Title: Medicare Part D Transition  
Number: CP.IHM.PH.006.v1.3  
Current Effective Date: 01/01/17  
Original Effective Date: 05/30/13  
Replaces: CP.IHM.PH.006.v1.2  
Cross Reference: N/A  

**Purpose**  
To ensure compliance with 42 CFR 423.120(b)(3) regarding providing an appropriate transition process for members prescribed Part D drugs that are (1) not on the plan’s formulary; (2) previously approved for coverage under an exception once the expiration expires; and (3) on the plan’s formulary but require prior authorization or step therapy, or that have an approved quantity limit (QL) lower than the beneficiary’s current dose, under the plan’s utilization management rules.

**Scope**  
Applies to PREMERA and its subsidiaries and affiliates ("Premera" or the "Company") and First-Tier, Downstream and Related Entities for Medicare Advantage members with a prescription drug (Part D) benefit.

**Policy**  
Premera Blue Cross (PBC) will maintain an appropriate transition process consistent with 42 CFR 423.120(b)(3) that includes a written description of how, for enrollees whose current drug therapies may not be included in their new Part D plan’s formulary, it will effectuate a meaningful transition for: (1) new enrollees into prescription drug plans at the start of a contract year; (2) newly eligible Medicare beneficiaries from other coverage; (3) enrollees who switch from one plan to another after the start of the contract year; (4) current enrollees affected by negative formulary changes across contract years; and (5) enrollees residing in long-term care (LTC) facilities. Members who change plan benefit packages (PBPs) within the same Contract are not eligible for a transition fill since the formulary will not have changed between the PBPs.

PBC submits a copy of its transition process policy to the Centers for Medicare and Medicaid Services (CMS) for approval.

PBC will ensure that its transition policy will apply to non-formulary drugs, meaning (1) Part D drugs that are not on the plan’s formulary and (2) Part D drugs that are on the plan’s formulary but require prior authorization or step therapy, or that have an approved quantity limit (QL) lower than the beneficiary’s current dose, under the

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PBC ensures review of non-formulary drug requests and redirects, when appropriate, new Part D enrollees and prescribing providers to therapeutically appropriate formulary alternatives failing an affirmative medical necessity determination. PBC uses a 180 day look-back to adequately document ongoing drug therapy.

PBC has claims processing system capabilities that allow a temporary supply of non-formulary Part D drugs in order to accommodate the immediate needs of an enrollee, as well as to allow PBC and/or the enrollee sufficient time 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.

PBC will ensure that in the retail setting, the transition policy provides for at least a one-time, temporary 30-day fill (unless the enrollee presents with a prescription written for less than 30 days), with multiple refills as necessary for up to a 90 day supply anytime during the first 90 days of a beneficiary’s enrollment with PBC, beginning on the enrollee’s effective date of coverage.

PBC cost-sharing for a temporary supply of drugs provided under the transition process will never exceed the statutory maximum co-payment amounts for low-income subsidy (LIS) eligible enrollees. For non-LIS enrollees, PBC charges the same cost sharing for non-formulary Part D drugs provided during the transition that would apply for non-formulary drugs approved through a formulary exception in accordance with § 423.578(b) and the same cost sharing for formulary drugs subject to utilization management edits provided during the transition that would apply if the utilization management criteria are met.

In the long-term care setting: (1) the transition policy provides for a 102 day fill consistent with the applicable dispensing increment (unless the enrollee presents with a prescription written for less), with refills provided if needed during the first 90 days of a beneficiary’s enrollment in the plan, beginning on the enrollee’s effective date of coverage; (2) after the transition period has expired, the transition policy provides for a 31-day emergency supply of non-formulary Part D drugs (unless the enrollee presents with a prescription written for less than 31 days) while an exception or prior authorization is requested; and (3) for enrollees being admitted to or discharged from an LTC facility, early refill edits are not used to limit appropriate and necessary access to their Part D benefit, and such enrollees are allowed to access a refill upon admission or discharge.
IMPLEMENTATION:
In order to assure that new enrollees are able to leave a pharmacy with a temporary supply of non-formulary Part D drugs without unnecessary delays, PBC utilizes claim messaging that informs the pharmacy that the claim processed automatically during the transition period. No further action is required from the pharmacy. PBC only applies the following utilization management edits during transition at point-of-sale: (1) edits to determine Part A or B versus Part D coverage; (2) edits to prevent coverage of non-Part D drugs (e.g., excluded drugs such as a drug that may be used for sexual dysfunction, or formulary drugs being dispensed for an indication that is not medically accepted); and (3) edits to promote safe utilization of a Part D drug (e.g., a beneficiary-level opioid claim edit; quantity limits based on FDA maximum recommended daily dose; early refill edits). Step therapy and prior authorization edits are resolved at point-of-sale.

For new enrollees, PBC prevents any unintended interruptions in pharmacologic treatment with Part D drugs during their transition into the Part D benefit. This includes ensuring that enrollees have timely access to their medically necessary Part D drug therapies for opioid dependence.

This transition policy provides refills for transition prescriptions dispensed for less than the written amount due to quantity limit safety edits or drug utilization edits that are based on approved product labeling.

PBC 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.

