

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

Pharmacy Early Refill Criteria (SPA 16-0017)

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

Changes to Medicaid State Plan

Effective on or after October 1, 2016, SPA 16-0017 will amend Attachments 3.1-A and 3.1-B of the Medicaid State Plan in order to establish a two tier refill percentage process based on the following:

This SPA will change Attachments 3.1-A and 3.1-B to provide that a refill of a prescription is allowed when the patient has consumed at least 93% of the original or latest refill prescription. Prior authorization PA is required when a pharmacy submits a claim for patients who have consumed less than 93% of the original or latest refill prescription. The previous requirement allowed refills without PA so long as at least 85% of the prescription had been consumed.

These new early refill criteria apply to prescriptions filled for a supply of 16 days or greater. Prescriptions for a day supply less than or equal to 15 days will continue to be refilled without PA so long as at least 85% of the prescription has been consumed.

All pharmacy claims submitted by out of state (OOS) pharmacy providers will be exempt from the new criteria and will continue to be subject to the 85% utilization rate, regardless of the number of days' supply of the prescription, in order to allow for the timely delivery of medications.

The Department is making this change in order to prevent excessive accumulation of prescriptions that can result in wasted medication. Because these limits can be exceeded with PA, whenever it is medically necessary for a refill to occur earlier, that will continue to be permitted. This SPA does not make any changes to the payment methodology for pharmacy items.

Fiscal Information

DSS estimates that this SPA will not affect annual aggregate pharmacy expenditures in State Fiscal Year (SFY) 2017 because the fiscal impact of this SPA will occur starting primarily one year after the effective date. However, this change will result in an

estimated decrease in annual aggregate pharmacy expenditures of approximately \$3,832,000 in SFY 2018 by preventing the accumulation of an additional (thirteenth) prescription and dispensing fee per year for long-term prescriptions.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates”. The proposed SPA may also be obtained at any DSS field office and upon request from DSS.

To request a copy of the SPA or send comments about the SPA, please email: ginny.mahoney@ct.gov or write to: Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799). Please reference “SPA 16-0017: Pharmacy Early Refill Criteria”.

Anyone may send DSS written comments about this SPA. Written comments must be received at the above contact information no later than October 12, 2016.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE
CATEGORICALLY NEEDY GROUP (S): ALL**

Providers will be required to seek prior authorization when prescribing a brand medication when a generic equivalent exists; when a client requests an early refill of any prescription; for drugs not included on the preferred drug list and for drugs determined by the Department to be of high cost or subject to excessive or inappropriate utilization.

(a) A licensed authorized practitioner must obtain prior authorization from the Department or the Department's representative to allow for the dispensing of a brand name drug by providing adequate medical justification for dispensing the brand name drug and by writing the phrase "Brand Medically Necessary" and the medical justification on the prescription form. The phrase "Brand Medically Necessary" and the medical justification shall be in the practitioner's handwriting and shall not be preprinted, initialed, or checked off in a box on such form.

(b) Early refill is a request to provide a refill of an original prescription in accordance with paragraph 12.a.(1)(a), above, before at least 93% of the days' supply of the original prescription or latest authorized refill has expired (except for categories of prescriptions where being able to refill on or after 85% of the days' supply is necessary for continuity of care. This includes prescriptions for a day supply less than or equal to 15 days and out of state providers. This is to ensure the timely delivery of medications usually through a commercial delivery carrier such as UPS or FedEx). Payment for an early refill will occur only with prior authorization from the Department or the Department's representative to allow for the early refill of prescription drugs:

(1) Upon request of the recipient, the pharmacy provider (for non-controlled prescriptions) and the prescribing provider (for controlled prescriptions) shall obtain prior authorization from the Department or the Department's representative to allow early refill of the prescription drug product due to unusual or unforeseen circumstances such as loss or theft, fire, or flood. The Department or the Department's representative may require supporting evidence of the circumstance leading to the necessity of the early refill of controlled substances, such as a report from a police or emergency services organization documenting such loss or theft, fire, or flood.

(2) Nothing in this section shall preclude a licensed authorized practitioner from modifying the dose or drug regimen of a patient. A licensed authorized practitioner may modify the dose of a prescribed drug product, or change the prescribed drug product within a Hierarchical Ingredient Code (GC4), without the pharmacy provider having to obtain prior authorization to obtain reimbursement for early refill.

(c) Pharmacy providers will be required to obtain prior authorization from the Department or the Department's representative for any drugs not included on the preferred drug list in accordance with paragraphs 12.a (7).

(d) Pharmacy providers will be required to obtain prior authorization for certain drugs that are either high cost, subject to misuse or subject to excessive or inappropriate utilization, as determined by the Department.

TN# 16-0017
Supersedes
TN# 09-022

Approval Date _____

Effective Date 10/01/2016

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State CONNECTICUT
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