

# Memphis TGA Ryan White Part A AIDS & MAI Pharmaceutical Assistance-Local Standards of Care

## PURPOSE

The purpose of the Ryan White Part A and MAI AIDS Pharmaceutical Assistance-Local (APAL) Program Standards of Care are to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

## DEFINITION

AIDS Pharmaceutical Assistance-Local includes pharmacy assistance programs implemented by the Part A & MAI Grantee to provide HIV/AIDS medications to clients. Local pharmaceutical assistance is used to treat conditions and opportunistic infections (illnesses caused by bacteria, fungi, and other viruses that would not otherwise affect people with healthy immune systems), or conditions caused by toxic effects of the drugs used to treat symptoms. Additionally, it is used for psychological and neuropsychiatric conditions. These conditions must be caused directly by HIV infection of the brain, or triggered by the drugs used to combat the infection, such as AIDS dementia complex, anxiety disorder, depressive disorders, increased thoughts of suicide, paranoia, dementia, delirium, cognitive impairment, confusion, hallucinations, behavioral abnormalities, malaise, and acute mania.

The purpose of the program is to expand the number of covered medications under ADAP for Part A & MAI eligible patients or provide medication to Part A eligible patients who do not have another source of funding for medications in order to improve health outcomes.

## STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis TGA Ryan White Planning Council, and meetings with the Ryan White Part A Grantee

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## APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide APAL Ryan White Part A services within the Memphis TGA. These standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A and/or MAI service.

Standard	Measure/Method
<b>I. Policies and Procedures</b>	
A. See Universal Standards of Care for detailed information.	
B. Local pharmacy does cover local pharmacy covers HIV/AIDS medications related medications from the local formulary.	<ul style="list-style-type: none"> <li>• Policies and procedures on file</li> </ul>
C. Local pharmacy does not cover: <ul style="list-style-type: none"> <li>✓ Medications that are not FDA approved; and</li> <li>✓ Medicare co-pays and deductibles</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and procedures on file</li> </ul>
D. Agency must utilize 340b pricing and the application for USPHS prices must be maintained on site.	<ul style="list-style-type: none"> <li>• Proof of use of 340b pricing</li> <li>• Policy for USPHS prices on site</li> </ul>
<b>II. Program Staff</b>	
A. See Universal Standards of Care for detailed information.	
<b>III. Access to Services</b>	
A. See Universal Standards of Care for detailed information.	
<b>IV. Eligibility Determination</b>	
A. The Agency has procedures in place for the documentation and approval of eligibility for drugs reimbursement. To be eligible, the patient must meet eligibility criteria specified in the Universal Standards of Care and at least one of the following categories for eligibility must be met: <ul style="list-style-type: none"> <li>✓ Have applied for local State ADAP program, Medicaid, and a pharmacy assistance program and are ineligible (may be awaiting approval/disapproval of application).</li> </ul>	<ul style="list-style-type: none"> <li>• Client records documenting eligibility</li> <li>• Policy and procedures on file</li> <li>• Documentation that all staff involved in eligibility determination have participated in required training provided by the Grantee to ensure understanding of the policy and</li> </ul>

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<ul style="list-style-type: none"> <li>✓ Are eligible for ADAP but need assistance for medications that are not on the ADAP formulary, this includes generic equivalent or same classification of drug.</li> </ul>	<p>procedures</p> <ul style="list-style-type: none"> <li>• Agency client data report consistent with funding requirements</li> </ul>
<b>V. Eligible Usages for Funding</b>	
<p>A. APAL has been approved for the following uses:</p> <ul style="list-style-type: none"> <li>✓ Anti-retroviral Therapy medications included in the State Formulary will be included for coverage in the Memphis TGA’s Local Pharmaceutical Assistance Process during the “bridge”, or time that is needed during which a consumer is applying for and being approved for State ADAP.</li> <li>✓ Commonly prescribed antibiotics and anti-fungals used to treat opportunistic infections. Identification of these medications is completed by comparison of the medication names to published information within the Physician’s Desk Reference or pdrhealth.com.</li> <li>✓ Any medication other than the NAART and commonly prescribed antibiotics and anti-fungals used to treat opportunistic infections must be certified by a treating physician as:               <ul style="list-style-type: none"> <li>▪ Medically necessary to treat HIV/AIDS; or</li> <li>▪ Medically necessary to treat a secondary, comorbid illness that did not exist prior to the consumer’s diagnosis of HIV/AIDS and which would impact the consumer’s HIV/AIDS health status.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedures on file</li> <li>• Provider notes indicating medical necessity of prescribed medications</li> <li>• ADAP formulary form signed by provider</li> </ul>
<b>VI. Service Coordination/Treatment/ Referral</b>	
<p>A. The local pharmacy sub-contractor must inform other Part A and/or MAI funded service providers about the program so they can refer clients whenever appropriate. Drug reimbursement program shall be accessed by referral from a case manager directed by a Part A and/or MAI funded medical provider.</p>	<ul style="list-style-type: none"> <li>• Documentation of referrals and/or referral system</li> </ul>
<p>B. A log documenting service recipient’s medications provided and must be maintained.</p>	<ul style="list-style-type: none"> <li>• Documentation of services provided, with dates, medications and costs</li> </ul>
<p>C. An updated log of resources of Patient Assistance Programs and other applicable community resources must be kept on site.</p>	<ul style="list-style-type: none"> <li>• Resource log on file</li> </ul>

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Standard	Measure/Method
VII. Client Rights and Responsibilities	
A. See Universal Standards of Care for detailed information.	