

Proposed Benefit Additions in 2022

Expanded Coverage, Same Great Health Plan



Your AlaskaCare health benefits are getting even better—the Division of Retirement and Benefits (Division) is proposing to add coverage for preventive care services and prior authorization for specialty medications, effective January 1, 2022.

Preventive Care Services


Preventive care and recommended screenings are important tools to keep you and your family healthy.


What types of preventive services will be covered?


Coverage for preventive services will be based on those recommendations by the U.S. Preventive Services Task Force (USPSTF) and other governmental advisory groups and may include additional services as outlined in the AlaskaCare Third-Party Administrator's clinical guidelines. These guidelines will change over time as they are updated to reflect the most current research and evidence.

Covered services include:

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| <ul style="list-style-type: none">• Vaccinations• Mammograms, Pap Smears• Women's Health Services• Annual Adult Wellness Visits | <ul style="list-style-type: none">• Annual Child Wellness Visits• Colorectal Cancer Screenings• Lung Cancer Screenings• Prostate Cancer Screenings |
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 **Did You Know?**
Medicare covers most preventive services at 100%. Approximately 21,000 retiree plan members are under the age of 65 and not yet eligible for Medicare.

 **Will I Get Silver Sneakers?**
No. Silver Sneakers is only available to people who are covered by a participating Medicare Advantage or Medicare Supplement Insurance plan. The Division is working to evaluate if any similar programs could be offered to retirees in the future.

 **How Much Will I Have to Pay?**
If you see a network doctor, preventive care screenings will be covered 100%, at no cost to you!
If you see an out-of-network doctor, you will have to meet your deductible, and then the plan will pay 80% of covered charges. The out-of-pocket maximum will not apply.
If you do not have a network doctor in your area, you may contact Aetna to pre-certify use of an out-of-network provider for preventive services. If approved, the plan will pay as though you used a network doctor and will cover 100% of covered charges.

Learn More at [AlaskaCare.gov/RetireeUpdate](https://alaskacare.gov/RetireeUpdate)



Join the Conversation at a Special Townhall Event!

Wednesday, September 1, 2021 at 10 a.m.

Join us to learn more about the proposed addition of preventive coverage and specialty medication prior authorization and what it means for you!

Retirees will be called when the event starts. Just answer the phone to participate!

Make sure we have your number! Pre-register online: [Alaskacare.gov](https://alaskacare.gov).

Alaska Department of Administration | Division of Retirement and Benefits

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Specialty Medication Prior Authorization

Prior Authorization Promotes Safe and Effective Use of Specialty Medications



Why Use Prior Authorizations?

Prior authorization is a pre-approval process that checks to make sure drugs are being used safely and effectively. Before you fill your specialty medication prescription, the prior authorization process will verify your drug is medically necessary, appropriately prescribed, and meets FDA and other clinical guidelines for the condition being treated.

Specialty drugs remain the fastest-growing area of pharmacy spend, making up 1% of prescriptions, but accounting for nearly 40% of total drug spend in the AlaskaCare plan in 2020.



What is a Specialty Medication?

Specialty medications are prescribed to treat chronic, complex or rare conditions such as cancer, rheumatoid arthritis and hepatitis C, and can have severe side effects if taken incorrectly.

Specialty medications:

- Have special storage, temperature, and handling requirements
- Are given by infusion, injection or taken orally
- Need to be taken on a strict schedule
- Cost more than regular medications
- Require close patient monitoring and ongoing support



How Will This Impact Me?

About 1% of total prescriptions are for a specialty medication that would require prior authorization.

- If you need to get a prior authorization for any of your medications OptumRx will send you a letter with details and next steps in Fall 2021.
- Typically, your doctor will submit the prior authorization request and any relevant clinical information for you, and there is nothing you need to do.
- **Your prescription drug coverage is not changing**—Specialty medications will still be covered by the plan, and your costs for your medication will stay the same.



Streamlined Review

Providers may submit prior authorization requests electronically, over the phone, or by mail. The prior authorization process is designed with expediency in mind. Most prior authorizations are completed within 72 hours. Physicians can use an electronic platform called Pre-Check my script for real-time information and authorizations.



