

# September 2020 Newsletter



## Financial Help for MS Medications

The most common ways people with MS pay for their prescription medications in the United States are through commercial or private insurance (which is typically obtained through one's employer), publicly or government-funded insurance (such as Medicare and Medicaid), or patient assistance programs for the uninsured. Even with insurance, many have substantial out of pocket costs for their treatments. A surprising number of plans pay nothing for prescription medications or have extremely high copays or deductibles. It's easy to see how paying for these expensive medications could break the bank for many families. Thankfully, there are numerous resources that can help.



Since the Affordable Care Act went into effect in 2014, people in the United States with pre-existing conditions like MS can no longer be denied health insurance. Many formerly uninsured people now have health insurance as a result of this law and help with the cost of premiums is available to low and middle-income families. The [Health Insurance Marketplace](#) is a service that helps people without coverage shop for and enroll in affordable health insurance. The federal government runs the Marketplace in most states. The federal program can be accessed by visiting [HealthCare.gov](#). Some states don't

participate in the federal program and run their own Marketplaces instead. These states include California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, Nevada, New York, Rhode Island, Vermont and Washington. Individuals in these states must visit the [state's website](#) in order to apply for and enroll in health coverage. People with MS who cannot work due to MS-related disability may also be entitled to Social Security Disability Insurance (SSDI) and possibly also Supplemental Security Income benefits. Information is available on the [Social Security website](#), or individuals can check with their healthcare provider to see if they qualify based on their level of disability.



For the uninsured or underinsured, most manufacturers of MS medications have patient assistance programs that supply medication to eligible individuals free of charge. These

programs have eligibility requirements that are usually based on income. In general, they are available to those without insurance, individuals with Medicare (who, for example, have extremely high, unaffordable copays), or those whose insurance has denied coverage for a particular treatment. The vast majority of those without health insurance are approved for free drug. Additionally, each drug company also has their own manufacturer support program which offers a variety of services that are available whether an individual has insurance or not. For example, Biogen's program is called [Above MS](#) for those taking Tysabri, Avonex, Plegridy, Tecfidera or Vumerity, Sanofi Genzyme offers [MS One-to-One](#) for those taking Aubagio and Novartis runs the [Gilenya Go Program](#) and the [Alongside Mayzent](#) program. The [National MS Society](#) and the [Multiple Sclerosis Association of America](#) both maintain a comprehensive list of patient assistance programs for many medications. Services these programs offer may include in home or over the phone nurse injection training for injectables, access by phone to nurse educators for questions about the medication or about MS in general. Individuals may also be assigned a patient navigator or coordinator who can answer questions and check on them during treatment.

The process of accessing these resources is relatively straightforward. All MS medications have what is generally referred to as a start form, which needs to be submitted to access the manufacturer support program for the specific medication a person is starting or currently taking. Start forms can be downloaded from the medication's website and are also available in most MS clinics. Each form has a section for the patient to fill out and a section for the provider to complete. Individuals receiving care at smaller community-based clinics (which may not have start forms available) can print it at home, complete the patient section and give it to their doctor to finish and submit.

**GILENYA® (fingolimod) Start Form and Prescriptions Fax 1-877-428-5889 Phone 1-800-GILENYA (1-800-445-3692)**  
Please complete all fields indicated to prevent any delays in filling the prescription. Please include copies of both sides of all insurance plan cards. Attn: New York Prescribers Please submit prescription on original NY state prescription forms.

