

Table 1: Categories of Insurance Coverage and Related Issues

1. **Pharmacy Benefit:** Entirely covered under the person's pharmacy benefits (i.e., the provider sends the prescription to a pharmacy, the pharmacy bills the insurer if covered, and the medication is sent to the clinic where the person receives the injection).
2. **Medical Benefit (Prior Authorization):** Fully compensated as part of the person's medical benefits, aka "buy and bill" (i.e., the clinic purchases the medication and charges the insurer after the injection is administered. It is sometimes difficult for the clinic to know if the medication is covered, and the clinic is on the hook for the cost of the medication if not. Prior authorization and pre-determination processes assist the clinic in gauging whether the medication will likely be paid for by the insurance company).
3. **Medical Benefit (Coverage Uncertain):** Covered under the medical benefits; however, the payment isn't guaranteed (i.e., the clinic may be on the hook for the medication, and it isn't clear if it's covered until after the client is injected, and a claim is submitted; there may be no prior authorization requirements).
4. **Insurance Deductibles:** Partially covered due to the person needing to first meet a deductible.
5. **Not on Formulary:** Not included on the insurance company's formulary, which implies that it is not recognized as either a medical or pharmacy benefit and therefore not accessible to the patient. The person could pay out of pocket, but the cost is generally prohibitive.