

March 6, 2006

Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

**Re: 2007 DRAFT GUIDELINES – TRANSITION PROCESS REQUIREMENTS**

Dear Centers for Medicare & Medicaid Services (CMS):

The National Community Pharmacists Association (NCPA) respectfully submits the following comments regarding the 2007 Draft Guidelines – Transition Process Requirements. NCPA represents the nation's community pharmacists, including the owners of more than 24,000 pharmacies. The nation's independent pharmacies, independent pharmacy franchises, and independent chains dispense nearly half of the nation's retail prescription medicines.

**Uniform Transition Policy**

NCPA urges CMS to adopt a uniform standard for handling (adjudicating) Part D transition fills. Currently, Medicare transition policies vary by Part D plan. Some plans use universal prior authorization numbers while other plans have lifted prior authorization requirements. Understanding and implementing each plan's transition policy is troublesome and time consuming for pharmacists. A uniform process would reduce provider error and allow for a systematic, consistent process to be instituted by retail pharmacies.

Additionally, it is essential for plans to institute the required transition policy via the claims-processing system. Manual processes cause unnecessary delays in patient care due to phone wait time and required paperwork.

**Transition Notices (page 4)**

NCPA supports the pharmacy notification of transition fills at the point-of-sale. However, to maximize the effectiveness of this alert, we recommend that CMS require Part D plans to notify the pharmacist of related drugs on formulary to assist with the transition process. Similarly, we recommend that beneficiaries also be informed of related formulary drugs to increase the effectiveness of this communication.

## **Level of Care Changes (pages 6-7)**

We recognize and understand CMS' desire to institute a transition fill with level of care changes. However, it is not clear operationally how such a policy could reasonably be implemented. Prescription drug plans (PDPs) have no source of information that permits them to know if a beneficiary is undergoing a level of care change. Similarly, pharmacists have no way of systematically knowing whether a patient has undergone a recent level of care change. Logistically it would be burdensome and could be inaccurate. For example, the pharmacist does not always know until time of claim adjudication that there is an issue with a drug's formulary status, and the patient is not there to inquire as to whether they have undergone a recent hospitalization. Also, even inquiring of the patient may not necessarily yield accurate information given the cognitive status of some beneficiaries, thus placing pharmacies at financial liability.

Before a transition policy related to level of care changes could be implemented, CMS needs to identify a real time process that could provide useful information about beneficiaries undergoing level of care changes. In the interim, as CMS notes, the expedited formulary exceptions process does provide a mechanism to get timely determinations made. Another strategy would be to encourage prescribers at such level of care transitions to take into account the Part D plan formularies, similar to the consideration that prescribers make at the time of initial prescribing.

NCPA would like to thank CMS for the opportunity to submit these comments on behalf of community pharmacists. We look forward to continuing to work with CMS to help ensure that the Medicare Part D program is successful in 2007 and beyond. For additional information or questions about these comments, please contact Stacey Swartz, Pharm.D., Director of Management & Educational Affairs at [Stacey.swartz@ncpanet.org](mailto:Stacey.swartz@ncpanet.org).

Sincerely,

A handwritten signature in black ink, appearing to be 'B. Roberts', written in a cursive style.

Bruce T. Roberts, R.Ph.  
Executive Vice President and CEO  
National Community Pharmacists Association