FAQ Prior Authorization and Step Therapy

1. Why did we add these programs to the Pharmacy Benefit? More and more medications are available today, and more and more people are taking them. For UnitedHealthcare® Pharmacy, that means more responsibility to monitor each medication's safety, use and cost. It's a complex process requiring continuous and rigorous attention. By providing a wide range of clinical and patient support programs, we help customers manage total drug spend and medical costs while supporting better health outcomes.

2. Why did Student Resources add the Rx Prior Authorization Program? Obtaining prior authorization before a medication is covered promotes safe and effective medication use, and helps both clients and members save on pharmacy costs. This helps ensure that the coverage provided is for the right medication, the right dose and the right duration of therapy.

3. Describe Prior Authorization. The prescriber needs to notify us prior to benefit drug coverage.

4. Is there more than one type of Prior Authorization? Yes, 1. Prior Authorization-Notification, and 2. Prior Authorization-Medical Necessity. Examples: *Prior Authorization-Notification* — Requires the prescriber to notify UHC first, which helps determine that the prescription is covered for the approved FDA indications for the medication based on the diagnosis. *Prior Authorization-Medical Necessity* criteria application — The physician must provide documentation related to additional clinical criteria, such as supporting lab data, and that specific conditions are met in order for a medication to be deemed medically necessary and covered.

5. How is the Prior Authorization program determined? 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, FDA-approved product labeling, published clinical literature and input from health care practitioners.

6. What medications typically require a prior authorization? Medications selected are based on the potential for uses without clinical evidence or for the potential use for excluded conditions or non-covered benefits (e.g., cosmetic indications).

7. How can I find out if my medication requires prior authorization? 1. Access the PDL from the school's uhcsr.com page. Medications that require Prior Authorization have a PA to the right of the medication name 2. Access drug lookup from member's MyAccount. Medication description will indicate if PA is needed 3. Call UHCSR customer service at the toll-free number on the back of the plan ID card 4. When the member fills a new prescription, the pharmacist will tell the member if a PA is required.

8. What does the member do if the medication needs a prior authorization? To begin the PA process, the member can 1. Let the doctor know that a prior authorization is required or 2. Call OptumRx at 800-711-4555.

9. How does the member know if a medication has been approved for coverage? Once the information from the doctor is reviewed, OptumRx will send a letter to the member and the doctor letting them know if the medication is approved or denied. The member can also call the dispensing pharmacy or UHCSR customer service for status and assistance.

10. How will members be notified that some of their medications will now need prior authorization? By letter that says "Dear Member, We want to let you know about a change to your prescription drug coverage. Starting (on this date), OptumRx will manage pharmacy care services for Student Resources. Starting (on this date), you will need prior authorization for the drug below. A PA is an approval we give your doctor before the drug can be covered. The PA process helps determine if a drug meets coverage requirements. A drug may need PA to make sure it is used to effectively treat conditions. What do I need to do? Please talk to your doctor as soon as possible. If your doctor wants you to keep taking the drug above, you or your doctor can ask us for a PA. If the PA is approved, you may keep filling your prescription as usual. If the PA is not approved and you fill a prescription after (date), you may have to pay the full cost of the drug. The amount you pay will not count toward any deductible or out-of-pocket limit you may have. If you don't take action, coverage for your next refill may be delayed. In some situations, coverage may be extended if you need extra time to review your options with your doctor. Questions? Call (UHCSR Customer Service number).

11. What does "coverage may be extended" mean? UHC offers a Transition of Care process to obtain a one-time 30-day override if their medication is impacted by PA or ST. this will allow members more time to work with their physician to either switch to a covered alternative, or satisfy the clinical requirements.

12. How does the Transition of Care process work? The member must call OptumRx at 1-855-828-7716 to obtain the override. The Rx claim history must indicate a fill within the past 120 days for the drug in question. Member must confirm that drug had previously been covered without the need for PA. If the drug is eligible for TOC, the CS rep will enter an override that will allow a 30 day refill. Drugs that are not eligible for overrides are Specialty medications, Compounds, meds for weight loss and cosmetic purposes, OTC meds, and some meds for infertility.

13. How can the doctor submit information for a Prior Authorization? Visit www.uhcprovider.com and click on the Prior Authorization and Notification-Learn More purple tile. Or access LINK from www.uhcprovider.com. If the provider does not have a LINK account, the provider may also access an electronic Prior Authorization tool at https://professionals.optumrx.com/prior-authorization.html

14. Approximately how many medications are on the Prior Authorization List? Prior authorization programs are in place for drugs involved in about 5% of Rx claims, but may impact 40% of total drug costs.

15. What other programs and tools are there to speed and simplify the Prior Authorization Process? 1. Expiring Prior Authorization Program 2. Medical Diagnosis to Script (Dx2Rx) program 3. PreCheck MyScript

16. Describe the Expiring Prior Authorization Program. UnitedHealthCare 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 member stay adherent to their treatment

17. Describe Dx2Rx. UHC 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. Dx2Rx avoids 30—40% of prior authorizations with medical diagnosis match.

18. Describe PreCheck MyScript. It is 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.

19. How can a doctor get PreCheck MyScript? All prescribers have access to the UHC provider portal *LINK*, which allows access to PreCheck MyScript. It is also integrated into many EHR platforms, such as DrFirst, AthenaHealth, NewCrop, AllScripts, Epic Integrator and Cerner Integrator.

20. Describe Step Therapy. Requires the member to try a lower-cost medication before a higher-cost medication is covered.

21. Is the less expensive first step medication just as effective? Most therapeutic classes have multiple medication options. Clinical effectiveness may be similar, but pricing can vary. Step Therapy is an effective way to move members to less expensive medications, while still allowing access to the higher cost medications if needed.

22. Explain the Step Therapy Process at the pharmacy. When a member presents a Step 2 prescription at the pharmacy, their claims history may automatically be checked to see if they previously filled a prescription for a Step 1 medication. If the member has a claims history of a Step 1 medication, the Step 2 medication may be processed without member disruption. If not, the prescriber is contacted to discuss the Step 1 options and process for coverage reviews. The prescriber may agree to change the member to the Step 1 medication. Or, if a coverage review was requested and the member meets the clinical criteria, a Step 2 medication is covered.

23. How can I find out if my medication is subject to Step Therapy? 1. Access the PDL from the school's uhcsr.com page. Medications that require Step Therapy have a ST to the right of the medication name. 2. Access drug lookup from member's MyAccount. Medication description will indicate if Step Therapy is needed. 3. Call UHCSR customer service at the toll-free number on the back of the plan ID card. 4. When the member fills a new prescription, the pharmacist will tell the member if Step Therapy is needed.

24. How does PA and ST benefit the consumer? Prior authorization and step therapy help to ensure that a therapy is appropriate and safe for a specific patient. These programs may work to avoid unsafe medication combinations or ensure that the most appropriate medication is utilized for a specific medical condition. These programs are designed to prevent the consumer being prescribed unneeded or unproven treatments. For example, one of the PA criteria for Humira is that the physician must indicate that the member is not receiving Humira in combination with Enbrel, Cimzia, Simponi, Orencia, Xeljanz or Olumiant. Combining Humira with any of these medications could result in additive toxicity and an increased risk of malignancy. Another example could be the confirmation of diagnosis for ADHD meds. This ensures that the medication is being used to treat ADHD or another qualified diagnosis, and is not being used inappropriately.

25. How do we make sure that PA or ST is not applied in States that have legislation about these programs? The Rx benefit tool, PhBIT, is designed to incorporate all state specific requirements, and apply the correct benefits accordingly.