

The Ryan White CARE Act defines the Drug Reimbursement budget line items as follows:

Local/Consortium Drug Reimbursement Program: A program established, operated, and funded locally by a Title I EMA or a consortium to expand the number of covered medications available to low income patients and/or broaden eligibility beyond that established by a State-operated Title II or other State-funded Drug Reimbursement Program. *Medications* include prescription drugs provided through ADAP to prolong life or prevent the deterioration of health. This definition does not include medications that are dispensed or administered during the course of a regular medical visit or that are considered part of the service visit.

Limitations:

- Does not include the purchase of pharmaceuticals in clinical trials, expanded access or compassionate use programs. (97-02.3).
- Does not include the purchase of therapeutic drugs that are NOT FDA-approved or the ancillary devices (e.g., IV tubing, nebulizers, etc.) needed to administer these therapeutics. (97-04).
- Does not include laboratory or other diagnostic and monitoring test and procedures such as radiographs, blood counts, or viral load testing. (97-04).

The Southwest Florida Regional HIV/AIDS Council (RHAC) has an approved formulary that includes the Florida ADAP drug listing, plus medications the clinical and physician committees have determined are necessary for inclusion area-wide. The following scenarios are instances of when and how HPCSWF will assist clients with prescription drug costs:

1. Persons with no insurance, who are eligible for ADAP, who need medications while waiting for ADAP enrollment (i.e. need updated lab tests, etc.): HPCSWF will pay for one month of HPCSWF formulary medications **at one of the preferred pharmacy providers listed below** while the client gets the necessary tests and/or documentation to enroll in ADAP within that month.
2. Persons with no insurance, who are eligible for ADAP, but who have not enrolled pending other coverage (disability, Medicaid, or employer-based): ADAP will not enroll persons if the expected ADAP coverage period of less than 60 days. HPCSWF will pay for the "gap period" of months until the client obtains other coverage **at one of the preferred pharmacy providers listed below**. The intent is that the gap period is temporary (3 months or less).
3. Persons on ADAP: HPCSWF will pay for prescriptions on the HPCSWF formulary not on the ADAP formulary **at one of the preferred pharmacy providers listed below**.
4. Prescription Co-payments: are funded under the Health Insurance line item. See Health Insurance Policy.
5. Medicare Part D participants: see Policy on Medicare Part D.

Preferred Pharmacy Providers: HPCSWF has contracts with two (2) county health department pharmacies to provide medications at substantial savings to the program. In the event HPCSWF is being asked to pay for the entire cost of pharmaceuticals (i.e. there is no insurance copayments, deductibles), HPCSWF will require the pharmaceuticals be purchased through one of the two health department pharmacies: Collier County Health Department or Sarasota County Health Department.

Exceptions can be made by a supervisor on a case-by-case basis as an interim solution to an immediate problem. Clients and case managers will be required to find long term solutions.

I, (print client name) _____, **have read and understand the above policy. I understand my responsibilities to seek other sources of reimbursement or coverage, and seek reimbursement back to the RWII program where applicable. I understand I must be compliant with the requirements for assistance outlined above or I risk being ineligible for further assistance.**

Client Signature: _____

Date: _____

Case Manager: _____

Date: _____