

DST POLICIES AND PROCEDURES

DST Reference:	SHP-POL-3012-SHP
Title:	Medication Extended Day Supply Request Policy
Chapter:	Operations
Current Effective Date:	May 6, 2020
Original Effective Date:	May 6, 2020

Applies to: NC Department of State Treasurer – State Health Plan Division

Keywords: Extended Day Supply; Vacation Override; Medication; State Health Plan

Background

The State Health Plan (Plan) pharmacy benefit limits the dispensing of most covered prescription medications to a 90-day supply at one time. Per the Plan benefit, members are allowed a 30-day supply of certain medications at retail, mail, and specialty pharmacies; and/or 90-day supplies of certain medications at retail, mail, and specialty pharmacies. Both 30-day and 90-day supplies are subject to the applicable copayment as stated in the Benefits Booklet.

The Plan’s prescription refill guidelines include the following provisions: At least 75 percent of the medication must be used, based on the quantity of the previously filled prescription. An excess amount of the medication must not have been accumulated over the past 180 days.

Exceptions to the Plan’s prescription refill guidelines may be made under certain circumstances for short periods of time only, such as studying, working, living or vacationing abroad. Such requests are reviewed on a case-by-case basis, and if approved, are only authorized until the date of return from the trip or the end of that member’s current eligibility period or calendar year, whichever is first.

Purpose

The purpose of this policy is to outline the process regarding requests for a supply of medication that exceeds the Plan’s prescription refill guidelines. Specifically, it applies to any Plan member studying, working, living or vacationing abroad for longer than 90 days.

Policy

This policy establishes a process for individuals to request extended supplies of medication exceeding the limits set by the Plan as stated under the Plan’s prescription refill guidelines per the Benefits Booklet.

Process

1. Members who request an extended day supply of their medication may submit such a request by contacting the Plan’s current Pharmacy Benefits Manager (PBM) or the Plan at least 30 days prior to their departure date. If the Plan receives a request by a member for an extended day supply through its PBM, the Plan will follow this same process.
2. Members must complete a “*Medication Extended Day Supply Request Form*,” which will be provided to them by the Plan. The required form is attached to this policy and procedure as Appendix A.
 - To be accepted as a complete form, the Member must accurately and sufficiently document all information requested by the form.

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- The Plan reserves the right to request additional information about medications, as well as supporting travel documentation, such as international visas, itineraries, or airline tickets, if deemed necessary.
- 3. A completed and signed “*Medication Extended Day Supply Request Form*” can be submitted by email to: SHPEDSR@nctreasurer.com, or by mail to: NC State Health Plan, 3200 Atlantic Avenue, Raleigh, NC 27604.

NOTE: If Members contact the Plan seeking to email the form through encrypted means (pursuant to the instruction at the bottom of the form), Plan staff can provide the Member access to an encryption portal by emailing the Member directly with “ENCRYPT” in the subject of the email. This will provide the Member access to the portal with instructions for establishing a log-in and password and ability to email the form securely. If a Member wishes to email the form without encryption or is unable or unwilling to comply with the process for sending encrypted email, Plan staff should consult with the HIPAA Privacy Officer.

- 4. The Plan will review the completed Medication Extended Day Supply Request Form, the member’s current and future benefit eligibility, and the member’s prescription claims history.
- 5. The Plan’s Integration team will issue a decision within ten state business days after the member submits the completed form.
 - Requests submitted to the Plan may be approved or denied based on the Plan’s consideration of all available information and the individual circumstances of each request.

Certain medications, such as controlled substances, may be restricted to a day supply limit set by the Drug Enforcement Administration (DEA) or other applicable law, which cannot be overridden by the Plan or its PBM.

Exceptions

- Exceptions are limited and are reviewed by the Plan on a case-by-case basis. The Plan will assess the totality of the circumstances, including the member’s prescription history and drug safety profile as it relates to the continuation of member care and their overall health.
- Additional requests beyond the single-request limitation in a given benefit eligibility period or calendar year may be considered on a case-by-case basis.
 - Examples of such circumstances could include:
 - multiple trips outside of the United States for which a 90-day supply of a prescription medication would not accommodate, or
 - the request of a new medication, or
 - a change in an existing medication’s prescribed strength or dosage while studying, working, living or vacationing abroad which was not previously approved.
- When traveling within the United States, members can use their Plan pharmacy benefit at any in-network pharmacy to fill their prescriptions. Requests for quantities of medication exceeding our typical 90-day supply limit while traveling within the United States may only be approved under special circumstances.
 - Examples of such circumstances while within the United States could include:
 - lack of access to a pharmacy for an extended period of time longer than 90 days;
 - or traveling to states that do not allow the dispensing of a prescription written outside of that state.

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- Exception requests submitted to the Plan for consideration may be approved or denied solely in the Plan’s discretion. Exceptions should be submitted to SHPEDSR@nctreasurer.com

Enforcement

The Executive Administrator of the Plan has the authority to interpret and apply this policy. This policy may be modified at any time. Failure of DST staff to comply with this policy could result in disciplinary action up to and including dismissal.

Related Statutes, Rules, Policies and References

Current State Health Plan Benefit Booklets can be found on the Plan’s website.

Revision/Review History

Version	Date Approved	Description of Changes
V1.0	5/6/2020	New Policy

Appendices

Appendix A – Extended Day Supply Request Form

For questions or clarification on any of the information contained in this policy, please contact the policy owner or designated contact point: Senior Director, Plan Integration, Caroline.Smart@nctreasurer.com. For general questions about department-wide policies and procedures, contact the [DST Policy Coordinator](#).

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Appendix A

EXTENDED DAY SUPPLY REQUEST FORM

North Carolina State Health Plan

Section 1: Traveling Member's Information

First Name:	<input type="text"/>		
Middle Initial:	<input type="text"/>		
Last Name:	<input type="text"/>		
Policy ID Number:	<input type="text"/>	Date of Birth:	<input type="text"/>
E-mail Address:	<input type="text"/>		
Phone Number:	<input type="text"/>		

Section 2: Travel Information

Destination(s):	<input type="text"/>		
Travel Reason:	<input type="text"/>		
Departure Date:	<input type="text"/>	Return Date:	<input type="text"/>
		Months Away:	<input type="text"/>

The Plan reserves the right to request additional supporting travel documentation, such as international visas, itineraries, or airline tickets, if deemed necessary.

Section 3: Medication Information

Medication Names:	<input type="text"/>	<input type="text"/>
<i>(Please include dosage and strength of medications being requested)</i>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Section 4: Signature

No person shall be eligible for coverage as an employee or retired employee or as a dependent of an employee or retired employee upon a finding by the State Treasurer or by a court of competent jurisdiction that the employee or dependent knowingly and willfully made or caused to be made a false statement or false representation of a material fact in a claim for reimbursement of medical services under the Plan or in any representation or attestation to the Plan. I certify that I (or my eligible dependent) have read and understood this form, and that all the information entered on this form is true and correct.

X	<input type="text"/>
	Signature of Plan Participant/Legal Guardian/Power of Attorney (REQUIRED)
	<input type="text"/>
	Relationship to recipient of the extended day supply of medication

For Office Use Only:

Approve:	<input type="text"/>	Deny:	<input type="text"/>	Reviewed By:	<input type="text"/>
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Information contained in this form constitutes Protected Health Information (PHI) that should be protected from unauthorized access. This form should not be emailed without being encrypted. If your system does not support email encryption, it is advisable to contact PPO.Inquiries@nctreasurer.com for information on how this form can be emailed securely to the State Health Plan.

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