



TO: Pharmacies and Long-Term Care Providers

RE: Prescription 30-Day Supply and Returns

As a reminder, prescriptions for chronic conditions or maintenance drugs should be filled for at least a thirty (30) day supply unless a lesser amount is prescribed.

This applies to long-term care pharmacies, retail pharmacies, as well as mail order pharmacies.

As communicated in provider bulletin [PB 2009-48](#) *Expansion of the Nursing Home Drug Return Program*, this is a reminder that the Department of Social Services (DSS) established a program where long-term care facilities are required to return unused patient medications to the dispensing pharmacy, and the Connecticut Medical Assistance Program is credited for the returned medication. Unused medications do not include medications that the member would continue upon discharge. Members scheduled to return to the community setting are allowed to be discharged with any medications they are currently prescribed. A \$5.00 processing fee is paid for every qualifying drug returned.

Prescription Criteria

Any prescription drug may be returned for credit under the Nursing Home Drug Return Program, as long as it meets the following criteria:

- The credit for the ingredient cost of the prescription must be greater than \$10.00.
- The product cannot be a controlled substance.
- The product must be sealed in individually packaged units (i.e. manufacturer produced unit dose containers or pharmacy prepared blister cards).

- No expired products may be returned for credit.

All returned medication must have at least three (3) months shelf life remaining. If the prescription was packaged by the pharmacy, the product cannot be returned for credit after three (3) months from the date of packaging by the pharmacy. For manufacturer produced unit dose drugs, the date of return shall be at least three (3) months prior to the expiration date indicated by the manufacturer. This will ensure product integrity for the end user.

Claim Reversal Process

The pharmacy must reverse the original paid claim and then electronically submit a new claim to reflect the actual amount of the prescription that was used by the client (the difference between the original dispensed amount and the quantity returned). Claims for prescriptions being returned under this program **may not** be filled and reversed on the same day.

The data collected during this reversal process is used to verify that the prescription was dispensed to a long-term care resident and therefore the pharmacy is entitled to a \$5.00 return fee.

The \$5.00 return fee is processed systematically for qualifying returned prescriptions. In order to receive the fee, providers are required to enter the \$5.00 fee in the National Council for Prescription Drug Programs (NCPDP) Version D.0 Field 384-4x for the prescription being reversed. This field is labeled "Incentive Amount Submitted". Once the reversal has been accepted, providers will receive a response stating, "Reversal Accepted-Payout Pending". The \$5.00 return fee will appear on a future remittance advice with an

internal control number (ICN) starting with “56” for each prescription reversed and accepted under the Nursing Home Drug Return Program.

The Department has been monitoring compliance reports for this program and found a low participation rate. Please be advised that the Medical Audit Unit includes this program as part of their audit sampling process. Any **nursing home** not participating in the drug return program may be fined up to **\$30,000 for non-compliance**. The Nursing Home Drug Return Program is designed to prevent waste and ensure the financial integrity of our program.