



Alliance for
Patient Access

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Navigating Insurance Barriers for Biologic Medication



Accessing biologic medication—innovative treatments made from natural and living sources— isn't always easy. These treatments, often injected or infused, are not always available to patients due to roadblocks from insurance companies. Even when a biologic is deemed the best option by clinicians, insurance can delay or complicate access to timely, affordable care. For patients to receive proper treatment, they must understand how to navigate these barriers.



How Insurance Impacts Biologics Access

Because biologics are complex and expensive, insurance companies may delay approval or deny access. This requires patients and clinicians to prove medical necessity—often through prior authorization and step therapy—which hinders timely treatment.¹ Delaying access to biologic treatments can lead to worsened symptoms, added anxiety and frustration, and minimized quality of life for patients relying on care.



Understanding Prior Authorization and Step Therapy

Prior authorization is one of the biggest roadblocks to obtaining biologics. It requires a patient's provider to get the insurer's approval before the medication will be covered. The process of determining whether a treatment is "medically necessary" can be lengthy and complicated.

Step therapy is another hurdle that patients face. It forces patients to try and fail an insurer-preferred medication before insurance will cover the prescribed treatment. These hurdles often result in delays or denials, allowing conditions to worsen and leading to unnecessary suffering and higher long-term costs.²



Non-Medical Switching

Non-medical switching is another strategy that insurers use to control costs. This occurs when an insurer, rather than a clinician, switches a stable patient's medication purely to reduce costs. Forcing patients to switch treatment can create unnecessary risks and lead to dangerous interruptions in care, unexpected drug interactions or additional visits to a clinician or emergency department.³



Overcoming Insurance Denials

The good news for patients is that insurance denials can be appealed. In fact, **over 80% of appeals are successful and result in the patient obtaining the originally prescribed medication.**⁴

Patients should ask their clinician to send a letter of appeal to the insurance company on their behalf. Clinicians are equipped with the required medical documentation, including the diagnosis and its impact on quality of life, to support the appeal.⁵ If a patient is still denied, they should [file a complaint](#) with the state insurance department or request an external review.



Financial Assistance Programs

If insurance does not cover the prescribed medication, other financial assistance options may be available. Many pharmaceutical companies offer patient assistance programs that provide discounts to eligible individuals. Nonprofit organizations and foundations may also offer grants or copay assistance to help offset costs.²

Patients can explore these options by consulting their clinician, clinic staff or pharmacist.

Advocating for Your Treatment

Insurance barriers can feel defeating, but it's important for patients to act as their own advocates throughout the process.

By working closely with providers and consistently following up with insurance, patients prescribed biologics can take an active role in securing timely and appropriate treatment.



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