

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	DOCUMENT NAME: Lost, Stolen, Spilled or Broken Medication & Vacation Overrides
PAGE: 1 of 4	REPLACES DOCUMENT:
APPROVED DATE: 04/07	RETIRED:
EFFECTIVE DATE: 04/07	REVIEWED/REVISED: 02/08, 02/09, 02/10, 02/11, 02/12, 02/13, 02/15; 01/18
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: IL.PHAR.05

SCOPE:

Centene Corporate Pharmacy Department, IlliniCare Health Pharmacy Department, and US Script.

PURPOSE:

The purpose is to define the policy and procedure related to lost, stolen, spilled, or broken medications reported & vacation overrides requested by members and covered as a prescription benefit by Centene Corporation Health Plans.

POLICY:

It is the policy of Centene Health Plans to assure that members who have lost, stolen, spilled or broken medication are able to receive an early refill. This function is delegated to US Script, Inc., the designated Pharmacy Benefit Manager (PBM).

It is the policy of IlliniCare Health to establish guidelines for vacation override requests.

PROCEDURE:

- A. Receiving a call for an early refill request.
 1. The US Script Customer Service Representative (CSR) assesses the request using the following checklist:
 - a. Is the medication controlled or non-controlled? The response is documented.
 - b. Was the medication to be refilled lost, stolen, spilled or broken? The response is documented.
 - c. If more than one request in a year, the member is referred to the Health Plan.
 - d. Does the system indicate duplication of medication or a previous call with the same claim?
 1. If a repeat call, the CSR checks with the US Script Account Manager for advice on next actions.
 2. If the Account Manager is unavailable the CSR contacts the department lead.
 3. If the department lead is unavailable a 3 day emergency override is entered.

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	DOCUMENT NAME: Lost, Stolen, Spilled or Broken Medication & Vacation Overrides
PAGE: 2 of 4	REPLACES DOCUMENT:
APPROVED DATE: 04/07	RETIRED:
EFFECTIVE DATE: 04/07	REVIEWED/REVISED: 02/08, 02/09, 02/10, 02/11, 02/12, 02/13, 02/15; 01/18
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: IL.PHAR.05

2. All calls are documented in the member's file for future reference.
- B. Filling request for a lost, spilled, broken or damaged non-controlled drug or controlled drug.
1. If the request is for a non-controlled drug, the dispensing pharmacist filling the prescription can call the US Script Customer Service line at 1-800-460-8988 for assistance in processing. The member is given the entire prescription fill, limited to one occurrence per year.
 2. If the request is for a controlled drug, member must obtain a new written prescription from a physician for replacement. Upon receipt of the new prescription, the pharmacy calls into US Script for an override at 1-800-460-8988.
- C. Filling request for a stolen non-controlled drug or controlled drug.
1. Member must make a police report and obtain a copy.
 2. Member must bring the police report to the pharmacy.
 3. The dispensing pharmacist faxes the police report to US Script Customer Service at 1-559-244-3793.
 4. If the request is for a non-controlled drug, the member is given the entire prescription fill, limited to one occurrence per year.
 5. If the request is for a controlled drug, the member will need to obtain a new written prescription from the physician for replacement.
 6. The dispensing pharmacist follows up with a phone call to the US Script Customer Service Line at 1-800-460-8988 for assistance to adjudicate the claim.
- D. Requests for Vacation Overrides
- When members expect to have limited access to a pharmacy due to out of area travel during a time when a refill for a chronic medication will come due to be filled, the IlliniCare Pharmacy Department may authorize an early refill for certain medications.
- Requests for vacation overrides, which may be received from US Script or IlliniCare health, will be reviewed on an individual basis. Approvals must meet ALL of the following:
1. Requests for controlled substances must come directly from the prescribing provider (requests from members will not be considered);

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	DOCUMENT NAME: Lost, Stolen, Spilled or Broken Medication & Vacation Overrides
PAGE: 3 of 4	REPLACES DOCUMENT:
APPROVED DATE: 04/07	RETIRED:
EFFECTIVE DATE: 04/07	REVIEWED/REVISED: 02/08, 02/09, 02/10, 02/11, 02/12, 02/13, 02/15; 01/18
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: IL.PHAR.05

2. Member is not able to obtain a refill within the standard refill window prior to departure.
3. Vacation supply requests may not exceed 90 consecutive days.
4. Member has been eligible for longer than 3 months, and eligibility does not expire during the override period.
5. Member is not currently in the Pharmacy Lock-In Program.
6. Specialty medication requests may not exceed a 30 day supply. A one time refill too soon override may be entered to accommodate travel.

Members will be granted one override per 365 days. Any additional requests must be reviewed and approved by the IlliniCare Director of Pharmacy.

NOTE:

1. Lost medications and police reports go to the US Script Account Managers or Customer Service Representatives. If the dispensing pharmacist has a copy or has seen the police report, they can call the customer service department to speak with a lead or supervisor for an override.
2. The Customer Service Representative or Account Manager documents a call in to the Help Desk with the name of the pharmacy and pharmacist who has a copy of the police report if they do not fax the report.

REFERENCES:

ATTACHMENTS:

N/A

DEFINITIONS:

Controlled Medication: Any medication designated by the DEA as controlled (CII – CV)

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	DOCUMENT NAME: Lost, Stolen, Spilled or Broken Medication & Vacation Overrides
PAGE: 4 of 4	REPLACES DOCUMENT:
APPROVED DATE: 04/07	RETIRED:
EFFECTIVE DATE: 04/07	REVIEWED/REVISED: 02/08, 02/09, 02/10, 02/11, 02/12, 02/13, 02/15; 01/18
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: IL.PHAR.05

Specialty Medication: Any medication required by IlliniCare health to be dispensed by a specialty pharmacy.

REVISION LOG

REVISION	DATE
Remove "Members" from "SCOPE" as members are external parties and are not to be included per template definition of "SCOPE".	05/07
Update US Script Customer Service Dept. under part "E" of the "PROCEDURE".	02/08
Revised the SCOPE to include Corporate Centene Pharmacy Department and US Script, Inc.	02/09
Enhanced the PROCEDURE to clarify responsible parties, work flow, include contact information, and documentation requirements.	02/09
Revisions completed at this time were made to address clerical errors.	02/10
No changes were deemed necessary.	02/11
Clerical changes eliminating duplicative language.	02/12
No changes were deemed necessary.	02/13
Added verbiage for vacation overrides.	05/13
Revised vacation override requirements. Specified product types from All to Medicaid. For HIM policy, see HIM.PHAR.16	2/16

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee:	Approval on file
V.P., Pharmacy Operations:	Approval on file
Sr. V.P., Chief Medical Officer:	Approval on file