

Five Things You Can Do Now to Improve Ease and Access to Care

If you are like many patients with arthritis, you may worry that you won't have access to the drugs you need. Perhaps you have been denied coverage for the treatment your doctor prescribed, or been forced to go through lengthy prior authorization and step therapy processes, or faced challenging administrative barriers in appealing a denial.

Many parties affect your ability to access the drugs you need – pharmaceutical companies, pharmacy benefit managers (PBMs), insurers, health care providers and others. Each has its own procedures and requirements, creating silos and miles of red tape that patients must cut through.

The Arthritis Foundation has met with key executives from a cross-section of companies in the health care industry to learn about actions you, as a patient, can take now. We also met with many arthritis patients for their feedback on the companies' suggestions and to get input on what's missing. While these interviews yielded a clear picture of the barriers patients face, they also highlighted some tangible things you can do now for the care you need in the coming year.

So, take action! Here are the top five things YOU can do NOW:

1. **Proactively document every single part of your disease and treatment.** Aggressively share that information with your health care provider, insurance company, pharmacy benefit manager and other people with your disease. What does this really mean? Record and keep on file every doctor's appointment, every prescription, every test. File this information so you know where it is. Why? Because this is the background you will need to persuade PBMs and insurance companies that they should pay for the treatment you and your physician have selected. You will be asked to clearly demonstrate the disease you have, and you will be asked to document trying other treatments. What we heard most from the companies we interviewed, however, was that it is up to YOU, as the patient, to show documentation that entitles you to the treatment your physician has prescribed. What will prevent you from getting the treatment? A wrong diagnosis code, wrong drug code, not

having documentation that other drugs failed or caused adverse reactions.

- 2. Ask your insurance company and pharmacy benefit manager for the specific drug formulary that relates to your disease and care.** All companies we spoke with said they provide a consumer version of drug formularies and other health benefit information for patients. What we heard from patients is that this information is not always easy to find, or is not presented in a consumer-friendly way. If you cannot find it, call your insurance company until you receive either the link or the information you need. Make sure to save this information in the file with your other documentation. Importantly, we heard from both industry representatives and patients that formularies have been known to change in the middle of the year. You need documentation showing what you have been promised in order to protect access to your drugs when the formulary changes.
- 3. Apply and use the pharmaceutical companies' copay cards and reimbursement support services.** Many pharmaceutical companies have programs to help patients pay for their medications, in addition to helping with benefits verification, appeals and care coordination. These programs have been underutilized, according to industry representatives and patients we interviewed. From the patient point of view: Some felt that if they used the copay cards, someone who may need it more might get denied. However, pharmaceutical companies told us these programs are underutilized, and they are interested in expanding their reach to patients. To learn what specific financial and patient assistance is available, [look up your drug or company in our online listing](#) or call the Arthritis Foundation Helpline at 1-844-571-HELP (4357).
- 4. If you have any changes to your insurance plan, find out what protocols you might have to go through to access your medication – and initiate benefit verification with your doctor right away.** All health care industry representatives pointed out that this is one of the greatest barriers to patients getting and keeping timely access to their drugs. Patients often don't initiate benefit

verification until they've been denied, and then have to go through a waiting period while step therapy, prior authorization or other protocol is being processed. So be aggressive: Collect information, and ask your doctor to begin filling out the forms and gathering the necessary documentation before the plan year actually starts.

5. **Appeal, appeal, and yes, appeal.** Despite all your best efforts, denials do happen. But you should not accept the first response the insurance company gives you (unless they agree to pay!). Instead, become a detective. Ask probing questions, and get the specific reason your claim was denied. If they are quoting policy, ask for a copy of the policy or where it is available online. What we learned from patients is that denials are often the result of basic coding errors. If your insurance company tells you the diagnosis code (ICD 10 code) is wrong, get the specific code from the Explanation of Benefits (EOB), and push to understand what is wrong with the code the doctor's office provided. Then take it a step further: Find out what the code should have been, either directly from the insurance company, or by working with your doctor's office.

Conclusion

What we've learned from listening to patients is that, if you have a chronic disease, you have a chronic administrative burden. Unfortunately, that requires you to stand up for your rights as aggressively as you manage your disease. You usually have avenues to get drugs approved and maintain coverage, but it often requires an intense amount of time, patience and tenacity.

Knowledge about how to navigate the health care system is not intuitive, and there is no one person out there to help people navigate the process. You must be your own record keeper, and use your records to aggressively pursue your rights as a patient. Since insurers, providers, pharmacists and others in the health care industry use different record-keeping systems, there is no central repository for a patient's full medical history. That means it is up to you, the patient, to keep track of everything. The more documentation you keep, the better prepared you will be to resolve issues in your favor.

In short, this sounds like a great share of the burden is on the patient. While that's true, the Arthritis Foundation is taking steps to help. Over the coming weeks and months, we will be rolling out resources and strategies to help you better navigate the health care system and ease the burdens you face. Check our evolving coverage at [arthritis.org/prescription-for-access](https://www.arthritis.org/prescription-for-access).