CL-37 Formulary Transition

Key Points

- **This Policy and Procedure applies to EnvisionRx and activities managed by the Clinical Operations department, primarily the Formulary Clinical Pharmacists and Clinical Coordinators.**

- **EnvisionRx implements appropriate transition processes for certain enrollees prescribed Part D drugs, in order to allow for continuity of care and avoid interruptions in therapy while switching to a therapeutically equivalent drug or completion of an exception request to maintain coverage of an existing drug based on medical necessity.**

Policy & Procedure

1. Transition Requirements.

    1.1. EnvisionRx supports transition eligibility for beneficiaries in the following scenarios:

    1.1.1. New enrollees into prescription drug plans following annual coordinated election period.

    1.1.2. Newly eligible Medicare beneficiaries from other coverage.

    1.1.3. Enrollees who switch from one plan to another after the start of the contract year.

    1.1.4. Current enrollees affected by a negative formulary change across contract years.

    1.1.5. Enrollees residing in long-term care facilities.

    1.2. Beneficiary transition period begins with the date of each enrollment.

2. General Transition Process.

    2.1. EnvisionRx takes necessary action to ensure the beneficiary is provided a meaningful transition.

    2.1.1. EnvisionRx creates adjudication logic to issue a transition fill, pharmacy messaging and provision of a transition letter to the beneficiary and prescriber upon receipt of a claim deemed eligible for a transition fill.

3. New Prescription versus Ongoing Drug Therapy.

    3.1. EnvisionRx reviews beneficiary history to determine eligibility for transition fills.

    3.1.1. For instances where the beneficiary history is unavailable, the beneficiary is by default eligible and issued a transition fill.

    3.2. Transition fills for protected class medications are considered prior utilization for all PA type 2 (new starts only) and ST type 2 (new starts only) utilization management edits.

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Issued: 11/17/2017
Reviewed: 11/02/2018
Revised: 11/02/2018

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4. Transition Timeframes and Transition Supply.

   4.1. EnvisionRx provides a transition supply of a non-formulary drug within the first 90 days of coverage under a new plan.

      4.1.1. The 90 days begins with the beneficiaries' effective date of coverage.

      4.1.2. Transition applies for any instance of a gap in the coverage with the plan.

   4.2. For new members submitting claims for protected class, formulary drugs with Prior Authorization required or Step Therapy required, member transition eligibility will be within the first 108 days of coverage under the new plan

   4.3. Transition supply for retail and long term care setting is for at least 30 days.

5. Transition across Contract Years.

   5.1. EnvisionRx conducts an annual comparison of the current plan year benefit and the upcoming plan year benefit to identify all negative changes across plan years.

   5.2. The analysis is used to generate grandfather[1] lists that will provide continuing eligible beneficiaries with transition fills beginning January 1.

      5.2.1. Grandfather lists are active for continuing beneficiaries for the first 90 days of the plan year.

      5.2.2. Address negative changes for non-formulary drugs, Prior Authorizations are required, Quantity Limits are applied and Step Therapy is required.

   5.3. New beneficiaries receive blanket grandfathering of all non-formulary drugs and formulary drugs with UM edits.

      5.3.1. Grandfathering for new beneficiaries begins with their first effective date of coverage and continues for 90 days.

6. Transition Fills for Smallest Available Package Size Drugs (SAPS).

   6.1. Drugs identified as the smallest available package size will be afforded multiple fills as necessary to provide beneficiaries sufficient amount of the drug for at least a 30 day supply.

   6.2. Drug IDs associated with smallest available package sizes, that cannot be broken up are identified and maintained by EnvisionRx.

   6.3. Weekly new NDC reports are evaluated for additions to the SAPS list.

      6.3.1. The SAPS list is updated as needed per the weekly new NDC review

   6.4. Global review of the list occurs annually.

7. Safety Edits.

   7.1. EnvisionRx implements safety edits for all Part D members to prevent dispensing of unsafe dosing of drugs.

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Reviewed: 11/02/2018
Revised: 11/02/2018

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7.2. These edits are applied at the point-of-sale to assist pharmacists in identifying and preventing inappropriate drug therapy.

7.3. Edits include the following:

7.3.1. Screening for potential drug therapy problems due to therapeutic duplication;

7.3.2. Age/gender-related contraindications;

7.3.3. Over-utilization and underutilization;

7.3.4. Drug-drug interactions;

7.3.5. Incorrect drug dosage or duration of drug therapy (e.g., doses above FDA maximum approved dosing);

7.3.6. Drug-allergy contraindications;

7.3.7. Clinical Abuse/Misuse

7.4. These edits can be implemented on protected class drugs and controlled substances

7.5. These edits are not required to be part of the HPMS formulary submission

7.6. Safety edits at the point-of-sale will not be suppressed during a beneficiary's transition period.

Resources

- Centers for Medicare & Medicaid Services, Medicare Prescription Drug Benefit Manual Chapter 6 – Part D Drugs and Formulary Requirements https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Part-D-Benefits-Manual-Chapter-6.pdf

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[1] **Grandfather list:** A list of drugs that are eligible for a transition fill based on a negative formulary change across plan years

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Reviewed: 11/02/2018
Revised: 11/02/2018

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