

Chapter 21

Pharmacy Services

NOTE: Please review the following detail for specific processes and expectations with South Country Health Alliance (South Country). South Country may vary from the MHCP Manual and Minnesota Department of Human Services Guidelines. For additional detail on this chapter, please go to the Minnesota Health Care Programs Provider Manual at [MHCP Provider Manual](#)

Definitions

Compounded Prescription: A prescription prepared in accordance with [Minnesota Rules 6800.3100](#).

Dispensing Fee: The amount paid for the pharmacy service, equipment, and supplies associated with dispensing a prescribed drug to a member.

Drug Efficacy Study Implementation (DESI) Drugs: Federal Food and Drug Administration (FDA) designations related to "substantial evidence" of effectiveness. DESI drugs were introduced to the market between 1937 and 1962, during which time manufacturers did not have to show that their products were effective. Federal Medicaid statutes prohibit state Medicaid agencies from paying for these drugs.

Dual Eligibility: Individuals entitled to Medicare Part A/Part B and eligible for some form of Medicaid benefit.

Legend drug: A drug that is required by federal law to bear one of the following statements: "Caution: Federal law prohibits dispensing without prescription" or "Rx only."

Maintenance Drug: A prescribed drug that a member uses for a period greater than two consecutive months.

MHCP: Minnesota Health Care Program

Pharmacist: An individual with a currently valid license issued by a state board of pharmacy to practice pharmacy.

Pharmacy: An established place of business, licensed by a state board of pharmacy, in which prescriptions, drugs, medicines, chemicals, and poisons are prepared, compounded, dispensed, vended, or sold to or for the use of patients and from which related clinical pharmacy services are delivered.

Pharmacy Service: The dispensing of drugs, counseling, drug utilization and regimen review and other activities as described in [MS 151.01](#), subd. 27, or as performed by a dispensing physician.

Point of Sale (POS): Software used to submit a pharmacy claim

Prescribed Drug: A drug as defined in [MS 151.01](#), subd. 5. Ordered by a practitioner who is licensed to prescribe.

Usual and Customary: The Usual and Customary price means the lowest price charged to a patient who pays for the prescription by cash, check, or charge account and includes prices the pharmacy charges to a patient enrolled in a prescription savings club or prescription discount club administered by the pharmacy or the pharmacy chain.

South Country Health Alliance (South Country) utilizes PerformRx as our Pharmacy Benefit Manager. PerformRx manages the pharmacy network and administers pharmacy claims and benefits for all South Country members.

Providers should refer to PerformRx’s website for payer sheets, the pharmacy manual and other valuable resources.

Provider Helpdesk Contact Information

Medicaid Pharmacy Helpdesk: 866-935-8874

Medicare Pharmacy Helpdesk: 866-935-6681

Website: www.performrx.com

South Country BIN and PCN Information. Note that we will be changing claims processors in 2021. Please use the updated BINs found below.

2020

	BIN	PCN
Medicare	012353	06190000
Medicaid	600428	06180000

2021

	BIN	PCN
Medicare	019587	06190000
Medicaid	019595	06180000

Eligible Members

All South Country members are eligible for a certain level of pharmacy and medical supply benefits. Use MN-ITS to verify eligibility or to see other insurance coverage. Members eligible for both Medicare Part D and Medicaid (dual eligible) must select a Medicare Part D plan. They will receive most of their medications through their selected Medicare Part D plan. For dual eligible members, South Country Medicaid will only cover drugs excluded by law from Medicare Part D coverage.

When a member elects hospice coverage, bill outpatient drugs and medical supplies directly related to the terminal illness to the hospice provider. If prescription drugs or medical supplies are needed to treat a preexisting condition outside the scope or purpose of treating the terminal illness, follow the standard billing guidelines.

Eligible Providers

Dispensing Providers

To dispense prescription drugs, a dispensing provider must meet at least one of the following criteria:

- A pharmacy that is licensed by the Minnesota Board of Pharmacy
- An out-of-state pharmacy, licensed by a state board of pharmacy, that holds an active contract with PerformRx

Prescribing Providers

The following enrolled providers may prescribe drugs within the scope of their profession:

- Dentists
- Certified nurse practitioners
- Mental health certified clinical nurse specialists
- Optometrists
- Osteopaths
- Physician Assistants
- Physicians
- Podiatrists
- Other health care professionals licensed to prescribe drugs under Minnesota statutes, the laws of another state or Canada

Pharmacists may prescribe over-the-counter (OTC) medications to managed care enrollees.

