

STAY

Proactive

It's very important that you **stay 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. Put all of these notes, any information your doctor gives you, and notifications you receive from your insurance company into one file. This will make it easier to access everything when you need it.

This may be a long and frustrating process. Remember:

- ☑ 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.

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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Let My Doctors Decide

Helping You Get the Medicines You Need **Our Guide Through Step Therapy**

If you or a loved one have been denied coverage for a medication, your health insurance company could be using a little-known tactic called step therapy.

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.



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WHAT IS Step Therapy?

Step therapy is a tactic used by health insurance companies to increase their profits. It often requires you to try several drugs before your insurer will help cover the cost of the medicine that your doctor prescribed. Going through this process puts your health at risk and undermines your doctor's expertise.

What's worse – this tactic harms those most in need of targeted medication and treatment, especially patients with autoimmune diseases.

You will often not find out that your insurance company is doing this until you arrive at the pharmacy to pick up your medication.



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 track of 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.
- Find the medications that your insurance company will cover and bring the 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 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 took 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 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 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 will 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 you receive health insurance through your employer, let your human resources department know about the situation and your intent 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.

Next, speak with your doctor and insurance company to learn of the other options that exist beyond step therapy. Your doctor may be able to fill out paperwork to show that you have already tried the alternative drugs offered on step therapy or that the drugs your insurer wants you to try will not be effective for you. Providing 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

- Call your insurance company to learn why you have been denied access to a medicine. You can find the best number to call on your insurance card.
- Insurers may require you to make appeals online. Find out what process you need to follow when you call.
- Keep good notes of your conversations including names of who you speak with, dates and times of calls, case reference numbers, and more. Having those records will help move future calls along more quickly, especially if you have to appeal decisions more than once.
- Ask your insurance company what your doctor can do to help during the appeals process. Remember to stay in close touch with your doctor as he or she may receive information from your insurer directly.
- Your health insurance company is legally required to provide, in writing, the reason for your denial. If you do not receive this letter in the mail, be sure to ask about it when you speak to the representative.
- When submitting your appeal, include all relevant documents you believe will help your case for approval (a letter of support from your doctor, test results, your doctor's notes on your responses to treatment, your personal narrative, etc.).

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

