UnitedHealthcare

01/06/2017

RE: **Coverage Review Denial**
Patient: ALISA ERKES
Physician: JORDAN TATE
File ID: [redacted]

ALISA ERKES
[redacted]
SMYRNA, GA 30080

Date of Request: 01/05/2017
Date of Decision: 01/06/2017

Dear ALISA ERKES:

若需要中文协助，请拨打 1-800-711-4555.
Dine k'ehji shich'i' hadoodzih ninizingo, koji' hodiilnih 1-800-711-4555.
Para obtener asistencia en Español, llame al 1-800-711-4555.
Para sa tulong sa Tagalog, tawagan ang 1-800-711-4555.

This letter is to inform you that we are unable to approve your physician's request for coverage of BUTRANS. The request did not meet the conditions necessary for coverage for the following reason(s).

The request for coverage for Butrans is denied. This decision is based on health plan criteria for Butrans. This medicine is covered only if:
(1) The requested medication is not being used for any of the following: (i) For acute pain. (iI) For opioid dependence.
(2) You are not receiving other long-acting opioids concurrently.
(3) One of the following: (i) You have a history of failure, contraindication or intolerance to a trial of at least one of the following (drug, dose, duration and date of trials must be provided): (A) Tramadol extended-release (generic Ultram ER). (B) Morphine sulfate controlled release tablets (specifically generic MS Contin). (ii) OR you cannot swallow any oral medications. The information provided does not show that you meet these criteria. This case was reviewed in consultation with Dr. Christopher Sivak, board certified in internal medicine.

Your UnitedHealthcare prescription drug program is administered by OptumRx. For certain drugs, more information is needed to determine coverage eligibility. In these cases, your physician must supply the additional information needed to determine if the coverage conditions have been met. A letter was sent to inform your physician of the decision. Your physician can discuss the clinical rationale for this denial with the physician reviewer by calling 1-800-711-4555.

Please direct questions about prior authorization to OptumRx at 1-800-711-4555. Please direct questions about your pharmacy benefit plan to the Customer Service number on your ID card.

UnitedHealthcare
P.O. Box 30573, Salt Lake City, UT 84130-0573

January 27, 2017

ALISA ERKES
[redacted]

TRANSACTION#:	W0271304013
INSURER:	UNITEDHEALTHCARE INSURANCE COMPANY
SUBSCRIBER:	[redacted]
ID #:	
PATIENT:	ALISA ERKES
PLAN:	[redacted]
PLAN #:	
PROVIDER NAME:	PHARMACY
SERVICE DATE(S):	NA - PRE-SERVICE
MEDICATION:	BUTRANS
CLAIM AMOUNT:	PRE-SERVICE
PRODUCT:	POS – POINT OF SERVICE

Dear Alisa Erkes:

We reviewed the urgent request to reconsider our previous decision regarding the medication(s) that you will receive. We understand the appeal to state that your provider requested this medication(s) for the treatment of your condition.

Explanation of Decision

We carefully reviewed the documentation submitted, our payment policies and the limitations, exclusions and other terms of your Benefit Plan, including any applicable Riders, Amendments, and Notices. We confirmed, however, that this medication(s) is not eligible for payment as you requested. You are responsible for all costs related to this medication(s).

According to Section Exclusions in the Benefit Plan Outpatient Prescription Drug Rider:

> A Prescription Drug Product that contains (an) active ingredient(s) available in and Therapeutically Equivalent to another covered Prescription Drug Product. Such determinations may be made up to six times during a calendar year, and we may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.

Medical Necessity definition:

Determinations or decisions that are (or which could be considered to be) covered benefits, including determinations defined by the organization; hospitalization and emergency services listed in the Certificate of Coverage, Evidence of Coverage or Summary of Benefits; and care or medication that could be considered either covered or non-covered, depending on the circumstances.

Medications are medically necessary when, using generally accepted standards of good medical practice in the medical community, the medication is needed to diagnose or effectively treat a medical condition. The determination is based on review by appropriately licensed clinical staff.

Only you and your physician can make decisions about your medical care.

Felise S. Zollman, M.D., UnitedHealthcare Medical Director, specializing in Brain Injury Medicine, reviewed your appeal. This decision was made based on UnitedHealthcare Pharmacy - Prior Authorization/Medical Necessity – Buprenorphine Products (Pain Indications) - Excluded Drug Criteria. Dr. Zollman's determination is as follows:

> You asked for coverage for Butrans to treat your chronic pain. We reviewed your clinical notes and health plan documents. Based on this review we have decided to uphold this denial. Approval of continued use of Butrans requires that your doctor provide us with documentation of continued opioid treatment goals, a treatment plan that includes the use of a nonopioid analgesic and/or nonpharmacologic intervention, documented meaningful improvement in pain scale score, substance abuse screening, rationale for not tapering down your pain medication dosage, mental health screening, and identification of any other controlled substances also being prescribed for you. Further your doctor has to attest that information provided is true and accurate to the best of their knowledge, and they understand that UnitedHealthcare may perform a routine audit and request the medical information necessary to verify the accuracy of the information provided. The records provided do not indicate that you meet these requirements. The denial is therefore upheld.
>
> Your request was reviewed by a Board certified Neurologist.
>
> This is only an interpretation of your Health Insurance Plan. It was based on the information that we were given and the language in your health plan. This is not intended to influence any decisions about your medical care.

You, a physician (provider), your representative, or someone acting on your behalf has the right to receive, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to your appeal as well as copies of any internal rule, guideline or protocol that we relied on to make this payment decision. You, a physician (provider), your representative, or someone acting on your behalf also has the right to receive, upon request and free of charge, an explanation of the scientific or clinical judgment that we relied on in making this benefit decision, as well as the diagnosis or treatment codes, and their corresponding meanings.

To request copies, submit a written request, separate from an appeal request, to:

Central Escalation Unit
Appeal Document Request
P.O. Box 30573
Salt Lake City, UT 84130-0573

We will fulfill this request within thirty (30) calendar days of receipt. Please understand that the request for information will not change the time that you have to file any subsequent appeals.

We will retain documentation of this appeal request for four (4) years. Within this time frame, you, a physician (provider), your representative, or someone acting on your behalf may request a copy of the documentation, and we will provide it to you within 30 calendar days of your request.

If we uphold a clinical appeal, your provider may, within 10 working days of the appeal denial, request a review by a specialty provider by submitting a written request showing good cause for the additional review. We will complete our review within 15 working days of the request.