



# Chronic Pancreatitis Patients KNOW YOUR RIGHTS

## Chronic Pancreatitis Diagnosis and Treatment

Chronic pancreatitis (CP) is gradual and worsening inflammation of the pancreas.<sup>1</sup> This inflammation often results in permanent damage to the pancreas, the inability to digest food properly, and the inability to naturally produce insulin, which can lead to diabetes.<sup>2</sup>

The most common symptom of chronic pancreatitis is abdominal pain. This pain may spread to the back or worsen with eating and drinking. Other signs and symptoms of CP include nausea, vomiting, weight loss, and diarrhea.<sup>3</sup> Symptoms vary greatly between individuals with CP.<sup>4</sup>

Patients with CP require a variety of treatments and services to reduce their symptoms and improve their quality of life. Given that CP causes significant pain, pain management treatment must be tailored to the individual based upon the how much inflammation there is and what factors caused the inflammation.<sup>5</sup> Pain management strategies include opioid and non-opioid pain medications, placement of a plastic tube in the pancreatic duct to avoid narrowing, surgery to widen the pancreatic duct, surgery to remove inflamed tissues, surgery to remove the pancreas, and antioxidant therapy.<sup>6</sup>

Patients with CP may not produce the digestive enzymes needed to properly digest food, and consequently may suffer from malnutrition.

This condition is called exocrine pancreatic insufficiency (EPI).<sup>7</sup> CP patients experiencing this complication may need to take a prescription medication to help replace those digestive enzymes to aid digestion and nutrient absorption. This treatment is known as pancreatic enzyme replacement therapy (PERT).<sup>8</sup>

Given that the pancreas produces insulin, chronic pancreatitis can result in decreased insulin production. Consequently, people living with CP are more likely to be diagnosed with diabetes<sup>9</sup> and may need to receive insulin therapy as well.<sup>10</sup>

It is important to treat CP as soon as possible because the more inflammation that occurs, the more likely it is that this inflammation will cause irreversible damage to the pancreas and that treatment will become less effective.<sup>11</sup>

Health insurance companies can take a number of steps to reduce their costs. This can mean your health plan may not cover certain CP treatments prescribed by your doctor, or the plan may require you to take a number of steps before your treatment is approved.

The good news is that there are state and federal laws in place that may protect you from these practices.

To find out if your health insurer delayed or denied the CP treatments prescribed by your doctor, ask yourself the following questions:

### Step Therapy

*Did my insurer make me try a different treatment before covering the CP medication or therapy that my care team prescribed?*

This practice is called “step therapy” or “fail first” because it requires patients to try other treatments first and demonstrate that they do not work. Your insurer may require you to try and fail on a different CP therapy before covering the one prescribed by your care team.<sup>12</sup> This can lead to delays in access to medically necessary treatment, which in turn, can result in disease progression, including increased damage to the pancreas, increased malnutrition, and the development of diabetes.<sup>13</sup> Step therapy policies may be against federal or state laws if your insurer treats you and others with similar diagnoses differently because of your health condition.<sup>14</sup> Additionally, you may be entitled to an exception from the step therapy process.

### Nonmedical Switching

*Is my insurer forcing me to take a different medication, even though my current CP treatment is working, by refusing to cover it any longer or increasing my co-pay?*

This practice is referred to as “nonmedical switching.” It occurs when your insurer (not your health care professional or pharmacist) forces you to switch from your current CP medication to a different (but not a generic equivalent) medication by either refusing to cover your drug any longer or increasing the out-of-pocket cost of your drug.<sup>15</sup> This commonly occurs with PERT medications.<sup>16</sup> However, these treatments may not be identical, and the switch can upset the patient’s stability and expose him or her to unnecessarily negative health outcomes, including abdominal pain, intestinal obstruction, and increased incidence of steatorrhea and rectal prolapse.<sup>17</sup> Nonmedical switching may violate certain states’ consumer protection laws.<sup>18</sup>



## Prior Authorization

*Do I need to get my insurer's approval before I can begin or continue my prescribed CP treatment?*

This practice is called “prior authorization.” It happens when your insurer requires you or your doctor to contact your insurer and get approval before the treatment is covered. Prior authorization policies can delay or interrupt care, waste time, and complicate medical decisions, as well as negatively impact clinical outcomes.<sup>19</sup> These policies can violate state and federal laws if applied in a certain manner.



