



TO: Pharmacies

FROM: Washington Apple Health (Medicaid)

### **The Health Care Authority (the Agency) Emergency Fill Policy**

The Agency guarantees claim payment for emergency fills. The Agency will authorize rejected claims upon request if the medication was dispensed as an emergency fill.

“Emergency Fill” means that the dispensing pharmacist used their professional judgment to meet a client’s urgent medical needs and dispensed the medication to the client prior to receiving reimbursement from the Agency.

If the dispensing pharmacist decides the client has an urgent medical need:

- Determine the quantity necessary to meet the client’s urgent medical need; (up to a 34 day supply)
- Dispense the medication to the client;
- Call Pharmacy Authorizations at 1-800-562-3022 ext. 15483 or fax a request to 1-866-668-1214 for an Emergency Fill authorization.

Contact the Agency within 7 days or before filling the medication again (whichever is sooner). Medical necessity requirements will be applied to any future fills of the same medication, but will be waived to ensure payment of the Emergency Fill.