Medicare Part D Transition Period Drug Benefit Policy

This policy describes how transition benefits apply when you are filling prescriptions in retail pharmacies, home infusion and Long-Term Care (LTC) pharmacy settings. It also covers how you can get a temporary transition supply.

This policy reflects the Centers for Medicare & Medicaid Services (CMS) transition goals for members who are eligible for a transition supply. It ensures the following:

1. That you can get a temporary transition supply of non-formulary Medicare Part D drugs.
    - This includes drugs that are not on our plan's formulary (drug list) or drugs that are on the drug list but your ability to get the drug is limited. For example, prior authorization (PA), step therapy (ST), quantity limits (QL), or a formulary exception (FE) may be needed before a prescription can be filled. These are called Utilization Management (UM) requirements. You can request an exception to these requirements through the coverage determination process.
2. That you have enough time to do the following:
    - Work with your health care provider to switch to a new drug that also works to maintain your health
    - Comply with prior authorization requirements, if needed; and
    - Work with your health care provider to request a coverage determination.

If you or your health care provider want to ask for a Coverage Determination, you can ask us to send a form to you and/or your health care provider. These forms are available by mail, fax, and email. They are also available on our website.

This policy covers the following:

- Transition requirements;
- New prescriptions versus ongoing drug therapy;
- Transition time frames and temporary fills;
- Transition across contract years for current members;
- Emergency supplies for current members;
- Treatment of re-enrolled members;
- Level of care changes; and
- Transition notices.

Transition requirements

Eligible members

This transition process is intended for members receiving Medicare Part D prescription benefits through South Country Health Alliance (South Country). If you are currently taking drugs that are not included in our new drug list, you may be eligible for a temporary transition supply if any of the following apply to you:

- New to the prescription drug plan at the start of 2025, following the annual coordinated election period.
- Newly eligible for Medicare Part D in 2025 and are switching from other coverage in 2024.
- Switching from one Medicare Part D plan to another after the start of 2025.
- Living in a LTC setting.
- Affected by negative changes to the drug list at the start of a new contract year
  to the next.
- Change in treatment settings because of a change in your level of care.

Applicable drugs

- Drugs that are not on your plan's drug list.
- Drugs that are on your plan’s drug list but your ability to get the drug is limited.

You may be able to get a temporary transition supply of a non-formulary drug to meet your needs. This gives you and your plan time to work with your health care provider to find a similar drug on the drug list or to make a coverage determination request. A coverage determination request includes a medical review. If your coverage determination request is approved, you can keep getting a drug that you are currently using. This may also include, when medically appropriate, a process for switching new Part D plan members to therapeutically appropriate formulary alternatives.

There are 6 classes of drugs that we must approve if you have already been taking them when you join South Country Health plan. A temporary fill will be allowed for these drugs for the first 120 days you are on our plan (for more on standard time frames for transition fills, see #3 below). These classes of drugs are the following: antidepressants, antipsychotics, anticonvulsants, antineoplastics, antiretrovirals, and immunosuppressants (for prophylaxis of organ transplant rejection).

New prescriptions versus ongoing drug therapy

All transition processes are applied at the pharmacy to new prescriptions when it is not clear if a prescription is new or is an ongoing prescription for a non-formulary drug.

Transition time frames and temporary fills

Time frame and transition fills *in outpatient settings* (retail)

If you are new to or re-enrolled in our plan, you can get a one-time temporary fill of a non-formulary Part D drug for up to a 31-day supply (unless the prescription is written for fewer days) any time during the first 90 days of enrollment. If the prescription is written for fewer less than a month's supply, the pharmacy is allowed multiple fills up to a total of one month's supply.

Time frame and transition fills *in LTC settings*

You can get up to a 31-day supply (unless the prescription is written for fewer days) of non-formulary drugs during the following times:

- Any time during the first 90 days of enrollment in South Country you can get up to a 31-day supply, depending on how many days of medication are filled each time (up to a 31-day supply per fill).
- After the 90-day transition period has ended, if a coverage determination request is being reviewed you can get a temporary emergency supply for up to 31 days.

If you are being admitted to or discharged from an LTC setting, an early refill will not limit access to your Part D benefit. You can get a refill upon admission or discharge.

Emergency supply for current members

If you are in an LTC setting, you are eligible for a 31-day emergency supply (unless the prescription is written for less than 31 days) of non-formulary Part D drugs after the transition period has expired, while a prior authorization (including step therapy) is being processed.

Transition extension

The transition period may be extended on a case-by-case basis as follows:

- If a coverage determination request or appeal has not been processed by the end of the minimum transition period (first 90 days of coverage). The extension will last until a transition has been made, either by switching to a drug on your drug list or a because decision is made on a coverage determination request

You can get refills for transition prescriptions that are dispensed for less than the written amount due to quantity limits. Quantity limits are used for safety purposes.

Transition across contract years for current members

If you have not changed to a formulary drug before the new calendar year, a temporary transition supply may be provided to avoid transition gaps if either of the following occurs:

- Your drugs are removed from the drug list from one contract year to the next.
- New utilization management requirements are added to your drugs from one contract year to the next.

If you meet the criteria above, you can get up to a 31-day supply (unless the prescription is written for fewer days) any time during the first 90 days of the calendar year.

The policy is in place even if you enroll with a start date of either November 1 or December 1 and need a transition supply. You will receive the *Annual Notification of Change* for the upcoming year and the *Member Handbook* and formulary is published online and available in print upon request. You may request a transition supply to prevent coverage gaps.

Treatment of re-enrolled members

You may leave one plan, enroll in another plan, and then re-enroll in the original plan. If this happens, you will be treated as a new member to ensure that you get transition benefits. The transition benefits begin when you re-enroll in your original plan.

Level of care changes

You may have changes that take you from one level of care setting to another. During this level of care change, drugs may be prescribed that are not on your plan's drug list. If this happens, you and/or your health care provider must ask for a coverage determination.

Current enrollees who experience a level of care change are eligible to receive a transition supply of a Non-Formulary Part D Drug upon admission or discharge from an applicable setting. (e.g. from LTC setting or hospital).

To prevent a gap in care when you are discharged, you can get a full supply up to a 31-day transition supply. This will allow therapy to continue once the limited discharge supply is gone. This outpatient supply is available before discharge from a Part A stay.

When you are admitted to or discharged from an LTC setting, you may not have access to the drugs you were previously given. However, you can get a refill upon admission or discharge.

Transition Process

South Country's pharmacy benefit manager ensures that network pharmacies can override prior authorization and step therapy requirements to ensure the member may leave the pharmacy with their necessary drugs. The pharmacy benefit manager will maintain necessary requirements such as quantity limits, and FDA recommended doses.

Transition notices

When a claim is submitted for a transition supply, a notice is sent to you by first class U.S. mail within three business days of the date the drug claim was submitted. For LTC residents given multiple fills of a Part D drug in 14-day fills or less, the written notice is sent within 3 business days after the date the claim is submitted for the first transition fill. The notice does the following:

- Explains that the transition fill is temporary.
- Tells you to work with your health care provider to find a new drug option that is on your plan's drug list.
- Explains that you can request a coverage determination (including a formulary exception), and tells you how to make the request, your timeframes, and your appeal rights.