Dallas Local AIDS Pharmaceutical Assistance Program (LPAP) Policy and Procedure

LAST REVIEW DATE:

8/19/2019

PURPOSE:

The purpose of a Local AIDS Pharmaceutical Assistance Program (LPAP) is to provide medications when other means are unavailable or insufficient. LPAP is for clients requiring long-term HIV and HIV-related medications that cannot be obtained through the Texas AIDS Drug Assistance Program (ADAP) or pharmaceutical manufacturers' Patient Assistance Program (PAP).

SCOPE:

The purpose of this policy is to serve as the policy and procedure process for the Dallas LPAP Board in establishing and maintaining a formulary and financial eligibility criteria. This policy outlines patient eligibility and expectations for the LPAP Board and Service Providers

PROCEDURE:

Board:

Multidisciplinary Board shall be established to oversee LPAP formulary management and ensure financial eligibility for clients meets Federal and Local Ryan White standards. Board members are encouraged to be from service area providers and the community to provide comprehensive input into LPAP fund applications. Board shall have a chair and co-chair. Board meetings will be facilitated by administrators at Dallas County Health and Human Services.

Meetings:

Closed board meetings may be held in person at Dallas County Health and Human Services or via secure conference call line. Meetings will be held semiannually, in January and July, with ad hoc meetings for medication reviews and updates made by Texas Medicaid, Texas HIV Medication Program (THMP)/ADAP, and requests by prescribers.

Eligibility:

LPAP income guidelines will be set by the Dallas Eligible Metropolitan Area (EMA) Service Delivery Guidelines of Care. Ryan White funds are the payment of last resort.

State AIDS Drug Assistance Program (ADAP) funds may not be used for LPAP support.

- Local pharmacy assistance programs are not funded with ADAP earmark funding.
- LPAPs are not to take the place of the ADAP program.
- Clients cannot be enrolled in another medication assistance program for the same medication, excluding co-payment discounts.
- Funds may not be used to make direct payments of cash/vouchers to a client.
- No charges may be imposed on clients with incomes below 100% of the Federal Poverty Level (FPL).
- For 2019, HIV/AIDS clients with income below the federal poverty level (FPL) 500% are eligible for LPAP funds.
- LPAP is not a substitute for enrollment in Texas ADAP and all clients should be encouraged to apply for Texas ADAP.
- Once enrolled in Texas ADAP a client should discontinue use of EFA or LPAP funds.
- Local AIDS Pharmacy Assistance Programs (LPAP) do not dispense medications as:
  - a. A result or component of a primary medical visit;
  - b. A single occurrence of short duration (an emergency); The medication (s) used to treat the case should exceed 60 days in order to be approved by the LPAP Board.
  - c. Vouchers to clients on an emergency basis.

  (Emergency Financial Assistance service category funds should be used for the above situations a., b., c.)

Medications:

The LPAP Board shall establish and maintain a formulary of medications that are eligible for payment. Service providers may request additions and deletions to the formulary for consideration by the LPAP Board using appropriate formulary modification request forms for addition or deletion.

The process of prescribing drugs not listed in the LPAP Formulary:

1. The medication is prescribed by a qualified prescribing medical provider.
2. The prescription goes to the patient, e-prescribed, or any system the prescribing agency has in place to fill the prescription for the patient.
   2.1 At the same time, fax or email the "ADD form" to Administrative Agency for the LPAP Board to review.
   2.2 A copy of the form will be attached to the patient's EMR for documentation and monitoring purposes.
3. The medication should be available for the patient within two (2) business days.

4. After the LPAP Board has reviewed the medication request, the "ADD form" will be sent back to the prescribing agency and will be "Approved" or "Disapproved". Place the form in the patient's EMR for documentation and monitoring purposes.
5. If the medication is approved by the LPAP Board, LPAP funds will be used to cover the cost of the medication.
6. If the medication is denied by the LPAP Board, the prescribing agency must find another source of funding to cover the cost of the medication to assure treatment continuity.

The addition/removal process will take place as requested by local prescriber or as a result of the modification of the THMP/ADAP drug formulary.

A. To request adding a medication to the LPAP Formulary, please use the Local AIDS Pharmaceutical Assistance Program (LPAP) Request to Add Medication to Approved Formulary form as follow:
1. Complete the form. In the justification section, please provide justification and proper documentation of the case, drug category and benefit through a literature search. (DO NOT WRITE ANY PATIENT IDENTIFIABLE INFORMATION ON THIS FORM). An in-person presentation to the LPAP Board is optional.
2. Fax completed form (with supporting documentation if additional space is needed) to Angela Jones (214) 819-6023 or email to RWLPAP@dallascounty.org. If submitting via fax, please send an email as notification that a fax has been sent.

B. To request removing a medication from the LPAP Formulary, please use the Local AIDS Pharmaceutical Assistance Program (LPAP) Request to Remove Medication from Approved Formulary form.
1. Complete the form. In the justification section, please provide justification and proper documentation of the case, drug category and benefit through a literature search. (DO NOT WRITE ANY PATIENT IDENTIFIABLE INFORMATION ON THIS FORM). An in-person presentation to the LPAP Board is optional.
2. Fax completed form (with supporting documentation if additional space is needed) to Angela Jones (214) 819-6023 or email to RWLPAP@dallascounty.org. If submitting via fax, please send an email as notification that a fax has been sent.

All medications purchased with LPAP funds must be FDA-approved. Prescribed Over-the-Counter (OTC) medications may be purchased with LPAP funds if the medication is listed on the LPAP formulary and the provider has deemed that the medication is needed for prevention and treatment of opportunistic infections or to prevent the serious deterioration of health. All OTC medications purchased with LPAP funds must be FDA approved. The LPAP Board strongly recommends prescribers use generics first.

LPAP medications must be purchased at the lowest possible cost, such as 340B Program pricing. Clients must obtain their medications through a 340B covered entity,

pharmacy, or a comparable medication discount program. Please use generic drugs when available, even when a prior authorization is requested on the Medicaid Formulary.

RWHAP recipients using the LPAP service category must establish the following:

- Uniform benefits for all enrolled clients throughout the service area;
- A recordkeeping system for distributed medications;
- An LPAP advisory board;
- A drug formulary approved by the local advisory committee/board;
- A drug distribution system;
- A client enrollment and eligibility determination process that includes screening for ADAP and LPAP eligibility with rescreening at a minimum of every six months;
- Coordination with the State's RWHAP Part B ADAP (a statement of need should specify restrictions of the state ADAP and the need for the LPAP);
- Contracts/Memorandums of Understanding (MOU) must be set up to purchase medications at wholesale or another below retail price.
- Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program.

DEFINITIONS:

ADAP   AIDS Drugs Assistance Program
EFA   Emergency Financial Assistance
EMA   Eligible Metropolitan Area
LPAP   Local AIDS Pharmaceutical Assistance Program
PAP   Patient Assistance Program
THMP   Texas HIV Medication Program

REFERENCES:

LPAP Service Standard
https://www.dshs.texas.gov/taxonomy/lpap.shtm

340B Drug Pricing Program
https://www.hrsa.gov/opa/index.html

LPAP Formulary
https://www.dallascounty.org/departments/dchhs/local-aids-pharmaceutical-assistance-program.php