POLICY AND PROCEDURE

POLICY NAME: 72 Hour Emergency Supply of Medication	**POLICY ID:** CC.PHARM.CS.01
BUSINESS UNIT: Please refer to system of record – Archer	**FUNCTIONAL AREA:** Pharmacy
EFFECTIVE DATE: 04/2007	**PRODUCT(S):** Medicaid
REVIEWED/REVISED DATE: 02/08, 02/09, 02/10, 04/10, 05/11, 02/12, 02/13, 02/14, 08/14, 08/15, 08/16, 11/16, 11/17, 11/18, 02/19, 02/20, 02/21, 08/21, 11/21, 02/22, 05/22, 02/23, 05/23, 02/24, 05/24, 11/24, 02/25, 11/14/2025	
REGULATOR MOST RECENT APPROVAL DATE(S):	

PURPOSE:
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).

SCOPE:
This policy applies to Centene Health Plan Pharmacy Departments and Centene Pharmacy Services Call Center.

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

POLICY:
Centene Corporation Health Plans authorize pharmacies to provide a 72-hour supply of medication while awaiting a PA or medical necessity (MN) determination for drug coverage.

Centene or its subsidiaries does not discriminate on the basis of race, color, national origin, sex, age or disability, nor exclude from participation in, deny the benefits of, or otherwise subject to discrimination under any applicable Company health program or activity.

PROCEDURE:
The dispensing pharmacist will be allowed to dispense a 72-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 Pharmacy Services.
3. In the event of rejection due to refill-to-soon logic when the new fill is due to lost, stolen, broken or damaged supply (see CC.PHARM.CS.05 Lost Stolen Spilled or Broken Medications).

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 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 Pharmacy Services customer service associate will track and document the request in the claims processing system on the member record.
3. An override will be entered into the claims processing system by a Pharmacy Services customer service associate to allow a 72-hour (or more depending on holiday timing or state requirements) supply of medication and specify the appropriate quantity.
4. The 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 submit a PA or MN request to Pharmacy Services for consideration of a continued supply of the medication.

REFERENCES:
CC.COMP.42_ACA 1557 Nondiscrimination in Health Programs Activities

ATTACHMENTS:
A: South Carolina Addendum
B: Washington Addendum
C: Arizona Addendum
D: Texas Addendum
E: NY Fidelis Care Addendum
F: Iowa Addendum
G: North Carolina (Carolina Complete Health) Addendum

ROLES & RESPONSIBILITIES: N/A

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Annual Review	Remove from "Practitioners and Network Pharmacies" from "SCOPE" as those are external parties and are not to be included per template definition of "SCOPE".	05/07
Annual Review	Replace the "formulary" with "Preferred Drug List (PDL)" throughout the document.	02/08
Annual Review	Add the following sentence to #2. of the "PROCEDURE", "Exclusions to the policy" section: "Drug exclusions are specific to individual plan state regulations."	02/08
Annual Review	Add the following instructions as the last line of the "PROCEDURE" section: "When a call comes in after the PBM hours of service, NurseWise generally enters the authorization for a 72-hour supply unless there are concerns regarding inappropriate use of medications or quality of care."	02/08
Annual Review	Revised the SCOPE to include Corporate Centene Pharmacy Department and NurseWise.	02/09
Annual Review	Clarified the PURPOSE to clearly state that the process would include those requests for medications that are not listed on the Preferred Drug List (PDL) or those requiring prior authorization.	02/09
Annual Review	Detailed the PROCEDURE and PROCESS to align with those in place at US Script.	02/09
Annual Review	Revisions completed at this time were made to address clerical errors, align with NCQA standards and language, and represent the work processes in place at both the Plan level and at US Script.	02/10
Annual Review	Replaced process #2 with current procedure used by US Script's Call Center. Added process #3 which outlines the request documentation by Call Center Associate. Revised processes 4, 5 and 6 to provide more specificity.	03/10
Annual Review	Adjusted the 72-hour supply language for holiday timing and state requirements.	05/11
Annual Review	Clerical changes removing duplicative language.	02/12
Annual Review	No changes were deemed necessary.	02/13
Annual Review	"Procedure" to include use of 72 hour emergency supply in the event of lost, stolen, broken or damaged supply of medication.	02/14
Annual Review	Added to exclusions language to clarify new prescriptions.	02/14
Annual Review	Added language regarding packaging that cannot be broken, for example Hepatitis C drugs.	02/14
Annual Review	Removed language regarding packaging that cannot be broken, for example Hepatitis C drugs.	08/14
Annual Review	Changed Corporate Pharmacy Team to "Pharmacy Solutions Group" in Scope section.	08/15

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Annual Review	Annual Review	08/16
Annual Review	Replaced US Script with Envolve Pharmacy Solutions	11/16
Annual Review	Added discrimination statement; Updated references.	11/17
Annual Review	Annual Review.	11/18
Ad hoc	Changed Pharmacy Benefit Management (PBM) system to claims processing system in the PROCESS section.	02/19
Annual Review	Annual Review. No changes deemed necessary.	02/20
Annual Review	Annual Review. No changes deemed necessary.	02/21
Annual Review	Added Addendum for South Carolina.	08/21
Ad hoc	South Carolina Addendum was updated.	11/21
Annual Review	Annual Review. No changes deemed necessary.	02/22
Ad hoc	Envolve Pharmacy Solutions was changed to Centene Pharmacy Services. South Carolina Addendum was updated. Removed Centene Corporate Pharmacy Solutions. Removed NurseWise from the SCOPE section. Changed NurseWise to “the Nurse Advice Line” in the PROCEDURE and PROCESS sections.	05/22
Annual Review	Annual Review- No changes deemed necessary.	02/23
Ad hoc	Added Addendums for Washington, Arizona, and Texas.	05/23
Annual Review	Annual Review- Removed Nurse Advice Line processes.	02/24
Ad hoc	Added Addendum for NY Fidelis Care.	05/24
Annual Review	Added Addendum for Iowa.	11/24
Annual Review	No changes to policy deemed necessary. Added Addendum for North Carolina.	02/25
Ad Hoc	Updated Policy Number to CC.PHARM.CS.01 Updated reference to CC.PHAR.05 (Lost, Stolen, Damaged) to reflect new policy number CC.PHARM.CS.05	11/14/2025

POLICY AND PROCEDURE APPROVAL

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