Covered Drugs

Covered drugs can be found on [South Country's website](#) using our formulary search feature.

Coverage for Anti-Psychotic Drugs ([Minnesota Statute Sec 62Q.527](#))

South Country provides prescription drug coverage for anti-psychotic drugs prescribed to treat an emotional disturbance or mental illness regardless of whether the drug is on the drug formulary.

For any non-formulary, anti-psychotic drug to be covered, the health care provider prescribing the drug must:

- Indicate to the dispensing pharmacist, orally or in writing, that the prescription must be dispensed as communicated; *and*
- Certify in writing to PerformRx that the health care provider has considered all equivalent drugs on South Country's drug formulary and has determined the drug prescribed will best treat the member's condition.

South Country is not required to provide coverage for a drug if the drug was removed from the formulary for safety reasons. The continuing care benefit shall be extended annually if the provider prescribing the drug determines that the drug prescribed continues to be the best treatment option for the member's condition.

Pharmacist Administered Immunizations and Vaccines

State law allows a pharmacist to administer flu vaccines to people age six and older and all other vaccines to people who are age 13 and older under standing orders from a licensed physician or written protocol.

A pharmacist must ensure equal access to immunizations for children (defined as individuals through 18 years) enrolled in a Minnesota Health Care Program (MHCP). This can be done by enrolling in the Minnesota Vaccines for Children (MnVFC) programs. South Country will only pay an administrative fee for MnVFC vaccines, including the yearly influenza vaccination.

If a pharmacist is not enrolled in the MnVFC program and is providing vaccines to privately insured children or children who are a cash customer, a pharmacist must also provide the same

vaccines to MHCP-enrolled children free of charge. The pharmacy cannot charge MHCP-enrolled children the cost of the vaccine or an administration fee. Additionally, the pharmacy cannot bill South Country for the vaccine administration fee if they are not enrolled in the MnVFC program.

Immunizing pharmacists must complete a course on immunization delivery prior to giving any immunizations. Courses must be accredited or approved by Accreditation Council for Pharmacy Education (ACPE) or the Minnesota Board of Pharmacy.

Minnesota law requires pharmacists to use the Minnesota Immunization Information Connection (MIIC) to assess a patient's immunization history before giving any immunizations, except for influenza if given to patients nine years and older. Pharmacists are also required to report all administered vaccine doses to MIIC to fulfill their immunization reporting requirement. Pharmacists no longer need to directly report administered immunizations to primary care providers or clinics, as this information will be available in MIIC.

Physician Administered Drugs

Pharmacies should not dispense drugs directly to a patient if the drugs are intended for use during a clinic or other outpatient visit. South Country does not allow "brown-bagging" or "white-bagging" of prescription drugs.

Pharmacist Prescribed – OTC Medications

The following policies apply to pharmacists prescribing OTC medications:

- The OTC medication must be medically necessary, and the member must not need a referral to another health care professional.
- Review drug therapy for potential adverse interactions.
- Drug counseling must be consistent with [Minnesota Rules 6800.0910](#).
- The pharmacist must keep a prescription on file as defined in [MS 151.01, subd 16](#). For the purposes of providing OTC drugs to members, the pharmacist is the prescriber who must sign the prescriptions. Prescriptions may be refilled for up to 12 months as specified in [Minnesota Rules 66800.3510](#).
- Dispense prescriptions in accordance with all relevant sections of [MS 151](#) and [Minnesota Rules 6800](#).
- Use the pharmacy's NPI number as the prescriber number. Individual pharmacists will not be enrolled as providers.
- For the original fill, document on the prescription information regarding medical necessity, drug therapy reviews and drug counseling. For refills, document in the member's profile any updated information regarding medical necessity, drug therapy reviews, and counseling.
- The pharmacy must dispense the lesser of the amount of OTC medication needed by the member for a 34 day supply or the entire package of the OTC medication.

To verify if an OTC product is covered by South Country, use our [online formulary](#) or contact the PerformRx provider helpdesk.

