

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201150

OCTOBER 18, 2011



## **Changes to early refill policy and criteria**

Effective December 1, 2011, the Indiana Health Coverage Programs (IHCP) has revised the reimbursement and prior authorization (PA) policy and criteria regarding early refills of pharmacy prescriptions. Current policy requires at least 75% of a prescription claim's days' supply to transpire to allow subsequent prescription claims to pay or PA requests to be approved. For pharmacy claims with an adjudication date on or after December 1, 2011, revised policy requires at least 85% of a prescription claim's days' supply to transpire to allow subsequent prescription claims to pay or PA requests to be approved.

For your reference, the tables on the following pages illustrate the early refill scenarios for retail pharmacies and long-term care (LTC) pharmacies.

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*Early refill scenarios for retail pharmacies*

<b>Retail Pharmacy Scenario</b>	<b>Provider that Must Request PA</b>	<b>Additional Information</b> (Note: Approvals are for one date of service only.)
Pharmacy has entered wrong days' supply	Pharmacy	Approved only after call center agent has verified claim in claims history and pharmacy was unable to resubmit claim with correct days' supply
Controlled substance medication has been lost, spilled, or damaged	Prescriber	Approved only after prescriber has confirmed medication has been lost, spilled, or damaged
Noncontrolled substance medication has been lost, spilled, or damaged	Pharmacy	Approved only after pharmacy has confirmed medication has been lost, spilled, or damaged
Controlled substance medication has been stolen	Prescriber	Approved only after law enforcement and/or insurance documentation has been received by call center
Noncontrolled substance medication has been stolen	Pharmacy	Approved only after law enforcement and/or insurance documentation has been received by call center
Controlled substance medication has been destroyed by fire	Prescriber	Approved only after law enforcement and/or insurance documentation has been received by call center
Noncontrolled substance medication has been destroyed by fire	Pharmacy	Approved only after law enforcement and/or insurance documentation has been received by call center
Controlled substance medication has been destroyed by a natural disaster (for example, tornado, flooding, and so forth)	Prescriber	Approved only after confirmation from prescriber
Noncontrolled substance medication has been destroyed by a natural disaster (for example, tornado, flooding, and so forth)	Pharmacy	Approved only after confirmation from pharmacy
Vacation/absence from Indiana place of residence to place outside of Indiana	Pharmacy	Approved only after confirmation from pharmacy; only one request per medication per member per 365 rolling calendar days is allowed
Change in dosage	Pharmacy	Approved only after confirmation from pharmacy
School or work supply for nontransportable items	Pharmacy	Approved only after confirmation from pharmacy
Released from hospital, LTC facility, or group home	Pharmacy	Approved only after confirmation from pharmacy

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*Early refill scenarios for long-term care pharmacies*

<b>LTC Pharmacy Scenario</b>	<b>Provider that Must Request PA</b>	<b>Additional Information</b> (Note: Approvals are for one date of service only.)
Pharmacy has entered wrong days' supply	Pharmacy	Approved only after call center agent has verified claim in claims history and pharmacy was unable to resubmit claim with correct days' supply
Change in dosage	Pharmacy	Approved only after confirmation from pharmacy
LTC facility has lost, spilled, or damaged medication or medications have been stolen	NA	Denied
Pharmacy is taking on new LTC facility and wants to do a one-time rollover for all patients	NA	Denied
New admit or re-admit	Pharmacy	Approved only after confirmation from pharmacy
Patient is going on leave of absence	Pharmacy	Approved only after confirmation from pharmacy
LTC facility returned medication by mistake	NA	Denied
Patient has a <i>pro re nata</i> (PRN) order and a routine order with different prescription numbers	Pharmacy	Approved only after confirmation from pharmacy

**Prior authorization requests and inquiries**

Submit all requests for PA to the IHCP Pharmacy Benefit Manager, Affiliated Computer Services (ACS), using the attached IHCP Pharmacy Benefit Early Refill Prior Authorization Request Form. This form will also be posted on the Forms page of indianamedicaid.com. The address and fax number of the pharmacy benefit manager are on the form.

Inquiries regarding PA should be directed to the ACS Clinical Call Center at 1-866-879-0106.

**Claims processing inquiries**

For claims processing inquiries, please contact IHCP Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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**INDIANA HEALTH COVERAGE PROGRAMS (IHCP) PHARMACY BENEFIT  
EARLY REFILL PRIOR AUTHORIZATION REQUEST FORM**



*Pharmacy Benefit Management (PBM) Call Center*  
**4550 Victory Lane**  
**Indianapolis, IN 46203**  
**Phone: (866) 879-0106 Fax: (866) 780-2198**



Today's Date

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**\*\*All sections must be completed or the request will be returned\*\***

Patient's Medicaid #	□□□□□□□□□□	Date of Birth	□□ / □□ / □□□□
Patient's Name	Prescriber's Name		
Prescriber's IN License #	□□□□□□□□	Specialty	
Prescriber's NPI #	□□□□□□□□□□	Prescriber's Signature (if being requested by prescriber)	
Return Fax #	□□□ - □□□ - □□□□	Return Phone #	□□□ - □□□ - □□□□

**Please select reason for request below:**

**Retail Pharmacy (for non-controlled medications only), reason for request:**

- Previous claim has wrong days supply and can not be reversed/resubmitted
- Change in dosage (85% of previous days supply must have transpired)
- Medication has been lost or spilled (1 approved request per medication per 365 days)
- School/work supply for non-transportable items
- Released from hospital, LTC facility, or group home
- Vacation supply (1 approved request per medication per 365 days)
- Medication has been stolen, destroyed by fire, or destroyed by a natural disaster (documentation from law enforcement or insurance must be attached)

**Long Term Care (LTC) Pharmacy, reason for request:**

- Previous claim has wrong days supply and can not be reversed/resubmitted
- Change in dosage (85% of previous days supply must be have transpired)
- New admit or re-admit
- Patient is going on leave of absence
- Patient has a PRN order and a routine order with different prescription numbers

**Prescriber, reason for request:**

**Note: If the medication is a controlled substance the request must come from the prescriber. Prescriber signature required above**

- Medication has been lost or spilled (1 approved request per medication per 365 days)
- Medication has been stolen, destroyed by fire, or destroyed by a natural disaster (documentation from law enforcement or insurance must be attached)

Medication	Quantity	Dosage Regimen

<b>If necessary, add a brief summary that would help document the need for the above listed medications.</b>

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