



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 11, POLICY 014

PATIENT ASSISTANCE PROGRAM (PAP)

- A. PURPOSE:** To ensure indigent and low income clients of Yolo County Health and Human Services Agency (HHS), who do not have prescription drug insurance coverage, are identified and assisted with applying for PAP medications provided by pharmaceutical companies until the establishment of prescription insurance benefits is obtained.
- B. FORMS REQUIRED/ATTACHMENTS:** N/A
- C. DEFINITIONS:**
- 1. Patient Assistance Program (PAP):** a program that provides certain psychotropic medications at no charge to HHS clients who meet program eligibility requirements, as outlined by each pharmaceutical company. If the client is prescribed medication and does not have Medi-Cal, Medicare, or other insurance, the prescriber may refer the client to a case manager for assistance with PAP application.
- D. POLICY:** HHS staff should adhere to guidelines and procedures of the Patient Assistance Program, as well as those guidelines of dispensing "sample medications", in compliance with HHS PP 5-11-013. HHS clients must also adhere to the requirements of the prescription and application for PAP.
- E. PROCEDURE**
- 1. Staff Responsibilities**
 - a. The HHS psychiatrist, nurse practitioner (NP), or physician assistant (PA) seeing the client will determine the need for PAP medications. If a medication is clinically indicated, and not covered by the client's health insurance and/or the client does not have prescription insurance or the means to pay for the medication, the prescriber can refer to case manager for assistance with a PAP application if the pharmaceutical company offers PAP for the particular medication indicated (see HHS PP 5-11-017).
 - b. The psychiatrist/NP/PA will document the referral for PAP in a progress note, and communicate with the Access Team Manager/Supervisor to request a case manager.
 - c. The psychiatrist/NP/PA will refer the client to the case manager for coordination to complete the PAP application.
 - d. The psychiatrist/NP/PA will provide a prescription, review and sign the pharmaceutical company application for PAP.

- e. The psychiatrist/NP/PA will provide an order for RN/LVN/LPT to dispense sample medication (if available) to the client, as prescribed, until medication can be filled through the contracted PAP pharmacy (Raley's Pharmacy at the time of this writing). Any sample medications dispensed for PAP shall be signed out by MD/NP/PA/RN/LVN/LPT on the Medication Sample Dispensing Log (see HHS PP 5-11-013-A).
- f. The case manager will assist the client with completing the PAP application, and will provide a copy of the application to the client, to the pharmaceutical company, and provide a copy to be filed in the client's chart.
- g. The case manager and/or RN/LVN/LPT/MA will notify the appropriate Raley's pharmacy if there is a change in client's insurance coverage or provider.
- h. If a client is no longer an HHS client or obtains prescription drug coverage, the case manager will notify the pharmacy that the client no longer qualifies for the PAP Program, and will no longer receive medications from the PAP Coordinating Pharmacy through the PAP Program.

2. PAP Application Process

- a. The HHS case manager will assist clients with the application process for PAP. If the client has a conservator, the conservator shall sign the application on behalf of the client.
- b. The appropriate PAP application from the pharmaceutical company will be used, which outlines the requirements and guidelines for that particular medication.
- c. For clients who do not have an identifiable address, the HHS clinic address to which they receive services will be used on the PAP application.
- d. Companies participating in PAP may require thirty (30) days of paycheck stubs, statements from previous years' tax returns, or a letter from the clinic stating to the best of the clinic's knowledge, the client does not have an income. If a client is married, obtain and/or verify the spouse's income. If client has no income, the client should be assisted in completing IRS Form 4506T (Request for Transcript of Tax Return).
- e. Once the PAP application is signed, a copy should be provided to the client or conservator.
- f. The client will be informed that the PAP company may call the client to verify accuracy of information on the application.
- g. The PAP application will be provided to the psychiatrist/NP/PA to sign and fill out the prescription, requesting medication for ninety (90) days and three (3) refills, if applicable.
- h. The complete PAP packet will be assembled with application, IRS 4506T (if applicable), proof of income or letter from clinic stating to best of clinic's knowledge client has no income, denial letter (i.e. SSI, Veteran's benefits, insurance), and prescription.

- i. All PAP application activities will be documented in the client's chart.

3. Storage of Sample Medication for PAP

- a. All sample medications are limited in access to HHSA medical staff, RN/LVN/LPT, and PAP Program Coordinator/MA.
- b. Medications shall be locked in the medication room and stored per drug manufacturer guidelines and in compliance with HHSA PP 5-11-010.
- c. No medications shall be stored in a medical or nursing staff desk or office.

4. Sample Medication Program Inventory

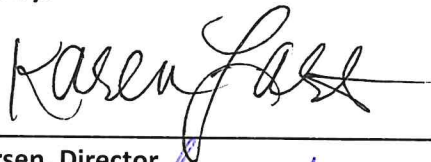
- a. A physician/NP/PA will submit a written request to the pharmaceutical representative for a specified medication, dose, amount, and manufacturer. No Schedule I-IV medications will be obtained.
- b. The physician/NP/PA or RN/LVN/LPT/MA, upon receipt of ordered samples medication, will verify the name, dose, and amount of medication received. All received sample medications will be logged on the Sample Medication Log (see HHSA PP 5-11-013-A).
- c. Medication samples will only be dispensed when that specific medication is prescribed by a physician/NP/PA.
- d. All sample medications will be dispensed and clearly labeled per guidelines in HHSA PP 5-11-013, "Dispensing Sample Medications".
- e. All medication samples dispensed will be logged on the Medication Sample Dispensing Log (see HHSA PP 5-11-013-B).
- f. The RN/LVN/LPT and MA will conduct a monthly inventory to inspect sample medications for supply, expiration date, deterioration, contamination, or damaged packaging.
- g. The Sample Medication Log (see HHSA PP 5-11-013-A) will be completed for each inventory conducted to reconcile medications received from drug companies with the amount of samples dispensed to clients.
- h. Any medications unaccounted for shall be reported using an Unusual Occurrence form, and the issue shall be reported to the HHSA Behavioral Health Compliance Officer and the Medical Director.
- i. All medication logs will be retained for a minimum period of three (3) years.

F. REFERENCES:

California Code of Regulations (CCR), Title 9, § 1810.435(b)(3)

Mental Health Plan Contract, Exhibit A, Attachment 1, §4. L.10

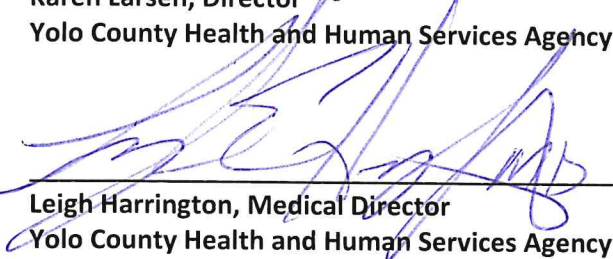
Approved by:



Karen Larsen, Director
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7/31/19

Date



Leigh Harrington, Medical Director
Yolo County Health and Human Services Agency

7/29/19

Date