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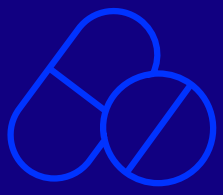
How to request prior authorization or an exception or appeal a decision



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

Prior 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.

Prior Authorization is not required before a pharmacist may prescribe and dispense an HIV infection-prevention drug. U.S. Food and Drug Administration–approved (FDA-approved) HIV treatment medications listed on formulary are not subject to Prior Authorization.

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, except if the Prescription Drug is an HIV infection–prevention drug, a covered Prescription Drug approved by the U.S. Food and Drug Administration (FDA) or other recognized body for the treatment of stage four advanced metastatic cancer, or a covered atypical opioid medication that has been approved by the FDA for the treatment of acute or chronic pain. FDA-approved HIV treatment medications listed on the formulary are not subject to Step Therapy.

For the treatment of serious mental illness (SMI), when Step Therapy is mandated, a covered individual is required to try only one (1) alternative Prescription Drug before receiving coverage for the medication prescribed by their health care Provider. SMI, as defined by the American Psychiatric Association in the latest *Diagnostic and Statistical Manual of Mental Disorders*, includes the following:

- Bipolar disorders (hypomanic, manic, depressive and mixed)
- Major depressive disorders (single episode or recurrent)
- Obsessive-compulsive disorders
- Paranoid and other psychotic disorders
- Schizoaffective disorders (bipolar or depressive) and
- Schizophrenia.

We will not require Step Therapy for a Prescription Drug or Related Supply if

- the Prescription Drug is on the Cigna Healthcare Prescription Drug List;

- the Insured Person has tried the Step Therapy required Prescription Drugs while under his/her current or previous health benefit plan; and
- the Prescription Drugs were discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.

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 Drug or Related Supply that is not on the Cigna Healthcare 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.

Prescription Drug and Related Supply Authorization and Exception Request Process

To request an exception, your Physician may call Cigna Healthcare or complete the appropriate form and fax it to Cigna Healthcare. Your Physician can certify in writing that you have previously used a Prescription Drug or Related Supply that is on the Cigna Healthcare 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 72 hours of receipt.

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.

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 the Cigna Healthcare 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 the Cigna Healthcare 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 disagrees 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.

To verify Prior Authorization requirements for Prescription Drugs and Related Supplies, including which Prescription Drugs and Related Supplies require authorization, you can:

- call Cigna Healthcare at the number on the back of your ID card, or
- visit to **www.Cigna.com/ifp-drug-lists**.

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