

PROGRAM FOR UTILIZATION OF UNUSED PRESCRIPTION DRUGS

ELIGIBLE PARTICIPANT FORM

Completion of this form by the participating pharmacy or charitable clinic and the eligible participant meets the notification requirements under the Michigan Public Health Code 1978 PA 368 as amended (MCL 333.17775) for dispensing or administering donated unused prescription drugs to recipients who meet the eligibility requirements of the Program for Utilization of Unused Prescription Drugs. A copy of this form must be retained by the pharmacy or charitable clinic with prescription records for at least five years.

PHARMACY OR CHARITABLE CLINIC						
Name of Participating Pharmacy or Charitable Clinic	Michigan License or Registration #		Telephone Number with Area Code			
Street Address	City		State	Zip Code		
Name of Dispensing Pharmacist Authorized to Dispense Donated Unused Prescription Drug			Michigan License #			
Name of Drug (brand name or generic)			Date Drug Dispensed			
National Drug Code Number (NDC#) or Manufacturer Name	Drug Strength	Drug Quantity		Drug Expiration Date		
I certify that to the best of my knowledge, and upon inspection of the above listed donated prescription drugs, it is in my professional judgment that these drugs are not adulterated, are safe and suitable for dispensing, and are not ineligible drugs.						
SIGNATURE of Dispensing Pharmacist			Date Signed	1		

ELIGIBLE PARTICIPANT							
Name of Recipient Receiving Donated Drug		Date of Birth					
Recipient Street Address	City	State	Zip Code				
I certify that I am a Michigan resident and that I am eligible to receive Medicare or Medicaid OR I am uninsured and do not have prescription drug coverage. I acknowledge the prescription drug I am receiving has been donated. I also consent to a waiver of the requirement for child resistant packaging, as required by the Poison Prevention Packaging Act, 15 USC 1471-1477.							
SIGNATURE of Recipient or Authorized Representative		Date Signer	d				

HANDLING AND REIMBURSEMENT

A participating pharmacy or charitable clinic may charge the recipient of a donated drug a handling fee, not to exceed 300 percent of the Medicaid standard pharmacy dispensing fee as established by the Michigan Department of Community Health, to cover stocking and dispensing costs. A prescription drug dispensed through the Program for Utilization of Unused Prescription Drugs shall not be eligible for reimbursement under the medical assistance program.

LARA/BPL-ELIGIBLE PARTICIPANT FORM (07/16)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.