Pharmacy Service Limitations

Dispense a prescribed drug in the quantity specified on the prescription unless the pharmacy is using unit dose dispensing or the specified quantity is not available in the pharmacy when the

prescription is dispensed. Only one dispensing fee is allowed for dispensing the quantity specific on the prescription.

South Country Medicaid

- For South Country Medicaid prescriptions, the dispensed quantity of any prescribed drug must not exceed a 34-day supply. Exceptions are as follows:
 - Contraceptive drugs can be dispensed in up to 90-day supplies.
 - If a member's primary insurance coverage requires 90-day supply, South Country may issue an override.
 - Two rescue inhalers, such as albuterol, can be covered for members who need one for home and one for school or work.
- Except as noted above, an initial or refill prescription for a maintenance drug must be dispensed in not less than a 30-day supply, but not more than a 34-day supply, unless the drug is clozapine.
- Except as described in this section, or unless the drug is clozapine e, the dispensing fee billed by or paid to a pharmacy or dispensing physician for a maintenance drug is limited to one fee per 34-day supply. More than one dispensing fee per calendar month for a maintenance drug for a member is allowed if the record kept by the pharmacist or dispensing physician documents a significant chance of over-dose if a larger quantity of the specific drug is dispensed, and if the pharmacist or dispensing physician writes this reason on the prescription.

South Country Medicare Part D

- For South Country Medicare Part D prescriptions, the dispensed quantity must equal the following: a month supply (30 days), an extended 90-day supply, or a quantity less than 30 days per request of the member or provider. South Country Medicare Part D will not pay for a day's supply equal to 31-61 days.
- For long term care claims for South Country Medicare Part D members, up to a 31-day supply may be dispensed.

Non-Covered Services

The following are not-covered:

- Drugs when indicated or used for sexual or erectile dysfunction
- Drugs determined to be less than effective according to the Drug Efficacy Study Implementation (DESI) program by the FDA and drugs identified as identical, related or like DESI drugs
- Drugs that are made by manufacturers that do not have a rebate agreement with CMS
- Drugs that are limited or excluded by the state as allowed by federal law (OBRA 90)
- Drugs dispensed after their expiration date
- The cost of shipping or delivering a drug
- Drugs lost in shipping or delivery
- Drugs that are not prescribed by practitioners licensed to prescribe or that are not prescribed within their scope of practice
- Herbal or homeopathic products

- Nutritional supplements, except as specifically allowed in this manual
- Compounded prescription, except as allowed in this section
- Medical cannabis in any form
- Drugs that have not been approved for marketing by the United States Food and Drug Administration (FDA)

Specialty Pharmacy Services

South Country Medicaid members are required to get specialty medications through AcariaHealth for four specific disease states: cystic fibrosis, hemophilia, hepatitis C, multiple sclerosis, oncology and rheumatoid arthritis. Members can also receive other specialty drugs through AcariaHealth at their request.

Providers can fax prescriptions to AcariaHealth at 877-541-1503 or call them at 800-511-5144.

Automatic Refills

South Country does not allow automatic refills. Prescription refills are not eligible for payment without an explicit request from the member or authorized caregiver for each refill based on continued medical necessity. The pharmacy provider may not contact the member in an effort to initiate a refill unless it is part of medication therapy management services authorized under [MN Statutes 256B.0625](#).

A nurse or other authorized agent of a skilled nursing facility, group home or assisted living arrangement may initiate a request on behalf of the member.

Cycle fills are only allowed for enrolled unit dose dispensing pharmacies for members residing in skilled nursing facilities.

Early Refill Requests

Early refill requests are managed by South Country's pharmacy benefit manager PerformRx. Pharmacies are encouraged to call the PerformRx Helpdesk to request an early refill. See Appendix A for more information.

Authorization and Limitation Requirements

Do not submit prior authorization (PA) requests for the above-listed South Country noncovered drugs. Authorization cannot be granted.

Pharmacies and prescribing providers must submit all drug PA requests for outpatient prescription drugs to PerformRx. Online submission can be made through [South Country's website](#).

