MedStar Family Choice

ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**204**	
Subject:	**Early Refill, Lost Medication, & Travel Supply Policy**	
Section:	**Pharmacy**	
Initial Effective Date:	**05/21/2007**	
Revision Effective Date(s):	**07/18, 07/19, 07/21, 07/22, 7/23, 7/24, 7/25**	
Historical Revision Date(s):	**10/08, 10/09, 10/10, 10/11, 09/12, 10/13, 10/14, 10/15, 07/17, 11/17, 01/18**	
Review Effective Date(s):	**07/01/2024**	
Historical Review Date(s):		
Responsible Parties:	**Health Plan Pharmacist, P&T Committee**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:	**Standards and Reporting Requirements of Drug Use Management Programs for MCOs Participating in the Maryland HealthChoice Program FFY2023, March 2025 version, 3.0** **COMAR: 10.09.03.06(D)(2), 10.67.06.04(J)(2), 10.09.03.01** **NCQA 2025 UM 11E**	
Approved:	**AVP Clinical Operations**	**Chief Medical Officer**

Purpose: **To define the MedStar Family Choice Policy and Procedure for Early Refills, Lost Medications, and Travel Supply of Medications**

Scope: **MedStar Family Choice Maryland**

Definition: **Medical Reviewer: Medical Director or Health Plan Pharmacist**

1. A request for an early refill due to lost medication, travel supply, or any other reason may be initiated by the member, prescriber, or dispensing pharmacy. Requests may be initiated by phone, fax, or website.

2. The authorization process is initiated by the receipt of a request. The pharmacy preauthorization staff will take the member's name, telephone number,

prescribing practitioner's name, contact information, and the requested medication name, dose, and directions.

2.1. Requests for travel authorization shall include the requested travel dates,location, purpose and confirmed proof of travel with dates (Example: paid plane, train, lodging, etc) along with any relevant documentation to support request before forwarding to the Medical Reviewer for a decision.

2.2. The preauthorization staff will contact the prescribing practitioner and request clinical information supporting the clinical justification for the request if needed to determine medical necessity.

2.2.1. Requests for replacement of lost supply or travel supplies may not require clinical documentation to support the request.

3. The request will then follow the procedures and timelines as outlined in Pharmacy Policy 218: Pharmacy Authorization Process.

4. MedStar Family Choice will not authorize an early refill, lost/stolen medication, or travel supply of controlled medications.

4.1. An exception may be approved when:

4.1.1. A member is receiving controlled medication(s) for cancer treatment, sickle cell disease, or is in hospice or receiving palliative care.

4.1.2. The request is pursuant to a stolen supply of medication, an exception may be approved, and MedStar Family Choice Maryland may require confirmation of a completed police report prior to approval.

4.1.3. A dose change depletes the previous supply sooner than the allowable refill date.

5. Any other request for authorization of a prescription for an early refill may be approved only by a Medical Reviewer and will be based on a determination of the medical necessity for the individual member. This determination of medical necessity may include, but is not limited to, confirmation of medical need for early or additional medication by the prescriber.

6. MedStar Family Choice reserves the right to deny requests for early medication refills or reimbursements for previous early medication refills paid for by members with cash if sufficient medical necessity is not present.

7. Requests for early prescription fills for members solely because their enrollment span is ending are not considered an example of medical necessity.

8. Requests for early prescription fills for members with plans for extended travel outside of the United States will require an override in the PBM clinical software system.

8.1. Early refill requests for travel within the United States shall be redirected to fill at another network pharmacy once the utilization threshold is met.
8.2. The prior authorization entry for the early prescription refill will be limited to a total supply of no more than 30-days in a running 6 month period. The authorization for an early fill shall be entered into the PBM clinical software as a one-time override to prevent unintended extension of approval.
8.3. Prescriptions may be filled for international travel providing the member has an enrollment segment that extends and covers the travel period. In other words, if a request is received in May to fill medications for use in June, the clinical software system must show the member will be an active member during June. If the clinical software system shows a May 31st disenrollment date, the prescription will not be authorized.
8.4. Exceptions may be made for members with restricted pharmacy access under Policy 217: Corrective Managed Care at the discretion of the Medical Reviewer.

