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## POLICY

### AZ&ME PRESCRIPTION SAVINGS PROGRAM

8028

1. To qualify, patients must meet income guidelines, be without public or private prescription drug coverage and be qualified on an annual basis.
  - Income guidelines are:
    - a. \$35,000 household of 1
    - b. \$48,000 household of 2
    - c. \$60,000 household of 3
    - d. \$70,000 household of 4
    - e. \$80,000 household of 5
  
2. Patients will be required to verify income and sign a “**Patient Intake Form**” prior to the first dispensing of AZ&Me product. The income verification and the “Patient Intake form” must be signed on the same date. The date the form is signed will be recorded as the Effective Date in payment information and the Expiration Date will be no more than one year later. If effective dates and expirations dates are not in place, the pharmacy operating system will not allow the AZ&Me plan designations to be used.
  - Patients will need to re-enroll on an annual basis to include:
    1. Pharmacy Patient AZ&Me Intake form
      - a. Patients completed this form in its entirety, and sign and date
      - b. Pharmacy screener verifies completeness and review by their initials and date
    2. Proof of income – current proof of income is provided from the Eligibility Department; and may include but not limited to:
      - Current year Tax Return
      - Paycheck Stubs – one (1) month
      - Office of Public Assistance Benefit (Food Stamp Benefit History)
      - Pension
      - Social Security or Bank Statement Showing Deposits
      - Signed Personal Letter Verifying Financial Status, Housing Situation
      - Letter on Agency Letterhead Verifying Financial Status
      - Student Grant Information
      - Individuals enrolled in the Healthcare for the Homeless program will be required to self-report income on a Financial Affidavit form at the time they wish to utilize the AZ&Me program.

3. Verification from the Medicaid Portal that the patient does not have Medicaid will be done at the time of a prescription fill which utilizes AZ&Me stock. These portal searches will be printed out and stored in the pharmacy or on BHC premises for a period no less than three years.
3. Patients receiving product will be assigned by the Eligibility Department one of the following plan designations as it pertains to the Sliding Scale and the Federal Poverty Level (FPL):
  - i. A – 0% FPL to 100% FPL
  - ii. B – 101% FPL to 133% FPL
  - iii. C – 134% FPL to 167% FPL
  - iv. D – 168% FPL to 200% FPL
4. Patients are further assigned one of the following bill codes by Pharmacy personnel designations as it pertains to the Sliding Scale and eligibility for the AZ&Me Program participation:
  - AZ&MEA
  - AZ&MEH
  - CAPAZ&ME
5. Record retention period for patient records and required source documentation is 3 years (hard copy or electronic). This includes but is not limited to patient eligibility, source documentation, product receipt, inventory, dispensing, distribution, return records and prescriptions.
6. Orders are created once a month at the end of each month by utilizing the Pharmacy Software database and will not be generated until after the return to stock process has been completed to ensure only physically dispensed Program product is requested. Before the order is created BHC pharmacy personnel will run a report to ensure:
  - No product is used in any plan designations not listed above.
  - If RX is filled but not picked up it will be voided within pharmacy software system and reran on new date to be submitted in the next month, if it was filled in the last 10 days of the month.
  - If RX is filled but not picked up and is more than 10 days before the end of the month, it will be voided and placed back in AZ&Me stock.
  - The Lead Technician or other trained personnel verifies the request for replenishment report to ensure all required information complete and in the format required by Program Administration

The following fields are submitted to AstraZeneca when placing request:

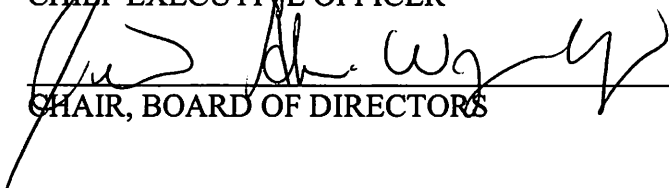
- Product Name
  - Product Strength
  - NDC#
  - Unique Patient ID#
  - Date of Birth
  - Gender (preferred/not required)
  - Rx Number
  - Date Dispensed
  - # of Tablets Dispensed
  - # of bottles if liquid (ml)
  - Number of days of therapy dispensed (i.e., 30, 60, 90 day supply)
7. Upon receipt of requested Program Products, a fax will be received from the AZ&Me Program Administrator requesting confirmation of the actual volume/number of units received per NDC. The confirmation must be completed and faxed to 908-947-0397.
- Product will be checked against the packing list then initialed and dated by the person responsible
  - Product will be checked against the replenishment report request to ensure what was asked for is received
  - Replenishment report is obtained from AZ&Me web site and faxed back with the packing list to AZ&Me
  - Any discrepancies will be noted and &me Program Administrator will be contacted at this time.
8. Lost, stolen or returned product will be reported to AZ&Me Program Administrator as soon as possible.
9. No AZ&Me product will be mailed and must be picked up and signed for at the PHC Pharmacy.
10. Each patient wishing to fill prescriptions from AZ&Me stock at PHC will fill out and sign a "Patient Intake" form each year or at each time of income verification. Pharmacy staff will check for Medicaid eligibility on or about the date of fill of a prescription utilizing AZ&Me product. All patients will be income verified through controls established in electronic medical record. If a patient does not have current income verification he/she will be referred to the Eligibility Technician.
11. Patients that are currently getting medication in the Medication Assistance Program will not be re-enrolled at the end of their enrollment period providing we have enough replace-

ment stock in the AZ&Me bulk program to adequately take care of our patients. We will evaluate our need and communicate that to AZ&Me for supplemental bulk stock. Any patient that enrolls in MAP (Medication Assistance Program) will not be eligible to enroll in the AZ&Me Bulk program.

12. Once a product has been submitted to AZ&Me for replacement the bill codes will not be changed. If it is found that a patient gets insurance or if a patients income status changes during an enrolment period, the EXPIRATION DATE, will be changed to reflect the day that the change is discovered. No more product from AZ&Me will be used unless the patient re-qualifies and is re-verified under program rules.

  
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 CHIEF EXECUTIVE OFFICER

Date: 11-25-14

  
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 CHAIR, BOARD OF DIRECTORS

Date: Nov 25, 2014

Date first adopted	09/24/2014
Date revised/QI	09/24/2014
New date adopted/Board	10/13/2014
Next review date	10/13/2015