

# STARTING A PHARMACEUTICAL ACCESS PROGRAM

## A Volunteers in Health Care Guide



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# Introduction

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***"They'd say, 'Give me a dollar's worth of my heart medicine."***

*Pharmacist John Berza*

*Oakdale, Louisiana*

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*Mr. Berzas echoes the experience of thousands of pharmacists and health care providers across the country treating individuals unable to afford their medication. Some of these individuals are uninsured. Some have medical insurance but no prescription coverage. Some have medical and prescription insurance but deductibles and co-payments that make it impossible to purchase needed medications. Some with chronic diseases cannot afford multiple medications.*

Nearly 44 million individuals are uninsured; as many as another 29 million are underinsured.<sup>1</sup> Although Medicare recipients will be eligible for prescription drug benefits in 2006, there is little relief in sight for the millions of uninsured and underinsured. For the uninsured with a chronic illness access to medication is critical.<sup>2</sup> Medication costs can have implications far beyond an individual's budget. They can affect the treatment plan proposed, medications prescribed, patient compliance and patient well being. Medication costs are also a significant concern in every health care organization's budget and can be particularly onerous for safety net providers.

Across the country tens of thousands of individuals and organizations have committed to ensuring access to medication for their patients and clients. Efforts include private practicing physicians working in tandem with non-profit organizations; area agencies on aging; coalitions of hospitals, foundations and community service agencies; free and community clinics; federally qualified community health centers; and community pharmacists. What we at Volunteers in Health Care have learned in our years in working with such groups is that together, community partners can tackle the issue and improve the health care of their fellow residents.

- 1 Agency for Healthcare Research and Quality, <http://www.ahrp.gov/research/nov95/dept4.htm>
- 2 Nearly one-third of the U.S. population has one of the following chronic conditions: asthma, cancer, cerebrovascular disease, chronic back/neck problems, COPD, diabetes, hypertension, ischemic heart disease, joint disorders or mood disorders. *Multiple Chronic Conditions: A Challenge for the 21st century*, Center on an Aging Society, Georgetown University, November, 2003. [http://ihcrp.georgetown.edu/agingsociety/](http://ihcrp.georgetown.edu/agingsociety/ihcrp.georgetown.edu/agingsociety/)

The key is partnerships. And every institution with an interest in the health of its community is a potential partner for creating pharmaceutical access, it is not an endeavor for the faint of heart. Most often it is labor intensive. It usually involves awareness of federal and state regulatory issues. Operational issues—even if a program limits itself to aiding individuals applying for patient assistance programs—can be complicated. Organizations wanting to create a pharmacy may find it difficult to find pharmacists or manage inventory appropriately. Those that are using volunteers and/or donated products exist by definition in a state of uncertainty.

But for those patients living at the Federal Poverty Level who do not qualify for Medicaid or those who are disabled but don't have health insurance or those who make just over the income level for SCHIP coverage these programs are indispensable. And they exist because one physician, one hospital, one social worker, one pharmacist, one neighbor decided to take action.

# Getting Started

*Keep the following questions in mind as you move through the manual. They will be useful in thinking about starting or expanding a program.*

**Who needs prescription assistance in your community and what part of that population do you want to serve? For example:**

- Uninsured
- Underinsured
- Poor
- Near poor
- Working poor
- Families
- Elderly
- Special populations:
  - Homeless
  - Migrant workers
  - Rural residents

**Will you limit the kind of conditions you will provide help for? For example:**

- All conditions
- Acute conditions
- Chronic conditions
  - Cancer
  - Diabetes
  - Hypertension
  - Heart disease
  - Mental illness

**What kind of help do you want to provide? For example:**

- Emergency medications
- Short-term
- On-going

**What do you want to put into place to meet that need? For example:**

- New organization
- Add-on service to existing organization
- Enhancement or expansion of existing service
- Network or collaboration

**What and whom do you need to implement your program? For example:**

- License
- Space
- Tax-exempt status
- Equipment
- Furniture
- Funding
- Staff
- Volunteers
- Clinical advisory board
- Administrative advisory board
- Board of directors
- Community service contacts
- Pharmacy contacts
- Medical contacts
  - Pharmaceutical contacts
  - Government contacts



*There are many ways that organizations have looked to provide access to pharmaceuticals for individuals without health insurance or without prescription drug benefits. The following list includes the most common methods:*

## **INCLUDING A PRESCRIPTION DRUG PROGRAM AS PART OF A FREE CLINIC, FOR THE PATIENTS OF THAT CLINIC**

This is by far the most common model used and nearly all free clinics help their patients gain access to medications, whether by acquiring and dispensing medication themselves, helping individuals apply to the patient assistance programs of pharmaceutical manufacturers, or by arranging for discount pricing at local pharmacies. Most of the 1000 or so free clinics currently in operation in the United States include some kind of effort to make medication available to their clients.

## **CREATING A PHARMACY WHERE ANYONE MEETING ELIGIBILITY CRITERIA CAN RECEIVE MEDICATION**

Some communities have created free or low-cost pharmacies that operate either as stand-alone non-profits or as part of a larger, non-profit organization. These pharmacies dispense medication to eligible patients who present a prescription from a local physician.

## **CREATING A STAND-ALONE SERVICE, SEPARATE FROM A HEALTH CARE PROGRAM, WHICH HELPS INDIVIDUALS APPLY FOR MEDICATIONS FROM EXISTING PATIENT ASSISTANCE PROGRAMS, USUALLY THOSE OPERATED BY PHARMACEUTICAL MANUFACTURERS**

This is an increasingly popular approach. An organization will be created that exists solely to help patients fill out the necessary paperwork required for pharmaceutical manufacturers' patient assistance programs (PAPs). These programs work with local physicians or local free clinics and community health centers, and take responsibility for ensuring that applications are complete and submitted correctly. These programs may not have any interaction with patients, depending on the nature of their operation. Their primary role is to know which medications are available through pharmaceutical companies, keep current with the specific requirements for and operations of specific programs and use information provided by the patient and his/her physician to fill out the forms.

**CREATING A PRESCRIPTION DRUG PROGRAM WITHIN A PROVIDER NETWORK, SO THAT PATIENTS OF DIFFERENT ORGANIZATIONS CAN USE THE PROGRAM AND RESPONSIBILITY FOR PROGRAM OPERATIONS IS SHARED BY MORE THAN ONE ORGANIZATION.**

This is an approach that can be very flexible. Usually, a group of organizations serving a low-income population will decide to create a single access point and system for accessing pharmaceuticals. All members of the consortium contribute something—office space, personnel, money, etc. What the consortium can do depends on its resources—examples range from selecting one site to help patients apply to patient assistance programs to agreeing to open up an existing medication program to additional clients to dispensing donated medication from a single site. Creating a provider consortium can maximize resources, use staff more efficiently and eliminate duplication of services.

**CREATING A PHARMACEUTICAL ACCESS PROGRAM THAT IS PART OF A STATEWIDE PHYSICIAN REFERRAL NETWORK**

Organizations in four states—Arkansas, Georgia, Kentucky and South Carolina—have established statewide physician referral networks that include access to prescription drugs. These networks consist of physicians who, in their own offices, will provide one or more visits for uninsured patients at no fee. After patients are screened for eligibility, the coordinating organization or a partner entity will make referrals. For pharmaceutical access these organizations have negotiated arrangements with pharmaceutical manufacturers such that program enrollees, in lieu of patient assistance applications, may get prescriptions filled at participating local pharmacies. These pharmacies fill prescriptions at minimal or no charge and medications are automatically restocked by the manufacturer on a regular basis. Medications available through these programs are those that the participating companies have agreed to donate.

## *Assessing Your Resources*

*Deciding what kind of program to operate may be easier once you have thought about the following:*

- Who will constitute your patient population?
- How much time can you and your colleagues put into this program?
- What kind of resources do you have or will you be able to access? Who in your community is available—and willing—to help out with this effort?
- What are the functions you want this program to serve?
- What are the rules in your state for dispensing and storing pharmaceuticals?

### **WHO WILL CONSTITUTE YOUR PATIENT POPULATION?**

It is possible to create a program that provides some level of pharmaceutical access to the uninsured. It is unlikely that you will be able to assure that everyone gets **all** the medication they need. Having a clear understanding of what segment of the uninsured population you feel it is most important to help and what you can do for them will contribute to your long-term viability.

If you are currently operating or associated with a health care program you undoubtedly know the diseases and conditions most common in your patients. If you want to start a new program, there are various factors that organizations take into account in determining their patient populations: acute or chronic conditions; uninsured or underinsured (e.g., those on Medicare or those with health insurance but no prescription coverage); employment status; income level (usually at or near the Federal Poverty Level); age; and special population status (e.g., homeless, migrant worker, undocumented worker).

### **HOW MUCH TIME CAN YOU AND YOUR COLLEAGUES PUT INTO THIS PROGRAM?**

Starting or even expanding a program is a time consuming endeavor. Be realistic about how much time individuals are able to commit to the project and for how long. The time from conception to implementation of a free pharmacy is likely to be much longer than the time from conception to implementation of a program that helps individuals make application to patient assistance programs.

## **WHAT KIND OF RESOURCES DO YOU HAVE OR WILL YOU BE ABLE TO ACCESS? WHO IN YOUR COMMUNITY IS AVAILABLE — AND WILLING — TO HELP OUT WITH THIS EFFORT?**

Think broadly about what constitutes a “resource”—office space, links to a hospital or physician practice, academic institutions, pharmacist association, local foundations, Chamber of Commerce, etc. Think about who in your community would be interested in supporting your efforts—either because they would benefit in some way or because it is part of their mission. Municipal and county governments, hospitals, schools of pharmacy, local pharmacies, pharmaceutical companies, physician practices, churches, medical societies and primary care associations are all potential partners. Remember, this is an issue that is likely to affect every community in some way—straining the health care system, keeping employees out of work, forcing the poor or elderly into untenable choices.

Remember as well, that you may want to think about resources outside of your community. For example, personnel at an organization running a similar program may be willing to serve as volunteer advisors on specific issues. (Volunteers in Health Care may be able to put you in touch with organizations or you may want to review the contact list in the *Appendix X*.) If you have technical questions, for example, about whether your organization is eligible for the Public Health Service 340B Drug Pricing Program, you may want to contact the Office of Pharmacy Affairs directly (See *Appendix II*).

## **WHAT ARE THE FUNCTIONS YOU WANT YOUR PROGRAM TO SERVE?**

Deciding to help individuals without insurance access free or low cost medication is a big undertaking, no matter what approach is chosen. Clearly, the most simple program, from an organizational standpoint, is one that only helps patients (or organizations on behalf of patients) make application to patient assistance programs, while a much more complex one will take responsibility for acquiring medication, dispensing medication and helping patients manage their drug regimens. Decisions about the functions a program will serve will depend on the resources you have available to commit to the program, whether the program will be part of another service or exist as a stand-alone and what sources of free or low cost medication currently exist in your community.<sup>3</sup> The basic question to ask is whether your organization itself will dispense medication or whether it will make arrangements for access to medication—for example, by submitting PAP applications or negotiating discount pricing at local pharmacies.

<sup>3</sup> Find out whether there are Federally Qualified Community Health Centers, free or sliding fee scale clinics or safety net hospitals that that fill prescriptions for free or little cost.

## *Options For Prescription Assistance*

*The following describes the major ways organizations acquire medications. Most programs use a combination of methods, although some, usually due to lack of resources, may use only one technique. Additionally, sometimes programs that are just starting out will choose to use one method until they are able to assess the needs of their patient population and to build up program resources.*

### **METHOD #1: DRUG SAMPLES**

#### **Description:**

In this model, an organization develops a system for acquiring and stocking sample products, usually from physicians as well as pharmaceutical representatives. Products are inventoried, organized and stored on shelves; logs are kept that list products available and track usage. Increasingly, hospitals are restricting or prohibiting the use of physician samples, most often because of the strict rules required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). It is unclear how or whether this trend, along with new federal government requirements regulating drug samples will affect their availability.

#### **What's needed:**

- Physicians or organizations willing to donate their samples
- Access to and relationship with pharmaceutical representatives willing to accommodate program needs
- System for collecting samples from physicians
- Staff/volunteers for creating and maintaining sample "closet"
- System for replenishing "closet"

#### **Advantages:**

- Relatively simple to create

**Constraints:**

- Variety of medications available can be limited, and most often it is the newer drugs that are made available in this form
- Availability of samples may diminish, given recent federal regulations
- Most appropriate drug for specific patient may not be available
- Medications may be near-dated
- No guarantee of continuity of medications over time
- Relatively labor-intensive
- Samples are kept in individual packaging and are cumbersome to distribute to patients
- Samples do not come with labels; as such, the responsibility falls to program personnel to generate appropriate labels

**Legal issues:**

- Program must ensure that medications are given out only by individuals authorized to do so by law
- The Food and Drug Administration has fairly strict rules for transporting, managing and tracking drug samples, although these rules have been relaxed somewhat for free clinics. For more information on the FDA's rules, see *Managing Medications Samples: A Volunteers in Health Care Guide*.

## METHOD #2: PHARMACEUTICAL MANUFACTURERS' PATIENT ASSISTANCE PROGRAMS

### Description:

In this model, an organization develops a system for applying to patient assistance programs operated by pharmaceutical companies. Patient assistance programs (PAPs) are included as part of charitable giving programs of most pharmaceutical manufacturers. Applications are made on a patient-by-patient basis; technically, applications are made by physicians (or other authorized practitioners as indicated by the manufacturer) on behalf of specific patients. VIH has developed two products to assist with PAP applications:

- **RxAssist** ([www.rxassist.org](http://www.rxassist.org)) is a searchable database where physicians and other health care providers can view information on: drugs available through PAPs, application procedures and eligibility criteria, as well as many application forms. The information on the site is updated on a regular basis.
- **RxAssist Plus** is patient and PAP tracking software developed by VIH. The software links to the RxAssist web site, fills out forms available through *RxAssist* and keeps track of medications and applications from individual PAP programs. For more information on *RxAssist Plus* or to register for the software, please visit [www.volunteersinhealthcare.org](http://www.volunteersinhealthcare.org).

### What's needed:

- Staff/volunteers to request, fill out and submit application
- Staff/volunteers to follow-up with patient assistance programs and resubmit applications, as needed
- Patient-specific information and, often, income and eligibility documentation for application
- System for tracking application submissions and re-submissions for individual patients

### Advantages:

- No special skills required for staff/volunteers
- No budget needed for pharmaceutical purchase

**Constraints:**

- Usually only a portion of a company's products are available through patient assistance programs
- Each patient assistance program has its own procedures, eligibility requirements and application requirements; companies may have separate programs (and application procedures) for separate drugs. This can create particular complexity for patients requiring several medications
- Application procedures can be cumbersome and time-consuming; program requirements may be very restrictive (e.g., one company grants each physician only three patient requests per year)
- Application procedures and products offered often change without advance notice
- Medication deliveries may take several weeks
- Medication may not come with labels
- Re-application must be made on a regular basis, as medications are usually given in three-month supplies
- Some programs are time-limited
- Nature of the pharmaceutical industry is such that product lines and/or companies are sold with some frequency, often affecting the operation of patient assistance programs
- Extremely labor-intensive

Volunteers in Health Care has also heard anecdotally that there can be difficulties when programs rely on physicians' offices to receive and give out this medication. Some offices find this extra work burdensome, as it requires storing and labeling the medication, as well as contacting the patient. (Sometimes medication comes with a patient's social security number, but no name.)

