

Local Pharmacy Assistance Program

Definition: Local Pharmaceutical Assistance Program (LPAP) is operated by a [Ryan White HIV/AIDS Program \(RWHAP\)](#) Part A or B recipient or sub-recipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

RWHAP Part A or B 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 minimum of every ~~six~~-[twelve \(12\)](#) 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
- Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program.

Only RWHAP Part A grant award funds or [RWHAP](#) Part B Base award funds may be used to support an LPAP. ADAP funds may not be used for LPAP support. LPAP funds are not to be used for Emergency Financial Assistance. Emergency Financial Assistance may assist with medications not covered by the LPAP.

Eligibility: [ConsumerClients](#) shall meet eligibility requirements as defined in the System-Wide Standards of Care.

1.0 Agency Policies and Procedures

The agencies shall have Policies and Procedures to ensure that the services are accessible to all eligible [consumerclients](#). Each agency's policies and procedures shall ensure compliance with the following Standards.

1.0 Agency Policies and Procedures

STANDARDS		MEASURES	
1.1	All agencies shall comply with Florida State Statutes 465.	1.1	Current license(s) are on file at agency.

Orlando EMA HIV Health Services Standards of Care	1	Psychosocial Support Services Approved June 29,2016
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1.2 All agencies will comply with Section 340B of P.L. 102-585, the Veteran's Health Care Act of 1992 <u>The Public Health Service Act, 42 U.S.C. § 256b.</u>	1.2 License-Certification on file at agency
1.3 Agencies must ensure that original prescriptions are on file and that all medications are on the current approved formulary.	1.3 Original prescription from a licensed Florida medical provider on file
1.4 Agencies shall ensure that medications are distributed to Ryan White <u>RWHAP</u> eligible consumer <u>clients</u> that have been screened for ADAP eligibility with rescreening every six <u>twelve</u> (12 <u>6</u>) months.	1.4 Documentation of Ryan White <u>RWHAP</u> eligibility with ADAP screening and rescreening in Provide Enterprise (PE) or CareAREWare.
1.5 Agencies shall ensure that a drug distribution system is in place that provides for: <ul style="list-style-type: none"> uniform benefits to all enrolled consumer<u>clients</u> throughout the EMA/OSA a record keeping system for distributed and/or destroyed medications 	1.5 Total number of consumer clients receiving Anti-retroviral (ARV) Drug Distribution policy & procedure on file with system for destruction of medications.
1.6 An LPAP does not dispense medications as: <ul style="list-style-type: none"> A single occurrence of short duration (an emergency); or Vouchers to clients on an emergency basis. 	1.6 Documentation that the LPAP is not dispensing medications as: <ul style="list-style-type: none"> A single occurrence of short duration (an emergency without arrangements for longer term access to medication; or Vouchers to clients on a single occurrence without arrangements for longer-term access to medications.
1.7 The agency must adhere to the current approved Ryan White <u>RWHAP</u> Part A or B formulary established by the local pharmacy work group.	1.7 Documentation that the agency adheres to the current approved Ryan White <u>RWHAP</u> Part A or B formulary.

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1.8 Agencies shall provide Treatment adherence counseling for all drugs dispensed to <u>consumerclients</u> .	1.8 Percentage of patients dispensed medication with a viral load less than 200 copies/ml at last HIV viral load test during the measurement year <u>Documentation of treatment adherence in Electronic Data Management System.</u>
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2.0 Co-pay/Cost Sharing

The purpose of the Share of Cost/Insurance Co-pays standard is ensuring that there are consistent guidelines for determining co-pay and cost sharing for medications.

2.0 Co-pay/Cost Sharing

STANDARDS	MEASURES
2.1 Agencies must determine share of cost/insurance co-pays based on the following criteria: <ul style="list-style-type: none"> <u>consumerClients</u> who have an income of 200100% or less of the federal poverty <u>level (FPL)</u> guideline have zero (0) share of cost; <u>consumerClients</u> whose income is between 204101% and 400% of the <u>federal</u> poverty level <u>shall be charged a fee based on a Sliding Fee Scale but shall not exceed will receive up to \$200 worth of assistance</u> monthly; 	2.1 Documentation of applied current federal poverty level (FPL) guidelines and income in consumer <u>sliding fee scale and appropriate charges in client</u> file.

3.0 Formulary

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Standards	Measures
3.1 Agency must utilize current approved <u>Ryan White</u> RWHAP Part A_ or B formulary.	3.1 <u>Documentation that a</u> All consumerclients access only pharmaceuticals listed on the <u>dispensed medications are on the RWHAP</u> Part A or B formulary.

3.2 Agencies shall ensure that a representative participates as a member of the Local Pharmacy Work Group.	3.2. Documentation of participation via minutes
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