



## Medicare Part D Transition Period Drug Benefit Policy

This policy describes how transition benefits apply when you are filling prescriptions in retail, 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 2024, following the annual coordinated election period.
- Newly eligible for Medicare Part D in 2024 and are switching from other coverage in 2023.
- Switching from one Medicare Part D plan to another after the start of 2024.
- Living in a LTC setting.
- Affected by negative changes to the drug list from one 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.

### **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 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
- 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.

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.

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.

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶክመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိာ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ် လီၤတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣຄຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປຣໂຮມາຍເລກຂ້າງເທິງນີ້.

Hubachiiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-567-7242. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-567-7242. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-567-7242。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-567-7242。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-567-7242. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-567-7242. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-567-7242 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-567-7242. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-567-7242 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-567-7242. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-567-7242 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-567-7242 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-567-7242. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-567-7242. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-567-7242. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-567-7242. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1-866-567-7242 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。