

HEALTH PLAN OF SAN JOAQUIN					
Subject: Emergency Prescription 3 Day Override					
Department: Medical Management		Unit: Pharmacy		Policy #: PH15	
Effective Date: 06/01/2002	Committee/Approval Date: P&T 02/13/2018	Review/Revision Dates: 02/06, 09/08, 07/12, 9/14, 5/15, 02/16, 02/17, 02/18			
Applies To:	Medi-Cal	Yes	<input checked="" type="checkbox"/>	No	

DEFINITION

Emergency Supply: Medication to be dispensed for the alleviation of severe pain or the treatment of unforeseen medical conditions, which, if not treated immediately would lead to disability or death.

POLICY

The Health Plan of San Joaquin’s (HPSJ) Pharmacy Department shall ensure that members are provided a minimum of a 3-day supply of a medication in the event a prescription is not covered by the HPSJ formulary or waiting for prior authorization, if it is deemed an emergency and/or medically necessary.

The following Limits and Restrictions apply to the use of the override code in the Prior Authorization code field of the pharmacy’s software:

1. Up to a 3-day supply of medication can be dispensed.
2. Use of the code will override the restrictions:
 - a. Prior Authorization
 - b. Step Therapy
 - c. Non-formulary
3. Use of the code will NOT override the following restrictions:
 - a. Member Eligibility
 - b. Mandatory Generic Substitution
 - c. Claims over \$500
 - d. Medications excluded from the benefit (e.g., PDE-5 inhibitors, medical foods)
4. The pharmacy will be able to enter an override for each drug/strength—defined by its Generic Code Number (GCN)—once per 365 days. There is no limit on the number of different drugs that may use the emergency supply.

PROCEDURES

- A. Daily Reporting of Emergency Supplies filled the previous day:
1. Each morning, a report detailing which member, pharmacy, and drug overrides were performed the previous calendar day will be generated and reviewed by The Plan Pharmacy Technicians and/or Pharmacists to assure medical necessity, medical appropriateness and if deemed appropriate authorize further fills or issue a prior authorization (if necessary). Any reports generated on non-business days will be reviewed on the next business day but not to exceed 72 hours from the generation of the report.
 2. Prior approval is not needed for the retroactive reimbursement before dispensing 3-day emergency or medical necessity supply of non-formulary medications.
- B. Misuse/Abuse of the Emergency Supply Code:
1. A pattern of misuse is defined as dispensing a 3-day supply of medication that does not meet emergency or medical necessity criteria in more than one occasion.
 2. If the drug is not used for emergency purposes as defined in the regulations, it is misused.
- C. Alternative methods of dispensing an emergency supply:
1. In the event that the code is non-functioning or other system/infrastructure problems arise, a three-day emergency supply may still be filled and dispensed to the member at no cost and the pharmacist must fill out the Emergency Supply documentation form.
 2. The pharmacy will be compensated as long as the above criteria in section A are met.
 3. The next business day, the Plan Technician or Pharmacist will review the notification and enter the appropriate authorization to allow for a paid claim of up to a 3-day supply as outlined above.
- D. Tracking and Monitoring Access to ensure access to drugs in emergency situations
1. HPSJ will monitor and ensure the sufficient provision of drugs in emergency circumstances to last until members can reasonably be expected to have a prescription filled by the following:
 - a. The pharmacy department will monitor and report on grievances for potential pharmacy access issues on an annual basis.
 - b. HPSJ Patient Navigators will conduct member outreach for members with ER visits to evaluate access to prescriptions. Any issues will be brought to the attention of the Director of Pharmacy, who will log the incident and evaluate the situation and put a corrective action plan in place if deemed necessary to be presented at the QMUM Committee meeting.
 - c. The pharmacy department will coordinate with other departments to conduct GeoAccess analysis of 24-hour pharmacies in relation to emergency rooms and hospitals on an annual basis. Any deficiencies identified will have a corrective action plan put in place as part of the QI work plan.

FOR THE HEALTH PLAN:

- A. The Director of Pharmacy and Medical Director will assure that there is Pharmacist coverage, for pharmacy prior authorization review, during the 8:00am to 5:00 pm working hours, Monday through Friday on normal business days. Authorizations received during non-business hours will be reviewed within 24 hours of the original request.
- B. Upon receipt of the daily Emergency Supply Fill Report, the Plan Pharmacy Technician will enter an authorization request into the care management system (if deemed necessary), annotate it as an emergency supply, and notify the staff pharmacist(s) that such a request has been entered and is ready for clinical review.
- C. The Plan Pharmacists will review each pertinent emergency override that is entered as a Prior Authorization request and make a clinical determination on further medication fills (if necessary). Notification of pharmacies and provider will occur under normal pharmacy authorization policies. If a pattern of abuse is detected, the Plan Pharmacist will initiate the procedures listed under Section L.

FOR THE DISPENSING PHARMACIST:

- A. During after hours (5:00pm to 7:59am PST), weekends/ holidays, and at the professional judgment of the dispensing pharmacist, an emergency supply of the medication, up to 3 days, may be dispensed for the alleviation of severe pain and the treatment of unforeseen medical conditions, which, if not treated immediately would lead to disability or death.
- B. The dispensing pharmacy can enter the designated override code in the PA field for any one or more drugs, up to a 3-day supply.
 - 1. If the medication is not approved beyond the emergency supply and an alternative medication is recommended, the pharmacy will contact the physician for a prescription for the recommended formulary alternative medication.
- C. If a pattern of misuse/abuse is detected, the pharmacy will receive consultation and written notification by the Director of Pharmacy.
 - 1. If a pharmacy is counseled by the Director of Pharmacy three times about inappropriate emergency medication dispensing as defined in the Policy section, the pharmacist will be referred to the Pharmacy and Therapeutics (P&T) Advisory Committee. The Committee can recommend suspension of use of the override code, and/or referral to the Pharmacy Benefits Manager (PBM)'s Audit Department. In the event of an adverse recommendation, the pharmacy will receive written notification and will have the option to appeal to the HPSJ before the action is executed.
 - 2. The pharmacy will be notified that their claims are being investigated and the reasons for the findings. In addition, the pharmacy will be notified of HPSJ's final grievance option.
 - 3. Pharmacies that have use of the override code suspended shall have the right to appeal the decision with the Plan. Appeals shall be in writing in the form of a corrective action plan (CAP), The Director of Pharmacy or Medical Director will put the appeal request on the agenda of the next scheduled P&T Advisory Committee meeting.

4. If documented evidence of corrections is accepted by the Plan and the decision is reversed, the Plan shall allow the CAP to stand as completed. However, if the decision is not reversed, the Medical Director will present the audit results and CAP findings along with recommendations of the P&T Advisory Committees at the next scheduled UM QI sub-committee of the Health Commission, in a closed session. The Commission shall take final action, with immediate notification, by certified letter from the HPSJ Medical Director to the provider.
5. A pharmacy may re-apply in 12 months to use the override code by written petition. All pharmacies returning to the network shall be re-surveyed at the following P&T Advisory Committee Meeting.

REFERENCE

- A. DHS Contract, Exhibit A, Attachment 10, F. 1
- B. Title 22, CCR, Section 53854
- C. Welfare & Institutions Code Section 14185(a)(1) and (2)
- D. NCQA Standard UM 13 – Procedures for Pharmaceutical Management

Health Plan of San Joaquin
Approval: Signatures on File

DHCS Contract Deliverables

<i>Contract Reference</i>	<i>Date of Approval</i>	<i>DHCS Unit</i>		<i>Contract Reference</i>	<i>Date of Approval</i>	<i>DHCS Unit</i>