

Nursing Home Drug Return Program

Connecticut State Statute 17b-363a establishes 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. The drug return program is only applicable to medication paid completely or partially by the Department of Social Services for individuals enrolled in one of the Connecticut Medical Assistance Programs.

Prescription Criteria

The Department of Social Services does not restrict what drugs can be returned for credit under the Nursing Home Drug Return Program as long as the following criteria are met:

- The credit for the ingredient cost (Estimated Acquisition 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).
- 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 dispense 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 in verifying that the prescription was dispensed to a long term care resident and therefore the pharmacy is entitled to a \$5.00 return fee.

Return Fee

A \$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 5.1 Field 438-E3 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 starting with "56" for each prescription reversed and accepted under the Nursing Home Drug Return Program.