



**EFFECTIVE DATE:** |04/01/2013|  
**POLICY LAST UPDATED:** |02/21/2017|

### OVERVIEW

This is an administrative policy to document vacation pharmacy supply guidelines for medications purchased at a pharmacy. This process is applicable to all products that have pharmacy benefit with Blue Cross and Blue Shield of RI.

### MEDICAL CRITERIA

Not applicable.

### PRIOR AUTHORIZATION

Not applicable.

### POLICY STATEMENT

This policy applies to all maintenance and non-maintenance drugs, including insulin, needles and syringes, and birth control drugs that meet the following criteria:

1. Vacation supplies can be authorized twice per year (not to exceed a three month supply or as allowed by law, or, up to one six month vacation supply per year, subject to state prescribing restrictions.
2. No authorizations shall be made for Schedule II drugs (e.g., narcotics, stimulants).

Vacation supplies for Direct Pay accounts can be approved if their premiums are paid.

The Pharmacy Benefit Manager (PBM) mail order facility should be used as an alternative whenever possible to avoid manual prior authorizations. Generally, mail orders can be placed 24 hours a day, seven days a week, and are usually processed and shipped free of charge within 48 hours of order placement.

### COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable pharmacy benefits/coverage.

### CODING

Not applicable.

### RELATED POLICIES

None

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

