

**KMAP GENERAL BULLETIN 17233**

## Pharmacy Medication Fill Requirement

Effective with dates of service on and after October 15, 2017, a mandatory 3-month (90-day) supply fill policy will be implemented 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 medication requested, the Medicaid Management Information System (MMIS) will look for at least 3 months of medication history within 180 days of the dispense date. 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 unless MMIS identifies one of the following exceptions:

- Beneficiary is identified as a member of the foster care population.
- Beneficiary is designated as Medically Needy with an unmet spenddown greater than \$0.
- Beneficiary resides in a long-term care facility.
- Beneficiary has primary prescription insurance and the primary insurance made a payment on the claim.

**OR**

The pharmacy provider has determined the beneficiary meets the criteria for one of the following exceptions and inputs the applicable Submission Clarification Code (SCC) on the submitted pharmacy claim.

- For a Submission Clarification Code of "10", the beneficiary must:
  - Be eligible for adherence packaging (other than long-term care or residential programs) **AND**
  - Meet one of the following:
    - Severe and persistent mental illness with the diagnosis of schizophrenia or bipolar disorder
    - Current antirejection therapy for an organ transplant
    - Severe visual impairment
    - Enrolled in the lock-in program
    - Taking human immunodeficiency virus (HIV) medications

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- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
Monday - Friday

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- For a Submission Clarification Code of “47”, the beneficiary must:
  - Be temporarily excluded for a one-time, one-drug, 3-month fill exclusion **AND**
  - Meet one of the following:
    - 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.
    - Prescriber is tapering off the current medication.
    - 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, for the 3-month supply exclusion. Failure to document may include recoupment of the claim payment.

For the changes resulting from this provider bulletin, view the updated *Pharmacy Fee-for-Service Provider Manual*, Section 8400, pages 8-7 through 8-9.

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DXC Technology is the fiscal agent of KMAP.