

ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	204.DC	
Subject:	Early Refill, Lost Medication & Travel Supply	
Section:	Pharmacy	
Initial Effective Date:	10/01/2020	
Revision Effective Date(s):	07/21, 07/22, 07/23, 07/24, 07/25, 7/26	
Review Effective Date(s):		
Responsible Parties:	Health Plan Pharmacist, P&T Committee	
Responsible Department(s):	Clinical Operations	
Regulatory References:	NCQA 2026: UM 11E District of Columbia Contract Section C.5.28.15	
Approved:	AVP Clinical Operations	Senior Medical Director (Chief Medical Officer- DC)

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

Scope: MedStar Family Choice District of Columbia (DC)

Definition: Medical Reviewer: Medical Director or Health Plan Pharmacist

Procedure:

1. A request for an early refill due to lost medication, travel supply, or for any other reason may be initiated by the Enrollee, 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 Enrollee's name, telephone number, prescribing practitioner's name, contact information, and the requested medication name, dose, and directions.
 - 2.1. Requests for travel supply authorization shall include the requested travel dates and location before forwarding to the Medical Reviewer for a decision.
 - 2.2. If necessary, the preauthorization staff will contact the prescribing practitioner and request clinical information supporting the clinical justification for the request.
3. The request will then follow the procedures and timelines as outlined in Policy 218: Pharmacy Authorization Process.

4. MedStar Family Choice DC 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. An Enrollee 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 DC may require confirmation of a completed police report prior to approval.
 - 4.1.3. A dose change that 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 Enrollee. 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 DC reserves the right to deny requests for early medication refills or reimbursements for previous early medication refills paid for by Enrollees with cash if sufficient medical necessity is not present.
7. Requests for early prescription fills for Enrollees solely because their enrollment span is ending are not considered an example of medical necessity.
8. Requests for early prescription fills for Enrollees 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 90 days. 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 Enrollee 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 Enrollee 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 Enrollees with restricted pharmacy access under Policy 217.DC: Pharmacy Lock-In Program at the discretion of the Medical Reviewer.

Summary of Changes:	07/26: • No changes 07/25: • Reviewed and updated regulatory references. • Updated title to remove “Managed Drug Limitation” • Removed all references to “Managed Drug Limitation” from the policy. • Updated wording to clarify scope of types of early refill requests. • Section 4.1: Added clause “an exception may be approved when” • Renumbered subsections 4.1 and 4.2 into 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: • Content moved to Pharmacy Policy 209.DC, Section 2 ◦ Description of medications eligible for 90-day supplies • Added Enrollee’s ability to request overrides. • Restricted scope of preauthorization staff to approve early refill requests to dose increases only. • Changed references of CVS-Caremark to pharmacy benefit manager (PBM). • Clarified that early fill requests for travel within the USA must adhere to utilization thresholds. • Added exceptions for Pharmacy Lock-in Program Enrollees. • Updated Section listing from “P&T Committee” to “Pharmacy” • Moved P&T Committee from “Responsible Department” to “Responsible Parties” • Updated Approver section Names and Titles ◦ Sharon Henry, RN AVP Clinical Operations ◦ Erica McClaskey, MD, MS, FAAFP Senior Medical Director • Updated to NCQA 2024 regulatory reference
-----------------------------------	---

	• Reformatted procedure section to improve clarity and removed redundancy • Changed all MFC-DC abbreviations to “MedStar Family Choice DC” 07/23: • Responsible Parties changed to Health Plan Pharmacist • Updated NCQA reference to NCQA 2023 UM 11E • Added Pharmacist to all references to Medical Director. 07/22: • Updated Responsible Parties to Plan Pharmacist. • Changed Approved from Patrice Toye, MD CMO to Raymond Tu, MD Senior Medical Director (CMO). • Updated NCQA Reference to 2022 Standards 07/21: • Changed Case Management to Clinical Operations in Responsible Departments. • Changed responsible persons from Dr. Patryce Toye & Dr. Danielle Gerry to Raymond Tu, MD & Seema Kazmi, PharmD. 10/20: • New Policy
--	--