



Local Pharmaceutical Assistance Program Service Standard

Texas Department of State Health Services, HIV Care Services Group – [HIV/STD Section](#)

Subcategories	Service Units
Local Pharmaceutical Assistance Program	Per prescription

Health Resources and Services Administration (HRSA)

Description:

HRSA Ryan White HIV/AIDS Program (RWHAP) Part B recipients or subrecipients operate a Local Pharmaceutical Assistance Program (LPAP) as a supplemental means of providing ongoing medication assistance when a HRSA RWHAP AIDS Drug Assistance Program (ADAP) has a restricted formulary, waiting list, or restricted financial eligibility criteria.

Program Guidance:

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

Providers may use the funding to assist eligible clients with purchasing medications that exceed their Medicaid monthly allotment and that are not covered by the Texas HIV Medication Program (THMP) formulary.

Providers cannot use LPAP funds for emergency or short-term financial assistance. The [Emergency Financial Assistance](#) service category may provide short-term assistance for medications.

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

Limitations:

Limitations on the use of LPAP include:

- LPAPs must not take the place of the ADAP program or duplicate services available through THMP.
 - Clients currently eligible for THMP may only receive assistance with medications not on the THMP formulary or on the THMP formulary only at a different dose or strength than prescribed.
 - Clients may not receive LPAP for medications on the THMP formulary while awaiting a THMP eligibility determination. Agencies may use Emergency Financial Assistance (EFA) to provide services during the eligibility determination period.
- 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.
- 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 cash payments to clients.
- 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 for the subrecipient's Administrative Agency (AA). Each AA will maintain a formulary through its LPAP Board and make this formulary available to all subrecipient agencies.
 - Providers wishing to prescribe a medication not on the formulary shall make a request to the AA LPAP Board for approval to add the medication to the formulary.
 - AA LPAP Boards should make reasonable efforts to review medication requests promptly.
 - Providers may only purchase the medication after the LPAP board has added it to the formulary. For more information on medication formulary requirements, please review the [LPAP Statement of Need](#).

- Agencies may not impose any charges on clients with incomes below 100 percent of the Federal Poverty Level (FPL).
- For the following services, agencies should use [EFA](#) instead of LPAP:
 - Medication administered on a one-time or occasional basis during a primary medical visit.
 - A single occurrence of short duration (an emergency).
 - Vouchers for clients on a single occasion.

Services:

RWHAP subrecipients using the LPAP service category must establish the following:

- Uniform benefits for all enrolled clients throughout the agency's service area.
- A record-keeping system for distributed medications.
- A drug distribution system, either on-site or using a third-party pharmacy.
- A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility, with rescreening at a minimum of every six months.
- Implementation in accordance with the requirements of the HRSA 340B Drug Pricing Program and the Prime Vendor Program.

Recipients may use LPAP funds to purchase prescribed over-the-counter (OTC) medications if the medication is on the LPAP formulary and the provider determines that it is necessary for the prevention and treatment of opportunistic infections or to prevent the serious deterioration of health. OTC medications purchased with LPAP funds must be FDA-approved.

Universal Standards:

Service providers for Local Pharmaceutical Assistance Program Services must follow [HRSA and DSHS Universal Standards](#) 1-63 and 71-76.

Service Standards and Measures:

The following standards and measures serve as guides for 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
Enrollment: Agencies must screen clients for THMP eligibility prior to enrollment in LPAP services and conduct rescreening at least every six months. Clients may not receive LPAP services for medications on the THMP formulary while awaiting a THMP eligibility determination, although they may receive EFA during that time. Providers must also assist clients with enrollment in any applicable PAPs before using LPAP. Enrollment documentation must include documentation of the ongoing need for LPAP assistance. Client files must not indicate that services are being provided for a short duration, on an emergency basis, or as a component of a primary medical visit.	1. Percentage of client charts with enrollment documentation that includes (Pilot Measure): a. Screening for THMP eligibility at the time of enrollment or within the six months prior to enrollment. b. Rescreening for THMP eligibility every six months at a minimum. c. Documentation that clients were enrolled in any applicable PAPs. 2. Percentage of clients with documentation of an ongoing need for LPAP assistance (Pilot Measure).
LPAP Prescriptions: 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	3. Percentage of client charts with prescriptions for all medications provided through LPAP. 4. Percentage of client charts with documentation that all medications provided are on the LPAP formulary (Pilot Measure).

Timeliness of Service: LPAP programs should approve and ensure the availability of new prescriptions that meet the LPAP eligibility criteria within two business days of approved LPAP funding.	5. Percentage of clients accessing services under LPAP who have access to their prescribed medication(s) within two business days of approved LPAP funding.
Prescribed Over the Counter (OTC) Medications: LPAP can assist clients with OTC medications if the provider prescribed the medication and deemed the medication necessary for the prevention and treatment of opportunistic infections or to prevent the serious deterioration of the client's health. OTC medication must be on the LPAP formulary.	6. Percentage of client files with prescribed OTC medications paid through LPAP funding with documentation of: a. Medical necessity from the prescribing provider b. Linked to HIV or HIV-related conditions

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.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part B Recipients](#). Health Resources and Services Administration, June 2023.

Ryan White HIV/AIDS Program. [PCN 15-04 Utilization and Reporting of Pharmaceutical Rebates](#). Health Resources and Services Administration, June 13, 2024.

Ryan White HIV/AIDS Program. [Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#). Health Resources and Services Administration, October 22, 2018.

Ryan White HIV/AIDS Program. [Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04](#). Health Resources and Services Administration, June 13, 2024.

Ryan White HIV/AIDS Program. Local Pharmaceutical Assistance Program (LPAP) FAQs · LPAP Policy Clarification Memo (8/29/2013). Available at: ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/lpap-letter.pdf

Texas Department of State Health Services HIV/STD Program Policies “DSHS Funds as Payor of Last Resort (POLR)” (Policy 590.001). Available at: dshs.texas.gov/hivstd/policy/590-001

Texas Department of State Health Services HIV/STD Program Policies “HIV/STD Medication Program Participating Site Eligibility Criteria” (Policy 700.003). Available at: dshs.texas.gov/hivstd/policy/700-003