



AUG 29 2013

Dear Ryan White HIV/AIDS Program Part A and Part B Colleagues:

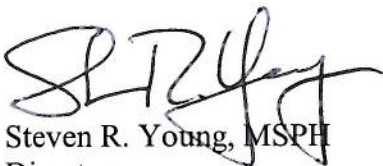
The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) updated the National Monitoring Standards (NMS) that were initially published in 2011. As part of this update, additional clarifications on Local Pharmaceutical Assistance Programs (LPAP) were added to the Standards. The purpose of the LPAP clarifications, in accordance with the Ryan White HIV/AIDS Program, is "...to provide therapeutics to treat HIV/AIDS or to prevent the serious deterioration of health arising from HIV/AIDS in eligible individuals, including measures for the prevention and treatment of opportunistic infections." LPAPs are not to be substituted for state AIDS Drug Assistance Programs (ADAP). LPAPs are used as a supplement to provide medication assistance when an ADAP has a restricted formulary and/or restricted financial eligibility criteria. In order to maximize all funds and to continue to support the medication needs of people living with HIV (PLWH), the LPAP section of the NMS was updated to provide more clarity.

A summary of these clarifications is listed below:

- Ryan White HIV/AIDS Part A and Part B Grantees should base the decision to fund a LPAP on demonstrated need within the state/ territory, emerging community and/or metropolitan service area. This statement of need should specify the restrictions of the state ADAP and be included in the annual application to HRSA/HAB.
- The LPAP needs to be coordinated with the state ADAP.
- The LPAP needs to be compliant with the Ryan White HIV/AIDS Program's requirement of payer of last resort.
- A client enrollment and eligibility process for the LPAP is required; this process should include screening for the LPAP, as well as ADAP eligibility, and other potential pharmacy program benefits, such as Medicaid, Medicare Part D, other public or private insurance, and local or state pharmacy assistance programs, and pharmaceutical company assistance programs. Client eligibility needs to be addressed in conformance with overall Ryan White HIV/AIDS Program requirements as cited in Policy Clarification Notice 13-02, found at <http://hab.hrsa.gov/manageyourgrant/pinspals/pcn1302clienteligibility.pdf>.
- The LPAP needs to have an advisory board that is responsible for developing written policies and procedures that will govern its purpose, structure, financing, eligibility criteria, formulary, quality-assurance, and quality management.
- The LPAP needs to be consistent with the most current HHS HIV/AIDS Treatment Guidelines (<http://www.aidsinfo.nih.gov>).
- The LPAP needs to be implemented in accordance with requirements of the 340B Drug Pricing Program, Prime Vendor Program and/or Alternative Methods Project in order to ensure "best price" to maximize resources.

These clarifications are included in the revised NMS. Project officers will be routinely monitoring the implementation of LPAPs in Parts A and B Grants, with assistance, as necessary from HRSA/HAB’s clinical consultant, Dr. Susan Robilotto, who works with two HAB Divisions, the Division of State HIV/AIDS Programs and the Division of Metropolitan HIV/AIDS Programs. In the near future, these two divisions will be hosting a webinar on this topic. In the meantime, please feel free to contact your project officer if you have any questions.

Sincerely,



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Director
Division of Metropolitan HIV/AIDS Programs



Heather Hauck, MSW, LICSW
Director
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