



Prior Authorization Includes Notification and Medical Necessity

Pharmacy costs are on the rise. And with medication efficacy and safety in sharp focus, it is vital that members get appropriate clinical care, including the right medication.

With the UnitedHealthcare® Prior Authorization program, the member must meet specific clinical requirements before the medication is approved for coverage. This helps ensure that the coverage provided is for the right medication, the right dose and the right duration of therapy.

Obtaining prior authorization before a medication is covered:

- Promotes safe and effective medication use.
- Helps both clients and members save on pharmacy costs.

Two ways that UnitedHealthcare utilizes clinical requirements to determine coverage approval is through the Notification program and the Medical Necessity program.

- 1 Notification** — The provider needs to provide diagnosis information first, which helps to determine if the prescription meets the plan benefit coverage and approved U.S. Food and Drug Administration (FDA) requirements for medication and diagnosis.
- 2 Medical Necessity** — Specific conditions must be met for a medication to be deemed medically necessary, including:
 - Is the medication clinically appropriate?
 - Is the medication appropriate for the diagnosis?
 - Is the medication cost effective?

How do we determine prior authorization programs?

An expert team of clinical pharmacists develop and maintain our Prior Authorization program with oversight from the UnitedHealthcare National Pharmacy & Therapeutics Committee. This committee consists of expert physicians and pharmacists who specialize in various therapeutic areas. The Prior Authorization program is based on nationally recognized clinical practice guidelines, U.S. Food and Drug Administration (FDA)-approved product labeling, published clinical literature and input from active health care practitioners.

This rigorous, evidence-based review ensures that coverage is based on approved or proven use of medications and includes:

- Diagnosis.
- Dose and duration.
- Genetic testing as appropriate.
- Other clinical information.

When evaluating drug costs, prior authorization programs are in place for drugs representing **40% of total drug costs but only impact less than 5% of all claims**

Innovative programs and tools

In an effort to speed and simplify the prior authorization process, we offer additional programs including:

Expiring Prior Authorization program — Proactively notifies a physician during the standard medication renewal process to extend the authorization for continued refills or discontinue the medication if clinically appropriate. This helps members stay adherent to their treatment.



Expiring Prior Authorization program response rate:

85% for specialty medications.

75% for non-specialty medications.

70–80% expiring prior authorization renewal/approval rate¹.

Medical Diagnosis to Script (Dx2Rx) program — Streamlines prior authorization requirements by conducting a real-time check to automatically find a member's diagnosis in claims history. For a new diagnosis, the pharmacist can enter the prescriber-provided diagnosis code. This helps members start taking their medication as soon as possible.



Medical Diagnosis to Script program:

Avoids 30–40% of prior authorizations with medical diagnosis match.²

PreCheck MyScript — A sophisticated tool that gives providers real-time access into member pricing, lower-cost alternatives and prescription drug list placement. Using patient-specific benefit information within the prescriber's electronic medical records helps providers prescribe the appropriate medication for each member. Prescribers can use this tool to initiate the Prior Authorization process when necessary.



PreCheck MyScript³:

>20% of all transactions with an alternative resulted in a drug change.

>30% prior authorizations avoided or initiated.



To learn more about how we're committed to driving a better experience, better health and better cost control, contact your UnitedHealthcare representative.

¹ UnitedHealthcare commercial members pilot program. May–June 2017.

² Savings estimates based on three-month pilot. May–July 2017.

³ UnitedHealthcare data. May–mid-October 2017.

OptumRx is a subsidiary of UnitedHealth Group. UnitedHealthcare and the dimensional U logo are trademarks of UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.

[Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare) [Twitter.com/UHC](https://twitter.com/UHC) [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare) [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

UHC676194-181219 5/18 © 2018 United HealthCare Services, Inc. All rights reserved.