

# Your medication may need to be preapproved.

Check your drug list before you fill.

Certain medications may need approval from Cigna Healthcare® before they can be covered. This extra step helps make sure you're getting the right coverage for the right medication. Check your drug list to see if your medication needs approval. Please note: Step Therapy does not apply in Illinois.

## Medications that have PA or ST next to them need preapproval.

### Prior Authorization (PA)

Your doctor's office has to send Cigna Healthcare information to review to make sure your medication meets coverage requirements.

Medications that need preapproval:

- May be unsafe when combined with other medications
- Have lower-cost, equally effective alternatives available
- Should only be used for certain health conditions
- Are often misused or abused

### Step Therapy (ST)<sup>1</sup>

Your plan only covers certain high-cost medications if you've already tried one or more lower-cost medications (typically generics and/or preferred brands)<sup>2</sup> that can be used to treat the same condition. These conditions include, but are not limited to:

- Allergies
- Bladder problems
- Breathing problems
- Depression
- Sleep disorders

## Medications that have QL or AGE next to them may need preapproval.

### Quantity Limits (QL)

For some medications, your plan will only cover up to a certain amount over a certain length of time (for example, 30 mg a day for 30 days). If you're filling more than what's allowed, your plan will only cover the larger amount if your doctor requests, and receives, approval from Cigna Healthcare.

Medications that have quantity limits are often:

- Taken in amounts larger than (or for longer than) may be appropriate
- Misused or abused

## Age Requirement (AGE)

Certain medications will only be covered if you're within a specific age range. This is because some medications are only considered clinically appropriate for people of a certain age. If you're not in the covered age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna Healthcare.



### Here's how the coverage review process works.

1. **Your doctor's office contacts Cigna Healthcare.** They'll send us some information to review.
2. **Cigna Healthcare reviews the information.** This review is to see if the medication meets coverage requirements.
3. **Cigna Healthcare makes a decision.**
  - We'll send you and your doctor a letter with the decision and any next steps.
  - It can take between 1–5 business days to hear from us.
  - You can always check with your doctor's office to see if a decision's been made or log in to the **myCigna® App**<sup>3</sup> or **myCigna.com®** to check your approval status.
4. **You find out what the decision is.**
  - **Your medication is approved.**

Medications are typically approved for 1 year of coverage.
  - **Your medication is not approved. You have two options:**
    - Your doctor's office can send us more information to review. Depending on what we get this time, we may be able to approve coverage. Or
    - You and your doctor can appeal the decision. Instructions are included in the letter we send you.



1. Due to state mandates, Step Therapy requirements may vary or may not apply to your specific health plan. To find out if these state mandates apply to your plan, review your plan materials or call customer service at the number listed on your ID card. Please note: Illinois does not have Step Therapy for any plans.
2. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your preferred medication provided that the drug is covered under your policy. View your policy for information on how to pursue a step therapy exception. In GA, the prescribing provider may address your history of medically appropriate prescriptions with positive or negative therapeutic outcomes while on your current plan or immediately preceding health plan.
3. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Product availability may vary by location and plan type and is subject to change. All health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

**Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.**

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