30.4 - Transition

(Rev. 18, Issued: 01-15-16, Effective: 01-15-16; Implementation: 01-15-16)

A Part D sponsor must provide for an appropriate transition process for *certain* enrollees *who are* prescribed Part D drugs *that represent ongoing therapy with that drug, but* that are *non-*formulary. *The purpose of providing a transition supply is to promote continuity of care and avoid interruptions in drug therapy while a switch to a therapeutically equivalent drug or the completion of an exception request to maintain coverage of an existing drug based on medical necessity reasons can be effectuated*. The transition policy must satisfy the requirements in the following sections.

For the purposes of transition requirements in section 30.4, CMS defines non-formulary Part D drugs to mean: (1) Part D drugs that are not on a sponsor's formulary, (2) drugs previously approved for coverage under an exception once the exception expires, and (3) Part D drugs that are on a sponsor's formulary but require prior authorization or step therapy, or that have an approved QL lower than the beneficiary's current dose, under a plan's utilization management requirements. This is because a formulary drug whose access is restricted via UM requirements is essentially equivalent to a non-formulary Part D drug to the extent that the relevant UM requirements are not met for a particular enrollee. However, if the plan's QL is equal to an FDA maximum dose limit, plans do not have to allow doses greater than this limit as part of a transition supply.

30.4.1 - Transition Requirements

(Rev. 18, Issued: 01-15-16, Effective: 01-15-16; Implementation: 01-15-16)

A Part D sponsor's transition process is necessary with respect to the transition of*:* (1) new enrollees into prescription drug plans following the annual coordinated election period; (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 (as defined in section 30.3.3.1) across contract years; and (5)* enrollees residing in LTC facilities *(see section 30.4.6). See Appendix E for a listing of multiple scenarios when beneficiaries may be eligible for a transition fill under this guidance.*

A Part D sponsor's transition process must address situations in which an individual first presents at a *network* pharmacy with a prescription for a drug that is *non-*formulary, *and should be presumed to be* unaware of what is covered by the plan or of the sponsor's exceptions process for providing access to Part D drugs that are not covered.

A beneficiary's transition period begins with the date of each enrollment. CMS receives frequent questions about who constitutes a "new" enrollee, and who constitutes a current enrollee affected by negative formulary changes, who are entitled to a transition fill. CMS believes these questions should first be considered in the context of the purpose of the transition policy. The purpose of the transition policy is to address situations when an enrollee's ongoing drug therapy (whether the Part D sponsor is able to actually ascertain ongoing therapy or not) could be potentially interrupted by a drug being non-formulary. Thus, an enrollee who stays with the same contract number but changes PBPs is potentially entitled to a transition fill because the enrollee could experience a negative formulary change. However, just because a member's drug therapy could potentially be interrupted does not mean that the member will necessarily receive a transition fill. In this example, for instance, the formulary may not have changed (which means there have also been no addition of utilization management edits). Also, in some cases, the sponsor may have the claims history for the member from the just prior PBP, and thus, the sponsor may be able to determine that the member is not taking a non-formulary medication. In other words, the sponsor may be able to determine at the POS that there will be no interruption in medication therapy for the member, and therefore the member is not eligible for a transition fill.

30.4.2 - General Transition Process

(Rev. 2, Issued: 07-18-08; Effective/Implementation Date: 07-18-08)

Part D sponsors must ensure that they have provided their enrollees who have used a transition benefit with the appropriate assistance and information necessary to enable them to better understand the purpose of the transition. Steps that sponsors should consider to ensure a meaningful transition include:

- Analyzing claims data to determine which enrollees require information about their transition supply.

- Contacting those enrollees to ensure they have the necessary information to enable them to switch to a formulary product or as an alternative to pursue necessary prior authorizations or formulary exceptions.

- Increasing call center capacity, including pharmacy help lines, to respond to an anticipated increase in call volume from affected enrollees regarding the sponsor's transition process.

- Making arrangements to continue to provide necessary drugs to an enrollee by extending the transition period, on a case-by-case basis, if the enrollee's exception request or appeal has not been processed by the end of the minimum transition period.

