Proactive

It’s very important that you are proactive and persistent while you are working with your doctor and insurance company to get the medicine you need.

- Keep the lines of communication with your doctor open as you go through the process. This guarantees that he or she will be up to speed when filling out forms or advocating on your behalf. In many cases, your doctor will have to provide a letter to your insurer as part of your appeal process. Keep your doctor informed of any changes in your health. That is especially important if you are trying a different drug than what your doctor prescribed.

- Make sure to keep good personal notes on your doctor visits, diagnoses, symptoms, and medication use. But all of these notes, any information your doctor gives you, and notifications you receive from your insurance company onto one file. This will make it easier to access everything when you need it.

- Know that phone calls to insurance companies can take time. Make the call when you can dedicate time, access your notes, and won’t be interrupted.

- While it’s frustrating, being calm and polite with insurance company representatives on the phone will get you further along. You may need to politely but assertively ask for a supervisor several times during the process.

- This may be a long and frustrating process. Remember:

LEARN FROM OTHERS AND Share Your Story

Hearing stories from doctors and patients who have navigated through the step therapy process can be very helpful as you work to get the medicine you need. You can also help others by sharing your own experience.

Log onto www.letmydoctorsdecide.org to read these stories, submit your own, and learn more about working through step therapy.

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Our Guide Through Rx Access Restrictions
Helping You Get the Medicines You Need

If you or a loved one have been denied coverage for a medication, your health insurance company could be using one of the many business tactics used by health insurers that restrict patient access to doctor–prescribed medications.

Our guide gives you tips and advice on how you can work with your doctor and your insurer to get the right medicine at the right time.
WHAT ARE Access Restrictions?

While this guide provides resources on how to navigate step therapy, there are a number of business tactics used by health insurance companies and Pharmacy Benefit Managers (PBMs) that restrict access for patients to their doctor-prescribed medications. A frequent and often harmful tactic is step therapy, which often requires you to try several drugs before your insurer will help cover the cost of the medicine that your doctor prescribed. Another tactic is the use of rebate walls, where the drug with the most profitable rebate return – which is negotiated by an insurer or PBM – is the drug the patient is required to try first, even if it’s not the one recommended by their doctor. Patients are not benefiting from these rebates. In short, they should be passed directly to you at the pharmacy counter.

Going through these processes puts your health at risk and undermines your doctor’s expertise.

What’s worse – these tactics harm those most in need of targeted medication and treatment, especially patients with autoimmune diseases.

WORKING WITH Your Doctor

Your doctor is one of the most important resources to turn to when navigating step therapy. As you take actions to get the medicine you need, make sure you keep your doctor informed:

- Know your family medical history and always keep them updated on your symptoms. Share all of this information with your doctor.
- Keep a list of any medications you have tried, including over-the-counter medicines, and write down the drug name and dosage for your doctor.
- Read the medications that your insurance company will cover and bring this list to your doctor appointments. That will help your doctor as he or she prescribes medication for you.
- When your doctor prescribes a medication, ask questions. Is it a new drug? Do you know if insurance companies are covering the cost? Have you heard of any coverage challenges with this drug? If my insurer won’t cover it, are there alternatives?

- If you find out about step therapy when at the pharmacy, you should:
  - Ask the pharmacist for any information he or she received and make a note of it.
  - Call your doctor and update him or her. If you tried a different drug home from the pharmacy, ask your doctor what can be done together to get the right one. Make sure it is safe to take the alternative drug while you work to get the right medicine.
- Contact your insurance company and find out how to appeal its decision coverage decisions. You may need your doctor to intervene as you work with the insurance company. In most cases, your doctor will be required to write a letter to the insurance company that explains your situation and why you are in need of the medicine he or she originally prescribed.

You can find printable sheets to help you track your symptoms, medication use, and more at www.letmydoctorsdecide.org/trackers.

WORKING WITH Your Insurance Company

If you are faced with step therapy, you likely need to work with both your doctor and insurance company to receive the medicine your doctor originally prescribed.

First, finding the rules for your specific plan will help you navigate the process. If your insurance is through your employer, let your human resources department know about the situation and your intention to appeal. They may be able to provide information on your plan’s policies and provide guidance during the appeals process.

Next, speak with your doctor and insurance company to learn of the other options that might benefit you. Your doctor may be able to provide you with paperwork that shows you have already tried several other medications. Speak with your pharmacist. They can help you understand your insurance’s coverage. If your insurer wants you to try another medicine, ensuring this information to the insurance company may help you receive coverage for your originally prescribed medication.

If that does not work, you may need to appeal the insurance company’s decision.

Navigating the Appeals Process

1. Call your insurance company to learn why you have been denied access to a medication. You can find the best number to call on your insurance card.
2. Insurers may require you to make appeals online. Find out what processes you need to follow when you call.
3. Keep good records of your communications, including names of who you spoke with, dates and times of calls, case reference numbers, and more. Having these records will help move future calls along more quickly, especially if you have to appeal decisions more than once.
4. Ask your insurance company what your doctor can do to help during the appeals process. Be sure to write it down before you hang up.
5. Your health insurance company is legally required to provide, in writing, the reason for your denial. If your insurer does not, you can request the information from your insurer directly.
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If you receive health insurance through your employer, contact your human resources department to learn more about the process. If you receive health insurance through your employer, contact your human resources department to learn more about the process.

Visit www.letmydoctorsdecide.org/appeals-letter to access sample letters.
BE Proactive

It’s very important that you are proactive and persistent while you are working with your doctor and insurance company to get the medicine you need.

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Your doctor is one of the most important resources to turn to when navigating step therapy. As you take actions to get the medicine you need, make sure you keep your doctor informed:
- Know your family medical history and always keep them in mind when discussing your symptoms. Share all of this information with your doctor.
- Keep a list of any medications you have tried, including over-the-counter medicines, and write down the drug name and dosage for your doctor.
- Review the medications that your insurance company will cover and bring this list to your doctor appointments. This will help your doctor make the right choices for your health.
- When your doctor prescribes a medication, ask questions. Is it a new drug? Do you know if insurance companies are covering the cost? Have you heard of coverage challenges with this drug? If my insurer won’t cover it, are there alternatives?
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  - Contact your insurance company and find out how to apply for a medication coverage decision. You may need your doctor to intervene as you work with the insurance company. In most cases, your doctor will be required to write a letter to your insurance company stating their intention to appeal. In many cases, they will be able to provide information on your insurance plan’s policies and provide guidance during the appeals process.
  - Provide your insurance company with any documentation you believe will help your case for approval (a letter of support from your doctor, test results, your doctor’s notes on your treatment, your personal narrative, etc.).
- Keep a list of any medications you have tried, including over-the-counter medicines, and write down the drug name and dosage for your doctor.
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Next, speak with your doctor and insurance company to learn of the other options that may be available to you. Your doctor may be able to help you ensure that you have already tried all other options before you are faced with step therapy. If you feel your insurer wants you to try a less effective drug, providing this information to the insurance company may help you receive coverage for your originally prescribed medication.

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  - Your insurance company has a list of reasons why a drug isn’t covered.
  - Your doctor can help you appeal the decision.
  - Your insurance company can provide you with information on your insurance plan’s policies and provide guidance during the appeals process.
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