WORK PROCESS FOR MEDICARE IV HOME REQUEST **PATIENT NEEDS HOME IV MEDICATION** CM OR CCR **RN CHECKS MEDICARE ADVANTAGE FORMULARY** DRUG ON **DRUG NOT ON FORMULARY FORMULARY CM OR CCR CM OR CCR RN INFORMS RN INFORMS HOSPITAL** HOSPITAL CM AND/OR CM AND/OR **HOME HOME INFUSION INFUSION COMPANY COMPANY** TO BILL TO BILL **MEDICARE D MEDICARE B**

ACCESS THE FORMULARY BY THIS LINK: http://www.bchpohio.com/wp-content/uploads/2010/03/H0908-RX010-004-Comprehensive-Formulary.pdf

**MEDICATIONS CAN BE FOUND EASILY BY ALPHABETIC INDEX
BEGINNING PAGE 50 <u>OR</u> "Ctrl+F" FOR "FIND" -- TYPE MEDICATION IN
FIND BOX TO LOCATE WITHIN FORMULARY DOCUMENT