30.4.3 - New Prescriptions Versus Ongoing Drug Therapy

(Rev. 18, Issued: 01-15-16, Effective: 01-15-16; Implementation: 01-15-16)

CMS is aware that it may be difficult for Part D sponsors to distinguish between new prescriptions for non-formulary Part D drugs and refills for ongoing drug therapy involving non-formulary Part D drugs. *CMS believes a minimum of a 108 day look-back (consistent with other reviews) is typically needed to adequately document ongoing drug therapy.* Although Part D sponsors *may be able to access prior drug claims history for an enrollee of an affiliated plan, or* may attempt to follow up with prescribing physicians and pharmacies to ascertain the status of a prescription presented during the transition period, CMS clarifies that if a sponsor is unable to make this distinction at the point of sale, *the sponsor is* required to *provide the enrollee with a transition fill*. In other words, *for transition purposes,* a brand-new prescription for a non-formulary drug will not be treated any differently than an ongoing prescription for a non-formulary drug when a distinction cannot be made at the point of sale.

Generally, a sponsor may apply any CMS approved PA or ST after the transition fill has been satisfied if the sponsor determines that the transition fill was the first fill. However, for protected class drugs that are subject to PA or ST on new starts only, in accordance with section 30.2.5, if a sponsor allows an initial fill because it cannot determine at the point of sale that an enrollee is not currently taking the protected class drug (during transition or otherwise), the sponsor shall treat such enrollees as currently taking the drug. Therefore, any protected class PA or ST requirements for new starts are no longer applicable after the first fill has been provided.

30.4.4 - Transition Timeframes and *Transition Supply*

(Rev. 18, Issued: 01-15-16, Effective: 01-15-16; Implementation: 01-15-16)

Within the first 90 days of coverage under a new plan, plans must provide a *transition* supply when the beneficiary requests a non-formulary drug. This 90 day timeframe applies to retail, home infusion, long-term care, and mail-order pharmacies. CMS believes it makes sense to both limit and define the amount of time during which a transition process is applicable. Thus, plans *are* required to provide a temporary fill anytime during the first 90 days of a beneficiary's enrollment in a plan. *However,* since certain enrollees may join a plan at any time during the year, this requirement *applies* beginning on *such* an enrollee's first effective date of coverage *instead of* to the first 90 days of the *plan* year. *If an enrollee leaves a plan and re-enrolls during the original 90 day transition period, the transition period begins again with the new effective date of enrollment, because it is possible that the enrollee's drug therapy changed while the enrollee was not with the plan and that therapy could be potentially interrupted. However, if there is no gap in coverage, there is no new transition period.*

30.4.4.1 - Timeframe and Transition *Supply* in the *Retail* Setting

(Rev. 18, Issued: 01-15-16, Effective: 01-15-16; Implementation: 01-15-16)

In the *retail* setting, the *transition fill* of non-formulary Part D drugs must be for at least 30 days, unless the prescription is written by a prescriber for less than 30 days. Part D sponsors *must allow multiple fills to provide at least 30 days of medication in accordance with 42 CFR §423.120(b)(3)(iii)(A). If the smallest available marketed package size exceeds a 30 day supply, the sponsor must still provide a transition supply when required. Part D sponsors and their processors must determine how to process claims in such cases.*

30.4.4.2 - Timeframe and Transition *Supply* in the Long Term Care Setting

(Rev. 18, Issued: 01-15-16, Effective: 01-15-16; Implementation: 01-15-16)

The *transition supply* of non-formulary Part D drugs for a new enrollee in an LTC facility *must* be for *at least 91* days*, and may be up to at least 98 days to be consistent with the applicable dispensing increment in the LTC setting (unless a lesser amount is actually prescribed by the prescriber). Part D sponsors must allow multiple fills if needed to provide the full amount of medication prescribed, in accordance with 42 CFR §423.120(b)(3)(iii)(B). If the smallest available marketed package sizes do not align with this timeframe, the sponsor must still provide a transition supply when required. Part D sponsors and their processors must determine how to process claims in such cases.* CMS is requiring up to a *91- to 98-*day transition supply given that many LTC pharmacies and facilities *must* dispense *brand name* medications in *14*-day *or less* increments. *Also*, sponsors must honor multiple fills of non-formulary Part D drugs as necessary during the entire length of the transition period.

CMS is permitting Part D sponsors the option of sending required transition fill notices to network long term care pharmacies. In sending enrollees residing in LTC facilities a model transition notice via U.S. mail within 3 business days *of adjudication* of the transition fill, Part D sponsors may *instead* elect to send the beneficiary transition notice to the LTC pharmacy serving

the beneficiary's LTC facility. The LTC pharmacy must then ensure delivery of the notice to the beneficiary within 3 business days *of adjudication* of the fill.

