

# What to Expect: Treatment Coverage and Affordability

## Cost & Co-pays



### Know Your Cost

- **Ask if there is a generic version** of the medication(s) you are prescribed.
- **Shop around for best prices** of your medication(s) and lab test(s).
- **Ask your insurance company first** if your medication(s) and/or test(s) are covered, if it requires a Prior Authorization, and what you can expect to pay out-of-pocket.
- During open enrollment, choose a health plan that covers your medication at the most affordable cost.



### Co-pay Assistance

- If you are taking a brand name drug, contact the manufacturer to ask if they offer a co-pay card or a coupon. Co-pay cards are only available to commercial insurance holders (they cannot be used if you have Medicare, Medicaid, or Tricare).
- Pharmaceutical companies may also have assistance programs to cover the cost of the medication(s) for individuals who qualify based on income.

*Information provided for educational purposes only. Please consult your healthcare provider regarding your specific health needs.*



## Prior Authorizations & Appeals



### Prior Authorizations (PA)

A PA is a review process for insurance approval of certain prescribed medications or procedures. If your medication requires a PA, your healthcare provider (HCP) should submit the PA form and supporting documentation on your behalf. You can help by providing your HCP with additional supporting documentation, such as previous medical records.



### Appealing an Insurance Denial

If your insurance plan denies coverage of a medication prescribed by your HCP, you can appeal that decision. Here's where to start:

- 1 Reason for Denial:** Check your denial or coverage determination letter to see the reason for the decision.
  - Is the treatment on the “formulary” (medications covered by your plan)?
  - Does your plan require you try another medication first (“step therapy”)?
  - Does the plan say this treatment is not “medically necessary”?
  - Does the denial say there is information missing?
- 2 Work with your HCP Team:** Plan how to address the reasons for denial. Your HCP should submit the appeal and include a letter of medical necessity, but you can help by providing additional documentation or making a call to your insurance plan.

**Even if your HCP is handling your appeal, a phone call from you to your insurance provider can impact your case.**
- 3 Talk to HR:** If you have health insurance through your employer, it's a good idea to keep your company's HR department in the loop. Your company may be able to provide additional opportunities to escalate any issues you have with coverage and advocate on your behalf with their insurance plan.
- 4 Get help from the FH Foundation:** Remember, you're not in this alone. Please reach out to the FH Foundation, and we can assist you.
- 5 We can change this:** Our advocacy team is hard at work to help improve access to FH treatments. You can be a part of these efforts, too!

**For more information, see the FH Foundation's Navigating Insurance Guide.**

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