



Essential RX Medicare Advantage Plan

2024 Part D Prescription Drug Transition Policy

The Aspirus Health Plan Medicare Prescription Drug Transition Policy provides members temporary prescription refills when they are unable to get their medications in certain circumstances. There are some drugs that may not qualify for transition if they are excluded from coverage by Medicare or require a coverage determination to determine if they are being used for an approved indication. Examples of these drugs include weight loss drugs, cosmetic drugs, over the counter (OTC) drugs, drugs requiring a part B vs part D coverage determination, or Medicare covered drugs prescribed for a non-approved indication.

Transition process in the retail setting applies to:

- New members enrolled in Aspirus Health Plan for the first 90 days of eligibility.
- Current members who are taking medication(s) no longer covered, or subject to new formulary restrictions, within the first 90 days of the new contract year.

Aspirus Health Plan will provide your temporary supply of non-formulary Part D drugs for at least 30 days (unless the prescription is written for less than 30 days). This includes Part D drugs that are on the formulary, but require prior authorization or step therapy.

Transition process in a long-term care (LTC) setting applies to:

- New members enrolled in Aspirus Health Plan for the first 90 days of eligibility.
- Current members living in long-term care facilities who are taking medication(s) no longer covered, or subject to new formulary restrictions, within the first 90 days of the new contract year.

Aspirus Health Plan will provide your temporary supply of non-formulary Part D drugs for at least 31 days (unless the prescription is written for less than 31 days). This includes Part D drugs that are on the formulary, but require prior authorization or step therapy.

In a long-term care setting, Aspirus Health Plan will honor multiple fills of non-formulary Part D drugs as needed for up to a 31-day supply. This includes Part D drugs that are on the formulary but require prior authorization or step therapy.

Emergency supply for members in a long-term care setting

Aspirus Health Plan will cover an emergency supply of non-formulary Part D drugs for long-term care facility residents as part of your transition process.

In a long-term care setting, Aspirus Health Plan will honor multiple fills of non-

formulary Part D drugs as necessary up to a 31-day supply. However, to the extent that a member in a long-term care setting is outside of the 90-day transition period, Aspirus Health Plan will still provide an emergency supply of non-formulary Part D drugs while an exception is being processed.

You will receive these emergency supplies of non-formulary Part D drugs for at least 31 days of medication (unless the prescription is written for less than 31 days). This includes Part D drugs that are on the formulary, but require prior authorization or step therapy.

Level of care changes

The transition process also applies to current members who experience level of care changes including admission or discharge from a long-term care facility or other institution. To prevent any potential delays in receiving your medication(s), we will waive any notices that indicate it's too soon to refill. This transition process will apply when discharge planning is performed in advance of your actual discharge.

Transition extension

When a member's exception request or appeal has not been processed by the end of the minimum transition period, Aspirus Health Plan will extend the transition period on a case-by-case basis.

Requests for transition extensions can be made by contacting Aspirus Health Plan Customer Service at the numbers below.

The extended transition period will end when (whichever occurs first):

- The medication is changed to an alternative formulary drug, or
- The exception request or appeal is decided.

Notices

Aspirus Health Plan will send written notice to members within three business days of the transition fill stating the transition supply is temporary. Instructions will be included regarding how you can work with your health care provider to identify any alternative medications that may be available and appropriate. We will also include an explanation of your right to request a formulary exception, and how to make that request.

The cost-sharing amount for the one-time transition will never exceed the member's maximum copayment or coinsurance amounts, and will include any low income subsidy amounts, if eligible. Cost-sharing is based on the tier assigned to the non-formulary drug.

For information about the Transition Policy, call Customer Service at the phone number on the back of your member ID card. TTY users, please call 1-800-688-2534 toll free. We are available 8 am – 8 pm, seven days a week.