UCHP/CVS Prior Authorization & Override Processes Summary

I. <u>CVS Performance Drug List (PDL)</u>

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. <u>Specialty Drug Programs</u>

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. UCHP 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. UCHP 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. UCHP 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. UCHP will require a PA to any compounded claim with an ingredient cost exceeding $300 to help ensure appropriate utilization.

III. <u>Rx Overrides</u>

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. <u>CVS Appeals Program</u>

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. <u>Formulary Updates</u>

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. <u>General PA Notes</u>

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.