

Comments on Multi-Month Medication Supply Policy

#	Item	Comment (include citation or justification if applicable)	DSHS Response	Resolution
1	7.2 Medication Supply for Special Situations	I was confused as to whether a special circumstance was needed or not in order to be eligible for the 90-day supply...I think it would help to make it more clear that the special circumstances in 7.2 are not necessary to be eligible per 7.1.	We agree we should work on clarifying the language.	Edited content to clarify policy.
2	THMP Medication Formulary and Maximum Quantities Table	<p>Within the medication table, Norvir 100 mg tablet has "N/A" listed in the 90-day supply column? What am I missing? If the protease inhibitors can have 90-day supplies then it would make sense that the Novir tablets would also be available?</p> <p>Have they considered making the minimum/maximum columns the same?</p> <p>If I had to guess, my bet would be that a very small number of our HIV providers</p>	<p>The maximum quantity of Norvir permitted for a 30-day prescription is already a high amount but has been set to allow for rare cases in which a patient requires an extremely large dose.</p> <p>After reviewing this comment, we edited the Medication Formulary and Maximum Quantities Table so that the maximum quantity of Norvir tablets permitted for 30-day prescriptions is the same as the maximum for 90-day prescriptions. The maximum of</p>	Updated THMP Medication Formulary and Maximum Quantities Table

		<p>would look at this chart (most pharmacists will). But, I just would hate for a provider to change regimens based on seeing an "N/A" in the column when the fact is that the minimum already provides more than needed for the great majority of patients.</p>	<p>360 tablets should be sufficient to cover most 90-day prescriptions for this medication. Therefore, as long as the total number of tablets that a patient would need for a 90-day supply of Norvir does not exceed 360 tablets in total, providers are able to write scripts for a 90-day supply if they choose.</p> <p>If a provider would like to prescribe a 90-day supply of Norvir for a patient who needs more than 360 tablets, the provider will need to contact THMP.</p>	
3	7.0 Medication Coverage Guidelines	<p>The policy is inconsistent as to who may be eligible for a 90-day supply and who is not. At some points it appears only those with special circumstances are eligible, but otherwise it appears that all enrolled patients will qualify. This needs to be made crystal clear. We do not need any</p>	<p>We agree we should work on clarifying the language.</p>	<p>Edited content to clarify policy.</p>

		doubt as to who is eligible and who is not.		
4	8.1. Responsibilities for Medical Providers	The need to submit a new med cert form with a change in quantity of the prescription seems unnecessary and will increase the burden on the provider and staff. This will also lead to a lot of confusion with the pharmacy about how much medication can be requested or dispensed. Please re-think this requirement.	<p>THMP does not get prescriptions and the pharmacy does not get the MCF, therefore we rely on the provider to tell both parties the same information.</p> <p>The program needs to know what amount of medication the physician would like the participant to receive. This will then be coded into our system so we can continue to ensure the right medication in the correct quantity is ordered.</p>	No change.
5	THMP Medication Formulary and Maximum Quantities Table	Overall, I believe the THMP formulary is antiquated and needs to be simplified. Many of the medications on the list are no longer used, or if they are used, they should not be. I would recommend simplifying the formulary to improve its readability and use.	We do not remove medications from the formulary. Some persons on the program, for example those who are recently released from incarceration, are on medication regimens that are not commonly prescribed. Our goal is to provide as much access to medications as possible. We count on medical providers to prescribe the most appropriate medications for their patients.	No change.

6	7.2 Medication Supply for Special Situations	I don't think the policy is particularly clear. It is by title about multi-month supplies, but many of the examples listed in table 7.2 appear to not allow a >30-day supply, they allow a different pharmacy (generally out of state) to fill the script. I find that confusing.	<p>We agree we should work on clarifying the language, particularly to make it clear that the situations listed in section 7.2 are not the only opportunities for clients to get multi-month medication supplies.</p> <p>A provider may prescribe up to a 90-day supply of a medication to all patients enrolled in THMP for any medication approved to be dispensed as a 90-day supply.</p> <p>The special situations described in section 7.2 provide details for atypical or non-standard situations in which THMP clients could receive prescriptions or a medication supply that is in excess of a 30-day supply.</p>	Edited content to clarify policy.
7	7.2 Medication Supply for Special Situations—A client is enrolled as a student at an out-of-state educational institution, but	For the out-of-state students, wouldn't it be administratively easier to give the away student a 90-day supply from their TX pharmacy that a 30-day supply from an out-of-state pharmacy? If that is the	Clients who leave Texas to attend an out-of-state school should apply to the ADAP program in the state where the school is located since they will be living outside of Texas for longer than 3 months. If the client retains residency in Texas	Edited content to clarify policy.

	retains residency in Texas (situation)	intent of the policy, it is not clearly stated.	<p>but attends school in a state where they are denied acceptance to that state's ADAP program, the client can receive 30-day supplies of medication (at a time) from a pharmacy in the state where s/he is attending school. Under no circumstance can a prescription filled outside of Texas be filled in quantities greater than a 30-day supply due to the state's proof of residency requirements.</p> <p>Clients who attend an educational institution in Texas and are approved for a 90-day supply of medication can receive that prescription in full, assuming it is filled at a pharmacy in Texas.</p>	
8	7.2 Medication Supply for Special Situations— Migrant/Seasonal Workers, Temporary Job Assignments and Temporary leave for an extended	Regarding seasonal workers, temporary jobs, and ill family, I disagree with the requirement that the 2 allowances per year be non-consecutive. Illness can be protracted and so can seasonal work. Would someone have to come back	The 30-day fills from a pharmacy located outside of Texas and the non-consecutive requirements are both to ensure that Texas residency is maintained. Giving >30 day fills out of Texas would create challenges with maintaining proof of residency.	Edited content to clarify policy.

