

Access to MS Treatments

How health plans cover
MS medications



What happens once I'm prescribed an MS treatment?

Your healthcare provider (HCP) may have prescribed a treatment for your MS. Health plans may cover only certain treatments, so it is important to learn which treatments your health plans cover.

IN THIS GUIDE YOU WILL LEARN

- How health plans cover different treatments
- Potential challenges to receiving your MS treatment
- What you and your HCP can do if coverage of a treatment is denied

Once your HCP writes a prescription, a few things will probably happen before you receive your treatment.

PRESCRIPTION WRITTEN

- Doctor prescribes a treatment for you or completes a treatment start form.
- Prescription is submitted to your health plan, or start form is submitted to a patient support program.
- Prescription may also be sent to a [specialty pharmacy \(SP\)](#), which handles specialty drugs such as those for multiple sclerosis (MS).

PRESCRIPTION IS PROCESSED

- Your pharmacy fills your prescription, and determines the price based on your health plan.
- SPs also can help with coordination of prescription.

TREATMENT PROVIDED TO PATIENT

- You may pick up treatment at a retail pharmacy.
- Treatment may be delivered by SP to patient's home or HCP's office.
- Treatment is administered at a hospital or a healthcare facility.

For more information on how your prescription will be processed, speak with your pharmacist or visit [pharmacist.com](https://www.pharmacist.com).



Please note: All health plans are different. This guide was designed to provide general information, and any specific questions about your plan's benefits or coverage should be directed to your health plan administrator.

Understanding your health plan medication benefits

Treatments for MS may be covered under a [pharmacy benefit](#) or a [medical benefit](#), depending on the type of medication. What you pay for your MS treatment and how you receive it will depend on the type of benefit and type of medication.

Pharmacy benefit

- Usually self-administered medications (orally, inhaled, or injected)
- Taken or administered at a patient's home
- Patients usually pay a [co-pay](#), though sometimes [coinsurance](#) (a fixed percentage) can be used

Medical benefit

- Usually administered by an HCP
- Typically administered at a physician's office, healthcare facility, or hospital outpatient center
- Patient usually pays a coinsurance

Your HCP will send your MS prescription to an SP if needed. Your SP might be part of your health system or hospital. In some cases, your health plan may require you to use a specific SP.

For more information on medical benefits and pharmacy benefits, speak to your local pharmacist or HCP.

CONSIDER THIS

Depending on which type of health plan you have, your benefits will be processed through either 1 or 2 cards.

- 1 card for both pharmacy and medical benefits
- 2 separate cards – 1 for pharmacy benefits, 1 for medical benefits

Health plans may cover MS treatments differently

Health plans use a preferred medication list, also called a [formulary](#), to manage treatments covered under the pharmacy benefit. Medications that are listed on a plan's formulary are those that the plan will help pay for, and a patient would pay a [co-pay](#) or [coinsurance](#).

EXAMPLE HEALTH PLAN FORMULARY FOR PHARMACY BENEFIT

	Tier 1	Tier 2	Tier 3	Tier 4
Type of medicine	Generic medications	Preferred brand-name medications	Non-preferred brand-name medications	Specialty drugs and biologics
Co-pay amount	\$5	\$35	\$55	\$75

For illustrative purposes only.

For MS treatments covered under the medical benefit, there is no tiered formulary list. However, health plans determine whether or not the treatments will be covered. If a medication is not covered, the plan will not pay anything, and the patient is responsible for the full price of the medication.

MS treatments are classified as [specialty drugs](#). Specialty drugs require special handling, administration, or monitoring. Because specialty drugs are generally for only certain patients, your health plan may put a [restriction](#) in place. This means there might be some approvals needed before you can get your treatment. For MS treatments, many health plans require an approval before it will help pay for the treatment.



MS One to One® nurses may be able to answer your questions.

Get in touch today by calling
1-855-676-6326.

Potential challenges to getting MS treatment

If you learn that your health plan has a restriction on your MS treatment, this doesn't mean you cannot receive it. There may be extra steps needed so that the health plan can ensure the treatment is right for you.



STEP THERAPY

If your health plan requires [step therapies](#), it means that you may need to try 1 or more treatments mandated by the plan before starting on the treatment your HCP prescribed.