**Legal issues:**

- Usually none; it is unclear whether there may be an issue if the organization requests any payment from the patient (such as administrative fee) for processing. Additionally, some companies require that the physician receive no payment for his/her services.



### METHOD #3: DISCOUNTED PRICING FROM LOCAL PHARMACIES

#### Description:

In this model, an organization establishes an arrangement with a local pharmacy or pharmacies (independent or chain) whereby the pharmacy will fill prescriptions for patients of the organization at discounted prices. A variety of discounts may be negotiated, but usually the pharmacy agrees to one or more of the following:

- 1) waive its dispensing fee
- 2) reduce the price of the prescription by a certain percentage
- 3) charge only the cost the pharmacy itself incurs in purchasing the medication
- 4) formula-based price (e.g., Average Wholesale Price + 10% or Medicaid price + dispensing fee) <sup>4</sup>

In general, programs use these arrangements in one of two ways: for emergency situations, when medications are needed immediately and cannot be accessed otherwise, or as a routine means for getting medication for clients. In the former, programs usually give a voucher to the patient for use at a designated pharmacy. (Usually there is an arrangement with one pharmacy.) In the latter, programs may use vouchers or have the equivalent of a prescription card that indicates that the patient may get his or her prescriptions filled at a specific pharmacy or pharmacies.

In most cases, the organization, not the patient, pays for the medication, although in some cases the patient makes a co-pay, with the organization being billed for the remainder of the cost. Few organizations operate solely using this technique, as it is costly; most use it to purchase medications unavailable through samples or PAPs and/or in cases of extreme emergency—i.e., when a patient needs a medication immediately and the organization would be unable to provide it otherwise. Organizations may get funding to pay for medications from one or more sources: 1) fundraising and/or grants; 2) “indigent care” funds directly from a state or county government; 3) local hospitals with an interest in ensuring that patients get access to medication.

<sup>4</sup> *The Average Wholesale Price, or AWP, is the average list price that a manufacturer suggests wholesalers charge pharmacies. AWP is typically less than the retail price, which includes the pharmacy's own price markup. AWP is referred to as a sticker price because it is not the price that large purchasers usually pay.*

**What's needed:**

- Staff/volunteer to approach pharmacies with request
- System with pharmacy for identifying patients eligible to get discount price
- Billing/payment system between organization and pharmacy

**Advantages:**

- Organization is relieved of legal responsibilities associated with dispensing medication
- Once relationship with pharmacy established, little organizational effort is usually needed to maintain program
- Organization has relationship with pharmacist(s) who may serve as advocates
- Requires only initial effort of staff/volunteer
- Pharmacies are often more convenient for patients
- Pharmacist responsible for counseling patient on medication use

**Constraints:**

- Organization must have funds to pay for medication
- Organizations with high patient volume may end up paying significant monies for pharmaceuticals
- Organizations must be very restrictive in choosing patients eligible for this service in order to maintain ability to purchase medications throughout the year

**Legal issues:**

- None

## **METHOD #4: U.S. PUBLIC HEALTH SERVICE (PHS) 340B DRUG PRICING PROGRAM**

### **Description:**

In accordance with a federal law passed in 1992, certain governmental or not-for-profit organizations are eligible for what is called Public Health Service drug pricing from pharmaceutical manufacturers. Organizations that meet certain requirements (as indicated by the federal government) and that register with the federal Office of Pharmacy Affairs (OPA) receive substantial discounts (often up to or exceeding 30%) on pharmaceuticals purchased from the manufacturer. Organizations are required to report to the OPA.

### **What's needed:**

- Organization must meet very specific criteria, as set by the Public Health Service Act. Organization must submit an application to and be approved by the OPA. Organization must comply with all reporting requirements of the OPA. (The OPA web site has a Frequently Asked Questions section for this program: <http://www.hrsa.gov/odpp>.)

### **Advantages:**

- If an organization is deemed eligible by the OPA, it will receive discount pricing from all pharmaceutical companies participating in this system; this pricing is set by formula and there is no negotiating from company to company
- Organizations receive substantial discounts

### **Constraints:**

- Criteria for participating in this program are very restrictive
- Organization must have funds to pay for medication
- Not all drugs are subject to this pricing structure
- Often price of drug is not available prior to making a purchase
- For organizations using local pharmacy for filling prescriptions, system can be administratively burdensome
- Organizations must have administrative infrastructure and capacity to meet program management and monitoring requirements

### **Legal issues:**

- Must comply with all government regulations associated with program participation.

## **METHOD #5: BULK DONATION ARRANGEMENTS WITH PHARMACEUTICAL MANUFACTURERS (OR LESS COMMONLY, WHOLESALERS)**

### **Description:**

In this method, an organization will strike a donation arrangement with a large-scale supplier of certain pharmaceuticals that are either in high demand and/or are difficult to acquire. The basic premise is that it is administratively easier and more cost effective (both for pharmaceutical companies and provider organizations) to develop a system for routine delivery of medications. As such, an organization and pharmaceutical manufacturer may establish an agreement (that may or may not be in writing) for routine delivery of one or more specific medications. Such arrangements are usually made with organizations that are reasonably well known or well established in their local communities.

### **What's needed:**

- A board or staff member who is comfortable approaching and then tenaciously pursuing the potential donor company
- A contact at, or an existing relationship with, the potential donor company, either through past use of the company's product or through a sales representative who knows the organization (otherwise it may be difficult to initiate a donation discussion)
- The recipient organization must be seen by the pharmaceutical manufacturer or wholesaler as well established, well run and accountable.
- The recipient organization usually must be able to demonstrate that:
  - Patients have been carefully screened for eligibility and are considered "truly needy"
  - There is a relatively high and/or steady volume of usage of the medications being donated
  - The organization either had been or would have been requesting these medications through the company's patient assistance programs
- An organization must have the capacity to store medications delivered in bulk

### **Advantages:**

- Eliminates the use of patient assistance programs for certain drugs
- Ensures that medication will be in stock and available to patients
- Establishes relationship with pharmaceutical company or wholesaler that might expand into other types of support
- Adds to recipient organization's "standing" and may give leverage to the organization when seeking funding or donations from other entities

**Constraints:**

- This kind of arrangement often takes a long time to cultivate and may be dependent on specific company personnel
- Medication may come in such volume that it is hard to store
- Medication donated may be near expiration date, with responsibility for proper disposal of unused portion borne by the organization receiving the donation

**Legal issues:**

- None

## **METHOD #6: DISCOUNT BULK PURCHASING FROM WHOLESALERS (OR LESS COMMONLY, PHARMACEUTICAL MANUFACTURERS)**

### **Description:**

This method operates as that described above, except that pharmaceuticals are purchased rather than donated. Although the ideal situation exists when a company agrees to give medication for free, it may not be possible to negotiate such an arrangement. The next best option, if the organization has the monetary resources, is to purchase medication in bulk at a substantial discount. If possible try to get a price at or below that of the company's usual "best customer discounts." There is often some purchasing threshold that must be met in order to become a customer of these companies.

### **What's needed:**

- A medication budget
- A board or staff member who is comfortable approaching and then tenaciously pursuing an arrangement with company
- Organizations must have the capacity to store medications delivered in bulk

### **Advantages:**

- Easier to negotiate than an outright donation from a company
- Eliminates the use of patient assistance programs for certain drugs
- Ensures that medication will be in stock and available to patients
- Establishes relationship with pharmaceutical company or wholesaler that might expand into other types of support

### **Constraints:**

- Organization must have funds to pay for medication
- Medication may come in such volume that it is hard to store

### **Legal issues:**

- None

## **METHOD 7: BECOMING A CLIENT OF A PHARMACY BENEFITS MANAGER**

Pharmacy Benefit Managers (PBM's) are large companies, often owned by pharmaceutical manufacturers, that conduct a range of services for high volume purchasers of medications, such as hospitals, HMOs, etc. Services include negotiating discounts for medications, prescription tracking, computerized monitoring medication for drug interactions, and computerized disease management practices. It may be possible for organizations to negotiate arrangements whereby they become clients of these companies; as such they are provided with medications at a substantial discount or may receive rebates on certain medications. The organization and PBM agree on a formulary—a selection of drugs that will be available to patients; there is usually an administrative fee charged for each transaction. The organization decides what, if any co-pay patients are required to pay, with the remainder of the cost billed to the organization. The patient gets a prescription card and can get the prescription filled at one of several pharmacies.

### **What's needed:**

- A medication budget
- A board or staff member who is comfortable negotiating an arrangement with the PBM, as this is still fairly unusual mechanism for small, non-profit organizations to pursue
- An organizational infrastructure able to conduct business with a PBM

### **Advantages:**

- Discount is likely to be substantial
- Organization relieved of burden of procuring, storing and dispensing medication
- Ensures that medication will be in stock and available to patients
- Billing system is simple
- PBM information and reporting systems are highly sophisticated

**Constraints:**

- May be difficult to find PBM willing to take organization on as client, as there is little incentive to company
- Could become costly
- Organization must have funds to pay for medication

**Legal issues:**

- None

**Special note:** Some organizations have explored the possibility of creating purchasing cooperatives, which would increase the likelihood of negotiating a discount because of volume purchasing involved. Other organizations have explored the possibility of piggyback purchasing off of the contracts of existing large volume purchasers. A hospital might offer to sell, at cost, some of the medication it purchases in volume to another program. Two federal laws govern such transactions—the Robinson-Patman Act, which looks to ensure fair business practices and fair competition and the Non-Profit Institutions Act, which provides certain exemptions for non-profits from the Robinson-Patman Act. Recent advisory opinions of the Fair Trade Commission have indicated that it is allowable for a non-profit hospital to sell medications to a free clinic.<sup>5</sup>

<sup>5</sup> *Rx for Access newsletter, Volume 1, Issue 3, (www.rxforaccess.org), November 2004.*



## *Federal and State Regulations*

*If you decide that your organization will be dispensing medication, be aware that there are both federal and state regulations governing the handling, storing and dispensing of medication. For example, federal regulations dictate specific rules regarding the records organizations receiving samples must keep.<sup>6</sup> States regulate who can dispense medication and any license required to do so. For example, in some states only a registered pharmacist or physician can dispense medication—including drug samples.<sup>7</sup> Every state has a board of pharmacy, and it is advisable to check with your state's Board of Pharmacy for this information. For a state-by state listing visit the web site of the National Association of State Boards of Pharmacy at <http://www.nabp.net/whoweare/boards.asp>.*

<sup>6</sup> *The Food and Drug Administration is responsible for regulations regarding samples. See [Managing Medication Samples: A Volunteers in Health Care Guide](#) for more information.*

<sup>7</sup> *Organizations may seek exemptions from specific rulings. Free clinics in West Virginia, for example, may dispense medication without a clinic license, due to a specific legislative enactment.*

## Designing A Program

Once you have identified the kind of program you would like to operate there are additional questions to consider:

- What staff—paid or unpaid—do you need?
- What medications will you make available and how will you acquire them?
- What will your budget be for the pharmaceutical program?
- How will you keep track of the medication you have—i.e., what will your inventory management and storage system be?
- How will you keep medication records for patients?
- How will you manage your program so that you are able to meet your patients' needs within your resource limitations?

### WHAT STAFF — PAID OR UNPAID — DO YOU NEED?

Do not underestimate the amount of labor it takes to maintain a pharmaceutical access program. Even if you are not dispensing medication, some staff time will need to be dedicated to ensuring that the program is operating smoothly. If, for example, you are helping patients submit applications to PAPs your organization will need personnel to gather patient information, fill out forms, keep current with changes in PAP programs and follow-up with companies or patients as needed. If your program will be dispensing medication, the need for staff—and specialized staff—increases.

If possible, try to get a pharmacist to volunteer to help out your program.<sup>8</sup> Again and again, we have heard programs state the necessity of having a pharmacist participating in the program's operation. (In fact, many programs choose to hire a pharmacist.) Apart from being able to dispense medication, pharmacists can provide invaluable advice and can make critical contacts with pharmaceutical companies, wholesalers or local pharmacies when looking for donations or discounts. Pharmacists are knowledgeable about the full range of drugs available on the market, the cost of different drugs, the clinical implications of specific drugs and the possibility of generic substitutions.

8 *It can be difficult to find a volunteer pharmacist, but look to your local pharmacies, state pharmacist association, schools of pharmacy or even your state pharmacy board for help and/or ideas on recruitment.*

In general, in operating any program where you dispense medication you will need three types of program staff:

- those with clinical skills who can guide you on your formulary decisions, advise on and/or oversee the set up of your “pharmacy” and where necessary, perform those functions regulated by law (such as dispensing)
- those with administrative/organizing skills who can help set up a system for managing pharmacy operations
- those with a willingness and ability to do the nuts and bolts work, such as picking up samples from physicians’ offices, stocking shelves, data entry, etc.

Several organizations use students—particularly medical or pharmacy students—as volunteers in the latter capacity. This experience gives them exposure to the world of medication and prescribing practices. Remember, however, that students can only perform certain functions and must be supervised by a practitioner in their profession, which may prove time consuming for an organization where staff and/or volunteer time is already stretched.

### **WHAT MEDICATIONS WILL YOU MAKE AVAILABLE AND HOW WILL YOU ACQUIRE THEM?**

In some ways this is the classic “chicken or the egg” dilemma: does an organization start by getting whatever medication it can or does it try to make sure it has what it considers to be a basic formulary?<sup>9</sup> Ideally, an organization will work with prescribers, pharmacists or other professional knowledgeable in prescribing practices and develop a list of drugs most likely to be needed by the patients served by the organization. Typically this list will indicate therapeutic class (i.e., the drug’s clinical usage), brand name, generic name and dosages available. It may also indicate any reasonable substitutions, the source from which the drug is acquired and an expense rating (e.g., \$, \$\$, \$\$\$). Some organizations that purchase medications use notations by each drug to indicate how expensive it is. A similar notation system could work to indicate how difficult it is to get drugs donated.

Additionally, you should consider whether you will include over-the-counter medication in your formulary—e.g., aspirin, anti-bacterials, iron supplements or even vitamins. These are often more difficult to get donated, although some organizations have had some luck in getting donations from companies that produce vitamins or vitamin supplements.

VIH has collected sample formularies from other pharmaceutical access programs. For more information contact VIH directly.

<sup>9</sup> A formulary is a list of drugs, usually selected for their safety, effectiveness and cost.

## **WHAT WILL BE YOUR BUDGET FOR THE PHARMACEUTICAL PROGRAM?**

The size of your budget will depend on how expansive you want your formulary to be (assuming that some medications may need to be purchased), how much medication you will need for your patients over the course of a year and what you need to operate your program (e.g., paid staff, computer system, locked cabinets). Some organizations make the decision to ensure medications for their patients, whether or not they can get the medication donated and so dedicate a fairly substantial portion of their budget to purchasing medication. Others dedicate only a very small portion of their budget to the purchase of medications, to be used solely on a case-by-case or emergency basis. Purchasing medications—even with a discount—can be expensive. For example, a particular problem arises with treatment for diabetics, for although organizations can often get glucose monitors and insulin donated, glucose strips must be purchased.

