

Glossary of Insurance Terms

This resource can help you understand insurance terms you may come across after your healthcare provider prescribes a Pfizer migraine medication.



Appeal

A request for your insurance plan to reconsider a decision that denies a benefit or payment. The request is voluntary and can be started by you or your healthcare provider.

Commercial (private) insurance

An insurance plan provided through your employer, or purchased directly by you or a family member.

Copay

An amount you may be required to pay as your share of the cost for a prescription medication each time you fill your prescription. It is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a prescription medication.

Denial letter

A letter explaining the specific reasons why your prescription insurance plan decided not to cover your medication for you. This letter may be sent by mail or may be available in your insurance plan app or website.

Explanation of benefits

A statement from your prescription insurance plan that lists any out-of-pocket costs that you will be responsible for and what costs the plan will cover for your medication.

Formulary

A list of prescription medications covered by your insurance plan. The insurance plan may use additional terms to classify prescription medications on its formulary, such as:

Covered: The medication is included on the formulary

Not covered: The medication is excluded from coverage, but your healthcare provider can still request coverage through certain processes that your insurance plan has in place

Preferred: The medication has a lower cost than other drugs on the formulary used for the same type of treatment

Non-preferred: The medication has a higher cost compared to other medications used for the same type of treatment

Non-formulary: The medication is not included on the formulary, but your healthcare provider can still request coverage through certain processes that your insurance plan has in place

Government insurance

Insurance plans offered through federal, state, and local governments.

Health insurance provider

An insurance provider that covers some or all of your healthcare costs. This provider may cover both medical services and prescription medications. If your insurance card does not include information such as Rx BIN and Rx PCN numbers, your prescription medication insurance may be handled by a different provider. See **"Prescription drug insurance provider"** below for more information.

Letter of Medical Necessity

A letter written by your healthcare provider that some health insurance providers may require during the authorization process. In the letter, your healthcare provider will state why a specific medication is the right therapy for you.

Out-of-pocket costs

Prescription costs you will pay on your own that are not covered by your insurance plan.

Prescription drug insurance provider

An insurance provider that focuses on coverage for prescription medications. This provider may also be called a pharmacy benefit manager (PBM). The prescription medication insurance provider works with the healthcare provider's office to make sure that the right information has been provided to support an approval of coverage for the medication.

Prior authorization (PA)

An authorization that your healthcare provider will need to gain approval from your prescription drug provider before they will begin paying for your medication. The authorization requirements are specific to your prescription drug coverage, and your healthcare provider's office will work with the prescription drug insurance provider to understand what information is needed.

Reauthorization (RA)

A renewal of your PA for your medication after a certain amount of time, such as 6 or 12 months. As part of an RA request, your insurance plan may require additional medical records showing that the medication is still necessary for you.

Retail pharmacy

The drug store where you pick up your prescriptions or, if available, receive them through home delivery. You provide your pharmacy with information about your prescription drug insurance provider and they have information in their system that can check what prescription benefits are included in your insurance plan.



Reach out to a Pfizer Migraine Patient Access Coordinator:

- Call **1-866-222-4183**, Monday-Friday, 8 AM-8 PM ET
- Visit pfizermigrainepatientaccess.com or scan the QR code