



## Pharmacy Non-Controlled Substance Overrides

<b>Override/authorization <i>is granted</i> in the following circumstances</b>	
<b>Circumstance</b>	<b>Action</b>
Recipient does not reside in a LTC facility such as a nursing home or ICF/DD and one of the following occurred with the medication: <ul style="list-style-type: none"> <li>• Lost</li> <li>• Stolen</li> <li>• Damaged</li> <li>• Destroyed</li> </ul>	Authorization is granted once every 12 months
Prescriber increased the dose of the medication	Verify with the prescriber and document that the dose was increased
Pharmacy entered the wrong days supply on the first fill	Reverse the claim and rebill
Change in living arrangement such as the recipient was admitted to or discharged from a nursing home	Verify and document the change in living arrangement
The facility kept the medications that were taken from the recipient and the recipient was discharged/released from a: <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Correctional facility</li> <li>• Detoxification center</li> </ul>	Verify and document the discharge/release from the facility
Recipient enters a detoxification facility for the purpose detoxification only	Authorization will be granted for only the exact amount needed for the detoxification stay. The detoxification facility must order, pick up and maintain control of the medication.
Recipient must travel and will not return before the next anticipated prescription fill date	A vacation/travel override will only be allowed after 50% of the last supply's days have passed. Authorization is granted once every 12 months. The maximum allowed override is a 34 day supply.
Recipient requires a refill override to allow a medication supply at camp.	Authorization is granted. The maximum allowed override is a 34 day supply.



## Pharmacy Non-Controlled Substance Overrides

<b>Override/authorization is <i>not</i> granted in the following circumstances</b>	
<b>Circumstance</b>	<b>Action</b>
Recipient resides in a LTC facility such as a nursing home or ICF/DD and medication was: <ul style="list-style-type: none"> <li>• Lost</li> <li>• Stolen</li> <li>• Damaged</li> <li>• Destroyed</li> </ul>	The facility must replace the medication at its own cost
Recipient increased the dose of the medication	Authorization will not be granted
Recipient received authorization once within the last 12 months because one of the following occurred with the medication: <ul style="list-style-type: none"> <li>• Lost</li> <li>• Stolen</li> <li>• Damaged</li> <li>• Destroyed</li> </ul>	Additional authorization will not be granted
Recipient received authorization once during the last 12 months due to travel	Additional authorization will not be granted
Pharmacy is trying to be reimbursed for <ul style="list-style-type: none"> <li>• Pass meds</li> <li>• School supplies</li> <li>• Work supplies</li> <li>• Etc</li> </ul>	Authorization will not be granted