



## Disclosure of Prior Authorization Requirements under 2021/22 Student Health Insurance Plans in Illinois and 2020/21 Prior Authorization Statistics

### **Applicable Plans**

<b>School Name</b>	<b>2021/22 Policy Effective Dates</b>
<a href="#">Judson University</a>	08/01/21-07/31/22
<a href="#">Lake Forest College</a>	08/15/21-08/14/22
<a href="#">Monmouth College International</a>	08/10/21-08/09/22
<a href="#">Moody Bible Institute</a>	08/11/21-08/10/22
<a href="#">National Louis University</a>	09/16/21-09/15/22
<a href="#">Principia College</a>	08/10/21-08/09/22
<a href="#">University of Illinois at Chicago Global</a>	08/01/21-07/31/22
<a href="#">University of St. Francis</a>	08/01/21-07/31/22
<a href="#">University of St. Mary of the Lake</a>	08/10/21-08/09/22
<a href="#">Judson University</a>	08/01/21-07/31/22
<a href="#">Rockford University*</a>	08/09/21-08/08/22

### **Prescription Drug Benefit Prior Authorization Requirements for Illinois plans with Wellfleet Rx/ESI**

A complete list of medications for which prior authorization is required as of the policy effective dates listed above can be found within the July 2021 Student Formulary posted on <https://wellfleetrx.com/students/formularies/> under “Current Formularies”. The clinical review criteria associated with the medications requiring prior authorization can be found within the Wellfleet Rx Prior Authorization Guidelines for Wellfleet Rx/ESI posted on <https://wellfleetrx.com/students/formularies/> under “Prior Authorization”. Changes to prior authorization requirements may take effect mid-policy year, and those changes and their effective dates are posted within “Student Formulary Changes” posted on <https://wellfleetrx.com/students/formularies/> under “Upcoming Formulary Changes” prior to them taking effect and under “Current Formularies” once in effect. If there are changes to prior authorization requirements, they would take effect as of January 2022 and July 2022.

\*Rockford University does not have a Pharmacy Benefits Manager, prescription drug formulary, or prior authorization requirements on prescription drugs.

### **Medical Benefit Prior Authorization Requirements for Illinois plans with Cigna Network**

For information on services that require prior authorization as of the policy effective dates listed above, click on the applicable school link to review the certificate of coverage. The list of services requiring prior authorization can be found under the “Pre-Certification Process” section and within the Schedule of Benefits wherever “Pre-Certification Required” is noted. Prior authorization requirements listed within the policy do not change mid-policy year. However, Cigna posts a [Master Precertification List](#) that



provides more specifics on the codes that require prior authorization, and the codes that require prior authorization may change mid-policy year. The clinical review criteria associated with the services requiring prior authorization can be found by searching the [Medical and Administrative A-Z index](#).

<b>Prior Authorization Statistics for 2020/21 Plan Year</b>			
	<b>Wellfleet Rx/ESI</b>	<b>Wellfleet Rx/KPP</b>	<b>Cigna UM</b>
Prior Authorization Requests Received	28	9	85
Prior Authorization Requests Denied	5	3	26
Prior Authorization Requests Appealed	2	0	0
Appeals Upheld the Adverse Determination	0	0	0
Appeals Reversed the Adverse Determination	2	0	0
Average Time Between Submission and Response: Prior Authorization	1.27 Calendar Days	1.99 Calendar Days	2.88 Calendar Days
Average Time Between Submission and Response: Appeals	0.84 Calendar Days	N/A	N/A

<b>Top 5 Reasons for Denial</b>					
<b>Wellfleet Rx/ESI</b>					
<b>Drug:</b>	<b>Top Ranked Denial Reason</b>	<b>2<sup>nd</sup> Ranked Denial Reason</b>	<b>3<sup>rd</sup> Ranked Denial Reason</b>	<b>4<sup>th</sup> Ranked Denial Reason</b>	<b>5<sup>th</sup> Ranked Denial Reason</b>
Dexcom G6	Medical Necessity	N/A	N/A	N/A	N/A
Humira(CF) Pen PSOR-UV-ADOL-HS	Medical Necessity	N/A	N/A	N/A	N/A
Buprenorphine-Naloxone	Medical Necessity	N/A	N/A	N/A	N/A
Rybelsus 3 mg Tablet	Medical Necessity	N/A	N/A	N/A	N/A
Ozempic 0.25 or .5 pen injector	Medical Necessity	N/A	N/A	N/A	N/A
<b>Wellfleet Rx/KPP</b>					
<b>Drug:</b>	<b>Denial Reason:</b>	N/A	N/A	N/A	N/A
Adderall XR	Medical Necessity	N/A	N/A	N/A	N/A
Zomig	Medical Necessity	N/A	N/A	N/A	N/A
Xifaxin	Medical Necessity	N/A	N/A	N/A	N/A
<b>Cigna UM</b>					
<b>Service:</b>	<b>Denial Reason:</b>	N/A	N/A	N/A	N/A
Physical Therapy	Medical Necessity	N/A	N/A	N/A	N/A
Orthopedic Surgery	Medical Necessity	N/A	N/A	N/A	N/A



CT Scan with contrast dye of abdomen	Medical Necessity	N/A	N/A	N/A	N/A
Grafting & direct excision of autologous soft tissue	Medical Necessity	N/A	N/A	N/A	N/A
Magnetic Resonance Imaging, any joint of lower extremity; w/o contrast	Medical Necessity	N/A	N/A	N/A	N/A
CT Scan with contrast dye of the thorax	Medical Necessity	N/A	N/A	N/A	N/A
CT Scan with contrast dye of the soft neck tissue	Medical Necessity	N/A	N/A	N/A	N/A