

Alternate Delivery of Medication(s) (Ship to Home) during the COVID-19 Pandemic
Health Department Guide
October 2020

Shipping medications to home may be an option for clinical services where medications that can be self-administered are prescribed and then filled by the Division of Pharmacy Services (DPS). Some self-administered medications may not be eligible for this ship to home option in which the medication(s) would be shipped from DPS to the client's home or alternative address. Health departments (HD) should consult programmatic guidance when deciding if it is appropriate to ship to home. The following procedures provide guidance for the various programs that would like to utilize this option. Please contact DPS (804-786-4326) should you have questions regarding these procedures.

General

Addresses

- All programs
 - HD must verify patient's address **EVERY** time medications are shipped to home or alternate site; **do not assume the address is the same as before** (e.g.: patient may have moved).
 - Print patient's address legibly and correctly, including apartment number if applicable, and make sure spelling is correct (e.g.: 211 31st Street vs 211 31st OR South Klein St vs S Klein St).
 - Suggestion to utilize the following UPS address validator tool:
https://www.ups.com/address_validator/search?loc=en_US This website can be used to verify that the address is a deliverable UPS address. It may also help to identify misspelled street names.
 - There will be a checkbox on the form that states "current client address has been verified"; if it is not checked, pharmacy will have to call to verify.
 - Ensure that the correct address is sent to Pharmacy **before** faxing the request to prevent a cascade of voicemails, phone calls, more time and work for all involved as well as delays in medication receipt and potentially a **breach in PHI**.

Procedures

Family Planning (FP), Maternal/Child (MCH), Sexually Transmitted Infections (STI), Tuberculosis (TB), VA MAP (formerly ADAP) Programs

1. The **health department**¹ will complete the request on the **Request for Alternate Delivery of Medications (Ship to Home)** form. The ship to home form should be used for **refills** (indicate refills on the form) **and must accompany all new prescriptions**. If there are refills or future requests, the health department will need to fill out a new form. Do not re-fax previously used forms.

¹ For VA MAP, 'health department' is the medication access site and it includes non-health department sites such as clinics and pharmacies that serve as pick up sites.

- a. For prescriptions generated from clinic visits (i.e. FP, STI, etc.) utilize community pharmacies for clients that have insurance. For under/un-insured clients, DPS may ship.
 - b. New prescriptions may be transmitted electronically or submitted via fax. Faxed prescriptions can be submitted on a LHS-181 or can be the original prescription(s); prescriptions must have a manual signature on them if faxed (otherwise, pharmacist must take as a verbal order to be valid).
 - c. Prescriptions must be legible, not cut off or missing information (uniform prescription), not slanted or obscured.
 - d. Be sure to complete the Billing Information section with Cost Code, FIPS and PSD on the form. This will be used for the pharmacy to bill the cost of the medication to the health department, unless the medication cost is covered by other funding (i.e., Plan B, prenatal vitamins, TB medications, etc.) and the shipping costs.
 - e. Be sure to verify the client's ship to address with the client **prior to** submitting the form to pharmacy and check the box to indicate the address has been verified; if not checked, pharmacy will have to call the LHD before shipping the medication, which could delay shipping by at least one business day.
2. The **pharmacy staff** will review, order and dispense medication, then ship. Family Planning and STI prescriptions from clinic will be filled with 340B stock. Other clinics will be filled with non-340B stock. For TB and VA MAP, pharmacy will utilize 340B stock in accordance with normal procedures.
 3. The **pharmacy staff** will fax the **Request for Alternate Delivery of Medications (Ship to Home)** form back to the LHD with the tracking number and shipping cost completed in the bottom sections. The medication cost will be affixed to the ship to home form.
 4. The **health department**¹ may track the package and verify receipt of delivery as needed. The **health department**¹ is responsible for billing the client for the appropriate costs. See information below about what costs are covered per program. For questions regarding how to bill the client, refer to the information that may be specific to the program and information from CHS. (For specific questions, contact your business manager and/or Lisa Park in Central Office.). The LHD should file the **Request for Alternate Delivery of Medications (Ship to Home)** form in the medical chart or with other medication tracking documents. The form is only intended for one single use per shipping occurrence and will need to be completed upon the next request. If there are any delivery issues, call pharmacy for assistance in researching and resolving them.

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Program	Cost of Medication	Cost of Shipping
Family Planning	Health department is responsible (Health department should utilize procedures established by district on billing)	Program will cover cost of shipping
STI	Health department is responsible (Health department should utilize procedures established by district on billing)	Health department is responsible (Health department should utilize procedures established by district on billing)
TB	Central Office program will cover cost of medication	Health department is responsible (Health department should utilize procedures established by district on billing)
VA MAP	Program will cover cost of medication	Program will cover cost of shipping
Other Clinic Programs (Maternity, etc.)	Health department is responsible (Health department should utilize procedures established by district on billing)	Health department is responsible (Health department should utilize procedures established by district on billing)

Care Connection for Children (CCC), Hemophilia, Metabolics, nPEP, PrEP Programs

1. These programs (CCC, Hemophilia, Metabolics, nPEP, PrEP) do **not** need to complete the **Request for Alternate Delivery of Medications (Ship to Home)** form, as these programs have established procedures for ship to home medications. Medication and shipping are paid for by the program.
2. These programs will continue to utilize the **Prescription Order Form** as usual when requesting refills or submitting new prescriptions to be shipped to the client's home or alternative delivery site. The client's ship to address must be verified for each fill and should be completed in the upper right hand corner of the form. Billing information (Cost Code, FIPS and PSD) must be completed.

Note: For emergent needs, please contact the pharmacy at (804) 786-4326.

Effective: October 1, 2020
 Next Date for Review: October 1, 2021

Review Cycle: Annual

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