

Subject: Transition Process for Medicare Part D	Policy Number: CP5500.120	
Approval Group: Pharmacy Management Group	Policy Owner: Health Plan Operations Manager	
Signed By: Ellen Garcia, Executive Director 	<input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Reviewed	Date: 05/01/2022

I. Objective of this Policy:

To assure a smooth transition to the Providence ElderPlace-Portland (PEP) Medicare Part D formulary for all PEP participants and new participants who have enrolled into PEP.

This transition policy applies to non-formulary drugs, meaning both (1) Part D drugs that are not on the PEP formulary; and (2) Part D drugs that are on the PEP formulary but require prior authorization, since a formulary drug with restricted access due to utilization requirements is equivalent to a non-formulary Part D drug. (Note, PEP does not utilize step therapy or impose quantity limits). PEP will ensure that its transition policy addresses procedures for medical review of non-formulary drug requests, and, when appropriate, a process for switching new Part D plan enrollees to therapeutically appropriate formulary alternatives failing an affirmative medical necessity determination. This transition policy also applies to drugs that are removed from PEP’s formulary from one contract year to the next, as well as to formulary drugs that remain on the formulary but to which a new prior utilization is added from one contract year to the next. PEP does not utilize step therapy or impose quantity limits.

PEP is a Program of All-Inclusive Care for the Elderly (PACE) and maintains a formulary which must be approved by the Centers for Medicare and Medicaid on an annual basis. Due to the structure of PACE organizations, PEP participants receive close medication monitoring from PEP clinicians and all participants receive their prescriptions through PEP’s single contracted pharmacy. PEP coordinates delivery of all prescriptions with its single contracted pharmacy. The PEP contracted pharmacy is able to override prior authorization edits during the transition process. PEP does not conduct point-of-sale transactions due to the structure of how our PACE organization delivers care. PEP participants do not fill drugs in the retail setting because PEP delivers their drugs directly to a participant’s place of residence. However, PEP’s single contracted pharmacy in conjunction with PEP staff are responsible for verifying Part B versus Part D coverage of drugs, preventing coverage of non-Part D drugs, and overseeing the safe utilization of Part D drugs. Prior authorization is handled at the time of dispense. Per PACE regulations, all Part D covered prescriptions are included as part of the PACE benefit package

and PEP is prohibited from charging prescription drug co-payments. Due to this, there is no cost-sharing for drugs provided under the PACE benefit including any temporary supplies of drugs provided under the transition process.

This transition policy is intended to protect enrollees whose current drug therapies may not be included in the PEP formulary. This policy will effectuate a meaningful transition for: 1) new enrollees into PEP following the annual coordinated election period; 2) the transition of newly eligible Medicare beneficiaries from other coverage; 3) the transition of enrollees who switch from one plan to another after the start of a contract year; 4) current enrollees affected by negative formulary changes across contract years; and (5) enrollees residing in long-term care (LTC) facilities.

II. Text of this Policy:

1. For urgent or immediate need of a non-formulary medication or formulary medication that requires prior authorization, a PEP Clinical Pharmacist will review the order and allow a 72-hour supply or adequate supply until the prior authorization or exception process can be completed. PEP will provide a temporary supply of non-formulary Part D drugs in order to accommodate the immediate needs of an enrollee and to allow sufficient time for the enrollee to work with the prescriber to make an appropriate switch to a therapeutically equivalent medication or the completion of an exception request to maintain coverage of an existing drug based on medical necessity reasons.
2. No changes will be made during the first 30 days of the transition period for new participants who are stable on the following categories of medications upon enrollment:
 - A. Antidepressants
 - B. Antipsychotics
 - C. Anticonvulsants
 - D. Antineoplastics
 - E. Antiretrovirals
 - F. Immunosuppressants
3. For newly enrolled participants who were prescribed non-formulary drugs requiring prior authorization and/or non-formulary Part D drugs in either a retail or Long Term Care (LTC) setting (i.e. skilled nursing facilities, intermediate care facilities, assisted living facilities, etc.) prior to PEP enrollment, a 90-day transition period will be granted

beginning on the new participant's effective date of enrollment to allow for a smooth transition.

4. For new and existing participants who need refills of existing prescriptions for non-formulary medications or formulary medications that require prior authorization, a PEP Clinical Pharmacist will review the order and allow at least a one-time, temporary supply of at least a month's supply of medication through PEP's contracted pharmacy anytime during the first 90 days of the participant's enrollment in PEP, beginning on the participant's effective date of coverage. If the participant presents with a prescription written for less a month's supply, PEP will allow multiple fills to provide up to a total of a month's supply of medication. Please note that PEP does not contract with retail pharmacies due to the structure of PACE.
5. For participants who are in a LTC setting and receiving non-formulary medications or formulary medications that require prior authorization, a PEP Clinical Pharmacist will review the order and allow a month's supply consistent with the dispensing increment (unless the enrollee presents with a prescription written for less), with multiple refills as necessary during the first 90 days of a participant's enrollment in PEP, beginning on the effective date of coverage. For participants being admitted to or discharged from a LTC setting, early refill edits are not used to limit appropriate and necessary access to their Part D benefit and these participants are allowed to access a refill upon admission or discharge.
6. If the 90-day transition period has ended and a participant in a LTC setting requests an emergency supply of non-formulary Part D drugs while an exception or prior authorization is being processed, a Clinical Pharmacist will review the order and allow for a 31-day emergency supply of non-formulary Part D drugs, unless the participant presents a prescription written for less than 31 days.
7. PEP will use the CMS model Transition Notice and send a written notice, via U.S. First Class mail, to each participant who receives a transition fill. The notice will be sent within three business days of the fill. The PEP Clinical Pharmacist will notify the prescribers of affected enrollees who receive a transition notice. The notice will include the following elements:
 - That the transition supply provided is temporary and may not be refilled unless a formulary exception is approved;
 - That the participant will work with PEP (the plan sponsor) and the PEP prescriber to satisfy utilization management requirements or to identify appropriate therapeutic alternatives that are the PEP formulary
 - That the participant has the right to request a formulary exception
 - And a description of the procedures for requesting a formulary exception.