## **HOW WILL YOU KEEP TRACK OF THE MEDICATION YOU HAVE—I.E., WHAT WILL YOUR INVENTORY MANAGEMENT AND STORAGE SYSTEM BE?**

If you will be dispensing medication on-site it is important that you have a well-organized, up-to-date inventory and storage system. This is particularly important if the program is part of an organization that is delivering health care as well. It is a disservice to your clinicians—and a disincentive to volunteer clinicians—if you are not able to ensure access to medications necessary for treatment. Establishing a formulary will make it clear what is available and keeping good track of inventory will ensure continuity of care for your patients.

An inventory system does not have to be elaborate—some organizations will post a list of the drugs and quantities available on the door of the medicine “closet” with personnel adjusting amounts as medications are used. It must, however, be kept current and should indicate if any medication or batch of medication is near-expiration (as donated drugs may be). Any system should fill two functions: it should let the practitioner know what is available and should enable the program administrator to know the state of the stock at any given time. In this way the administrator can restock medication in advance of running out, dispose of medication when necessary and keep track of the source of medication (e.g., County General Hospital donation, pharmaceutical representative samples, purchase from wholesaler, etc.) Some organizations use a paper system, some create a computer-based system using spreadsheets or databases and others use software specifically designed for pharmacy inventory. The latter can be expensive, ranging anywhere from \$7,000 to \$15,000 and up, depending on the functions offered.

It is also important to store inventory in a manner that both meets federal and state regulations and that makes it easy for clinicians to access medication. Volunteers can be useful for maintaining medication storerooms.

## **HOW WILL YOU KEEP MEDICATION RECORDS FOR PATIENTS?**

Any program needs to keep and manage medication records. For programs that are providing medical care as well as prescription access this information is an indispensable part of a client's medical record. The information is critical for medication reviews and monitoring a patient's health status. For programs that do not provide ongoing health care to clients but provide access to and/or dispense medication it is still necessary to track and manage this information, particularly for organizations using Patient Assistance Programs where re-application needs to be made on a regular basis and drugs can take anywhere from two to six weeks to be delivered after approval.

## **HOW WILL YOU MANAGE YOUR PROGRAM SO THAT YOU ARE ABLE TO MEET YOUR PATIENTS' NEEDS WITHIN YOUR RESOURCE LIMITATIONS?**

One of the most common issues confronting organizations with pharmaceutical access programs is the danger of expending medication monies at too fast a pace so that budgets are used up partly through the fiscal year. What looks like a reasonable amount of money to set aside for medications can easily be drawn down by a significant proportion of patients with chronic conditions, patients on several medications or patients needing medication quickly. Although it is probably hard to predict how much medication your program will use on a monthly basis—particularly if your patient load is increasing—the following ideas may help in thinking about addressing this issue:

- think about any restrictions you may want to impose on what you will or won't (or can't) treat and identify alternative medication resources where possible for these conditions
- know your patient population and the illnesses or conditions they are most likely to have and focus your resources on acquiring these medications
- think about whether it is more or less cost-effective to use generics—is the cost of purchasing them (they usually won't be donated) lower than the cost to the program of securing (even through donations or discounts) higher priced alternatives
- are patients able to pay for any part of their medication

### **1. LEARN FROM OTHERS**

Visit other programs, if possible, or if not at least talk to the people running those programs. Organizations have been very creative in drawing on assets in their communities to make these programs work. One organization “blast faxes” medication needs to physicians’ offices to solicit donated samples<sup>10</sup>, another has created a consortium of local providers to pursue volume purchasing of medication, another has negotiated a “credit” with a local hospital so that medications will be furnished for free up to a specified dollar amount, while other organizations have persuaded local governments to designate funds for medication assistance.

### **2. EXPLORE ALL OPTIONS**

It is no surprise that programs use a variety of means for getting their medication; what can be surprising is what is possible. A Pharmacy Benefits Management company offers to donate its inventory management services to a statewide organization. In one community, a pharmaceutical manufacturing company agrees that for every physician that allows a sales visit from a pharmaceutical representative it will make a cash donation to the local free clinic. An organization in West Virginia negotiates with a wholesale company for purchasing glucose strips at a 50% cost reduction. A small free clinic secures a grant from a local hospital for medication and patient education for uninsured patients with chronic diseases. Yet another is approached by a pharmaceutical manufacturer that offers to deliver bulk shipments of medication rather than make individual applications to its patient assistance programs.

### **3. CREATE A QUALITY PROGRAM—WHATEVER IT LOOKS LIKE**

Remember that there are many forms a pharmaceutical access program can take—all of which can be extremely useful to uninsured or underinsured patients. What a program can do depends upon the mix of available resources available (personnel, cash and in-kind), the patient population, the health status of the population and the community in which it is located. All programs are constrained by the cost of medications and the difficulty in accessing free or low-cost medication. As a result, no program is comprehensive or is able to provide the entirety of an eligible population with the medication that it needs. The need is just too great.

<sup>10</sup> New FCC rules regarding telephone solicitations may effect the legality of sending out “blast faxes” for donations. For more information, visit the FCC’s website at: <http://www.fcc.gov/>

We can say though that in our estimation the more of the following elements that are available, the more likely it is that a program will fulfill its goals:

- identification and recruitment of whatever personnel are deemed to be critical to the program's functioning—pharmacists, lay volunteers, physicians, nurses, etc.;
- broad support in the community as evidenced by the concrete contributions of community partners;
- clearly established operating parameters (e.g., only drugs for chronic conditions or only physician samples and generic drugs dispensed);
- clearly established procedures for running the program;
- knowledge of and/or relationships with other resources to refer patients who are ineligible for the program or whose needs cannot be met through the program;
- a commitment to patient education, medication adherence and medication appropriateness;
- an understanding of the patient population (e.g., will patients be able to afford a co-pay or do prescription instructions need to be bilingual)

Although creating a program that provides access to medications is undoubtedly a daunting venture, it is also extremely rewarding. Time and time again, Volunteers in Health Care hears from organizations that are the only source of free or low cost medications in their communities. Although many struggle with the difficulties in delivering this service with limited funds, limited staff and huge patient needs all clearly understand the fundamental need for the work they do. These organizations have demonstrated that with perseverance and the commitment of community members, a small but important dent can be made in the pharmaceutical access problem.

## OFFICE OF PHARMACY AFFAIRS/340B DRUG PRICING PROGRAM/DEFINITION OF COVERED ENTITIES

These are the only programs authorized by law to participate in the outpatient discount drug pricing program. All others are excluded. NOTE: PHSA refers to the Public Health Service Act, SSA refers to the Social Security Act

- (A) **A Federally-qualified health center** (as defined in section 1905(1)(2)(B) of the SSA)  
(Sec.1905(1)(2)(B)SSA)
- (B) **An entity receiving a grant under Section 330(i)** - Health Centers for Residents of Public Housing (Sec.330(i) PHSA)
- (C) **A family planning project receiving a grant or contract under Section 1001-** Family Planning Projects (Sec.1001 PHSA)
- (D) **An entity receiving a grant under subpart II of part C of Title XXVI** (relating to categorical grants for outpatient early intervention services for HIV disease) - Early
- (E) **A State-operated AIDS Drug Assistance Program (ADAP)** receiving financial assistance under title XXVI
- (F) **A black lung clinic receiving funds under Section 427(a)** of the Black Lung Benefits Act - Black Lung Clinics Sec.427A (Black Lung Benefits Act)
- (G) **A comprehensive hemophilia diagnostic treatment center receiving a grant under section 501(a)(2)** of the Social Security Act - Comprehensive Hemophilia Diagnostic Treatment Centers (Sec.501(a)(2) SSA)
- (H) **A Native Hawaiian Health Center receiving funds under the Native Hawaiian Health Care Act of 1988** - Native Hawaiian Health Centers (Native Hawaiian Health Centers Act of 1988)
- (I) **An urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act** - Urban Indian Organizations (Title V IHCA)



- (J) **Any entity receiving assistance under title XXVI** (other than a State or unit of local government or an entity described in subparagraph (D)), but only if the entity is certified by the Secretary pursuant to paragraph (7) - (Title XXVI, HIV Health Care Services Program PHSA)
- (K) **An entity receiving funds under section 318** (relating to treatment of sexually transmitted diseases) or section 317(j)(2) (relating to treatment of tuberculosis) through a State or unit of local government, but only if the entity is certified by the Secretary pursuant to paragraph (7)
- (L) **A subsection (d) hospital** (as defined in section 1886(d)(1)(B) of Social Security Act) that
  - (i) is owned or operated by a unit of State or local government, is a public or private non-profit corporation which is formally granted governmental powers by a unit of State or local government, or is a private non-profit hospital which has a contract with a State or local government to provide health care services to low income individuals who are not entitled to benefits under title XVIII of the Social Security Act or eligible for assistance under the State plan under this title;
  - (ii) for the most recent cost reporting period that ended before the calendar quarter involved had a disproportionate share adjustment percentage (as determined under section 1886(d)(5)(F) of the Social Security Act) greater than 11.75 percent or was described in section 1886(d)(5)(F)(i)(II) of such Act; and
  - (iii) does not obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement - Disproportionate Share Hospitals (Sec.1886(d)(1)(B)SSA)

**For more information on 340B Drug Pricing, contact:**

HEALTH RESOURCES AND SERVICES ADMINISTRATION  
BUREAU OF PRIMARY HEALTH CARE-OFFICE OF PHARMACY AFFAIRS  
[HTTP://BPHC.HRSA.GOV/OPA/CONTACT.HTM](http://BPHC.HRSA.GOV/OPA/CONTACT.HTM)

*Last revised November 2003*

## Appendix II

### SAMPLE FEE SCHEDULES FOR PRESCRIPTIONS

*Whether to charge fees for prescription medication is a decision that all organizations face, and there are several factors that should be taken into account as part of this process. These include:*

- the “culture” of the community within which the program will be operating (e.g., in some communities, there is a stigma attached to receiving free or charity care, while in others there is no such stigma);
- the ability of the target population to pay for medication;
- the financial constraints under which the program is operating;
- whether or how much of the medication provided must be purchased
- the cost of the medication being purchased (e.g., the proportion of generic to brand names and the degree to which the purchases are discounted, if at all); and
- the availability of resources to support the program

In general, programs that do charge use one of three methods: **1)** a single co-pay fee, no matter what the cost of the drug, usually ranging from \$1 to \$10; **2)** a co-pay based on the cost of the medication (possibly combined with a dispensing fee if the medication is dispensed from a local pharmacy); and **3)** a co-pay based on the income level of the patient. The fee schedules below are those of actual programs.

COST OF MEDICATION	CO-PAY
\$0-9.99	\$0.50
\$10.00-24.99	\$1.00
\$25.00-49.99	\$2.00
>\$50.00	\$3.00

<b>COST OF MEDICATION</b>	<b>CO-PAY</b>
\$1-29	\$3.00
\$30-49	\$10.00
\$50 and over	\$20.00

<b>CLIENT INCOME LEVEL</b>	<b>CO-PAY</b>
Homeless/indigent with no income	\$1.00 per prescription
Up to 50% of the Federal Poverty Level	\$3.00 per prescription
Between 51% and 200% of the Federal Poverty Level	\$5.00 per prescription
Over 200% of the Federal Poverty Level	\$10.00 per prescription

<b>CLIENT INCOME LEVEL</b>	<b>CO-PAY</b>
134-150% of the Federal Poverty Level	\$6.00 or 75% discount per prescription, whichever is greater
151-200% of the Federal Poverty Level	\$6.00 or 50% discount per prescription, whichever is greater
201-250% of the Federal Poverty Level	\$6.00 or 25% discount per prescription, whichever is greater
Over 250% of the Federal Poverty Level	Full price

Some organizations will charge patients only for those drugs that the program must itself purchase, while others charge - or request - a fee for all medications it provides, in order to cover administrative costs. Additionally, some programs have annual dollar "caps"-that is, a limit that the program is willing to spend per patient on a yearly basis.

**SAMPLE JOB DESCRIPTIONS**

*Volunteers in Health Care would like to thank the following organizations for allowing us to include their information:*

**ST. JOSEPH'S HEALTH CENTER**

**WEST VIRGINIA HEALTH RIGHT**

## **PHARMACIST ST. JOSEPH'S HEALTH CENTER**

1. Pharmacist will make sure that medications are ordered from appropriate sources (indigent drug programs, SJRMC Pharmacy, Pavilion Pharmacy) or call pharmaceutical representatives for samples.
2. Pharmacist will assess medication orders for filling, taking into consideration the following factors:
  - A. Date of last fill
  - B. Interactions, duplications or changes in dosage of medications
  - C. Refills are based on appointment follow-up request by physician (i.e. 3 months=rx + 2 refills)
  - D. Patient compliance. Pharmacist will attach reminder for follow up appointment if patient has failed to keep scheduled appointments.
  - E. Pharmacist will consult with physician for any request for changes in medication or authorization of refills.
3. Pharmacist will make certain that prescriptions are filled and checked.
4. Pharmacist and technician work together to prepare, place and receive indigent drug orders.
5. Pharmacist selects the medication to be pre-packaged along with appropriate pharmacist-produced label and after pre-packaging checks label and product, initials and places container on shelf.
6. Pharmacist has the following clinical functions: ensure completion of lab tests according to schedule before filling selected medications; maintain lab and medication dosing charts for specified medications; maintain communication with physician as necessary for patients on specified medications; prepare patient drug profiles for physicians; and counsel and consult with patients on prescribed medication.
7. Pharmacist will interact with patient, physicians, nurses, social worker and the rest of staff as necessary to provide comprehensive medical care for patient.
8. Other pharmacist functions

- A. Supervise pharmacy volunteers
- B. Supervise pharmacy technician
- C. Maintain pharmacy drug information - Facts and Comparisons and Drug Interactions
- D. Maintain pharmacy computer-backups to tape and updates
- E. Check all areas where drugs are stored monthly for outdated drugs using the "expiration log". Expired medications are packaged appropriately for disposal and credit.
- F. Do a monthly pharmacy inspection and complete inspection form, maintaining original and providing copy to Clinical Director
- G. Prepare monthly report of medications received and dispensed

## **PHARMACIST TECHNICIAN WV HEALTHRIGHT**

### **I. Overall Responsibility**

Works in pharmacy in conjunction with medical staff. Provides general pharmacy assistance and entry of patient prescriptions into pharmacy computer. Responsible for inventory control, indigent patient program computer runs, backup of computer data, entering computer software upgrades, and appropriate computer maintenance.

### **II. Accountability**

Accountable to and receives direction from pharmacy coordinator and clinic administrator as appropriate.

### **III. Responsibilities**

- A. Direct entry of patient prescriptions into pharmacy computer.
- B. Maintaining inventory control to assure an adequate pharmacy inventory.
- C. General knowledge of manufacturers' indigent patient programs and computer runs, oversees form completion, tracking of manufactures turn around on programs and inventory requested.
- D. Assures computer system operational status, entry of computer drug updates and software as well as backup tapes of patient data.
- E. Coordinates with Administrator/Office Manager on indigent programs for patient entry into program to assure that medications inventory is on hand.
- F. Maintains pharmacy efficiency and order. Coordinates with Administrator on medications to be purchased on drug programs shipped on inventory basis.
- G. Oversees the bottling, labeling, and sorting of physician "samples" donated to clinic.
- H. Other duties as may be assigned by clinic administrator.

