

RiverSpring FIDA Plan Drug Transition Policy

RiverSpring FIDA Plan manages and coordinates the Medicare Part D Transition Process with support from its pharmacy network. The process supports new participants previously prescribed Part D drugs that are not on RiverSpring FIDA Plan's Drug Formulary and addresses the needs of participants who are stabilized on non-formulary drugs, or formulary drugs that require Prior Authorization, Step Therapy or that contain Quantity Limits. The process addresses the needs of new full-benefit dual eligible participants that are auto-enrolled in the prescription drug plan who, despite education and outreach efforts on the changing nature of the drug coverage under the Medicare benefit, are unaware of the impact of RiverSpring FIDA Plan's Drug Formulary or utilization management practices on their existing drug regimens.

Policy:

RiverSpring FIDA Plan provides a one time, temporary supply of non-formulary Part D drugs in order to meet the immediate needs of a participant, as well as allow RiverSpring FIDA Plan sufficient time to work out with the prescriber an appropriate switch to a therapeutically equivalent medication or the completion of an exception request to maintain coverage of an existing drug based on medical necessity reasons. The transition will apply to ongoing prescription and all brand-new prescriptions for non-formulary medications if a distinction cannot be made at point-of-sale.

The Transition Process extends across contract years and applies to: (1) new participants with an effective enrollment date of either November 1 or December 1; new participants to the prescription drug plan at the beginning of a contract year; (2) newly eligible Medicare participants from other coverage at the beginning of a contract year, including dual eligible participants who may be auto-enrolled; (3) participants who switch from one plan to another at the beginning of a contract year; (4) participants residing in long-term care (LTC) facilities; (5) current participants affected by formulary changes from one contract year to the next. For current participants whose drugs are no longer on the RiverSpring FIDA Plan formulary, or drugs that remain on the formulary but have additional Step Therapy or Prior Authorization criteria added, RiverSpring FIDA Plan will effectuate a meaningful transition by either: (1) providing a transition process consistent with the transition process required for new participants beginning in the new contract year or (2) effectuating a transition to the beginning of the new contract year. For participants that are enrolled with a date of November 1 or December 1, the transition policy will be extended to the following contract year.

The RiverSpring FIDA Plan Pharmacy & Therapeutics Committee reviews and provides recommendations regarding the procedures for medical review of non-formulary and prior approval drug requests. P&T Committee involvement ensures that transition decisions appropriately address situations involving participants stabilized on drugs that are not on the RiverSpring FIDA Plan Formulary (or are on the formulary but require prior authorization or step therapy under RiverSpring FIDA Plan's utilization management requirements) and which are known to have risks associated with any changes in the prescribed regimen.

RiverSpring FIDA Plan will only apply the following categories of edits at point-of-sale:

- B vs. D coverage determination;
- Excluded drugs; and
- DUR edits that promote participant safety.

Procedure:

1. Temporary Fills; Non-Formulary (NF); Prior Approvals (PA); Step Therapy (ST); Quantity Limits (QL), for Retail, Home Infusion, and Long Term Care (LTC)

- a. When a prescription for a drug that is NF or that requires a PA, ST, or has QL is presented at a participating Retail, LTC or Home Infusion pharmacy, RiverSpring FIDA Plan provides access to Part D drugs that are not normally covered. The claim is paid at point-of-sale (POS) or point-of-dispensing. If there are quantity limits on the medication for safety purposes or based on approved product labeling, the prescription will be dispensed at the lower quantity.
- b. RiverSpring FIDA Plan's Pharmacy Benefits Manager (PBM) tracks each transition claim and creates a daily transition-claim report ensuring appropriate follow up.

2. Early Refill Edit – Dosage Change or Optimization

- a. An early refill edit is not used to limit appropriate and necessary access to a participants Part D benefit. If the prescriber changes the dose of a medication during the treatment period, the pharmacist can place an Early Refill Override code in the Prior Authorization Field (06) to ensure claim payment and subsequent approval of the new dosage. Similarly, when a participant is admitted or discharged from a LTC facility, he or she will not have access to the remainder of the previously dispensed prescription (through no fault of his or her own) and therefore, RiverSpring FIDA Plan allows the participant to access a refill upon admission or discharge using the same early refill code.

3. Transition Timeframes

- a. RETAIL / HOME INFUSION SETTING:
 - i. RiverSpring FIDA Plan provides at least a one-time, temporary 90-day fill (unless the participant presents with a prescription written for less than 90 days, in which case RiverSpring FIDA Plan allows multiple fills to provide up to a total of 90 days of medication) when an participant presents to a retail or home infusion pharmacy setting (or via safety-net, or I/T/U pharmacies) and requests to fill a NF, PA, ST, or QL drug within the first 90 days of their enrollment in a plan, beginning on the participants effective date of coverage.
- b. LONG TERM CARE (LTC) SETTING:
 - i. RiverSpring FIDA Plan provides a transition fill of NF, PA, ST, or QL drugs to participants obtaining their drugs in a LTC setting within their first 90 days of coverage for a 91-98 day supply consistent with the dispensing increment (unless the participant presents a prescription written for less than 91-98 days). Since eligible participants may join RiverSpring FIDA Plan at any time during the year, this requirement begins on the participants initial effective date of coverage, not only during the first 90 days of the contract year. After the initial 90 day transition period has expired, RiverSpring FIDA Plan provides a 31-day emergency supply of all of NF, PA, ST, or QL drugs. Since, as a matter of

practice, LTC facility residents must receive their medications as ordered without delay, RiverSpring FIDA Plan covers an emergency supply of NF Part D drugs for LTC facility residents as part of their transition process.

- ii. For drugs prescribed within the first 90 days after a participants enrollment, the participant receives a transition supply via the process described above. However, RiverSpring FIDA Plan provides an emergency supply of non-formulary Part D drugs – including Part D drugs on the RiverSpring FIDA Plan Formulary but require PA, ST, or QL under the plan’s utilization management rules – while an exception is being processed. The emergency supplies of non-formulary Part D drugs – including Part D drugs on the RiverSpring FIDA Plan formulary but require prior authorization or step therapy under RiverSpring FIDA Plan’s utilization management rules – are for at least 31 days of medication, unless the prescription is written by a prescriber for less than 31 days.
- iii. The same process applies to participants with the following level of care changes:
 - 1. Participants discharged from a hospital to a home;
 - 2. Participants who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to the RiverSpring FIDA Plan Formulary;
 - 3. Participants who give up hospice status to revert to standard Medicare Part A and B benefits;
 - 4. Participants who end a long-term care facility stay and return to the community;
 - 5. Participants who are discharged from a psychiatric hospital with medication regimens that are highly individualized; and
 - 6. Participants who are auto-assigned.
- c. Extension of transition timeframes will be provided on a case by case basis to the extent that the exception requests or appeals have not been processed by the end of the minimum transition period and until such time that a transition has been made either through a switch to an appropriate formulary drug or a decision has been made on an exception request.