

Policy Title: Emergency Medication Supply/Temporary Coverage Override		
Policy Number: Pharm – 01		Effective Date: 7/1/2012
Version: 4	Version Review Date: 6/20/2022	Version Effective Date: 4/15/2020
Applicable to the following Washington Lines of Business: (check all that apply) XX Medicaid IMC <input type="checkbox"/> Medicaid BHSO <input type="checkbox"/> DSNP <input type="checkbox"/> <Add LOBs as needed>		
Applicable to the following departments/functional areas: UnitedHealthcare Community & State Pharmacy Department		

I. SCOPE

This policy applies to the implementation of the designated programs and lines of business (identified in the header above) administered by UnitedHealthcare of Washington, Inc. dba UnitedHealthcare Community Plan (UHC).

II. STATEMENT OF PURPOSE

The UnitedHealthcare Community Plan Pharmacy Department, through its pharmacy benefit manager (PBM), provides a process to permit pharmacies to issue an emergency supply of non-preferred drugs/ drugs requiring prior authorization (PA).

Non-formulary/PDL drugs or medications that require prior authorization, and are needed on an urgent basis, will be immediately available to enrollees at a contracted retail pharmacy. The formulary/PDL will not be a barrier to emergency treatment.

III. DEFINITIONS

Emergency Fill: The dispensing of a prescribed medication to an enrollee by a licensed pharmacist who has used his or her professional judgment in identifying that the Enrollee has an Emergency Medical Condition for which lack of immediate access to pharmaceutical treatment would result in, (a) placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part

Medicaid: Refers to a variety of state healthcare programs, such as Temporary Assistance for Needy Families (TANF), Children’s Health Insurance Program (CHIP), etc.

On-going Medication: A maintenance type drug therapy that the enrollee has been receiving consistently per current drug history.

Participating Provider: A person, health care provider, practitioner, or entity, acting within their scope of practice and licensure, with a written agreement with the Contractor to provide services to Enrollees under the terms of this Contract.

Prior authorization (PA): “Prior Authorization” means the requirement that a provider must request, on behalf of an Enrollee and when required by rule or HCA billing instructions, the HCA or the HCA’s designee’s approval to provide a health care service before the Enrollee receives the health care service, prescribed drug, device, or drug-related supply. The HCA or the HCA’s designee’s approval is based on medical necessity. Receipt of prior authorization does not guarantee payment. Expedited prior authorization and limitation extension are types of prior authorization (WAC 182-500-0085).

Point of Service (POS): Site at which service is provided. Refers to the pharmacy submitting a claim when used with regard to the pharmacy benefit

IV. POLICY

Pharmacists are authorized by UnitedHealthcare Community and State to immediately dispense an emergency supply for any reason if there is an immediate need for the drug, as determined by the pharmacist. An override code is available that allows a paid claim at the time of dispensing for up to a 5-day supply. This point of service (POS) override code may be used for any emergency fill, regardless of the reason why the fill is needed. Although limited to a single use per medication and strength per year, overrides for up to a 30 day supply or repeat emergency fills for the same medication may be obtained by calling the pharmacy help desk, which is available 24 hours a day, 365 days of the year.

Alternatively, the pharmacist may dispense up to a 30 day supply without a paid claim at no charge to the patient, then seek payment after the fact. In all cases, the medication dispensed as an emergency supply must be within the scope of the enrollee’s pharmacy benefit package and not excluded from coverage under the Plan pharmacy program.

V. PROCEDURES

- A. Enrollees who need medication on an urgent or emergent basis will present a prescription to their retail pharmacist, or their prescriber will directly convey the prescription to the pharmacy by telephone, fax or e-prescribing.
 - 1. If the medication is listed on the formulary/PDL and does not require pre-authorization, the claim will adjudicate as paid and the prescription will be filled.
 - 2. If the formulary/PDL lists the medication as non-preferred or as requiring prior authorization, the pharmacist will telephone the prescriber and request a preferred alternative as listed in the formulary/PDL. If the physician agrees with the suggestion, the pharmacist will dispense the alternate drug.
 - 3. If the prescriber is not available or disagrees with the suggested alternate drug, the pharmacist may immediately dispense a one time temporary supply of the requested drug pending the submission of a prior authorization request by the prescriber. In order for a temporary supply to be dispensed, the medication in question must be within the scope of the enrollee’s pharmacy benefit package and not excluded from coverage under the Plan pharmacy program.
 - 4. The dispensing pharmacy will electronically submit the pharmacy claim for adjudication to the Pharmacy Benefits Manager (PBM). The POS claims system will provide a reject message of prior

authorization required, with secondary messaging indicating that an emergency supply/temporary coverage override is available.

5. The Pharmacy will resubmit the claim with the correct days supply per emergency supply parameters and the POS emergency override code, after which the claim will adjudicate.
 6. New enrollees may also be eligible for a Continuity of Care medication supply for ongoing medications during the first few months of enrollment, with duration as specified by the Washington Apple Health contract.
 7. If the medication is listed on the formulary/PDL, does not require prior authorization, and does not pay for another reason (e.g., refill too soon), the POS emergency override code may be entered, allowing claims for up to a 5 day supply to adjudicate as paid. Alternatively, the pharmacist may call the pharmacy help desk and request an override for up to a 30 day supply.
 8. The pharmacy may dispense up to a 30-day emergency supply and seek reimbursement after the fact by requesting retroactive authorization of the payment. This reimbursement may be obtained by calling the pharmacy help desk or by asking the provider to include this information in the PA request.
- B. Enrollees who need a medication designated as a specialty item on an urgent or emergency basis will present a prescription to a network retail or specialty pharmacy, or their prescriber will convey the prescription to the pharmacist by telephone, fax or e-prescribing.
1. Specialty Items that require prior authorization: The pharmacist may immediately dispense a one time temporary supply of the requested drug by contacting the prior authorization center or the pharmacy help desk and indicating an emergency fill is needed pending the submission of a prior authorization request by the prescriber. In order for a temporary supply to be dispensed, the prior auth center or help desk will facilitate approval for the dispensing of the emergency fill. The medication requested must be within the scope of the enrollee’s pharmacy benefit package and not excluded from coverage under the Plan pharmacy program.

VI. RESOURCES & MATERIALS

RX-036 UnitedHealthcare Community & State Pharmacy

VII. BUSINESS & REGULATORY REQUIREMENTS

Check all that apply:

- Washington Apple Health Integrated Managed Care (IMC) contract (*IMC and BHSO programs*)
- Washington Apple Health Wraparound (WRAP) contract
- State Medicaid Agency Contract (SMAC) contract
- Other(s): [List]

VIII. OWNERSHIP & APPROVAL

Approvals	Printed Name
Policy Owner	Petra Eichelsdoerfer

Executive Owner	James Hancovsky
Health Plan	Washington

IX. REVISION & REVIEW HISTORY

Version	Review Date	Key updates from Previous Version	Reason for Revision
1	7/1/2019	New policy	
2	3/30/2020	Definition of “emergency fill” added with policy statement and procedures updated to better reflect current state “emergency fill definition” definition.	Health Care Authority request
3	11/20/2020	New state policy template, inclusive for BHSO, with updated scope statement and business & regulatory section	TEAMonitor recommendation
4	6/20/2022	Updated to use current WA P&P template (v8/6/2021)	Annual review