SOUTHERN NEVADA COMMUNITY HEALTH CENTER
DISTRICT-WIDE POLICY

DIVISION:	FQHC	**NUMBER(s):**	CHCA-012
PROGRAM:	Pharmacy	**VERSION:**	1.00
TITLE:	Medication Safety Net Program	**PAGE:**	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	Click or tap here to enter text.	**ORIGINATION DATE:** New	
APPROVED BY: **CHIEF EXECUTIVE OFFICER - FQHC** Randy Smith, MPA Date		**REPLACES:** New	

DRAFT

I. PURPOSE

To promote access to medications for eligible patients and reduce the risk of short-term patient harm caused by inability to pay. The policy establishes uniform eligibility and clinical criteria, defines allowable medication categories and dispensing limits, and defines the process for fiscal oversight.

II. SCOPE

To promote access to medications for eligible patients and reduce the risk of short-term patient harm caused by inability to pay. The policy establishes uniform eligibility and clinical criteria, defines allowable medication categories and dispensing limits, and defines the process for fiscal oversight.

III. POLICY

SNCHC may provide free medications for patients who are unable to afford medically necessary treatment and who meet the eligibility requirements established in this policy. This program is intended to provide short-term assistance only and does not create an ongoing pharmacy benefit or entitlement.

IV. PROCEDURE

A. Eligibility Criteria

1. SNCHC patients prescribed medication by a SNCHC provider;
2. Uninsured with income about or below 200% of the Federal Poverty Level (FPL);
3. Other sources of payment (e.g., manufacturer assistance programs, charitable foundations, grants) are unavailable;
4. Documented clinical need indicating the medication is necessary to prevent harm in the short term;
5. Request falls within the dispensing and budget limits of this policy.

B. Covered Medications

1. Acute medications: Short-term medications prescribed to treat acute illness, infection, exacerbation, or urgent symptoms.
2. Limited Chronic Medications: Short-term bridge supplies of selected chronic medications when interruption of therapy is likely to result in near-term harm.

C. Limitations/Exclusions

1. Assistance is limited to medications available on the SNCHC Formulary and dispensed from a SNCHC Pharmacy.
2. Assistance is limited to one-time fills only.
3. Medication supply up to 30 days.
4. No refills are authorized under this policy.
5. This policy may not be used to provide ongoing maintenance medication support.
6. Excluded medications include:
    a. controlled substances;
    b. specialty medications;
    c. long-term maintenance medications exceeding the short-term limit;
    d. repeated fills intended to replace ongoing prescription coverage;
    e. medications for cosmetic, lifestyle, fertility, or weight-loss

DRAFT

purposes; nonessential over-the-counter products.

D. Approval Requirements

1. Requests are evaluated and approved at the discretion of the Pharmacy Manager or designee.
2. The Medical Director may authorize use of the program for specific patients in communication with the pharmacist on duty.
3. The following must be documented for each approved request:
    a. eligibility for the Sliding Fee Discount Program (FPL P-level);
    b. medication name, quantity, and days' supply;
    c. prescriber documentation supporting short-term necessity;
    d. estimated or actual cost to the program;
    e. authorized approver

E. Financial Controls & Oversight

1. An annual budget for the program is set for the program by the Pharmacy Manager.
2. Funding for the program is derived from external sources (i.e., donations, grants) or 340B program revenue. Section 330 funds are not used to support any pharmacy discounts.
3. The Pharmacy-Finance Workgroup shall maintain oversight of the program and regularly review the following.
    a. compliance with FQHC requirements;
    b. compliance with applicable pharmacy and dispensing laws;
    c. annual review of policy effectiveness;
    d. periodic evaluation to include:
        i. number of patients served,
        ii. types of medications provided,
        iii. total spending,
        iv. budget status,
        v. operational concerns or compliance issues.

DRAFT

ACRONYMS/DEFINITIONS

If none, type Not Applicable and delete table

REFERENCES

Not Applicable

DIRECT RELATED INQUIRIES TO

Pharmacy Manager

ATTACHMENTS-FORMS-TEMPLATES

Not Applicable

HISTORY TABLE

Table 1: History

Version No.	Effective Date	Change Made
Version 0	xx/xx/xxxx	First issuance

DRAFT