

**Comanche Nation  
Prescription Assistance Program  
Medications**

The Prescription Assistance Program will provide enrolled Comanche Tribal members with assistance getting prescriptions and over the counter drugs that the Indian Health Service does not have in their pharmacy. There is no age limit or income requirement to be eligible for services. The client will complete an application and provide a copy of their prescription, a physician statement of diagnosis and medical necessity, and a C.D.I.B., (Certified Degree of Indian Blood). If a C.D.I.B. is not available, the client will be referred to the Comanche Nation Enrollment Office. It is the responsibility of the client to get all the necessary documents that is needed when applying for assistance.

Upon receipt of a prescription for medications, we will issue a voucher up to and not exceeding \$100.00. Any difference over this amount will be the responsibility of the client. This voucher and the original prescription will be taken to the pharmacy that we have designated. The voucher is good for this one visit and will pay up to that amount only. Any difference remaining from the \$100.00 does not apply to future visits. Generic brands will be purchased at the designated pharmacy. Name brands will be subscribed if generic is not available. The program will assist patients once a month. No prescriptions will be filled for cosmetic needs, and no other medicine will be added after receiving the voucher. The voucher is good for 30 days from the issue date. No refunds will be given on anything by voucher.

We will also provide nutritional supplements, such as Ensure, for clients who are nutritionally impaired. A prescription or a letter from the physician stating the medical necessity will be accepted.

Program services will not be duplicated, such as those provided by the Diabetes programs that are tribal and HIS. This assistance is not meant to replace any existing resources that the client may have access to, such as Medicare, Medicaid, Title IX, private insurance, DHS, VA, or any other resource.

I have read and understand the policy and will abide by it.

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Client Signature

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Staff initials