

	BLACK HAWK HEALTH CENTER POLICY: HARDSHIP DRUGS DEPARTMENT: CLINIC-WIDE	Resolution:	SF-18-83
		Effective Date:	03/14/2018
		Origination Date:	09/20/1996
		Supersedes:	09/15/2017
		Revised:	02/13/2018

PURPOSE:

The purpose of the Hardship Drug Policy (HDP) is to provide needed medications not available at the Black Hawk Health Center (BHHC), to eligible Native Americans residing in the Sac and Fox Nation Contract Health Service Delivery Area.

Only prescriptions originated from the following sources will be eligible for payment through the HDP:

- a. BHHC physicians
- b. Referral physicians that were originated by an approved BHHC referral
- c. Emergency Room physicians
- d. Hospital discharges for critical/terminal diagnosis or crisis
- e. Outside physicians, i.e. nursing homes, assisted living, treatment centers
- f. All patients must have or establish a chart at BHHC

CRITERIA:

HDP funds are intended for short-term assistance (maximum of 90 days per medication). If the patient requires long-term therapy, then assistance with pharmaceutical manufacturer’s assistance programs will be coordinated thru the RN Case Manager and Patient Benefits Coordinator. The HDP funds will be the payer of last resort. Therefore, the RN Case Manager and Patient Benefits Coordinator, in conjunction with the Sac and Fox Nation Social Services Program, will determine if the patient does/does not have any other resources available.

- a. Patients with a documented history of medication abuse/fraud will be excluded from the program.
- b. The following classes of medications will be excluded: diet medications, vitamin supplements, herbs, over-the-counter and oral contraceptives.
- c. Funds will not be used to pay for third-party co-payments or deductibles.

PROCEDURE:

1. A patient presents with an eligible prescription.
2. Pharmacy Staff will determine if an in-stock substitute is appropriate and/or available. If no substitute is appropriate/available:
 - a. A Request for Medication (HDP) Form will be completed by the Pharmacy Staff.
 - b. The patient is sent to the RN Case Manager/Patient Benefits Coordinator to determine if other resources are available, and if cleared, HDP funds may be used.
3. The patient will utilize a designated pharmacy approved by BHHC.
4. BHHC pharmacy will contact one of the approved pharmacies via phone or fax, to provide third-party billing information and authorize the filling of the prescription. Generic medications will be used if appropriate and/or available.
5. The Pharmacy and Therapeutics Committee will review medications purchased with HDP funds to determine if additions need to be made to the BHHC formulary. (See Pharmacy Policies and Procedures)

HARDSHIP DRUG PROGRAM

Date: _____

Chart Number: _____

Patient Name: _____

D.O.B. _____

Prescription Originated By: _____

Diagnosis Code: _____

Reason For Request:

Action Taken:

Pharmacy Contacted? Yes / No

Estimated Cost \$ _____

Address: _____

Phone Number _____

Eligible for HDP? Yes / No

Patient Benefits Coordinator

Date

RN Case Manager

Date

Pharmacist

Date

Health Director

Date