PBC will send a written notice via U.S. first class mail to each enrollee within three (3) business days of adjudication of a temporary transition fill. The notice includes: (1) an explanation of the temporary nature of the transition supply an enrollee has received; (2) instructions for working with PBC and the enrollee’s prescriber to satisfy utilization management requirements or to identify appropriate therapeutic alternatives that are on the plan’s formulary; (3) an explanation of the member’s right to request a formulary exception, the timeframes for processing the exception, and the member’s right to request an appeal if the plan issues an unfavorable response; and (4) a description of the procedures for requesting a formulary exception. For long-term care residents dispensed multiple supplies of a Part D drug in increments of 14 days or less, consistent with the requirements under 42 CFR 423.154(a)(1)(i), the written notice will be provided within 3 business days after adjudication of the first temporary fill. PBC will use the Centers for Medicare and Medicaid Services (CMS) model Transition Notice via the file-and-use process or submit a non-model Transition Notice to CMS for marketing review subject to a 45-day review. PBC will ensure that...
reasonable efforts are made to notify prescribers of affected enrollees who receive a transition notice. Prescribers of record are either (1) directly provided a copy of the written transition notice labeled as the “PROVIDER COPY” via U.S. first class mail, fax, or electronic means or (2) notified via a phone call or individualized or batch fax/electronic notification.

PBC prior authorization or exceptions request forms are available upon request to both enrollees and prescribing physicians via a variety of mechanisms, including mail, fax, email, and on the PBC website.

PBC will extend its transition policy across contract years should a beneficiary enroll in the plan with an effective enrollment date of either November 1 or December 1 and needs access to a transition supply.

The transition policy is available to enrollees via a link from the Medicare Prescription Drug Plan Finder to the PBC website, and transition information will be included in pre-and post-enrollment marketing materials as directed by CMS.

PBC will continue to provide necessary Part D drugs to enrollees 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 as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).

For current enrollees whose drugs will be affected by negative formulary, or remain on the formulary changes in the upcoming year, PBC 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.

<table>
<thead>
<tr>
<th>Violations of Policy</th>
<th>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</th>
<th>References:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Violations of this policy by FDRs may result in increased auditing and monitoring, performance guarantee or other contractual penalties and/or termination of the contract.</td>
<td>1. Medicare Prescription Benefit Drug Manual, Chapter 6- Part D Drugs and Standards</td>
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<td>Disciplinary actions will be appropriate to the seriousness of the violation.</td>
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2. 42 CFR 423.120(b)(3)

Controls

The Compliance & Ethics Department and Pharmacy Department are responsible for ensuring that Premera is in compliance with this Policy through routine audits of transition fills.

Policy Owner

Chad Murphy, VP, Pharmacy, Contracting and Consulting

Contact

Any questions regarding the contents of this Policy or its application should be directed to Customer Service at 1-888-850-8526. TTY users should call 711.

Approval Dates

05/26/16; 05/18/15; 08/04/14; 07/08/14; 05/13/14; 05/30/13

Approval

IHM Programs Committee

Print Name

Chelle Moat, MD, Chair

Signature

Committee approval on file

Date

05/26/2016
Premera Blue Cross Medicare Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, color, religion, sex, gender, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location.

Premera:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Premera Blue Cross Medicare Advantage Plans, Attn: Civil Rights Coordinator, P.O. Box 4158, Portland, OR 97208-4158

Fax Number: 1-855-339-8129
Expedited appeal requests can be made by phone at 1-888-850-8526 (TTY: 711).
Email: AppealsDepartmentInquiries@Premera.com.
You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD).

Getting Help in Other Languages

This Notice has important information. This notice may have important information about your application or coverage through Premera Blue Cross Medicare Advantage. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost.
Call 888-850-8526 (TTY: 711).
Corporate Integrated Health Management Policy

Multi-Language Insert

Multi-Language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-850-8526 (TTY: 711).


Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-850-8526 (TTY: 711)。


Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-850-8526 (телетайп: 711).


Ukrainian: ВБАГА! Якщо ви розмовляєте українською мовою, ви можете звернутись до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-850-8526 (телетайп: 711).

Mon-Khmer, Cambodian: ប្រព័ន្ធនុងប្រព័ន្ធមិនសេទីមានអោយចុះកាលទ័ព និងតម្រង់ក្នុងការធ្វើប្រការ ហើយ នូវមូលដ្ឋាន ប្រការប្រភេទថ្មី 1-888-850-8526 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-850-8526（TTY:711）まで、お電話にてご連絡ください。

Amharic: የአማርኛ ላይነት እስከ የአማርኛ ገበያ የስፋር ላይነት እስከ የአማርኛ ገበያ: በአማርኛ የአማርኛ ገበያ 1-888-850-8526 (ስፋር ላይነት እስከ የአማርኛ ገበያ: 711).


Punjabi: ਪੰਜਾਬੀ ਦੀਨਾ ਜੋ ਹੀ ਪੰਜਾਬੀ ਦਿਨਾ ਜੋ ਹੀ। 1-888-850-8526 (TTY: 711) ਦੇ ਵਾਲੇ ਵਾਲੇ।


Laotian: ປະເທດ: ມັກໜ້າທ້າຍ ນຶ້າ ມັກໜ້າທ້າຍ ມັກໜ້າທ້າຍ ການບັນທັນ ເອກະສານ, ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັນ ການບັນທັ

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