



Baby Rxpress Program

The Florida Department of Health (DOH) has a program to provide Retrovir (AZT) and Viamune for HIV-exposed newborns at no cost to the family when they have no other means to pay for the medication. Here's how it works:

- DOH has a credit account at **previously identified** Walgreens stores
- The account will only pay for these two drugs only
- The physician will write a prescription for the drug
- Either the perinatal nurse, their designee, or the family can present the prescription and the payment voucher to the Walgreens
- If the nurse gives the voucher to the family, the nurse should sign it as the "authorization signature"
- The drug will be dispensed in exchange for the voucher
- Walgreens will bill DOH for the meds and payment will be taken care of from Tallahassee

The goal of this effort is for the mother to leave the hospital with the medicine in hand. There are currently different solutions in different areas of the state - many of which work very well. Some use home delivery pharmacies, and some hospitals dispense the medicine to the mom from the hospital pharmacy (the most common sense solution). If you have an existing system in place, please continue to use it.

Use **Baby Rxpress** when there seems to be no other option. If you have a family with private health insurance and a doting dad and grandparents, by all means - let them get the Retrovir on their own. This plan is to be the payer of last resort to provide AZT for the babies quickly, when families do not have insurance, money to pay for the medicine, and/or a ride to the drug store.

Please direct questions regarding the Baby Rxpress Program to Rashida Marshall at rashida.marshall@flhealth.gov



FLORIDA DEPARTMENT OF HEALTH

Prescription Program Authorization

Plan Name: **FLORIDA DEPARTMENT OF HEALTH**

Eligible Client/Patient: _____

Date of Service: _____

Authorization Signature: _____

Walgreens Input Code: **FDFL**

***PHARMACY STAFF PLEASE NOTE:**

This authorization is for the attached prescription only

Quantity Limitations – 42 day supply

Drug coverage is per Rx form and only applies to Viramune and Zidovudine or Retrovir syrup

Please file this authorization form with the prescription

***NO REFILLS ALLOWED**