

The Path to Patient Assistance Programs

Patient receives a diagnosis of a rare disease or chronic condition and makes a treatment plan **with their specialty physician.**



Patient begins the process of filling their prescribed medications at their specialty pharmacy. **They learn the cost of the medication and cannot afford the high co-pays all at once.**

Patient learns that their medication has **no generic alternative**. Specialty Pharmacy or other resources inform patients of possible available assistance for affording their high cost treatment medication.



Patient must apply and provide documentation of diagnosis and their treatment plan, and other information to the patient assistance programs. Patients must reapply annually.

Patient waits for approval.



Upon approval, patient assistance is applied to **out-of-pocket cost shares** for medication.

Patient Assistance is used until the patient's **out-of-pocket maximum is reached.**

Patient is notified by their insurance provider and Specialty Pharmacy that the patient assistance was used, but not counted towards their out-of-pocket maximum. The cost share is reset to zero and the patient must pay until they meet their maximum out-of-pocket costs.

Patient is left without their medication because they cannot afford the cost.

