What’s prior authorization?
What you need to know for gynecologic conditions

It’s a requirement that your provider requests approval before prescribing certain medicines or procedures. During the prior authorization process, it’s reviewed against nationally recognized criteria, the highest-quality clinical guidelines and scientific evidence. This helps ensure you’re getting the best care for your condition.

3 STEPS TO THE PROCESS

1. A prior authorization request is submitted on your behalf.

2. We’ll review and make a decision quickly. And we’ll keep you updated throughout the process.

3. We’ll approve or deny your prior authorization. If denied, we’ll work with you and your provider on next steps.

FACTS ABOUT GYNECOLOGIC ISSUES

These are conditions that affect the female reproductive system. It includes problems with the breasts, uterus, ovaries, fallopian tubes, vagina and vulva.

- In the U.S., 25% of adult women have at least one pelvic disorder
- Common procedures include cervical cryosurgery, colposcopy and hysteroscopy
- About 10% of U.S. women ages 15 through 44 years have difficulty getting pregnant or staying pregnant

Source: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1380327/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1380327/)

KNOW YOUR CHOICES

If you get a denial, know that you have options:

- **Talk to your provider.** You’ll get a letter from us explaining the reason why your request didn’t meet clinical guidelines.

- **Ask for a review** between your provider and our medical director. They can further discuss your specific case to meet your specific needs.

- **Ask for a formal appeal.** The denial letter will explain the steps you can take when requesting a formal appeal on your decision.

Count on us for support. We’re here to help you through the process and explain your options. Be sure to check out the Aetna HealthSM app at [aet.na/ah_app](http://aet.na/ah_app). It’s an easy way to get status updates throughout this process.

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