



## **Medi-Pak Advantage and Medi-Pak Rx Transition Fill Policy**

### **Contract Numbers: S5795 and H4213**

#### **INTRO/PURPOSE:**

This policy describes the formulary transition process that satisfies CMS requirements for Medicare Part D. The transition process allows members to obtain non-formulary Part D drugs in a retail setting or via home infusion, safety-net, or I/T/U pharmacies and LTC settings for both new and current members.

#### **PROCESS & RATIONALE:**

CVS Caremark Part D Services, L.L.C. will implement Medi-Pak Rx and Medi-Pak Advantage's Transition Plan as communicated to CVS Caremark. The plan allows transition fill-eligible beneficiaries who have been taking non-formulary drugs (including drugs that are subject to prior authorization, step therapy or a quantity limit) time to switch to a formulary alternative or request a medical exception.

**This transition process allows for refills for transition prescriptions dispensed for less than the written amount due to quantity limits for safety purposes or drug utilization edits that are based on approval product Labeling.**

#### **DEFINITIONS**

1. **Caremark:** Caremark Rx, L.L.C., and each of its pharmacy benefit management subsidiaries and affiliates.
2. **Clinical Operations:** CVS Caremark Part D Services, L.L.C. business unit that is responsible for generating and mailing some beneficiary notifications
3. **CMS** – Centers for Medicare and Medicaid Services.
4. **CVS Caremark Part D Services, L.L.C. (formerly known as SilverScript, L.L.C.):** The Caremark subsidiary that provides certain pharmacy benefit management services to Medicare Part D Plans
5. **LTC** – Long Term Care
6. **PAMC** – Prior Authorization/Medical Certification. This is a field on the standardized pharmacy adjudication layout for entry of an authorization code provided by the processor.

#### **PROCEDURES**

1. New Beneficiary Transition Fill in the Retail Setting
  - a. CVS Caremark Part D Services, L.L.C. transmits Point of Sale messaging to alert the dispensing pharmacy to the availability of a transition fill option that allows overrides for up to 30 days' supply of: 1) non-formulary drugs that would otherwise reject; and 2) formulary drugs that require prior authorization, step therapy or a quantity limit. CVS Caremark Part D Services, L.L.C. provides the pharmacy a unique override code (PAMC) to enter at the time of dispensing for this purpose. Quantity limits for safety reasons based on FDA product labeling are imposed, but enrollees are allowed refills up to the transition supply allowed.
  - b. Transition Fills will be available through this functionality for new beneficiaries under Part D transition fill eligible conditions within the first 90 days of their enrollment. Any prescription

- for a Part D drug filled during this period is considered ongoing medication therapy and thereby qualifies for a transition supply.
2. Long Term Care Residents
    - a. For LTC residents, a cumulative 93 day supply (multiple fills up to 31 days each) will be available during the first 90 days of their enrollment.
    - b. To accommodate emergency fills for LTC residents requiring a fill for the first time when they are beyond their transition window, automated service codes are submitted by the pharmacy with claim submission to allow up to a 31 day supply of medication that rejects because it is non-formulary, or formulary and has a quantity limit, or requires prior authorization or step therapy. Quantity limits for safety reasons based on FDA product labeling are imposed, but the enrollee is allowed refills up until the cumulative 93 day supply has been obtained.
  3. Level of Care Changes
    - a. For non LTC residents, the pharmacy must call the CVS Caremark Part D Services, L.L.C Pharmacy Help Desk in order to obtain an override to submit a Level of Care transition fill request
    - b. For LTC residents, automated service codes are submitted by the pharmacy with claim submission to override Refill Too Soon rejects for new admissions.
    - c. For LTC residents, automated service codes are submitted by the pharmacy with claim submission to allow up to a 31 days supply of medication that might be non-formulary, or formulary and requires prior authorization or step therapy. Quantity limits for safety reasons based on FDA product labeling are imposed, but the enrollee will be allowed refills up until the cumulative 93 day supply has been obtained.
    - d. If a dose change results in an “early refill” reject, the pharmacy may call the Pharmacy Help Desk to obtain an override.
  4. Cumulative Days Supply
    - a. Transition refills for supplies dispensed at less than amount written due to quantity limits for safety reasons based on approved product labeling are allowed up to 30 days supply (retail) and 31 days supply with multiple fills to 93 days (LTC).
  5. Formulary Alternatives
    - a. Since Medi-Pak Rx and Medi-Pak Advantage uses Caremark for appeals, coverage determination and medical review processes for non-formulary requests are documented in CVS Caremark Part D Services, L.L.C. Policies and Procedures: **CLINOP-0225** Medicare Part D Coverage Determination; and **CLINOP-0224** Medicare Part D Coverage Redetermination.
  6. Retroactive Eligibility
    - a. “Effective January 1, 2010, the limited income newly eligible transition (NET) program will provide coverage for beneficiaries. CVS Caremark will continue to support retroactive claims adjustments for beneficiaries enrolled in Medi-Pak Rx or Medi-Pak Advantage who become retroactively eligible for Medicaid during the period of Part D enrollment.
  7. Transition Extensions

