

<b>Policy Name:</b>	<b>Medication Refill Threshold and Early Refill Exceptions Policy</b>	<b>Policy #:</b>	<b>1208P</b>
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### Purpose of the Policy

The purpose of this policy is to outline the policy for medication refill threshold in the claims processing system as well as early refill exception criteria.

### Statement of the Policy

Health Alliance Medical Plans members with a prescription benefit may refill medication after the predicted day supply threshold is exhausted. Refill may be granted early if the below Early Refill criteria have been met.

### Procedures

#### 1. Non-Washington Refill Threshold

- 1.1 The refill threshold for medications is set to 75% of the predicted day supply.
- 1.2 If at least 75% of medication day supply has been consumed, the claims processing system will allow a refill of the medication to process.
- 1.3 If at least 75% of medication has not been consumed according to the prescriber instructions, then the claims processing system will reject the claim with a refill-too soon message that indicates the earliest date the claim will process.
- 1.4 If the prescriber instructions have changed since the last fill of the medication, the dispensing pharmacy can enter the new quantity/day supply, and the claim will process providing 75% of the new predicted day supply is exhausted

#### 2. Early Refill Criteria

- 2.1 Members are eligible for an early refill on their medications in certain unique situations.
  - Specialty drugs and Class II drugs are excluded from early refills.
  - All standard copayments apply.
  - The extra day supply cannot go over the member's yearly renewal date.
- 2.2 Requests for an early refill beyond a 90-day supply for special situations such as military and sabbatical leave require that the member submit formal documentation of request.

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#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when

developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.