

Department:	Pharmacy Management	Original Approval:	01/28/2013
Policy & Procedure No:	PM515	Last Approval:	02/19/2025
Policy and Procedure Title:	Transition Process Policy and Procedure		
Approved By:	Clinical Services Leadership Team		
Dependencies:	N/A		

Purpose

This policy defines the manner in which Community Health Plan of Washington (CHPW) transitions new members into its Washington State health program to ensure continuity of care for the Medicaid and Apple Health Expansion line of business.

Policy & Procedure

CHPW's Transition Process policy accommodates the immediate prescription needs of qualified members and prescriptions. It allows sufficient time to ensure a smooth transition to a therapeutically equivalent medication with the prescriber, or the completion of an exception request to maintain coverage of an existing drug based on medical necessity.

Temporary Fill

CHPW allows a temporary supply of most non-formulary drugs and formulary drugs with restrictions.

Transition Terms

CHPW will cover during the member's first 90 days of enrollment (30 days for opioids), a temporary supply of medication for newly enrolled members in Apple Health and Apple Health Expansion. If needed, CHPW will cover additional refills after the initial 90 days (30 days for opioids) in the plan.

Written Notice

CHPW will provide members with written notice regarding transition process within 7 days of the temporary fill.

Administration

The transition policy is administered by CHPW's Pharmacy Benefit Manager (PBM) as described in the following PBM transition procedures:

General Procedures

1. The transition procedures will apply to non-formulary medications and formulary medications that have restrictions (such as PA, QL, etc), including antipsychotics, antidepressants, and antiepileptic medications.
2. The PBM has a hard edit in the claims adjudication process that alerts the pharmacy to call the help desk if the member is established on the medication. The reject messaging provides the PBM's pharmacy help desk phone number for the pharmacy to call.
3. Once the pharmacy calls the help desk, they must attest the member is established on the medication. Enrollee's eligibility will be determined based on an eligibility days element.
4. If an enrollee is not eligible, the claim will not meet transition fill criteria and they will need to go through the authorization process per normal. The pharmacy will receive appropriate messaging at the point of sale corresponding to the rejection.
5. If the member and drug meet eligibility requirements to obtain a transition fill, the pharmacy help desk will at that point provide the necessary override code for the pharmacy to input to obtain a transition fill.
 - a. However, if the drug is an antipsychotic, antidepressant, or antiepileptic drug, the PBM will place an indefinite override rather than have the pharmacy process it as a transition fill to bypass the transition letter and the PA requirements.
6. If a claim is approved under transition fill criteria, it will include messaging indicating that the claim was paid pursuant to transition fill requirements at the point of sale and an approved letter will be sent to the enrollee as specified in this procedure. The provider's letter will include the Prior Authorization Request form to facilitate the PA process.
7. CHPW will be responsible for making prior authorization, formulary exception request forms, and the plan's transition fill policy available upon request to enrollees, authorized representatives, and prescribing physicians by mail, fax, and plan web sites.

Procedures For New Enrollees

1. A brand-new prescription for a non-formulary drug or a formulary drug with restrictions will not be treated any differently than an ongoing prescription once the

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- dispensing pharmacy attests the member is established on the medication. The transition period extends for the first 90 days of eligibility in the plan (30 days for opioids). PBM will implement hard edits to verify the new enrollee is in the transition period and require the pharmacy call to verify the member and drug is eligible before providing the override code to allow a transition fill for eligible medications to process.
2. If the prescribed medication is non-formulary or has a restriction on it, the new enrollee may receive a transition fill during the first 90 days of enrollment. However, transition fills may be rejected or dispensed for less than the prescribed amount for safety reasons including drug utilization edits based on approved product labeling. In such cases, messaging may instruct the pharmacy to lower the quantity and to resubmit the claim using a DUR code. The code will enable a unique notification to be sent to the new enrollee advising them of the drug utilization edit as may be required.
 - Quantity overrides will be available for members who are transferring in or out of an IP facility to prevent breaks in treatment.
 - Transition fills for opioid medications are limited to the first 30 days of enrollment.
 3. Once the claim adjudicates, a transition letter will be mailed within 7 days from processing date. The text of the letter will include:
 - An explanation the transition supply provided is temporary and may not be refilled unless an authorization is approved;
 - The enrollee should work with CHPW as well as his or her health care provider to identify appropriate therapeutic alternatives that are on CHPW's formulary; and
 - The member has the right to request an authorization.
 - The letter to the provider will include the PA form.

