



INLAND EMPIRE HEALTH PLAN

## MEMORANDUM

**To:** All Pharmacy Providers  
**From:** Chris Chan, Pharm.D., IEHP Pharmaceutical Services Department  
**Date:** December 5, 2011  
**Subject:** Auto-Refill Program

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Auto-refill program is being offered by many Pharmacy Providers. IEHP's current policy prohibits Pharmacy Providers to enroll Members into the auto-refill program. The restriction is based on the requirement where Medicaid and Medicare Pharmacy Services can be provided only upon request. However, IEHP realizes the value of the auto-refill program by increasing adherence rate.

Effective immediately, Pharmacy Providers may turn the auto-refill program on. However, Pharmacy Providers must adhere to the following conditions:

- 1) Pharmacy Providers must notify IEHP if this service is being offered, by filling out required form.
- 2) The auto-refill service status must be updated through the semi-annual credential information update process.
- 3) Only Chronic medications can be included in your auto-refill program.
- 4) All medications that are not picked up by the Members must be reversed according to your RTS policy (usually every 2 weeks).
- 5) Auto-refill program is subject to audit, including but not limited to, all the elements above.

If your pharmacy offers an auto-refill program, please complete and fax the attached form to IEHP Pharmaceutical Services at 909-890-2058. If you have any questions, please feel free to contact Chris Chan, Pharm.D., Director of Pharmaceutical Services at 909-890-2067.

Sincerely,

IEHP Pharmaceutical Services

303 E. Vanderbilt Way, San Bernardino, CA 92408  
(909) 890-2067 Fax: (909) 890-2058  
Visit our web site at: [www.iehp.org](http://www.iehp.org)

A Public Entity



## Pharmacy Auto Refill Program Information

Name of Pharmacy: \_\_\_\_\_

Pharmacy NPI: \_\_\_\_\_

Pharmacy Phone: \_\_\_\_\_ Pharmacy Fax: \_\_\_\_\_

Pharmacist-in-charge or Owner Name: \_\_\_\_\_

Please tell us about your Pharmacy Auto Refill Program:

- The program will only auto-refill Chronic medications: Yes \_\_\_\_ No \_\_\_\_
- 1. All medications not picked up by the Members are returned to stock according to our RTS protocol: Yes \_\_\_\_ No \_\_\_\_ RTS period: \_\_\_\_\_

**I certify that the information provided above is true and will start offering Auto-refill services to IEHP Members.**

**Please fax this form to IEHP at 909-890-2058.**