

Insurance Coverage for MS Medications

The purpose of this handout is to help you understand insurance coverage for MS Disease Modifying Therapy medications. These medications are expensive, and most people cannot afford to pay for them out of pocket. Having drug insurance is important to cover the cost of the medications.

Navigating insurance can be a challenging experience. Due to the complexity of this process we rely on the additional support and expertise provided by our partner Pharmacy Capsule and the Patient Support Program associated with each DMT, so you may end up dealing with multiple people during this journey. We are here to help you so please reach out if you have concerns or are hitting roadblocks.

Drug insurance is either private or public.

For People with Private Insurance Plans

Private insurance is normally a group plan provided to you by your employer or your spouse's employer. It can also be a plan that you apply for independently to provide coverage for you and your family, for example, if you are self-employed. Examples include: Blue Cross, Great West Life, Sunlife, Manulife, Empire Life, Desjardins, Greenshield, Cooperators, etc.

Contact your insurance company to discuss whether they will fund your choice of medication. The insurance company will require your plan number and the DIN (Drug ID#) of the medication that you have chosen (see below).

First Line Therapies Relapsing Remitting MS

Drug	DIN #
Aubagio	02416328
Teriflunomide- Several brands available	2500434
Avonex	02269201
Betaseron	02169649
Copaxone 20mg	02245619
Copaxone 40mg	02456915

Dimethyl fumarate	2497034
Extavia	02337819
Glatect	02460661
Kesimpta Prefilled pen	02511355
Ocrevus	02467224
Plegridy	02444399
Rebif syringes 22 mcg	02237319
Rebif syringes 44 mcg	02237320
Rebif Multidose Cartridge 66 mcg	02318253
Rebif Multidose Cartridge 132 mcg	02318261
Tecfidera 120mg	02404508
Tecfidera 240 mg	02420201

Second Line Therapies Relapsing Remitting MS

Gilenya	02365480
Fingolimod	2469782
Lemtrada	02418320
Mavenclad	02470179
Tysabri	02286386

Secondary Progressive MS

Mayzent 0.25mg	02496429
Mayzent 2mg	02496437

Primary Progressive MS

Ocrevus	02467224
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Bolded medications are not covered under public plans at this time.

The Rebif Multi-dose Cartridge is for use with Rebismart and Rebislide devices.

It is important to provide the name and DIN# to your insurance company, and **ask the following questions:**

- Does my policy have a maximum lifetime limit or annual limit for coverage?
- Is the medication covered under your private drug plan?
- What percentage of the drug cost is covered by my plan?
- Is my neurologist expected to provide documentation or fill out forms?
- Do I have to pay the pharmacist and then send in my receipts or does the pharmacist direct bill the insurance company for me? (If you have to pay and then send in the receipts, this may result in a large bill that may be challenging for you to pay.)

Often, private insurance will require a **special authorization** or **prior authorization** form be completed, and you have to be “approved” by your insurance company before you can obtain the medication from your pharmacy. Insurance companies also have their own specific criteria that you must meet in order to be covered under your plan. The criteria will be different for each medication. **Obtain the form, complete, and sign your portion of the form, and send it to the ANC MS Clinic (MSclinic@ancentre.ca or fax to 587-747-5616)** to have the medical portion completed. The MS Clinic will fax the form back to your insurance company. Most insurance companies take at least 3-10 business days to process the paperwork. Insurance companies do not usually inform the MS Clinic of the approval. **It is your responsibility to contact your insurance company and ask if you have been approved for your medication.** Once you are approved for your medication, contact the MS Clinic to discuss next steps. If you are denied coverage, please find out the reason why, and contact the MS Clinic as sometimes an appeal letter can be completed.

Unless you have 100% private insurance coverage through work that does not have a yearly or lifetime maximum, the most economical way to obtain and pay for your medication will likely be through the Alberta Government’s public drug program, Non-Group Blue Cross (more on this later). **Sometimes it is necessary to have both private and public drug insurance, to cover expensive medications.**

Once you are taking your medication, sometimes insurance may change. If you lose your private coverage, have a change in your private insurance carrier, or if your private insurance company will no longer cover your MS medication, please contact the MS Clinic immediately. You may be directed to apply for public drug coverage through Non-Group Blue Cross if your private insurance no longer covers the full cost of your medication. There is no guarantee that Non-Group Blue Cross will cover an MS disease modifying drug even if you have been taking this medication for years. To be covered you will need to meet the Non-Group Blue Cross criteria and be approved (just like with private insurance).

