

DATE July 2013
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SUBJECT: PRESCRIPTION DRUG POLICY

Policy

It is policy of the SFHC that clients must utilize cost effective medications when medically appropriate, and that SFHC prescription drug policy complies with the I.H.S. Pharmacy Standards of Practice.

Purpose

It is the policy of the Strong Family Health Center (SFHC) that program funds which are utilized for the acquisition of prescription drugs be expended in the most economical manner feasible.

Scope

The below procedures apply to all prescription drugs paid for by SFHC, whether funds are used to pay for all or a part of the cost of prescription medications. No **over the counter** (OTC) health products will be paid for by SFHC as part of this prescription drug policy, without a written prescription and SFHC prior approval.

Procedures

- 1.0 All prescriptions filled must use generic medications, unless otherwise directed by the licensed medical provider on hand written prescription indicating **“Do not substitute”** and approved by SFHC.
- 1.2 SFHC is required by law to be the payer of last resort.
- 1.3 SFHC must be contacted for prior approval if any single prescription cost more than \$100 per month.
- 1.4 SFHC client’s living in the service area.
 - A. For their prescription medications may use Rite Aid Pharmacy Services.
 - a. To ensure access to quality prescription drug coverage.
 - b. Contain pharmaceutical costs.

1.5 The clients may use the pharmacy of their choice as long as A, B or C below is applicable.

- A. The prescriptions are filled with **Generic only**, unless the exception from section 1.0 is pertinent.
 - 1. Original receipt and prescription information is provided to SFHC.
 - 2. For Medi-Cal clients note on the receipt if the amount was applied to their share of cost (SOC).
 - 3. No over the counter products added to the invoice.
- B. The pharmacy has a current prescription service agreement or set of Third Party Instructions from SFHC as payee.
- C. Rite Aid does not have available the prescribed medication.

1.6 Listed below are prescriptions **not covered without SFHC prior approval** and the availability of funds.

- A. OTC
- B. Fertility Agents
- C. Antiretroviral Agents
- D. Laxatives
- E. Contraceptives – Implantable
- F. Diagnostics
- G. Cosmetics – approved or unapproved uses
- H. Syringes (non –insulin) - disposable
- I. Syringes (non –insulin) – reusable
- J. Smoking Deterrents
- K. Cancer Treatment Agents