**1. Patient and Insurance Information**  
⊗ Cannot process form without this completed

First Name	Last Name	Name of Caregiver/Alternate Contact
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (MM/DD/YYYY)	Insurance Name(s)
Home Phone	Cell Phone	Beneficiary/Cardholder Name(s)
E-mail Address (To make more communications convenient and paperless)		Insurance ID Number(s)
Address (For patients in Puerto Rico, please provide physical address)		Group Number(s)
City	State	Insurance Phone Number(s)
ZIP	OK to leave a GILENYA message on: <input type="checkbox"/> Cell <input type="checkbox"/> Home Phone	Prescription Insurance Name
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		Prescription Insurance ID Number
		Phone

➔ **⊗ Cannot process form without this completed**

**X** Patient/Legal Guardian Signature  
I have read and agree to the attached Patient Authorization (page 2).

Date of Signature (MM/DD/YYYY)

I have read and agree to the Terms and Conditions for participation in the GILENYA Co-Pay Assistance Program on page 2.  
 I have read and agree to receive text messages and calls as explained in the Telephone Consumer Protection Act (TCPA) consent on page 2. (optional)  
 I have read and agree to the Novartis Patient Assistance Foundation (NPAF) and Fair Credit Reporting Act Authorization on page 2. (optional)



Drug manufacturers offer [copay cards](#) as a direct way to lower out of pocket costs for prescription medications for individuals with commercial or private health insurance. Copay cards are usually not need-based. They often have monthly caps or maximums for the amount of money they

will contribute toward a copay. They often require a person to re-enroll after a year or at the end of each calendar year. Some health insurance plans require extremely high deductibles that may be unaffordable. To provide assistance with this, manufacturer assistance programs also offer debit cards that can be applied toward one's deductible. Eligible individuals can enroll in these programs by filling out the start form discussed above.



There are a number of private foundations that provide direct financial assistance to those who cannot afford their prescribed medications. They each have their own requirements (typically income-based). Many require applicants to have some form of insurance but there can be restrictions on the type of insurance. Most programs require individuals to receive treatment in the United States and must be renewed each year. They offer a variety of benefits, from copay and coinsurance premium assistance to case

management services and reimbursement for travel expenses. The application process is different for each foundation. In general, it is quick and easy. Individuals can apply online or over the phone, or a pharmacy or provider's office can do it on their behalf (with their permission). Applicants are usually informed of their eligibility instantly, so patient care and access to medications isn't delayed. A foundation will usually grant a certain amount of money and when the grant runs out it can be renewed as long as there are still funds available and individuals still meet the eligibility requirement for assistance.



### **Private Foundations**

[Patient Assistance Network Foundation](#) (PANF) is only available to those with Medicare insurance. They offer financial assistance for all MS disease modifying therapies (except Rituximab), relapse medications, and medications for MS symptoms. Benefits also include case management services and reimbursement for travel expenses. Of note, PANF has a 90-day look back period which covers expenses applicants may have incurred in the 90 days prior to approval.

[HealthWell Foundation](#) is available to patients with either private or publicly funded insurance. They manage a diverse portfolio of [disease funds](#) and provide financial assistance for prescription copays, health insurance premiums, deductibles and coinsurance, pediatric treatment costs and travel expenses.

[Good Days Foundation](#) also offers financial assistance for copays, healthcare premiums, diagnostic testing and travel expenses. They cover a variety of [health conditions](#), including MS. To be eligible, individuals must have Medicare, military or federal medical insurance and 50% of the medication must be covered by insurance.

[Patient Advocate Foundation](#) offers financial assistance, patient education and case management services. Eligible individuals must be currently insured (Medicare, Medicaid or military benefits) and have some coverage for the medications for which they need assistance. In addition, applicants must be either currently on treatment, planning to begin treatment in the next 60 days or have been treated in the past 6 months.

[The Assistance Fund](#) is an open fund, meaning there are no limits on the assistance amount. The Assistance Fund provides financial assistance for copayments, coinsurance, deductibles and travel expenses. They currently manage nearly 70 disease programs,

including MS. To be eligible, individuals must have health insurance that covers a portion of their MS treatment.

