

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Ambetter Health Plans	<b>DOCUMENT NAME:</b> Vacation Overrides
<b>PAGE:</b> 1 of 3	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 02/15	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 02/15	<b>REVIEWED/REVISED:</b> 02/16, 02/17, 02/18
<b>PRODUCT TYPE:</b> Marketplace	<b>REFERENCE NUMBER:</b> HIM.PHAR.16

### SCOPE:

Involve Pharmacy Solutions and Health Insurance Marketplace (Ambetter) Health Plan Pharmacy Departments

### PURPOSE:

To define the policy and procedure related to vacation overrides requested by members and covered as a prescription benefit by Ambetter Health Plans.

### POLICY:

It is the policy of Ambetter Health Plans to establish guidelines for vacation override requests. This function is delegated to Involve Pharmacy Solutions, the designated Pharmacy Benefit Manager (PBM). Involve Pharmacy Solutions will apply this policy to both retail and specialty drug requests reviewed on behalf of Ambetter Health Plans.

### PROCEDURE:

#### A. Requests for Vacation Overrides

When members expect to have limited access to a pharmacy due to out-of-country travel during a time when a refill for a **chronic medication** will come due, Involve Pharmacy Solutions may authorize an early refill for certain medications.

Requests for such vacation overrides will be reviewed on an individual case-by-case basis, and at a minimum, must meet **ALL** of the following:

1. Member must have authorized refills available at an in-network pharmacy at the time of the request;
2. Member's travel plans preclude being able to obtain a standard refill prior to departure because such a request would occur prior to the standard refill window
3. Member will be out of the country for at least 7 consecutive days, (but not to exceed 90 consecutive days)
4. Member has been an Ambetter Health Plan member for at least 6 months.
5. Member is not currently and was not in the past 3 months in suspended status.

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6. Requests for generic (Tier 1) and preferred brand (Tier 2) medications up to 30 days (1 month override) can be granted without further review.
7. Requests for overrides longer than 30 days, for non-preferred brand (Tier 3) and specialty medications (Tier 4) will require approval from the Ambetter Pharmacy Director. The Account Management team will e-mail the Corporate Pharmacy Mailbox with information about the request.
8. Member will be responsible for corresponding copays for extended day (>30 days) fills.
9. Exceptions according to this policy can be granted twice a year. The intent of this section is not to grant a contiguous 180 day supply, but to allow member two separate and distinct vacation overrides.

**NOTE:** No vacation overrides will be granted for in-country vacations.

<b>REFERENCES:</b>
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<b>ATTACHMENTS:</b>
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<b>DEFINITIONS:</b>
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### REVISION LOG

<b>REVISION</b>	<b>DATE</b>
Changed reference from Corporate Pharmacy to US Script Utilization Management Pharmacy. Minor grammatical corrections.	02/16
Changed reference from US Script to Envolve Pharmacy Solutions. Expanded section 9 to clarify the intent of 2 yearly overrides.	02/17
Policy reviewed. No changes.	02/18

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### **POLICY AND PROCEDURE APPROVAL**

Pharmacy & Therapeutics Committee: Approval on file

EPS Director, Marketplace Approval on file

Sr. V.P., Chief Medical Officer: Approval on file

*NOTE: The electronic approval is retained in Compliance 360.*