### **IV. Skills and Knowledge Required**

- A. General knowledge of medication classes, types and utilization.
- B. General knowledge of pharmacy computers and their utilization.
- C. Ability to exercise sound judgment and ability to work collaboratively with other medical providers.

### **V. Education and Experience**

Certification as a pharmacy technician or equivalent education/experience in comparable program or work experience in a pharmacy for at least one year.

## **PHARMACY COORDINATOR WV HEALTHRIGHT**

### **I. Overall Responsibility**

Provides direction, oversight and supervision of pharmacy technicians. Maintains pharmacy inventory control, assures adequate stock of medications for patients. Assures that timely and routine enrollment in drug program is ongoing. Collaborates with other staff regarding pharmacy for the efficient functioning of the clinic.

### **II. Accountability**

Accountable to and receives direction from the administrator.

### **III. Responsibilities**

- A. Maintains efficient clinic functions in the pharmacy. Pharmacy functions, operations and personnel are under the direction of the Pharmacy Coordinator.
- B. Maintains inventory control of pharmacy. Coordinates with Administrator on medications to be purchased to assure an adequate pharmacy inventory.
- C. Has a thorough knowledge of manufacturers' drug programs. Oversees completion of enrollment in programs and/or form completion, tracking of turn-around time and inventory requested.
- D. Assures computer system operational status, entry of drug pricing updates, software updates and backup of patient data.
- E. Coordinates with other staff and volunteers on indigent programs for patient entry into programs assuring that medication inventory is on hand. Collaborates with other staff on medications needed for patient care and assures that medications are on hand.
- F. Maintains pharmacy efficiency and order.
- G. Oversees the bottling, labeling, and sorting of medications for dispensing from the pharmacy.



H. Keeps Administrator informed of matters impacting pharmacy operations, functions, patient care, and other issues impacting the clinic's ability to efficiently and effectively carry out the mission of WV Health Right.

I. Other duties as may be assigned by the administrator

#### **IV. Skills and Knowledge Required**

A. Thorough knowledge of medication classes, types and utilization.

B. Thorough knowledge of pharmacy computers and their utilization.

C. Ability to exercise sound judgment and ability to work collaboratively with other staff and volunteers.

D. Leadership and supervisory skills to motivate and lead other members of the pharmacy team.

#### **V. Education and Experience**

Certification as a pharmacy technician. At least five years experience as a pharmacy technician in positions of increasing responsibility.

### **PHARMACY COORDINATOR SPECIFIC JOB FUNCTIONS AND DUTIES:**

#### **A. Inventory control and maintaining adequate stock of medications**

1. Thorough knowledge of all aspects of free drug programs: including how enrollments are completed, drug availability through programs, turn around time, etc.
2. Training staff and volunteers to complete free drug program work, updates program-tracking system (card file) with pharmacy dispensing system to assure that enrollments are up-to-date and medication stock maintained.
3. Assures that shipments of medications are **opened immediately** upon arrival and the pharmacy stocked. Knows how much and where over stock is maintained.
4. Assures that patient enrollment is completed timely in all programs and that medications are on hand as they are needed by prescribes.

5. Informs Administrator of increased usage of specific medications so other personnel and volunteers can be used for patient enrollment. Informs **all other staff** of limited stock on hand and adjusts quantity dispensed so that patients will not go without medications. Decrease quantity for all so that more patients can receive medications. When crisis hits limit medications to only Health Right patients.
6. Coordinates with administrator on ordering drugs purchased through hospitals or direct with manufacturer. Maintains up to date cost comparisons of drugs through various vendors to assure lowest best price.
7. Maintains an up-to-date clinic medication availability list and educates staff, volunteers and prescribes on the list.
8. Assure that doctors' office medication pick-ups are done timely. Oversees drug sorting, bottling and oversees volunteers in repackaging. Shelves should be promptly stocked.
9. Immediately inform pharmacy staff, prescribes, and others as necessary when medications are **within** the clinic so that patients are not told we are out of a drug when it is being repackaged or shipments received but not yet opened.
10. Orders medications, when necessary from outside pharmacy in a timely fashion so that clinic stock is maintained. Completes drug replenishment programs timely so that we are always well stocked. Add new drugs as they become available to the program lists and order these drugs as soon as possible, including a special run to get the medication in early.

#### **B. Pharmacy orders**

1. An adequate stock of medications must be on hand at all times; and shelves are adequately stocked and bottles labeled.
2. Shelves are neatly arranged by drug classes and shelves are marked enabling volunteers to readily find medications.
3. Overstock is neatly organized, dated and labeled for easy reading and sorting of the nearest dated drug to be used first.
4. Mark all areas where overstock is maintained and know how much over-stock is on hand. Pharmacy staff and evening clinic nurses should know where the over-stock is kept. Post list of the over-stock and its specific location in the pharmacy.
5. Timely and periodically go through donated medications from pharmacies and individuals and place these on the shelves for dispensing. Red bag out-of-date or mixed drugs for incineration.

6. Pharmacy shelving is kept clean, counters tops disinfected and counting trays, spatulas, and other drug dispensing items sanitized.
7. Vials and labels are on hand and an adequate supply available for drug dispensing.
8. Maintain drug sorting room in a neat and orderly fashion. Assure that sorting and repackaging are done immediately.
9. Track drug enrollment so that submissions and re-enrollment occur timely when the patient can be re-enrolled.

**C. Leadership, supervision, coordination and training:**

1. Communicates with pharmacy staff on free medication programs.
2. Training other staff and volunteers on Health Right drug availability and encourages dispensing from that list.
3. Always has work assignments to be completed by office/medical volunteers for all evening clinics
4. Assures adequate pharmacy staff to handle clinic flow. Informs office when pharmacy is backed up so that patients can be informed of an added wait time. Assures that no patient is turned away without life sustaining/maintaining medications when the drug is available at the clinic.
5. Regularly assists in pharmacy technician functions including writing up, computer entry and counting of medications to assist in getting patient charts through the pharmacy as expeditiously as possible.
6. Asks for help from non-pharmacy staff when the pharmacy gets backed up and pitches in until back-up is over and the pharmacy is back on track.
7. Educates staff and volunteers on pharmacy system and drug availability.
8. Trains volunteers on manufacturer programs, coordinates with volunteer scheduler when additional volunteers are needed to get the paper work completed and the drugs into the clinic.
9. Gives other pharmacy staff the opportunity to grow and take on new challenges in their work.

**SAMPLE PROGRAM OPERATING PROCEDURES**

*Volunteers in Health Care would like to thank the following organizations for allowing us to include their operating procedures.*

**CRISIS CONTROL MINISTRIES**

**FIRST PRESBYTERIAN CHURCH HEALTH CENTER**

**ST. JOSEPH'S HEALTH CENTER**

**CRISIS CONTROL MINISTRY**  
**STANDARD OPERATING PROCEDURE**

**PROCEDURE TITLE:** Repackaging Samples  
**RESPONSIBLE STAFF MEMBER:** Pharmacy Director  
**WRITTEN BY:** John Mills  
**DATE:** September 1999

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The volunteers in this position will repackage the sample drugs received from the doctors' offices into bulk containers for the Pharmacist.

1. Check expiration dates.
2. Punch tablets or capsules out of sample packages.
3. Place in an appropriate size container (IMPORTANT: Each bottle must contain medications that are the same expiration date and lot number).
4. Place a white label on the front of the container with the following information: (see sample #1 attached).
  - a. Name of Drug
  - b. Strength of Drug
  - c. Lot Number
  - d. Expiration Date
  - e. Repackager's Initials
5. Label the top of the container with a color-coded, round label which identifies the year of expiration (see sample #2) and write the month of expiration on the label (see sample #3 attached).
6. Place all repackaged samples along with one example of the original packaging in a basket or box and set it aside. All repackaged drugs must be checked by a pharmacist before being placed on the pharmacy shelves.

**CRISIS CONTROL MINISTRY**  
**STANDARD OPERATING PROCEDURE**

**PROCEDURE TITLE:** Filling a New Prescription

**RESPONSIBLE STAFF MEMBER:**

**WRITTEN BY:** John Mills

**DATE:** September 1999

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When client brings new Rx:

1. Verify certification by getting blue file out of file cabinet.
2. If client is certified, fill out order sheet.
3. If client is not certified, return Rx to client and direct them to front desk for interview.
4. If client's certification has expired, notify client of their need to make an appointment with Certification Coordinator. Once appointment is made proceed with filling Rx.
5. Determine if client is planning to wait for Rx or come back later in day to pick up.
6. Place blue file and order sheet in basket with waiting clip if necessary.
7. Give basket to volunteer to pull medication.
8. Once medication is placed in basket, leave on table in dispensary to be filled by Rph.
9. Pharmacy Assistant will count medication and seal in correct container.
10. Rph will label Rx and include drug monograph and counseling sheet if client has never taken medication before.
11. If client is waiting, Rph will deliver and counsel patient.
12. If client is to return, place filled, bagged Rx in appropriate alphabetical will-call basket.
13. When client comes to pick up medication, direct them to pharmacist if bag has pink counseling sheet.

**CRISIS CONTROL MINISTRY**  
**STANDARD OPERATING PROCEDURE**

**PROCEDURE TITLE:** Refilling a Prescription

**RESPONSIBLE STAFF MEMBER:**

**WRITTEN BY:** John Mills

**DATE:** September 1999

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When client brings in or calls in a refill:

1. Verify certification by getting blue file out of file cabinet.
2. If client is certified, write down refill number on order sheet and verify refills on file.
3. If Rx has no refills, ask client to call their physician and request a new Rx be called in.
4. If client is not certified, direct them to front desk for interview.
5. If client's certification has expired, notify client of their need to make an appointment with Certification Coordinator. Once appointment is made proceed with refilling Rx.
6. Determine if client is planning to wait for refill or come back later in day to pick up.
7. Place blue file and order sheet in basket with waiting clip if necessary.
8. Give basket to volunteer to pull medication.
9. Once medication is placed in basket, leave on table in dispensary to be filled by Rph.
10. Pharmacy Assistant will count medication and seal in correct container.
11. Rph will label Rx.
12. If client is waiting, Pharmacy Assistant will deliver refill.
13. If client is to return, place filled, bagged Rx in appropriate alphabetical "will-call" basket.
14. When client comes to pick up medication, have them sign order sheet.

**CRISIS CONTROL MINISTRY**  
**STANDARD OPERATING PROCEDURE**

**PROCEDURE TITLE:** Purchasing Pharmacy Office Supplies  
**RESPONSIBLE STAFF MEMBER:** Pharmacy Director  
**WRITTEN BY:** John Mills  
**DATE:** September 1999

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There are a number of office supplies which are either needed and/or required by law to operate the pharmacy.

1. **Computer Supplies**

- a. **Prescription Labels** – Order #DIE-110  
(500/RL Maximum order 12 RLS)  
Order From: VIP Computer  
919-644-1690

(Note: You can find cheaper labels, but they are poor quality and are not perforated properly.)

- b. **Printer Ribbons** – Order NCR 126926

2. **Manila Folder** – “California Style”

Order From: Drug Package, Inc.  
Call 800-325-6137  
Customer #1-3661620

3. **Bags**

- a. **Paper Bags** (Size – 5 or 6 lb)  
Order From: Action Bag Company

(If they are out of this size bag, ask the Warehouse/Maintenance Coordinator to order some from Central Carolina Grocers, Order #56027-6.)

- b. **Plastic Ziploc Bags** -- #35432-4 (50/BX 12BX/CS)

Order From: Central Carolina Grocers  
(Ask the Warehouse/Maintenance Coordinator to add to weekly grocery order.)

4. **Prescription Bottles & Caps** – Order Kerr Brand

(All sizes available)  
Order From: Cardinal on Daily Drug Order



5. **Prescription Pads** – Take a sample with you when ordering.  
Order From: Salem Printing  
744-9990

6. **Reference Books**

a. **Physicians' Desk Reference** (Must have a copy of the current edition in the pharmacy.)

Order From: Managed Healthcare Associates, Inc.  
(They will send you an order form around October.)

(NOTE: You will receive several order forms from the publisher. Do not order direct. You will save \$15 to \$20 by ordering through our buying group.)

b. **Facts and Comparison Updates**

Order once yearly. They will send you a reminder and order form.

7. **Transparent Tape** – (2 inch) – Order #214779

Order From: Cardinal Health

8. **Warning Labels**

Order From: Cardinal Health.  
Add to Daily Drug Order.

**CRISIS CONTROL MINISTRY**  
**STANDARD OPERATING PROCEDURE**

**PROCEDURE TITLE:** Substitute for Pharmacy Director  
**RESPONSIBLE STAFF MEMBER:** Pharmacy Director  
**WRITTEN BY:** John Mills  
**DATE:** September 1999

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If the Pharmacy Director is going to be out of the building for more than four hours, arrangements for a Substitute Director must be made.

- I. The Substitute Director will do the following:
  - A. Open the pharmacy each morning at 9:00. (The Pharmacy Director will make arrangements for the substitute to have a key.)
  - B. Turn on all lights.
  - C. Turn on and set up all pharmacy computers.
  - D. Make sure the daily drug order arrives from the drug wholesaler.
  - E. Be available to the pharmacy volunteers to answer questions and make certain everything runs smoothly.
  - F. Will go to lunch from 11:00 to 12:00 or from 1:00 to 2:00 to insure that the pharmacy is secured during the lunch period. (Some pharmacists will work past 12:00 and some will come in before 1:00 to start work.)
  - G. In the afternoon (around 3:45 to 4:00), the Substitute Director will send the daily drug order by computer to the drug wholesaler.
  - H. As soon as the afternoon pharmacist has stopped filling prescriptions, the Substitute Director will run the afternoon report for the assistant to complete.
  - I. At 5:00 or a little before if the pharmacist has stopped filling prescriptions, the Substitute Director will close up the pharmacy by making certain of the following:
    1. The back door is secured.
    2. The coffee pot is turned off.
    3. All computers and printers are turned off.  
\*\*Except the OTIS computer which should be left on in the receive mode\*\*
    4. Lock the front doors.

5. Return the pharmacy key to its designated place.
- II. If the Substitute Pharmacy Director has questions concerning a client or eligibility, they need to check with the Services Coordinator on duty. If they have an administrative question, they need to speak with the Director of Volunteer and Client Services.
  - III. If a volunteer calls to cancel a shift, the Substitute Director will need to call other volunteers to cover that shift. The Pharmacy Director will give the Substitute Director an up-to-date schedule and a list of all the pharmacy volunteers.
  - IV. If a physician calls for sample pick-up, the Substitute Director will call the appropriate "drug runner." The Pharmacy Director will make certain the Physician Sample Pick-Up list is current and that the Substitute Director knows where it is located.

