

Medicare Part D Transition Period Drug Benefit Policy

When you join South Country Health Alliance (South Country) or re-enroll in our plan you might be taking a drug that is not on our drug list or that is on our drug list but requires prior authorization.

This policy tells how transition benefits apply when you are filling prescriptions in outpatient settings (retail pharmacies) or in home infusion and Long-Term Care (LTC) settings. It also covers how to 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 not on our plan's formulary (drug list) or drugs on the drug list but your ability to get the drug is limited. For example, you may need to get a prior authorization (PA) or a formulary exception (FE) before you can get a drug. Or, step therapy (ST) or quantity limits (QL) may apply to some drugs. 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 for you
 - Comply with UM 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 on our website.

This policy covers:

- 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

If you are currently taking drugs not included in our new drug list, you may be eligible for a temporary transition supply if any of the following apply:

- You are new to the prescription drug plan at the start of 2026, after the annual coordinated election period;

- You become newly eligible for Medicare Part D in 2026 and are switching from other coverage in 2025;
- You switch from one Medicare Part D plan to another after the start of 2026;
- you live in a long-term care (LTC) setting;
- You are affected by negative changes to the drug list at the start of a new contract year to the next; **or**
- You change treatment settings because of a change in your level of care.

Applicable drugs

- Drugs that are not on our plan's drug list; **or**
- Drugs that are on our drug list but your ability to get the drug is limited

You can get a temporary transition supply of a non-formulary drug during your first 90 days of enrollment in our plan. This gives you and your health care provider time to switch to a similar drug on the list or ask for a Coverage Determination.

A Coverage Determination request includes a medical review. If your request is approved, you can keep getting a drug that you are currently using. This includes, when medically appropriate, a process for new Part D plan members to switch to therapeutically appropriate drug alternatives.

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

You may not be able to get an immediate transition fill for certain drugs at the pharmacy. These drugs need to be reviewed first to determine if they are covered. The pharmacy will tell you if you can get a transition refill when you go to refill your prescription

There are 6 classes of drugs that we must approve if you are already taking them when you join our 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 below). These classes of drugs are the following:

- antidepressants
- antipsychotics
- anticonvulsants
- antineoplastics
- antiretrovirals
- immunosuppressants (for prophylaxis of organ transplant rejection).

New prescriptions versus ongoing drug therapy

If it is unclear whether a prescription for a non-formulary drug is new or ongoing, the pharmacy will treat it like a new prescription and apply transition rules.

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 any time during your first 90 days of enrollment. If the prescription is written for fewer days, the pharmacy is allowed multiple fills up to a total of 31 days.

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).
- If a coverage determination request is being reviewed after the 90-day transition period has ended, 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.

Transition extension

The transition period may be extended on a case-by-case basis if a Coverage Determination request or Appeal is still in review by the end of the minimum transition period (first 90 days of coverage).

The extension will last until you have changed to a drug on our drug list or a decision is made on a Coverage Determination request or Appeal

Transition across contract years for current members

You will receive the *Annual Notification of Change* for the upcoming year. The *Member Handbook* and *Drug List* are published online and available in print upon request.

To avoid coverage gaps, 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 if:

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

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.

Emergency supply for current members

If you live in an LTC facility and need a drug not on the formulary after your transition period ends, you can get up to a 31-day emergency supply while prior authorization (including step therapy) is being processed.

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 (for example, discharge from a hospital to home or LTC). During this level of care change, drugs may be prescribed that are not on our plan's drug list. If this happens, you and your health care provider must ask for a Coverage Determination.

Current members 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 outpatient 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 given before. However, you can get a refill upon admission or discharge.

Transition Process

South Country's pharmacy benefit manager makes sure that network pharmacies can override prior authorization and step therapy requirements so that the member may leave the pharmacy with their necessary drugs. The pharmacy benefit manager will maintain necessary requirements such as quantity limits, monitor high off-label use and FDA recommended doses.

For help in finding an in-network pharmacy or help with formulary drug list please check on South Country's website or contact members services number on the back of your ID card.

Transition notices

When you or your the pharmacy submit a claim for a temporary transition fill of a drug, a notice is sent to you by first class U.S. mail. The notice will be sent within 3 business days of the date the drug claim was submitted. For LTC residents that get multiple fills of a Part D drug in 14-day fills or less, the written notice is sent within 3 business days of the date the first transition fill is submitted.

The notice has the following information:

- Explains that the temporary transition fill is short-term
- Tells you to work with your health care provider to find a new drug option that is on our drug list.
- Explains how to request a coverage determination (including a formulary exception), what the timeframes are, and your appeal rights.

When you receive that notice, talk with your health care provider to see if there is a drug on our drug list that may work just as well as your current drug and get a new prescription. If you and your provider believe you need the drug you are taking, they can contact our plan to request a coverage determination. If that request is denied you will have a right to file an appeal.