Foundation assistance is always subject to the availability of funds and there is no guarantee money will be available. These funds open up sporadically throughout the year, sometimes for a very short time because they are depleted quickly. Applying for this type of financial assistance can be hit or miss, success often requires being in the right place at the right time. PANF created a helpful, free resource called [Fund Finder](#) that increases the chance of success. This service pulls information about each disease program's status from the foundation websites and allows anyone interested in obtaining this type of assistance to sign up for a text and/or email notification to let them know when a fund opens up so they can apply right away.



PANF also recently launched the [Disease Fund Waitlist](#), which allows people to get in line for assistance from a closed fund at PANF. This feature gives those on the wait list the first opportunity to apply for assistance when a fund opens (before the general public). Individuals can add themselves to the waitlist, or be added by their healthcare provider, pharmacist or caregiver. Enrollees must provide a valid email address when they sign up. Those on the waitlist are notified by email when funding becomes available for a specific disease state. Once notified, they have two business days to apply and are told within four business days whether or not they will receive a grant. Those not receiving assistance because funding runs out stay on the waitlist and move closer to the top for the next time the funding becomes available.



[NeedyMeds](#) is another free, online resource for people who are unable to afford their medications and health care costs. This is a one stop shop that provides all of the options for assistance for a specific medication (manufacturer assistance programs and private foundations). NeedyMeds also offers a pharmacy discount card that will lower the cost of certain medications. One thing to note, NeedyMeds will provide information on all available resources, regardless of whether or not they are open. The PANF's Fund Finder provides more specific information concerning when foundation funds open.

The process of obtaining financial assistance for MS treatments is not simple and it can be difficult for individuals to know the ins and outs of the process. The National MS Society has a team of [MS Navigators](#) in place to help with questions or concerns about paying for medications, changes in insurance coverage and other issues. Private insurance companies also may have representatives that can advise clients with chronic conditions, such as MS, on healthcare coverage and costs. Employers can provide the contact information of a representative, or it's also possible to contact the insurance company directly to find out who to talk to. Some MS clinics have someone on staff who's familiar with insurance issues and financial assistance programs. Individuals can also ask their physician or pharmacist who they can call for financial assistance.

Lisa Aquillano is a clinical pharmacist and Multiple Sclerosis Certified Specialist at Emory Healthcare in Atlanta. She works as a liaison in their outpatient MS Clinic to help manage the treatment for MS patients. In her words, "In addition to providing education to my patients about their medication, my favorite part of my job is to help patients gain access to their much-needed MS medications." When asked if she has any suggestions or tips to help make the process of obtaining financial assistance easier, she shares, "Contact the National MS Society and connect with an MS Navigator. These professionals help connect patients to the information, resources and support they need. There are so many resources available to patients with MS, and the MS Navigator Program will point you in the right direction based on your specific situation. In addition, it takes a lot of advocacy on the patient's part. Be your own advocate. Know that there is assistance available and ask your MS Navigator to help you find it. The manufacturer support programs are also extremely helpful. Make sure to fill out the start form, and have your provider fill out their portion, because it is going to start the process of getting you connected with all the resources available for that specific medication like copay cards, patient assistance programs and much more. If a patient applies for a grant with a private foundation or free drug from a manufacturer and gets denied, the patient can often appeal the denial. I've written letters of financial hardship for patients, sent them with the application, and the patient often gets approved. Patients can ask their provider's office for this type of application assistance. Even some specialty pharmacies have financial assistance programs to help patients afford the out of pocket costs of their medications. Again, be your own advocate. If someone tells you no



or you get denied for assistance, be persistent and keep asking questions. Sometimes just talking to someone different will give you a whole different answer.”

Living with MS and struggling with its symptoms is stressful in and of itself. Dealing with the costs of healthcare and MS treatments can add to that stress for those living with the disease. Fortunately, a number of financial and patient assistance programs are available to help. However, the person with MS, their friend or family member, will likely need to be a strong, persistent advocate to obtain the help they need. Knowing what’s out there, understanding the process and taking full advantage of any programs individuals are eligible for may relieve financial strain, help them feel more supported and allow them to focus more on things they enjoy.

