



Get Real-Time

Prescription Costs and Coverage Detail

With **PreCheck MyScript**, you can run a pharmacy trial claim and get real-time prescription coverage detail for your patients who are UnitedHealthcare benefit plan members. If a medication requires prior authorization, you can request it right within the app. No need to call or fax your request — you can do it all online!

The screenshot shows the PreCheck MyScript home screen. At the top, there are three main navigation options: 'Check Prescription Coverage', 'Initiate a Prior Authorization', and 'Search for a Member'. Below these is a section for 'Submitted Prior Authorizations' with a 'View all history' button. A table lists recent requests:

Name	Drug Name	Case ID	Date Created	Status
Patient Robert N	Simvastatin TAB 20MG	PA- 12345678	12/03/2017	Pending
Patient Gregory R	Adderal TAB 20MG	PA- 123456897	12/03/2017	Pending

From the home screen, you can check prescription coverage to see if a medication currently requires prior authorization, initiate a prior authorization request or search for a member.

See the member's prior authorization history.

The screenshot shows the 'Check Prescription Coverage' search form. It is titled 'Step 1 of 2: Select a member' and includes a 'Cancel' button. The form has a 'SEARCH BY:' section with the following fields:

- Member Last Name
- Member First Name (optional)
- Date of Birth (mm/dd/yyyy)
- ZIP Code
- Member ID (optional)

At the bottom, there are 'Back' and 'Search' buttons.

Search for a patient and the fields will prepopulate if they are a current UnitedHealthcare member.

Results for Symbicort 80/4.5
 Member: Charles Patient
 Pharmacy: Pharmacy Store # 1234567

⚠️ Prior authorization is required on this medication. Consider an alternative if available.

PRICING AND ALTERNATIVES

Symbicort 80/4.5 30-day supply PA required	\$472.49 per fill	Initiate PA
Advair 30-day supply No PA required	\$56.75 per fill	Select

Check coverage to see if a medication currently requires prior authorization, or is non-covered or non-preferred.

View alternatives, if available, with the prices the member would pay at their selected pharmacy based on their current benefits.

Prices shown are for illustrative purposes only. Prices may vary based on the member's benefit plan.

SUMMARY

[Initiate PA request](#)

Member Information

Name	Member ID	Date of Birth	Phone	Gender
Jim Patient	12345678	01/02/03	123-456-7890	Male

Address
123 Anywhere Street, Somewhere City, ST 12345

Medication Information

Medication Name Symbicort	Product ID 12345678
Quantity 30	Cost of Pill \$435.65
	Days of Supply 30

[Search another medication for this member](#) [Search for another member](#)

Quickly request prior authorization.

Initiate your prior authorization request right within the app.

Check another medication or search for a different member.

You're Almost There!

Select a member
 Select a medication
 Verify provider info
 4 ePA Questions

STEP 4 OF 4: EVALUATION QUESTIONS

You must answer all of the following questions to complete the request.
 If you do not answer the questions, your request will be delayed or denied.

Member Name	Medication	Case ID	PA Reference ID
Charles Patient	Aripiprazole 10MG Tablet	PA-547824582	4850654

I certify that the standard turnaround time will be applied to this request and formulary/tiering exception review will not be considered. **Please note: we do not accept expedited or formulary tiering exception requests using this method of submission. While OptumRx Prior Authorization department strives to review and respond to your request in a timely manner, any indication, expressed or implied, for an expedited or formulary/tiering exception review shall not be considered as valid. If you feel that applying the standard time frame to this coverage determination or not reviewing for formulary/tiering exception could seriously jeopardize the life or health of your patient or your patient's ability to regain maximum function, please contact us at 1-800-555-5555, instead of using this method of submission.

[I Acknowledge](#)

To request prior authorization, simply answer questions based on the medication.

Get started today!

To sign in to Link, go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Link Marketplace from your Link dashboard and search for PreCheck MyScript. Add the app to your dashboard to start using it. To learn more about using eligibilityLink, go to **UHCprovider.com/PreCheckMyScript**.

Link: Online self service for care providers



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