

UHP/CVS Prior Authorization & Override Processes Summary

I. CVS Performance Drug List (PDL)

- a. **PDL** - The PDL is a condensed list of the most frequently prescribed medications by drug classification.
 - i. Generic Drugs (tier one)
 - ii. Preferred Brand Drugs (tier two)
 - iii. Non-Preferred Brand Drugs (tier three)
 - iv. Specialty Drugs (tier four)

- b. **Complete Formulary** - The complete formulary is available through CVS.

II. Specialty Drug Programs

a. **Specialty Guideline Management Program (SGM)**

- i. The SGM Program is a Prior Authorization Program (PA).
- ii. If drug is on SGM List, prescriber will receive a message that it requires a PA and the instructions for obtaining the PA will be provided.
- iii. Most Specialty Rx are e-prescribed, so the PA is immediate and CVS works directly with the physician office to process the prescription.
- iv. Physician/physician office can contact CVS Client Connect for assistance at **800-552-8159**.
- v. UHP has grandfathered all existing members for an indefinite period of time (for prescriptions in place prior to 1/1/15); meaning existing patients as of 1/1/15 on existing therapies will continue on those therapies. All new prescriptions will be subject to the SGM PA requirements.
- vi. UHP has retained the right to override any SGM decision/recommendation of CVS (refer to Override Process).

b. **Specialty Preferred Drug Program (SPD)**

- i. The SPD works like a “step therapy” program. Targeted (non-preferred) drugs require PA over Preferred Drugs.
- ii. UHP has grandfathered all auto-immune, multiple sclerosis (except Betaseron) and infertility patients.

c. **Multi-Ingredient Compounding Program (MIC)**

- i. The Multi-Ingredient Compound Drugs Program is a Prior Authorization Program (PA).
- ii. UHP will require a PA to any compounded claim with an ingredient cost exceeding \$300 to help ensure appropriate utilization.

III. Rx Overrides

a. Examples for an Rx override request include:

- i. Rejects for dollar amount (high costing)
- ii. Vacation overrides
- iii. Lost Rx
- iv. Dosage increase/decrease
- v. Annual Fill Limit/Allowed Retail Fill (member has used their two retail fills of a maintenance drug)
- vi. Specialty Retail Lock Out (member is trying to fill an Rx for a specialty medication at a non-specialty pharmacy)
- vii. Member Mail In Delay (member delay in submitting an Rx to mail order causing risk of interruption in medication therapy)

b. Override Request Process

- i. Physician/physician office should contact CVS Client Connect to request override.
- ii. CVS Client Connect works with the CVS Account Manager assigned to UCHP to review/process request.
- iii. CVS Account Manager sends request to UCHP to review and approve/deny.
 1. Approved – override put in system.
 2. Denied – notification provided to requestor that override has been denied (see CVS Appeals Program section for details on how to appeal).

IV. CVS Appeals Program

- a. Upon notification that an Rx claim is wholly or partially denied, member has the right to appeal.
- b. The internal appeals process begins with CVS Caremark Customer Care – member should contact CVS Caremark to request the appeal and they will be given the instructions on how to submit the appeal via fax or mail.
- c. For urgent care appeals, the member's physician may make the request by phone.
- d. For PA denials, the request to appeal can be forwarded directly to the Appeals Department per the directions on the PA denial letter.
- e. Member may submit an appeal to CVS Caremark in writing no later than 180 days after receiving an adverse decision notification.
 - i. Pre-service appeals are processed within 15 days
 - ii. Post-service appeals are processed within 30 days
 - iii. Urgent care appeals are processed within 72 hours
- f. First-level appeals (initial benefit reconsideration) are performed based on UCHP's prescription benefit plan and approved PA criteria.
- g. Second-level appeals are sent to an independent external review organization (IRO) contracted by CVS.

V. Formulary Updates

- a. CVS Formulary Review – on an annual basis and then quarterly throughout the year, CVS reviews their formulary to:
 - i. Add products that have demonstrated enhanced clinical efficacy, while providing more convenient dosage forms
 - ii. Remove products that require less convenient therapy/dosage, have more side effects, or may cost more when compared to available options on the Caremark drug list.

- b. Thirty (30) days prior to the formulary update:
 - i. CVS sends notice to UCHP of the upcoming changes and provides the updated PDL.
 - ii. CVS sends notification letters to the impacted members and physicians.
 - 1. Impacted members receive notification if their current medication is being moved from one benefit tier to another that may impact their copay going forward.
 - 2. Impacted members receive notification if their current medication is being removed altogether from the formulary and will not be covered going forward.

VI. General PA Notes

- a. **Long Term Rx** - If member has been taking the drug long-term, CVS will put an open-ended date in system.

- b. **New Rx** - If member is taking a new drug, CVS puts PA in for 1-3 months (scenario dependent) so that the member follows up with their provider to confirm effectiveness of medication and need for additional fills.