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.