Part D sponsors electing this option must update their existing transition policy to specifically address that:

1. The sponsor maintains documentation of the LTC pharmacies' willingness to be delegated transition notice responsibilities; and

2. The sponsor maintains a fully functional electronic communication process with the LTC pharmacy once a transition fill has occurred (within 3 business days).

3. The LTC pharmacy will maintain a process that demonstrates notice has been provided to the beneficiary (or his/her representative) within the 3-day period.

This option must be in place prior to the start of the contract year; otherwise, the Part D sponsor must continue to provide notice directly to the beneficiary (or his/her designated representative) via U.S. mail.

30.4.4.3 - Transition Extension

(Rev. 2, Issued: 07-18-08; Effective/Implementation Date: 07-18-08)

A Part D sponsor may need to make arrangements to continue to provide necessary drugs to an enrollee via an extension of the transition period, on a case-by-case basis, to the extent that his or her exception request or appeal has not been processed by the end of the minimum transition period. It is vital that sponsors give affected enrollees clear guidance regarding how to proceed after a temporary fill is provided, so that an appropriate and meaningful transition can be effectuated by the end of the transition period. Until that transition is actually made, however, either through a switch to an appropriate formulary drug, or a decision is made regarding an exception request, continuation of drug coverage is necessary, other than for drugs not covered under Part D.

30.4.5 - Transition Across Contract Years

(Rev. 18, Issued: 01-15-16, Effective: 01-15-16; Implementation: 01-15-16)

After enrollees receive their ANOC *in* a given year, CMS expects sponsors to select *at least* one of the following two options for effectuating an appropriate and meaningful transition for enrollees whose drugs *will be affected by negative formulary changes in the upcoming year*:

- Provide a transition process for current enrollees *at the start of the new contract year*. In order to prevent coverage gaps, sponsors choosing this option are expected to provide a *transition* supply of the requested prescription drug *beginning January 1* and provide enrollees with *the required transition* notice; or

- Effectuate a transition for current enrollees prior to the start of the new contract year. In effectuating this transition, sponsors must aggressively work to (1) prospectively

transition current enrollees to a therapeutically equivalent formulary alternative; and (2) *adjudicate any* requests *received* for exceptions to the new formulary prior to the start of the contract year *(consistent with chapter 18, section 30.2.2, available at* https://www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/Downloads/Chapter18.zip*)*. *However, if* sponsors have not successfully transitioned affected enrollees to a therapeutically equivalent formulary alternative or *adjudicated* an exception request *prior to* January 1, they will be expected to provide a transition supply beginning January 1 and *the required transition notice*. *If a sponsor approves an exception request pursuant to this section, the sponsor must authorize payment prior to January 1 of the new contract year.*

Current Enrollees - Part D sponsors that can identify objective information demonstrating that a meaningful transition has occurred (such as the *adjudication* of an exception request and/or evidence of a new prescription claim for a formulary alternative *paid by the sponsor prior to the start of the new contract year*) do not have to provide a transition supply in the new contract year for that beneficiary *as the next fill would either be a covered fill of the medication approved under the exception process or a covered fill of the formulary alternative that the enrollee transitioned to before the start of the new contract year*. However, lacking such *documentation*, the sponsor is expected to provide a transition supply in the new contract year and provide the corresponding transition notice.

New Enrollees - Part D sponsors must extend their transition policies across contract years should a beneficiary enroll into a plan with an effective enrollment date of either November 1 or December 1 and need access to a transition supply. For example, if a beneficiary enrolls effective December 1, in a plan whose transition policy affords a 90-day transition period for LTC enrollees and that beneficiary requires a transition supply in mid-December, the sponsor must offer a full 90-day transition period beginning December 1 and extending into the following contract year. In addition, sponsors must send beneficiaries with a November 1 or December 1 effective enrollment date an ANOC as soon as practicable after the effective enrollment date. This ANOC will *still* serve as advance notice of any formulary or benefit changes in the following contract year.

30.4.6 - Emergency Supply for Current Enrollees *in the LTC Setting*

(Rev. 18, Issued: 01-15-16, Effective: 01-15-16; Implementation: 01-15-16)

Since, as a matter of general practice, LTC facility residents must receive their medications as ordered without delay, Part D sponsors must *also* cover emergency *supplies* of non-formulary Part D drugs for LTC facility residents *after the transition period*.

