



Common Insurance Challenges with Medications

My Insurance is Not Paying for My Medications

Since medications must be paid in full before you get them in your hands, you may first become aware of an insurance issue at the pharmacy counter. Whether you are prescribed the newest medication on the market for your condition or a generic that has been around for a long while, you count on

your insurance coverage to offset a significant portion of your medication expenses. If you find yourself in a situation where your insurer is not covering your medication, or if your portion of the cost is higher than you expected, these recommendations can help you identify and hopefully resolve the source of the problem.

Identify the Exact Reason it is Being Denied

Your insurer may provide the pharmacist with a specific reason why your medication claim is not being covered. Having this information will help you decide on your next step - for example, it will tell you if you are missing information from your doctor, or if the prescribed drug is not on your formulary. Your findings may mean that your next step is to submit an appeal to your insurer to ask for reconsideration. Once you have the reason call your insurer to ask what options are available to fix the root issue. If your pharmacist is not able to provide the reason, call your insurance company directly.



Common Medication Denial Reasons

- Prior authorization required before access
- Step therapy is required first
- Medication is not covered as part of your covered benefits or is excluded according to your plan's benefits
- The maximum number of refills (or quantity) has been exceeded for this prescription
- Plan limitations exceeded
- Generic drug required or generic only coverage
- Duplicate entry - drug processed at another pharmacy

Always Communicate With Your Doctor

Many times, the pharmacist will offer to connect with your doctor or send communication related to the insurance company's coverage on your behalf. While this support is helpful, you still need to contact your doctor, explain the situation, and let them know you have not been able to fill the medication as instructed. Your provider may be able to give you drug samples or may choose to prescribe a different medication that is also indicated for your condition.



Is Your Information Keyed in Properly?

Double-checking the basics first is worth it to fix an easy mistake

Make sure that the pharmacy has your most current insurance information on file or they may be processing your claim incorrectly, causing it to be rejected. Something as simple as a birth date that does not match could cause unnecessary issues. Another possible issue could be that you have a discount savings card in the system that you have used previously, and your insurer will not allow them both to be used.



Does the Pharmacy Matter?

Your insurance plan has arranged a specific set of network pharmacies to serve you in your plan. Even if you've been going to the same pharmacy for a long time, these contracted relationships can change at any point. If your pharmacy becomes out-of-network you may have to pay for the medication and submit a claim yourself or visit a network pharmacy to get your medication. Also, some medicines must be filled through a mail-order pharmacy or specialty pharmacy and may not be offered at a neighborhood pharmacy location. Some plans have language that limits you to your first fill of a medication in person, and then you must use a mail-order for all refills. This practice is becoming more common with many reoccurring maintenance medications.

It's "Covered" but Plan isn't Paying Towards Costs

Just because a medication is "covered" doesn't mean that your insurance is paying a portion of the cost. You may have a deductible for your insurance plan that has not yet been met. If so, your plan will expect you to meet the full deductible amount before it contributes to your healthcare costs. If you have a separate pharmacy deductible from your medical care, you might be starting at zero with your first prescription, regardless of how much you have paid to other providers. But "covered" is a good thing, and ultimately means that what you do pay out-of-pocket for your medication will get you closer to the annual maximum.

Alternate Prescription Options

If you find that there will be a delay in filling a new prescription due to having to submit an appeal, let your doctor know. It takes time to gather additional documentation and coordinate between the doctor and insurer for coverage. The doctor can share if there is an alternate medication for your condition that is covered that can be substituted while you wait on the appeal decision.

