC ADAP will then notify the patient, case manager, and/or physician either by mail or by phone, of the name of the pharmacy and the pharmacy contact information. The patient will be instructed to contact his/her doctor for prescriptions and then to contact the pharmacy to make sure they have everything they need.
- (4) Once the pharmacy has received prescriptions for the patient and it has been determined that there is no problem with the insurance, the pharmacy can fill those prescriptions and bill the insurance company their portion and SC ADAP for the patient's portion. *SC ADAP can only be billed after insurance has paid their portion or the insurance portion has been determined.*
 - (a) Reimbursements can only be made for medications on the SC ADAP Formulary.
 - (b) Required billing information includes: patient name, date of service, prescription number, drug name and strength, NDC code, quantity prescribed, number of days prescribed, copay amount, and the pharmacy name, address and phone #.
 - (c) Billing Requests: Generally a separate Pharmacist Statement is required on each patient. Exceptions will be handled on a case-by-case basis. It will not be necessary to send a separate invoice or to include the actual prescription tickets.
 - (d) If there is a problem or question about the patient's insurance, prescriptions should not be filled without contacting SC ADAP. Doing so may jeopardize reimbursement of those medications.
 - (e) SC ADAP should be billed on a monthly basis.
- (5) Reimbursement requests will be processed within 30 days of receipt, depending on staff availability. It will take an additional 2-3 weeks to receive a check. *Please note that the state does not pay late fees, interest, or penalties on overdue accounts.*

2. Insurance Continuation Patients

a. Reimbursement of Copay

Reimbursement of copay for Insurance Continuation patients will be the same as outlined in Section C.1 above.

b. Reimbursement of Premium to Service Provider

- (1) After a patient has been approved for the Insurance Continuation Program, SC ADAP may contact the agency making the premium payments to confirm billing arrangements.
- (2) An acceptance letter will be mailed to the patient, case manager, and/or physician.
- (3) The agency making premium payments can then invoice SC ADAP for reimbursement. The billing start date is the date of acceptance into SC ADAP, as is indicated in the acceptance letter, or the first day of the month in which they are eligible.
- (4) The invoice must include the patient's name, dates of service, payment amount, total amount being billed, and the contract number. The SC ADAP will only reimburse for the patient's medical health insurance. Anytime there is a change in the monthly premium amount, documentation of the new amount must be submitted before the new amount can be processed.

c. Reimbursement of Premium to Service Provider Through 3rd Party Billing

The following Providers must arrange reimbursement of premium payments through 3rd party billing: Midlands

- (1) After a patient has been approved for the Insurance Continuation Program, the patient will receive an acceptance letter which includes the name and contact information for the 3rd party billing agency, instructions to contact the agency to verify enrollment, etc., the effective date, and the approved reimbursement amount.
- (2) SC ADAP will fax the appropriate insurance information along with an Insurance Premium Notification form to the 3rd party billing agency. The Insurance Premium Notification form outlines pertinent patient information, such as name, address, monthly premium amount, payment

due date, and special notes. The patient's service provider will receive a copy of the acceptance letter. The patient's service provider director will receive a copy of the Insurance Premium Notification form.

- (3) The 3rd party billing agency making premium payments on behalf of the service provider can then invoice the service provider who will then invoice SC ADAP for reimbursement.
- (4) The invoice should contain the patient's name, dates of service, payment amount, and the total amount being billed. The SC ADAP will only reimburse for the patient's medical health insurance. Anytime there is a change in the monthly premium amount, documentation of the new amount must be submitted before the new amount can be processed.
- (5) Reimbursement requests will be processed within 30 days of receipt, depending on staff availability. It will take an additional 2–3 weeks to receive a check. *Please note that the state does not pay late fees, interest, or penalties on overdue accounts.*

Mail reimbursement requests to:

Dirk McCollough
3rd Floor, Mills/Jarrett
Box 101106
Columbia, SC 29211
Phone: 803-898-4268
Secure Fax: 803-898-7683

IX. Security and Confidentiality

A. Security

1. The physical location of SC ADAP program offices will be maintained in a secure manner. Staff will keep doors secure and all staff will be oriented to appropriate security when answering phones, etc.
2. Client files must be maintained in a secure manner.
3. Client files are matched against Medicaid files on an individual basis before each prescription is filled to ensure that approved Medicaid patients can be removed from the active SC ADAP roster in a timely manner.

Dates of birth and Social Security Numbers are used to do the match. Security must be ensured during this process.

