



Pharmacy clinical programs at a glance

Starting from when a medication enters the pipeline to the time a doctor prescribes it and a member takes it, we help employers manage total medication spend and medical costs while supporting better health outcomes.

Medication and coverage programs

Exclude at launch

Most new-to-market medications are not covered under the pharmacy benefit at the time of launch to evaluate their placement in therapy based on clinical trials, efficacy research, other therapies and the final FDA approval. Medications are reviewed within 6 months of becoming available to pharmacies/consumers and are either (1) placed into coverage or (2) excluded permanently.

Brand exclusion when generic launches

When a patent expires on a brand medication and a generic enters the market, there could be market conditions that would warrant excluding the brand and covering the generic. This program enables off-cycle exclusions of brands when a generic becomes available. Options include: yes, exclude all medications; or no, cover all medications.

Administration of prescription drug lists

Managing our Prescription Drug Lists (PDLs) is an ongoing process focused on promoting medications with the greatest health care value — regardless of brand or generic status. Every medication is evaluated to determine how well it works, how it compares to others in its class, the total cost and more. Medications are organized into cost levels known as tiers. Tier 1 medications provide the highest overall value with the lowest out-of-pocket costs. Medications with lower overall value are placed in higher tiers with higher out-of-pocket costs.

Strategic exclusions

When a medication doesn't offer additional health care value over its therapeutic equivalent alternatives, it may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification). We make the decision to only exclude when both of the following criteria are met:

1. Other lower-cost medications or over-the-counter options are available that treat the same condition and are determined to be therapeutically equivalent (defined as having similar outcomes and adverse events).
2. Excluding the medication can yield significant employer cost savings.

Utilization management

Utilization management programs assess a medication's appropriateness to help determine coverage, promote proper use and lower costs. Examples of utilization management programs include:

Prior authorization, sometimes referred to as precertification

The prescriber needs to notify us prior to benefit medication coverage. Examples include:

- **Notification:** Requires the prescriber to notify us first, which helps determine that the prescription is covered for the approved FDA indications for the medication based on the diagnosis
- **Medical necessity criteria application:** The member needs to meet additional clinical criteria, such as supporting lab data, and that specific conditions are met in order for a medication to be deemed medically necessary and covered

Step therapy, referred to as First Start in New Jersey

Requires the member try a lower-cost medication before a higher-cost medication is covered.

Supply limits

Establishes a limit on the amount of medication that can be covered per fill or over a time period, such as for one month.

Ancillary charge¹

The ancillary charge is the difference in price between the brand-name medication and the lower-cost generic equivalent medication. It is the non-covered amount that the member pays in addition to their cost-share.

Compound medications

Compound medications are individually formulated for the unique medical needs of a single patient and mixed together by a pharmacist. Often in the form of a topical product such as a lotion, cream or gel, a compound typically costs much more than an FDA-approved medication that has been proven clinically effective to treat the same or similar medical condition. Strategies for managing compounds include our thorough network compound credentialing program, which requires compounding pharmacies to meet strict criteria for participation, as well as a prior authorization threshold.

Prior authorization threshold: A provider needs to submit a prior authorization if the compound cost exceeds the recommended dollar threshold.

Member and provider experience programs

Expiring prior authorization program

Notifies a physician before the authorization expires to either renew the authorization for continued coverage or discontinue the medication if clinically appropriate.

Medical Diagnosis to Script (Dx2Rx) program

Satisfies prior authorization requirements by conducting real-time medical claims check to automatically find a member's diagnosis in claims history.

PreCheck MyScript[®]

A streamlined tool that gives providers real-time access into specific member pricing, lower-cost alternatives and PDL placement.

Point of sale discounts

Point of sale discounts provides members with a return on the portion of the value of manufacturer drug rebates at the point of sale, either retail pharmacy or home delivery.