Evidence-Based Standards

Specialty medications requiring prior authorization typically have limited FDA-approved uses, are used for conditions that require special diagnostic confirmation, or have a high potential to be prescribed for off-label uses where appropriateness and efficacy are not well established. Prior Authorization ensures you're getting the right drug at the right time.



Service

Prior authorizations remain in place for 3-36 months depending on the medication. OptumRx will proactively reach out to your physician when the prior authorization needs renewed. Optum Specialty Pharmacy provides support services around the clock.

Did you know?

- Prior Authorization is a standard process that is in place in almost all government retiree health plans.
- The price of a drug is **not** one of the criteria used to review use of a medication during the prior authorization process.

Join us at the next Retiree Health Plan Advisory Board (RHPAB) public meeting!
Wednesday, September 9, 2021 | 9 a.m. Thursday, November 4, 2021 | 9 a.m.

Visit the Online Public Notices or [AlaskaCare.gov/RHPAB](https://www.alaskacare.gov/RHPAB) to download agendas and minutes of all RHPAB meetings.

A lot of people are talking about prior authorizations and what it means.

Get the facts straight from us!

<p>What is prior authorization?</p>	<p>Prior authorization is a pre-approval process guided by rigorous clinical standards for intensive, high-cost medical procedures. Prior authorization for specialty medications:</p> <ol style="list-style-type: none"> 1. Ensures the therapy meets FDA guidelines for the condition being treated. 2. Ensures providers follow nationally recognized care criteria when prescribing medication. 3. Requires the prescriber to provide documentation in support of the clinical criteria specific to that medication prior to the medication being dispensed. <p>Prior authorization for specialty drugs is a pharmacy management process that reviews certain medications against clinical, evidence-based standards including those established by the FDA to promote safe and effective use of those medications.</p>
<p>Is my drug coverage changing?</p>	<p>There is no change to coverage for prescription medications that are prescribed under the terms outlined in the plan booklet. The plan will continue to cover medically necessary and clinically appropriate prescription drugs. There is no change to member copayments which will remain \$8 for brand medications, \$4 for generic medications, and \$0 for medications filled through mail order.</p>
<p>How will I know if my drug is a specialty medication?</p>	<p>Only about 1% of covered prescriptions are specialty medications. You can review the OptumRX Specialty Pharmacy Drug List (Alaska.gov/drb/pdf/SpecialtyDrugListBrochure-07012021.pdf) to see if any of your current medications are specialty drugs that may require a prior authorization. Please note this list may change over time and may be updated prior to January 1, 2022. If your drug appears on this list, you do not currently need to obtain a prior authorization prior to filling your prescription. This list is for informational purposes only. If this proposal is adopted, and if any of your medications require a prior authorization after January 1, 2022, you will receive a notification letter with detailed information 60 days in advance.</p>
<p>Will I be notified if my prescription needs a prior authorization?</p>	<p>Yes. Members will receive a notification letter 60 days in advance of January 1, 2022, advising their medication requires prior authorization review. Once you have an approved prior authorization in place, when it nears expiration, OptumRx will proactively initiate outreach to your prescriber to obtain information necessary to extend or renew the authorization.</p>
<p>Why would a prescription need a prior authorization?</p>	<p>Some medications should be reviewed for coverage because:</p> <ol style="list-style-type: none"> 1. They're only approved for, and effective in, treating specific illnesses. 2. They may be inappropriately prescribed for conditions for which effectiveness has not been demonstrated. 3. They may have dispensing and prescribing requirements specific to a patient's age, gender, other medication usage, or clinical condition.
<p>Why are you considering this?</p>	<p>Specialty medications are a relatively new type of treatment that has grown substantially over the last few years. In 2020, specialty medications accounted for about 1% of all prescriptions covered by the AlaskaCare retiree plan but cost \$110 million in covered plan expenses. A single prescription can cost as much as \$160K or more annually.</p> <p>Similar to how the Plan requires precertification for certain intensive, complex, and high-cost medical services, prior authorization is a common tool used by pharmacy plans to ensure appropriate use.</p> <p>Growth of specialty medication is expected to continue as new medications are developed and the conditions they are used to treat expand. Implementing a prior authorization process for the medications ensures that they are being used for indications approved by the FDA and align with guidelines established by national clinical specialist groups.</p>