Since Medi-Pak Rx and Medi-Pak Advantage uses Caremark Customer Care services, on a case-by-case basis, CVS Caremark Part D Services, L.L.C’s Customer Care may provide a 30 day extension of the transition period to accommodate beneficiaries who continue to await resolution of a pending prior authorization or exception request.
  8. Cost sharing Considerations
    - a. Cost sharing for non-formulary drugs supplied as a transition fill is set by statute for low income subsidy (LIS) beneficiaries
    - b. For non-LIS beneficiaries, the cost-share is consistent with that charged for non-formulary drugs approved under a coverage exception.
  9. Transition fill processing and coding

- a. Transition fill payment processes and system coding ensures point of service messaging to pharmacies identifies when submitted claims are eligible for transition supply
  - b. Transition fill messaging to pharmacies is consistent with current NCPDP Telecommunication standards.
  - c. Transition fill processing applies to both new and ongoing prescriptions for beneficiaries who are new to plan.
10. Edits for Transition Fills
- CVS Caremark Part D Services, L.L.C will code the following utilization management edits or drugs such that transition fill overrides will not be applied:
- a. Drugs requiring Part B vs. Part D coverage determination
  - b. Drugs excluded from Part D benefit
  - c. Edits to promote safe utilization of drugs, such as maximum daily dose or early refills not a result of a dosage changes.
  - d. Dose Optimization edits that are permanently overridden at point of sale
11. Transition Across Contract Years
- a. Medi-Pak Rx and Medi-Pak Advantage have selected the following processes for renewing beneficiaries:
    - i. Use the ANOC as advance notice of any formulary changes.
    - ii. Encourage formulary/tying exceptions/prior authorizations be processed prior to January 1 of the new contract year.
  - b. CVS Caremark Part D Services, L.L.C Pharmacy Help Desk is instructed to provide transition supplies to renewing beneficiaries who were on medications in the prior plan year that are non-formulary or require prior authorization in the new plan year. Since Medi-Pak Rx and Medi-Pak Advantage uses Caremark's Customer Care services, on a case-by-case basis, CVS Caremark Part D Services, L.L.C's Customer Care may provide 30 day extensions to accommodate beneficiaries who continue to await resolution of a pending prior authorization or other exception requests
  - c. CVS Caremark Part D Services, L.L.C provides a full 90 day transition period from the beneficiary's enrollment date, even when this period extends into the following contract year.
12. Transition Notices
- a. A written transition notice is mailed via US First Class mail to the beneficiary within three (3) business days of the transition fill prescription claim submission. The notice identifies the drug that was dispensed as a transition supply, the reason for the transition supply, the beneficiary's right to exceptions and procedures for requesting an exception and timeframes to process the exception.
  - b. Medi-Pak Rx and Medi-Pak Advantage have received CMS-approval for use of a custom version of the model transition notice.
13. Transition Reporting
- a. Transition claim record data are stored in Caremark's data warehouse and are used to produce standard beneficiary detail and summary reports.
  - b. Reports containing transition claim detail information are accessed though the RxNavigator reporting tool.
  - c. The Transition Fill Detail Report includes Transition Fill claim record data for all fields that are on the daily Transition Fill Extract File.
  - d. The Transition Fill Summary Report provides letter count for a specified date range.
  - e. Transition Fill Letter production, or other reports, are available by request. These ad hoc reports include Transition Fill Letter mailing turn-around-times in number of days.
14. Public Notice of Transition Process and Availability of PA and Exception Request Forms:
- Arkansas Blue Cross and Blue Shield is responsible for making general transition process information available to beneficiaries via the Medicare Prescription Drug Plan Finder link to our

web site as well as in beneficiary formulary and pre and post enrollment materials.b.

Arkansas Blue Cross and Blue Shield utilizes CVS Caremark Part D Services, L.L.C.'s prior authorization and exception processing services. CVS Caremark will provide prior authorization and exception request forms upon request by enrollee or prescriber via variety of means including by e-mail, mail, fax, and via forms posted on Arkansas Blue Cross' website.