WHEN MEDICATION IS DENIED
AND
APPEAL IS REQUIRED

Your physician has prescribed a specific medication for your specific situation that he/she feels is the appropriate medication. We have completed all pre-authorizations requested by your insurance company.

Your insurance company has denied you coverage for this medication.

You need to appeal this denial directly with your insurance company, with your employer's human relations department, and with the state insurance commissioner. You should first call your insurance plan and ask for a coverage determination, which is a written explanation of the coverage decision and why it was made. Ask for an expedited decision, which requires the plan to respond within 24 hours.

Your doctor will do pre-authorizations and peer-to-peer reviews as required by your insurance company at no charge to you. However, should you request that the doctor write a letter of appeal on your behalf, the charge for each letter will be $25. Your doctor will need to review your chart and any correspondence from your insurance company in order to write a letter of appeal. Letters of appeal are usually completed within 10 business days. You will be charged a fee of $25 for each letter written.

We are happy to help you in your appeal, but your personal appeal is of greatest interest to your insurance company as is an inquiry from the human relations department of your employer.

If the plan tells you that the drug is not on the formulary or that it is subject to a restriction, ask for a coverage exception. Ask if they have alternative medications available that have the same benefit. If you ask for a coverage exception, your doctor must write a supporting letter. The fee for this document is $25.

If the coverage determination is not in your favor, you have 60 days to ask for a re-determination, the first level of appeal. You should ask for the re-determination as these are often successful.

You should also make an appeal to the human relations department at your employer and you can write a letter to the state insurance commissioner asking that they review the denial.

State Insurance Commissioner
Bureau of Insurance
Life and Health Division
P.O. Box 1157
Richmond, VA 23218

Persistence pays off as up to 80% of denials that are appealed are reported to be ultimately approved.

[Drug denials are rising in part because the insurance drug plans are trying to control costs by imposing "utilization management restrictions." The restrictions include step therapy, which requires you to try a cheaper alternative before a pricier drug, limits the quantity of drug which your plan will cover in a certain time period, and requires increasing amounts of prior authorization, meaning that your plan must give approval before the prescription is filled. For Medicare patients, restrictions were applied to 39% of drugs on Medicare drug plans in 2015, up from 18% in 2007.]