



Policies and Standard Procedures

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| Subject: Prescription Drug Transition | | Policy #: H3727_HS-Drug Transition_ISNP_CSNP |
| Category: Health Services | | Reviewed: 08/28/20 |
| Federal Regulation: 42 CFR 423.120(b)(3), CMS Prescription Drug Benefit Manual Chapter 6, 30.4 State: OH, MD, IN | | |
| Approval: 8/28/20 | Effective: 08/28/20 | Page: 1 of 3 |

Scope

This policy addresses a Part D drug transition fill process for CommuniCare Advantage (CCA) Institutional Special Needs Plan (ISNP) members and Chronic Condition Special Needs Plan (CSNP) members. The approach outlined in this policy will be executed through CCA's pharmacy benefits manager.

Purpose

To maintain a transition process consistent with CMS guidelines for CCA members whose current drug therapies are not included in the CCA formulary.

Definitions

Non-Formulary (for the purposes of transition requirements): (1) Part D drugs that are not on the CCA formulary, (2) drugs previously approved for coverage under an exception once the exception expires, and (3) Part D drugs that are on the CCA formulary but require prior authorization or step therapy, or which have an approved quantity limit lower than the member's current dose

Pharmacy Benefit Manager (PBM): A third-party administrator of prescription programs for the health plan

Prior Authorization (PA): Plan approval in advance before the Plan will agree to cover a drug for the member

Step Therapy (ST): Requiring the member to try a different drug first before the Plan will agree to cover the drug that is being requested

Policy

Through its pharmacy benefits manager, Elixir, CCA's pharmacy claims adjudication system allows pharmacies to provide a temporary supply of non-formulary Part D covered drugs in order to accommodate the immediate needs of a member. It allows sufficient time for the member to work with the prescriber on an appropriate switch to a therapeutically equivalent formulary medication or to complete an exception request to maintain coverage of an existing drug based on medical necessity.

The transition process promotes continuity of care and allows members to avoid interruptions in drug therapy. This process will effectuate a meaningful transition for:

- New members of either plan



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- Current members affected by negative formulary changes across contract years
- Members whose exception request was not addressed within the applicable adjudication timeframe during the transition period
- Current members who are on a drug that was the result of an exception that was granted in the previous year
- Current member experiencing a level of care change
- Current members entering the LTC setting from other care settings
- Current members in a LTC setting requiring an emergency supply of a non-formulary drug

Procedure

The transition process will be initiated when an individual first presents a prescription for a drug that is non-formulary and ongoing therapy at an in-network pharmacy. A minimum of a 108-day look-back period will determine ongoing therapy. If the distinction between ongoing therapy and new therapy cannot be made at the point of sale, then the prescription will be treated as ongoing therapy and the member will be provided with a transition fill.

A member's transition period begins with the date of enrollment and will be implemented within the first 90 days of the member's first effective date of coverage. In the retail setting a transition fill of at least a 30-day supply will be available to the member, and at least a 91-day supply will be available in the long term care setting.

If a transition fill is provided for a protected class drug that is subject to a PA or ST on new starts only, the initial transition fill will be considered ongoing therapy and the PA or ST requirement would no longer be applicable after the first transition fill has been provided.

Some utilization management edits will still apply during a transition fill period:

- Edits to help determine Part A or B vs Part D coverage
- Edits to prevent coverage of non-Part D drugs
- Edits to promote safe utilization of a Part D drug

A written notice will be sent to each member who receives a transition fill within 3 business days of adjudication of the temporary transition fill. CCA makes reasonable effort to notify the prescriber of affected members. The notice will inform members about their options and ensure that they have the necessary information to enable them to switch to a formulary product or to pursue necessary prior authorizations or formulary exceptions.

Outside of the 90 day transition period a member who resides in a long term care setting may be provided with a 31 day emergency supply of non-formulary Part D drugs while an exception or prior authorization request is being processed.



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For a member who experiences a level of care change (i.e. long term care facility to hospital, hospital to home) outside of the 90 day transition period and needs a non-formulary Part D drug, up to a 30-day emergency temporary supply of medication in the retail setting and up to a 31-day emergency temporary supply in the long term care setting will be provided.

Approval Signature



Dr. Joe Schlageck, Chief Medical Officer

Revision History

| Date | Content | Revised By |
|------------|---|------------|
| 10/30/2020 | Specific information regarding emergency fills outside of transition period | Anna Lobas |
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