

Guidelines for Care Connection for Children Network Virginia Department of Health

Subject: Obtaining Medication, Metabolic Formula, and Supplies from the Virginia Department of Health Pharmacy Services

Effective Date: After Required Public Review
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Review/Revision Date: January 10, 2008/ Rev March 2022
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Policy

Medications, metabolic formula, and supplies can be obtained from the Virginia Department of Health Pharmacy Services for clients who are eligible to receive assistance from the Children with Special Health Care Needs Pool of Funds.

Process

Preauthorization of Service

1. Determine eligibility for Pool of Funds from client assessment and financial application completed by the client's family.
2. Inform client's physician and family of the approval and the process to obtain Pool of Funds services from Care Connection for Children (CCC).

Provision of Service for New Paper Prescription

1. Obtain prescription from physician. It can be for no more than a 3-month supply with refills if the medication, metabolic formula, or supply is to be given over a year's time.
2. Complete the Prescription Order Form with the following information as shown on Attachment 1:
 - A. Shipping address
 - B. Cost code information which should be 706-000-AN
3. Fax or mail the original prescription and Prescription Order Form to the Virginia Department of Health Pharmacy Services (VDH PS). Indicate on the cover sheet that the shipping address has been verified.
4. If the original prescription is being faxed, write on the body of prescription prior to faxing or making additional copies "faxed to VDH PS" and care coordinator's initials and the date that the prescription was faxed.

5. VDH PS fills order and mails to the family.
6. The VDH pharmacy mailing includes a Patient Information Leaflet on the medication's uses, side effects, precautions, and drug interactions. For liquid medications, the VDH pharmacy provides a measuring device, e.g., dropper or dose spoon. If requested on the prescription, the pharmacy can also provide a tablet cutter or tablet crusher. If a medication is a controlled substance, a signature will be required by the person accepting the delivery. A staff member from VDH PS will follow-up with the CCC care coordinator to ensure that all controlled substances (CII-CV) have been received by the patient or designated family member. Medications that need to be stored/shipped cold will be sent Monday, Tuesday, or Wednesday. In the rare event of an emergency, the CCC staff should contact VDH PS to arrange for Saturday delivery with an additional UPS charge for the medications.
7. VDH PS faxes a copy of the Prescription Order Form to the CCC care coordinator on the day that the prescription is shipped. It will include a label with the patient's name, prescription number, name of medication and cost recorded in the far right column of the form.

Provision of Service for Electronic Prescription

1. The VDH pharmacy has the means to accept electronic prescriptions from the CCC Network. Prescribers are responsible for this submission via their approved electronic device. Electronic prescriptions are not mandatory.
2. Prescribers are responsible for contacting the CCC coordinator to make her/him aware that the prescription has been sent to VDH electronically. Each center is responsible for communicating this process to their clinical partners.
3. Once the pharmacist at VDH receives the electronic prescription, she/he will profile it only. The prescription will remain profiled until the CCC center submits the Prescription Order Form (Attachment 1).
4. Once the Prescription Order Form has been received, the VDH pharmacist will match it to the profiled prescription, fill and ship it. The Prescription Order Form will be the indication that the prescription has been approved. It will contain the patient's verified shipping address and will be labeled with the name of the CCC center that is approving of the prescription.
5. As indicated above, the CCC coordinator is responsible for communicating with prescribers and getting the appropriate approval from their director.
6. The Prescription Order Form will contain: CCC program name; Patient's verified shipping address; Patient's name; Patient's date of birth; Medication(s) name(s); Note that the "electronic prescription" has been sent.
7. The information that prescribers need is as follows:

DEA#: AB8623298

NPI#: 1891728440

Electronic ID Info: VA ST HEALTH DEPT PHARM Zip: 23219

*(*Note- The spacing is very important for the Electronic ID Info.)*

Provision of Service for a Refill of a Prescription-

1. For Refills, complete the Prescription Order Form with the following information as shown on Attachment 1:
 - A. Shipping address ; verify address with family
 - B. Cost code information which should be 706-000-AN
 - C. Prescription number under the column labeled “RX NUMBER”
2. VDH PS faxes a copy of the Prescription Order Form to the CCC care coordinator on the day that the prescription is shipped. It will include a label with the patient’s name, prescription number, name of medication and cost recorded in the far right column of the form. See Attachment 1 for the location of the VDH PS labels.

Information to the Family

1. Contact the family that the medication has been ordered and ask that they call CCC if not received.
2. Inform the family to contact CCC at least two weeks in advance of need for refill of medication/supplies.

Recording of Service and Pool of Funds Payment

1. At the time of ordering the medication, record the medication or supplies in the client’s CCC-SUN record, Pool of Funds section, service detail screen and Pool of Funds screen Authorization Information section.
2. After confirmation that the family has received the medication, record the price in client’s CCC-SUN record, Pool of Funds section Pool of Funds screen.
3. Also after confirmation that the family has received the medication, record the VDH pharmacy prescription number in the client’s CCC-SUN, Pool of Funds section in the space titled “Vendor’s Account # for this bill”. This can be obtained from the copy of the Prescription Order Form received from the pharmacy and from the monthly medication report from VDH PS.
4. Place the copy of the Prescription Order Form and prescription in client record or scan into CCC-SUN.
5. Confirm that the monthly report from VDH PS has each client’s medications received during that month recorded on it.
6. Contact Marcus Allen @ marcus.allen@vdh.virginia.gov if any errors noted in pharmacy report.

Contact Information

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PRESCRIPTION ORDER FORM

HEALTH DEPARTMENT/PROGRAM CCC
 SHIPPING ADDRESS _____

COST CODE: 706 FIPS: 000 PSD: B REQUESTED BY: _____

PATIENT INFORMATION	RX NUMBER	DRUG	NEW / REFILL
Name: _____ DOB: _____			FOR PHARMACY USE
Name: _____ DOB: _____			FOR PHARMACY USE
Name: _____ DOB: _____			FOR PHARMACY USE
Name: _____ DOB: _____			FOR PHARMACY USE
Name: _____ DOB: _____			FOR PHARMACY USE
Name: _____ DOB: _____			FOR PHARMACY USE

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