

# TABITHA'S TIPS AND TALKS

*Your weekly connection to education, events, and inspiration!*

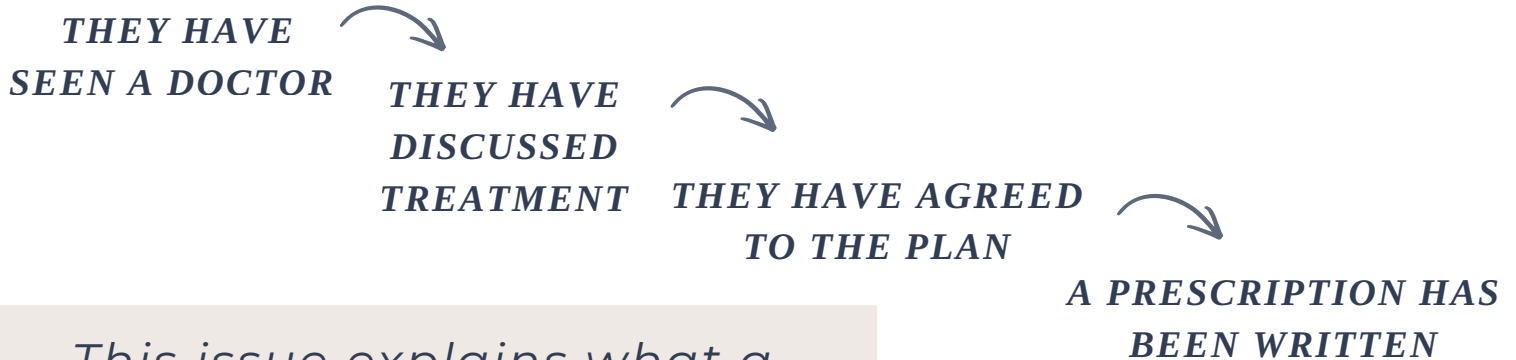
**FEBRUARY 2026**



## WHEN A MEDICATION IS DENIED...

**HOW THE PROCESS ACTUALLY WORKS**

*By the time a medication is denied, most people have already made several decisions.*



*This issue explains what a denial actually means, how the process usually unfolds after it happens, and what decisions families typically face next.*







**A DENIAL INTERRUPTS THAT FORWARD MOTION**

# WHAT IS A MEDICATION DENIAL?

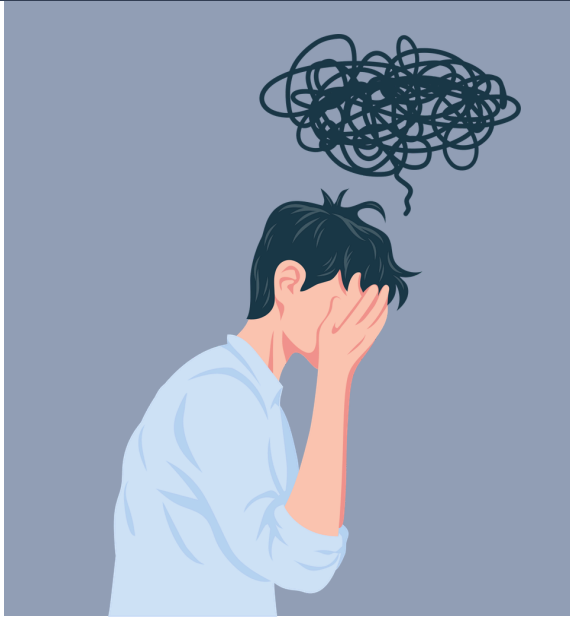
*A medication denial is a coverage decision, not a medical one. The insurance plan is saying that, based on its **rules**, it will **not pay** for that medication at that point in the process.*

## THE MOST COMMON REASONS ARE:

-  *The medication is not on the plan's formulary*
-  *Step therapy has not been completed*
-  *A prior authorization was required but not approved*
-  *The plan does not cover that medication for the diagnosis listed*

*The medication itself has not been judged as ineffective or unnecessary. The plan has applied its coverage criteria.*

# HOW PEOPLE USUALLY FIND OUT...



*In practice, denials are usually discovered in one of three ways:*



The **pharmacy** says the prescription **cannot be filled**



The **pharmacy** says the medication **requires approval**



A **notice** arrives by **mail** or through an **online portal**

*The pharmacy is often the first place people encounter the denial, even though the decision was made by the insurance plan. At that point, the **prescription is paused.***

## WHAT HAPPENS BEHIND THE SCENES AFTER A DENIAL?

*Once a denial occurs, several things typically happen in sequence.*

1

### **THE PHARMACY NOTIFIES THE DOCTORS OFFICE**

*The notice explains why the claim was rejected. Nothing moves forward until the doctor's office reviews it.*

**2**

## **THE DOCTORS OFFICE REVIEWS THE REASON FOR DENIAL**

*The staff looks at the denial reason and determines what the plan is asking for. They review whether it is a prior authorization issue, step therapy requirement, or a medication excluded from coverage. Each answer leads to a different next step.*