**CRISIS CONTROL MINISTRY**  
**STANDARD OPERATING PROCEDURE**

**PROCEDURE TITLE:** Compiling Statistics

**RESPONSIBLE STAFF MEMBER:**

**WRITTEN BY:** John Mills

**DATE:** September 1999

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**DAILY STATISTICS**

Count the day's files and track race (B W O), type of client (Cert., OTO, Drs. Care), if client is over 65 years old, and if client is homeless and number of Rx filled for the homeless.

On daily report, record number of Rx filled, adding any that were filled outside to the computer count. Record number of clients by race and value of Rx filled.

Include number of One Time Only clients, Drs. Care clients, and those over 65.

**MONTHLY STATISTICS**

Using daily reports, fill in monthly stat sheet.

Total and divide by number of days worked to arrive at average number of Rx filled each day and number of clients seen each day.

**QUARTERLY STATISTICS**

Use monthly reports to create quarterly report.

Determine % + or - vs. last fiscal year.

Quarterly stats can be found on word processor on pharmacy ordering computer.

**CRISIS CONTROL MINISTRY**  
**STANDARD OPERATING PROCEDURE**

**PROCEDURE TITLE:** Pharmacy Computer Start Up

**RESPONSIBLE STAFF MEMBER:**

**WRITTEN BY:** John Mills

**DATE:** September 1999

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Main Computer

Turn on all computers, screens, and printers.  
Main computer will cycle to logon.  
Type ph to begin pharmacy operation.  
Choose 01 for store number.  
Type pharmacist's initials in caps.

Dummy Terminal

Press F1.  
Enter new date.  
Press enter to skip past time.  
Simultaneously press alt v.  
Type dbv to start double vision software.  
Type ph2 to start pharmacy software.  
Choose 02 for store number.  
Type pharmacist's initials in caps.

**CRISIS CONTROL MINISTRY**  
**STANDARD OPERATING PROCEDURE**

**PROCEDURE TITLE:** Pharmacy Computer Shut Down  
**RESPONSIBLE STAFF MEMBER:**  
**WRITTEN BY:** John Mills  
**DATE:** September 1999

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Type Z to return to main menu.

Type T to terminate pharmacy system.

At login: Type vip in small case.

Type E for end of day report.

Place "MWF" or "TTH" colorado J tape found in fireproof safe into tape drive.

Type S for system shutdown, except on Monday when you type L for leave for blast communication.

Type J for J Tape Colorado.

Report will run, backup will begin.

After backup is complete, you will be prompted to shut down system. Turn off all computers, screens, and printers.

Except on Mondays, leave main computer on at login prompt and leave printer 2 (monograph printer) on. The computer will automatically dial VIP support to download price updates and software improvements. Turn off monitor on main computer.

**CRISIS CONTROL MINISTRY**  
**STANDARD OPERATING PROCEDURE**

**PROCEDURE TITLE:** Pharmacy Computer Monthly Backup  
**RESPONSIBLE STAFF MEMBER:**  
**WRITTEN BY:** John Mills  
**DATE:** September 1999

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Run nightly report, leave for blast communication which leaves computer at login.

Type vip in small case.

Choose B for Backup routines.

Choose B for Monthly backup.

Choose J for J tape colorado.

Get monthly backup tape from fireproof safe. Choose either odd or even month tape.

Insert tape into tape drive.

Watch for prompts during backup. You may have to answer questions. Backup usually takes 1 hour.

The next morning clear the daily backup records by executing T from pharmacy utilities menu.

**CRISIS CONTROL MINISTRY**  
**STANDARD OPERATING PROCEDURE**

**PROCEDURE TITLE:** Closing Pharmacy

**RESPONSIBLE STAFF MEMBER:**

**WRITTEN BY:** John Mills

**DATE:** September 1999

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Thank volunteers for their help with operating our pharmacy.

Enter items to be ordered into computer and transmit order.

Start end of day report on pharmacy computer (check paper in printer).

Straighten up work areas.

Count files for days work to add to statistics.

Compile statistics and enter onto daily report.

Turn off pharmacy computers and printers.

Lock control substance shelf.

Turn off lights and lock doors.



## **PHARMACY GUIDELINES**

### **FIRST PRESBYTERIAN CHURCH HEALTH CENTER**

#### **Types of Medication**

##### **A. SAMPLE MEDICATION:**

1. Sample medication can be used for all clients with a valid prescription.
2. Do not open sample packages. Hand out complete sample packages—unless the package can be cut into separate doses and all doses have the expiration date on the packaging.
3. Sample medication cannot be handed out if there is not an expiration date on the package.
4. Sample medication must be intact in the packaging or it cannot be used.
5. Outdated samples cannot be used.

##### **B. BULK MEDICATION:**

1. Bulk medication is only for use when a physician on site prescribes it.
2. Bulk medication must be placed in a pill bottle with a label.

##### **C. INDIGENT DRUG PROGRAM (IDP) MEDICATION:**

1. All IDP medication is prescribed by the client's primary care doctor or specialist. (Not prescribed by our volunteer doctors or emergency room doctors).
2. IDP medication is ordered for a specific client. The client's name will be placed on the sample container.

##### **D. VOUCHER MEDICATION**

1. Medication can be accessed through the FPCHC RxTra program.
2. See the RxTra drug list for medication available.
3. This program allows clients to access a 3 month supply of medication at MSU-KCMS pharmacy with a \$3 co-pay.
4. All vouchers must include name of medication, clients name, date voucher written and volunteer signature.
5. All clients must take their prescription along with the voucher to the MSU-KCMS pharmacy.

### **Label Guidelines**

- A. Use the SRS computer to print the label for all medication handed out
- B. Handwrite a label if the computer and/or printer are not functioning.
- C. All labels must include the following information:
  - 1. Name and strength of dose
  - 2. Directions for use
  - 3. Expiration date
  - 4. Quantity given
  - 5. Number of refills
  - 6. Volunteer signature

### **Prescription Guidelines**

- A. Valid prescriptions include the following:
  - 1. prescriptions written on site by our physician
  - 2. an original prescription from a doctor
  - 3. a copy of a prescription which has the physicians signature
  - 4. a verbal order received by a nurse awaiting the return of the doctors' signature on the verbal order form
- B. Valid Prescriptions must be in date.

The prescription expires after the number of days pass that equal the number of pills, etc. ordered for the client. E.G.: Prilosec 20mg Take one tablet every day #30 with 2 refills. This prescription is valid for 90 days at FPCHC. This is due to the fact that we want to support the patient relationship with their doctor and if the doctor only wrote for 90 days worth of medication the belief is that the doctor wanted the client to follow up with the doctor after the 90 days. This is more conservative than state pharmacy law which would allow the script to be filled for 1 year after it was written.

### **Medical Record Guidelines**

- A. All prescriptions must be entered into the SRS computer by a pharmacist, nurse or an approved pharmacy technician.
- B. All outside prescriptions must be dated and initialed when they are entered into the computer.
- C. All outside prescriptions are kept in the pharmacy until they are filled completely and/or they are expired.
- D. All internal prescriptions are found on the back of the clients visit sheet.
- E. All prescriptions must be kept on file for 5 years.
- F. The green sheet in the clients chart must be completed by the doctor, nurse or pharmacist who is giving the client the medication.
- G. Also place a copy of the medication label on the back of the patient visit sheet.

### **Guidelines to Hand Out Medication**

1. A volunteer doctor, nurse or pharmacist is responsible to educate the client on every medication the client is receiving.
2. Volunteer nurses can hand out sample medication and IDP medication when a physician is not on site following the guidelines written by our medical director.
3. A physician must be available if bulk medication is given to a client.
4. Clients may receive up to a three-month supply of their medication if the prescription allows that quantity.
5. All clients must be given written instructions if they have never taken a medication before.
6. All clients must be present to obtain medication.
7. All clients must have a nursing assessment.

## **PHARMACY PROCEDURES**

### **ST. JOSEPH'S HEALTH CENTER**

1. Hours of operation of the pharmacy are approximately 8:45AM to 5PM or as prescribed by the clinic hours. Doors are closed for lunch or if pharmacist is out of building. No sign is required to post hours of operations.
2. Pharmacist makes sure medications from all sources are logged into expiration book (red binder). In addition, samples will be logged into sample logbook (spiral notebook). Samples are received and logged in only from manufacturers' representatives per JCAHO regulations. Indigent drugs will be logged into appropriate indigent order book (2 black, green or blue binders).
3. Pharmacist will make sure drugs are placed on the shelf in appropriate place—basically arranged alphabetically by brand name. Prepackaged medications are stored on shelves below the counter in alphabetical order. Samples are stored alphabetically on shelves in sample room.
4. Pharmacist will make sure that drugs can be differentiated on shelf as to source, e.g., colored "dot" sticker if indigent source.
5. Pharmacist will take medication orders from following sources for CSC patients only:
  - a. Written or phone prescription from referral physician or office (including Madison Center) or SJRMC Emergency Room.
  - b. Refill orders placed by patients. Refills are recorded in two interchangeable notebooks, which rotate between receptionist and pharmacy. Refill orders are also recorded in notebooks from voicemail messages from the previous day.
  - c. Drug orders taken directly from CSC chart by CSC physician or by direction of CSC physician
6. Filling medications requires that patient information must be entered into computer system, including name, date of birth, address, phone number, clinic ID#, social security number, language, billing information, allergies and any other pertinent medical comments. Orders are then entered as follows:
  - a. Enter assessed order in pharmacy computer from physician order selecting the correct dosage, quantity and patient directions, assessing any clinical interactions, and choosing the proper billing method for source of medication (Generic, Pavilion, Indigent, Sample). A 3-part label (for bottle, for receipt and for hard-copy prescription record) will be generated for placing on prescription container.

- b. Orders taken off the patient chart are indicated with "pink" highlighter
- c. Correct medication and strength is chosen from appropriate shelves. It is counted in prescribed amount and placed in appropriate bottle with safety cap. Prescription label is affixed or appropriately flagged for checking. The pharmacist will check for appropriate medication and directions and affix any auxiliary labels and tape the label. Stock medication is returned to shelf and checked again for correctness.
- d. Receipt portion of label is placed on front of bag and medication is placed in bag and stapled shut.
- e. Medication bag is placed on pickup shelf for patient pick-up if NOT a new prescription and signed out by clinic staff.
- f. New prescriptions are dispensed directly to patient (if at all possible) with written and verbal directions. Patient counseling is documented in medication log (purple) in patient's chart under "Education."

Other considerations when filling:

- a. Indigent drug forms are attached to prescription bag when necessary for patient to complete with assistance of clinic staff. Bag is then flagged to bring attention to the need to complete the form(s).
- b. If indigent drug coupons are to be used patient is provided with written prescription and coupon to have filled at pharmacy of their choice in lieu of a filled prescription.
- c. Indigent prescriptions received from mail-order pharmacies as filled prescriptions are dispensed in their original container.
- d. Prescriptions filled by Pavilion Pharmacy are dispensed in their package. Receipt label on label will indicate "PAV" so that pharmacy staff can retrieve filled prescription from locked drawer and log out the prescription.
- e. Filled prescriptions labeled for a patient that must be refrigerated are stored in labeled box in refrigerator. Receipt label on bag indicates "REF" so that pharmacy staff can retrieve filled prescription from refrigerator to give to patient.
- f. Maintenance medications are generally dispensed in 30-day quantities where supplies permit.
- g. For Spanish speaking patients—prescription labels are printed in Spanish, written directions are given in Spanish and verbal instructions are given, all with the aid of a Spanish interpreter.

- h. Medical Manager computer is used to assist pharmacist in imputing correct patient medication into pharmacy computer.
  - i. Patients requesting non-safety containers must sign and date a waiver, which is placed in patient's chart.
  - j. "New" patients (those accepted for care but not yet had a new patient physical at the clinic) are provided with medication as above provided the pharmacist can acquire prescribing information from previous physician's office. This information is documented in chart and dispensed as needed per permission of medical director.
7. Pharmacist and technician work together to prepare, place and receive indigent drug orders generally as follows:
- a. Pharmacist prepares a list of medications to be ordered on indigent programs that do not require patient signature (1-4-1 from Main Menu) for previous 3 months. List is whittled down to patients who are currently taking that medication and technician prepared form and attached prescriptions, records the drugs ordered into appropriate section of indigent order books. Physician will sign forms and they are mailed. Upon receipt, medication is checked to order book for patient, as well as expiration book. Medication is placed on the shelf with a "dot" to indicate that it came from an indigent source.
  - b. Drugs to be ordered that require a patient to complete or sign a form have the form attached to the prescription bag with a reminder. The patient will then be sure to complete the form. These medications will be requested at 3-month intervals. Received drugs are treated as above.
  - c. Drugs ordered in bulk from the manufacturer require a list of patients on the medication (prepared using the computer and the completed forms).
  - d. Online and miscellaneous program information is kept in steno notebook. Patient completes application with the assistance of pharmacist and patient is approved immediately for program. Patients may have to provide proof of income or Medicaid eligibility to remain in program. On line prescriptions are filled at the Pavilion Pharmacy for the patient and co-pay. Documentation for these programs and other miscellaneous programs are maintained in light blue binder.
8. For specific medications, pharmacist verifies that labs have been completed at intervals required by prescribing physician, contact physician for dosing requirements and/or contact physician if patient has not completed lab work according to prescribed schedule.

9. Patient drug Profiles: Pharmacist will prepare list of patient's medications filled for previous 3 month period before patient appointment. The purpose of this record in the chart is to provide the physician with an up to date list of the patient's medications and to fulfill JCAHO regulations. Maintenance drugs and dosages and any other pertinent information for physician are noted on the log for the attending physician.
10. Patient Counseling: Pharmacist counsels with patients on all new prescriptions and whenever requested or necessary. Pharmacist provides verbal and written instructions, answers questions and documents consulting in the chart on purple consulting log.

## *Appendix V*

### **SAMPLE LETTERS OF COMMUNICATION WITH PHYSICIANS**

Volunteers in Health Care would like to thank the following organizations for allowing us to include their information:

FIRST PRESBYTERIAN CHURCH HEALTH CENTER

WEST VIRGINIA HEALTH RIGHT



# FIRST PRESBYTERIAN CHURCH HEALTH CLINIC

321 W. South Street  
Kalamazoo, Michigan 49007  
Ph. (616) 344-0044 Fax. (616) 344-0914  
e-mail: fpchc@iserv.net

## Referral Form for Medication Assistance Program

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Message #: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Medication Allergies: \_\_\_\_\_

Medication	Sig.	Refills	Daw

Additional Medication patient takes but not requested:


“This patient is currently under my care. I request medication assistance for this patient” \*This document can not be transferred to any pharmacy. We may not be able to meet all medications needs so your patient may need a regular Rx as well.

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed MD Name: \_\_\_\_\_

\*Your client will receive a nursing assessment whenever receiving medications and your office will be notified of any abnormal findings.

### Patient Instructions

\*These services are available to Kalamazoo Co. residents only; and only to those with no insurance coverage for medications, and inability to afford medications.

## WEST VIRGINIA HEALTH RIGHT INC.

1520 Washington Street East  
Charleston, WV 25311

Phone: (304)-343-7003

Fax: (304)-343-7009

Administrator: Patricia H. White

Pharmacy Coordinator: Pat Slappe

Call in Prescriptions: 343-7003, ext. 4

## DOCTOR'S OFFICE WE NEED YOUR HELP!

West Virginia Health Right is an 18-year-old free clinic. We provide FREE comprehensive medical care and medication for uninsured and under-insured individuals, including Medicare patients who cannot afford their prescription drugs.

