RiverSpring Health Plans Drug Transition Policy

RiverSpring Health Plans manages and coordinates the Medicare Part D Transition Process with support from its pharmacy network. The process supports new members previously prescribed Part D drugs that are not on RiverSpring Health Plans Drug Formulary and addresses the needs of members 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 eligible enrollees that are 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 Health Plans Drug Formulary or utilization management practices on their existing drug regimens.

Policy:

RiverSpring Health Plans provides a temporary supply of non-formulary Part D Drugs in order to meet the immediate needs of a beneficiary, as well as allow RiverSpring Health Plans 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 Process extends across contract years and applies to:
(1) New Enrollees with an effective enrollment date of either November 1 or December 1; new enrollees to the prescription drug plan at the beginning of a contract year;
(2) Newly eligible Medicare Beneficiaries from other coverage;
(3) Enrollees who switch from one plan to another at the beginning of a contract year;
(4) Enrollees residing in long-term care (LTC) facilities;
(5) Current enrollees affected by negative formulary changes from one contract year to the next.

RiverSpring Health Plans Transition Process applies to:

- Non-formulary Drugs (including Part D Drugs that are not on the Plan's Formulary, drugs previously approved for coverage under an exception once the exception expires, and Part D Drugs that are on the Plan's Formulary but require Prior Authorization (PA) or Step Therapy (ST), or that have an approved Quantity Limit (QL) lower than the beneficiary's current dose (under the Plan's Utilization Management (UM) Rules).
- RiverSpring Health Plans maintains policies and procures to facilitate medical review of non-formulary drug requests, and when appropriate, a process for switching Part D enrollees to therapeutically appropriate Formulary alternatives failing an affirmative medical necessity determination.
- Part D covered medications on the Formulary subject to utilization management (Quantity limits, Prior Authorizations, Step Therapy)
- Brand-New prescription for non-formulary Drugs – If RiverSpring Health Plans cannot make the distinction between Brand-New Prescription for a non-formulary drug and ongoing prescription for a non-formulary drug at the Point-of-Sale (POS).

RiverSpring Health Plans adjudicates transition claims for Medicare beneficiaries without requiring intervention or edits from the pharmacy at point-of-sale. Medicare claims are automatically evaluated by the RiverSpring Health Plans adjudication system to determine whether the claim qualifies as a transition claim. When the adjudication system determines that the beneficiary's claim

qualifies for transition, the claim is automatically adjudicated, disregarding edits for ST, PA, Formulary covered, and is subsequently filled pursuant to CMS quantity and day supply guidelines for transition fills. The pharmacy is notified at POS via standard NCPDP response messaging.

The transition claim event automatically triggers a written notification that sends to the beneficiary (within three business days) explaining the transition policy, their rights under the policy and informing the beneficiary on how to complete the transition with their doctor, or to request an exception and/or extension. If the enrollee completes his or her transition supply in several fills, RiverSpring Health Plans will only send notice with the first transition fill. PA and/or Exception Request Forms are available for beneficiaries and prescribers on the RiverSpring Health Plans website, and are also available upon request via mail, fax and email.

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 Health Plans provides access to Part D drugs that are not normally covered. The claim is paid at 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.

2. **Early Refill Edit – Dosage Change or Optimization**
    - **a.** An early refill edit is not used to limit appropriate and necessary access to a member's 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 PA Field (06) to ensure claim payment and subsequent approval of the new dosage. Similarly, when a member 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 Health Plans allows the member to access a refill upon admission or discharge using the same early refill code.

3. Temporary Fills; Transition Eligible Medications for Retail, Home Infusion and Long Term Care (LTC)

- **a.** When a prescription for a drug that falls in a category listed above is presented at a pharmacy, the claim will pay at POS.
- **b.** RiverSpring Health Plans receives instantaneous alerts when a transition fill occurs.
- **c.** A written notice is sent via U.S. First Class Mail to a beneficiary who obtains a transition fill within three (3) business days of adjudication of the temporary-transition fill. For long-term care residents that are dispensed multiple supplies of a Part D drug in increments of 14-days or less, consistent with the requirement under §423.254, the written notice will be provided within three (3) business days of the initial fill.