- For LTC participants dispensed multiples supplies of a Part D drug in increments of 14-days-or-less, the written notice will be provided within 3 business days after adjudication of the first temporary fill.
8. For the instructions on how to file an appeal, refer to BP1700.102 - Participant Appeals Process.
 9. PEP will continue to provide necessary Part D drugs to participants via an extension of the transition period, on a case-by-case basis, to the extent that their exception requests or appeals have not been processed by the end of the minimum transition period and until such time a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).
 10. PEP will provide refills for transition prescriptions dispensed for less than the written amount due to quantity limits for safety purposes or drug utilization edits that are based on approved product labeling.
 11. For current participants whose drugs are no longer on the PEP formulary, or remain on the formulary but to which new prior utilization restrictions are applied, or affected by negative formulary changes in the upcoming year, PEP will effectuate a meaningful transition by either: 1) providing a transition process at the start of the new contract year; or 2) effectuating a transition prior to the start of the new contract year.
 12. PEP will ensure that it will apply all transition processes to a brand-new prescription for a non-formulary drug if it cannot make the distinction between a brand-new prescription for a non-formulary drug and an ongoing prescription for a non-formulary drug at the point-of-sale.
 13. Prior authorization or exception request forms are made available upon request to both participants and prescribing providers via a variety of mechanisms including mail, fax, email and on the PEP website.
 14. This transition policy will be extended across contract years should a beneficiary enroll in PEP with an effective enrollment date of either November 1st or December 1st and need access to a transition supply.
 15. Implementation Statement: Due to the structure of PEP's relationship with its single contracted pharmacy (that resides within the same parent organization), there is no claims adjudication system in place as you would typically see with other Part D plans and pharmacies. PEP's contracted pharmacy dispenses all medications as directed by

PEP including all prescriptions that fall under this transition policy. When a prescription that falls under this transition policy needs to be dispensed, PEP staff directly notifies the pharmacy to dispense and deliver the prescription without any delay. PEP does not use the point of sale process in the delivery of its medications.

16. Until such time as alternative transactional coding is implemented in a new version of the HIPAA standard, PEP will implement either appropriate systems changes to achieve the goals of any additional new messaging approved by the industry through NCPDP to address clarifying information needed to adjudicate a Part D claim or an alternative approach that achieves the goals intended in the messaging guidance.
17. This transition policy is available to enrollees on the PEP website and transition information is included in pre- and post-enrollment marketing materials as directed by CMS. In addition, the transition policy is available via link from the Medicare Prescription Drug Plan Finder website to the PEP website.

III. Related Policies and References:

BP1700.102: Participant Appeals Process

CP5500.117: Non-Formulary Drug Requests

CP5500.118: Prior Authorization Drug Process

Chapter 6 of the Medicare Prescription Drug Manual:

www.cms.hhs.gov/PrescriptionDrugCovContra/12_PartDManuals.asp#TopOfPage

IV. Revision History:

Version	Date	Author	Modification
1.0	07/09/2005	Not Specified	Initial Release
2.0	06/10/2008	Not Specified	Not Specified
3.0	02/18/2010	Rosalie Wachsmuth	Policy was revised and converted to new policy format.
4.0	04/15/2010	Rosalie Wachsmuth	Policy was updated to reflect new CMS requirements related to the submission of the 2011 Part D Formulary.
5.0	06/18/2010	Rosalie Wachsmuth	Policy was updated to reflect CMS requirements regarding the Transition Attestation.
6.0	07/21/2010	Rosalie Wachsmuth	Policy was updated to include statement regarding sending written notice via U.S. Mail within three business days of a transition fill.
7.0	08/16/2010	Rosalie Wachsmuth	Policy was revised to incorporate CMS Attestation 3 within this policy instead of referencing separate policies.
8.0	09/27/2012	Rosalie Wachsmuth	Policy was revised to incorporate changes to CMS Attestations 4 and 11.
9.0	05/23/2014	Rosalie Wachsmuth	Policy was revised to incorporate changes to CMS Attestation 6.
10.0	07/06/2014	Rosalie Wachsmuth	Policy was revised to incorporate changes to CMS Attestations 3, 8, 10, 14, 16 and the Implementation Statement.
11.0	07/31/2014	Rosalie Wachsmuth	Policy was revised to further clarify CMS Attestations 3 and 10.
12.0	07/07/2016	Rosalie Wachsmuth	Policy was revised to address CMS Attestations 1, 3, 11, 14, and 16.
13.0	07/09/2017	Rosalie Wachsmuth	Policy was revised to address CMS Attestations 1 and 14.
14.0	01/01/2019	Rosalie Wachsmuth	Policy was revised to reflect that transition fill days' supply will be a month's supply for both the retail and long-term care settings effective 1/1/2019.
15.0	05/26/2020	Rosalie Wachsmuth	Policy was reviewed and no changes were made.
16.0	6/01/2021	Rosalie Wachsmuth	Policy was reviewed and no changes were made.
17.0	5/01/2022	Rosalie Wachsmuth	Policy was reviewed and no changes were made.