## Copayment Accumulators

*If I receive coupons or discounts to help pay for my medication copays, does my insurer prohibit those coupons or discounts from counting toward my annual deductible?*

This policy is known as a “copayment accumulator.” Increasingly, insurers are refusing to apply drug manufacturer coupons used by patients with CP to help pay for their medication out of pocket against a patient’s annual deductible.<sup>20</sup> Copayment accumulators force patients to pay more out-of-pocket when copayment assistance runs out and the insurance deductible has not been met. These policies are frequently buried in the fine print of insurance contracts and may violate state consumer protection laws.<sup>21</sup>



# My insurer refuses to cover a CP treatment or therapy that my health care professional prescribed to me. **What can I do?**

If your insurer refuses to cover your treatment, here are three steps you can take to change your insurer's decision:

- Appeal the decision;
- Request an external review; or
- File a complaint.

## How do I appeal the decision?

If your insurer denies your claim, you have the legal right to an internal appeal.<sup>22</sup> This means you can ask your insurer to conduct a full and fair review of its decision. To appeal the denial, you should do the following:

**Review the determination letter.** Your insurer should have sent you a determination letter to tell you that it would not cover your claim. Review this document so you can understand why your insurer denied your claim and how you can appeal the denial.

**Collect information.** Collect the determination letter and all other documents the insurance company sent you. This includes your insurance policy and your insurer's medical necessity criteria. "Medical necessity criteria" refers to your insurer's policy for determining whether a treatment or service is necessary for your condition.<sup>23</sup>

**Request documents.** If you did not receive the determination letter or do not have your policy, the medical necessity criteria, or the instructions and forms for filing an appeal, call the insurer's customer service representative and ask for these documents. The company website will list the toll-free telephone number to call.

**Call your health care provider's office.** The health care professional's office or clinic has people on staff to help with the appeal process. They will tell you how to fill out the forms to request an appeal, write an appeal letter on your behalf, or handle the appeal request for you.

**Submit the appeal request.** It is important for you or your health care professional's office to submit the appeal request as soon as possible along with the letter from the health care professional and all additional information the insurer requested.

Once you file an appeal request, expect to wait up to 30 days to hear back from the insurance company regarding a treatment you hope to receive. It can take up to 60 days for a response if you received the treatment and are waiting for reimbursement.

**Follow up.** Follow up with your insurer regularly until you hear back. Be sure to keep a record of the name of any representative you speak with about the appeal, the date and time you spoke with that person, a confirmation number for the call, and a summary of your discussion.

## What if my insurer denies my appeal?

Under law, you are entitled to take your appeal to an independent third party for an "external review," which means the insurance company no longer gets the final say over whether to approve a treatment or pay a claim. The situation applies if the insurer denies your appeal or if your medical situation is urgent and waiting would jeopardize your life or ability to function.

## How do I request an external review?

To trigger an external review, file a written request with the independent organization within 60 days of the date your insurer sent you a final decision. The process should take no more than 60 days. However, in urgent situations requiring an expedited review, the process should take no longer than four business days. To find out whom to contact in your state to request an external review, please go to [www.CoverageRights.org](http://www.CoverageRights.org).

## How do I file a complaint?

If your insurer denies your coverage after the external review process, you can file a complaint with the insurance commissioner or attorney general in your state. To determine whom to contact and how to submit the complaint, please go to [www.CoverageRights.org](http://www.CoverageRights.org).

Your complaint should include the following information:

- The name, address, email address, and telephone number of the person filing the complaint (“Complainant”);
- The name of the insured individual, if different from the Complainant;
- The names of any other parties involved in the claim (for example, the plan administrator or pharmacy benefit manager);
- The name of the insurance company and the type of insurance;
- The state where the insurance plan was purchased;
- Claim information, including the policy number, certificate number, claim number, dates of denial, and amount in dispute;
- The reason for and details of the complaint; and
- What you consider to be a fair resolution.

