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



Virginia Prior 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 Prior 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 Prior Authorization before the Prescription or supply can be filled. To obtain Prior Authorization, your Physician must follow the Prescription Drug and Related Supply Prior 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 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**. com. To obtain Step Therapy Prior Authorization, your Physician must follow the Prescription Drug and Related Supply Prior 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 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 Prior Authorization and Exception Request Process as described below.

Prescription Drug and Related Supply Prior Authorization and Exception Request Process

To obtain an exception, you or 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; or

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- You have tried the Step Therapy-required Prescription Drug while under your current or previous health plan, and the Prescription Drug was discontinued due to a lack of efficacy or effectiveness, diminished effect, or an adverse event; or
- If you are currently receiving a positive therapeutic outcome on a Prescription Drug recommended by your Physician for the medical condition under consideration while you are on the current or the immediately preceding health plan; or
- If a Step Therapy-required Prescription Drug is contraindicated.

When you or your Physician request a Prescription Drug or Related Supply exception, the exception request will be reviewed and completed by Cigna Healthcare within one business day of receipt. When you or your Physician request a Step Therapy Exception, the exception request will be reviewed and completed by Cigna Healthcare within 72 hours of receipt, including hours on weekends.

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

An expedited review may be requested by you or 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. When you or your Physician request a Prescription Drug, Related Supply or Step Therapy Exception, the expedited review will be reviewed and completed by Cigna Healthcare within 24 hours of receipt, including hours on weekends.

If after reasonable investigation and consultation with your Physician the medication is determined to be inappropriate therapy for your medical condition, your Physician will receive confirmation that the exception request is approved. The drug will be covered without additional cost sharing beyond that of a drug on Cigna Healthcare's Prescription Drug List. Once your Physician receives confirmation, the Prior 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 Prior Authorization will be granted until you no longer use the Prescription Drug or Related Supply for which the Prior 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.

If you or your Physician requested a drug that is not on the Prescription Drug List, you have the right to appeal the initial coverage decision directly to an Independent Review Organization (IRO) without going through Cigna Healthcare's appeals process. The IRO will respond within 72 hours for standard requests and 24 hours for expedited requests.

Questions?

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

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.

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