



“Prior Auths”: Navigating Health Insurance with Patients and Providers

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AJ 16 yo pt with Crohn's



16F without significant PMHx presenting to Children's Hospital with abdominal pain, bloating, diarrhea, 20# unintentional weight loss presents to PCP - found to have microcytic anemia, elevated serum inflammatory markers, low albumin, negative infectious stool studies

Referred to GI

EGD/Colonoscopy with normal esophagus, mild gastritis and duodenitis, ulcerated strictured ICV and patchy colon inflammation; MRE performed findings consistent with new diagnosis of Crohn's disease.

Joint decision to start Infliximab infusions.

NOW WHAT???

Medical Team Responsibilities

Pretesting for advanced therapies:

- Labs- CBC/CMP/Lipid Profiles, TB, Hepatitis B
- Many Payors require within 6 months of authorization

Benefits investigation-optional but can help understand what products/site of care are covered.

- Important if multiple insurances, Medicaid, etc.

Submitting initial auth – Need pretesting, office notes and supporting documents to prove necessity of medication.

To CoPay program or Not to CoPay program?

- If you have secondary insurance, most likely ineligible
- If yes, work with team to understand if you are responsible for signing up for the program or if your team does this.

Typical turn around time from medication decision to starting medication 2-4 weeks!

	CBC	CMP	Lipid Profile	TB	Hepatitis B/C	TPMT	EGC	Vaccine s		UPMC LIFE CHANGING MEDICINE
5-ASA	+	+	-	-	-	-	-	+/-		Pre-Testing Chart
Thiopurines	+	+	-	-	-	+	-	+/-		
Anti-TNF	+	+	-	+	+	-	-	+/-		
Selective Anti-Integrin	+	+	-	+	+	-	-	+/-		
Anti IL 12/23	+	+	+/-	+	+/-	-	-	+/-		
Jak Inhibitors	+	+	+	+	+/-	-	-	+/-		
S1P1 *	+	+	+	-	+/-	-	+	+/-		

Patient Responsibilities- Where Do I Begin?

- Starting a new medication
- Team effort
- Goal is to start meds ASAP- Get those labs drawn!
- Call insurance plan to educate yourself on coverage
- Go to Infliximab website- Cost Support
- Be patient!

I Don't Think My Meds Are Working

- Reach out to your team if symptomatic before your next dose- New Dose Recommended
- Team will guide us on next steps- a bit more complicated than initial prior auth.
- Very important to stay on top of labs, stool studies and imaging
- Be patient while waiting for a yay or nay

Changing Doses

Medical Team Responsibilities

- Each medications has an FDA indication. Prescribing outside of this requires evidence and support to prove it is needed.
- Submitting new auth –office notes and supporting documents to prove necessity of medication.
- May get denied and need appealed.
 - Your team receives these denials as well and is often already working on them.
 - Some insurances can take up to 30 days for urgent cases
 - May be more difficult in adult care

Patient Responsibilities

- Get labs, stool studies, imaging and/or procedures completed:
 - Objective evidence to support the need for medication
- To Call Insurance Company or not to call insurance company?
 - When should you advocate for yourself
- Be patient.
- Communicate questions/concerns with team.

DENIED!

- Don't Panic- your team is working on it
- Discuss with team for next steps
- Appeal Process
- Don't be afraid to reach out to the team with questions and concerns
- Try your best to be patient!

AJ is now 25...

Current Clinic Visit) She is now 25 and Off IFX for 3 years. ER visit with worsening RLQ abdominal pain, 15lb unintentional weight loss, bloating for at least 4 months prior. She was started on steroids and told to schedule an appointment with GI, prompting her to be on the clinic schedule today.

Symptoms improve with steroids.

EGD and Colonoscopy performed - EGD unremarkable. Colonoscopy with non-traversable severely ulcerated stricture at ICV.

CTE with long segment of inflammation in TI, but no complications.

Discussion is held about surgical vs medical therapy, including various options. Starts Infliximab, but has a reaction with 2nd infusion and found to have antibodies.

She decides to proceed with surgery. Post-operative treatment of Crohn's - approaches, risk stratification, review medical options touching on different drug options, surveillance

NOW WHAT???



What about Medicare?

PART A Hospital insurance	PART B Medical insurance	PART C Medicare Advantage	PART D Prescription coverage
Inpatient hospital stays Care in a skilled nursing facility Hospice care Some health care Does not cover regular doctor visits or prescription drugs	Certain doctor's services Outpatient care Lab tests Medical equipment Preventative services Ambulances	Sometimes covers: dental, vision, over-the-counter items, etc. Most Medicare Advantage Plans (Part C) include drug coverage (Part D)	Prescription drugs Part D plans are offered by private companies approved by Medicare

What about Medicare?

2025 Changes

- The Inflation Reduction Act will cap out-of-pocket spending for Medicare Part D prescription drugs at \$2,000 annually in 2025.
- The "donut hole," or coverage gap, in Medicare Part D will be eliminated, meaning beneficiaries will have no cost-sharing for covered drugs after they reach the initial coverage limit.
- The standard monthly premium for Medicare Part B will increase to \$185 in 2025, up from \$174.70 in 2024.
- The annual deductible for Medicare Part B will also increase to \$257 in 2025, up from \$240 in 2024.
- These changes aim to make prescription drugs more affordable for Medicare beneficiaries, including those with IBD or other chronic conditions.

Knowledge is Power

- Insurance plans
- Medicare- SHIPS
- Social Security Disability Insurance
- Crohn's & Colitis Foundation

What about Medicaid?

- **Eligibility:** Medicaid eligibility can vary by state but generally includes low-income individuals, pregnant women, children, elderly individuals, and some people with disabilities. Some states have expanded Medicaid under the Affordable Care Act.
- **Coverage:** Medicaid covers a broad range of services, including hospital stays, outpatient care, prescription medications, and necessary procedures.
- **Importance for IBD Patients:** For IBD patients, Medicaid is especially beneficial due to its support for specialist visits, lab tests, and treatment options. Many medications used to treat IBD, such as biologics, can be expensive, and Medicaid can help alleviate those financial burdens.

What about “old” medications

Generic options

Tier Exemptions

Foundation Support



Patient Resources

- [Homepage | Crohn's & Colitis Foundation](#)
- [Home - Centers for Medicare & Medicaid Services | CMS](#)
- [Home - Centers for Medicare & Medicaid Services | CMS](#)
- [Medicaid | Department of Human Services | Commonwealth of Pennsylvania](#)
- Please Add a few of your own



Thank You!
Any questions?