

PHARMACY PREFERENCE

As per facility rules, unless the VA has awarded the resident Aid and Attendance (A&A) status, the resident is responsible for providing all of his/her medication(s) during their stay at the facility. This includes prescription and over the counter medications. If A&A has been awarded and a physician orders a medication that is not on the VA formulary, the resident may elect to receive a medication substitution that is on the VA formulary. The staff physician will order the substitution medication. In the event the resident wishes to receive a medication that is not on the formulary, they must then provide that medication.

If you are not eligible to receive medication thru A&A or your A&A application is pending approval, you may elect to receive your medication(s) thru the facility pharmacy or select a pharmacy of your choice. If you elect to receive your medication from the facility pharmacy, you will be billed for the facility's cost of the medication plus a 10 % handling fee.

If you elect to receive your medication from a pharmacy of your choice, a staff physician will provide you with a prescription for medication orders. For refills, you will be responsible for providing the medication on a monthly basis prior to the current supply being exhausted.

You must provide the medication in a timely manner to ensure that there is no interruption in receiving the ordered medication. If you fail to provide the medication in a timely manner, the medication will be issued from facility stock and you will be billed for that medication.

If an outside physician orders a new medication, you must bring the prescription to the facility for review by a staff physician prior to that prescription being filled.

I acknowledge that I have read and understand the above information. I agree to provide medication(s) timely if I am responsible for providing them.

Pharmacy of choice _____

Delivery **I will pick up and deliver the medication(s) to the facility.**
 The pharmacy of choice will deliver the medication(s) to the facility.

Resident/Authorized Representative's Signature

Date

Witness

Date