



CA – HOW TO REQUEST AN EXCEPTION/APPROVAL

Pharmacy Formulary Exception

Process/Prior Authorization – Coverage of New Drugs

Pharmacy Formulary Exception Process/Prior Authorization for Retail and Mail Order Pharmacies

The presence of Prescription Drugs and Related Supplies on the Prescription Drug List does not guarantee that the Insured Person will be prescribed that Prescription Drug and Related Supplies by his/her Participating Physician for a particular medical condition.

You may contact Member Services at the toll-free number found on Your Cigna HealthCare ID card to request a copy of the Prescription Drug List or to request information regarding whether a specific drug or drugs are on the Prescription Drug List. You can also access the Prescription Drug List through the Internet at www.cigna.com/ifp-drug-list.

Coverage for certain Prescription Drugs and Related Supplies requires the Physician to obtain Prior Authorization from Cigna before prescribing the drugs or supplies. Prior Authorization may include, for example, a step therapy determination. Step therapy determines the specific usage progression of therapeutically equivalent drug products or supplies appropriate for treatment of a specific condition. Cigna shall also maintain an expeditious process by which Participating Providers may obtain authorization for Medically Necessary non-Prescription Drug List Drugs and Related Supplies. If Your Physician reasonably believes that there is a Medically Necessary reason to prescribe a non-Prescription Drug List Drug and/or Related Supplies, or wishes to request coverage for a Prescription Drug and/or Related Supplies for which prior authorization is required, the Physician may call or complete the appropriate Prior Authorization form and fax it to Cigna to request a Prescription Drug List exception or Prior Authorization for coverage of the Prescription Drugs or Related Supplies. The Physician can obtain the Prior Authorization form at <https://cignaforhcp.cigna.com> or by calling the Cigna customer service number on the back of the member's ID card. The Physician should make this request before writing the prescription.

If the Insured Person is advised at the Pharmacy that the prescription is for a non-Prescription Drug List Drug and/or Related Supplies and the Physician has not contacted Cigna for authorization, the Pharmacy will dispense the Prescription Drug and/or Related Supplies at the full retail cost of the non-Prescription Drug List drug. The Insured Person may request that the Pharmacy contact the Insured Person's Physician to request a change to a Prescription Drug List medication or submit a request to Cigna for coverage of the non-Prescription Drug List Drug and/or Related Supplies as Medically Necessary. If the Insured Person's Physician is not available or the Pharmacy is not able to reach Cigna all Pharmacies have been instructed to dispense at least a three (3) day supply, but not more than a thirty (30) day supply at the applicable Copayment/Coinsurance. If after being contacted the Insured Person's Physician reasonably believes a change to a Prescription Drug List Drug and/or Related Supplies is appropriate, Cigna will notify both the Insured Person and the Participating Pharmacy. If after consultation with the Insured Person's Physician, the non-Prescription Drug List Drug and/or Related Supplies is approved as Medically Necessary, the Insured Person will continue to receive the non-prescription Drug List Drug and/or Related Supplies at the applicable Copayment/Coinsurance.

If the request for approval involves a Medically Necessary new non-Prescription Drug List Drug and/or Related Supplies or a refill non-Prescription Drug List Drug and/or Related Supplies where the Insured Person has no more of the Prescription Drug and/or Related Supplies, Cigna will make a decision and communicate it to all parties by telephone on the same day as receipt of the request from the Insured Person's Physician but in any event not more than twenty-four (24) hours from the time of receipt. Requests for refills where the Insured Person has more of the drug remaining will be made and communicated in writing to all parties within forty-eight (48) hours from the time of receipt of the request from the Insured Person's Physician.

The length of the authorization will depend on the diagnosis and the Prescription Drug and/or Related Supplies. If the request is denied, Your Physician and You will be notified that coverage for the Prescription Drugs and/or Related Supplies is not authorized.

Cigna shall not limit or exclude coverage for a Prescription Drug and/or Related Supplies for an Insured Person if the drug had previously been approved for coverage by Cigna for a medical condition of the Insured Person and the Insured Person's Physician continues to Prescribe the drug for the medical condition provided that the drug is appropriately prescribed, and is considered safe and effective for treating the Insured Person's medical condition. Nothing shall preclude the Physician from prescribing another drug, including a "generic" drug covered by Cigna that is medically appropriate for the Member. This section does not apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration (FDA).

If You have questions about specific Prescription Drug List exceptions or a Prior Authorization request, please call Member Services at the toll-free number on the ID card.

All newly approved drugs by the Food and Drug Administration (FDA) are designated as Non-Prescription Drug List drugs until the P & T Committee clinically evaluates the prescription drug product. The P&T Committee reviews all FDA approvals within six months of a product being launched to the market. In the case of compelling clinical data, an ad hoc group will be formed to make an interim decision on the merits of a Prescription Drug product. Prescription Drug Lists (formularies) are created in conjunction with a P&T Committee and business decision team to offer affordable and comprehensive options.

Prescription Drug Exception Request

You or Your Physician can submit a request for Cigna to make an exception and cover clinically appropriate Drugs not otherwise covered by this Plan. This is called a request for exception. In the event that an exception request is granted, the Cigna must treat the excepted drug(s) as an essential health benefit.

Standard Exception Request

Your Physician may call or complete the appropriate Prior Authorization form and fax it to Cigna to request a standard review of a decision that a Drug is not covered by the Plan. The Physician can obtain the Prior Authorization form at <https://cignaforhcp.cigna.com> or by calling the Cigna customer service number on the back of the Insured Person's ID card. The Physician should make this request before writing the prescription.

Cigna must make a determination on the standard exception request and notify the You or the prescribing Physician of its coverage determination no later than 72 hours following receipt of the request.

When Cigna grants a standard exception request, We will provide coverage of the non-formulary drug for the duration of the prescription, including refills.

Expedited Exception Request

You or Your Physician can request an expedited review based on exigent circumstances. Exigent circumstances exist 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 non-formulary drug.

Cigna must make its coverage determination on an expedited review request based on exigent circumstances and notify You and the prescribing Physician of its coverage determination no later than 24 hours following receipt of the request.

When Cigna grants an exception based on exigent circumstances, We will provide coverage of the non-formulary drug for the duration of the exigency.

External Prescription Request Review

If Cigna denies a request for a standard exception or for an expedited exception, You or the prescribing Physician can request that the original exception request and subsequent denial of such request be reviewed by an independent review organization.

Cigna must make its determination on the external exception request and notify You and the prescribing Physician of its coverage determination no later than 72 hours following its receipt of a standard exception request, and no later than 24 hours following its receipt of an expedited exception request.

If Cigna grants an external exception review of a standard exception request, We must provide coverage of the non-formulary drug for the duration of the prescription. If Cigna grants an external exception review of an expedited exception request, We must provide coverage of the non-formulary drug for the duration of the exigency.

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