

<b>Department:</b>	Pharmacy	<b>Original Approval:</b>	12/17/2018
<b>Policy #:</b>	PM516	<b>Last Approval:</b>	12/19/2019
<b>Title:</b>	Emergency Fill Policy		
<b>Approved By:</b>	Yusuf Rashid		
<b>Dependencies:</b>	None		

## Purpose

This policy describes the process to avoid interruption of current therapy or delay the initiation of therapy for medications that are requiring prior authorization (PA). The emergency fill provides a temporary solution while awaiting a PA or medical necessity determination for drug coverage.

## Policy

The definition of an “Emergency Fill” means 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.

If the dispensing pharmacist decides the client has an urgent medical need, they are to determine the quantity necessary to meet the client’s urgent medical need, up to a thirty (30) calendar day supply. Some situations can include, but not limited to:

- The prescriber is unavailable to choose an alternative
- The PA request is incomplete and cannot be processed
- The prescription has a rejection due to refill-too-soon when the new fill is due to lost, stolen, broken, or damaged.

Community Health Plan of Washington (CHPW) will either cover emergency fills without authorization, or guarantee authorization and payment after the fact for an emergency fill dispensed by a contracted pharmacy. The authorization for the prescription will match the drug quantity and days supply as dispensed by the pharmacist. Some exclusions can include, but not limited to:

- The medication has a DESI classification other than “Safe and Effective”
- The medication belongs to a non-covered therapeutic category such as appetite suppressants, non-covered over-the-counter products, or infertility treatments.
- The medication is professionally administered or durable medical equipment and should be billed as a medical claim.

- The medication is only billable to AppleHealth Fee-For-Service such as medications for Hemophilia, Hepatitis C, or for dental services.

In the event the pharmacy needs support, they can call the Express Scripts Pharmacy Help Desk at 800-922-1557. In addition, they can call CHPW Customer Service at 800-440-1561.

## List of Appendices

None

## Citations & References

<b>CFR</b>		
<b>WAC</b>		
<b>RCW</b>		
<b>Contract Citation</b>	<input checked="" type="checkbox"/> WAH	2019 AH Contract Section 17.3.2
	<input checked="" type="checkbox"/> IMC	2019 IMC Contract Section 16.12.2
	<input type="checkbox"/> MA	
<b>Other Requirements</b>		
<b>NCQA Elements</b>		

## Revision History

<b>Revision Date</b>	<b>Revision Description</b>	<b>Revision Made By</b>
11/20/2018	Original	Mary Eckhart
12/17/2018	Approval	MMLT
12/06/2019	Annual review. Update to contract citations	Jennifer Farley, PharmD
12/19/2019	Approval	Yusuf Rashid

