Navigating Prior Authorizations to Access Lipid Medications

WHAT YOU NEED TO KNOW

What is a Prior Authorization (PA)?

A prior authorization is a review required by your insurance company before they will pay for a treatment. It is used as a tool to limit cost and ensure that less costly treatments are used prior to more expensive ones.

Prior Authorization

When is a Prior Authorization required?

Each insurance company has a formulary, or list, of drugs that they have approved to be included in your plan. Some drugs on the formulary will require a PA before you can access them, these drugs often cost more and/or are on the higher copay tier of your formulary. Also, if a drug is NOT included on your plan, but your clinician determines it's required for your treatment; a PA is required. The turnaround time for a PA decision can vary from days to weeks.

What if I cannot afford my medication?

High copayments and deductibles may cause drugs to be unaffordable. There are assistance programs available and availability is determined by type of insurance you have:

Commercial insurance: manufacturers offer copay cards by phone or website

Medicare/ Medicaid: cannot use manufacturer copay cards – may apply for grant through foundations such as Patient Access Network and Healthwell Foundation. These programs offer disease-specific grants to assist patients with copayment costs for medications. Additionally, Medicare offers extra help "Low-Income Subsidy" (application/ requirements on CMS.gov)

Uninsured: Patient Assistance Programs (PAP) may allow patients without drug coverage to receive medications directly from the manufacturer. Requirements vary by company.

Once my PA is approved, then I can get my medication?

PA approval only means that the insurance company agrees that you meet the requirements determined for that drug. PA approval does not mean the medication is affordable.

What if my PA is denied?

If the insurance company denies coverage of a drug, your clinician has an opportunity to appeal the decision. An appeal can be a letter of medical necessity outlining why the drug is required and why you meet the clinical requirements, or it can be a peer-to-peer phone call between your clinician and a clinician at the insurance company. The turnaround time for appeals can be weeks to months. Some insurance companies require patients to sign a waiver allowing clinicians to appeal.

What if my appeal is denied?

If your appeal is denied, your clinician may consider a different medication.

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Getting Your Medications Approved

A SIMPLE GUIDE TO THE PRIOR AUTHORIZATION PROCESS

STEP 1: PRESCRIPTION

Your clinician prescribes you a medication. Does your insurance company require approval (prior authorization) of the medication?

NO

You're all set! No additional steps needed to get your medications.

YES

Your doctor will submit the request for approval to your insurance company.

STEP 2: SUBMISSION

Clinician's office submits the prior authorization request to your insurance company and provides documentation on why you need this treatment.

STEP 3: REVIEW

Your insurance company reviews the request.

STEP 4: DECISION

Your insurance company makes a decision to approve or deny the request.

APPROVED

Your prescription can be sent to the pharmacy to be filled. No additional steps are needed.

DENIED

You and your clinician will receive a letter explaining why the request was denied.

STEP 5: APPEAL

Your clinician can appeal the denial by submitting additional clinical documentation to support the need and/or request a meeting with the medical reviewer to discuss the request and need.

APPROVED

Your prescription can be sent to the pharmacy to be filled. No additional steps needed.

DENIED

Ask clinician to suggest an alternative medication that would be covered by your insurance. See other helpful tips.

Other Helpful Tips:

Pay Out-of-Pocket: If the Prior Authorization request is ultimately denied, you also have the option to pay for the prescription yourself. This is called a "cash" or "self-pay" order.

Patient Assistance Program (PAP) Assistance: There are programs usually run by pharmaceutical companies or charities that available to help people get their prescriptions for free or at a low cost.

Copay Card: A copay card is a special discount from the company that makes a brand-name medicine. It helps lower how much money you have to pay for that medicine. If you have insurance through your job, your insurance pays its part first. Then the copay card can pay some or all of the rest of the cost that you would normally have to pay yourself.

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