In order to “step up” to the treatment originally prescribed, your HCP must show that the required treatment is not appropriate for you. Some plans may require a patient to fail more than 1 treatment before covering the 1 prescribed by the HCP.



PRIOR AUTHORIZATION

In many cases with MS treatments, approval from a health plan may be required before you can receive that treatment. This type of approval is known as [prior authorization](#). In order to obtain this approval, your HCP must provide additional information, such as why the treatment is needed. If the requirements are met, the health plan should cover the treatment.

You may also hear that a [predetermination](#) is required. This is like a prior authorization, but happens before the prescription is written or processed. The health plan's doctors approve the use and coverage of a treatment before the prescription is fully processed.

For more information about your health plan requirements, contact your health plan provider.

CONSIDER THIS

Most health plans make the approved medication list and specialty drug list available to patients, so researching the MS treatment you were prescribed may help you know what to expect.

How much will I have to pay for MS treatment?

The amount you have to pay for your MS treatment depends on your health plan benefits. If your treatment is covered, then your health plan will pay for some of the cost. Your out-of-pocket costs for treatment could be in the form of either a [co-pay](#) or [coinsurance](#). Often you must pay the deductible amount before co-pay or coinsurance takes effect.



CO-PAY

A co-pay is a fixed amount that you will pay for a treatment. This is paid whenever you pick up your treatment. The co-pay amount is determined by the health plan, and each health plan's policy will vary.



COINSURANCE

Coinsurance is a fixed percentage of the treatment cost that you pay. You start to pay coinsurance for a treatment after you have paid your plan's [deductible](#). For example, if your health plan has a \$2500 deductible, you must pay that \$2500 in medical expenses to the plan before the coinsurance kicks in. Coinsurance for MS treatments generally ranges from 20% to 40% of the total treatment cost.

For more information about health plans and medical costs, refer to [The Basics of Health Insurance](#) guide.

Reasons a health plan may deny an MS treatment

Your health plan may deny coverage of your MS treatment, which means that you would be responsible for the full cost. Your HCP can help find out why the treatment was denied. This might be found in the [explanation of benefits \(EOB\)](#) form in your health plan.

If you and your HCP believe that your treatment should be covered by your plan, you have the right to appeal the health plan's decision. Before beginning the appeals process, you can call the health plan for more details.

CALL YOUR HEALTH PLAN AND CONSIDER ASKING THESE QUESTIONS

- Can you explain why coverage of my treatment was denied?
- Was there missing or incorrect information that my HCP could provide?
- What is the process to appeal this decision?
- How can I access my treatment during the appeals process?
- What options do I have if my treatment is not covered after the appeal?

What is the process to appeal a plan's denial of coverage?

Each health plan will have its own process to appeal a denial decision. It is important that your HCP contact the health plan to understand the appeals process. This information is sometimes in the health plan manual under "Grievances and Appeals."

Your HCP will typically take the lead in this process. Sometimes a letter or additional documentation is needed to explain why that treatment is the right choice for you.

Work with your HCP	<ul style="list-style-type: none">• Understand why your treatment was denied• Outline the appeals process for the health plan
You may write a letter	<ul style="list-style-type: none">• Keep the letter simple• Provide facts about why your treatment should be covered• Include your insurance ID number and any claim numbers• Include your HCP's name and contact information
Keep detailed records	<ul style="list-style-type: none">• Keep notes and documents of all communications• Include the names of people you speak with• Keep copies of all claims, bills, letters, and other documents sent from the health plan
Follow up with the plan	<ul style="list-style-type: none">• Ask your HCP to speak to the health plan's medical reviewer as part of a "peer-to-peer" review• Push for a second-level review or external review if necessary• Keep in mind that it may take up to 60 days to get a decision from your health plan

Starting on your MS treatment

After the health plan has approved your MS treatment, your healthcare team will work with you to get you started. Many patient support programs offer educational materials about MS and your treatment. These can be great resources both before and during treatment, but the best source of information is always your healthcare team.



WAITING AT A LOCAL PHARMACY

Some MS treatments will be sent to your local pharmacy, where you can pick them up.



DELIVERED TO YOUR HOME

Some MS treatments go through a specialty pharmacy. In this case, the SP will arrange for your treatment to be delivered to you.



