

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Pharmacy Department	<b>DOCUMENT NAME:</b> Split Fill Program Policy
<b>APPROVED DATE:</b> 04.22	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 06.22	<b>REVIEWED/REVISED:</b> 04.23
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> NH.PHAR.82

**SCOPE:** This policy applies to NH Healthy Families Medicaid members and will be used by the Pharmacy team and Pharmacy Services departments.

**PURPOSE:** The policy will serve to outline the application of a split-fill program on certain high cost oncology and other miscellaneous high cost specialty medications. The split fill program gives the first six (6) fills at a maximum fifteen (15) day supply to establish tolerance to the drug and will reach the normal daily maximum on the seventh (7<sup>th</sup>) fill and going forward.

**POLICY:** Split-fill program shall apply for certain medications as defined below and as approved by the NH Healthy Families Health Plan Pharmacy & Therapeutics Committee.

### **Background**

The severe side effects often associated with oral chemotherapy and the other specialty drugs in the chart below are a major driver for early medication discontinuation. Many patients who begin a new regimen on these drugs will stop taking their medication(s) within the first 90 days of therapy. In this scenario, any unused medication cannot be returned to pharmacies and is therefore discarded and wasted. The goal of a split-fill program is to reduce waste.

Under a split-fill program, pharmacies may only dispense a partial supply (typically 15 days or less) of certain medications that are known to have high discontinuation rates (e.g. oral chemotherapy, other expensive specialty medications) for the first 6 fills. As a result, when a patient cannot tolerate a medication and is forced to discontinue therapy reducing waste.

NH Healthy Families will implement a 15-day limit for the first 3 months (this equates to 6 prescription fills) for members starting a medication that is on the designated split-fill program list below. On the 7<sup>th</sup> and subsequent fills the drug will revert to the standard quantity limit allowing a member to obtain up to a 30 day supply on most medications. NH Healthy Families will assign the medications contained in this policy to have a copay one-half of the normal copay assigned to the medication fill for any fills obtaining a 15 or less day supply.

A member is considered new to therapy if there is no pharmacy claim found in the past 180 days. Utilization is defined as having a claim for the drug at a GPI-10 level (drug extension label, ex: nortriptyline hydrochloride).

### **Exceptions**

- Members requesting an exception to the 15-day fill limit for the first 6 fills may call the NH Healthy Families' Pharmacy Department to request an override to receive a full month's supply at 866-769-3085.
- NH Healthy Families' Pharmacy Department will assess requests on a case-by-case basis. Such requests will be reviewed by the NH Healthy Families' Pharmacist on duty using the existing escalation and clinical inquiry process.
- Note, these drugs are generally filled during business hours at specialty pharmacies and are rarely if ever filled at retail pharmacies after hours.
- Any requests for exceptions coming into the Prior Authorization team by prior authorization request (PA) may also be reviewed and potentially approved by a pharmacist following the examples below.

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- The designated pharmacist may grant an override to bypass the split-fill program for members under the following conditions (confirmation can be given by member, pharmacy, or provider):
  - Member is new to NH Healthy Families and was established on the medication with previous plan.
  - Not granting the exception could cause serious clinical decline.
  - Member requests a full month supply due to logistic issues with obtaining medication (ex: Member has transportation hardship with inability to get to pharmacy multiple times to pick up the medications).
    - This will be infrequent as many of the medications in this program are usually obtained through a specialty pharmacy and medication is shipped to the member.

Drug Name	Drug Name	Drug Name	Drug Name
Afinitor	Jadenu	Talzenna	Zydelig
Afinitor Disperz	Jakafi	Tarceva	Zykadia
Alecensa	Lenvima	Erlotinib	Zytiga
Alunbrig	Lynparza	Targretin	Abiraterone
Ayvakit	Mektovi	Bexarotene	Scemblix
Bosulif	Nerlynx	Tasigna	Rezurock
Cabometyx	Nexavar	Tavalisse	Tepmetko
Calquence	Ocaliva	Tykerb	Tibsovo
Epivir HBV	Ofev	Verzenio	Gilotrif
Erivedge	Palynziq	Vitrakvi	Tukysa
Esbriet	Rebetol	Vizimpro	Balversa
Exjade	Retevmo	Votrient	Xospata
Gleevec	Rozlytrek	Xalkori	Tabrecta
Imatinib	Rubraca	Xpovio	Mekinist
Inrebic	Sprycel	Xtandi	Caprelsa
Iclusig	Stivarga	Yonsa	Copiktra
Inlyta	Sutent	Zejula	
Iressa	Tagrisso	Zolinza	

REVISIONS	DATE
New Policy	04.22
Annual review, no changes	01.23
Added additional medications to drug list and reformatted drug list table	04.23

### Approvals on File

Sean Buckley, V.P., Pharmacy Operations:  
 Dr. Sam DiCapua, Chief Medical Officer  
 Pharmacy & Therapeutics Committee

Approval on file  
 Approval on file  
 Approval on file

*The electronic approval retained in RSA Archer, Centene's P&P management software, is considered equivalent to an actual signature on paper.*