During the first 90 days after enrollment, *the enrollee* will receive a transition supply *as described in section 30.4*. However, to the extent that an enrollee in an LTC setting is outside his or her 90-day transition period, the sponsor must still provide an emergency supply of non-formulary Part D drugs while an exception or prior authorization *request is being processed*. These emergency supplies of non-formulary Part D drugs must be for at least 31 days of medication, *regardless of dispensing increments,* unless the prescription is written by a prescriber for less than 31 days. *In cases where the smallest available marketed package size is*

not available for less than a 31-day supply, the sponsor must still provide an emergency supply when required. Part D sponsors and their processors must determine how best to process claims in such cases. Multiple 14-day or less supplies can be supplied for brand name drugs to meet a minimum of a 31-day emergency supply requirement. A sponsor is not expected to provide more than a one-time 31-day emergency fill of a particular drug per LTC stay.

30.4.7 - Level of Care Changes

(Rev. 10, Issued: 02-19-10, Effective/Implementation Date: 03-01-10)

In addition to circumstances impacting new enrollees who may enter a plan with a medication list that contains non-formulary Part D drugs, other circumstances exist in which unplanned transitions for current enrollees could arise and in which prescribed drug regimens may not be on sponsor formularies. These circumstances usually involve level of care changes in which a beneficiary is changing from one treatment setting to another. For example, beneficiaries who enter LTC facilities from hospitals are sometimes accompanied by a discharge list of medications from the hospital formulary with very short term planning taken into account (often under 8 hours). Similar situations may exist, for example, for beneficiaries who are discharged from a hospital to a home; for beneficiaries who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary; for beneficiaries who give up hospice status to revert to standard Medicare Part A and B benefits; for beneficiaries who end an LTC facility stay and return to the community; and for beneficiaries who are discharged from psychiatric hospitals with drug regimens that are highly individualized.

For these unplanned transitions, beneficiaries and providers must clearly avail themselves of sponsor exceptions and appeals processes. CMS has streamlined the grievance, coverage determination, and appeals process requirements in order to ensure that beneficiaries receive quick determinations regarding the medications they need. In all cases, CMS makes it clear that a Part D sponsor is required to make coverage determinations and redeterminations as expeditiously as the enrollee's health condition requires.

Effective transition of care at time of discharge to home is a major concern in LTC. Ensuring appropriate medication reconciliation in the community is a safety issue, and requires pre-discharge planning. This optimally involves prescriptions being written and transmitted to the patients' families in the week before discharge, to assure that the medications are obtained in advance of community discharge, to prevent a gap in care. The billing date may appear to overlap the skilled nursing home stay, but the medications, which may be dispensed by either the LTC or a retail pharmacy, are to be used in the home setting. While Part A does provide reimbursement for "a limited supply" to facilitate beneficiary discharge, beneficiaries must be permitted to have a full outpatient supply available to continue therapy once this limited supply is exhausted. This is particularly true for beneficiaries using mail-order pharmacy, home infusion therapy, or residing in rural areas where obtaining a continuing supply of drugs may involve certain delays. The current standard of care promotes caregivers receiving outpatient Part D prescriptions in advance of discharge from a Part A stay.

When an enrollee is admitted to or discharged from an LTC facility, he or she will not have access to the remainder of the previously dispensed prescription (through no fault of his or her own) and, therefore, sponsors must allow the enrollee to access a refill upon admission or discharge. An early refill edit is a utilization management tool used to promote compliance and to prevent waste. An early refill edit cannot be used to limit appropriate and necessary access to an enrollee's Part D benefit. For example, if a patient gets a prescription for 30 tablets for a 30 day supply (i.e., 1 tablet daily), but the prescriber changes the dose to 2 tablets daily after only 10 days, it would be inappropriate for a sponsor to deny as "too soon" a claim for a new prescription with the new dosage because the enrollee will not have enough medication to last until the originally scheduled refill date.

However, even with these protections, there may exist some period of time in which beneficiaries with level of care changes have a temporary gap in coverage while an exception is processed. For this reason, CMS strongly encourages Part D sponsors to incorporate processes in their transition plans that allow for transition supplies to be provided to current enrollees with level of care changes.

