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How to request prior authorization or an exception or appeal a decision



TN Authorization, Exception and Appeal Process for Prescription Drugs and Related Supplies

Authorization from Cigna Healthcare is required for certain Prescription Drugs and Related Supplies, meaning that your Physician must obtain Authorization from Cigna Healthcare before the Prescription Drug or Related Supply will be covered.

Prior Authorization

When your Physician prescribes certain Prescription Drugs or Related Supplies, including high cost and Specialty Medications, Cigna Healthcare requires your Physician to obtain Authorization before the Prescription or supply can be filled. To obtain Prior Authorization, your Physician must follow the Prescription Drug and Related Supply Authorization and Exception Request Process as described below.

Step Therapy

Step Therapy is a type of Prior Authorization. Cigna Healthcare may require an Insured Person to follow certain steps before covering some Prescription Drugs and Related Supplies, including without limitation, some higher-cost and Specialty Medications. If a Prescription Drug or Related Supply is subject to a Step Therapy requirement, then you must try one or more similar Prescription Drugs and Related Supplies before the Policy will cover the requested Prescription Drug or Related Supply. The Prescription Drugs and Related Supplies that require Step Therapy can be identified on the Prescription Drug List at myCigna.com®. To obtain Step Therapy Authorization, your Physician must follow the Prescription Drug and Related Supply Authorization and Exception Request Process as described below.

Exceptions for Prescription Drugs and Related Supplies Not on the Prescription Drug List

If your Physician prescribes a Prescription Drugs or Related Supply that is not on Cigna Healthcare's Prescription Drug List, he or she can request that Cigna Healthcare make an exception and agree to cover that drug or supply for your condition. To obtain an exception for a Prescription Drug or Related Supply, your Physician must follow the Prescription Drug and Related Supply Authorization and Exception Request Process as described below.

Tennessee regulations require, a carrier or utilization review organization to grant a Step Therapy exception if:

- The required Prescription Drug is contraindicated or will likely cause an adverse reaction to or physical or mental harm to the Insured Person due to a documented adverse event with a previous use of the required Prescription Drug or a documented medical condition, including a comorbid condition;



- The required Prescription Drug is expected to be ineffective based on the known clinical characteristics of the Insured Person and the known characteristics of the Prescription Drug regimen; or

The required Prescription Drug is not in the best interest of the Insured Person, based on clinical appropriateness, because the Insured Person's use of the drug is expected to:

- Cause a significant barrier to the Insured Person's adherence to or compliance with the Insured Person's plan of care;
- Worsen the Insured Person's comorbid condition;
- Decrease the Insured Person's ability to achieve or maintain reasonable functional ability in performing daily activities; or
- The Insured Person is stable on a Prescription Drug selected by his or her Provider for the medical condition under consideration while on a current or previous health insurance or health plan, and the Insured Person's Provider provides documentation that the change in Prescription Drug required by the Step Therapy protocol is expected to be ineffective or cause harm to the Insured Person because

the required Prescription Drug is expected to be ineffective based on the known clinical characteristics of the Insured Person and the known characteristics of the Prescription Drug regimen;

- Upon granting a Step Therapy exception, the carrier or utilization review organization must authorize coverage for the Prescription Drug prescribed by the prescriber.

This section does not prevent:

- A carrier or utilization review organization from requiring an Insured Person to try an AB-rated Generic Drug or interchangeable biological product prior to providing coverage for the equivalent branded Prescription Drug;
- A carrier or utilization review organization from requiring a pharmacist to substitute a Prescription Drug consistent with the laws of Tennessee; or

A healthcare Provider from prescribing a Prescription Drug determined to be medically appropriate.

- The use of pharmaceutical samples is not considered a trial of the required Prescription Drug as part of a Step Therapy protocol.



Prescription Drug and Related Supply Authorization and Exception Request Process

To obtain an exception, your Physician may call Cigna Healthcare, or complete the appropriate form and fax it to Cigna Healthcare to request an exception. Your Physician can certify in writing that you have previously used a Prescription Drug or Related Supply that is on Cigna Healthcare's Prescription Drug List or in a Step Therapy Protocol, and the Prescription Drug or Related Supply has been detrimental to your health or has been ineffective in treating your condition and, in the opinion of your Physician, is likely to again be detrimental to your health or ineffective in treating the condition. The exception request will be reviewed and completed by Cigna Healthcare within 2 business days after receipt of the request and the receipt of all information necessary to complete the review.

Expedited Review of a Prior Authorization, Step Therapy or Prescription Drug Exception Request

An expedited review may be requested by your Physician when you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function or when you are undergoing a current course of treatment using a Prescription Drug or Related Supply not on Cigna Healthcare's Prescription Drug List. The expedited review will be reviewed and completed by Cigna Healthcare within 24 hours of receipt.

If the request is approved, your Physician will receive confirmation. The Authorization/Exception will be processed in Cigna Healthcare's pharmacy claim system to allow you to have coverage for those Prescription Drugs or Related Supplies. The length of the Authorization will be granted until you no longer use the Prescription Drug or Related Supply for which the Authorization or Exception was approved. When your Physician advises you that coverage for the Prescription Drugs or Related Supplies has been approved, you should contact the Pharmacy to fill the Prescription(s).

If the request is denied, you and your Physician will be notified that coverage for the Prescription Drugs or Related Supplies was not authorized.

Appeal of a Prior Authorization, Step Therapy or Prescription Drug Exception Denial

If you, a person acting on your behalf or the prescribing Physician or other prescriber disagree with a coverage decision, you, a person acting on your behalf or the prescribing Physician or other prescriber may appeal that decision in accordance with the provisions of this Policy, by submitting a written request stating why the Prescription Drugs or Related Supplies should be covered. Please see the section of this Policy entitled "When You Have a Complaint or an Appeal" which describes the process for the external independent review.



Questions?

If you have questions about specific Prescription Drug List exceptions, Prior Authorization or a Step Therapy request, call Customer Service at the toll-free number on the back of your ID card.



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