You should also submit the following documents as supporting information:

- A copy of your insurance card;
- Copies of coverage denials or adverse benefit determinations from your insurer;
- Copies of any determinations made by internal and external reviewers;
- Any materials submitted with prior appeals and complaints;
- Supporting documentation from your health care professional;
- A copy of your insurance policy; and
- All responses from your insurer.<sup>24</sup>

## What happens after the insurance commissioner or attorney general receives my complaint?

The insurance commissioner or attorney general will assign someone to research, investigate, and resolve your complaint.<sup>25</sup> That person will examine your account, records, documents, and transactions.<sup>26</sup> He or she may question witnesses, request additional documents from other parties, and hold a hearing.<sup>27</sup> If the insurance commissioner or attorney general determines that the insurer violated laws or regulations, he or she may order the insurer to give you the requested coverage or compensate you.<sup>28</sup>

## Who should I call if I have any questions about filing a complaint?

To determine whom to call in your state, please go to [www.CoverageRights.org](http://www.CoverageRights.org).

- 1 The National Pancreas Foundation, Chronic Pancreatitis Causes and Symptoms, <https://pancreasfoundation.org/patient-information/chronic-pancreatitis/causes-and-symptoms/> (last visited Apr. 18, 2019).
- 2 The National Pancreas Foundation, Chronic Pancreatitis Causes and Symptoms, <https://pancreasfoundation.org/patient-information/chronic-pancreatitis/causes-and-symptoms/> (last visited Apr. 18, 2019).
- 3 The National Pancreas Foundation, Chronic Pancreatitis Causes and Symptoms, <https://pancreasfoundation.org/patient-information/chronic-pancreatitis/causes-and-symptoms/> (last visited Apr. 18, 2019).
- 4 John's Hopkins Medicine, Gastroenterology and Hepatology, FAQs About Chronic Pancreatitis [https://www.hopkinsmedicine.org/gastroenterology\\_hepatology/diseases\\_conditions/faqs/chronic\\_pancreatitis.html](https://www.hopkinsmedicine.org/gastroenterology_hepatology/diseases_conditions/faqs/chronic_pancreatitis.html) (last visited Apr. 18, 2019).
- 5 The National Pancreas Foundation, Chronic Pancreatitis Pain Management and Treatment, <https://pancreasfoundation.org/patient-information/chronic-pancreatitis/chronic-pancreatitis-pain-management-and-treatment/> (last visited Apr. 18, 2019).
- 6 The National Pancreas Foundation, Chronic Pancreatitis Pain Management and Treatment, <https://pancreasfoundation.org/patient-information/chronic-pancreatitis/chronic-pancreatitis-pain-management-and-treatment/> (last visited Apr. 18, 2019).
- 7 Daniel de la Iglesia-García et al., Efficacy of pancreatic enzyme replacement therapy in chronic pancreatitis: systematic review and meta-analysis, GUT (2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5530474/> (last visited Apr. 18, 2019).
- 8 The National Pancreas Foundation, Exocrine Pancreatic Insufficiency (EPI), <https://pancreasfoundation.org/patient-information/ailments-pancreas/exocrine-pancreatic-insufficiency-epi/> (last visited Apr. 18, 2019).
- 9 The National Pancreas Foundation, Chronic Pancreatitis Pain Management and Treatment, <https://pancreasfoundation.org/patient-information/chronic-pancreatitis/chronic-pancreatitis-pain-management-and-treatment/> (last visited Apr. 18, 2019); John's Hopkins Medicine, Gastroenterology and Hepatology, FAQs About Chronic Pancreatitis [https://www.hopkinsmedicine.org/gastroenterology\\_hepatology/diseases\\_conditions/faqs/chronic\\_pancreatitis.html](https://www.hopkinsmedicine.org/gastroenterology_hepatology/diseases_conditions/faqs/chronic_pancreatitis.html) (last visited Apr. 18, 2019).
