

How to Deal with a Medication Denial



Several FDA-approved treatment options allow patients to successfully manage their gout and regain their quality of life. Yet sometimes health plans deny access to these treatments.

Here are a few reasons why:



UTILIZATION MANAGEMENT

This happens when a health plan delays or denies access in an effort to increase savings for the health plan. Two common forms are prior authorization and step therapy.



PROCESSING ERRORS

This could be a missing authorization code, payment not being received or paperwork not being filled out quickly enough.



MEDICATION LIMITS

This happens when a patient reaches the maximum dose, quantity or intervals between doses.



COVERAGE RULES

A health insurance plan may not cover the medication.

Denials are not final. Patients can appeal to Medicare or their insurer. In fact, over 80% of prior authorization appeals succeed.



HOW TO APPEAL A DENIAL



FIND OUT THE REASON FOR THE DENIAL.

This should be included in the denial letter.



INFORM YOUR HEALTH CARE TEAM.

Some offices have staff who work directly with the insurance company. Let them know your medication was denied and ask them what additional information they need from you to file an appeal.



WORK WITH YOUR HEALTH CARE PROVIDER TO FILE AN APPEAL.

- File an internal appeal first. The insurance company will review its decision.
- If denied after the internal appeal, file an external appeal. A third party can review the denial and come back with a decision.
- Your provider may be able to consider a peer-to-peer review. Your clinician will speak directly with a health care professional working for the insurance company.
- A letter from your clinician outlining medical necessity can play an important role in the appeal.

By working with your health care provider and submitting an appeal, you can take control of your health and be well on your way to managing gout.

Insurance denials are frustrating,
but they *can* be appealed.

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