

# Early Refill Policies

## for Private Payers



Payer	Reference
Pacific Blue Cross	<p>“...Pharmacists should use their professional judgement to determine if there is a valid reason for an early refill, such as a dosage change. If an early refill is required, pharmacists can override the DUR warning for Refill Too Soon with the appropriate intervention code and document their decision on the prescription’s hardcopy or refill log; Documentation is subject to audit review.”</p> <p><a href="#">PBC Pharmacy Reference Guide, section 8.9 – Early Refills</a> (pg.30)</p>
TELUS Health	<p>“...When receiving a DUR warning for early refill, ensure that at least two-thirds of the previously dispensed supply has been used before processing the new supply. Please note that TELUS Health DUR checks are done against the plan member’s entire claim history, and not limited to claims dispensed from your pharmacy. Should a plan member require an early refill, for reasons other than a change in prescribed dosage, they are required to pay cash for the claim, and submit the receipt, along with the reason for the early refill, to their insurance carrier for payment. If you have concerns about dispensing prescriptions after receiving the warning message, please contact our pharmacy support centre for clarifications...</p> <p>...Note that in all situations, the pharmacy must consider the amount of medication still on hand with the plan member before considering submitting claims for additional supplies.”</p> <p><a href="#">TELUS Health Pharmacy Manual</a> (pg.22)</p>
Green Shield	<p>“...D7: Fill Too Soon – This module is designed to detect a patient’s possible overuse of drugs, through renewal dates, and days’ supply on prescriptions, and calculating that the patient may be taking excessive doses [Fill Too Soon].</p> <p>The “Fill too Soon” DUR module will return an overridable message. Pharmacists are asked to use their professional judgement in these cases to choose an acceptable intervention code. The following are applicable intervention codes when encountering a “fill too soon” response:</p> <p>MK = Good Faith Emergency Coverage Established MN = Replacement Claim Due to Dose Change MV = Vacation Supply”</p> <p><a href="#">Green Shield Canada, Pharmacy Claims Manual</a> (pg.15-16)</p>
Express Scripts	<p>“The Drug Utilization Review (DUR) analyzes a member’s history to determine if a previously dispensed covered medication in the same therapeutic class or identical to the medication indicated on the claim is still active, based on the quantity dispensed and standard recommended dosage schedule for the previously dispensed medication...</p> <p>...Pharmacy providers are to exercise professional judgement in applying an intervention code to override DUR edits prior to dispensing a covered medication (i.e., a medication indicated as a benefit item for the plan coverage). Pharmacy providers can apply an intervention code but should only do so for a valid medical reason when an intervention has been conducted. Procedures for documenting intervention codes as indicated in the claim submission requirements are required (section 8.1 – Claim Submission Requirements – General). The table below details CPhA intervention codes applicable to a DUR.</p> <ul style="list-style-type: none"> <li>• UA – Consulted prescriber and filled Rx as written.</li> <li>• UB – Consulted prescriber and changed dose.</li> <li>• UC – Consulted prescriber and changed instructions for use.</li> <li>• UD – Consulted prescriber and changed drug.</li> <li>• UE – Consulted prescriber and changed quantity.</li> <li>• UF – Patient gave adequate explanation. Rx filled as written.</li> <li>• UG – Cautioned patient. Rx filled as written.</li> <li>• UI – Consulted other source. Rx filled as written.</li> <li>• UJ – Consulted other sources, altered Rx and filled.</li> <li>• UN – Assessed patient, therapy is appropriate.”</li> </ul> <p><a href="#">Express Scripts Canada, Pharmacy Provider Manual</a> (pg.28-29)</p>
ClaimSecure	<p>“...Depending on the option selected by the client, the claim may be rejected or adjudicated, and applicable warnings and/or information messages are sent to the pharmacy provider in accordance with the current CPhA pharmacy claim standard. Upon receipt of these messages, the pharmacist exercises professional judgement on the appropriate actions to be taken before dispensing the covered medication, if any.”</p> <p>ClaimSecure Pharmacy Manual (pg.22)</p>