Currently, we provide health care and medications to over 12,000 patients and gave away **over \$5 million dollars** worth of prescription drugs last year. Since our move to our new clinic at 1520 Washington St., E. our patient load has increased daily, and we are in **DESPERATE NEED** of any sample drugs you can provide. In addition to medications we purchase, we receive most of our drugs through Manufacturer Indigent Patient Programs. We also depend on donations from doctors' offices like yours. If you have **IN DATE**, or **NEAR DATE DRUGS** you want to donate, please give us a call. You can contact our Pharmacy Coordinator, Pat Slappe at 304-343-7003 ext. 22 to make arrangements for our volunteers to **pick these drugs up at your convenience.**

In addition, if you are interested in volunteering at the clinic, we are always in need of more doctors, nurses and office help. Currently, over 100 physicians volunteer about 2-3 hours per month to provide care to the poor uninsured. Please consider helping us help others by volunteering a couple of hours a month. Medical malpractice coverage (\$1 million per occurrence/\$20 million aggregate) is provided for all clinic volunteers.

**THANKS IN ADVANCE for your assistance!**

**SAMPLE RETAIL PHARMACY AGREEMENTS**

Volunteers in Health Care would like to thank the following organizations for allowing us to include their information:

**GREATER KILLEEN FREE CLINIC**

**NEW SONG FAMILY HEALTH CENTER**

Dear:

Thank you for your interest in supporting the pharmacy program of our Greater Killeen Area Free Clinic. Attached please find a copy of the pharmacy procedures which prescribe how the program is run from the clinic and a copy of the current formulary. Should you agree to participate, all I really need to know is how many prescriptions the pharmacy will accept and fill at no cost to the patient. Again, this can be so many per clinic night or so many per month. The clinic operates every Thursday from 6PM to 9PM and is restricted to a maximum of 30 to 35 patients.

The clinic has been in operation since November 1994 and we have averaged between 35-40 prescriptions per clinic. As you can see, if all community pharmacies participated we could easily support this need and no pharmacy should ever have to fill more than 5-7 prescriptions per week.

The costs printed on the formulary are my costs and are only there for comparison purposes. I have asked to be notified if my costs are out of line with other pharmacies costs. So far everyone has said they are close enough. Unless I hear otherwise, I will assume they are an accurate representation.

I hope you will favorably consider supporting this effort. Please don't hesitate to call me if you have any questions.

Sincerely,

Greater Killeen Free Clinic  
309 North Second Street  
Killeen, TX 76541

(254) 519-0763

**Commitment Form From:** \_\_\_\_\_  
(Pharmacy Name)

**Authorized Signature:** \_\_\_\_\_

**Our pharmacy will provide support for the Greater Killeen Free Clinic by:**

(Please Check or fill in as desired)

- ( ) Filling up to 5 prescriptions per clinic night (one night per week).
- ( ) Filling up to \_\_\_\_ prescriptions per month.
- ( ) In addition to the above, I would be willing to volunteer at the clinic on an occasional basis if scheduled well enough in advance.
- ( ) We regret that our pharmacy is unable to provide free prescriptions for your patients.

**Please complete and return form to:**

METROPLEX HOSPITAL PHARMACY  
Attn: Bud Parrett, Director of Pharmacy  
2201 South Clear Creek Rd.  
Killeen, TX 76542

You may fax the form to: (254) 519-8262

## **NEW SONG EMERGENCY PHARMACY FUND (NSEPF) AGREEMENT**

THIS AGREEMENT is made this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, to be effective as of \_\_\_\_\_, \_\_\_\_\_ (**Effective date**), and terminate one year from Effective date, by and between **Stop Shop & Save Pharmacies** (hereinafter "Pharmacy"), and **New Song Family Health Center** (hereinafter "New Song").

### **RECITALS**

WHEREAS, Pharmacy is duly licensed and registered by the State of Maryland as a pharmacy services provider; and

WHEREAS, New Song desires to engage Pharmacy to provide pharmaceuticals to uninsured/indigent patients ("**Patients**") under its New Song Emergency Pharmacy Fund ("**NSEPF**"); and Pharmacy desires to be so engaged by New Song.

NOW THEREFORE, for and in consideration of the premises and the mutual covenants and agreements set forth herein, the parties hereby enter into a non-exclusive cooperative agreement as follows:

### **SERVICES FOR PHARMACY**

Pharmacy shall provide necessary pharmaceuticals in accordance with the NSEPF formulary ("**Formulary**") jointly developed by New Song and Pharmacy (See Appendix and subsequent updates).

### **RESPONSIBILITIES OF PARTIES**

#### **I. NEW SONG SHALL...**

- A. Ascertain Patient eligibility for program through its existing financial systems and policies and confirm availability of New Song Funds to cover cost of the medication.
- B. Issue appropriately stamped and completed written prescription order(s) as agreed upon by the parties to eligible Patients.
- C. Adhere strictly to the Formulary and its subsequent updates.
- D. Reimburse Pharmacy for each drug product dispensed according to the following formula:

Reimbursement/prescription (R) = Average Wholesale Price (AWP) of drug - \$5.00  
Co-payment (K)

- E. Pay Pharmacy upon receipt of Pharmacy's cumulative monthly statement as stipulated in IIID, below. Payment shall be mailed to Pharmacy at the corporate address shown on statement and in this Agreement no later than the 15th day of the preceding month. All outstanding statement balances over 30 days from due date shall be assessed a cumulative 1.5% late charge.

## **II. PATIENTS SHALL....**

- A. Present appropriately stamped and completed prescription(s) from a New Song prescriber to Pharmacy for service; and
- B. Pay a \$5.00 Co-payment for each prescription order filled by Pharmacy.

## **III. PHARMACY SHALL...**

- A. Make available pharmacy services to eligible Patients upon receipt of appropriately stamped and completed written prescription order(s) of a New Song prescriber.
- B. Accept New Song's stamped and completed written prescription order(s) and a \$5.00 co-payment from Patients as payment for services on each covered prescription item that complies with the Formulary subject to reimbursement formula referenced in ID.
- C. In the event that Patient turns in a prescription order for a product not covered by the Formulary, Pharmacy shall contact the New Song prescriber for permission to (I) dispense a product that complies with the Formulary; or (II) dispense requested nonformula product and bill New Song Stop Shop & Save Pharmacies' usual and customary charge less \$5.00 Co-pay for same.
- D. Bill New Song on a monthly basis as primary insurer for services provided to Patients; monthly billing summary shall reflect the cumulative sum of Reimbursement amounts for prescriptions filled during the statement cycle using the formula referenced in ID.
- E. In addition to IIIA-D above, provide pharmacy services and medications in compliance with the regulations promulgated by the State Board of Pharmacy, State and Federal regulations and applicable legislative statutes.

**IV. MISCELLANEOUS**

- A. Each party shall have the right to terminate this Agreement voluntarily, with or without cause, as of any time, upon not less than fourteen (14) days' written notice to the other.
- B. This Agreement represents the final undertaking of all parties; any modifications hereafter must be in writing and signed by all parties to be valid.
- C. This Agreement shall be construed and enforced pursuant to the laws of the State of Maryland.

IN WITNESS WHEREOF, the parties have duly executed this Agreement on the day and year first above written.

\_\_\_\_\_  
New Song

\_\_\_\_\_  
Stop Shop & Save



## Appendix VII

### WEB SITES OF INTEREST

*The following web sites may be useful in creating or managing a pharmaceutical access program:*

- **THE AMERICAN PHARMACEUTICAL ASSOCIATION (APHA)**

[HTTP://WWW.APHANET.ORG](http://www.aphanet.org)

This site has links to state pharmacist organizations.

- **BENEFITS CHECK UP**

[HTTP://WWW.BENEFITSCHECKUP.ORG/](http://www.benefitscheckup.org/)

This website, developed by the National Council on Aging helps find programs for people ages 55 and over that may pay for some of their costs of prescription drugs, health care, utilities, and other essential items or services.

- **HELPINGPATIENTS.ORG**

[HTTP://WWW.HELPINGPATIENTS.ORG/](http://www.helpingpatients.org/)

This web site by PhRMA and 48 of its member companies provides information on various patient assistance programs.

- **MEDICARE**

[HTTP://WWW.MEDICARE.GOV](http://www.medicare.gov)

This site has information, searchable by zip code, on state prescription drug assistance programs, Medicare managed care plans, and Medigap plans that offer prescription drug coverage.

- **THE NATIONAL ASSOCIATION OF STATE BOARDS OF PHARMACY**

[HTTP://WWW.NABP.NET/](http://www.nabp.net/)

This site has a "boards of pharmacy roster" that lists the contact information for every state board of pharmacy in the United States.

- **THE OFFICE OF PHARMACY AFFAIRS**

[HTTP://WWW.HRSA.GOV/ODPP](http://www.hrsa.gov/odpp)

This site has extensive information on the 340B Drug Pricing Program, including frequently asked questions. Individuals may also call the OPA's Pharmacy Services Support Center at 301-594-4353 or 800-628-6297.

- **RxASSIST**

[WWW.RXASSIST.ORG](http://WWW.RXASSIST.ORG)

Web based program, developed by Volunteers in Health Care, containing information on pharmaceutical manufacturers' patient assistance programs, including (when allowable) application forms that may be downloaded.

- **Rx FOR ACCESS**

[WWW.RXFORACCESS.ORG](http://WWW.RXFORACCESS.ORG)

Bi-monthly newsletter for safety net providers delivering pharmaceutical services in today's highly charged health care environment created by Volunteers in Health Care (VIH) and Medicine for People in Need (Medpin), two national leaders in pharmaceutical access.

### VIH AND OTHER RESOURCES

#### VOLUNTEERS IN HEALTH CARE

*Volunteers in Health Care has several resources available for organizations or individuals looking to start or enhance pharmaceutical access programs. These are:*

- **Telephone technical assistance**, in which VIH staff respond to questions about pharmaceutical access and provide information on various program models;
- **RxAssist**: a web-based program containing information on pharmaceutical manufacturers' patient assistance programs, including (when allowable) application forms that may be downloaded;
- **Rx For Access**: Bi-monthly newsletter for safety net providers delivering pharmaceutical services in today's highly charged health care environment created by Volunteers in Health Care (VIH) and Medicine for People in Need (Medpin), two national leaders in pharmaceutical access.
- **RxAssist Plus**: a software program that links a database managing patient-specific information with RxAssist, allowing organizations to fill out forms via computer, keep electronic files on application information for specific patients, track medications given to individual patients and compile aggregated reports on pharmaceutical program activities;
- **VIH Guides**: Managing Medication Samples;
- **Field reports** on creating and operating pharmaceutical access programs;
- **Resource tips**:
  - Acquiring Drugs for Organ Transplant Patients
  - Helpful Hints for Accessing Patient Assistance Programs
  - Resources for Simplifying Patient Assistance Programs
  - Comparative Chart of Pharmaceutical Manufacturers' Drug Discount Cards
  - Patient Assistance Program Computer Management Options
- **Networking**, in which VIH staff connect organizations with each other, in order to foster peer support and encourage the exchange of information

Visit the Volunteers in Health Care web site at <http://www.volunteersinhealthcare.org> or call toll-free at 1-877-844-8442 for more information.

## **OTHER RESOURCES**

### **SENIOR PHARMASSIST**

Senior PHARMAssist helps older adults with limited incomes pay for prescribed medications, promotes safe and effective medication use for these individuals and links program participants with other community resources that can improve their lives. The organization has developed a manual, *A Guide for Implementing a Community-Based Pharmaceutical Assistance Program*. This manual (January 2000 Revision) is a comprehensive and practical guide for developing a pharmaceutical assistance program to help older adults with limited incomes lead healthier lives. It emphasizes medication access issues, medication appropriateness, and community referrals that support overall well-being. Some of the topics covered include: conducting a needs assessment; defining eligibility; board and committee formation; forging community partnerships; monetary support and nonprofit management; creating a formulary; selecting a site and hours of operation; personnel issues; computer linkage; Senior Pharmacist onsite activities; the information and referral component; addressing medication mismanagement and health education; liability concerns; program evaluation; and lessons learned.

The cost of the 105-page guide is \$42.40 - including shipping and handling and North Carolina tax (for those ordering from outside of North Carolina, cost is \$40.00). To place an order, please contact:

#### **SENIORPHARMASSIST**

123 Market St.

Durham, NC 27701-3221

(919) 688-4772

<http://www.seniorpharmassist.org>

## **VIRGINIA HEALTH CARE FOUNDATION**

Established in 1992, the Virginia Health Care Foundation promotes and funds local public-private partnerships that increase access to primary health care services for medically underserved and uninsured Virginians. Initiated by Virginia's General Assembly and its Joint Commission on Health Care, the Virginia Health Care Foundation is a unique and dynamic public/private partnership and has a special interest in pharmaceutical access. The Virginia Health Care Foundation supported the development of software, available only to Virginia organizations, that would help manage information for application to pharmaceutical patient assistance programs. In October, 2000, as part of a conference it hosted on pharmaceutical access for the uninsured, the foundation created a short document, *Key Elements of Effective Community Pharmacy Assistance Programs*, that reviews basic steps in planning a community-based program for prescription assistance. This document is available through Volunteers in Health Care; please call 1-877-844-442 to request a copy.

### **DEBORAH D. OSWALT, EXECUTIVE DIRECTOR**

Virginia Health Care Foundation  
1001 East Broad Street, Suite 445  
Richmond, Virginia 23219  
(804) 828-5804  
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## PROGRAM DESCRIPTIONS

### **ASSOCIATED CHARITIES WESTERN MARYLAND PRESCRIPTION PROGRAM CUMBERLAND, MARYLAND**

The Associated Charities of Western Maryland/Prescription Programs are community-based services providing emergency, short-term and long-term prescription coverage to the uninsured and uninsured residents of Allegany County. Emergency medication is given to patients who need medication immediately and is purchased at cost from a local hospital; short-term medication is given to patients awaiting coverage through other sources and is provided through drug samples from local physicians and/or purchased through local pharmacies; and long-term medication is sought through pharmaceutical manufacturers' patient assistance programs. This three-tiered approach effectively removes any gap in service. The program dispenses no medication: emergency medication is dispensed through the hospital or local pharmacies and drug samples are given out by the physician providing them at his or her office. Annually, these programs provide over \$1 million of medication. Approximately 800 individuals a year receive assistance.

Associated Charities works in partnership with four other organizations as part of a community-wide network to provide prescription assistance: the state Department of Social Services which along with staff members from Associated Charities conducts financial screening and helps patients find appropriate programs; the Allegany Health Right, Inc. which provides medical care and medication; and two local hospitals, which provide emergency medication and make medication available to Associated Charities at cost. The prescription programs are funded by the United Way of Allegany County and the Maryland Health Care Foundation.

### **BUNCOMBE COUNTY MEDICAL SOCIETY PROJECT ACCESS ASHEVILLE, NORTH CAROLINA**

Buncombe County, a western North Carolina community of approximately 210,000 individuals, has formed an integrated network of free neighborhood clinics, private primary and specialty physician volunteers, hospitals and pharmacies to provide universal, on-demand access to the full continuum of health care for all of its low-income uninsured citizens. Patients enrolled in the program must have incomes below 200% of the Federal Poverty Level and may not be covered by Medicaid, Medicare or other health care benefits.

