

**PRESCRIPTION DRUGS (General HIV/AIDS Population & MAI)**  
*(Year 21 Service Priority #2)*

- A. This service includes the provision of medications and related supplies prescribed or ordered by a physician or other licensed medical practitioner to prolong life, improve health, or prevent deterioration of health for HIV+ persons who are ineligible for Medicaid, Medicare Part D, ADAP, or other public sector funding, or have private insurance with limited or no prescription drug coverage.

**[IMPORTANT NOTE: Services are restricted to outpatient services only. Inpatient and emergency room prescription drug services are not covered. Vaccines provided during a medical office visit are no longer found in the Ryan White Program Prescription Drug Formulary, but may be available under outpatient medical care services.]**

**1. Medications Provided:** This service pays for injectable and non-injectable **Prescription Drugs**, pediatric formulations, and non-prescription nutritional supplements, appetite stimulants, and/or related supplies for the administration of medications. Medications are provided in accordance with the most recent release of the Ryan White Program Prescription Drug Formulary and also include assistance for the acquisition of non-Medicaid, Medicare Part D, or ADAP reimbursable drugs, as well as the purchase of consumable medical supplies that are required to administer prescribed medications. The Ryan White Program Prescription Drug Formulary is subject to change due to guidance from HRSA, the federal granting agency, and/or the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

**2. Client Education and Adherence:**

- Providers are expected to educate clients on the importance of adhering to their medication regimen with the objectives of reducing the risk of developing and spreading a resistant virus, and to ensure a healthy life for the client.
- Providers are expected to offer basic education to clients on various treatment options, including information about state of the art combination drug therapies.
- Clients must be encouraged to take medications as prescribed, as well as to follow the recommendations made by physicians, nutritionists, and pharmacists regarding medication management.

### 3. Coordination of Care:

- Providers must maintain appropriate contact with other caregivers (i.e., the client's medical case manager, physician, nutritionist, counselor, etc.) and with the client in order to monitor that the client adheres to their medication regimen; and ensures that the client receives coordinated, interdisciplinary support for adherence, and assistance in overcoming barriers to meeting treatment objectives.
- Providers will be expected to immediately inform medical case managers when clients are not adhering to their medication regimen (i.e., the client misses prescription refills, misses physician visits, or is having other difficulties with treatment adherence).
- Providers are expected to ensure immediate follow-up with clients who miss their prescription refills, physician visits, and/or who experience difficulties with treatment adherence.

#### B. Program Operation Requirements:

- Providers are encouraged to provide county-wide delivery. However, **Ryan White Program funds** may not be used to pay for the delivery of medications or consumable medical supplies unless one of the following conditions is met by the client, is documented by the client's physician, and said documentation is maintained in the client's chart:
  - (1) The client is permanently disabled (condition is documented once);
  - (2) The client has been examined by a physician and found to be suffering from an illness that significantly limits his/her capacity to travel [condition is valid for the period indicated by the physician or for sixty (60) days from the date of certification].

Note: Medical case managers requesting home delivery must have documentation on file that meets one of the conditions listed above.

- Providers must specify provisions for home delivery of medications and related supplies and equipment for eligible Ryan White Program clients who require this service.
- Provision of this service may not be limited to an agency's own clients unless 340B covered entity status requires this restriction. **However, if the provider is a 340B covered entity and the client is enrolled in the state ADAP Program, that client is eligible for 340B pricing for prescriptions not covered by the ADAP formulary regardless of whether or not the client is the agency's own client.**

- The service provider must be linked to an existing medical case management system through agreements with multiple medical case management providers. Providers are contractually required to enter into formal referral agreements that detail responsibilities of both parties and penalties for not complying with the referral agreement.

A Ryan White Program Certified Referral Form for Prescription Drug Services must be completed by a medical case manager (or a General Out-of-Network Referral from a non-Part A or non-MAI case manager) and must be attached to the original prescription presented by the client or a designee. The Certified Referral Form must include a client ID number traceable to the case management agency initiating the referral and a client CIS number assigned by the Ryan White Program Service Delivery Information System, if applicable. The referring case management agency is responsible for collecting and reporting all required client eligibility documentation, release of information, consent for services, and demographic information. The Ryan White Program's referring medical case management agency maintains this information on-site. The non-Part A or non-MAI referring case management agency must include this documentation with the OON referral form. Prescription referrals require the full name of the client's prescribing physician or practitioner and/or the primary care physician.

**C. Rules for Reimbursement:** Dependent on the type of pharmacy provider, please adhere to the following reimbursement structures.