Member and provider experience programs (continued)

Patient safety programs

- **Concurrent Drug Utilization Review (cDUR):** Monitors and reviews appropriate medication therapy during treatment as a part of the pharmacy claims process
- **Retrospective Drug Utilization Review (rDUR):** Reviews pharmacy claims daily to identify safety concerns such as medication interactions, gaps in care and duplicate therapies and sends a communication to the prescriber(s) to describe the findings
- **Opioid management strategy:** Includes multidimensional programs to help prevent misuse and addiction, treat those who are addicted and support long-term recovery

Pharmacist medication consultations

Pharmacists conduct a thorough review of a member's medications, health history, case notes, lab values and self-reported over-the-counter medications and supplements and coordinate with the Advocate4Me® care team and providers to make appropriate recommendations.

Diabetes free meter program

To help our members manage their diabetes by monitoring their blood sugar levels, we offer a free meter program. Through this program, members are able to get a blood sugar meter either directly from the manufacturer or from their pharmacy using a voucher at no charge to them. Members can discuss options with their doctor and choose from a variety of meters. If a member chooses not to use this program, select meters are also available through their pharmacy benefit at a tier 1 or tier 2 cost level.

Refill and Save program²

Provides a \$20 copay discount at retail and a \$50 voucher at mail to members who have a chronic disease and fill select prescriptions on time.

Specialty condition management

Optum Specialty Pharmacy is the preferred network specialty pharmacy for UnitedHealthcare, including Oxford plans. Optum specialty therapy programs provide comprehensive support for complex and rare chronic conditions.

Optum Infusion Pharmacy is the preferred infusion services provider for UnitedHealthcare, including Oxford plans. The care team coordinates all aspects of infusion treatment and nursing services with the provider to help ensure the member receives comprehensive, compassionate care.

Personalized patient specialty support and cost management programs include:

Copay Card Solutions

Accumulator Adjustment: Removes copay card contributions from applying toward the deductible and out-of-pocket (OOP) limit.

Split Fill³

Provides 15-day supply fills for select oral oncology medications for those new to therapy to help ensure they are tolerating the medication before dispensing a full 30-day fill.

Specialty condition management (continued)

My ScriptRewards

Provides members extra benefits if they currently fill certain high-cost medications and switch to a lower-cost alternative. With My ScriptRewards, you can get a \$250 prepaid debit card when you switch your current medication to a lower-cost alternative. If you keep taking the lower-cost medication as prescribed, you will get a \$250 debit card every 6 months while the program is in effect and you continue to adhere to your medication regimen. Visit myuhc.com[®] to see if switching your current medication allows you to be eligible for My ScriptRewards.

Member and physician specialty engagement tools include:

- **Virtual visits**
Allows members to video chat live with a pharmacist about their treatment regimen, side effects and how to inject their medication.
- **Video series**
Connects members with a video library of experts and other people living with their condition.
- **Optum specialty provider portal**
A secure, web-based portal that gives physicians anytime access to detailed patient information including dosage, diagnosis adherence, and other assessment data.
- **Optum delivery choice**
Members can direct delivery of specialty medications to home, work, a provider's office, any postal address or to an alternate secure location such as a UPS[®] or FedEx[®] pickup facility.
- **Optum select support**
Exclusive concierge service model that helps network physicians save time and resources.

[Learn more](#)

Contact your Oxford representative for additional information.

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¹ Does not apply in New Jersey.

² Depending on plan benefits, Refill and Save may not apply.

³ Does not apply in Connecticut.

Program availability may vary by state.

Pharmacy provider participation is subject to change without notice.

Optum Rx[®] is the Pharmacy Benefit Plan Administrator for Oxford members.

Optum Rx[®] and Optum Specialty Pharmacy are subsidiaries of UnitedHealth Group.

The Specialty Pharmacy program does not apply to members of any Connecticut Oxford plan.

In New York, prescriptions filled at an out-of-network pharmacy may not be covered.

In New Jersey, you may need to pay more for prescriptions filled at an out-of-network pharmacy.

For New Jersey fully insured plans only, generic drugs will not exceed \$25 for a 30-day supply, preferred drugs will not exceed \$50 for a 30-day supply, and non-preferred drugs will not exceed \$75 for a 30-day supply.

Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (CT), Inc. and Oxford Health Plans (NJ), Inc.

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