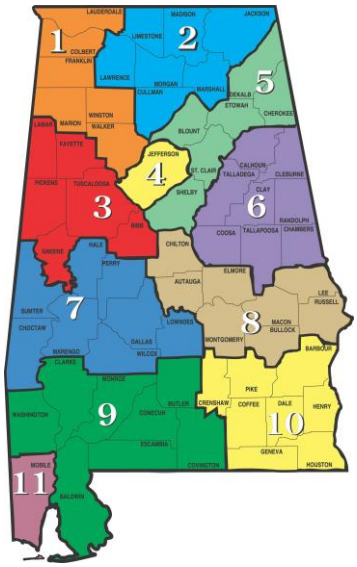
State of Alabama

AIDS Drug Assistance Program (ADAP)

Quarterly Report



This report reflects active clients currently enrolled in Alabama's Insurance Assistance Program (AIAP), the AIDS Drug Assistance Program (ADAP) & Medicare Part D Client Assistance Plan (MEDCAP), as of September 30, 2016

Prepared by:

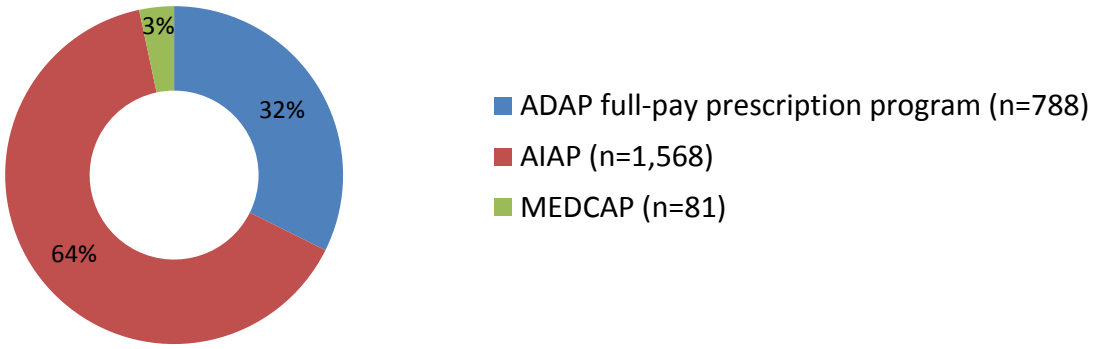
Division of HIV Prevention and Care

Direct Care Management Services Branch

For additional information, please visit http://adph.org/aids

Alabama's AIDS Drug Assistance Program (ADAP) provides continuous access to life-saving treatment and care for low income, uninsured, and underinsured people living with HIV (PLWH). Alabama's Insurance Assistance Program (AIAP) was launched in 2015, providing cost-effective health insurance to eligible PLWH. ADAP is comprised of two main components: 1) full-pay prescription medication and 2) the purchase of cost-effective insurance coverage through AIAP on behalf of eligible individuals. Premium, co-payment, and out of pocket expense assistance is also provided for eligible individuals receiving coverage through the Medicare Part D Client Assistance Program (MEDCAP). These ADAP categories are intended to reduce the morbidity and mortality experienced by PLWH, while also assisting PLWH achieve and maintain viral suppression, thus decreasing the risk of HIV transmission to non-infected individuals. The Ryan White HIV/AIDS Program (RWHAP) Part B funding is intended to provide seamless care and support across the HIV care continuum. The percentage of ADAP clients served by each program category as of September 30, 2016 is depicted in Figure 1.