Transition Period Extensions

CHPW supports the Washington State Health Care Authority requirement to continue to provide necessary drugs to enrollees via an extension of the transition period. This will be done on a case-by-case basis, to the extent that their prior authorization, formulary exception requests, or appeals have not been processed by the end of the transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on a prior authorization or exception request). This process is managed by the PBM prior authorization advocates where PBM manages prior authorizations on behalf of CHPW.

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Requests For Exceptions or Prior Authorization

CHPW delegates prior authorization or exception requests to the PBM.

1. The PBM processes exception requests made by the enrollee or the enrollee’s authorized representative, prescribing physician, or other prescriber. The PBM will make a coverage determination as to whether to approve or deny the request. Should the PBM deny the request, the enrollee may appeal the decision.

Procedure For Transition Letter Generation

The PBM automatically generates a weekly report of transition fill claims and distributes to CHPW. The PBM will identify members and generate letters to enrollees within 7 days from the date of adjudication. The letters include (1) an explanation the transition supply provided is temporary and may not be refilled unless a formulary exception is approved; (2) the enrollee should work with CHPW as well as his or her health care provider to identify appropriate therapeutic alternatives that are on the CHPW’s formulary; (3) the member has the right to request a formulary exception; (4) the Prior Authorization form. In addition, Desk Procedure *DP – 126 Medicaid Transition Oversight Monitoring* details the transition fill oversight process.

List of Appendices

- A. Detailed Revision History

Citations & References

CFR		
WAC		
RCW		
LOB & Contract Citation	<input checked="" type="checkbox"/> WAHIMC	IMC Section 14: Care Coordination
	<input type="checkbox"/> BHSO	
	<input type="checkbox"/> Wraparound	
	<input type="checkbox"/> SMAC	
	<input type="checkbox"/> HH	
	<input checked="" type="checkbox"/> AHE	AHE Section 14: Care Coordination
	<input type="checkbox"/> MA/DSNP	
	<input type="checkbox"/> CS	
Other Requirements		
NCQA Elements		

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Revision History

SME Review:	01/28/2013; 03/27/2015; 03/04/2016; 03/01/2017; 03/02/2018; 03/12/2019; 02/24/2020; 02/24/2021; 02/25/2022; 3/2/2023; 02/19/2024; 01/22/2025; 02/11/2025
Approval:	04/19/2013; 04/23/2014; 04/07/2015; 03/18/2016; 03/14/2017; 03/13/2018; 03/13/2019; 03/27/2020; 03/17/2021; 03/01/2022; 03/03/2023; 02/21/2024; 01/24/2025; 02/13/2025; 02/19/2025

Appendix A: Detailed Revision History

Revision Date	Revision Description	Revision Made By
01/28/2013	Original	Reid Yamamoto, PharmD
04/19/2013	Approval	MMLT
04/23/2014	Approval	MMLT
03/27/2015	Minor grammatical changes	Mary Eckhart
04/07/2015	Approval	MMLT
03/04/2016	Updated citations table. Minor text edits	Mary Eckhart
03/18/2016	Approval	MMLT
03/01/2017	Moved to new template. Minor text updates.	Mary Eckhart
03/14/2017	Approval	MMLT
03/02/2018	Moved to new template	Mary Eckhart
03/13/2018	Approval	MMLT
03/12/2019	Reviewed, no changes	Erin Riddle
03/13/2019	Approval	Erin Riddle
02/24/2020	Reviewed. Minor process updates, updated citations table.	Rebecka Braband
03/05/2020	Reviewed	Omar Daoud
03/10/2020	Department Approval	Yusuf Rashid
03/27/2020	Approval	CMO Cabinet
02/24/2021	Minor edits	Omar Daoud
03/17/2021	Approval	Yusuf Rashid
03/17/2021	Approval	CMO Cabinet
02/25/2022	Process and citations table updates	Erin Riddle
02/28/2021	Department approval	Omar Daoud
03/01/2022	Approval	CMO Cabinet
03/02/2023	Minor updates	Erin Riddle
03/02/2023	Reviewed	Omar Daoud
03/03/2023	Approval	Clinical Services Leadership Team
02/19/2024	Reviewed, no changes	Omar Daoud
02/21/2024	Approval	Clinical Services Leadership Team
01/22/2025	No changes	Omar Daoud
01/24/2025	Approval	Clinical Services Leadership Team

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02/11/2025	Process updates	Erin Riddle
02/11/2025	approved	Omar Daoud
02/13/2025	Approval	Clinical Services Leadership Team
02/18/2025	Minor update	Erin Riddle
02/18/2025	Approval	Omar Daoud
02/19/2025	Approval	Clinical Services Leadership Team