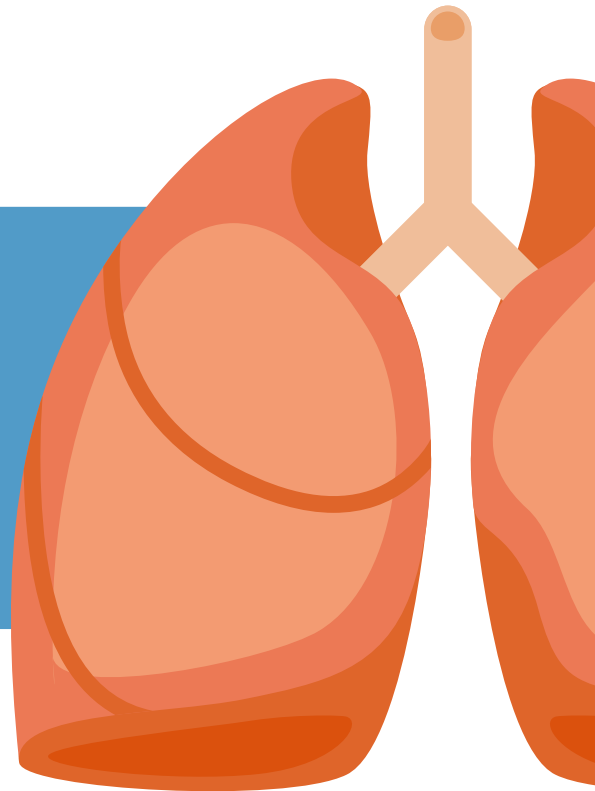


## Stay Informed:

### Understanding Insurance Coverage for Alpha-1 Antitrypsin Deficiency (Alpha-1) Augmentation Therapy

If you have been diagnosed with Alpha-1 and prescribed augmentation therapy, your insurance company will need to approve coverage for the augmentation therapy.



#### The Standard Process

##### Insurance basics

When an insurance company pays for all or part of a medication, they are **covering** the medicine.

The amount the insurance company pays for or “covers” may vary depending on the prescribed medication and the type of insurance plan you have. Even if an insurance company covers your medication, you may have to cover some costs.\*

##### Private or Commercial Insurance

If you get coverage through your employer or by purchasing a plan directly from a health insurance company, it's called private or commercial insurance.

##### Public Insurance

Public insurance includes Medicare and Medicaid, which are government insurance programs. These are available to individuals based on income, age, disability, and other qualifying factors.

\*Some patients may qualify to have out-of-pocket costs covered by the manufacturer of their augmentation therapy.

## The Standard Process (cont'd)

The standard process for getting your insurance to cover your prescription medications is as follows:



### Medication is prescribed

Your doctor prescribes a new medication.

If you have been on augmentation therapy and you've changed insurance, or you have received a notification from your insurance that your augmentation therapy no longer will be covered, you can follow this process too.

### A Prior Authorization (PA) is submitted

Your doctor submits clinical documentation to your insurance with a letter requesting prior authorization.

A PA is a step some health insurance companies require to make sure they cover certain prescriptions. Think of it as a quick check-in with your doctor and your insurance to confirm that a specific medicine is medically necessary and will be covered.



Sometimes the Specialty Pharmacy responsible for dispensing your medication can work together with your doctor's office to submit the proper documentation.



Most specialty medicines, including those for Alpha-1, require a PA from the insurance company before coverage is approved.

**If a PA is required, augmentation therapy will not be covered unless the PA is properly submitted and approved.**



### A claim is submitted

The billing department where you receive your augmentation therapy sends a claim to your insurance.

### Coverage is reviewed

The insurance company typically responds to the PA within 30 days by either approving coverage and agreeing to help pay for the medication, or denying coverage and leaving the medication costs uncovered unless the decision is appealed (see next page).



✓ Covered	✗ Not Covered
<p><b>Preferred:</b> Coverage is approved. Part or all of the medication will be paid for by the insurance company.*</p> <p><b>Nonpreferred:</b> The insurance company may have the patient try similar treatments that may cost less, before approving coverage for the prescribed higher cost option.</p>	<p>The insurance company denies the request to cover the medication.</p> <p>If you and your doctor would still like to pursue coverage, you have the option to begin an appeals process.</p> <p>Refer to page 4 for guidance on appealing your insurance company's decision about your coverage.</p>

\*Subject to plan details including your deductible, out-of-pocket maximums, and other factors. Please check with your insurer for specific coverage information.

## The Standard Process (cont'd)

How and where your augmentation therapy is administered can determine how your insurance covers it and how much you pay out of pocket.



### What to know about where you can get your augmentation therapy

Your healthcare team will identify a Specialty Pharmacy to dispense your augmentation therapy. You can also ask the pharmacy to let you know ahead of time how much your medication will cost based on your coverage; that way you won't have any surprises when you go to pick it up.

**Your augmentation therapy may be delivered and administered in a few different ways:**



#### Home

Augmentation therapy is provided by a Specialty Pharmacy. The Specialty Pharmacy can deliver your augmentation therapy to your home for administration.



#### Infusion Center

Augmentation therapy can be administered by a healthcare professional at an infusion center.



#### Outpatient Center

Augmentation therapy can be administered by a healthcare professional at an outpatient center or hospital setting.

Augmentation therapy can be covered under 2 types of benefits:

#### Medical Benefit



Generally refers to medical products given by a healthcare professional and administered in a medical setting (eg, doctor's office, hospital, outpatient infusion center).

Medicare Part B generally will align with the medical benefit in commercial insurance.

#### Pharmacy Benefit



Generally refers to medical products distributed at a Specialty Pharmacy and taken at home.

Medicare Part D generally will align with the pharmacy benefit in commercial insurance.

Certain products, like augmentation therapies, can be covered under both the medical and pharmacy benefits. It is important that the claim be processed appropriately as either pharmacy or medical benefit. The way a medicine is administered can influence whether the medication can be covered under more than one benefit type.

## The Appeals Process

What can I do if my insurance denies coverage for the medication my doctor has prescribed or my coverage has suddenly stopped?

Insurance companies may deny coverage for a variety of reasons including:

- An issue with the PA could mean they require more information to approve coverage
- They want to check if you can begin treatment with a different medication
- There was a request for additional information from your healthcare provider explaining why this treatment is medically necessary

If coverage is denied, you and your medical team have the option to start an appeals process to request a reconsideration of the decision. As part of this process, your medical team can support your case by writing to your insurance company and providing clinical rationale for the medication you need. There are a few different ways your doctor and medical team can support you in this process. Talk with your doctor about what materials are needed.

Sample letters and checklists for the appeals process for you or your doctor can often be found through patient support sections of your prescribed medication's website.



The amount of time you have for the appeals process may vary—be sure to check with your insurance company about any potential deadlines, and ensure both you and your doctor are aware of timing.

### Who is involved in my appeal?



Your doctor is important to the appeals process because they can help explain to the insurance company why you need the augmentation therapy you were prescribed.



Specialty Pharmacies may be involved in submitting PAs and working with your insurance company through an appeal.



The billing department can act as a bridge between your medical provider and the insurance company to help advocate for coverage during the appeals process.



While your doctor may help submit materials on your behalf, you can also submit an appeal and work directly with your insurance company. It is important to stay informed on the process and speak with your doctor or the patient support team offered by the manufacturer of your medication if you have any questions or concerns.  
**You are your best advocate to work with your doctor and/or insurance to ensure the best outcome.**



The insurance company is involved in either approving or denying your claim.



Patient support may be available through the company that makes your medication.