KMAP General Bulletin 17233

UPDATED

Pharmacy Medication Fill Requirement

A mandatory 3-month (90-day maximum) supply fill policy is in place for medications included on the Kansas Department of Health and Environment (KDHE) Maintenance Drug List on the KDHE website.

Incoming pharmacy claims will be edited to verify that the 3-month fill is being used properly. For the maintenance medication requested, at least 3 months of medication history within 180 days of the dispense date will be considered. If a 3-month medication history is found and the day’s supply of the incoming claim is less than 3 months, then the claim will be denied. Exceptions include:

- The beneficiary is identified as a member of the foster care population.
- The beneficiary is designated as Medically Needy with an unmet spenddown greater than $0.
- The beneficiary resides in a long-term care facility or residential program (group home or assisted living facility).
- The beneficiary has primary prescription insurance and the primary insurance made a payment on the claim.
- The beneficiary is eligible for adherence packaging for an exception as determined by the pharmacy provider and identified by using an approved Submission Clarification Code (SCC).
  - For an SCC of “10”, one of the following must apply:
    - Adherence packaging prevents the need for Home Health services.
    - The beneficiary has Alzheimer’s.
    - The beneficiary is currently taking anti-rejection therapy for an organ transplant.
    - The beneficiary has dementia.
    - The beneficiary is enrolled in a Lock-in Program.
    - The beneficiary has an intellectual or developmental disorder (I/DD).
**UPDATED**

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- The beneficiary has a major depressive disorder (MDD): ICD-10 of F32 or F33.
- The beneficiary is enrolled in a pain management program and/or pain contract and quantities less than a 90-day supply are a program or contract requirement.
- The pharmacist determined medical necessity for adherence packaging.
- The prescriber requires less than a 90-day supply.
- The beneficiary has seizures.
- The beneficiary has severe and persistent mental illness (bipolar or schizophrenia).
- The beneficiary has severe visual impairment.
- The beneficiary is currently taking human immunodeficiency virus (HIV) medication.
- The beneficiary has a traumatic brain injury.

- The beneficiary may be temporarily excluded for a one-time, one-drug, 90-day fill exception as determined by the pharmacy provider and identified using an approved SCC.
  - To use an SCC of “47”, one of the following must apply:
    - The beneficiary has recently been released from the hospital where the pharmacy is not in the same town as the beneficiary’s usual pharmacy. Therefore, the filling pharmacy lacks a current prescription for the medicine prescribed.
    - The prescriber is tapering off the current medication.
    - The prescriber requires lab work prior to authorizing a 3-month supply.

**Providers who use either a SCC of 10 or 47 must document on the paper or electronic prescription any supportive evidence, such as a diagnosis code or physician supportive evidence, or other reasons for the 90-day supply exclusion. Failure to document may include recoupment of the claim payment.**

**Note:** This was implemented for fee-for-service (FFS) effective with dates of service on and after October 15, 2017.

For the changes resulting from this provider bulletin, view the updated Pharmacy Fee-for-Service Provider Manual, Section 8400, pages 8-7 and 8-8.