



## **Medicare Part D prescription drug plan transition policy information for prescribers**

CarePlus Health Plans facilitates a CarePlus-covered patient's safe transition when they have limited ability to receive their current medication therapies. Patients may not be able to obtain a medication if it is not on the CarePlus Drug List or if it requires prior authorization because of quantity limits, step therapy requirements or confirmation of the patient's clinical history.

### **One-time transition supply at a retail or mail-order pharmacy**

If a CarePlus-covered patient is a new or existing patient of the plan and does not reside in a long-term care (LTC) facility, CarePlus will cover a one-time, 30-day supply of a Medicare Part D-covered medication during the first 90 days of coverage for the plan year, or during the first 90 days of the patient's enrollment, beginning on the effective date of coverage. If the prescription is written for fewer than 30 days, CarePlus will allow multiple fills to provide up to 30 days of medication. The prescription must be filled at a retail or mail-order pharmacy in the CarePlus plan network.

After receiving the 30-day supply, the patient will receive a letter that explains the temporary nature of the transition medication supply. Patients who complete their transition supply in multiple fills will receive a notification for the first transition fill only. Upon receipt of the letter and before the transition supply ends, the patient should talk to their prescriber and decide if the prescription should be switched to an alternative medication or if an exception or prior authorization should be requested. Once the transition fill is received, CarePlus may not pay for refills of temporary supply medications until an exception or prior authorization has been requested and approved.

### **Transition supply for residents of LTC facilities**

If a CarePlus-covered patient is a new or existing patient of the plan and resides in an LTC facility, CarePlus will cover a temporary supply of a Medicare Part D-covered medication during the first 90 days of coverage for the plan year, or during the first 90 days of the patient's enrollment, beginning on the effective date of coverage. The total supply will be for 31 days. If the prescription is written for fewer days, CarePlus will allow multiple fills to provide 31 days of medication. Please note the LTC pharmacy can provide the medication in smaller amounts at a time to prevent waste. The prescription must be filled at a network pharmacy.

If the patient's ability to receive the medication therapy is limited, but it is past the first 90 days of enrollment in the plan and the transition period has expired, CarePlus will cover a 31-day emergency supply of a Medicare Part D-covered medication. If the prescription is written for fewer than 31 days, CarePlus will allow multiple fills to provide up to 31 days of medication. This ensures continuation of therapy while an exception or prior authorization is being processed.

### **Transition supply for level-of-care changes**

Throughout the plan year, CarePlus-covered patients may have a change in their treatment settings

because of the level of care they require. Such transitions include:

- Patients who are discharged from a hospital or skilled nursing facility (SNF) to a home setting
- Patients who are admitted to a hospital or SNF from a home setting
- Patients who transfer from one SNF to another that is serviced by a different pharmacy
- Patients who end their SNF Medicare Part A stay (where payments include all pharmacy charges) and who need to use their Part D plan benefit
- Patients who give up hospice status and revert to standard Medicare Part A and Part B coverage
- Patients who are discharged from psychiatric hospitals with highly individualized medication regimens

For these changes in treatment settings, CarePlus will cover a 31-day supply of a Medicare Part D-covered medication when the prescription is filled at a network pharmacy. If patients change treatment settings multiple times within the same month, they may have to request an exception or prior authorization and receive approval for continued coverage of the medication.

CarePlus will review these requests for continuation of therapy on a case-by-case basis when patients have a stabilized medication regimen, which, if altered, is known to have risks.

### **Transition across contract years**

CarePlus provides a transition process for its current patients consistent with the transition process required for new patients. For current patients whose medications will be affected by negative formulary changes in the upcoming year, CarePlus will execute a transition process at the start of the new contract year. CarePlus also extends the transition policy across contract years should a patient enroll into a plan with an effective enrollment date of either Nov. 1 or Dec. 1 and need access to a transition supply.

### **Distinguishing new prescriptions**

CarePlus ensures it will apply all transition processes to new prescriptions for medications not on the CarePlus formulary Drug List, or medications that have utilization management (UM) requirements, if it cannot make the distinction between a new prescription and an ongoing prescription at the point of sale. To distinguish ongoing therapy, CarePlus-covered patients must have a minimum of a 108-day claims history. CarePlus will look back 180 days from the patient effective date, or the beginning of the current plan year, for prior utilization of the medication when claims history is available.

### **Cost sharing for medications provided through the transition policy**

If a CarePlus-covered patient is eligible for the Low-Income Subsidy (LIS), the copayment or coinsurance for a temporary medication supply provided during the transition period will not exceed the patient's LIS limit. If a patient does not receive LIS, the copayment or coinsurance will be based on the plan's approved medication cost-sharing tiers.

### **Transition patient notices**

It is CarePlus policy to ensure a notice of the transition event is sent to the CarePlus-covered patient for the transition claim. Patients who complete their transition supply in multiple fills will receive a notification for the first transition fill only. All transition policy notification letters are mailed to patients by United States Postal Service First-Class Mail® within 3 business days of the transition fill event being recognized by the point-of-sale adjudication system. These letters

contain the following language elements:

- The transition supply provided is temporary and may not be refilled outside the transition period unless a formulary exception or other authorization is approved.
- The patient should work with CarePlus as well as their prescriber to satisfy UM requirements or to identify appropriate therapeutic alternatives that are on the CarePlus formulary and that will likely reduce costs.
- The patient has the right to request a formulary exception, the time frames for processing the exception and an appeal if the sponsor issues an unfavorable decision.
- The patient should follow CarePlus procedures for requesting exceptions.

For LTC residents dispensed multiple supplies of a Medicare Part D-covered medication in increments of 14 (or fewer) days, the transition policy notification letter will be mailed within 3 business days after processing of the first temporary fill.

### **Transition prescriber notices**

It is CarePlus policy to ensure a notice of the transition event is sent to the prescriber on record for the transition claim. Prescribers will receive a notification for the first transition fill only when patients complete their transition supply in multiple fills. The prescriber letter provides the following information:

- Patient name
- Patient date of birth
- Medication name
- Date of fill
- UM edit
- Directions on how to use the CarePlus Provider Drug List Search tool
- Information on the CarePlus coverage determination process

### **Transition extension**

CarePlus will continue to provide necessary medications to CarePlus-covered patients with an extension of the transition period (on a case-by-case basis) when an exception and prior authorization request or appeal has not been processed by the end of the transition period.

### **Pharmacy and therapeutics committee**

The pharmacy and therapeutics committee has oversight of the CarePlus Medicare Part D Drug List and associated policies. These policies are designed for certain Part D-covered medications to ensure they are based on medically accepted clinical guidelines for indications when the medication has been proven safe and effective and is prescribed according to manufacturer recommendations.

After a CarePlus-covered patient receives a temporary supply of a Medicare Part D-covered medication, the medication may require medical review if the medication is not on the CarePlus Drug List or requires prior authorization due to quantity limits, step therapy requirements or confirmation of clinical history. If a patient is stabilized on a medication not on the CarePlus Drug List or a medication requiring prior authorization (or has tried other medication alternatives), the patient's physician can provide CarePlus with a statement of the patient's clinical history to facilitate the prior authorization or exception request process.

For more information about the CarePlus transition policy, please call the CarePlus Pharmacy Utilization Management Unit at 1-866-315-7587, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.