

**ND RYAN WHITE PROGRAM PART B  
NORTH DAKOTA DEPARTMENT OF HEALTH**

**AIDS DRUG ASSISTANCE PROGRAM (ADAP) POLICY**

Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to States and U.S. Territories to improve the quality and availability of HIV/AIDS care and supportive services. Portion of the Part B award is earmarked for ADAP award.

ADAP provides medications to treat HIV disease, insurance continuation for eligible clients, and services that enhance access, adherence, and monitoring of drug treatment. Medications on the North Dakota Ryan White Part B ADAP formulary are reimbursed 100 percent to contracted RW pharmacies up to \$15,000 annually per client. Clients are required to recertify every six months to be eligible.

**RW Part B Formulary**

The RW Part B formulary is divided into three tiers:

- Tier One – HIV Antiretroviral Medications
- Tier Two – Opportunistic Infection Treatment Medications
- Tier Three – Non-HIV-Related Medications.

As funding allows, medications from all three tiers will be available. If there are funding shortages, the formulary can be decreased with little notice starting with Tier Three followed by Tier Two, and Tier One would always remain on the formulary funding permitted.

**Requesting Medication not on the Formulary**

Drugs not included on the RW Part B formulary, but requested for HIV-related conditions, will be considered on an individual basis by the formulary committee.

To request consideration for a non-formulary medication, use SFN 58585 “Request for Prescription not on RW Drug Formulary” form.

1. A detailed explanation must be written stating why the client is in need of the brand name and cannot use the generic medication.
2. The form must be signed by the healthcare provider, case manager, and the client.
3. Submit the form to the RW Program Coordinator for approval.

**Requesting Brand Name Drugs**

If available, only generic drugs should be dispensed for medications on the ADAP Formulary unless prior authorization has been obtained from the HIV program manager.

To obtain prior authorization for a brand name medication, use SFN 59335 “Program Request for Brand Name Medication” form.

1. A detailed explanation must be written stating why the client is in need of the brand name and cannot use the generic medication.
2. The form must be signed by the healthcare provider, case manager, and the client.
3. Submit the form to the ADAP Coordinator for approval.