Summary of Changes:	**07/25:** • Updated all NCQA, and MCO Standards to current year references. • Updated title to remove “Managed Drug Limitation”. • Removed all references to “Managed Drug Limitation” from policy. • Updated wording to clarify scope of types of early refill requests. • Section 4.1: Added clause “an exception may be approved when”. • Re-numbered subsections 4.1 and 4.2 to 4.1.1. and 4.1.2. • Added subsection 4.1.3 to capture common scenarios. • Section 5: Simplified wording • Subsection 5.1: Rolled up into Section 5. • Section 5.2: Removed (addressed in 4.1.3). **07/24:** • Moved P&T Committee listing from “Responsible Department” to “Responsible Parties” section. • Reformatted font and procedure to improve readability. • Updated all NCQA, MCO Standards, and COMAR to current year references. • Updated policy Approver titles and removed individual names. • Added definition of Medical Reviewer. • Transferred section 10, describing medications eligible for 90-day supplies to Pharmacy Policy 209, Section 2.

	• Clarified that clinical documentation to support review will be requested by the preauthorization staff unless the request is for a vacation supply or to replace lost meds. • Clarified that a Medical Reviewer will review all requests for an early refill, MDL exception or travel supply. • Modified reference to CVS to PBM. • Added that MedStar may request a copy of a police report when requested to replace stolen medications. (4.2.) • Clarified that travel within the USA must adhere to utilization thresholds. • Added exceptions for Corrective Managed Care patients. **07/23:** • Responsible Parties changed to Health Plan Pharmacist • Updated Approved by to Dr. Wills and C. Attia • Updated reference to Standards and Reporting Requirements of Drug Use Management Programs for MCOs Participating in the Maryland HealthChoice Program FFY2022, March 2023 version • Updated NCQA reference to NCQA 2023 UM 11E • Updated COMAR to COMAR 10.09.03.06(D)(2), 10.67.06.04(J)(2), and 10.09.03.01 • Added Pharmacist to all references to Medical Director. **07/22:** • Removed Dr. Toye and Dr. Gerry as Responsible parties. • Responsible parties changed to Dr. Gregory Dohmeier • Updated COMAR citations 10.67.06.04 I (d) and 10.9.03.06 (D) (2) • Updated regulatory reference to reflect April 2022 MDH Standards • Updated NCQA Reference to 2022 Standards • Added clarification on 90-day supply to exclude carved out drugs • Changed title by adding Maintenance Medication (90 Day Supply)" to more accurately reflect contents of policy **07/21:** • Updated NCQA Reference to reflect 2021 Standards. • Added Maryland to scope. • Changed Case Management to Clinical Operations in Responsible Departments. **07/20:** • Updated Regulatory References to reflect COMAR recodification and 2020 NCQA Standards. • Edited/condensed description of how precertification staff acquires information for the sake of clarity.

	• Changed “will” be to “may” be limited to a 30-day supply of medications not listed in COMAR 10.09.03.01. **07/19:** • Updated NCQA Reference to reflect 2019 Standards. • Removed “Maryland” from scope. **11/18:** • Added controlled vs. non-controlled distinction and set limits for controlled medication early refills. **07/18:** • Updated NCQA regulatory references to reflect 2018. • Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. **01/18:** • Removal of timeline information (moved to a new Pharmacy Process Policy which was made to comply with decision timeframe specified in updated COMAR 10.09.71.04). **11/17:** • Revisions to comply with decision timeframe specified in updated COMAR 10.09.71.04. **07/17:** • Major revision. Split Policy 204 into 204A&B (previous policy included MD & DC). Updated regulatory references and NCQA, clarified language to indicate documentation requirements, decision and notification tables, changed Physician Advisor to Medical Director, added definitions to align with NCQA UM 5, updated titles, major changes to align with NCQA definitions of level of review. **10/16:** • No changes. **10/15:** • Added denial notice to the DHCF per contract: When a medication request is denied, MFC will make the contractually required notification to the DHCF within 2 business days.