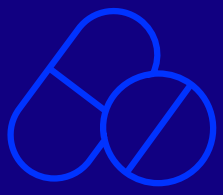
2025

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



MS 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 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

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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.

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.



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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