The Arizona Department of Health Services (ADHS) provides medications under Part B of the Ryan White HIV/AIDS Treatment Modernization Act of 2009 (Public Law 111-87, October 30, 2009) to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. To be eligible, you must meet all the conditions set forth below.

**Residency**
You must be a resident of Arizona. You must submit proof(s) of residency as specified on the Arizona Ryan White and ADAP Application.

**Annual Income Limits**
You must not have a modified annual gross income (MAGI) for your household that exceeds 400% of the Federal Poverty Level (FPL) as shown below:

Size of Household MAGI Income Limit (effective 1/1/2015):

1 $47,080  
2 $63,720  
3 $80,360  
4 $97,000  
5 $113,640  
6 $130,280  
7 $146,920  
8 $163,560

**Insurance**
You must provide information about any private health insurance you have or are eligible to receive upon application or renewal.
**Medicare**

If you are Medicare-eligible, you must provide a current calendar year copy of the determination letter from Social Security Administration (SSA) Medicare Prescription Drug Assistance that shows that you are not eligible or only partially eligible for assistance. You must also provide a copy of your current Medicare Rx (Part D) card. Medicare specific requirements are detailed on the Arizona Ryan White and ADAP Application.

**Proof of Income**

You must provide current proof(s) of income with your application. Acceptable proof(s) of income are detailed on the Arizona Ryan White and ADAP Application.

**AHCCCS**

You cannot be eligible for AHCCCS (Arizona Health Care Cost Containment System – Arizona’s version of Medicaid). Show this by including an AHCCCS eligibility denial form/letter if available with your application completed within the calendar year prior to your application submittal date. “Failure to participate in face-to-face interview, failure to provide verification, etc.,” does not constitute AHCCCS denial. ADAP will provide up to 45 days of medication as long as you have demonstrated submission of an AHCCCS application. ADAP will not provide further medication beyond 45 days without your AHCCCS denial form/letter or follow up from AHCCCS indicated a delay in application processing due to an error on their part. Please contact the Department of Economic Security (DES) at (602) 542-4791 to locate the DES office that serves your zip code area. If applicable, please include the date and time of your AHCCCS appointment on your application. Send ADAP your AHCCCS eligibility form/ determination letter as soon as you receive it.

**Application**

You must complete the Arizona Ryan White and ADAP Application. Make sure you answer all questions on the application in order to avoid processing delays.

Your health care provider must complete and sign the Medical Provider Page (MPP) of the application. Your health care provider should record your recent lab test results on the application in the spaces provided. In order to avoid processing delays, your health care provider should include a prescription for each of the medications being prescribed with your application. A prescription may have up to six refills requested. Once you are approved for ADAP, either you or your health care provider will have to call each time you need a refill, if refills are authorized by your health care provider. You should call Avella Specialty Pharmacy at 602-435-2040 for a refill. Please call Avella when you are down to about a five-day supply of medication.

Upon completion and collection of the necessary supporting documentation, please mail your application, proof(s) of income and residency, prescriptions and AHCCCS denial form/letter (if available) to:

Confidential
AIDS Drug Assistance Program
Office of Disease Integration and Services
150 North 18th Avenue, Suite 110
Phoenix, AZ 85007-3233

For additional information about the program or the application process, call (602) 364-3610 or (800) 334-1540 (in-state only).

Please see the ADAP formulary located at [http://www.azdhs.gov/phs/hiv/documents/adap/adap-formulary-clients.pdf](http://www.azdhs.gov/phs/hiv/documents/adap/adap-formulary-clients.pdf) for a current listing of the medications provided by the ADAP.