

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	REFERENCE NUMBER: NV.PHAR.02
EFFECTIVE DATE: 7/1/17	P&P NAME: 96 Hour Emergency Supply Of Medication
REVIEWED/REVISED DATE: 04/17/18; 01/08/19; 01/13/20; 02/02/21; 02/02/22; 10/11/22, 01/31/23, 12/13/23	RETIRED DATE: N/A
BUSINESS UNIT: SilverSummit Healthplan	PRODUCT TYPE: Medicaid
REGULATOR MOST RECENT APPROVAL DATE(S): NV:	

SCOPE:

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

PURPOSE:

To 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).

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

POLICY:

SilverSummit Health Plan authorizes contracted pharmacies to provide a 96-hour 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 96-hour (or more depending on holiday timing or state requirements) 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 Centene Pharmacy Services, the designated Pharmacy Benefit Manager (PBM);
3. The prescription is presented outside of normal business hours and Envolve People Care is authorized to enter an allowance for a 96-hour (or more depending on holiday timing or state requirements) supply;
4. Emergency supply override is not available if the rejection is due to refill-to-soon logic when the new fill is due to lost, stolen, broken or damaged supply.

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

PROCESS:

1. The dispensing pharmacist contacts the Centene Pharmacy Services 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 Centene Pharmacy Services 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 Centene Pharmacy Services Customer Service Associate to allow a 96-hour (or more depending on holiday timing or state requirements) supply of medication and specify the appropriate quantity.

4. The Centene Pharmacy Services 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 a PA or MN request submitted to Centene Pharmacy Services for consideration of a continued supply of the medication.
5. When a call comes in outside of the Centene Pharmacy Services normal business hours, Centene Pharmacy Services People Care will enter an override authorizing a 96-hour (or more depending on holiday timing or state requirements) supply, unless there are concerns regarding inappropriate use of medications or quality of care.

REFERENCES: N/A

ATTACHMENTS: N/A

SUPPORT/HELP:
Resources available to support users of the P&P. Phone numbers, training programs, classes, and/or offices available to help with carrying out the procedure/work process.

EXAMPLE:

If you need help with:	Contact:
Questions about this policy	NVSS_Pharmacy@SilverSummitHealthPlan.com
Questions about requesting a 96 hour supply	Centene Pharmacy Services 1-800-460-8988 OR 1-855-565-9520

REGULATORY REPORTING REQUIREMENTS:
DHCFP

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Q2 2018 Annual Review	No Revisions	04/17/18
Q1 2019 Annual Review	No Revisions	01/08/19
Q1 2020 Annual Review	No Revisions	01/13/20
Q1 2021 Annual Review	No Revisions	02/02/21
Q1 2022 Annual Review	No Revisions	01/11/22
2022 Annual Review	Changed references of “Envolve Pharmacy Solutions” to “Centene Pharmacy Services”. Changed references of “Envolve People Care” to Centene Pharmacy Services People Care”.	10/11/22
Q1 2023 Annual Review	Changed spelling from “Cenetene” to “Centene” in Process section Added additional phone number to Centene Pharmacy Services	01/31/23
2023 Updated Annual Review	Annual Review moved to December 2023; Approved by SSHP QIC; No revisions.	12/13/23

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company’s P&P management software, is considered equivalent to a signature.