

November 4, 2022

Important Communication

COM-2022-62: CORRECTION -ACT 142-2020 Emergency Provisional Fill Program coverage during the pre-approval process.

ATT: PARTICIPANT PHARMACIES MCS LIFE INSURANCE COMPANY

Dear Pharmacy Providers,

The Emergency Provisional Fill Program allows a fill for a 3-day supply applicable when a patient comes to the pharmacy with an immediate therapeutic need for a prescribed medication that requires pre-approval.

For the provisional coverage to proceed, the pharmacy must verify that the doctor who issued the prescription states in writing that the requested medication is medically necessary for the insured's treatment.

This program allows a provisional fill when a drug is rejected due to Quantity Limit, Step Therapy, Product Service Not Covered, and/or Prior Authorization. Coverage exclusions and certain prescription drugs will not be covered by Law 142-2020, as provided by MCS Life. This program excludes the following categories:

- Drugs excluded from pharmacy coverage (Plan exclusion), specialty drugs, cancer and chemotherapy drugs, unbreakable packages, medications that cannot be detailed, compounds, medicines whose frequency of dispensing is less than 3 days of treatment, controlled medications (I- IV), drugs to promote fertility, medicines for cosmetic purposes, medications to promote hair growth, vitamin and mineral products, OTC drugs, drugs that require close surveillance as required by the FDA(REMS Program) and drugs with special dispensing requirements.

In addition, it will only be provided once per policy year for each applicable prescription drug.

The pharmacy will receive the following message: *Eligible for Emergency Fill. Please submit Prior Authorization Type Code 8 and days' supply up to 3.* To apply the Emergency Provisional Fill Program, the Pharmacy must submit the following NCPDP Fields when the rejection is received:

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/S
461-EU	Prior Authorization Type Code	8	M
462-EV	Prior Authorization Number Submitted	801	M



442-E7	Quantity Dispensed	For 3 days' supply	M
405-D5	Days' Supply	3	M

Once the code is entered the Pharmacy will receive one of the following messages:

- If the drug qualifies for the program - *“Eligible for Emergency Fill and pharmacy must send the documentation for evaluation as soon as possible via fax to 787-200-2858.”*
- If the drug does not qualify for the program - *“This drug does not qualify for Emergency Fill.”*

Important: The pharmacy must send the documentation for evaluation as soon as possible via fax to 787-200-2858. Remember this supply is only for 3 days.

If you have any questions, please contact us at retailnetwork@pharmpix.com or call (787)522-5252 ext. 183 or 169.

Cordially,

Retail Network Department

