Medicare Part D prescription drug plan transition policy information for prescribers

Careplus works to facilitate members' safe transition when they have limited ability to receive their current drug therapies. Members may not be able to get a drug if it is not on CarePlus' drug list or if it requires prior authorization because of quantity limits, step therapy requirements or confirmation of a member's clinical history.

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

If a member is a new or existing member of the plan and does not reside in a long-term- care (LTC) facility, CarePlus will cover a one-time, temporary 30-day supply of a Medicare Part D-covered drug during the first 90 days of coverage for the plan year, or during the first 90 days of the member'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 a total of 30 days of medication. The prescription must be filled at a retail or mail-order pharmacy in CarePlus' plan network.

After receiving the 30-day supply, the member will receive a letter that explains the temporary nature of the transition medication supply. Upon receipt of the letter and before the transition supply ends, the member should talk to their prescriber and decide if the prescription should be switched to an alternative drug 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 drugs until an exception or prior authorization has been requested and approved.

Transition supply for residents of long-term-care facilities

If a member is a new or existing member of the plan and resides in an LTC-facility, CarePlus will cover a temporary supply of a Part D-covered drug during the first 90 days of coverage for the plan year, or during the first 90 days of the member'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 that the long-term-care pharmacy may provide the drug in smaller amounts at a time to prevent waste. The prescription must be filled at a network pharmacy.

If the member's ability to receive the drug 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 Part D-covered drug. If the prescription is written for fewer than 31 days, CarePlus will allow multiple fills to provide up to a total of 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, members may have a change in their treatment settings due to the level of care they require. Such transitions include:

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

For these changes in treatment settings, CarePlus will cover a 31-day supply of a Part D- covered drug when the prescription is filled at a network pharmacy. If members 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 drug.

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

Transition across contract years

CarePlus provides a transition process for current members consistent with the transition process required for new members. For current members whose drugs will be affected by negative formulary changes in the upcoming year, CarePlus will effectuate a meaningful transition providing a transition process at the start of the new contract year. CarePlus also extends the transition policy across contract years should a member enroll into a plan with an effective enrollment date of either November 1 or December 1 and need access to a transition supply.

Distinguishing brand new prescriptions

CarePlus ensures it will apply all transition processes to a brand-new prescription for drugs not on CarePlus's formulary drug list or that have utilization management requirements, if it cannot make the distinction between a brand-new prescription and an ongoing prescription at the point-of-sale. To distinguish ongoing therapy, members must have a minimum of a 108 day claims history. CarePlus will look-back 180 days from the member effective date or the beginning of the current plan year, for prior utilization of the drug when claims history is available.

Cost-sharing for drugs provided through the transition policy
If a member is eligible for the low-income subsidy (LIS), the copayment or coinsurance for a temporary supply of drugs provided during the transition period will not exceed his/her LIS limit. If a member does not receive LIS, the copayment or coinsurance will be based on his/her plan's approved drug cost-sharing tiers.

Transition extension

CarePlus makes arrangements to continue to provide necessary drugs to members via 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 (P&T) committee has oversight of CarePlus' Part D drug list and associated policies. These policies are designed for certain Part D-covered drugs to ensure they are used based on medically accepted clinical guidelines for indications when the drug has been proven safe and effective and is prescribed according to manufacturer recommendations.

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

For more information about CarePlus' transition policy, please call the Pharmacy Coverage Determination Review team at **1-866-315-7587**, Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.