



Medicare Part D prescription drug plan transition policy information for prescribers

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

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

If a patient is a new or existing member of the CarePlus 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 drug. This will occur during the first 90 days of coverage for the plan year, or during the first 90 days of the member' 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 patient will receive a letter that explains the temporary nature of the supply. Upon receipt of the letter and before the transition supply ends, the patient should talk to his/her prescriber and decide if the prescription should be switched to another 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 patient is a new or existing member of a CarePlus 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 plan 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 patient'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. This ensures continuation of therapy while an exception or prior authorization is processed.

Transition supply for level-of-care changes

Throughout the plan year, a patient's treatment settings may change because of the level of care he or she requires. Such transitions include patients who:

- Are discharged from a hospital or skilled nursing facility (SNF) to a home setting
- Are admitted to a hospital or SNF from a home setting
- Transfer from one SNF to another that is serviced by a different pharmacy
- End their SNF Medicare Part A stay (where payments include all pharmacy charges) and who need to use their Part D plan benefit
- Give up hospice status and revert to standard Medicare Part A and Part B coverage
- 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 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 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.

Cost-sharing for drugs provided through the transition policy

If a patient 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 patient does not receive LIS, the copayment or coinsurance will be based on his/her CarePlus plan's approved drug cost-sharing tiers.

Transition extension

CarePlus makes arrangements to continue to provide necessary drugs to patients 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 CarePlus 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 CarePlus 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 clinical history confirmation. If a patient is stabilized on a drug not on the drug list or a drug requiring prior authorization or has tried other drug 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 CarePlus' transition policy, please call the Pharmacy Coverage Determination Review team at **866-315-7587**, Monday through Friday, 8 a.m. to 8 p.m. Eastern time.