Pharmacy prior authorizations and exceptions

Individual Exchange plans

This guide applies to all UnitedHealthcare Individual Exchange plans,[1,2] except for those in Nevada, New York and Massachusetts.

To see current prior authorization and notification requirements for medications covered by the medical benefit for Individual Exchange plans, visit **Advance Notification and Clinical Submission Requirements** > Exchange Plans Advanced Notification/Prior Authorization Requirements.

Prior authorizations and exceptions

Some medications require prior authorization or may need an exception. This includes medications that:

- Require prior authorization, including compounded prescription medications
- Require **step therapy**
- Exceed quantity limits
- Exceed opioid safety edits
  - 7-day supply limit for members who have not filled an opioid prescription recently
  - Or, opioid use that exceeds the established morphine milligram equivalent (MME) level
- Aren't listed in our prescription drug list (PDL) (also called non-formulary drugs)
- May be covered at no cost when specific requirements are met, such as preventive medications

Access state-specific PDLs on our **Individual Exchange plans** page.

Submitting prior authorization or exception requests

Our pharmacy benefit manager Optum Rx® processes prior authorization and exception requests for Individual Exchange plans.

Submit a request by:

- Visiting the Optum **Prior authorization for prescribers** page
- Calling the Optum Rx prescriber prior authorization line at 800-711-4555
- Faxing a request form to 844-403-1027
  - Access state-specific request forms on our **Individual Exchange plans** page

Please include the diagnosis, medication history, clinical justification, medical records/lab tests as needed, and other supporting information. If information is missing, we'll contact you and request additional information. We may deny the request if we don't receive the information.

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Clinical policies and criteria

Our clinical policies are approved by our Pharmacy and Therapeutics Committee and based on scientific evidence and standards of practice. We approve requests when the clinical policy is met. If the clinical policy isn't met, a pharmacist or medical director will make the final determination.

Access state-specific clinical criteria and policies, including changes, on our **Individual Exchange plans** page.

Notification of the decision

We'll issue a decision within the time frames required by state[3] and federal laws. Written notification of the decision will be sent to the provider and member. If the provider doesn't agree with the decision, the notification will provide instructions on requesting a peer-to-peer review or an appeal.

Non-formulary drugs

For information about requests to cover non-formulary drugs, see the **Drug Exception Timeframes and Enrollee Responsibilities** section on our **Transparency in Coverage** page.

Regulatory information

Find state-required regulatory information on our **Prior Authorization Utilization Review Statistics** page.

[1]Also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans

[2]Applies to the following states: Alabama, Arizona, Colorado, Florida, Georgia, Illinois, Kansas, Louisiana, Maryland, Michigan, Missouri, Mississippi, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Virginia, Washington and Wisconsin.

[3]Colorado: For exception requests, decisions are issued within 72 hours for standard requests and 24 hours for expedited requests. For standard prior authorization requests, decisions are issued within 2 business days for requests received through an electronic pre-authorization system and 3 business days for requests received by facsimile, mail or verbally. For expedited prior authorization requests, decisions are issued within 1 business day. For step therapy requests, decisions are issued within 3 business days for standard requests and 24 hours for expedited requests. **3 CCR 702-4 Series 4-2-49-5**

Florida: Decisions for step therapy exception requests are issued within 15 days for standard requests and 72 hours for expedited requests. Adverse determinations may be appealed within 180 days by following the directions on the denial letter.

UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, KS, LA, MO, NJ, and TN; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; and UnitedHealthcare of Wisconsin, Inc. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

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