

Payment Policy | Pharmacy Prescription Early Refills



EFFECTIVE DATE: 03|01|2018
POLICY LAST UPDATED: 02|16|2022

OVERVIEW

This is an administrative policy to document the guidelines for when a member requests and early refill on a pharmacy prescription due to reasons such as travel.

MEDICAL CRITERIA

Not applicable.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

Requests for early refill on pharmacy prescriptions for maintenance and non-maintenance drugs/supplies; including insulin, needles and syringes will be approved based on the following guidelines.

Schedule II drugs (e.g., narcotics, stimulants) are excluded from this process.

1. Member will be traveling and does not have sufficient drugs/supplies to cover the time period.
2. A request for an extension will be authorized not to exceed a frequency of two times per year.
3. One six-month supply per year is permitted and is intended to be utilized when a network pharmacy is not available; such as travel abroad for an extended period of time (subject to state prescribing restrictions.)
4. Early refill requests for Direct Pay accounts are contingent on the payment of premiums for the requested refill timeframe.

The Pharmacy Benefit Manager (PBM) mail order option should be used as an alternative whenever possible to avoid manual overrides. Generally, mail orders can be placed 24 hours a day, seven days a week, and are usually processed and shipped free of charge within 48 hours of order placement. Expedited shipping is available or an additional fee.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable pharmacy benefits/coverage.

CODING

Not applicable

RELATED POLICIES

None

PUBLISHED

Provider Update, March 2022
Provider Update, February 2019
Provider Update, May 2017
Provider Update, June 2013
Provider Update, October 2008
Policy Update, September 2006

REFERENCES

Not applicable

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