30.4.8 - Edits for Transition Fills

(Rev. 18, Issued: 01-15-16, Effective: 01-15-16; Implementation: 01-15-16)

A Part D sponsor must ensure that an enrollee is able to *obtain* a temporary supply of non-formulary Part D drugs *from a network pharmacy* without unnecessary delays *in accordance with section 30.4*. Part D sponsors may only apply certain drug utilization management edits during a beneficiary's transition period. Drug utilization management edits that are appropriate during a beneficiary's transition period include the following:

- Edits to help determine Part *A or* B vs. Part D coverage *(see section 20.2)*;
- Edits to prevent coverage of non-*P*art 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*) *(see sections 10.6 and 20)*; and
- 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 *such as APAP*; early refill edits) *(see section 30.2.2.2)*.

CMS notes that although Part D sponsors may implement quantity limits that are based on approved product labeling during a beneficiary's transition period, to the extent that the prescription is dispensed for less than the written amount due to a plan edit, sponsors must *still* provide refills *to meet the* transition supply *requirement*. For example, if a beneficiary presents at a retail pharmacy with a prescription for 1 tablet per day for 30 days and a plan has a quantity limit edit in place that limits the days' supply to 14 per prescription for safety purposes, the beneficiary would receive a 14-day supply (consistent with the safety edit). At the conclusion of the 14-day supply, the beneficiary should be entitled to another *16*-day supply while he/she continues to pursue an exception with the Part D plan, or a switch to a therapeutic alternative that is on the plan's formulary.

Irrespective of transition, all of these edits are subject to exceptions and appeals. For example, if a quantity limit *safety* edit (based on *an FDA* maximum recommended daily dose) results in the dispensing of a quantity that is less than indicated on the prescription and is less than the plan allowable days' supply (as determined by the prescribed daily dose), Part D sponsors must ensure that beneficiaries are made aware of this quantity limit and that an exception is required to obtain a greater quantity. Part D sponsors must expeditiously process such exception requests so that beneficiaries will not experience unintended interruptions in medically necessary Part D drug therapies and/or will not inappropriately pay additional cost-sharing associated with multiple fills of lesser quantities when the originally prescribed doses of Part D drugs are medically necessary.

Beneficiary-level opioid point-of-sale claim edits (and cumulative opioid MED edits, as noted in the guidance on safety edits in section 30.2.2.2) may be applied during transition.

- *If a beneficiary level point-of-sale opioid claim edit has been implemented, CMS expects the beneficiary to only be able to receive during a transition period the opioid dosage that has been determined to be medically necessary and appropriate, based upon the case management process. In other words, if a sponsor currently has a beneficiary-level opioid claim edit in place in one of its Part D plans and the beneficiary enrolls in another one of the sponsor's plans, or the sponsor has received information from the prior plan from which the beneficiary disenrolled and the sponsor is satisfied that the edit should be continued, the sponsor may apply the edit during transition.*

For new beneficiaries presenting with a prescription that represents ongoing therapy with a non-formulary opioid medication or a formulary opioid medication subject to PA or ST under the new plan's utilization management rules, a temporary supply can be provided during transition in accordance with this section, as long as the temporary transition fill does not exceed plan-level limits, cumulative opioid MED edits, or beneficiary-specific limits documented by the previous plan that the current plan also applied. For non-formulary medications, the safety and dosing should be considered as part of the coverage determination process when such determinations are requested.

30.4.9 - Cost-sharing Considerations

(Rev. 18, Issued: 01-15-16, Effective: 01-15-16; Implementation: 01-15-16)

Starting in 2015, a Part D sponsor *must* charge cost sharing for a temporary supply of drugs provided under its transition process *such that the following conditions are met:*

- *F*or LIS *enrollees, a sponsor must not charge higher cost sharing for transition supplies than* the statutory maximum copayment amounts.

- For non-LIS enrollees, a sponsor must charge—

- *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.*

30.4.10 - Transition Notices

(Rev. 18, Issued: 01-15-16, Effective: 01-15-16; Implementation: 01-15-16)

A successful transition process is contingent upon informing enrollees and their *health care provider* about their options for ensuring that enrollees' medical needs are safely accommodated within a Part D sponsor's formulary. An enrollee who receives a temporary supply of a non-formulary Part D drug at a network pharmacy might simply assume that, by virtue of filling his or her prescription, that the plan will cover that drug for the remainder of the contract year. For this reason, sponsors must provide enrollees with appropriate notice regarding their transition process within a reasonable amount of time after providing a temporary supply of non-formulary Part D drugs (including Part D drugs that are on a sponsor's formulary but require prior authorization or step therapy under a sponsor's utilization management rules).

