

## IMPORTANT INFORMATION

### UNDERSTANDING YOUR PRESCRIPTION DRUG BENEFITS

#### Important materials to read for more information

- Your 2012 Employee Benefits Guide
- Your 2012 UnitedHealthcare Benefit Summary
- Your 2011 Three-Tier Prescription Drug List/Consumer Reference Guide (7/11)
- Your UnitedHealthcare Medical Certificate of Coverage (posted on the CHF intranet)
- On-line Access - as referenced on your UHC ID card – myuhc.com

If you do not have these pieces, please contact Susan Newkirk, your benefits administrator, at 615-687-2840 or by email at [snewkirk@cbjw.net](mailto:snewkirk@cbjw.net).

The resources outlined above describe the medical and prescription drug benefits under Medical Option 1 and Medical Option 2. The information below is a brief overview on some of the key prescription drug components.

**It is IMPORTANT TO UNDERSTAND that certain prescription drugs have special requirements.**

#### Using your 2011 Three Tier Prescription Drug List Consumer Reference Guide

- **Please take the time to read this booklet** and see the “codes” at the bottom of the booklet pages. This booklet contains clear descriptions of terms used when utilizing your prescription drug benefit.
- The “codes” or notations (SL, N, E, etc) refer to pharmacy programs.
- This booklet is a great guide! For the most current information use the myuhc.com site.
- We encourage you to take this booklet with you to your physician appointments.

<b>“Code” or Notation</b>	<b>Definition</b>
<b>½ T</b>	<b>Eligible for ½ tablet program</b> (Certain drugs as noted may be dispensed in a higher strength with the intention of taking a ½ tablet dosage which is more cost effective. Example: Drug notated with ½ T, tier 2, \$35.00 copay, 30 tablets of 25mg = a 30 day supply OR same drug, \$35.00 copay 30 tablets of 50mg = a 60 day supply.)
<b>E</b>	<b>May be excluded from coverage</b> (Means not covered but may be appealed)
<b>MC</b>	<b>Multiple copay applies</b> (Example – medication that is a “cream” may have a 1 ½ times copay due to actually containing a 90 day supply)
<b>N</b>	<b>Notification required</b> (Prior Approval is required on this prescription)
<b>P</b>	<b>Progression RX</b> (same as Step Therapy – see the brochure posted on your intranet site)
<b>RS</b>	<b>May be eligible for Refill and Save Program</b> (This program is an incentive to the member to remain compliant with prescribing recommendations on certain asthma and depression medications). See the intranet for a brochure.
<b>SDP</b>	<b>Select Designated Pharmacy</b> (This program is for high cost medications and enables members to get these medications from certain pharmacies at lower costs). See the intranet for the brochure.
<b>SL or QLL</b>	<b>Supply Limit (also known as QLL – Quantity Level Limits)</b> (The QLL is based on FDA-approved dosing guidelines as defined in the product package insert, medical literature, guidelines, and data that support the use of other dosages than the FDA-recommended dosage.)

#### Progression RX (Step Therapy)

### **Appeals Process for Medications coded with "E" (May Be Excluded from Coverage)**

*The appeals process (following coverage review) consists of the following:*

*Coverage review is the determination of coverage based on the Certificate of Coverage (plan booklet) for Cumberland Heights Foundation.*

If a request for coverage review is denied, the member or prescribing physician can appeal the decision on the member's behalf:

- The member or prescribing physician is asked to submit additional information to the National Appeals Service Center to support the appeal/request. If denied, the member or prescribing physician will be able to submit additional information for a second level appeal.
- Review of the appeal is based on established clinical criteria.
- Clinical criteria is different for every medication.
- For Tennessee state mandates the following sources are used as reference in making a determination:
  - (A) The United States Pharmacopeia Drug Information;
  - (B) The American Medical Association Drug Evaluations;
  - (C) The American Hospital Formulary Service Drug Information;
  - (D) The National Comprehensive Cancer Network Drugs and Biologics Compendium;
  - (E) The Thompson Micromedex's Drug Dex; or
  - (F) The Elsevier Gold Standard Clinical Pharmacology.
- Approval or denial of the coverage appeal is confirmed via letters to the member and prescribing physician. This process can take up to 30 days.

National Appeals Center Address:

United Healthcare-Appeal, P.O. Box 30573, Salt Lake City, UT 84130-0573

### **Use The On-line Tools Available To You**

- Log in to myuhc.com
- Click on "Pharmacies and Prescriptions"

Please understand that each carrier has their own approved prescription drug listing, tier structure and coverage guidelines for medications. Any time you change from one carrier to another you will have a difference in the process.

Remember, for questions, please contact Susan Newkirk, your benefits administrator, at 615-687-2840 or email at [snewkirk@cbjw.net](mailto:snewkirk@cbjw.net).