



Essential RX Medicare Advantage Plan

2025 Part D Prescription Drug Transition Policy

The Aspirus Health Plan Medicare Prescription Drug Transition Policy provides members temporary prescription refills when they can't get their medications in certain circumstances. Some drugs may not qualify for transition if they're excluded from Medicare coverage or need a coverage determination to determine if they're 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 need 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 need 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 need 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 with 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'll get 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 need prior authorization or step therapy.

Level of care changes

The transition process also applies to current members who have level of care changes including admission or discharge from a long-term care facility or other institution. To prevent delays in getting your medication(s), we'll waive any notices that say it's too soon to refill. This transition process applies when discharge planning is done before your discharge.

Transition extension

When a member's exception request or appeal hasn't 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 calling Aspirus Health Plan Medicare Advantage Plans Customer Service.

The extended transition period ends when (whichever happens first):

- The medication is changed to another 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. We'll include instructions about how you can work with your health care provider to find another medication that may be available and appropriate. We'll also explain your right to ask for a formulary exception and how to make that request.

The cost-sharing amount for the one-time transition is based on the tier of the non-formulary drug and whether you qualify for Extra Help.

For information about the Transition Policy, call customer service at the phone number on the back of your member ID card. TTY users call 1.855.931.4852 toll-free. We're here from 8 am – 8 pm, seven days a week.