

Crosswalk for Second 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
Letter heading/intro	Clarify intro language on action taken by prior Part D plan	Rev	Clarity	No
What Action Have We Taken?	Insert "to medications" to clarify that only drug access may be limited by DMPs	Rev	Clarity	No
Why Did We Make This Decision?	Insert new language on recent history of an opioid overdose as a possible rationale for the plan's decision on limitations	Rev	Fulfill SUPPORT Act Requirements	No
Why Did We Make This Decision?	Include link for Medicare's webpage on pain management	Rev	Completeness	No
What Happens Next?	Insert additional appeal information about automatic referral to independent reviewer	Rev	Fulfill SUPPORT Act Requirements	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
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	Clarity, 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
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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