ADMINISTERED AT A HEALTHCARE FACILITY

Some MS treatments are given intravenously, which must be done at an infusion clinic or hospital outpatient clinic. In this case, the clinic will have your medicine ready for your infusion.

In many of these cases, a pharmacy or clinic may call your home from an unknown number. **It is important to pick up the phone to answer these calls in order to arrange for delivery of your MS treatment or confirm an appointment for your infusion.**

For more information on specialty pharmacies and their role in supporting patients with MS, see our [Support Services for MS Patients](#) guide.

Other changes may affect your access to treatment

IF YOUR HEALTH PLAN'S FORMULARY CHANGES

In some cases, health plans may change their formulary or preferred medication list. That means the treatment that you are on may no longer be covered, or may cost you more money. If this happens, you'll get a letter from your health plan. It's important to know that you have the right to challenge the plan's decision so you can stay on your current MS treatment. Your health plan may also allow existing patients to remain on their current treatment. Be sure to reach out to your healthcare providers to let them know about the change.

IF YOU HAVE A NEW HEALTH PLAN

If you enroll in a new health plan, make sure your treatments are still covered. Your treatment may need to be approved by your new health plan. The amount you owe for your treatment may change. Be sure to reach out to your healthcare providers to let them know about the change.

CONSIDER THIS

A new prescription or a change in your health plan coverage may impact how much you pay for your treatment. Be sure to talk to your HCP and health plan to get answers.

In summary

Now that you know a little more about how health plans may cover MS treatments and what to expect, you can be an active participant in getting the treatment you need.

HERE IS SOME IMPORTANT INFORMATION TO REMEMBER ABOUT GETTING ACCESS TO MS TREATMENTS

- MS treatments are considered specialty products because they are generally for certain people, and likely need special handling.
- Health plans often put restrictions on MS treatments if they are particularly expensive, making them harder to obtain.
- You may pay either a co-pay or coinsurance for your medicine, depending on how the health plan benefit is structured.
- If your health plan denies coverage of the treatment your HCP prescribed, you have the right to appeal that decision.
- You can write your own letter to the health plan, and work through an appeals process, in order to get access to your treatment.
- If your prescription is changed or you get a new health plan, the process to access treatment will start over.

If you have questions about how you can pay for your MS treatment, refer to our [Making MS Treatment More Affordable](#) guide.



You don't have to figure out your MS healthcare options alone. *MS One to One*[®] can help.

Register today at msonetoone.com/sign-up

Glossary of terms

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.

Co-pay: A fixed amount (\$35, for example) you pay for a covered healthcare service. Generally goes into effect after you've paid your deductible.

Explanation of benefits (EOB): A claims statement from a health plan that shows costs associated with the services a patient received. It shows the amount of money billed, any discounts, what the health plan will pay, what is covered, and what the patient will pay. The document usually says "This is Not a Bill" on it.

Formulary (or preferred medication list): A list of prescription drugs that a health plan will cover. The preferred medications include both generic medications and brand-name medications. The list is approved by the health plan's panel of physicians and pharmacists.

Medical benefit: A health plan policy that generally covers medications that are infused or injected by a healthcare provider. Usually the medication is administered in a doctor's office, infusion center, or hospital outpatient center.

Pharmacy benefit: A health plan policy that generally covers medications that are taken orally, inhaled, or self-injected.

Predetermination: A process in which your health plan's medical staff decides if a treatment is right for you, before the prescription is fully processed.

Prior authorization: A health plan policy that requires the health plan's approval before you get a medicine or receive a service in order for it to be covered.

Restriction: Also referred to as a formulary restriction, these are policies that plans put in place so that there may be additional requirements that must be met before a patient can receive a covered medication. For example, a prior authorization is a type of restriction.

Specialty drugs: Treatments that generally require special handling, storage, administration, or monitoring. Specialty drugs may cost more, and sometimes have restrictions placed on them.

Specialty pharmacy (SP): A pharmacy that coordinates the processing, storage, delivery, and distribution of specialty drugs. Many specialty pharmacies offer support services to patients, including training on how to take a medication, adherence tools, and education about the disease.

Glossary of terms

Step therapy: A health plan policy that requires a patient to try one or more treatments mandated by the plan, before stepping up to the treatment prescribed by the HCP.

Tier: Medications on a health plan formulary are often grouped into tiers, which are levels that determine how much a patient will pay for a medication.

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