

HIV CARE SERVICES UNIT'S POLICY ON THE RYAN WHITE PART B DRUG FORMULARY

BACKGROUND:

This policy replaces the Policy on Ryan White Part B (RWPB) Drug Formulary dated July 2017. To comply with the federal legislation and administrative guidance that governs the management of Ryan White funding, this policy requires that all services provided using RWPB funds relate to the client's Human Immunodeficiency Virus (HIV) diagnosis or for other Virginia Department of Health (VDH)-identified conditions that affect HIV management and best health outcomes for People Living with HIV (PLWH). Medications have a variety of uses and may treat different symptoms and conditions and may even vary from the drug class or type listed in this formulary. Determining a prescribed drug's relationship to HIV management can sometimes be difficult. VDH developed a RWPB formulary to ensure that basic drugs needed to treat HIV-related conditions, as well as other conditions that affect HIV management, are available in all areas of the state.

POLICY:

- RWPB funds will support the purchase of only the drugs listed on the VDH RWPB formulary for eligible RWPB clients.
- RWPB funds will not pay for medications available through the AIDS Drug Assistance Program (ADAP) unless the delay in treatment would endanger the individual's health (for example, a client needs immediate access to medications to treat an opportunistic infection). Coverage is limited to no more than a 5-day supply and access would switch back to the ADAP formulary.
- For clients with third party coverage under ADAP Insurance Continuation Assistance Program (ICAP), VDH will pay co-pays for client medications on the RWPB and ADAP formularies.
- Requests for medication assistance under the RWPB formulary must first use generic formulations. When a drug on this formulary has an over-the-counter (OTC) strength or equivalent, HIV Care Services (HCS) will reimburse the OTC drug cost. Other than the drugs listed on the formulary with OTC versions, you may not purchase OTC medications with RWPB dollars. HCS will reimburse for brand name formulations only if a generic formulation is not available. The RWPB formulary lists brand names as a reference only.
- RWPB funds will pay for compound drugs listed on this formulary. If this formulary only lists the separate components, the compound formulation is not covered.
- Providers do not need to seek prior approval from VDH to purchase and request

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reimbursement for drugs on this formulary. However, subrecipients should determine that the reason for the drug prescription meets the criteria of this policy before making payment for the drug. Repeating the criteria, VDH will only pay for drugs on this formulary (or equivalent OTCs) when it is intended to treat an HIV-related condition or other approved condition that affects health outcomes like viral load suppression for PLWH (such as medications for substance use disorders, see Policy on Medication Assisted Treatment Access in Virginia's RWPB Program). For example, you can pay for pain medication to treat neuropathy, but not medications to treat pain from injuries resulting from a traffic accident.

REVIEW OF THE RWPB FORMULARY:

- VDH will review the formulary at least annually.
- Providers may make requests for additions to the formulary in writing to:
Kimberly Scott
Director, HIV Care Services
Division of Disease Prevention
Virginia Department of Health
P.O. Box 2448, Room 314
Richmond, VA 23218-2448
Kimberly.Scott@vdh.virginia.gov
- Requests for additions to the formulary must include the following information:
 - Name of the drug, generic and brand name
 - Reason why drug should be added
 - If other drugs to treat the same condition are already included on the formulary, how this drug is better than the approved alternatives.
 - The drug's relationship to HIV management or other specified conditions indicated in this policy.

DOCUMENTATION:

- Medication assistance providers must maintain the following documentation for each prescription in the agency and/or client records:
 - Name, dosage, frequency of medication, and quantity supplied
 - Name of prescriber and Drug Enforcement Administration (DEA) number if required for certain medications
 - Amount paid for prescription
 - Any documentation related to reason for use of the drug, HIV or other approved condition relatedness, use of lower cost alternatives, or other pertinent issues.
- HIV Services Contract Monitors and lead/administrative agencies (if applicable) will perform a random selection and review of this documentation during site visits to subrecipients and second-level providers.

REGIONAL POLICIES:

- Any regional policy must comply with all state/VDH policies related to medication access on either the ADAP or RWPB formularies.
- Regions may not restrict access to ADAP or RWPB medications by refusing to pay co-pays for clients with third party insurance.

GUIDANCE:

- To maximize availability of funds, agencies should make every effort to provide cost effective treatment. Whenever possible, providers should use the most clinically appropriate, but least expensive alternatives first. Where applicable, lead/administrative agencies may request documentation to this effect from subcontractors as needed.
- Pharmaceutical manufacturers offer Pharmaceutical Assistance Programs (PAPs) for obtaining some medications at no or very low cost. VDH strongly encourages using these programs for any medication required for longer than one month.

EXCEPTION:

- VDH is dedicated to timely and effective public health measures in response to influenza outbreaks and exposure. In addition to providing antiviral medications to RWPB clients, HCS will also reimburse for antiviral medications to household members of RWPB clients if recommended by the client's health care providers. To eliminate administrative burden, providers should record the provision of these medications to household members as a service unit under the originating Ryan White client's case.