



UNITED HEALTHCARE: ACCESS TO DRUGS ON A HIGHER TIER

If a drug is not included in the complete formulary (list of covered drugs), you should contact **United Healthcare Customer Service** and ask if the drug is covered

If you learn that your plan does not cover your drug, you have two options:

1. Ask your plan for a list of similar drugs that it covers. Show the list to your doctor and ask him or her to prescribe one of the appropriate drugs from the list.
2. Ask your plan to make an exception and cover your drug.

Your plan will then consider your request and respond with a coverage decision within 72 hours, unless it is an emergency and then can request a coverage decision within 24 hours.

How to Request an Exception to the United Healthcare Dual Complete Drug List

You can ask your plan to make the following exceptions:

Formulary exception: If you find your drug not on the drug list and is then approved by your plan, the drug will then be covered at a pre-determined cost-sharing level and you would not be able to ask United Healthcare to provide the drug at a lower cost-sharing level

Utilization exception: You can ask the plan to waive coverage restrictions or limits on your drug. If a plan limits the amount it will cover for certain drugs and your drug has a quantity limit you can ask your plan to waive the limit and cover more.

Generally, the plan will approve a request for an exception only if an alternative drugs included in your plan's drug list or additional utilization restrictions would not be as effective in treating your condition and/or would not cause adverse medical effects.

Who Can Ask for a Coverage Decision?

You, your authorized representative, or your doctor can ask for an initial coverage decision for a formulary exception or utilization restriction exception. When requesting either a formulary exception or a utilization restriction, your prescriber or physician should submit a statement supporting your request.

Information found here:

<https://www.uhcommunityplan.com/content/dam/communityplan/plandocuments/2016/formulary/en/2016-HI-Formulary-R3175-003-EN.pdf>