

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Department	DOCUMENT NAME: Split Fill Program Policy
APPROVED DATE: 04.22	RETIRED:
EFFECTIVE DATE: 06.22	REVIEWED/REVISED: 10.24
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: 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 (7th) 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 7th 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.

<u>GPI-12</u>	<u>Product</u>
214060102003**	ABIRATERONE
215325300003**	AFINITOR
215325300073**	AFINITOR DISPERZ
215305071001**	ALECENSA
215305100003**	ALUNBRIG
2153051000B7**	ALUNBRIG
214900090003**	AYVAKIT
215322250003**	BALVERSA
217082200001**	BEXAROTENE
215318120001**	BOSULIF
215318120003**	BOSULIF
215330101003**	CABOMETYX
215321030001**	CALQUENCE
215321035003**	CALQUENCE
215330850003**	CAPRELSA
215380300001**	COPIKTRA
215318200003**	DASATINIB
931000250073**	DEFERASIROX
931000250030**	DEFERASIROX
931000250003**	DEFERASIROX
121060600020**	EPIVIR
121060600003**	EPIVIR
123520500003**	EPIVIR HBV
213700700001**	ERIVEDGE
965076404029**	ERLOTINIB
213600251003**	ERLOTINIB
455500600001**	ESBRIET
455500600003**	ESBRIET
213600300003**	GEFITINIB
215318351003**	GLEEVEC
215318751003**	ICLUSIG
215340351003**	IMATINIB

213350130003**	INLYTA
215375202001**	INREBIC
215375602003**	JAKAFI
215330261003**	LAPATINIB
2133505420B2**	LENVIMA
215355600003**	LYNPARZA
215335200003**	MEKTOVI
215330351003**	NERLYNX
215330604003**	NEXAVAR
527500600003**	OCALIVA
455540502001**	OFEV
215330421003**	PAZOPANIB
215357790003**	RETEVMO
215357790001**	RETEVMO
123530700001**	RIBAVIRIN
123530700003**	RIBAVIRIN
215338200001**	ROZLYTREK
215338200030**	ROZLYTREK
215355702003**	RUBRACA
215330500003**	STIVARGA
215330703001**	SUNITINIB
213600682003**	TAGRISSE
215355804001**	TALZENNA
215318602001**	TASIGNA
857560401003**	TAVALISSE
215337731003**	TEPMETKO
215349400003**	TIBSOVO
215310100003**	VERZENIO
215338352001**	VITRAKVI
215338352020**	VITRAKVI
213600190003**	VIZIMPRO
215305170068**	XALKORI
215305170001**	XALKORI
215330202003**	XOSPATA
2156006000B7**	XPOVIO
214024300001**	XTANDI
214024300003**	XTANDI
214060102503**	YONSA
215355502003**	ZEJULA
215305140003**	ZYKADIA

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
Annual review, no changes	04.24
Removed Gilotrif, Mekinist, Palynziq, Rezurock, Scemblix, Tabrecta, Tukysa, and Zydelig due to manufacturer package requirements to not split package	10.24

Approvals on File

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

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