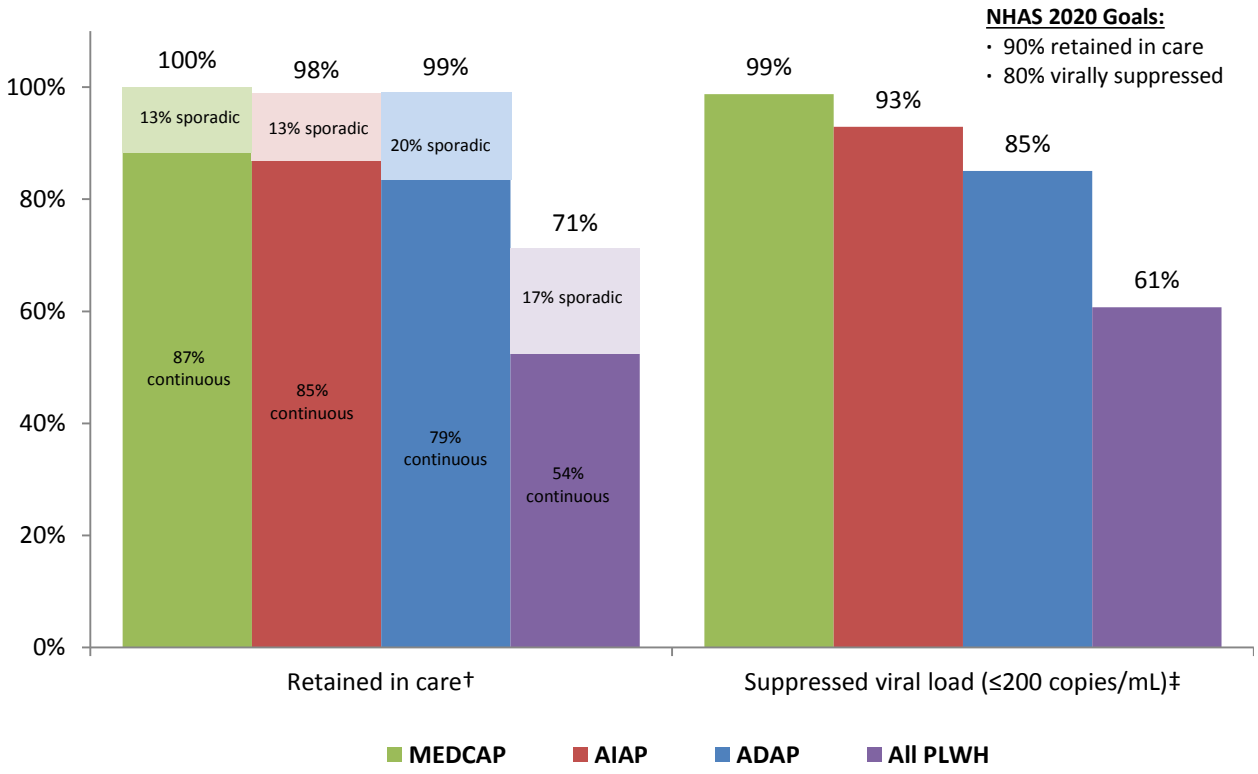
Figure 1. ADAP Clients Served by Program Category, Alabama



Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. Percentages may not total 100% due to rounding.

The ADAP plays an integral role in the achievement of the National HIV/AIDS Strategy (NHAS) updated goals for 2020, which include: 1) reducing new HIV infections; 2) increasing access to care and optimizing health outcomes; 3) reducing HIV-related disparities and health inequities; and 4) achieving a more coordinated national response to the HIV epidemic. ADAP has a measurable impact on multiple bars of the HIV care continuum, most notably retention in care and viral load suppression. Being virally suppressed improves the health of PLWH and enhances their lifespan, while also significantly reducing the risk of transmitting HIV to others. PLWH who adhere to antiretroviral therapy (ART) and have suppressed viral loads can reduce the risk of sexual transmission of HIV by 96 percent. ADAP clients achieve optimal health outcomes at a higher rate than all PLWH in Alabama. In fact, ADAP, AIAP and MEDCAP clients have already surpassed the NHAS 2020 goal of 80 percent viral suppression, compared to only 61 percent of all PLWH in Alabama (Figure 2). The NHAS 2020 goal is 90 percent (continuous) retention in HIV medical care. The level of retention in care varied by service category with 87 percent of MEDCAP clients, 85 percent of AIAP clients, and 79 percent of ADAP clients continuously retained in HIV medical care during the preceding 12 months, compared to only 54 percent of all PLWH in Alabama (which includes ADAP, AIAP, and MEDCAP clients).

