

## EMERGENCY FILL POLICY

Prescriptive has established this Emergency Fill Policy and Procedure to guide members and their care providers when a member requires an emergency fill of a medication and a Prior Authorization review cannot be started in a timely manner. Prescriptive will not use or apply medical professional judgment in the execution of the Emergency Fill Policy and Procedure.

Prescriptive Health reviews and revises this policy, as necessary, on an annual basis.

### Definitions:

**Emergency Fill** is the dispensing of a short-term amount of medication that otherwise requires a pre-authorization due to formulary or other utilization restriction. In circumstances where a patient presents at a pharmacy with an 'immediate therapeutic need' for the prescribed medication.

In an Emergency Fill circumstance, the medication dispensed will be approved and paid within the confines of this policy, but the Emergency Fill does not necessarily constitute a covered health service. Determination as to whether this is a covered health service under the patient benefit will be made as part of the Prior Authorization Review process.

**Immediate therapeutic needs** are those where passage of time (i.e. the timeframe required for an Urgent Review) without treatment would result in imminent emergency care, hospital admission OR might seriously jeopardize the life or health of the patient or others in contact with the patient.

**A short-term dispensed amount** of medication typically covers less time than the prescribed amount but allows time for the processing of a prior authorization request.

### Policy

When an eligible member presents at an in-network pharmacy with an immediate therapeutic need and a corresponding prescription from their provider for a medication requiring a pre-authorization that is specified on the list below, the pharmacy can do a one-time fill for up to a 7 supply or the minimum package size that cannot be broken (e.g. injectable or vial). Only the emergency fill of the medication be approved or paid.

In the event the medication is to be continued for treatment beyond the emergency fill authorization, Prescriptive will review the request following the member's specific plan benefit design and coverage requirements. Formulary or utilization management restrictions that will be reviewed follow our standard procedure.

Prescriptive follows the **Best Practice Recommended Inclusion Medication List** for emergency fill to address immediate therapeutic needs, which includes the following medications: (Medications in addition to those listed below may be covered for Emergency Fill).

- Antibiotics & Antivirals for acute infections
- Medications for mental health conditions
- Anticoagulant & Antiplatelet medications
- Antiemetics (for imminent nausea and vomiting)
- Anti-Rejection & Immunosuppression medication for post-transplant patients
- Antiretrovirals (continuing current therapy, not new starts except for emergency use)
- Cardiovascular medications for acute treatment only (e.g. antiarrhythmics, anti-hypertensives)
- Epinephrine injections
- Generically available, immediate release pain medication (does not include transmucosal immediate release fentanyl)
- Gout flare (acute) medications
- Insulin (continuing current therapy, not new starts)
- Naloxone
- Non-OTC pediculicides – lice and scabies treatments
- Rescue Inhalants and delivery support devices
- Seizure & epilepsy medications
- Triptans

#### **Not Covered for Emergency Fill:**

- Chronic Medications and high dollar medications for chronic conditions such as oral oncology, hepatitis C, biologics, multiple sclerosis treatments, enzyme replacements, etc. are not consistent with the above definition of “immediate therapeutic needs” and would not be covered for emergency fill.
- The following situations:
  - Non-contracted pharmacy
  - Refill too soon
  - Quantity limitation exceeded
  - Yearly maximum met