For People that Require Public Drug Insurance

Public insurance is provided by the provincial government, and all residents of Alberta are eligible for coverage (as long as you do not owe money to the government). It is for people that have no private insurance, or for those needing additional insurance because their private insurance is insufficient for their medications.

Public insurance in Alberta is an Alberta government plan administered by Alberta Blue Cross. It includes Non-Group Blue Cross, Senior's Coverage, AISH, Alberta Works, or Adult Health benefit. The steps for applying for Non-Group Blue Cross are below. If you have any of the other public insurance plans, you must provide your medical recipient number (from your card) to your MS Clinic nurse.

Applying For Non-Group Blue Cross

In order to be eligible for Non-Group Blue Cross you must be a resident of Alberta and not owe money to Alberta Health and Wellness. There are 2 steps for obtaining approval for MS medications in Alberta:

1) First obtain a **Non-Group Blue Cross Application** form. To acquire this application, you can visit the website <https://www.alberta.ca/non-group-coverage.aspx> or call 403-310-0000 then enter 780-427-1432. Carefully complete this form and submit it. There is a mandatory 90 day waiting period and your coverage will start the 1st day of the next calendar month, after the 90 day wait period is over. (For example, if you apply on January 10th, your coverage will be effective May 1st.)

There is a cost for Non- Group Blue Cross insurance. A fee or premium will be billed to you from Alberta Health. If you have **single** coverage with Alberta Health and Wellness, then you must apply for **single** Non-Group Blue Cross coverage. If you have **family** coverage with Alberta Health and Wellness, then you must apply for **family** Non-Group Blue Cross coverage. Refer to the website for details on the costs for this insurance. **You will receive a letter telling you when your coverage is effective, usually within one month.** Once you receive your letter confirming your coverage, **please email or message the MS Clinic nurse and let us know your effective date of coverage.** This is critical for ensuring that we can get coverage for your medication.

2) The second step in this process is getting you approved for the medication you have chosen. **Once you have informed your MS Clinic nurse what medication you have chosen, along with the effective date of coverage** for your Non-Group Blue Cross insurance, your MS team will

complete an MS Drug Coverage Application requesting approval for the medication you have chosen. Just like private insurance, public plans have criteria that must be met before approval will be granted for these MS medications. Public drug insurance plans may only cover generic or biosimilar forms of certain medications if available.

The MS Clinic will send this application to Alberta Blue Cross. The application includes information on your relapses, and neurological status. Once your application is processed by Alberta Blue Cross, **you should receive a letter from Alberta Blue Cross stating whether you have been approved for the MS medication.** The letter will also specify both the effective date of coverage and renewal date for the medication. Your pharmacist can now bill Non-Group Blue Cross directly for your medication.

Non-Group Blue Cross allows you to get your medication for \$25.00/month during your first year of a new medication and then \$25.00/every three months after your first year. You are able to pick up another prescription when you are two thirds of the way through your current prescription. For example, if you get a month's supply you can get a refill after twenty days. If you get a three-month supply, you can get a refill after two months.

Yearly Renewal of Your MS Medication

Regardless of whether your insurance is private or public, you are required to be seen yearly at the MS Clinic by your neurologist to have your medication reviewed and medication renewal forms completed. The MS Clinic will automatically arrange for your clinic appointment yearly. If your appointment does not line up with the insurance renewal date rest assured that we are tracking this and will send in the insurance renewal before it expires. If you have any concerns, please contact the MS clinic.

SPECIAL CIRCUMSTANCE - PREGNANCY

Please contact the MS Clinic if you are considering pregnancy. If you have Non-Group Blue Cross, you are permitted to be off drug for the purposes of attempting to conceive, pregnancy, and breastfeeding. There is a two-year limit on the time you are permitted to be off drug for these purposes. Your renewal must be done before the two years are complete so, please ensure your appointment for a drug renewal is done within this time frame.

If you have any questions about medications, drug coverage or insurance issues please contact the MS clinic nurse.