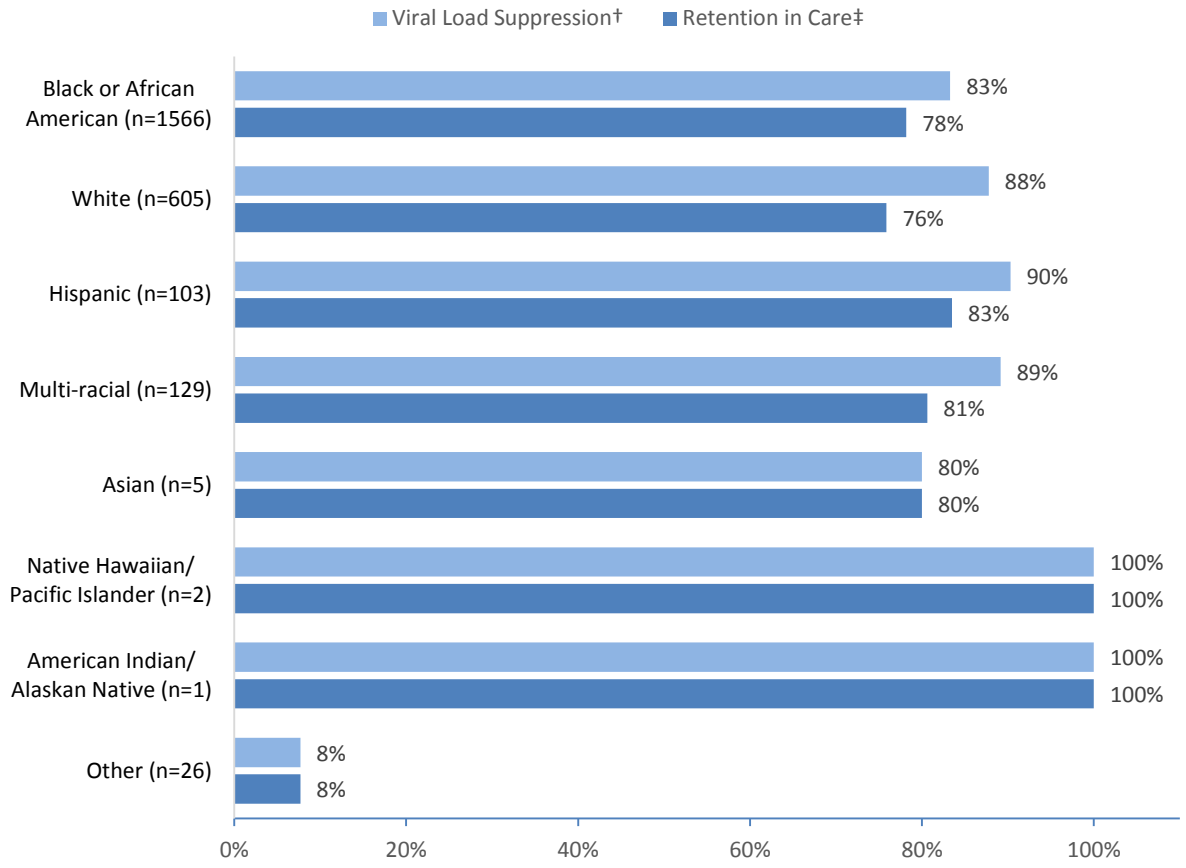
Figure 2. Retention in Care and Viral Suppression Among ADAP Clients and all PLWH, Alabama



Sources: Alabama Department of Public Health, Division of HIV Prevention and Care; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19 (No. 3).
Abbreviations: ADAP – AIDS Drug Assistance Program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program; NHAS – National HIV/AIDS Strategy; PLWH – all persons living with HIV (including ADAP, AIAP, and MEDCAP clients). Calculations include persons diagnosed with HIV infection through September 30, 2015 and alive as of September 30, 2016, allowing a full 12 months to assess retention in care and viral suppression.
† Calculated as the percentage of persons accessing care during the previous 12 months (i.e., October 1, 2015 to September 30, 2016), among those diagnosed with HIV through September 30, 2015 and alive as of September 30, 2016. Sporadic care is evidenced by only 1 CD4 or viral load test while continuous care is evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.
‡Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during the previous 12 months (i.e., October 1, 2015 to September 30, 2016), among those diagnosed with HIV through September 30, 2015 and alive as of September 30, 2016.

