

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Pharmacy Operations	<b>DOCUMENT NAME:</b> 30 Day Emergency Supply Of Medication
<b>PAGE:</b> 1 of 4	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 04/07	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 04/07	<b>REVIEWED/REVISED:</b> 02/08, 02/09, 02/10, 04/10, 05/11, 02/12, 02/13, 02/14, 08/14, 08/15, 03/16, 03/17,03/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.PHAR.01

### SCOPE:

Washington Health Care Authority (HCA), Coordinated Care Health Plan (Plan), and Envolve Pharmacy Solution departments..

### PURPOSE:

Provide a process to avoid interruption of current therapy or delays in the initiation of therapy for medications that are not listed on the Preferred Drug List (PDL) or those requiring prior authorization (PA).

### POLICY:

Coordinated Care Health Plan authorize pharmacies to provide a 30 day supply of medication while awaiting a PA or medical necessity (MN) determination for drug coverage.

### PROCEDURE:

The dispensing pharmacist will be allowed to dispense a 30 day supply of medication when a patient presents a prescription to the pharmacy that requires PA or MN review or in situations such as:

1. The prescriber is unavailable to choose a PDL alternative.
2. The PA request is incomplete and cannot be processed by US Script, the designated Pharmacy Benefit Manager (PBM).
3. The prescription is presented outside of normal business hours at US Script and NurseWise is authorized to enter an allowance for a 30 day supply.
4. In the event of rejection due to refill-to-soon logic when the new fill is due to lost, stolen, broken or damaged supply (see CC.PHAR.05 Lost Stolen Spilled or Broken Medications).

The following are exclusions to the policy:

1. The medication has a DESI classification other than "Safe and Effective".
2. The medication belongs to a non-covered therapeutic category (such as appetite suppressants or infertility treatments). Drug exclusions are specific to individual health plan state regulations.
3. Use of the prescribed medication is contraindicated because of the patient's medical condition or possible adverse drug interaction.
4. In the case of new prescriptions the use of the prescribed medication for a limited period followed by an abrupt discontinuance of the prescribed

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Pharmacy Operations	<b>DOCUMENT NAME:</b> 30 Day Emergency Supply Of Medication
<b>PAGE:</b> 2 of 4	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 04/07	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 04/07	<b>REVIEWED/REVISED:</b> 02/08, 02/09, 02/10, 04/10, 05/11, 02/12, 02/13, 02/14, 08/14, 08/15, 03/16, 03/17,03/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.PHAR.01

medication would be medically contraindicated. For example, medications used to treat infectious diseases.

### PROCESS:

1. The dispensing pharmacist contacts the Envolve Pharmacy Solutions Customer Service Department and requests an emergency supply of medication and provides the reason for the request. The pharmacy will provide the appropriate patient information including the patient's name, social security or identification number, medication, strength, quantity, days supply, prescriber name, and prescriber phone number.
2. The Envolve Pharmacy Solutions Customer Service Associate will track and document the request in the Pharmacy Benefit Management (PBM) system on the member record.
3. An override will be entered into the PBM system by the Envolve Pharmacy Solutions Customer Service Associate to allow a 30 day supply of medication and specify the appropriate quantity.
4. The Envolve Pharmacy Solutions Customer Service Associate will request the dispensing pharmacy to notify the prescriber of the non-PDL status and request that a PDL medication be prescribed or submit a PA or MN request to US Script for consideration of a continued supply of the medication.
5. When a call comes in outside of the Envolve Pharmacy Solutions normal business hours NurseWise will enter an override authorizing a 30 day supply, unless there are concerns regarding inappropriate use of medications or quality of care.

**REFERENCES:** N/A

**ATTACHMENTS:** N/A

### DEFINITIONS:

DESI (Drug Efficacy Study Implementation) – A government classification for drugs grandfathered after enactment of the 1962 Federal Food, Drug and Cosmetic Act.

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Pharmacy Operations	<b>DOCUMENT NAME:</b> 30 Day Emergency Supply Of Medication
<b>PAGE:</b> 3 of 4	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 04/07	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 04/07	<b>REVIEWED/REVISED:</b> 02/08, 02/09, 02/10, 04/10, 05/11, 02/12, 02/13, 02/14, 08/14, 08/15, 03/16, 03/17,03/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.PHAR.01

### REVISION LOG

<b>REVISION</b>	<b>DATE</b>
Remove from “Practitioners and Network Pharmacies” from “SCOPE” as those are external parties and are not to be included per template definition of “SCOPE”.	05/07
Replace the “formulary” with “Preferred Drug List (PDL)” throughout the document.	02/08
Add the following sentence to #2. of the “PROCEDURE”, “Exclusions to the policy” section: “Drug exclusions are specific to individual plan state regulations.”	02/08
Add the following instructions as the last line of the “PROCEDURE” section: “When a call comes in after the PBM hours of service, NurseWise generally enters the authorization for a 72-hour supply unless there are concerns regarding inappropriate use of medications or quality of care.”	02/08
Revised the SCOPE to include Corporate Centene Pharmacy Department and NurseWise.	02/09
Clarified the PURPOSE to clearly state that the process would include those requests for medications that are not listed on the Preferred Drug List (PDL) or those requiring prior authorization.	02/09
Detailed the PROCEDURE and PROCESS to align with those in place at US Script.	02/09
Revisions completed at this time were made to address clerical errors, align with NCQA standards and language, and represent the work processes in place at both the Plan level and at US Script.	02/10
Replaced process #2 with current procedure used by US Script’s Call Center. Added process #3 which outlines the request documentation by Call Center Associate. Revised processes 4, 5 and 6 to provide more specificity.	03/10
Adjusted the 72-hour supply language for holiday timing and state requirements.	05/11
Clerical changes removing duplicative language.	02/12
No changes were deemed necessary.	02/13
“Procedure” to include use of 72 hour emergency supply in the event of lost, stolen, broken or damaged supply of medication.	02/14

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Pharmacy Operations	<b>DOCUMENT NAME:</b> 30 Day Emergency Supply Of Medication
<b>PAGE:</b> 4 of 4	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 04/07	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 04/07	<b>REVIEWED/REVISED:</b> 02/08, 02/09, 02/10, 04/10, 05/11, 02/12, 02/13, 02/14, 08/14, 08/15, 03/16, 03/17,03/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.PHAR.01

Added to exclusions language to clarify new prescriptions.	02/14
Added language regarding packaging that cannot be broken, for example Hepatitis C drugs.	02/14
Removed language regarding packaging that cannot be broken, for example Hepatitis C drugs.	08/14
Changed Corporate Pharmacy Team to “Pharmacy Solutions Group” in Scope section.	08/15
Changed to increase to 30 day ER fill, from 72 Hour Corp P&P CC.PHAR.01	03/16

### POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee:      Approval on file

V.P., Pharmacy Operations:                      Approval on file

Sr. V.P., Chief Medical Officer:                Approval on file

*NOTE: The electronic approval is retained in Compliance 360.*