

**TEXAS HIV MEDICATION PROGRAM  
PARTICIPATING PHARMACY GUIDELINES  
Last Updated: November 1, 2020**

- Each pharmacy approved by the Texas Department of State Health Services (DSHS) Texas HIV Medication Program (Program) will be assigned a unique Pharmacy ID number. Once approved, the pharmacy is considered to be a participating pharmacy (pharmacy). The agreement will be due for renewal every five years unless terminated.
- Each client approved to receive medication from the Program will receive a letter containing a unique 6-digit client code number, the name and address of his/her assigned pharmacy, the list of their approved medications and instructions for receiving medications from the Program. A copy of the letter is also sent to the pharmacy to which the client has been assigned. Program clients are not required to show their Program approval letters when submitting prescriptions or requesting medications to be ordered by the pharmacy. The pharmacy is always welcome to call the Program for verbal verification of the client's eligibility. If a pharmacy needs another copy of a client letter for its files, one should be requested from the Program.
- The Program will provide medication ordered for an approved client by a participating pharmacy in accordance with the terms of the agreement. The Program will not replace any medication that is lost, stolen, or damaged unless adequate documentation of the circumstances is provided.
- Please remember that the Texas HIV Medication Program is a provider program, not a reimbursement program. Once the pharmacy has placed an order for a client's medications, the Program processes the order and ships the approved medications to the ordering pharmacy for dispensation to said client. If participating pharmacies dispense medications from their inventories to Program clients and then use medications from the Program to replenish those inventories, the Program is not responsible for providing a replacement for any medications dispensed without prior THMP approval. Please consult with Program staff to secure approval for any special circumstances prior to dispensing medications from store inventory.
- Because THMP supplies medications purchased at or below 340b prices, participating pharmacies may not submit manufacturer rebate requests for medications received through the THMP program, even if the pharmacy is designated as a 340b pharmacy.
- The Program reserves the right to limit the number of clients assigned to a particular pharmacy at any given time. Pharmacies may also contact the Program at any time to tell us if they feel they have reached a capacity level for the clients that they can handle so that a hold may be instituted on that location's roster.

Procedures for Ordering and Receiving Medications

- An approved Program client will receive a prescription from his/her physician for each approved medication and take it to the pharmacy to which he/she was assigned. Or, subject to the constraints of any relevant and prevailing laws, the prescription order may be phoned, faxed, or sent in electronically by the physician to the pharmacy. The prescription order may also be transferred to/from another pharmacy.

- Pharmacies should not have THMP clients on auto-refill. Medications should be ordered only as needed and must be returned to THMP or reassigned to another THMP client if they cannot be picked up within ten calendar days. Transfers of medications must be pre-approved by THMP.
- THMP medications should be stored separately from other medications to prevent accidental use for non-THMP clients.
- All medications should be dispensed by the pharmacy unopened, without re-packaging, in full-bottle amounts, not to exceed the maximum quantities allowed (see Medication Formulary and Maximum Quantities table below). Do not obscure or damage the medication lot number and expiration date on the bottle. Prescriptions for clients under this program should be written in amounts as close to 30-day increments as a full bottle will allow. If the full bottle quantity is different than the standard 30-day supply, please provide the # days' supply the bottle will last with each order.
- Upon receipt of the prescription, the pharmacist may remind the client that it will take approximately 3-5 working days for the pharmacy to receive the medication from the Program. The client should receive confirmation from the pharmacy that the medication has arrived before returning to pick it up.
- Program clients who are concurrently approved for Medicaid must first utilize their Medicaid prescription benefits each month in order to be eligible to receive medications from the Program during that month. The Program is responsible for verifying eligibility.
- Pharmacies under the 2017 or later Memorandum of Agreement will not collect a dispensing fee from **any** clients. The pharmacy will invoice the THMP directly each month for dispensed THMP medications, not to exceed \$5.00 per medication. A multiple month supply of medication dispensed at the same time is eligible for a single dispensing fee. This includes Medicaid-eligible and non-eligible clients.
- The pharmacy will order the medication from the Program using the client's assigned code number (example: 035189) and dispense to the client upon receipt from the Program. Written orders may be faxed in to (512) 989-4003 on the personalized pharmacy fax order form that has been provided by the Program. If a pharmacy needs another copy (or revision of) the personalized pharmacy fax order form, one should be requested from the Pharmacy Coordinator at 1-800-255-1090. The Pharmacy Coordinator is available for consultation Monday-Friday, 8:00 a.m.-5:00 p.m. CST.
- Medication orders should only be called in if the pharmacy is unable to fax the order. If a call-in order is necessary, pharmacies should be aware that they will be notified of a denial of the order only. The number to call in is 1-800-255-1090, option 1, option 5.
- When faxing or calling in an order, the pharmacy should provide the following information:
  - Pharmacy ID Number;
  - Client Code Number;
  - Name, strength, and full-bottle quantity of the medication(s);
  - Number of days' supply **if the full-bottle quantity is not equal to 30 days' supply**;
  - Name of pharmacy representative placing the order.
- When the medication order is received by the pharmacy, it should include a Purchase Order Requisition (packing slip) stating the order batch # and the date ordered by the program, the pharmacy ID # and name, the client code #, and the medication name, strength, form and quantity of the enclosed medications. **\*Please Note\*** Refrigerated medications will be shipped in a separate box and will never be shipped on the last working day of the week or the day before a closed holiday. Any refrigerated shipments held for a weekend or closed holiday will be shipped on the first working day after the weekend or closed holiday.
- If there is a concern about an undelivered order, a discrepancy between the packing slip and the contents of the order, or any other problem with a shipment, the pharmacy should call the Program's Pharmacy Coordinator at 1-800-255-1090 (press option 1, then option 5) as soon as possible. It is important to research undelivered orders and report order discrepancies immediately so that corrections can be made as quickly

as possible to minimize any potential disruptions to the client's therapy.

**PROVISION OF MEDICATION(S)** - The Program will provide the following medication(s) each month:

[View THMP medications, available strengths, and order maximums](#)