- Where applicable, providers will be reimbursed for prescription drugs based on the Public Health Services (PHS) 340B price of the prescription provided to the Ryan White client, plus a flat rate dispensing fee. Total costs should include the cost of home delivery, as allowable, and other direct costs associated with the provision of this service. Providers must stipulate the flat rate that will be added to the PHS price. (For example, if the PHS price of a prescription for Ritonivir is \$50.00, and your proposed flat rate is \$5.00 then the straight rate is equal to \$55.00.) An estimate of the number of clients (unduplicated caseload) expected to receive these services must be included on the corresponding price form.
- Where applicable, providers will be reimbursed for prescription drugs based on the Average Wholesale Price (AWP) of the prescription provided to the Ryan White client, minus a per-prescription discount rate. Total costs should include the cost of home delivery, as allowable. Providers must stipulate the discount rate that they will be subtracting from the AWP, which may not be less than 10%. Please note that providers may utilize a discount rate higher than 10% (i.e., AWP - 14%). (For example, if the AWP of a prescription for Ritonivir is \$100.00, and your proposed discount rate is 10%, then the straight rate is equal to \$90.00.) An

estimate of the number of clients (unduplicated caseload) expected to receive these services must be included on the corresponding price form.

- Providers will be reimbursed for consumable medical supplies related to the administration of medications based on rates not to exceed the rates found in the “Medicare Durable Medical Equipment and Supplies Revised 2011 Fee Schedule, for Florida (FL), dated January 2011.” In the absence of an existing Medicare rate, reimbursement for consumable medical supplies will be based on rates no higher than those found in the most current Florida Medicaid’s Durable Medical Equipment for All Medicaid Recipients, as of September 1, 2010. No multiplier will be applied to Medicare or Medicaid rates for consumable medical supplies. Providers must also submit to the County a list of the medical supplies that will be available to the HIV+ client. This list must identify each medical supply item using the appropriate Healthcare Common Procedure Coding System (HCPCS) code, along with the corresponding Medicare or Medicaid rate. Consumable medical supplies excluded from Medicare and Medicaid may be submitted to the County for approval of a supplementary flat rate fee schedule only.

**D. Additional Rules for Reporting:** Providers must report monthly activity in terms of the individual drugs dispensed (utilizing federally assigned drug codes to be provided by the County), the number of prescriptions filled for each drug, the number of pills or units dispensed, the amount of Ryan White Program funds spent dispensing each drug, and the unduplicated number of clients that received each drug limited to those medications listed in the most recent release of the Ryan White Program Prescription Drug Formulary.

Provider monthly reports for consumable medical supplies must include the number of clients served, medical supply distributions with HCPCS codes as appropriate per client, and dollar amounts per client.

**E. Ryan White Program Prescription Drug Formulary:** Ryan White funds may only be used to purchase or provide vitamins, nutritional supplements, appetite stimulants, and/or other prescription medications to HIV/AIDS clients as follows:

- Prescribed medications that are included in the most recent release of the Ryan White Program Prescription Drug Formulary. This formulary is subject to periodic revision; and
- Medications, nutritional supplements, appetite stimulants, or vitamins that have been prescribed for the client by his/her physician. NOTE: Prescriptions for nutritional supplements and vitamins should be written for a 90-day supply.

- F. Letters of Medical Necessity:** The following medications and test require a completed Ryan White Letter of Medical Necessity or Prior Authorization Form (See Section V of this Service Delivery Guidelines book, as may be amended):

*Medications:*

- **Aptivus** (Tipranavir)
- **Fuzeon** (Enfuvirtide)
- **Neupogen** (Filgrastim)
- **Nutritional Supplements** (for Adults)
- **Procrit** (Epoetin Alpha)
- **Roxicodone** (Oxycodone) **and Percocet** (Oxycodone/APAP)
- **Selzentry** (Maraviroc)
- **Sporanox** (Itraconazole)

*Test:*

- **Trofile Co-Receptor Tropism Assay** [required to prescribe Selzentry (Maraviroc)]

**Please Note: Medical Case Managers must work with clients to diligently and in a timely manner explore all payer options and evaluate the client's best option to ensure that prescription medications are covered by the appropriate program. For Medicare Part D recipients, any client whose gross household income falls below 135% of the 2011 Federal Poverty Level (FPL) must be enrolled in the Low Income Subsidy (LIS) Program. In addition, for Medicare Part D recipients, any client whose gross household income falls between 136% and 150% of the FPL must be enrolled in the ADAP Wrap Around Pilot Project (AWAPP). For Medicare Part D recipients, any client whose gross household income falls above 150% of the FPL or does not qualify for the LIS and who fall into the "donut hole," must be referred to the ADAP Program.**