<p>period of time to care for family or attend to other personal matters out of state (situations)</p>	<p>to TX and get a 30-day supply then reapply for approval for a 90-day supply? What will the turn-around time for approvals be? For the ill family allowance, I favor a 90-day dispense rather than simply approval to get meds from an outside pharmacy for 30 days with 2 refills (which is how I interpret what is written in the draft policy).</p>	<p>At a minimum, clients must get at least 6 months of medications from a pharmacy located in Texas. They are able to leave the state for two three-month periods and receive medication from a pharmacy in another state (but only in quantities to cover 30 days at a time); however, these two three-month periods should take place at least three months apart (although such situations will be looked at on a case-by-case basis).</p> <p>If the client travels outside of Texas for an extended period of time unknowingly or without planning ahead (for a period not exceeding 3 consecutive months), the client can get prescriptions filled at an out-of-state pharmacy for up to 90 days total; however, the prescriptions will only be filled as a 30-day supply at a time. Clients can be approved to do this up to twice a year, as long as they return to Texas after 90 days and leave the state again at a later time. If an individual</p>	
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9	7.2 Medication Supply for Special Situations— TIAP/SPAP clients with insurance (situation)	I don't understand why the TIAP/SPAP row is in the table. Wouldn't it be clearer to say the policy applies to ADAP, TIAP, and SPAP patients than include the latter 2 in their own row?	This relates to how the medication is dispensed. SPAP and TIAP are dispensed differently and these cases are handled differently.	Edited content to clarify policy.
10	7.2 Medication Supply for Special Situations— Clients residing in hurricane-prone areas (situation)	The hurricane-prone area situation applies to everyone in Houston. Does it mean a client can ask for two 30-day supplies to be dispensed during hurricane season on the same day? Or that they	They can get one fill early during hurricane season. This could be two on the same day.	Edited content to clarify policy.

		can get an early refill? Some clarity would be appreciated.		
11	7.2 Medication Supply for Special Situations	As I read it, the only rows that allow for a 90-day supply to be dispensed at a single time are seasonal workers and temporary out-of-state travel. Both say a 90-day supply can be requested. I would advocate for flexibility at the point-of-service at the pharmacy rather than requiring the script to say dispense 90-days, as would seem to be required by stating that the MCF must be signed for just a change in medication supply. If I write a script for 30 days with 5 refills, and then the patient needs to go out-of-state, they should not have to come back to me for a new med cert form or new script to get a 90 day supply assuming they have 3 refills left on that script; I clearly intended for them to stay on that regimen, and the med cert form is not adding anything to the process. The Temporary out	<p>Providers can choose to write a script for a 90-day supply to be dispensed on a regular, ongoing basis for any client in the program as long as the medication is approved by ADAP to be dispensed as a 90-day supply. However, we ask that providers reserve prescribing a 90-day medication supply for people on stable medication regimens; medications that are new or have changed in dose for a patient are not eligible to be dispensed as 90-day supply.</p> <p>We would not need a 90-day script for clients leaving Texas temporarily who do not already have a 90-day script for their ongoing regimen.</p> <p>Clients with 30-day scripts who need the extra medication for temporary, extended travel will need to submit the Temporary Out of State or Extra Medication Request Form. Additionally, clients with 90-day scripts may</p>	Edited content in policy should resolve this confusion.

		of state application with enough refills to cover the time period should suffice. Further, would we need to submit a new med cert form to go back to a 30-day supply? This appears to be paperwork without a purpose.	need to submit the Extra Medication Request form if they are traveling or temporarily out of the state and the timing of their prescription refills does not coincide with the amount of medication needed to cover the duration of their travel.	
12	8.3 Client Responsibilities	I disagree with the provision requiring the patient to need to notify the provider that they will be asking for an extended fill. If they have enough refills to cover the time period, I intended them to stay on the prescribed medication and additional steps are a burden with no benefit.	Providers who write scripts with several refills because they intend for their patient to stay on the prescribed medication may want to consider switching the patient to a 90-day supply on a regular, ongoing basis so that the client will not need to make a request for extended refills. If a client is submitting a request for additional medication because of a temporary travel situation, the provider does not need to provide authorization.	No change.
13	10.0 Medication Replacements	Paragraph 10 seems not needed. If a patient has to reapply for the 90-day program every time they want more than a 90-day	Clients can only receive up to 90-days' worth of medication at one time; however, all clients are eligible to receive a 90-day supply of medication on a	No change—edited content in policy should resolve this confusion.

		<p>supply and 90-day supplies can't be consecutive, then what is the point of paragraph 10?</p>	<p>regular, ongoing basis as long as the medication is approved by ADAP for 90-day fills <i>and</i> their provider feels it is appropriate and writes them a script for a 90-day supply. Only clients who have a regular 30-day prescription from their provider and need additional medication due to travel or displacement will be required to "reapply" or submit new documentation if they need to get a second 90-day medication supply within one calendar year. The two requests for 90-day medication supply due to special travel or out-of-state situations cannot be consecutive due to state residency requirements.</p> <p>The purpose of section 10.0 is to inform stakeholders that any client who has a 90-day fill and loses the medication will get a replacement dispensed as a 30-day supply and all subsequent fills will only be for a 30-day supply unless THMP grants an exception.</p>	
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