Viral load suppression and retention in care among clients served by Alabama's ADAP vary by race/ethnicity (Figure 3). While 83 percent of Blacks or African Americans achieved viral suppression (≤200 copies/mL), only 78 percent were retained in care (evidenced by ≥2 CD4 and/or viral load test results collected at least 90 days apart during the previous 12 months). Among Whites, 88 percent were virally suppressed and 76 percent were retained in care. Hispanics achieved 90 percent viral load suppression and 83 percent retention in care. Individuals identifying as multi-racial achieved 89 percent viral suppression and 81 percent retention in care. It should be noted that while Native Hawaiians/Pacific Islanders and American Indian/Alaskan Natives appear to experience the best HIV continuum of care outcomes with 100 percent viral suppression and retention in care, analyses conducted on sample sizes less than twelve are not considered statistically significant and results may be due to chance.

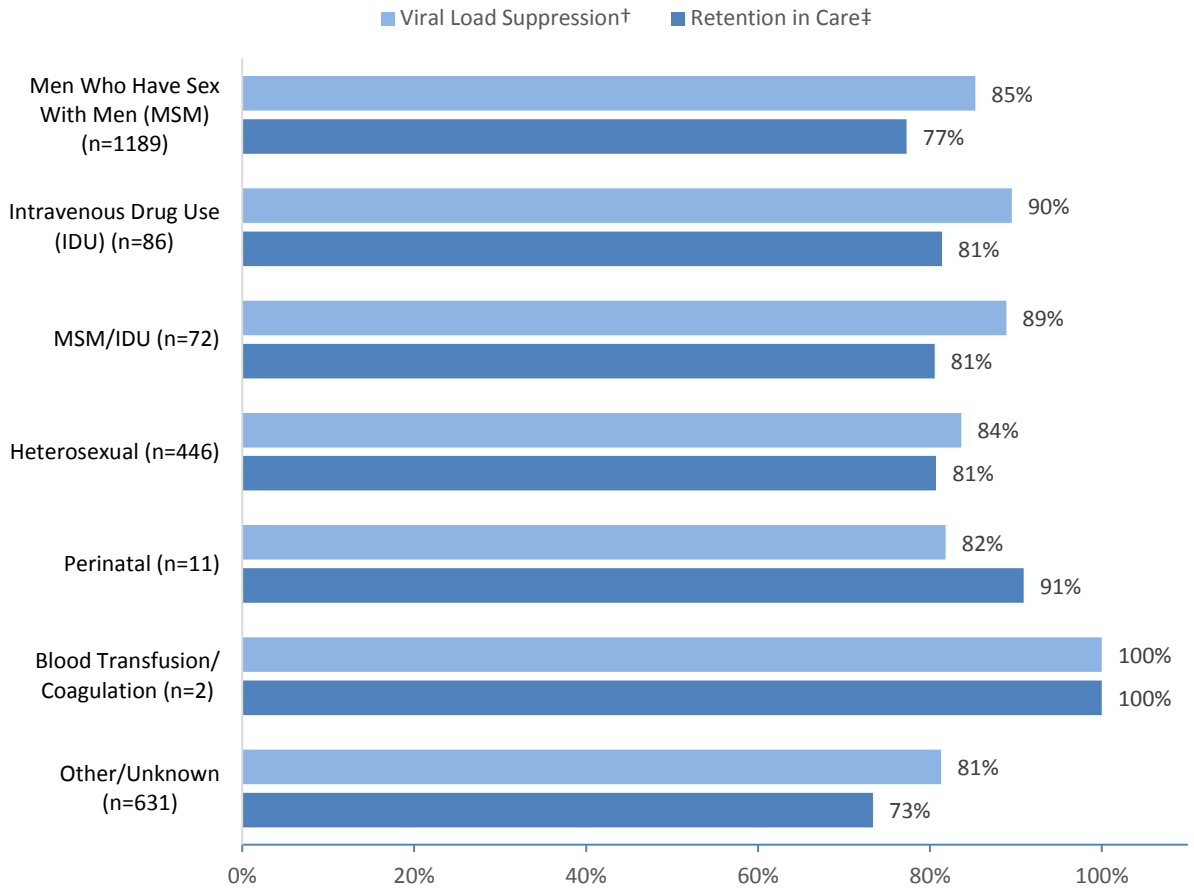
Figure 3. ADAP Clients Viral Suppression and Retention in Care by Race/Ethnicity, Alabama



