



## ROADMAP:

# What to Expect with Insurance While on a Treatment

As you learn about treatment options for myasthenia gravis (MG), 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

Let your doctor know about **your symptoms and goals for living with MG** and use this space for notes and questions that you want to cover during your appointment.

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### STEP 2:

## Understanding Your Coverage

Insurance coverage for an MG 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 summary of your plan's covered services, costs and benefits.<sup>1</sup>
- **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.



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### Reference

1. Health insurance rights & protections. HealthCare.gov website. Accessed October 21, 2022. <https://www.healthcare.gov/health-care-law-protections/summary-of-benefits-and-coverage/>



**STEP 3:**

## Navigating the Authorization Process

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

Getting insurance coverage for these types of treatments may require a few extra steps in a process called a *prior authorization* or *preauthorization*. The process involves completing and submitting information to the insurance company, which could have one of two 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 review their decision about the denial.



**STEP 4:**

## Researching Cost Savings and Assistance Options

Based on the treatment plan determined by you and your doctor, 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.



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