Part D sponsors will be required to send a written notice, via U.S. First Class mail, to each enrollee who receives a transition fill. This standard is consistent with CMS' requirement that other beneficiary communications, including formulary change notices and explanations of benefits, be sent via U.S. First Class mail. In addition, this notice must be sent to each affected enrollee within 3 business days *of adjudication* of the temporary *transition* fill. *If the enrollee completes his or her transition supply in several fills, the sponsor is required to send notice with the first transition fill only.* CMS believes this turnaround is necessary in order to provide an affected enrollee with sufficient time -- especially in light of CMS' 30-day transition fill policy in the *retail* setting -- to work with his or her prescriber to switch to a therapeutically equivalent drug that is on the plan's formulary or to process an exceptions request.

The notice must include the following elements:

- That the transition supply provided is temporary;

- That the enrollee should work with the sponsor as well as his or her health care provider to *satisfy utilization management requirements or to* identify appropriate therapeutic alternatives that are on the sponsor's formulary;

- That the member has the right to request a formulary exception, the timeframes for processing the exception, and the member's right to request an appeal if the sponsor issues an unfavorable decision; and

- The sponsor's procedures for requesting a formulary exception.

CMS provides Part D sponsors with a model *transition* letter. CMS expects that sponsors will make prior authorization or exception request forms available upon request to both enrollees and prescribing physicians and via a variety of mechanisms -- including by mail, fax, email, and on sponsor Web sites. To the extent that sponsors have the capacity, CMS encourages them to provide any prior authorization or exception request forms a beneficiary will need to effectuate a transition with the transition notice.

CMS strongly encourages point-of-sale notification *to* enrollees about transition supplies by pharmacists. CMS has worked with the pharmacy and drug benefit industry, including the National Council for Prescription Drug Programs (NCPDP), to incorporate a work-around process for using structured payment coding in the message field of billing transaction responses indicating that a particular fill is a transition supply. This process is consistent with the current NCPDP standard. For more information about Standardized Claims Messaging see chapter 14, section 50.5.

30.4.10.1 - Prescriber Notification of Transition Fills

(Rev. 18, Issued: 01-15-16, Effective: 01-15-16; Implementation: 01-15-16)

Part D sponsors must ensure that their transition process includes reasonable efforts to notify prescribers of affected enrollees who receive a transition notice. CMS believes that prescriber notification is a means of further strengthening beneficiary protections when dealing with formulary changes or utilization management protocols for necessary medications, because the prescriber is in the best position to advise the beneficiary of the benefits or risks of switching to a different medication.

CMS believes either of the following examples constitutes a reasonable effort on the part of Part D sponsors to notify prescribers of affected enrollees who receive a transition notice. These examples are not exclusive examples of actions that may constitute reasonable efforts:

1) Providing a copy of the written transition notice labeled as the "PRESCRIBER COPY" directly to the prescriber of record. Adding this label to a copy of the transition notice does not require submission of the notice for review and approval by CMS. The copy may be provided to the prescriber via mail, fax, or electronic means.

2) Notifying the prescriber of record directly of the adjudication of the enrollee's transition fill via a phone call, or individualized or batch fax/electronic notification. This separate communication to the prescriber does not need to be submitted to CMS for review and approval.

CMS expects that plan sponsors will exercise due diligence in sending transition notices/communications to the prescriber of record's correct address, whether that entails acquiring contractor support to identify prescribers on Part D claims, contacting the network pharmacy for information on the prescription, or other means. However, CMS does not expect plan sponsors to verify that the prescriber has received a transition notice/communication. CMS also recognizes that notification of a prescriber who would be expected to have only a transient relationship with the beneficiary, such as a hospital-based physician, would generally not be useful.

30.4.11 - Public Notice of Transition Process

(Rev. 18, Issued: 01-15-16, Effective: 01-15-16; Implementation: 01-15-16)

Part D sponsors must make general information about their transition processes available to beneficiaries in a manner similar to information provided on formularies and benefit design. It is likely that individuals will base their decision on which prescription drug best meets their needs on a variety of factors. Having information about a sponsor's transition process in plan enrollment materials and Web sites, as well as on the Medicare Prescription Drug Plan Finder, may reassure beneficiaries that there will be procedures in place to assist them in switching to therapeutic alternatives or in obtaining a formulary exception where appropriate. It will also serve to educate advocates and other interested third parties – for example, State Medicaid agencies – about sponsor transition processes. CMS will make plan transition process information available via a required link from the Medicare Prescription Drug Plan Finder to individual sponsor Web sites.