Dispense as Written - Brand Necessary (DAW)

The following prior authorization criteria for payment of brand name medications when a generic is available and a National Average Drug Acquisition Cost for the generic formulation or Maximum Allowable Cost (SMAC) applies:

- Prescribers must obtain authorization for any brand name multiple source drug that has an FDA "AB" rated generic equivalent. Providers must write, in their own handwriting, "DAW—brand medically necessary" on the prescription (a checked DAW box or a typed DAW is not acceptable) and obtain authorization from the MHCP prescription drug PA review agent.
- For prescriptions transmitted electronically, the prescriber may indicate the DAW 1 box using the electronic-prescribing software. However, the prescriber must enter "Brand Medically Necessary" in the "Prescriber note to Pharmacy" field. The pharmacy may not make any

changes to the “Prescriber note to Pharmacy” field. If a DAW “1” appears and there is no brand necessary notation, the pharmacist must contact the prescriber for a new prescription.

- List the specific drug being requested, including dosage form, strength, and directions.
- Document when the member tried the generic and the length of the trial period.
- Specify the medical problem caused by the generic product. Describe the problem in detail. Examples: hives or rash.
- Provide chart documentation of generic failure whenever possible.

Include the name and NPI number of the MHCP prescribing physician, the NDC number, and the NPI number of the dispensing MHCP pharmacy.

When submitting claims, dispensing providers must use the Dispense As Written code 01: Substitution Not Allowed by Provider and the authorization number in the prior authorization field.

An exception to this policy is when a generic drug has a higher net cost to the State than the brand name drug. When this occurs, MHCP may prefer the brand name drug over the generic until the generic product is available at a reduced cost. When DHS prefers the brand to the generic, the prescriber is not required to write “DAW–brand medically necessary” on the prescription or enter “Brand Medically Necessary” in the “Prescriber note to Pharmacy” field.

[Maximum Allowable Cost \(MAC\)](#) price and the National Average Drug Acquisition Cost for the generic formulation limitations do not apply if the prescriber has certified that a particular brand is medically necessary and has met the prior authorization criteria. If a prescription is "DAW–brand necessary," but the prescribed drug manufacturer is not a participant in the Federal Drug Rebate Program, the drug is not covered.

Billing

Pharmacies must use their NCPDP D.0 POS (point of sale) to bill for prescription drugs. Pharmacies should not bill for drugs administered in a clinic.

Members with primary health insurance must have their claims submitted to their primary insurance first to receive payment before being submitted to South Country. Private health care coverage is primary to South Country and must be used first. The provider/pharmacy are responsible for the following:

- Obtaining prior authorization for services as required by the primary insurance
- Follow rules and protocols established by the primary plan (demonstrated use of generic vs. brand name)

Coordination of Benefits (COB)

To submit a claim for secondary payment, the claim must first be submitted to the primary payer. When the COB claim adjudicates with the secondary payer it pays the difference between what the primary payer pays up to the allowed amount (taking into consideration member responsibility). If the primary payer covers up to or more than the secondary pays based on contractual rates, then the secondary payer will not issue any additional payment for the claim. The primary plan benefit design will dictate drug coverage.

If no payment is made by the primary payer due to a high deductible, PerformRx will adjudicate the claim as primary. If no payment is made by the primary payer due to non-formulary medication, the provider must utilize the prior authorization process with the primary insurance.

Percentage off prescription drug discount cards are not to be considered insurance and cannot be used for South Country members.

Note that Medicare Part D low-income subsidy (LIS) cost-sharing amounts are the responsibility of the member. It is not allowable to submit the member's cost-share to South Country Medicaid via the COB process. Part B cost share (typically 20%) should be submitted as a COB to South Country Medicaid.

PerformRx recommends that network pharmacies having difficulty with processing secondary claims contact them for assistance; however, some issues will need to be managed by the pharmacy and their software vendor directly.

The COB process will be monitored through the pharmacy audit process. It is important to keep the primary insurer's EOB on file for auditing purposes. *Insufficient documentation of the EOB may result in an audit reversal of claim.*

COB Overrides

The error code "41" received by a pharmacy means South Country has record of the member having insurance coverage that is primary to South Country. We place this block in the system for the pharmacy's benefit. The pharmacy must check with the member to verify the member's other primary insurance coverage. If the member states that he/she does not have other pharmacy coverage, the pharmacy is allowed to resubmit the claim using the **502** override code in the prior authorization field. Using the 502 override code states that the pharmacy has verified with the member that they do not have other pharmacy coverage.