The program's success rests on physician commitment and strategic partnerships between local and state government, the Buncombe County Medical Society (BCMS) and non-profit and for-profit organizations in the community. Buncombe County Medical Society serves as headquarters for the program and handles provider recruitment, promotion and communication; administers the patient, physician and referral data base; and develops and administers the medication assistance program under contract with the county. Physicians donate their services either by agreeing to see a certain number of patients each year and/or by volunteering eight sessions at a neighborhood free clinic. Hospitals donate inpatient services, outpatient services and lab tests. The county's Department of Social Services (the local Medicaid office) conducts financial screening and assists with making appointments.

Patients receive medication assistance cards in addition to their BMCS Project Access cards, which are honored at every pharmacy in Buncombe County. With this card, patients are able to receive medications off of the program's formulary for \$4.00 per prescription, up to \$750 per year. Pharmacies provide medication at cost, with the balance of the medication bill paid through funds provided by the Buncombe County Commissioners. Claims are submitted electronically by the private pharmacies to a national claims clearinghouse for discounts and processing. In addition, selected medications are available at no charge through the Buncombe County Health Center Pharmacy. Patients receive these medications initially from the pharmacy and will then be enrolled in appropriate pharmaceutical manufacturers' patient assistance programs.

**COMMISSION ON ECONOMIC OPPORTUNITY  
WILKES-BARRE, PENNSYLVANIA**

The Commission on Economic Opportunity (CEO) is a private non-profit corporation with a mission to eliminate the causes of poverty within the county or mitigate poverty's effects to the greatest extent possible. Currently, the Commission operates more than twenty separate programs. The project to increase pharmaceutical access for the uninsured and underinsured patients of the free health clinics in Luzerne County, Pennsylvania originated from the identification of common concerns by the network of free health clinics and other interested parties. The key partners in this collaborative effort are the Wilkes University Nesbitt School of Pharmacy, the Interfaith Health Clinic, the Mountain Top Free Medical Clinic, the Back Mountain Free Medical and Legal Clinic and the RHC McKinney Clinic.

The model consists of three parallel services:

- I. The provision of increased pharmaceutical education and counseling to the patients served via volunteer pharmacy students and faculty from the Wilkes University Nesbitt School of Pharmacy.
- II. The provision of case management services via a CEO case manager to provide linkages to other social service programs and assistance with application to pharmaceutical companies' patient assistance programs.
- III. The establishment of a restricted formulary pharmaceutical bank to enhance the available supply of pharmaceuticals to the free health clinics. The project is currently exploring several options for the purchase of pharmaceuticals for distribution to these clinics.

In addition the program provides linkage to the Second Harvest System via the Weinberg Regional Food Bank for the supply of ancillary health related products.

This model is intended to serve as an additional resource for the free health clinics. Each clinic continues to function according to their unique organizational structures. Each clinic continues to obtain pharmaceutical supplies via their current mechanisms.

#### **COMMUNICARE**

##### **COLUMBIA, SOUTH CAROLINA**

Established in 1993, Communicare is designed to provide access to health care for the working poor of South Carolina who do not qualify for Medicaid, fall below 150% of national poverty guidelines and cannot afford health insurance. The organization, which operates on a statewide basis, coordinates existing resources, using donated services from volunteer health care providers and donated medications from pharmaceutical companies. The Communicare delivery system brings together a referral network of more than 2,000 volunteer doctors, dentists, nurse practitioners, along with hospitals, and clinics to provide health care at no charge to Communicare patients. Patients enrolled in the Communicare program and seeking medical care are given the name of a volunteer physician who will see them in their community at no charge.

Pharmaceutical access is the key component of the Communicare system. Communicare has established partnerships with eight pharmaceutical companies that have agreed to donate their products to Communicare patients. Patients receive their prescriptions through a central fill mail order pharmacy. Communicare receives pharmaceuticals in bulk from participating drug companies and ships medication to clinics, doctor's offices, pharmacies or a patient's home based on prescription orders. By creating the pharmaceutical partnerships, Communicare is able to send medications to patients without the delay of involved application processes with patient assistance programs. No other program in the country offers this level of prescription support.



**COMMUNITY PHARMACY PARTNERSHIP  
GAITHERSBURG, MARYLAND**

Approximately 100,000 people living in Montgomery County fall under 250% of the federal poverty level and lack health insurance as well as access to prescription medication. This county is a microcosm of the nation in its population growth and diversity: many of the county's 846,000 residents face barriers of language, culture, citizenship status, income, transportation and lack of insurance while the community is shadowed by big businesses and affluent subdivisions within the suburbs outside of Washington, DC.

The Community Pharmacy is a program facilitating access to prescription medication for low-income uninsured residents of Montgomery County. The program is founded primarily on a collaboration between the Primary Care Coalition, a network of volunteer physicians, and Mid Atlantic Medical Services (MAMSI), a health maintenance organization. This agreement provides the program with access to the discounted prices available to a large HMO, along with medication utilization data, while allowing clients the convenience of filling their prescription at almost any local pharmacy. Access to purchasing medication in bulk through MAMSI is also made available to clinics participating in the Community Partnership Program. The program provides enrollees with a prescription benefit of \$200.00 a year with a \$10.00 co-pay per prescription.

The Community Pharmacy maintains an inventory of all programs known to aid patients in accessing medication. For example, the program helps patients needing long-term medication access pharmaceutical manufacturers' patient assistance programs. If the medication is available the program will contact the provider and/or patient to start the application process. The Community Pharmacy is also exploring replicating the MEDBANK model (see below), adapting it to the largely suburban Montgomery County.

**CRISIS CONTROL MINISTRY  
WINSTON-SALEM, NORTH CAROLINA**

Crisis Control Ministry (CCM) is a nonprofit organization established in 1973 to provide emergency assistance to residents of Forsyth County, North Carolina who find themselves in serious financial crisis. Crisis Control Ministry provides assistance with rent, mortgage, utilities, fuel, food and clothing and operates a pharmacy to provide free medication to eligible clients. The pharmacy is a program of CCM.

Crisis Control Ministry's Pharmacy operates 5 1/2 days per week, serving qualifying indigent and chronically ill individuals in Forsyth County. The patient population is 40% elderly, 30% working poor, 15% chronically poor and/or disabled, and 15% the "medically underinsured." The "medically underinsured" are those clients who have health insurance that covers some of the costs of prescription

medications but who cannot afford whatever co-payments may exist under their health plan. Medications are dispensed for both acute and chronic conditions, with a majority of prescriptions dedicated to on-going chronic conditions, such as diabetes, renal disease, high blood pressure, and so forth. CCM partners with the local free medical clinic, referring clients to them and, in many cases, providing the prescriptions needed for those patients. The program uses physician samples, bulk purchasing, drug company donations, vouchers at a retail pharmacy and patient assistance programs to acquire medication. CCM does not charge for prescriptions and there is no limit on the number of medications provided to clients.

**FIRST PRESBYTERIAN CHURCH HEALTH CLINIC  
KALAMAZOO, MICHIGAN**

The First Presbyterian Church Health Clinic (FPCHC) is a volunteer-based, free clinic established in 1993 to provide urgent medical care, including medication, to residents of Kalamazoo County who meet certain eligibility requirements.

Volunteer pharmacists are present at the walk-in clinic to assist physicians by providing requested medication (as available from the clinic's stock of drug samples or from the small number of pharmaceuticals available in bulk). Medications dispensed during these evening events are primarily for acute conditions. Clients presenting with chronic illnesses are provided with medication through the FPCHC's Medication Assistance Program. The Medication Assistance Program, which relies on volunteer nurses, pharmacists, pharmacy technicians, and lay people, was created to meet the need of many Kalamazoo County residents who are diagnosed with a chronic illness but are unable to afford their medications.

Clients in need of medication assistance who meet financial need criteria and have a prescription(s) in hand may come to the program on Thursday mornings for screening and medication assistance. In general, a client will qualify for prescription assistance if he or she is a Kalamazoo County resident, is uninsured for prescription needs, is not eligible for Medicaid or Veterans services, is not a patient at the local Federally Qualified Health Center (which has an on-site, low cost pharmacy) and that has an income level below 200% of the Federal Poverty Level. Clients must have a primary care physician to ensure ongoing care. (Staff will help find primary care physicians for those individuals who do not have one.)

Every Med Assist client has a clinical assessment, conducted by a nurse. Following the assessment, patients are scheduled for regular visits with a nurse at the clinic (to coincide with prescription refills)

to ensure medication compliance and health status. If necessary, medication can be given out immediately to the client, if the clinic has it available as drug samples. If samples are not available and it can be filled with a generic product, a voucher is given to the patient enabling him or her to obtain their prescription through the RxTRA program which includes a \$3 co-pay for a 3 month supply. The program also uses pharmaceutical companies' patient assistance programs extensively. FPCHC is also an enrollment site for the state's pharmaceutical assistance program for the elderly.

**THE HUNGER COALITION/COUNTRY ROADS MOBILE PHARMACY  
BOONE, NORTH CAROLINA**

Pharmaceutical access programs in the Hunger Coalition include two free pharmacies, an Individual Drug Program and the Disability Advocacy Program. The 417 Pharmacy, the original pharmacy program, was established in 1995; the Country Roads Mobile Pharmacy began operating in 1998. The 417 Pharmacy is open Monday mornings, from 9:00am - 12noon and volunteer pharmacist and pharmacy technicians donate time to fill prescriptions and assist clients. The Country Roads Mobile Pharmacy was the first of its kind in the country, created to meet the needs of the rural population in Ashe, Avery and Alleghany counties. The program serves the working poor, including minimum wage workers, migrant laborers, the un- and underinsured. The van travels the first three weeks of every month making scheduled stops in each county.

The pharmacy programs are stocked two ways. Sampled medications, which make up 85% of the stock, are donated by local physicians, logged in and processed by volunteers, then dispensed by registered pharmacists. Additionally, a small number of medications are purchased from wholesale pharmaceutical companies, typically, those medications with the highest usage and the lowest cost. Clients are eligible for the pharmacy programs if they are residents of Ashe, Avery or Watauga counties, have income at or below 200% of the Federal Poverty Level, and have assets totaling no more than Federal Poverty Level income limits.

The Individual Drug Program is designed to link clients with patient assistance programs at pharmaceutical companies. The program works to identify clients who are taking expensive, long-term medications, not available from the Hunger Coalition Pharmacies. The program works with clients to obtain free medication directly from the manufacturer. The Disability Advocacy Program assists individuals with the application process for Social Security Disability and Supplemental Security Income benefits, including medical care.

**LA'AU MAKANA, THE MEDICINE BANK  
HONOLULU, HAWAII**

The Medicine Bank, a project of the Hawaii Primary Care Association (PCA), was started in 1997 to provide free medications and health care supplies to uninsured patients at community health centers. Modeled after the Foodbank, La'au Makana collects surplus sample medications from doctor's offices and pharmaceutical manufacturers' representatives and distributes them to health centers on four islands. Providers at the health centers dispense the medicines to their uninsured patients in need. Since its inception in 1997, health centers report that an estimated 56,000 patients received medicines through the Medicine Bank. The organization's donor base is now over 200, many of whom are dedicated and regular donors. Thus far the medicines donated have been estimated to have a wholesale value of over \$5.9 million.

Most simply stated, through the Medicine Bank patients are receiving medicines who might otherwise go without, and medicines are being put to good use where formerly they were going to waste. This has been achieved largely because the medical and pharmaceutical communities of Hawaii have made a commitment, in partnership with the HPCA, to better the health of the whole community, affecting a larger circle than their patient base alone. Our donors contribute significantly to the wellbeing of people they will probably never meet. Other partners, without whose support we could not continue, are the Hawaii state Department of Health, which provides half-time pharmacy staff and facility space, and 2 local airlines, which transport medicine to community health centers on the islands of Maui, Hawaii and Kauai.

In addition to physicians and pharmaceutical representatives, there were others interested in helping who were not in a professional position to do so. This led to the creation of the Gift Medicine Fund, a money source for the health centers to use for medicines that do not come through the door as a donation. The health centers report that the money is very helpful in emergency situations, particularly when a patient needs something specialized. Several local foundations have made grants to the Gift Medicine Fund and more are being sought, as the need continually outstrips the supply.

**MEDBANK FOUNDATION, INC.  
SAVANNAH, GEORGIA**

MedBank Foundation, Inc., founded in 1992 in Savannah, Georgia, is a volunteer organization with a mission to make prescription medications available for persons with chronic health conditions in Chatham and Effingham, and Bryan counties who are unable to purchase medications due to financial circumstances. The organization helps chronically ill individuals in need access pharmaceutical manufacturers' patient assistance programs, free of charge. Patient referrals are accepted by mail or fax from physicians, hospitals or health/social service agencies. All referrals from sources other than hospitals and physicians are verified with the client's physician. Since its inception MedBank has assisted over 6,000 individuals.

MedBank staff and over 40 volunteers prepare applications for each medication a patient needs and sends them to the patient. The patient then signs and returns all applications with proof of income for each household member. MedBank mails the completed applications to the physician, who attaches written prescriptions, signs the applications and mails them to the pharmaceutical companies. Although MedBank is not an emergency service, if an individual is without medication at the time of referral, an initial 30-day supply may be paid for and provided by MedBank. In cases of extreme need, MedBank may pay for 30 day supplies of new medications for established patients and for prescriptions issued when an individual leaves the hospital. Medications are purchased by MedBank through a local pharmacy. MedBank receives between 70-90 referrals for new clients per month.

**MEDBANK OF MARYLAND**  
**BALTIMORE, MD**

MEDBANK of Maryland, Inc. (MEDBANK) was founded in February 2000 by Bob McEwan, then Administrative Director of the Transplant Center at Johns Hopkins Hospital in Baltimore, Maryland. Modeled after a successful community based program in Savannah, Georgia, MEDBANK is dedicated to providing access to prescription medications for Maryland's low-income, uninsured and underinsured, chronically ill residents. With seed funding of \$173,000 from the Maryland Healthcare Foundation, MEDBANK served over 2,000 patients in Baltimore City and Baltimore County in its first 12 months. Partnerships with The Corporation for National and Community Service, the Retired and Senior Volunteer Program, area universities and hospital systems, provided MEDBANK with dedicated community and AmeriCorps\*VISTA volunteers to promote MEDBANK services and complete paperwork required to obtain patient medications through the pharmaceutical manufacturers' patient assistance programs.

In July, 2001, The Maryland General Assembly passed a bill to provide \$2 million in funding to expand the MEDBANK program statewide. Today, MEDBANK and its partner organizations around the state work closely with healthcare providers, patients, pharmaceutical companies and others to qualify patients for assistance. In its first three years The Medbank Program served over 23,000 Marylanders and obtained more than \$23 million in free prescription medications.