**3**

## **A DECISION IS MADE ON HOW TO PROCEED**

*At this point, the doctor's office usually chooses one of several paths based on medical appropriateness, likelihood of approval, time involved, and the availability of alternatives. This step is often happening without direct communication to the patient unless someone asks.*

# **THE REALISTIC OPTIONS AFTER A DENIAL**

*Once the reason for denial is clear, these are the options that usually exist:*

## **SUBMITTING ADDITIONAL INFORMATION**

*If the plan needs more detail, the doctor's office may submit:*

- *Diagnosis information*
- *Medical history*
- *Documentation of previous medicines tried*
- *Notes explaining why alternatives are not appropriate*

*Approval can take days or longer, depending on the plan.*

## **FILING AN APPEAL**

*An appeal is a formal request asking the insurance plan to reconsider its decision. Appeals involve documentation and review. They are not immediate. Appeals may be approved or denied based on how well the request meets the plan's criteria.*

## **SWITCHING TO A COVERED MEDICINE**

*In some cases, the most efficient option is switching to a medication the plan already covers, especially when approval timelines are long, treatment needs to begin soon, or a covered alternative is acceptable. This is a practical decision based on timing and access.*

## **REQUESTING A FORMULARY EXCEPTION**

*If the medication is not on the formulary, the doctor can request an exception. This is a request for the plan to cover a medication it normally would not.*

*Exceptions are typically considered when:*

- *Other medications in the same class were tried*
- *Side effects occurred*
- *Standard options are not appropriate*

*Exceptions may be approved temporarily or for a longer period.*

## **PAYING OUT OF POCKET**

*Denials take time to resolve because:*

- *Multiple parties are involved*
- *Paperwork moves in batches*
- *Follow-up is required*
- *Each step depends on the previous one*

*Progress depends on coordination, not urgency. Knowing this helps set realistic expectations.*

## **WHY ARE CAREGIVERS OFTEN INVOLVED?**

*Caregivers are frequently the ones coordinating pharmacy communication, follow-up with the doctor's office, insurance calls, and status updates. This is not formalized in the system, but it is often how the process moves forward.*

# WHY JUST US IS EXPLAINING THIS

*We explain this so people understand what a denial means, what usually happens next, which options exist, and where decisions are actually being made. This information allows families to plan, follow up appropriately, and make informed choices rather than guessing. The goal is **preparation**.*



## HOW THIS CONNECTS TO PLAN REVIEWS...

*Plans differ in...*

- ✿ How often medications are denied*
- ✿ How strict step therapy rules are*
- ✿ How frequently prior authorizations are required*

*When reviewing plans, access matters as much as cost. A lower premium does not always mean easier medication access.*

# IF YOU'RE READING THIS AND THINKING...

*"If I'm honest, I wish I had made an appointment during Open Enrollment..."*

*You may still have options. In some situations, we may be able to help you find a new plan.*

## ONE LAST THING!

*A medication denial is not a final outcome. It is a decision point within a longer process. Understanding the process makes it easier to move through.*



## TABITHA SAYS:

*Insurance rules apply broadly, but medical needs are individual, and that is often where confusion happens. My role, and Just Us's role, is to help you understand how those rules work so you can make informed decisions without being caught off guard. We will continue breaking this down, one system at a time, so you feel prepared instead of surprised.*

# STAY IN TOUCH

Below are some ways you and your loved ones can stay up to date with our upcoming events, educational seminars, and webinars. You can find our funny Tiktok's posted here as well!



[WV MEDICARE QUESTIONS](#)

Click above to see our private Facebook Group, where you can find trusted advice from our experts.



[JUST US RETIREMENT SOLUTIONS](#)

Click above to see our Just Us Retirement Facebook page where we keep you up to date on educational content and events



[OUR YOUTUBE](#)

Click above to see our Just Us Retirement YouTube, where we frequently post our funny videos and webinars.



## TABITHA SAYS:

If you're not following us on social media yet, you're missing out! We post valuable Medicare tips, behind-the-scenes insights, and updates to help you stay informed and empowered in your journey. Our goal is to make complex topics simple and give you the tools to make the best decisions for your future.

## FIVE-STAR REVIEW



Tabitha Justice's team was recommended to us by our Social Security lawyer, David Pence. We were assigned Stacey Bowles as our agent and she has been incredible. Very professional, educated and thoughtful. My husband is a disabled Veteran and Stacey was able to get us the best policy as well making sure we completely understood our options. Great company!

*Kerry A.*



# WE ARE HERE FOR YOU!

*We know that planning for the future—whether it's healthcare, retirement, or long-term care—can feel overwhelming. These are big decisions, and sometimes, they're not the easiest to talk about. But you don't have to navigate them alone.*

*We're here to support you every step of the way. Whether you have questions, concerns, or just need guidance on where to start, our team is always ready to help. No pressure, no obligation—just honest, straightforward support tailored to your needs.*



## OFFICE LOCATIONS



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**IF YOU'D LIKE AN APPOINTMENT, FEEL FREE TO GIVE US A CALL , OR VISIT OUR WEBSITE**

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