

POLICY AND PROCEDURE

POLICY NAME: Oncology Split Fill Program	POLICY ID: PA.PHARM.10
BUSINESS UNIT: Pennsylvania Health & Wellness	FUNCTIONAL AREA: Business Operations
EFFECTIVE DATE: 01/01/2018	PRODUCT(S): Long Term Care/CHC (Medicaid), CHIP
REVIEWED/REVISED DATE: 12/2018; 04/01/2020; 04/2021; 04/01/2022; 05/2023; 05/2024; 04/2025; 09/2025; 03/2026	
REGULATOR MOST RECENT APPROVAL DATE(S): 07/06/2021; 06/14/2022; 07/28/2023; 06/27/2024; 06/02/2025; 12/22/2025 (CHIP)	

POLICY STATEMENT:

To establish a procedure for split filling new oral chemotherapy for the first 90 days for PA Health & Wellness members.

All procedures outlined in this policy apply to the Children's Health Insurance Program (CHIP) and Community Health Choices (CHC) lines of business. Where regulatory requirements differ for CHIP or CHC, those distinctions are noted within the applicable sections.

SCOPE:

This policy applies to the PA Health & Wellness (PHW) Pharmacy Operations Department.

PURPOSE:

To define PHW's process for ensuring that Participants new to specific oral oncology therapy treatments can tolerate therapy prior to a full, 30-day supply being dispensed.

POLICY:

PHW will limit Participants new to therapy to a maximum of a 15-day supply per prescription for the first 90 days of therapy. After 90 days, the Participant can receive a standard retail day supply as ordered by the prescriber.

PROCEDURE:

It is PHW's procedure to ensure the following:

1. The adjudication system will look back 180 days at the GPI 10 level. If there is no prescription for that medication in the last 180 days, the Participant will be considered new to therapy.
2. The prescription quantity will be limited to a maximum of 15 days at each dispensing for the first 90 days of therapy.
3. Prescriptions filled after the first 90 days of therapy can be dispensed up to the maximum retail day supply limit.
4. For Participants with PHW eligibility of less than 180 days, PHW will override the 15-day restriction if the provider validates that the Participant has been started and is stable on the therapy, prior to enrollment with the PHW.
5. At 75% of split fill exhaust, or at around 11 days post last split fill shipment, the specialty pharmacy will contact the Participant to schedule the next split fill and assess medication tolerance, including side effects/adverse events. Participant contact is required for refill shipment. If the Participant reports intolerable side effects or adverse reactions, the specialty pharmacy will escalate the patient case to a clinician to facilitate care coordination with the Participant's provider as needed.
6. Upon provider outreach, if clinical concerns are present, and an authorization to facilitate a refill is not obtained, the next scheduled refill will not be performed. In cases where care coordination outreach supports therapy continuation, the specialty pharmacy will ship the next split fill.
7. The pharmacy will be reimbursed a dispensing fee (if applicable) on each fill.

8. The list of medications, including generics if available, in the split fill program will be posted on the PHW website and any modifications to the list will be approved by the PA Department of Human Services 60 days prior to implementation.

Split Fill Drug List Brand (generic)			
Akeega (niraparib and abiraterone acetate)	Ayvakit (avapritinib)	Balversa (erdafitinib)	Bosulif (bosutinib)
Brukinsa (zanubrutinib)	Cabometyx (cabozantinib)	Calquence (acalabrutinib)	Caprelsa (vandetanib)
Copiktra (duvelisib)	Cotellic (cobimetinib)	Daurismo (glasdegib)	Erivedge (vismodegib)
Gavreto (pralsetinib)	Gleevec (imatinib)	Iclusig (ponatinib)	Inlyta (axitinib)
Inrebic (fedratinib)	Jakafi (ruxolitinib)	Jaypirca (pirtobrutinib)	Lazcluze (lazertinib)
Lenvima (lenvatinib)	Lorbrena (lorlatinib)	Lumakras (sotorasib)	Lytgobi (futibatinib)
Mektovi (binimetinib)	Nexavar (sorafenib)	Nubeqa (darolutamide)	Odomzo (sonidegib)
Ogsiveo (nirogacestat)	Retevmo (selpercatinib)	Rubraca (rucaparib)	Sprycel (dasatinib)
Sutent (sunitinib)	Talzenna (talazoparib)	Targretin (bexarotene)	Tarceva (erlotinib)
Tibsovo (ivosidenib)	Tykerb (lapatinib)	Verzenio (abemaciclib)	Vitrakvi (larotrectinib)
Vizimpro (dacomitinib)	Votrient (pazopanib)	Xalkori (crizotinib)	Xpovio (selinexor)
Xtandi (enzalutamide)	Zejula (niraparib)	Zolanza (vorinostat)	Zolanza (vorinostat)
Zykadia (ceritinib)	Zytiga/Yonsa (abiraterone)		

REFERENCES:

2026 Community HealthChoices Agreement, Exhibit D. 1. g. General Requirements
 2026 Children’s Health Insurance Program (CHIP) Agreement, Chapter 13: MCO Quality Requirements: 13.32
 Formularies and Preferred Drug Lists (PDL)

ATTACHMENTS: N/A

SUPPORT/HELP:

Contact: George.L.Kimbrow@PAHealthWellness.com

REGULATORY REPORTING REQUIREMENTS:

CHC: State Approval
 CHIP: State Approval

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE REVIEWED & APPROVED	
Annual Review	No revisions	04/2020	Corp. Compliance Policy Team Use Only
Annual Review	Annual review	04/2021	07/06/2021
Annual Review	No revisions; minor grammatical changes	04/2022	06/14/2022
Annual Review	Updated Split Fill Drug List	05/2023	07/28/2023
Annual Review	Update template; update split fill drug list and added language to include generics when available.	05/2024	06/27/2024
Annual Review	Updated Split Fill Drug List	04/2025	06/02/2025
Ad Hoc Review	Added CHIP line of business	09/2025	12/22/2025
Annual Review	Updated Split Fill Drug List	03/2026	05/19/2026

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.