



Women's Hormone Center of Northern Virginia, PC.

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IMPORTANT NOTICE CONCERNING "PREAUTHORIZATIONS"

Insurance companies are becoming more and more obstructive to my ability to practice medicine. Specifically, I am receiving more and more requests in recent months to perform "preauthorizations" before my patients can get their medicines "covered" by their insurance companies. This used to happen primarily for expensive medicines, but now I am even seeing requests for "preauthorization" for drugs like levothyroxine, which I prescribe multiple times a day and which is the most commonly prescribed medicine in this country. The irony is that 90 pills of levothyroxine can be purchased at Walmart for \$10 without any insurance. Nevertheless, insurance companies want to force me to spend much of my time answering all sorts of senseless questions to convince their staff of clerical obstructionists why my patient needs this or that medicine.

First, this is offensive to me as someone who has been practicing medicine for 35+ years and has achieved at least some level of expertise at what I do. Why should I have to explain my decisions to these people? They haven't even gone to medical school let alone met or examined my patients. Why do they get to have any say over what I prescribe? I trained to be a healer, not a professional benefits manager.

Secondly, these added roadblocks do absolutely nothing to improve medical care. In fact the opposite is true. They are purposely designed to OBSTRUCT medical care. I used to think that they did this to train doctors (like Pavlov's dogs) to prescribe only cheap medicines instead of other more costly medicines that may be superior. After all, all they care about is keeping your premium dollars, not quality of care. But now they are even creating problems with cheap generic medicines such as levothyroxine. Perhaps they just don't want patients taking any medicine at all.

Thirdly, there seems to be a particular resistance by insurers particularly by Medicare plans to "cover" hormonal products for women. Sometime I'm asked if the med is for "someone transitioning from one sex to another" rather than just for menopausal hormone replacement. Perhaps the needs of menopausal women are somehow not as important as the needs of transsexuals in their eyes. In my opinion, this is the true "WAR ON WOMEN" that we have been hearing about.

And fourthly, even after I attempt to jump through their many and ever changing hoops by doing these "preauthorization" exercises, the patient is often "denied" coverage anyway, another slap in the face.

Sadly, I have no power over your insurance company. The only people who have power over them are the people who pay their premiums and various government agencies. So I cannot control their demands. And after spending 14 hours in the office yesterday and regularly spending several hours every day dealing with this systematic abuse by insurance companies, I have finally had enough.

So my choices are few. 1) I could retire now, leave my patients without a hormone doctor and go pursue other options that don't involve insurance companies. That option is becoming more and more attractive. I'm

thinking I could be a really good cashier at Wegmans. 2) I could simply refuse to do any pre-authorizations ever, again leaving my patients with little recourse. Also a more and more attractive option. 3) I could try to minimize the preauthorization requests and charge my patients for my time which makes the process a little less painful and less draining.

So for now, I have chosen the latter. Starting immediately, I will strongly encourage my patients to fill their prescriptions using discounts available from on-line sites like GoodRx.com or through the drug discount program at Walmart instead of allowing the pharmacist to submit claims for payment to their insurance company. Often this option is even cheaper than the insurance copay. I regularly already try to prescribe the most cost effective options for things like estrogen and thyroid, and will continue to do such. For example, the cost for a month supply of generic estrogen patches purchased at Walmart with the GoodRX.com discount is about \$40. Similarly, 90 pills of levothyroxine purchased at Walmart is \$10. And 90 pills of NP thyroid (pig thyroid) at Walmart with the GoodRx.com discount is about \$40. All of these prices seem reasonably affordable to me. Unfortunately, not all meds are available inexpensively through these means. For example, the cost of 28 pills of Prempro remains about \$175.

If all your medicines are obtainable inexpensively by avoiding the insurance morass in this manner, then the problem is solved. No more pre-authorization requests since the insurance companies are cut out of the transaction. However, if you are on a medicine that is less affordable and you need to submit it to your insurance for coverage or send it to your mail order pharmacy, then I will continue to do any preauthorization forms that are required by your insurer for a fee of \$75 per form. In some cases you should know that insurers send more than one form for one drug. I fill one out, send it in, and then they send another form with "further questions". That will generate a second charge. This can become expensive, but please remember that it is your insurance company that has created this problem, not your doctor.

So from now on, when I receive a notice from the pharmacy that a "preauthorization" is required, I will have the pharmacy contact you to inform you of such. Your options at that point will be any of the following: 1) Check GoodRx.com to see if their discount price for that medicine is acceptable to you and ask the pharmacy to fill using the Good RX discount code which you can provide to them and cut the insurer out of the loop. If the price would be cheaper at another pharmacy like Walmart, you can have the pharmacist transfer the prescription to that other pharmacy. Virginia pharmacies are required by law to do this if requested. Out of state mail order pharmacies are not, so if you need a new prescription sent to a new local pharmacy you will need to call us to do such and that will incur a script duplication fee of \$25. So you might want to check all cost options before sending script to your mail order pharmacy. 2) You could simply pay the list price at the initial pharmacy. 3) If you decide to proceed with the preauthorization, you will need to contact your insurance company directly and obtain from them a faxable "preauthorization form", fill out your part including your insurance membership information, and then forward that form to us by fax if you like, pay our fee, and I will fill it out as accurately as possible and send it to them. Then pray that they are in a good mood that day and will approve the "preauthorization", again, with no guarantee from me. 4) You could of course transfer care to someone in a large group who can afford to pay staff to do all of this unnecessary paperwork required by your insurer. 5) You could put pressure on your elected officials to change the laws to eliminate third party payment for medicines (which would be the most efficient way to lower cost of drugs and make them affordable without insurance.) Remember, drugs were always affordable in the past before we started expecting and allowing third parties to pay for them. Medicare Part D, the drug plan passed during the George W. Bush administration, caused a tremendous, across the board inflation in drug prices. The more they are "covered" the more they cost and the more power insurance companies have over you and me. So take them out of the loop and drug prices will plummet.

I wish this were not necessary, but again, I did not create this problem. The current situation is no longer tolerable. I'm sorry for this added inconvenience.

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