

Administrative Policy Statement GEORGIA MARKETPLACE PLANS				
Policy N	lame	Policy Number	Date Effective	
Lost, Stolen, Damaged, Vacation and School Supply of Medication		PAD-0093-GA-MPP	01-22-2022	
Policy Type				
Medical	ADMINISTRATIV	E Pharmacy	Reimbursement	
based on and supported by medical management indus but are not limited to, those disease, illness, or injury an impairment of function, dysf standards of good medical p	clinical guidelines, nation try standards, and publish health care services or su d without which the patien unction of a body organ o practice in the local area,	Co. and its affiliates (including CareSo ally recognized utilization and technolo ned MCO clinical policy guidelines. Me upplies that are proper and necessary nt can be expected to suffer prolonged or part, or significant pain and discomfo are the lowest cost alternative, and are ecessary services also include those s	by assessment guidelines, other edically necessary services include, for the diagnosis or treatment of , increased or new morbidity, ort. These services meet the e not provided mainly for the	

convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

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Early refills override requests due to reports of additional medication needed beyond initial dispensing.

### B. Background

This policy serves as guidance for CareSource operations team member processing of member and pharmacy requests for an override for an early refill resulting from:

- Lost medication
- Stolen medication
- Damage
- Vacation
- Separate supply for school or daycare

#### C. Definitions

- I. Early Refill Additional medication that is requested following an earlierdispensed medication request but sooner than allowed by the member's coverage benefits.
- II. Override Authorization for early refill

### D. Policy

I. CareSource will provide a one-time early refill override, per medication and strength, per rolling year for members presenting with these situations: (a) Lost medication (b) Stolen medication (c) Damage (d) Vacation.

II. The Pharmacy Clinical Team will review all additional early refill override requests if claims history shows that one early refill has already been authorized in the previous 12 months.

III. Children needing additional medication supply for school or daycare will be permitted more than one early fill per medication for medications such as inhalers and epinephrine injectors if needed.

IV. This policy encompasses all Medicaid covered medications and products including controlled substances, when accompanied by a prior authorization request form.

### E. Conditions of Coverage

I. Early refill requests pertaining to damaged or lost medication shall not be covered for damage or loss that occurred to the medication while in transit from the dispensing pharmacy. For these situations, it becomes the dispensing pharmacy's responsibility to provide the replacement.





# F. Related Policies/Rules

# G. Review/Revision History

DATES		ACTION
Date Issued		
Date Revised		
Date Effective	01-22-2022	
Date Archived		

#### H. References

The Administrative Policy Statement detailed above has received due consideration as defined in the Administrative Policy Statement Policy and is approved.