Sources: Alabama Department of Public Health, Division of HIV Prevention and Care.
Calculations include persons diagnosed with HIV infection through September 30, 2015 and alive as of September 30, 2016, allowing a full 12 months to assess retention in care and viral suppression.
† Calculated as the percentage of ADAP clients diagnosed with HIV through September 30, 2015 and alive as of September 30, 2016 who had suppressed viral load (≤200 copies/mL) during the previous 12 months (i.e., October 1, 2015 to September 30, 2016).
‡ Calculated as the percentage of ADAP clients diagnosed with HIV through September 30, 2015 and alive as of September 30, 2016 retained in care during the previous 12 months (i.e., October 1, 2015 to September 30, 2016), evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

Stratifying clients served by Alabama's ADAP by risk factor also reveals variation in viral load suppression and retention in care (Figure 4). While 85 percent of men who have sex with men (MSM) achieved viral suppression, only 77 percent were retained in care. Among heterosexuals, 84 percent achieved viral suppression and 81 percent were retained in care. Individuals with other/unknown risk factors experienced the worst overall outcomes, with 81 percent viral suppression and 73 percent retention in care. Of note, injection drug users (IDU) experienced better overall HIV continuum of care outcomes than MSM. Among IDU, 90 percent were virally suppressed and 81 percent were retained in care. Among individuals reporting combined MSM/IDU, 89 percent were virally suppressed and 81 percent were retained in care. When considering clients infected via perinatal exposure or blood transfusion/coagulation, it should be noted that analyses conducted on sample sizes less than twelve are not considered statistically significant and results may be due to chance.

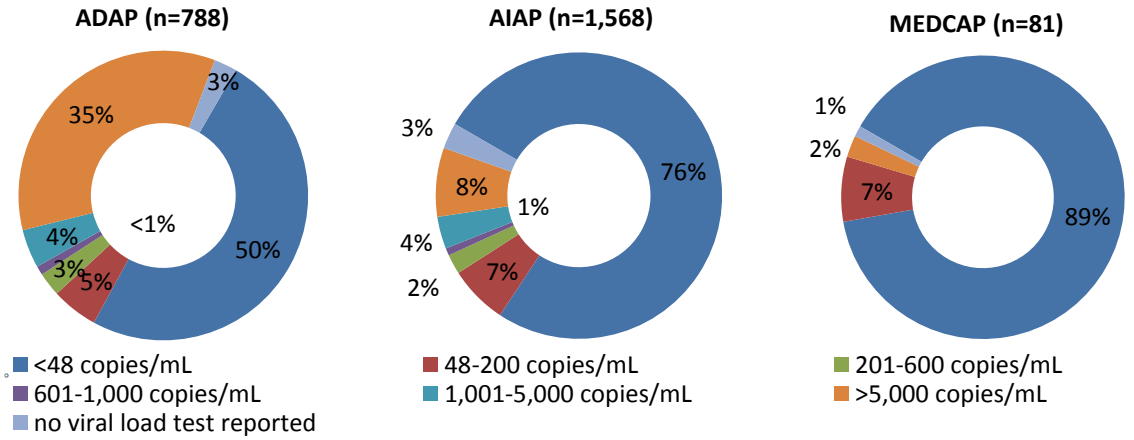
Figure 4. ADAP Clients Viral Suppression and Retention in Care by Risk Factor, Alabama



Sources: Alabama Department of Public Health, Division of HIV Prevention and Care.
Calculations include persons diagnosed with HIV infection through September 30, 2015 and alive as of September 30, 2016, allowing a full 12 months to assess retention in care and viral suppression.
† Calculated as the percentage of ADAP clients diagnosed with HIV through September 30, 2015 and alive as of September 30, 2016 who had suppressed viral load (≤200 copies/mL) during the previous 12 months (i.e., October 1, 2015 to September 30, 2016).
‡ Calculated as the percentage of ADAP clients diagnosed with HIV through September 30, 2015 and alive as of September 30, 2016 retained in care during the previous 12 months (i.e., October 1, 2015 to September 30, 2016), evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

