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■ New Step Therapy Requirements

The table below lists new step therapy requirements for Community CCR_x PDP plans effective 1/1/12. Please note that step therapy applies to new starts.

Drug Name	Step Therapy Criteria
Aggrenox	Coverage will be provided if step one drug has been tried (at least a 30-day supply in the prior 365 days), including: clopidogrel.
Combivent inhaler	Coverage will be provided if step one drugs have been tried (at least a 30-day supply in the prior 365 days), including: albuterol, levalbuterol, ipratropium, or Spiriva.
Elidel	Coverage will be provided if step one drug has been tried (at least a 14-day supply in the prior 365 days), including: one formulary topical corticosteroid.
FazaClo TBP	Coverage will be provided if the step one drug has been tried (at least a 60-day supply in the prior 365 days), including: clozapine.
Galantamine Hydrobromide TABS	Coverage will be provided if step one drug has been tried (at least a 30-day supply in the prior 120 days), including: donepezil.
Lexapro tabs, solution	Coverage will be provided if at least two step one drugs have been tried (at least a 30-day supply of each, in the prior 365 days), including: citalopram, paroxetine, sertraline, venlafaxine or fluoxetine.
Rivastigmine Tartrate CAPS	Coverage will be provided if step one drug has been tried (at least a 30-day supply in the prior 120 days), including: donepezil.
Strattera CAPS	Coverage will be provided if step one drugs have been tried (at least a 60-day supply in the prior 365 days), including one of the following: amphetamine-dextroamphetamine, dextroamphetamine, or methylphenidate.

■ Quantity Limit Changes for Oral Antihyperglycemics

Quantity limits have been added to oral antihyperglycemic agents to correspond with the CMS Diabetes Medication Optimal Dosing Display Measure. The quantity limits correspond with maximum FDA-approved doses.

■ Transition Fills: Important for Patient Safety

It is imperative that enrollees eligible for a transition fill do NOT leave the pharmacy without medication during their transition period. A Transition Supply is a limited supply of a Part D drug that is either not covered on a plan's formulary or covered on a plan's formulary but requires Prior Authorization or Step Therapy under the plan's utilization management rules. In addition, transition supplies are provided for drugs with quantity limitations (e.g. dose optimization edits). Medicare Part D enrollees may be eligible for a Transition Supply to provide sufficient time to work with their health care providers to change to a formulary alternative or request a formulary exception or an exception from the utilization management requirement.

Who Qualifies for a Transition Fill?

Pharmacist Resources

My CCR_x

- Check My Scorecard
- Check Status of PA

Formulary Tools

- Formulary (Printable)
- Formulary (Searchable)
- Formulary Changes, Addendums
- PA Forms

Claims Processing

- Payer Sheet
- Pharmacy Services Manual
- 2011 Quick Reference Guide
- Fraud, Waste and Abuse
- MAC Appeal Form (NEW!)

Plan Information

- Community CCR_xSM
- Order Plan Materials
- Provider Marketing Guidelines

Patient Care Programs

- Pharmacy Login (MirixaProSM)

Pharmacy Help Desk

1-866-684-5395
1-866-684-5351 (TTY only)
24 hours a day, 7 days a week
www.mhrx.com
experts@mhrx.com

- New enrollees (includes individuals who switch plans as well as newly eligible beneficiaries) at the beginning of a contract year
- Enrollees who switch plans during the contract year
- Existing enrollees who have an unplanned change in treatment settings due to a change in level of care (for example, admission into or out of a long term care facility), and
- In some cases, existing enrollees affected by formulary changes from one contract year to the next (including those who are not successfully transitioned to a formulary alternative before the start of the new plan year)

What is provided under the Transition Supply policy?

In the retail setting, enrollees are eligible for a one-time, 30-day transition supply within their first 90 days of enrollment. If the prescription is written for less than a 30-day supply, multiple fills up to a total of a 30-day supply are allowed.

In the long term care setting, members are eligible for a 34-day transition supply (unless the prescription is written for less) with multiple refills as required, up to a cumulative 98-day supply within the first 90 days of coverage in the new plan. Long term care members are also eligible for emergency fills of up to a 34-day supply while a formulary exception is being pursued.

The transition period can also be extended as required on a case-by-case basis.

How Can Pharmacists Help Patients Through the Transition Process?

Pharmacists should first be aware of the claim messaging and follow the instructions, including notifying the patient of the temporary nature of the transition fill. Most importantly, pharmacists can assist patients by identifying appropriate formulary alternatives or by facilitating the exceptions process by providing the prescriber and/or enrollee with the appropriate coverage request forms. These forms are available at www.mhrx.com or by calling the automated IVR at 1-866-316-6049.