B. Confidentiality

1. All agency confidentiality requirements for patient record information must be followed. All staff must be oriented to appropriate confidentiality precautions when answering phones, talking to clients or other staff, etc. Each staff member must sign a confidentiality statement. All staff must use discretion and should not discuss sensitive office issues, records or patient cases with anyone other than those involved in SC ADAP. Any known or suspected breaches of confidentiality will be immediately documented and brought to the attention of the employee's immediate supervisor. The Division Director will initiate and direct an appropriate course of action. HIV patient information may only be released to outside persons or agency representatives when the patient signs a properly completed authorization form.
2. Computers must be password protected. The *Provide Enterprise* database will be used in all electronic communications when clients are being referred to since the transmission is encrypted and thus secure (reference the Security Summary for Provide Enterprise Users). Faxes containing patient identifying information may be received at both Direct Dispensing and the Insurance Program, since secure fax machines are available. Internal and external documents must not contain the words HIV and/or AIDS except when necessary. Information with patient names and/or any other identifying information that is no longer needed must be shredded.
3. All statistical data released by the SC ADAP must be carefully scrutinized to be sure that no individuals can be identified. The SC ADAP Director will designate staff authorized to release statistical and other general information; persons without such authorization must refer queries to an authorized individual.

APPENDIX A

South Carolina ADAP Drug Formulary



ADAP Formulary

ANTIRETROVIRAL (ARV) THERAPY

NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

*abacavir	*Ziagen®
*abacavir+lamivudine	*Epzicom®
*abacavir+lamivudine+zidovudine	*Trizivir®
didanosine (ddi, dideoxyinosine)	Videx®, Videx EC
emtricitabine (FTC)	Emtriva®
emtricitabine+tenofovir	Truvada®
lamivudine (3TC)	Epivir®
lamivudine+zidovudine	Combivir®
stavudine (d4T)	Zerit®
tenofovir	Viread®
zidovudine (AZT, ZDV))	Retrovir®

NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

delavirdine	Rescriptor®
efavirenz	Sustiva®
etravirine	Intelence®
nevirapine	Viramune®

PROTEASE INHIBITORS (PI)

atazanavir	Reyataz®
darunavir	Prezista®
fosamprenavir	Lexiva®
indinavir	Crixivan®
lopinavir+ritonavir	Kaletra®
nelfinavir	Viracept®
ritonavir	Norvir®
saquinavir	Invirase®
tipranavir	Aptivus®

FUSION INHIBITOR

*enfuvirtide (T-20)	*Fuzeon®
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CCRS ANTAGONIST

*maraviroc	*Selzentry®
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INTEGRASE INHIBITOR

raltegravir	Isentress®
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ANTIRETROVIRAL (ARV) THERAPY

MULTI-CLASS COMBINATION AGENTS

efavirenz+emtricitabine+tenofovir	Atripla®
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OPPORTUNISTIC INFECTION (OI) PROTECTION & TREATMENT

acyclovir	Zovirax®
azithromycin	Zithromax®
clarithromycin	Biaxin®
clindamycin, oral	Cleocin®
fluconazole	Diflucan®
famciclovir	Famvir®
itraconazole	Sporanox®
leucovorin calcium (folinic acid)	
*peginterferon-alfa 2a	*Pegasys®
*peginterferon-alfa 2b	*PEG-Intron®
pyrimethamine	Daraprim®
*nabavirin, oral	*Copegus®, Rebeto®
rifabutin	Mycobutin®
sulfadiazine	
sulfamethoxazole/TMP	Bactrim DS, Septra DS
valacyclovir	Valtrex®
valganciclovir	Valcyte®

OTHER DRUGS

MISCELLANEOUS

atovaquone	Mepron®
amoxicillin	
amoxicillin-clavulanate, oral	Augmentin®
ciprofloxacin, oral	Cipro®
clotrimazole	
clotrimazole/betamethasone cream	
dapsone	
doxycycline	Vibramycin®
ethambutol	Myambutol®
gabapentin	Neurontin®
ketoonazole tablets, cream	
levofloxacin	Levaquin®
metronidazole, oral	Flagyl®
moxifloxacin, oral	Avelox®
nystatin	
nystatin/triamcinolone, cream, ointment	



South Carolina AIDS Drug Assistance Program

ADAP Formulary

OTHER DRUGS (continued)

MISCELLANEOUS

oseltamivir	Tamifu®
prednisone, tablets	
promethazine	
voriconazole	Vfend®
zanamivir	Relenza®

ANTIDEPRESSANTS

amitriptyline	
bupropion and SR & XL	Wellbutrin® & SR, XL
citalopram	Celexa®
duloxetine	Cymbalta®
escitalopram	Lexapro®
fluoxetine, daily formulation	Prozac®
mirtazapine	Remeron®
paroxetine and CR	Paxil® & CR
sertraline	Zoloft®
trazodone	
venlafaxine and XR	Effexor® & XR

ANTI-HYPERLIPIDEMICS

pravastatin	Pravachol®
rosuvastatin	Crestor®
simvastatin	Zocor®

ADAP DRUG COVERAGE GUIDANCE

Generic Drugs

Generic formulations of ADAP formulary drugs are dispensed when determined as most cost-effective.

