

Discovering your insurance won't cover a medication can be frustrating, especially when you're at the pharmacy counter. Whether it's a brand-new drug or a long-standing generic, you rely on your insurance to help with medication costs. If you're facing this situation, here's a guide to help you understand the problem and find solutions.

1 FIGURE OUT WHY IT'S DENIED

The pharmacist might be able to tell you the specific reason for the denial. This is crucial because it helps determine your next steps. For example, it might be a missing piece of information from your provider or that the medication isn't on your plan's formulary (list of covered drugs). If the pharmacist can't tell you, call your insurance company directly.

Common reasons for medication denials include:

- **Prior Authorization:** Your provider needs to get approval from the insurance company before you can get the medication.
- **Step Therapy:** You need to try other, less expensive medications first before the prescribed one is covered.
- **Not Covered:** The medication isn't included in your plan's benefits or is specifically excluded.
- **Refills/Quantity Limits:** You've reached the maximum number of refills or quantity allowed for that prescription.
- **Plan Limitations:** You've exceeded some other plan limit.
- **Generic Required:** Your plan only covers the generic version of the drug.
- **Duplicate Entry:** The prescription was already filled at another pharmacy.

2 TALK TO YOUR PROVIDER

Even if the pharmacist is helping, it's essential to contact your provider. Explain the situation and that you haven't been able to fill the prescription. They might have samples, suggest a different covered medication, or help with the prior authorization process.

3 DOUBLE-CHECK YOUR INFORMATION

Sometimes, denials happen because of simple errors. Make sure the pharmacy has your current insurance information. A wrong birthdate or an old discount card in the system can cause problems.



4 EXPLORE ALTERNATIVES

If you need to appeal the denial, it can take time. Talk to your provider about whether there's an alternative medication you can take while you wait for the appeal decision.

5 PHARMACY MATTERS

Your insurance plan likely has a network of preferred pharmacies. Even if you've used the same pharmacy for years, their contract with your insurance could change. Using an out-of-network pharmacy might mean higher costs or having to pay out-of-pocket and file a claim yourself. Also, some medications require you to use a mail-order or specialty pharmacy. Some plans even require you to fill the first prescription in person and then use mail order for refills.

6 'COVERED' DOESN'T ALWAYS MEAN 'PAID FOR'

Just because a medication is "covered" by your insurance doesn't necessarily mean they're paying for it right away. You might have a deductible that you need to meet first. This means you'll pay the full cost of the medication until you've reached your deductible. While it's frustrating, "covered" is still good news because it means the money you spend on the medication will count towards your deductible and eventually your annual maximum out-of-pocket costs.

Remember, you're not alone in navigating these challenges. By being proactive and informed, you can work with your healthcare providers and insurance company to ensure you get the medications you need at a cost you can afford.

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