Advanced technology and innovation continue to support MEDBANK's accelerated program growth. RxBridge, MEDBANK's custom designed, state of the art database, automates the process for applying to patient assistance programs. RxBridge houses pharmaceutical company information, PAP application forms, and patient and physician demographic data. Today, a diverse network of partners nationwide are linked by high-speed internet access to RxBridge for rapid patient processing. And, the launch of the Medbank Pharmacy in October, 2002, has expedited delivery of medications to patients while integrating program efficiencies. The central-fill pharmacy dispenses medications provided through bulk donations by several pharmaceutical companies.

**THE MEDICATION ASSISTANCE PARTNERSHIP OF SPOKANE  
SPOKANE, WASHINGTON**

The Medication Assistance Partnership (MEDS) is a program of the College of Pharmacy at Washington State University. The mission of the program is to aid in the procurement of pharmaceutical medications for the uninsured and low income of the Spokane community.

The program has developed a centralized system to support community health centers and free clinics in securing medication from pharmaceutical manufacturers' patient assistance programs. MAP has created a database that combines information on patient assistance programs with a patient record system that keeps relevant information on patients, necessary for application to these programs. On behalf of individual patients and patients seen at clinics serving the un- or underinsured, the program fills out applications for needed medications. MAP uses volunteers, pharmacy students and part-time staff to complete patients' paperwork, as well as to update information on patient assistance programs. The program also conducts patient follow-up to ensure that patients are receiving their medication and using it properly. Quarterly utilization reports will identify diagnosis and prescription requirements that are not met through patient assistance programs. In the future, the program plans to seek funding to support the purchase of these drugs and those that are required for acute conditions. MAP is also exploring the possibility of marketing the service to private physicians, making the services of the program available for a nominal per patient fee to help defray administrative costs.

**PROGRAM FOR PHARMACEUTICAL CARE TO UNDERSERVED POPULATIONS  
PITTSBURGH, PENNSYLVANIA**

The Program for Pharmaceutical Care to Underserved Populations (PPCUP) operates under the auspices of the University of Pittsburgh School of Pharmacy. Established in 1995, the program links volunteer pharmacists and students with three organizations providing primary health care to homeless and low-income individuals in the city. This effort is a collaboration between PPCUP, Health Care for the Homeless Project, Program for Health Care to Underserved Populations (PHCUP), (an initiative at the University of Pittsburgh using volunteer physicians, nurses, and health professions students to provide health care to homeless and low-income people) and Operation Safety Net, a tax-exempt program that provides medical care to the unsheltered homeless population. Although the four groups are distinct entities, resources such as medications and personnel are shared. Each collaborator has a budget set aside for medications.

Approximately 100 pharmacy students, 15 pharmacists and 4 pharmacy residents participate in the program over the course of a year. Pharmacists work with a team of other health care providers including volunteer physicians, nurses, and other allied-health professionals in an interdisciplinary model of care. The PPCUP stores medication for its partners; sends pharmacists and pharmacy students to join volunteer medical staff as they provide health care at shelters and drop-in centers; and works with partner organizations to support cost-effective prescribing.

There are no eligibility requirements for clients participating in the program, although the clinics provide service mostly to adults. Medications are provided primarily for acute medical conditions; however, the program continues to expand to address the needs of chronic diseases such as hypertension, diabetes, and asthma. The program does not bill for any services, there are no co-payments, annual caps, or limits on the number of prescriptions per client. However, the program encourages all clients (if eligible) to pursue state Medicaid health insurance options in order to increase their continuity of care. The PPCUP acquires medication from bulk purchasing through the 340B Drug Pricing Program, physician samples, patient assistance programs and donations from drug companies. It also uses vouchers that clients use to fill prescriptions at local pharmacies.

**SENIOR PHARMASSIST  
DURHAM, NORTH CAROLINA**

The mission of Senior PHARMAssist is to educate Durham County older adults about preventive health measures, consult with seniors and health care providers about safe and effective medication use, provide financial assistance for necessary medications to seniors with limited incomes, and develop partnerships with others that share our mission. The organization began in 1994 as a program of the Council for Senior Citizens, and in 1998 became an independent non-profit organization. In the beginning, Senior PHARMAssist served older adults by educating them about their medications, helping them pay for necessary medications and helping them avoid unnecessary ones. As time went on, it became clear that more people needed assistance, though they did not meet financial eligibility criteria. In response, Senior PHARMAssist now operates three programs: 1) seniors participating in the "card program" who receive comprehensive medication reviews, tailored preventive health education and access to subsidized medications at local pharmacies; 2) participants who are not eligible for the "card program" but who have difficulty affording their medication for whom the organization tries to access pharmaceutical manufacturers' patient assistance programs; and 3) seniors with full Medicaid benefits who receive medication reviews and other preventive health education.

Participants seen at Senior PHARMAssist for the "card program" are 65 years or older, residents of Durham County, have no prescription coverage and have incomes at or below 150% of the Federal Poverty Level. Enrollees are issued a third-party prescription card that allows them to fill their prescriptions with a small co-payment at any community pharmacy. These participants also meet with a program pharmacist who conducts detailed medication reviews and counseling and provides other tailored preventive health information every six months. In addition, Senior PHARMAssist provides seniors with information about and referrals to other social and health service programs.

Senior PHARMAssist has negotiated price discounts with local pharmacies in order to provide reduced fee medications to its participants. In addition, Senior PHARMAssist has a geriatric formulary that focuses on helping participants obtain medicines that are safer, more effective and as cost-effective as possible in the older population.

**ST. JOSEPH'S HEALTH CENTER  
SOUTH BEND, INDIANA**

The St. Joseph's Health Center pharmacy is part of an indigent clinic, situated at an off-site location, but operating as a department of St. Joseph's Health Regional Medical Center. Patients with prescriptions from clinic physicians, physicians in the program's referral network and physicians who have seen a patient in the St. Joseph emergency room may fill prescriptions at the clinic's pharmacy. To be eligible for medication assistance patients must not be enrolled in Medicare or Medicaid, must have a household income within 150% of the Federal Poverty Level and not be seen at other sliding fee scale clinics in the city. The client may not have insurance through his employer or be eligible for reasonable insurance from employer. St. Joseph's considers reasonable insurance to be insurance that costs less than 5% of gross income. There is no cost for medication and no cap on the amount patients may receive.

The pharmacy acquires medication from bulk purchasing through the hospital, patient assistance programs and physician samples. The pharmacy is staffed by a licensed pharmacist and pharmacy technician. Prescriptions for controlled drugs are filled at the clients own expense through any local pharmacy. No controlled substances are provided or kept on site. Pharmacy staff provide counseling and medication education to patients and work closely with other health care providers to ensure quality patient care.

**WEST VIRGINIA HEALTH RIGHT  
CHARLESTON, WEST VIRGINIA**

West Virginia Health Right, established in 1982, is a free clinic serving the uninsured and underinsured in Charleston, WV. As part of its commitment to health care, the clinic provides medication for free, both to its patients and to individuals referred by physicians in the area. The clinic provides care to over 16,000 uninsured and under-insured patients with a household income below 100% of the Federal Poverty Level. (Medical expenses are deducted from household income.) For the underinsured population the organization provides only items not covered by the patient's insurer, i.e., medications for the Medicare population. Physicians in the community routinely refer patients to the clinic's pharmacy. Medication is acquired through patient assistance programs, bulk purchasing, retail pharmacy discounts, wholesalers, pharmaceutical company donations and physician samples. The clinic's pharmaceutical access program enjoys support from local pharmacists, physicians, hospitals, the City of Charleston and the State of West Virginia.



The pharmacy is run by a Pharmacy Coordinator (a paid pharmacy technician) and during hours of operation is staffed by three other paid pharmacy technicians, at least one volunteer pharmacist, a staff pharmacist and generally one volunteer counting medications. Patient assistance program applications are handled by three people: one paid staff and several volunteers. The pharmacy computer tracks patient medication, and a copy of the medications dispensed is maintained in the patient's chart. Any potential drug interactions are flagged by the pharmacy computer software. Patient follow-up is done every time the patient returns for medications. If a patient is habitually non-compliant the patient is asked to return more frequently for education on the medication, the disease/condition or other aspects of patient care/treatment.

# Appendix IX

## CONTACT LIST

*The list below is a sample of programs across the country that offer assistance with pharmaceutical access*

### **Associated Charities of Cumberland County\***

Michelle Grabenstein, Program Director  
One Frederick St.  
P.O. Box 1420  
Cumberland, Maryland 21502  
Tel: (301) 784-7053  
Fax: (301) 724-1044  
Email: grabenstein@pennswoods.net  
*(partnership for medication access)*

### **Buncombe County Medical Society Project Access\***

Alan McKenzie, Chief Executive Officer  
304 Summit Street  
Asheville, North Carolina  
Tel: (828) 274-9820  
Fax: (828) 274-2093  
Email: ceo@bcmsonline.org  
<http://www.apanonline.org>  
*(referral network for medical care, including medication access)*

### **Commission on Economic Opportunity\***

Emily Havrilla, R.N.  
165 Amber Lane  
P.O. Box 1127  
Wilkes-Barre, PA 18703-1127  
Tel: (570) 826-0510  
Fax: (570) 829-1665  
Email: ceo@sunlink.net  
*(partnership for medication access)*

### **Communicare\***

Ken Trogdon, Executive Director  
P.O. Box 186  
Columbia, South Carolina 29202  
Tel: (803) 933-9183  
Fax: (803) 771-4213  
Email: health@cicnetwork.org  
<http://cicnetwork.org>  
*(referral network for medical care, including medication access)*

**Community Pharmacy Partnership\***

Nell Almeida  
504 E. Diamond Ave, Suite H  
Gaithersburg, Maryland 20877  
Tel: (301) 990-8885  
Fax: (301) 990-7671  
Email: pccmc@erols.com  
*(referral network for medical care, including medication access)*

**Crisis Control Ministry\***

Margaret Elliott, Director  
200 East Tenth Street  
Winston-Salem, North Carolina 27106  
Tel: (336) 724-7875  
Fax: (336) 770-1625  
*(free pharmacy)*

**Faith Pharmacy\***

Mr. Clif Cason, Co-Chair, Advisory Board  
240 E. 7th Street  
Lexington, Kentucky 40508  
Tel: (859) 243-0887  
Fax: (859) 243-0887  
Email: Cscason@earthlink.net  
*(free pharmacy)*

**First Presbyterian Church Health Clinic\***

Jane Zwiers, Executive Director  
321 W. South Street  
Kalamazoo, Michigan 49007  
Tel: (269) 344-0044  
Fax: (269) 344-0914  
*(free clinic, with chronic care medication program for community residents)*

**The Hunger Coalition/Country Roads Mobile Pharmacy\***

Diane Tait, Director  
417 Meadowview Drive  
Boone, North Carolina 28607  
Tel: (828) 262-1628  
Fax: (828) 262-0154  
Email: hungerc@boone.net  
*(free pharmacy)*

**La'au Ma kana, The Medicine Bank\***

Hawaii Primary Care Association  
Alison Rowland-Ciszek  
345 Queen Street, Suite 601  
Honolulu, Hawaii 96813  
Tel: (808) 536-8442  
Fax: (808) 524-0347  
*(medication distribution center for physician samples)*

**MedBank Foundation, Inc.\***

Adrienne Garbe, MPH, Executive Director  
PO Box 15372  
Savannah, Georgia 31416  
Tel: (912) 356-2898  
Fax: (912) 356-2767  
Email: medbank@bellsouth.net  
<http://savannahcommunity.com/so/medbank>  
*(program helping with patient assistance program applications)*

**MEDBANK of Maryland, Inc.\***

Robert N. McEwan, Founder and Chief Executive officer  
P. O. Box 42768  
Baltimore, MD 21284  
Tel: (410) 821-9262  
Fax: (410)821-9265  
Email: RNMcEwan@medbankmd.org  
*(program helping with patient assistance program applications)*

**Medications Assistance Partnership\***

Debbie Haberman, Coordinator  
College of Pharmacy  
Washington State University  
601 West First Street  
Spokane, Washington 99201  
Tel: (509) 358-7570  
Fax: (509) 358-7627  
Email: habermad@wsu.edu  
*(program helping with patient assistance program applications)*

**Medication Bridge Program  
Foundation for Healthy Communities**

Bernie Cameron, Coordinator  
125 Airport Rd.  
Concord, New Hampshire 03301  
Tel: (603) 225-0900  
Fax: (603) 225-4346  
Email: bcameron@healthynh.com  
<http://healthynh.com>  
*(program training health care providers on using patient assistance program applications)*

**Prescription Resource Network**

Heather Seymore, Program Director  
PO Box M  
Gadsden, Alabama 35904  
Tel: (256) 546-3456  
Fax: (256) 546-4360  
*(program helping with patient assistance program applications)*

**Program for Pharmaceutical Care to Underserved Populations\***

Sharon Connor

933 W. Montefiore

University Hospital

Pittsburgh, Pennsylvania 15213

Tel: (412) 692-4901

Fax: (412) 692-4325

*(program coordinating volunteer pharmacist participation with clinics serving low-income and homeless individuals)*

**Rockingham County Prescription Assistance Program**

Detra Morton, Director

PO Box 1915

Reidsville, North Carolina 27323-1915

Tel: (336) 349-2343

Fax: (336) 342-6714

*(program helping individuals with patient assistance program applications)*

**Senior PHARMAssist\***

Gina Upchurch, Executive Director

123 Market Street

Durham, North Carolina 27701-3221

Tel: (919) 688-4772

Fax: (919) 682-0444

Email: Sr.pharmassist@mindspring.com

<http://seniorpharmassist.org>

*(program providing medication assistance, including pharmacy discounts, to older adults)*

**St. Clair County Council on Aging**

Laura Newsome, Executive Director

600 Grand River

Port Huron, Michigan 48060

Tel: (810) 984-5061

Fax: (810) 987-7190

*(program helping with patient assistance program applications)*

**St. Joseph's Health Center**

Carla Bice, Clinical Director

326 South Chapin Street

South Bend, Indiana 46601

Tel: (574) 239-5255

Fax: (574) 239-5267

*(free clinic as part of hospital)*

**St. Vincent de Paul Community Pharmacy/Council of Baton Rouge**

Michael Acaldo, Chief Executive Officer

P.O. Box 127

Baton Rouge, Louisiana 70821

Tel: (225) 383-7837

Fax: (225) 383-6623

*(free pharmacy)*

**St. Vincent de Paul Community Pharmacy**

Ann Laiche, Executive Director  
300 N. Broad  
New Orleans, LA 70119  
Tel: (504) 822-1913  
Fax: (504) 822-1964  
*(free pharmacy)*

**St. Vincent de Paul Community Pharmacy of Charlotte County**

Thomas Ferrara, Ph.D., Chief Administrative Office  
3129 Tamiami Trail

Port Charlotte, FL 33952  
Tel: (941) 766-9570  
Fax: (941) 766-1896  
*(free pharmacy)*

**West Virginia Health Right, Inc.\***

Pat White, Administrator  
1520 Washington Street East  
Charleston, West Virginia 25311  
Tel: (304) 343-7003  
Fax: (304) 343-7009  
Email: healthrigh@aolcom  
*(free clinic with multiple medication sources)*



**Volunteers in Health Care**

111 Brewster Street

Pawtucket, RI 02680

Phone 877-844-8442

Fax 401-729-2955

<http://www.volunteersinhealthcare.org>

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