



# Department of Pharmacy POLICY AND PROCEDURE

POLICY NUMBER: 929

VERSION: 1

## **SUBJECT: Outpatient Pharmacy- Patient Eligibility**

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### **POLICY:**

Patients will be screened by Patient Financial Services and enrolled in various financial and medical programs. These programs will determine the patient's eligibility for pharmacy services.

### **PROCEDURE:**

The following criteria are used to determine patient eligibility for outpatient pharmacy services:

#### 1. COMMUNITY HEALTH PLAN (CHP) PATIENTS

- A. Patients should have their prescriptions written on the blue CHP prescription forms with carrier code "56-858".
- B. CHP ID cards are required to be presented for prescriptions to be processed.
- C. Medication supplied:
  - a. CHP Formulary "Non-Controlled" Medications – Prescriptions may be filled with a maximum 100 day supply of medications with a maximum of three refills.
  - b. CHP Formulary "Controlled" Medications – Prescriptions may be filled with a maximum 30 days supply of medications. Refills will be allowed for medications prescribed for the treatment of cancer or seizures.
  - c. CHP Formulary Injectable Medications – Prescriptions may be filled with a maximum 30 day supply of medications with a maximum of three refills.

Prescriptions should be processed as Non-Billable (NB) to avoid requesting reimbursement as cost of injections is included in the capitated rate.
  - d. CHP Non-Formulary Medications – Patients will be requested to pay. If the patient can not afford to pay for these prescriptions:
    - i. Pharmacists will contact the prescriber to request substituting a CHP Formulary medication.
    - ii. A completed Special Drug Request Form (SDRF) is required. Prescriptions may be filled with a maximum 30 day supply of medications with a maximum of three refills. The SDRF is not required for refills if the original prescription has already been approved with the SDRF Patients pay cash for OTC drugs not on the CHP formulary.

## 2. GENERAL RELIEF (GR) PATIENTS

- A. Prescriptions will be processed following the CHP Formulary
- B. Patients eligibility must be determined on a monthly basis. Patients will have eligibility code (70-876).
- C. Medications supplied:
  - a. Prescription medications and controlled substances will be filled with a maximum 30 day supply
  - b. For refills, patients must obtain proof of eligibility for the current month from Patient Financial Services
  - c. Refills for controlled drugs are allowed for medications used to treat cancer or seizures.
  - d. CHP Non-Formulary Medications – Patients will be requested to pay. If the patient cannot afford to pay for these prescriptions:
    - i. Pharmacists will contact the prescriber to request substituting a CHP Formulary medication.
    - ii. A completed Special Drug Request Form (SDRF) is required. Prescriptions may be filled with a maximum 30 day supply of medications with a maximum of three refills. The SDRF is not required for refills if the original prescription has already been approved with the SDRF. Patients pay for OTC drugs not on the CHP formulary.

## 3. ABILITY TO PAY WITHOUT LIABILITY (ATP)

- A. Prescriptions will be processed following the High Desert Regional Health Center Formulary
- B. Patients will have eligibility code (70-874)
- C. Medications supplied
  - a. Medications covered by the MediCal formulary will be dispensed without charge
    - i. Maximum 100 day supply of medication with a maximum of 3 refills
    - ii. Controlled drugs 30 day maximum supply. No refills except for medications used to treat cancer or seizures.
  - b. Medications not covered by the MediCal formulary: Patients will be requested to pay. If they cannot afford to pay for the prescription:
    - i. Pharmacist will contact the physician to request substituting the non-formulary drug with an equivalent drug on the MediCal formulary
    - ii. If the medication cannot be substituted, an SDRF is required. Prescription can be filled for a maximum 30 day supply.

- iii. Maximum of 3 refills. SDRF is not required for refills if the original SDRF is on file.
  - iv. Patients pay for OTC drugs not on the MediCal Formulary.
4. MEDI-CAL (MC) PATIENTS
  5. MEDI-CAL PENDING (MP) PATIENTS
  6. ABILITY TO PAY PENDING (AT) PATIENTS
  7. SAFETY NET (SN) PATIENTS
  8. CASH AND CARRY (CC) PATIENTS
  9. AIDS DRUG ASSISTANCE PROGRAM (ADAP) – A.V. HOPE CENTER

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