Quantity of Drug

The ADAP pharmacy dispenses one-month supplies of ADAP formulary drugs.

ADAP DRUG COVERAGE GUIDANCE (continued)

Prior Authorization

- *enfuvirtide (Fuzeon®)
- *maraviroc (Seizentry®)
- *peginterferon-alfa 2a (Pegasys®)
- *peginterferon-alfa 2b (PEG-Intron®)
- *ribavirin (Copegus®, Rebetol®)
- *abacavir or abacavir-containing medications

Prior authorization is required for an individual's first

ADAP prescription for enfuvirtide, maraviroc, peginterferon alfa-2a, peginterferon alfa-2b, ribavirin, abacavir or abacavir-containing medications. After ADAP approval of the individual's initial prescription for a drug requiring prior authorization, it is not necessary to submit an additional prior authorization request to ADAP for that drug for that individual.

Questions may be addressed to the ADAP Pharmacy by calling 800-465-7333. The physician should complete the Prior Authorization Request form and fax the form and any requested documentation to ADAP. The prior authorization request **fax** number is: **803-898-7683**.

Prior Authorization is not required for ADAP Insurance clients.

APPENDIX B

South Carolina ADAP Sliding Fee Scale

**2009
South Carolina
ADAP Sliding Fee Scale**

Fam Size	Scale 1 >550% Pt pays 100%	Scale 2 >500%&≤550% Pt pays 80%	Scale 3 >450%&≤500% Pt pays 60%	Scale 4 >400%&≤450% Pt pays 40%	Scale 5 >350%&≤400% Pt pays 25%	Scale 6 >300%&≤350% Pt pays 10%	Scale 7 ≤300% Pt pays 0%	2009 Fed Pov. Guidelines	Fam Size
1	≥ \$65,781	\$59,801 - \$65,780	\$53,821 - \$59,800	\$47,841 - \$53,820	\$41,861 - \$47,840	\$35,881 - \$41,860	≤ \$35,880	\$11,960	1
2	≥ \$88,551	\$80,501 - \$88,550	\$72,451 - \$80,500	\$64,401 - \$72,450	\$56,351 - \$64,400	\$48,301 - \$56,350	≤ \$48,300	\$16,100	2
3	≥ \$111,321	\$101,201 - \$111,320	\$91,081 - \$101,200	\$80,961 - \$91,080	\$70,841 - \$80,960	\$60,721 - \$70,840	≤ \$60,720	\$20,240	3
4	≥ \$134,091	\$121,901 - \$134,090	\$109,711 - \$121,900	\$97,521 - \$109,710	\$85,331 - \$97,520	\$73,141 - \$85,330	≤ \$73,140	\$24,380	4
5	≥ \$156,861	\$142,601 - \$156,860	\$128,341 - \$142,600	\$114,081 - \$128,340	\$99,821 - \$114,080	\$85,561 - \$99,820	≤ \$85,560	\$28,520	5
6	≥ \$179,631	\$163,301 - \$179,630	\$146,971 - \$163,300	\$130,641 - \$146,970	\$114,311 - \$130,640	\$97,981 - \$114,310	≤ \$97,980	\$32,660	6
7	≥ \$202,401	\$184,001 - \$202,400	\$165,601 - \$184,000	\$147,201 - \$165,600	\$128,801 - \$147,200	\$110,401 - \$128,800	≤ \$110,400	\$36,800	7
8	≥ \$225,171	\$204,701 - \$225,170	\$184,231 - \$204,700	\$163,761 - \$184,230	\$143,291 - \$163,760	\$122,821 - \$143,290	≤ \$122,820	\$40,940	8

Sources of Income: Income to be considered in determination of co-payment is defined as money from all sources “before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds.” It includes the following:

Salaries	Unemployment Compensation	Pensions
Wages	Scholarships	Annuities
Net earnings from self-employment	Child Support	Public Assistance
Royalties and Commissions	Veteran's Benefits	Sick Pay
Tips	Social Security cash benefits	Help from relatives and others
Business Profits	Workers' Compensation	Gambling/Lottery winnings
Rents, Interest, Dividends	Alimony	Capital Gains

Income **does not** refer to the following money receipts: capital gains from primary residence; assets withdrawn from a bank; sale of property, house or car; tax refunds; gifts; loans; lump-sum inheritances; one-time insurance payments. Compensation for injury should not be included as income unless it is received for treatment that a DHEC program is providing. The value of food and fuel produced and consumed on farms and the imputed value of rent from owner-occupied housing would also be exempt when computing a client's income.

The ADAP has the right to request additional information and/or documents to help determine eligibility. In addition, the ADAP has the right to amend/change policies as needed or required.

Determining Household: For SC ADAP eligibility purposes household is defined only as the patient, the patient's spouse, dependent children or adult dependents.