

Crosswalk for Initial Drug Management Program Notice

2018 (old version)	2021 (new version)	Type of Change	Reason for change	Burden Change
Throughout	Make verbiage about methods to contact more general and corresponding changes to indicate multiple ways to contact plan. Formatted section headings.	Rev	Clarity, completeness	No
Introduction	Clarified start date of limitation to be “as early as” the given date, rather than an absolute date.	Rev	Commenter recommendation during 60-day comment period to improve enrollee communication since the limitation may not take effect exactly 30 days from the initial notice	No
What Action Do We Intend to Take	Removed an absolute date of limitation and rephrase to clarify that the limitation may be put in place if additional information is not provided	Rev	Commenter recommendation during 60-day comment period to improve enrollee communication	No
What Is A Drug Management Program	Include recent history of opioid overdose as third example of when risks from opioids are increased	Rev	Fulfill SUPPORT Act requirements	No
What Is A Drug Management Program	Insert "under our drug management program" at end	Rev	Clarity	No
What if I Don't Agree?	Add sickle cell disease exemption	Rev	Consistent with 4190-F2 regulatory provision	No
What if I Don't Agree?	Insert language referring to rationale for contact and contact options in other section	Rev	Clarity, completeness	No

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What If I Don't Agree?	Change "cancer" to "active cancer-related pain"	Rev	Commenter recommendation during 60-day comment period to align with regulatory language	No
What Happens Next	Moved "You will also receive another notice if we decide you're not at risk and will not limit your access to these drugs" to earlier in section. Added "drug access" instead of "access."	Rev	Clarity, completeness	No
What Happens Next?	Insert additional appeal information about automatic referral to independent reviewer.	Rev	Fulfill SUPPORT Act requirements	No
What Resources Are Available to Help Me Use My Medications Safely?	Include link for Medicare's webpage on pain management	Rev	Completeness	No
For More Information and Help with This Notice	Include placeholders for plans to insert mailing address, email address, and/or other methods of contact	Rev	Completeness	No

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For More Information and Help with This Notice	Clarify that email address and/or other methods of contact are optional by adding “If the plan has a dedicated line (toll free), staff person, web portal, etc. for its DMP, that information may be included in this section, as applicable.”	Rev	Commenter recommendation during 60-day comment period since not all plans utilize email or alternate contact methods and to minimize new variable fields that may delay programming ahead of required implementation date	No
For More Information and Help with This Notice	Do not include signature for letter including name and credential of clinical staff	Rev	Commenter recommendation during 60-day comment period to protect privacy of clinical staff	No
Pharmacy and Prescriber Selection Form	Add verbiage so that member choices do not imply multiple pharmacies / prescribers will always be selected by plan sponsor. Clarify that enrollees can provide contact information for up to two pharmacies and/or prescribers of their preference (does not have to be exactly two).	Rev	Completeness	No
Pharmacy and Prescriber Selection Form	Added instructions to indicate that the pharmacy and prescriber selection form is optional when there is no intended pharmacy or prescriber limitation.	Rev	Clarity	No

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End of document	Moved disclaimer to above optional portion of letter	Rev	Commenter recommendation during 60-day comment period to avoid information being excluded from notice	No
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