

What to Expect With Insurance While on a Treatment

As you learn about treatment options for CIDP (chronic inflammatory demyelinating polyneuropathy), you may find one that's right for you. So... what happens next? This resource will walk through the steps you may take while navigating insurance.

STEP 1:

Talking to Your Doctor

CIDP has many symptoms, so you may want to keep a log in a notebook or journal. Recording your symptoms and jotting down questions may help you have more productive conversations with your doctor.

STEP 2:

Understanding Your Coverage

Insurance coverage for a CIDP treatment will depend on the type of insurance plan you have and your plan's terms and conditions. Consider taking the following steps to learn more about your coverage:

- **Review your plan's summary of benefits** to get an easy-to-understand overview of your plan's covered services, costs, and benefits
- **Verify your plan's benefits** by contacting your insurance company to determine your coverage options and potential out-of-pocket costs for treatment

Questions about the insurance process? Use this space to write them down.

STEP 3:

Navigating the Authorization Process

Some CIDP treatments can be picked up at the pharmacy right away. However, other treatments can only be accessed at a *specialty pharmacy*. Specialty pharmacies often focus on medications for treating complex diseases—and which may have a higher cost or require specialized handling.

Treatments can also be administered in a hospital, infusion center, or doctor’s office.

Getting insurance coverage for these types of treatments may involve a process called *prior authorization* or *preauthorization*. The process involves your doctor completing and submitting information to the insurance company, which could have 1 of 2 outcomes:



APPROVAL OF COVERAGE

This means your insurance provider has authorized your prescription. The prescription can now be processed, and you can start treatment.



DENIAL OF COVERAGE

Coverage may be denied for a variety of reasons. It may be due to a paperwork error, or it may mean that the insurance company doesn’t consider the treatment medically necessary.

Appealing a denial: If you’re denied coverage for a treatment, you may want to talk to your doctor’s office or insurance company about starting an appeal, which involves requesting that the insurance company reviews their decision about the denial.

STEP 4:

Other Cost-Saving and Assistance Options

There are cost-saving programs available to eligible patients. Ask your healthcare team if any of the programs below are available. Keep in mind that programs may have eligibility requirements and may not always be available to everyone.

Co-pay assistance programs may offer financial assistance for certain treatment costs if you’re eligible.

Financial assistance programs may also be available for your out-of-pocket costs for your treatment. Your doctor or insurance company may be able to help you identify what’s available.

Patient assistance programs can sometimes help you find options for treatment coverage, even if you’re uninsured.

Questions? That’s understandable! Use this space to note anything you want to ask your doctor about.