4. Transition Timeframes

- **a.** RETAIL / HOME INFUSION SETTING:

  RiverSpring Health Plans provides a transition period of three (3) months and applies a one-time, 30 day fill (unless the beneficiary presents with a prescription written for less than 30 days) when a beneficiary presents at a retail or home infusion pharmacy setting (or via safety-net, or I/T/U pharmacies) and requests to fill a transition eligible medication drug within the first 90 days of their coverage. If an enrollee presents with a prescription written for less than 30 days, RiverSpring Health Plans will allow multiple fills to provide

up to a total of 30 days of medication. Since certain beneficiaries may join the plan at any time during the year, this requirement begins on the beneficiary's first effective date of coverage and continues for 90 days thereafter – it is not limited to the first 90 days of the contract year. If the medication qualifies for a transition fill, but is for a medication whose smallest market package exceeds a 30 day supply, the medication will still be adjudicated at POS as a transition fill.

b. LONG TERM CARE (LTC) SETTING:

I. RiverSpring Health Plans provides a 31 day transition supply consistent with the applicable dispensing increment in the LTC setting (unless the prescription is written for less), with refills provided if needed, for transition eligible medications within the first 90 days of a beneficiary's enrollment in a plan. Since certain beneficiaries may join the client's health plan at any time during the year, this requirement begins on the beneficiary's first effective date of coverage, and not only to the first 90 days of the contract year.

Emergency Supply of Transition Eligible Medications After the initial 90 day transition period has expired, RiverSpring Health Plans shall apply a 31-day emergency supply of all transition while an exception or PA is requested. Since, as a matter or practice, LTC facility residents must receive their medications as ordered without delay, RiverSpring Health Plans covers an emergency supply of transition eligible drugs for LTC residents upon admission to an LTC facility. In addition, early refill edits are overridden for LTC residents as a part of the transition process. For beneficiaries being discharged from an LTC, early refill edits are not used to limit appropriate and necessary access to their covered benefit and beneficiaries are allowed to access a refill upon discharge. If the medication qualifies for an emergency fill, but is for a medication whose smallest market package exceeds a 31 day supply, the medication will still be adjudicated at POS as an emergency fill.

II. For drugs prescribed within the first 90 days after a member's enrollment, the member receives a transition supply via the process described above. However, RiverSpring Health Plans provides an emergency supply of Non- Formulary Part D drugs – including Part D drugs on the RiverSpring Health Plans 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 Health Plans Formulary but require PA or ST under RiverSpring Health 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 members with the following level of care changes:

- Members discharged from a hospital to a home;
- Members who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to the RiverSpring Health Plans Formulary;
- Members who give up hospice status to revert to standard Medicare Part A and B benefits;
- Members who end a long-term care facility stay and return to the community;
- Members who are discharged from a psychiatric hospital with medication regimens that are highly individualized; and
- Members who are auto-assigned.

IV. 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.

The RiverSpring Health Plans Pharmacy & Therapeutics (P&T) 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 members stabilized on drugs that are not on the RiverSpring Health Plans Formulary (or are on the Formulary but require PA or ST under RiverSpring Health Plans utilization management requirements) and which are known to have risks associated with any changes in the prescribed regimen.

5. Point of Sales Edits:

RiverSpring Health Plans will only apply the following categories of edits at POS:

- Edits to determine Part A or Part B vs. D coverage determination;
- Edits to prevent coverage of Non-Part D Drugs; and
- Edits to promote safe utilization of Part D Drugs (e.g. DUR edits)
- Edits to promote safe utilization of Opioid medications

6. Cost-Sharing:

RiverSpring Health Plans ensures that the cost-sharing applied at POS does not exceed the statutory maximum co-payment for low-income subsidy (LIS) eligible beneficiaries. The beneficiary's LIS status is communicated to the pharmacy based on the beneficiary's eligibility and/or the BAE process. For non-LIS beneficiaries, the cost share administered at POS will be RiverSpring Health Plans ensures that the cost-sharing applied at POS does not exceed the statutory maximum co-payment for low-income subsidy (LIS) eligible beneficiaries. The beneficiary's LIS status is communicated to the pharmacy based on the beneficiary's eligibility and/or the BAE process. For non-LIS beneficiaries, the cost share administered at POS will be based on the Formulary placement of the drug and the beneficiary's phase of the Part D benefit based on the True-Out-of-Pocket (TrOOP) and Total Drug Spend (TDS) accumulators. For non-LIS beneficiaries, the cost share administered at point-of-sale for Non-Formulary Part D drugs provided during the transition will be the same cost sharing for non-formulary drugs approved through a Formulary exception in accordance with 42 CFR § 423.578(b) and the same cost sharing for Formulary drugs subject to utilization management edits provided during the transition that would apply once the utilization management criteria are met.