Should the pharmacy override the claim, and the member's other insurance coverage be verified as active, the pharmacy will be asked to reverse the claim(s) and submit to the primary payer.

If the pharmacy verifies the member does have other insurance, the 502 override should not be used and the pharmacy should resubmit the claim to the primary insurance,

If the pharmacy is unable to process the COB electronically, submit the co-pay manually on a universal claim form and indicate "Other Coverage, Yes" on the upper right-hand corner of the form.

Completed Medicare and Medicaid UCFs should be mailed to:

South Country Health Alliance
P.O. Box 516
Essington, PA 19029

Accepting Cash Payments

Do not accept cash payment from a member, or from someone paying on behalf of the member, for any MHCP-covered prescription drug.

1. If a person's eligibility status is in question and the person offers cash payment for prescriptions, the pharmacy must verify eligibility through MN-ITS or the Eligibility Verification System (EVS) (800-657-3613).
 - a. If the person does not have active MHCP coverage, the pharmacy may accept cash as payment.
 - b. If the person is covered by MHCP, the pharmacy must not accept cash payment from the member except as described in this procedure.
2. A pharmacy may accept cash payment for a noncovered prescription drug if all of the following apply:
 - a. The member is not enrolled in the restricted recipient program
 - b. The pharmacist has reviewed all available covered alternatives with the member

- c. The pharmacy obtains an [Advance Member Notice of Noncovered Prescription \(DHS-3641\) \(PDF\)](#)
 - d. The prescription is not for a controlled substance (other than weight loss medications that are not part of the Medicaid benefit, such as phentermine)
 - e. The prescription is not for gabapentin
3. A pharmacy may accept cash payment for a controlled substance or gabapentin only if the pharmacy has received an [Advance Member Notice of Noncovered Prescription \(DHS-3641\) \(PDF\)](#) signed by the prescriber and all criteria has been met for a member who is not enrolled in the restricted member program. South Country will not authorize a pharmacy to accept cash if the medication requires prior authorization or is subject to a quantity limit and the prescriber has not attempted to obtain the prior authorization or authorization to exceed the quantity limit. South Country will authorize cash payment if the pharmacy and member complete their sections of the DHS-3641 and the prescriber also confirms the following:
- a. Covered alternatives are not viable options for the member
 - b. The prescriber is aware that he or she is seeking authorization for the pharmacy to charge the member for the medication
 - c. The prescriber is aware of the last time the medication was filled for the member, if applicable
 - d. The prescriber attests that allowing the member to purchase the medication is medically necessary

The prescriber must sign the DHS-3641, send the completed form to the pharmacy and retain a copy of the completed form in the member's medical record. The pharmacy must also retain a copy of the completed form as documentation of approval from South Country to accept cash payment on the date of service. The completed DHS-3641 is authorization from South Country to accept cash payment on the date of service; a copy does not need to be submitted to South Country, unless requested. The prescriber or pharmacy does not need to call South Country for additional authorization.

APPENDIX A

Pharmacy Non-Controlled Substance Overrides - Granted

Override/Authorization IS GRANTED in the following circumstances:		
Circumstance	PerformRx Action	Pharmacy Action
Member does not reside in a LTC facility and one of the following occurred with the medication: Lost, stolen, damaged, destroyed.	Authorization is granted once every 12 months. Maximum allowed is 1-month supply per drug.	Call PerformRx provider help desk for override assistance.
Prescriber increased the dose of the medication.	Assist pharmacies with processing of claims as needed.	Verify with the prescriber and document the dose increase and the date of the increase. If prescriber verifies dose increase, use override code of 555555 at point of service.
Pharmacy entered the wrong days' supply on the first fill.	Assist pharmacies with opening windows as needed to reprocess claims.	Reverse the claim and rebill. For claims outside the normal reprocessing window, contact PerformRx provider help desk.
Change in living arrangement such as the member was admitted to or discharged from a nursing home.	Allow a one-time early refill; up to one-month supply.	Verify and document the change in living arrangement on the prescription hard copy. Call PerformRx provider help desk.
The facility kept the medications that were taken from the member and the member was discharged/released from a: hospital, correctional facility, detoxification center.	Assist the pharmacy with the override upon verified discharge/release. Maximum allowed- up-to a 1-month supply per drug.	Verify and document the discharge/release from the facility on the prescription hard copy. Call the PerformRx provider help desk.
Member 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.	Call the PerformRx provider help desk.

