

HAS YOUR HEALTH INSURANCE **COMPANY DENIED OR NOT COVERED YOUR PRESCRIPTION?**

GETTING YOUR MEDICATION SHOULD BE SIMPLE

Understanding common health insurance challenges

Health insurance coverage challenges

can pose a barrier to accessing prescribed medications¹

In 2023



of patients reported that their health insurance did not cover a prescribed drug or required a very high copay, which is the amount of money you pay out of pocket for your prescription¹



of patients in 2023 reported that their health insurance denied or delayed prior authorization for needed care¹

Common health insurance utilization management practices

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Prior authorization:

Approval from your health insurance plan that may be required before covering a medication²



Step therapy:

Your health insurance company may require you to try one or more medications before covering the medication you were originally prescribed³



Non-formulary drugs:

Your health insurance company may not include your medication on their formulary (a list of covered medications)4*



Copayment:

A copay is the predetermined amount you pay for your prescription. Certain medications may have different copayment amounts⁵

*If your medication is not on their list of covered medications, you will either have to request that your health insurance company make an exception or pay the full cost4



See below for ways you and your doctor can work together to access your prescribed medication

You go to the pharmacy to pick up your prescription and your local pharmacist tells you your prescription is not covered-now what?

- First, reach out to your doctor's office and let them know. They may need to submit a prior authorization to get your medication covered
- It may take a few days for your doctor to submit the information and for your health insurance company to make a decision



If your health insurance company denies prior authorization, you can file an appeal

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File an appeal⁶

- Review the denial letter that your health insurance sent to you and your doctor saying your prescription was denied and figure out why they're denying it
- The letter may also include instructions regarding how to **appeal the decision** or **have** the decision reviewed
 - You may need to call your health insurance company's customer service department and ask why your coverage request was denied and how to appeal
- This could involve providing more information to the insurer, which may require calling your doctor's office and asking them to resubmit forms or provide more information regarding why your medication is medically necessary
- If your prescription is still denied after your appeal has been reviewed, you may have the right to request an external appeal done by an independent organization



What to do when you face challenges when appealing a claim⁶:

- If you think your claim is being handled unfairly, you can file a complaint with your state insurance commissioner. For state-specific information on filing a complaint, visit https://coveragerights.org/
- If your health insurance is provided through your work and you are still having issues getting your prescription covered, reach out to your human resources representative and let them know what's going on

Search for patient assistance programs to

help with high copayments

• Many pharmaceutical companies have patient assistance programs that provide medications at a reduced cost or free for eligible patients. Check if such a program is available for your prescribed treatment

• You can also look online at your prescription's webpage or ask your doctor



Key tips for navigating health insurance challenges



Understand your specific health insurance policy

• Familiarize yourself with the details of your insurance coverage, including what treatments, medications, and services are covered and to what extent. If the coverage details are not clear, reach out to your health insurance provider for clarification



Seek help from healthcare professionals

• Doctors, nurses, hospital social workers, and pharmacists often have experience dealing with health insurance providers and can help you navigate this process. They may be able to provide necessary medical records, write letters of medical necessity, and guide you through the appeal process if necessary



Know your rights

Learn about the healthcare rights in your state



Stay organized

 Keep a record of all communications with your insurance company, including dates, people you spoke with, and the content of the conversation. In addition, save all paperwork related to your treatment and insurance claims

References: 1. KFF. KFF survey shows complexity, red tape, denials, confusion rivals affordability as a problem for insured consumers, with some saying it caused them to go without or delay care. June 15, 2023. Accessed November 8, 2023. https://www.kff.org/health-costs/press-release/kff-survey-showscomplexity-red-tape-denials-confusion-rivals-affordability-as-a-problem-for-insured-consumers-with-some-saying-it-caused-them-to-go-without-or-delaycare 2. Coalition of State Rheumatology Organizations. Prior authorization/gold carding. Accessed November 8, 2023. https://csro.info/advocacy/our-issues/ prior-authorization 3. Coalition of State Rheumatology Organizations. Step therapy (or first fail). Accessed November 8, 2023. https://csro.info/advocacy/ourissues/step-therapyfail-first 4. SafeMedication. Ever wonder which medications your insurance covers? March 7, 2021. Accessed November 8, 2023. https:// www.safemedication.com/pharmacist-insights/2021/04/26/ever-wonder-which-medications-your-insurance-covers 5. Glossary of billing and insurance terms. UW Medicine. Accessed November 21, 2023. https://www.uwmedicine.org/patient-resources/billing-and-insurance-2/glossary 6. Roy J. Your health insurance says, 'Claim denied.' How to fight back. Accessed November 8, 2023. https://www.latimes.com/business/story/2022-01-19/how-to-appeal-aninsurance-claim-denial