The majority of clients actively served by ADAP reported viral suppression at the last viral load test collected during the preceding twelve months (Figure 5). However, the level of viral suppression varied by service category with MEDCAP reporting the most virally suppressed clients (96 percent), followed by AIAP (83 percent) and ADAP (55 percent). As only fifty-five percent of active ADAP prescription only clients are currently virally suppressed, this indicates a need for improved adherence to antiretroviral therapy (ART) and retention in care in this service category. However, it should be mentioned that many newly diagnosed clients eligible for RWHAP Part B services are enrolled in ADAP until the next AIAP open enrollment period. These newly diagnosed clients may not have been in care long enough to achieve viral suppression. Ensuring all ADAP clients recertify during federally required biannual eligibility reviews will improve access to continuous ART.

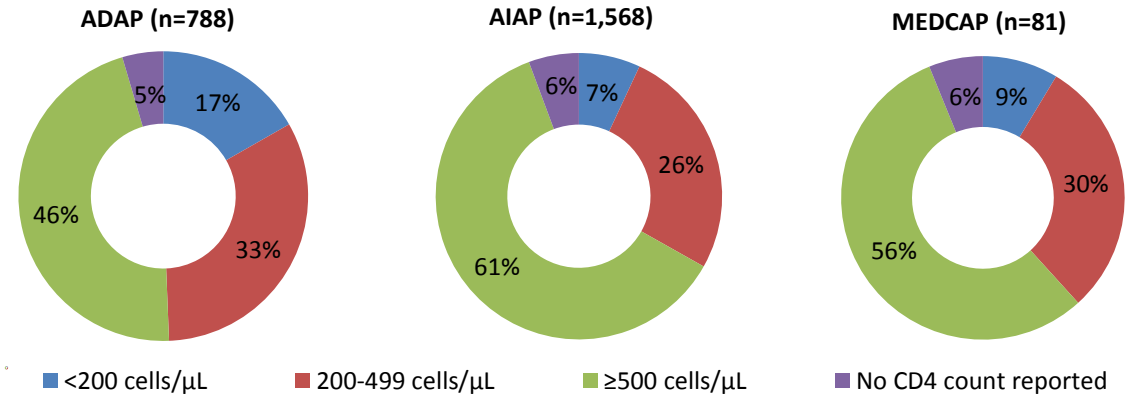
Figure 5. ADAP Clients Viral Load Range at Last Reported Test by Service Category, Alabama



Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. Viral load reported during the previous 12 months (i.e., October1, 2015 to September 30, 2016). Percentages may not total 100% due to rounding.

In addition to viral load suppression, improved access to care and ART adherence is associated with increased CD4 counts and reduced progression to AIDS. Stratification by program category reveals the majority of clients actively served by ADAP as of September 30, 2016 reported non-AIDS defining CD4 counts (i.e., CD4 ≥200 cells/µL) during the previous 12 months (Figure 6).

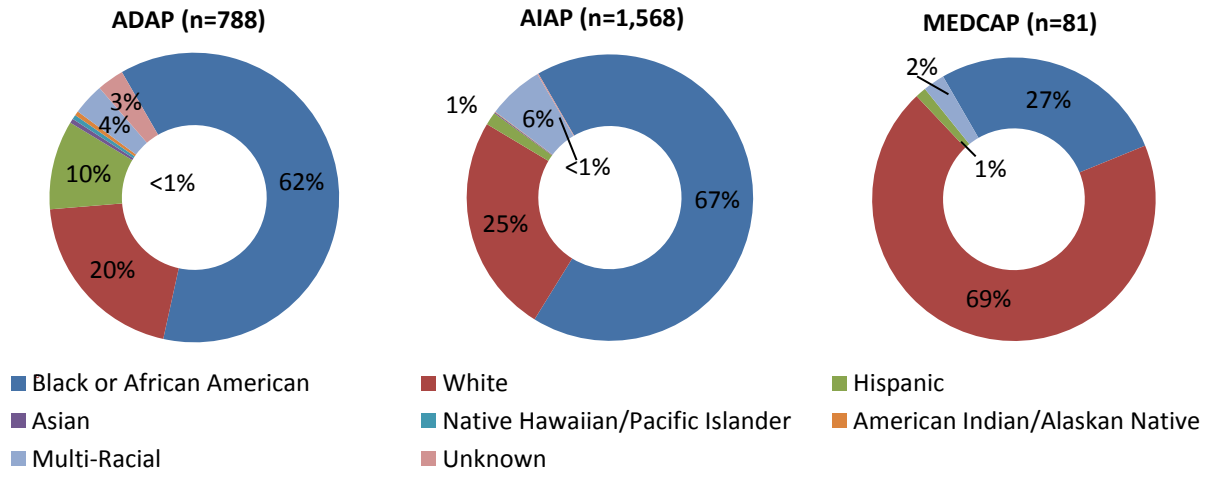
Figure 6. ADAP Clients CD4 Count Range at Last Reported Test by Service Category, Alabama



Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. CD4 counts reported during the previous 12 months (i.e., October 1, 2015 to September 30, 2016). Percentages may not total 100% due to rounding.

Racial and ethnic differences are seen when stratifying by program category. While the majority of ADAP and AIAP clients are Black or African American, the majority of MEDCAP clients are White (Figure 7). This suggests an underutilization of MEDCAP among African Americans. HIV surveillance data indicate African Americans continue to be disproportionately affected by HIV in Alabama. While African Americans comprise only 27 percent of Alabama's population, they represent 71 percent of newly diagnosed infections in current years and 70 percent of all persons living with HIV in Alabama.

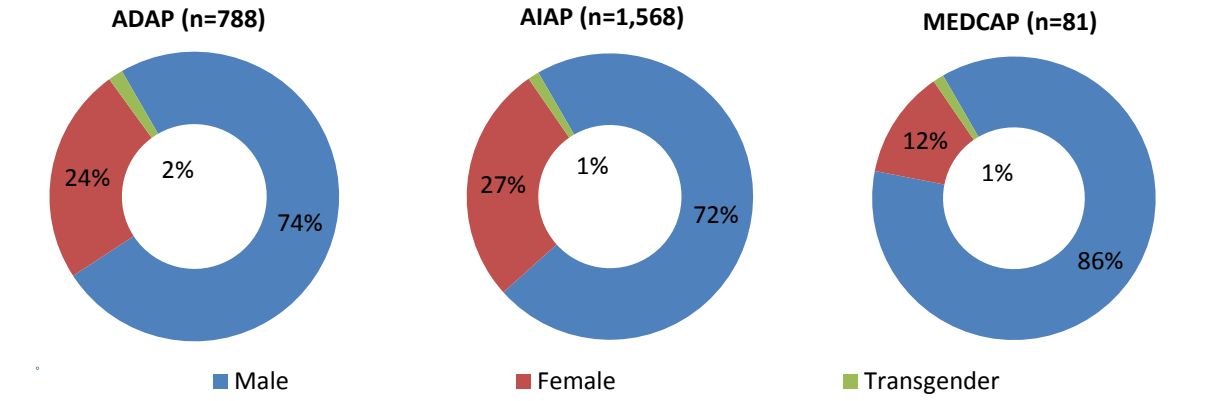
Figure 7. ADAP Clients Race/Ethnicity by Program Category, Alabama



Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. Percentages may not total 100% due to rounding.

Stratification by gender reveals the majority of clients report male for both birth sex and current gender identity across program categories (Figure 8). However, Alabama's transgender population is growing with thirty-four clients identifying transgender as of September 30, 2016.

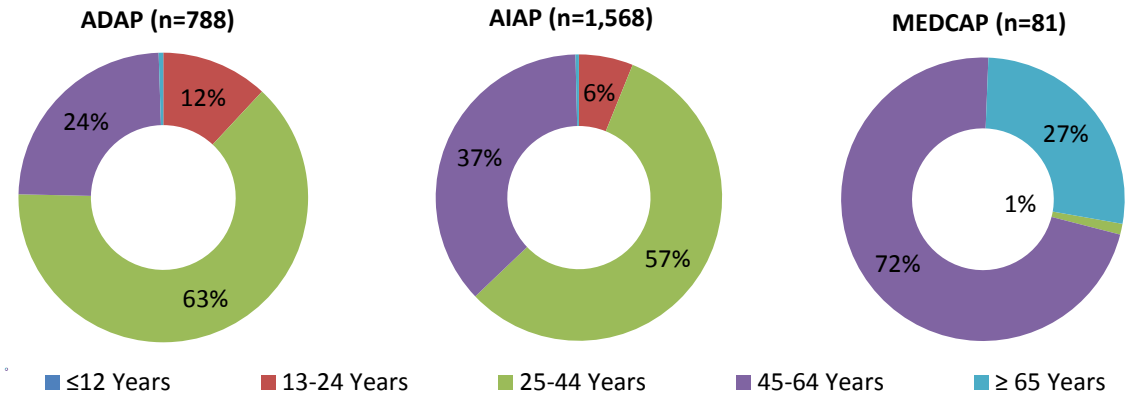
Figure 8. ADAP Clients Gender by Program Category, Alabama



Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. Percentages may not total 100% due to rounding.

While the majority of ADAP and AIAP clients served as of September 30, 2016 were 25 to 44 years old, a larger percentage of 45 to 64 years olds utilized AIAP compared to ADAP (Figure 9). MEDCAP clients represent an older population, with the majority of clients age 45 or older. No clients served by ADAP, AIAP, or MEDCAP were 12 years old or younger. By law, the Ryan White HIV/AIDS Program (including ADAP) must be the payer of last resort. Children of low income families are able to obtain healthcare coverage through Alabama's Medicaid and AllKids insurance programs.

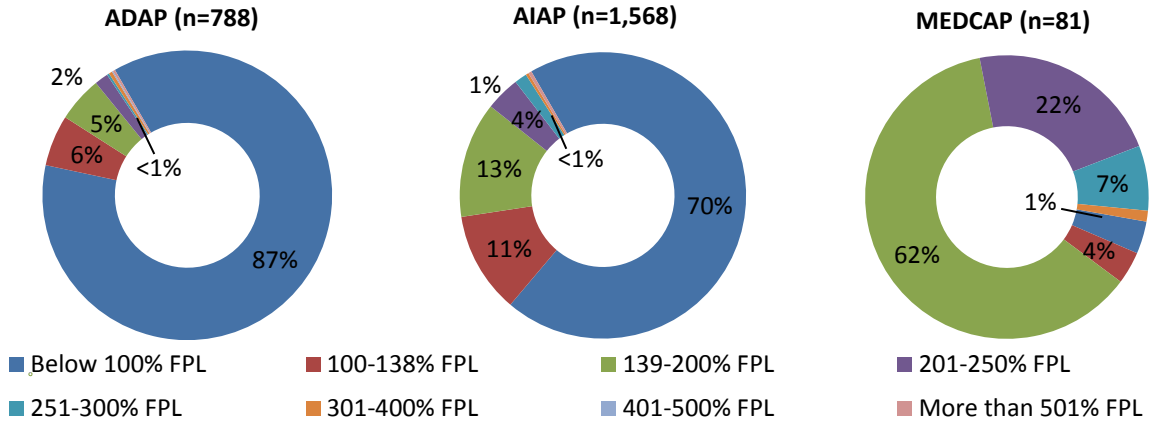
Figure 9. ADAP Clients Age by Program Category, Alabama



Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. Age as of September 30, 2016. Percentages may not total 100% due to rounding.

Alabama's income eligibility criteria for all RWHAP Part B programs (including ADAP, AIAP, MEDCAP, and other Part B services) is currently set at 300 percent of the federal poverty level (FPL). The income level of ADAP, AIAP, and MEDCAP clients served is depicted in Figure 10. While the majority of ADAP and AIAP clients are below 138 percent of the FPL, the majority of MEDCAP clients are between 139 to 250 percent of the FPL.

Figure 10. ADAP Clients Income Level by Program Category, Alabama



Sources: Alabama Department of Public Health, Division of HIV Prevention and Care. *Federal Register*, Vol. 81, No. 15, January 25, 2016, pp. 4036-4037. Also see https://aspe.hhs.gov/poverty-guidelines.
Abbreviations: ADAP - AIDS Drug Assistance Program; AIAP - Alabama Insurance Assistance Program; FPL - Federal Poverty Level; MEDCAP - Medicare Part D Client Assistance Program. Percentages may not total 100% due to rounding.

For more information about Alabama's AIDS Drug Assistance Program, including eligibility requirements and a current list of all formulary medications covered by ADAP, please visit http://adph.org/aids.