



EFFECTIVE DATE: 04|01|2001
POLICY LAST UPDATED: 03|19|2013

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.

Mail order drugs (MOD), including Internet MODs, 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

PUBLISHED

Provider Update, June 2013
Provider Update, October 2008
Policy Update, September 2006

REFERENCES

Not applicable

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