Override/Authorization IS GRANTED in the following circumstances:

Circumstance	PerformRx Action	Pharmacy Action
Vacation supply requested. Member 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 1-month supply.	Call the PerformRx provider help desk.
Member requires a refill override to allow a medication supply at camp.	Authorization is granted once every 12 months. The maximum allowed override is a 1-month supply.	Call the PerformRx provider help desk.

Pharmacy Non-Controlled Substance Overrides – Not Granted

Override/Authorization is NOT GRANTED in the following circumstances:		
Circumstance	PerformRx Action	Pharmacy Action
Member resides in a LTC facility such as a nursing home or ICF/DD and medication was: lost, stolen, damaged, destroyed.	The facility must replace the medication at its own cost.	Inform the facility that they must replace the medication at their own cost. Do NOT bill the member.
Member increased the dose of the medication.	Authorization will not be granted.	Inform the member that the authorization will not be granted.
Member received authorization once within the last 12 months because one of the following occurred with the medication: lost, stolen, damaged, destroyed.	Additional authorization will not be granted.	Inform the member that the authorization will not be granted. Contact the provider and ask if they are ok with the member paying cash for the non-controlled substance prescription. Document on the prescription hard copy. Allow the member to pay the cash price for the non-controlled substance medication.
Member received authorization once during the last 12 months due to travel.	Additional authorization will not be granted.	Inform the member that the authorization will not be granted. Contact the provider and ask if they are ok with the member paying cash for the non-controlled substance prescription. Document on the prescription hard copy. Allow the member to pay the cash price for the non-controlled substance medication.
Pharmacy is trying to be reimbursed for pass meds, school supplies, work supplies, etc.	Authorization will not be granted.	None. Authorization will not be granted.

Pharmacy **Controlled** Substance Overrides - Granted

Override/Authorization IS GRANTED in the following circumstances:		
Circumstance	PerformRx Action	Pharmacy Action
Prescriber increased the dose of the medication.	Assist pharmacies with processing of claims as needed.	Verify with the prescriber and document that the dose was increased and the date of the increase. If prescriber verifies dose increase, use override code of 555555 at point of service.
Pharmacy entered the wrong days' supply on the first fill.	Assist pharmacies with opening windows as needed to reprocess claims.	Reverse the claim and rebill. For claims outside normal reprocessing window, contact PerformRx provider help desk.
Change in living arrangement such as the member was admitted to or discharged from a nursing home.	Allow a one-time early refill up to one-month supply, per drug, per change of living arrangement.	Verify and document the change in living arrangement on the prescription hard copy. Call PerformRx provider help desk.
The facility kept the medications taken from the member and the member was discharged/released from a: hospital, correctional facility, detoxification center.	Assist the pharmacy with the override upon verified discharge/release. Maximum allowed- up-to a 1-month supply per drug.	Verify and document the discharge/release from the facility on the prescription hard copy. Call the PerformRx provider help desk.
Member enters detoxification facility for detoxification purpose 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.	Call the PerformRx provider help desk.

Pharmacy Controlled Substance Overrides – Not Granted

Override/Authorization is NOT GRANTED in the following circumstances:		
Circumstance	PerformRx Action	Pharmacy Action
Member resides in a LTC facility such as a nursing home or ICF/DD and medication was: lost, stolen, damaged, destroyed.	The facility must replace the medication at its own cost.	Inform the facility that they must replace the medication at their own cost. Do NOT bill the member.
Member increased the dose of the medication.	Authorization will not be granted.	Inform the member that the authorization will not be granted.
Member does not reside in a LTC facility such as a nursing home or ICF/DD and medication was: lost, stolen, damaged, destroyed.	Additional authorization will not be granted.	Inform the member that the authorization will not be granted.
Pharmacy is trying to be reimbursed for: pass meds, school supplies, work supplies, etc.	Authorization will not be granted.	None. Authorization will not be granted.
Member must travel and will not return before the supply of a medication runs out.	Authorization will not be granted.	Inform the member that the authorization will not be granted.