

Commercial Claim Payment Bulletin - Pharmacy Benefit

Title: Convenience Packs

Policy #: Rx.04.3

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate the coverage position of convenience packs.

Description:

Convenience packs combine two or more individual drug products into a single package. Products included in a convenience pack may include prescription products, over the counter products, and/or products not approved by the Food and Drug Administration (FDA).

Policy:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

Convenience packs as described above are not covered under the pharmacy benefit because each product is available independently.

A prescriber may issue a prescription or prescriptions for the individual components of the convenience pack. The individual components will be covered pursuant to the terms of member's benefit.

Examples of convenience packs include, but are not limited to:

- DermacinRx Ticanase Pak, which contains the following:
 - Fluticasone nasal suspension 50mcg/act – covered as a pharmacy benefit
 - Sodium chloride 2.7% spray not covered (not an FDA approved product)
- Diclovix DM PAK 1.5-8% which contains the following:
 - Diclofenac sodium solution 1.5% - covered as a pharmacy benefit
 - Menthol gel 8% therapy pack – not covered (not FDA approved product)

References:

N/A

Cross References:

Non-FDA approved Products Rx.04.2

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| Policy Version Number: | 7.00 |
| P&T Approval Date: | June 10, 2021 |
| Policy Effective Date: | October 01, 2021 |
| Next Required Review Date: | June 10, 2022 |

The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.

