Local Pharmaceutical Assistance Program Service Standard

Texas Department of State Health Services, HIV Care Services Group — HIV/STD Program | Texas DSHS

Subcategories	Service Units
Local Pharmaceutical Assistance Program	Per prescription

Health Resources & Services Administration (HRSA) Description:

A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA Ryan White HIV/AIDS Program (RWHAP) Part B recipient or subrecipient as a supplemental means of providing ongoing medication assistance when a HRSA RWHAP AIDS Drug Assistance Program (ADAP) has a restricted formulary, waiting list, and/or restricted financial eligibility criteria.

Program Guidance:

An LPAP is a program to ensure that clients receive medications when other means to procure medications are unavailable or insufficient. As such, LPAPs serve as an ongoing means of providing medications. Grant recipients may use RWHAP Part B Base award or Part A grant funds to support an LPAP.

To maintain confidentiality,all programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards.

Limitations:

Agencies may not use state ADAP funds for LPAP support. RWHAP recipients may not use LPAP funds for emergency or short-term financial assistance; instead, they may use the Emergency Financial Assistance (EFA) service category to assist with

short-term medication assistance not covered by the LPAP. Additional limitations include:

- LPAPs must not take the place of the ADAP program or duplicate services available through the Texas HIV Medication Program (THMP).

- Providers must first use Pharmaceutical Assistance Programs (PAPs) before using LPAP, and service providers cannot enroll clients in another medication assistance program for the same medication, excluding co-payment discounts.

- Agencies may not use funds to make direct payments of cash or vouchers to a client.

- All medications purchased with LPAP funds must be FDA-approved, consistent with the most current [HHS HIV/AIDS Treatment Guidelines](#), and on the LPAP formulary.

  ‣ Providers wishing to prescribe a medication not on the formulary shall make a request to the LPAP Board for approval to add the medication to the formulary. Providers may only purchase the medication after the LPAP board has added it to the formulary.

- Agencies may not impose any charges on clients with incomes below 100% of the Federal Poverty Level (FPL).

- Clients with insurance and other third-party payer sources are not eligible for LPAP assistance unless there is documentation on file that their prescription benefits do not cover the medication

- For the following services, EFA should be used rather than LPAP:

  ‣ A result or component of a primary medical visit

  ‣ A single occurrence of short duration (an emergency)

  ‣ Vouchers to clients on an emergency basis

Services:

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 that:

‣ The local advisory committee has approved

‣ Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above

● A drug distribution system

● A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility, with rescreening at a minimum of every 6 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 HRSA 340B Drug Pricing Program and the Prime Vendor Program

LPAP funds may be used to purchase prescribed over-the-counter (OTC) medications if the medication is listed on the LPAP formulary and the provider has deemed that the medication is needed for the 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.

Universal Standards:

Services providers for Local Pharmaceutical Assistance Program Services must follow HRSA and DSHS Universal Standards 1-52 and 61-70.

Service Standards and Measures:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
LPAP Prescriptions: Providers may use the funding to assist eligible clients with purchasing medications that are over the Medicaid monthly allotment or that the THMP program does not cover. A copy of the client's prescription from the prescribing provider is on file with the agency. The prescription must include: • Name of the client • Date of Birth • Medication • Dose • Signature of the prescribing medical provider	1. Percentage of client charts that have the documented prescriptions funded through LPAP assistance with: 1a: Name of the client 1b: Date of birth 1c: Name of medication, dose, and signature of the prescribing medical provider.
Timeliness of Service: LPAP programs should approve and ensure availability of new prescriptions that meet the LPAP eligibility criteria within 2 business days.	2. Percentage of clients accessing services under LPAP have access to their prescribed medication(s) within 2 business days of approved LPAP funding.
Prescribed Over-the-Counter (OTC) Medications: LPAP can assist clients with OTC medications if the provider has prescribed the medication and has deemed the medication is needed for the prevention and treatment of opportunistic infections or to prevent the serious deterioration of the client's health and the medication are on the LPAP formulary.	3. A percentage of client files with prescribed OTC medications paid through LPAP funding have documentation of: (Pilot Measure) 3a. Medical necessity from the prescribing provider 3b. Linked to HIV or HIV-related conditions 3c. Medication is on the LPAP formulary.

Medication Adherence Counseling: Staff offer clients counseling on medication adherence when assistance is requested.	4. Percentage of clients who have documentation of having been offered adherence counseling when assistance is requested.
Viral Suppression: Clients who access HIV medications for long-term assistance (more than 60 days) have documentation in the file of viral suppression.	5. Percentage of clients accessing HIV medication assistance for more than 60 days have documentation of viral suppression.

References:

Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). *Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part A Recipients.* Health Resources and Services Administration, June 2023.

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Ryan White HIV/AIDS Program. *Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds*. Health Resources & Services Administration, 22 Oct. 2018.

Ryan White HIV/AIDS Program. Local Pharmaceutical Assistance Program (LPAP) FAQs · LPAP Policy Clarification Memo (8/29/13). Available at: https://hab.hrsa.gov/sites/default/files/hab/Global/lpapletter.pdf

Texas Administrative Code: TAC 22, Chapter 15, 291.6. Available at: https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=15&ch=291&rl=74

Texas Department of State Health Services HIV/STD Program Policies. Payer of Last Resort (Policy 590.001). Available at: https://www.dshs.texas.gov/hivstd/policy/policies.shtm

Texas Department of State Health Services HIV/STD Program Policies Purchasing Prescription or Over-The-Counter Medications and Vitamins Not Covered by a Third-Party Payer. (Policy 220.101). Available at: https://www.dshs.texas.gov/hivstd/policy/policies.shtm

Texas Department of State Health Services HIV/STD Program Policies HIV/STD Medication Program Pharmacy Eligibility Criteria. (Policy 700.003). Available at: https://www.dshs.texas.gov/hivstd/policy/policies.shtm