

Ryan White Medication Adherence Program

Objective

Optimize adherence rates among Ryan White Program clients on an ongoing basis and provide a forum for clients' education on medication adherence.

Procedures

Identification of continuous noncompliance with medication regimen over a consecutive six month period, as defined below:

Second Month Non-refill

The case manager will call the client to outline the importance of medication adherence and the consequences of failure to pick up medications two months in a row.

Fourth Month Non-refill

The case manager will send a letter and will call the client to outline the importance of medication adherence and the consequences of failure to pick up medications four months in a row. The case manager will send a copy of the reminder letter to the ADAP coordinator and the case manager will be asked to follow up with the client and report any significant information to the ADAP coordinator.

Sixth Month Non-refill

The case manager will send a **certified** letter to the client outlining the importance of medication adherence and the consequences of failure to pick up medications six months in a row. The case manager will send a copy of the certified letter to the ADAP coordinator and the case manager will be asked to follow up with the client and report any significant information to the ADAP coordinator.

CONTRACT

Between Client and Ryan White Program

In order to be eligible for HIV medication available through the Ryan White Program, I understand and do agree to abide by the following contract (*please initial*):

I understand that *not* taking HIV medication regularly (every day and on time) may lead to the development of a resistant virus against which there may be no medication.

Client's initials

I understand that the abuse of alcohol and/or the use of illicit drugs impairs my judgment and my ability to take medications as prescribed. I am aware that assistance is available for outpatient chemical dependency treatment.

Client's initials

I will adhere to the medication instructions given to me by my medical provider, which includes taking medication every day as prescribed and seeing my medical provider as often as recommended.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

4th Month Notification of Non-Refill of Medications

September 22, 2011

Ryan White Client
1234 Cherry Blossom Lane
Bismarck, ND 58501

Re: Medication Refill ó Fourth Month Missed

Dear Ryan White Client:

Our records show that you did not fill your prescription for medication for four (4) consecutive months. Medication adherence is important to maintain your health. Please know that not taking your medication regularly, every day and on time, may lead to the development of a resistant virus against which there may be no medication options for you.

If you or your medical provider have discontinued or changed your treatment, please let me know. If you are having trouble with the medications (i.e., remembering when or how to take them), please contact your doctor, case manager, or pharmacy for help. Please remember that you should not stop your medication without the advice of your doctor.

If you have any questions or concerns, please contact me at (701) 555.5555.

Sincerely,

Case Manager
Ryan White Program

cc: ADAP Coordinator

**6th Month Notification of Non-Refill of Medications
Certified Letter**

September 22, 2011

Ryan White Client
1234 Cherry Blossom Lane
Bismarck, ND 58501

Re: Medication Refill ó Sixth Month Missed

Dear Ryan White Client:

I am writing to notify you that you have not refilled your medications at any participating pharmacy for six consecutive months. Medication adherence is important to maintain your health. Please know that not taking your medication regularly, every day and on time, may lead to the development of a resistant virus against which there may be no medication options for you.

If you or your medical provider have discontinued or changed your treatment, please let me know. If you are having trouble with the medications (i.e., remembering when or how to take them), please contact your doctor, case manager, or pharmacy for help. Please remember that you should not stop your medication without the advice of your doctor.

If you have any questions or concerns, please contact me at (701) 555.5555.

If you feel I have made an error and would like to discuss the issue further, please contact me at (701) 555.5555.

Sincerely,

Case Manager
Ryan White Program

cc: ADAP Coordinator