- 10 American Diabetes Association, Insulin & Other Injectables, <http://www.diabetes.org/living-with-diabetes/treatment-and-care/medication/insulin/> (last visited Apr. 18, 2019).
- 11 The National Pancreas Foundation, Chronic Pancreatitis Pain Management and Treatment, <https://pancreasfoundation.org/patient-information/chronic-pancreatitis/chronic-pancreatitis-pain-management-and-treatment/> (last visited Apr. 18, 2019).
- 12 What is Step Therapy?, <http://www.steptherapy.com/what-is-step-therapy/> (last visited Apr. 18, 2019).
- 13 The National Pancreas Foundation, Chronic Pancreatitis Causes and Symptoms, <https://pancreasfoundation.org/patient-information/chronic-pancreatitis/causes-and-symptoms/> (last visited Apr. 18, 2019); Daniel de la Iglesia-García et al., Efficacy of pancreatic enzyme replacement therapy in chronic pancreatitis: systematic review and meta-analysis, GUT (2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5530474/> (last visited Apr. 18, 2019); John's Hopkins Medicine, Gastroenterology and Hepatology, FAQs About Chronic Pancreatitis, [https://www.hopkinsmedicine.org/gastroenterology\\_hepatology/diseases\\_conditions/faqs/chronic\\_pancreatitis.html](https://www.hopkinsmedicine.org/gastroenterology_hepatology/diseases_conditions/faqs/chronic_pancreatitis.html) (last visited Apr. 18, 2019).
- 14 Rahul K. Nayak & Steven D. Pearson, The Ethics Of ‘Fail First’: Guidelines And Practical Scenarios For Step Therapy Coverage Policies (Oct. 2014), <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2014.0516>.
- 15 Keep My Rx, What is Non-Medical Switching?, <http://www.keepmyrx.org/issues/non-medical-switching/> (last visited Apr. 18, 2019).
- 16 E.g., Department of Defense, Dep't of Def. Pharmacy and Therapeutics Committee Recommendations, <https://www.health.mil/Reference-Center/Meeting-References/2019/03/14/Background-Information-March-27-2019> (last visited Apr. 23, 2019).
- 17 Yvette C. Terrie, Understanding Pancreatic Enzyme Products, Pharmacy Times, <https://www.pharmacytimes.com/publications/issue/2008/2008-12/p2ppeps-1208> (last visited Apr. 23, 2019).
- 18 Consumer Reports, Promoting Access to Affordable Prescription Drugs: Policy Analysis and Consumer Recommendations for State Policymakers, Consumer Advocates, and Health Care Stakeholders, <https://advocacy.consumerreports.org/wp-content/uploads/2016/08/Promoting-Access-to-Affordable-Prescription-Drugs-Aug-2016.pdf> (last visited May 17, 2019).
- 19 Prior authorization: Caught in an administrative nightmare, Urology Times (Apr. 5, 2017), <https://www.urologytimes.com/modern-medicine-feature-articles/prior-authorization-caught-administrative-nightmare>.
- 20 They're Called ‘Co-Pay Accumulators,’ and They're a Way Insurers Make You Pay More for Meds, Los Angeles Times (Apr. 27, 2018) <http://www.latimes.com/business/lazarus/la-fi-lazarus-healthcare-copay-accumulators-20180427-story.html>.
- 21 Aimed Alliance, Copay Accumulators, <https://aimedalliance.org/copay-accumulators/#AZ> (last visited Apr. 23, 2019).
- 22 How to appeal an insurance company decision, Healthcare.gov, <https://www.healthcare.gov/appeal-insurance-company-decision/appeals/> (last visited July 19, 2018).
- 23 E.g., N.M. Admin. Code. 13.10.17.7 (2018).
- 24 Complaint to Federal Government Agency: Patient, Legal Action Center, <https://lac.org/wp-content/uploads/2016/04/10-Patient-Federal-Complaint.docx> (last visited July 19, 2018).
- 25 E.g., State of Alabama, Department of Insurance, <http://www.aldoi.gov/Consumers/ConsumerServicesBio.aspx> (last visited July 19, 2019); Ala. Code Ann. §§ 27-2-7, 27-2-19 (2017).
- 26 Ala. Code Ann. § 27-2-20 (2017).
- 27 Ala. Code Ann. § 27-2-26 (2017).
- 28 Ala. Code Ann. § 27-2-7 (2017).