

## Comments on Local Pharmaceutical Assistance Program

### Standards of Care

#	Item	Comment	DSHS Response	Resolution
1	Definition	Is this only for HIV medications or can it be used for other medications necessary to treat illnesses that may affect a client's HIV?	Refer to purpose of LPAP for further explanation. Can include other medications that prevent or treat opportunistic infections. The LPAP Board determines which medications may be acquired under this service category.	
2	Services:	Each LPAP is required to establish a LPAP Board that will develop a formulary	Unsure why "required". was questioned. This is a HRSA requirement	
3	Services	Long term	Unsure of comments regarding placing long term with the 3 bullets. According to HRSA definition, LPAPs serve as an ongoing means, not long-term.	
4	Pharmacy or medication or site providing medications will	Wording out of context	Change typo from medication <u>or</u> site to delete "or"	

	have a policy and procedure in place for clients to voice complaints or grievances with services			
5	Services Implement a Local AIDS Pharmaceutical Assistance Program (LPAP)	This implies that each subrecipient would need to implement an LPAP.	This is the responsibility of whoever has established a LPAP. In Texas several subreipients have.	
6	A LPAP Advisory board	This is an AA responsibility and not a subrecipient	This is the responsibility of whoever has established a LPAP. In Texas several subreipients have.	
7	-A drug distribution system that includes a drug formulary approved by the LPAP Board or a subcommittee of a Planning Council/ADAP Advisory Board	AA responsibility	This is the responsibility of whoever has established a LPAP Program	
8	Medication Deductibles and/or Co-payments with purchasing medications	Long term and on the formulary	HRSA does not use the term long term and HRSA requires medications to be included in a formulary as previously stated in the standards. No need to add additional	

			wording.	
9	Agencies may charge clients with a FPL above 100% co-payment for medication based on an established sliding fee scale.	Need to add the word "a" before copayment.	FPL is not determined after co-payments have been deducted, so there is no reason to add this wording.	
10	Prescriptions filled are the most cost-efficient medications provided by the dispensing pharmacy as evidenced by receipts.	From a monitoring perspective, not sure how this will be determined. A receipt would prove purchase price, but not cost-efficiency.	How are you currently determining cost-efficiency? This hasn't changed	
11	Dispensing fee: Agency may reimburse the pharmacy a minimal dispensing fee per prescription as outlined in the MOU.	Is there where we include the THMP dispensing fee?	Yes	
12	Dispensing fee: Agency may reimburse the pharmacy a minimal dispensing	If the only thing an agency is paying for under LPAP is the THMP dispensing fee, do they need to worry about an LPAP Board, or would THMP pretty much cover it?	A LPAP Board still needs to be in place according to HRSA for use of the service category. The state plans on establishing a LPAP Board to determine the formulary.	

	fee per prescription as outlined in the MOU.			
13	References	Assuming this is the Part A National Monitoring Standards, this is an outdated reference. Part A standards were updated April 2013.	Typo in date corrected to 2013.	
14	Texas Department of State Health Services HIV/STD Program Policies Purchasing Emergency Medications for Clients Awaiting an Eligibility Decision from the Texas HIV Medication (Policy 220.100). Located at <a href="http://www.dshs.state.tx.us/hivstd/policy/policies.shtm">http://www.dshs.state.tx.us/hivstd/policy/policies.shtm</a> Texas Department of State Health Services HIV/STD Program Policies Purchasing Prescription or	These policies are old and contain outdated information. Would recommend assuring content has current applicability before using as a reference in a new standard.	Current policies	

	Over-The-Counter Medications and Vitamins not Covered by a Third-Party Payor. (Policy 220.101). Located at <a href="http://www.dshs.state.tx.us/hivstd/policy/policies.shtm">http://www.dshs.state.tx.us/hivstd/policy/policies.shtm</a>			
15	Each LPAP is required to establish a LPAP Board that will develop a formulary that meets the needs of the jurisdiction.	<p>CommUnityCare has a Pharmacy and Therapeutics Committee, which oversees the full CUC formulary, which includes LPAP drugs. This committee includes the director of Pharmacy, the Medical Director, Physicians, a mid-level provider and nurse, as well as the DPC Pharmacist in Charge, representation from finance, and clinical pharmacy. Can this group be used to meet this requirement?</p> <p>In all this is be confusing, as it almost sounds as if this should operate at the AA level.</p>	If this committee oversees the LPAP formulary, then yes. LPAP Board can be established at either the state, region, or local – provider level.	

16	<del>LPAP can fund prescribed medications deemed medically necessary by a provider for those NOT on TMHP formulary for TMHP enrolled patients</del>	The removal of this is confusing. Can LPAP funds be used for non-TMHP medications for TMHP patients?	Should not have been removed thanks for catching that.	
17	Over-the-Counter medications to include vitamins 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	Is there a definition of 'serious Deterioration of health'? How does this need to be recorded in a patient's file? For instance, if a patient is prescribed Accutane for acne treatment because having clearer skin improves a patient's self-esteem and depression symptoms which subsequently improves adherence to medication is that allowable and does that need to be outlined in a patients record?	The provider determines when there is a serious deterioration of health and will document this in their progress notes. Any medication purchased using LPAP funds must be on the LPAP formulary. If Accutane has been approved by your LPAP board, then yes LPAP can be used to purchase.	
18	Clients must have successfully completed ADAP application and requisite re-certifications to be eligible for LPAP. Eligibility for LPAP	Does this mean that LPAP can only be used for patients who have applied for ADAP? What about those with traditional Medicaid with three-slot medications? What is a	Clients should be screened for all possible sources of payment prior to using LPAP. If they have completed the ADAP application and have been deemed ineligible, then LPAP can	

	will be determined by eligibility staff and documentation will be kept on file in the primary client record system.	<p>patient never gets screened?</p> <p>Does this mean that if a patient has partial application that patient can't get funded by RW?</p>	be used. If the patient has only partially completed the application, they need to complete the application and determined ineligible for ADAP prior to being placed in LPAP.	
19	Agency may reimburse the pharmacy a minimal dispensing fee per prescription as outlined in the MOU.	Can funds be used to reimburse dispensing fees for medications dispensed for patients receiving EFA medications?	No, EFA should be used.	
20		I read this as meaning, LPAP funds can only be used to support the purchase of medications not on THMP for patients who have THMP? What about those patients who are not approved for THMP and are not able to access medications through PAP (some PAP programs now only allow a patient to access assistance once a year or once in a lifetime). This has the potential to be very limiting, even with the	Anyone can receive medications on this program not just THMP patients.	

		availability of Emergency Financial Assistance (EFA).		
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