

DST POLICIES AND PROCEDURES

DST Reference: SHP-POL-3012-SHP
Title: Medication Extended Day Supply Request Policy
Chapter: Plan Integration
Current Effective Date: November 24, 2021
Original Effective Date: May 6, 2020

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

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

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.

Nature of the Policy

This Policy serves as a nonbinding interpretative statement, within the delegated authority of the Department of State Treasurer, which defines, interprets, or explains the meaning of the laws and/or regulations listed below. Those laws or regulations, not this Policy shall take priority if they conflict in any way.

Implementation

1. Members who request an extended day supply of their medication may submit such a request by contacting the Plan's 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

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this same process.

2. Members must complete a *Medication Extended Day Supply Request Form* (Form) (Appendix A) which will be provided to them by the Plan.
 - a. To be accepted as a complete Form, the Member must accurately and sufficiently document all information requested on the Form.
 - b. 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 Plan's 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.
 - a. 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 or other applicable law, which cannot be overridden by the Plan or its PBM.

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 Plan staff to comply with this policy could result in disciplinary action up to and including dismissal.

Exceptions

- Requests submitted are reviewed by the Plan on a case-by-case basis and are approved or denied solely at the Plan's discretion. 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 be insufficient, or

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- 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 certain circumstances, at the discretion of the Plan.
 - 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.

Related Statutes, Rules, and Policies

Current Plan Benefit Booklets can be found on the Plan’s website (<https://www.shpnc.org/>).

Revision/Review History

Version	Date Approved	Description of Changes
1.0	5/6/2020	New Policy
1.1	7/2/2020	Technical change to correct email address on “Medication Extended Day Supply Request Form”
1.2	11/24/2021	Technical changes to wording, updated name of the form, added “Nature of the Policy” section; changed chapter to “Plan Integration,” other clarifications added

Appendices

Appendix A – Medication 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](#).

Appendix A: Medication Extended Day Supply Request Form



Medication Extended Day Supply Request Form

Section 1: Traveling Member's Information

First Name:

Middle Initial:

Last Name:

Policy ID Number: Date of Birth:

E-mail Address:

Phone Number:

Section 2: Travel Information

Destination(s):

Travel Reason:

Departure Date: Return Date: Months Away:

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, Quantity, Dosage, and Strength:		
	<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

Signature of Plan Participant/Legal Guardian/Power of Attorney (REQUIRED)

Relationship to recipient of the extended day supply of medication

For Office Use Only:

Approve: Deny: Reviewed By:

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 SHPEDSR@notreasurer.com for information on how this form can be emailed securely to the State Health Plan.