

Increasing Medication Access through Patient Assistance Programs

Kendra Kress, Pharm.D.

University Hospitals Case Medical Center

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PRESCRIPTIONS



**“This is one of those new miracle drugs.
If you can afford it, it’s a miracle.”**

Medication Access

- Medication access decreasing
- Poor economy (fewer insured patients)
- Increase in cost of insurance and drug formularies tightened
- Out-of-Pocket costs increasing
- Cuts in public programs such as Medicaid and ADAPs
- Medicare Part D costs increasing and fewer medications covered
- Drug costs increasing

Patient Assistance Programs (PAPs)

- Provide free or low cost medications to low-income patients
- Programs target the uninsured or underinsured
- Drug manufacturers sponsor many programs and provide medication to the patient
- Drug manufacturers often provide co-pay assistance for patients with insurance

Why Use PAP's?? (Pros)

- SAVE's \$\$
- Maintains Medication Adherence
- Earlier Therapy Initiation
- Increases Positive Patient Outcomes

PAP's (Cons)

- More time consuming than Ryan White
- Requires forms and documentation
- Requires follow up from all involved

Options For Uninsured (Underinsured) Patients

- PAPs
- Co-pay assistance (government programs usually excluded)
- Drug Repositories (Buderer drug in Sandusky for NEOH)
- \$4 or less generic drug lists at pharmacies
- Low cost pharmacies (Xubex, Costco)

Qualifications for PAPs

- Usually patient must be uninsured (or drug not covered by insurance)
- Low income (200-500% of Federal Poverty Limit)
- U.S. resident
- Sometimes patients with Medicare Part D may qualify or patients with private insurance and very high co-pays
- Need income documentation (pay stubs, tax returns, or zero income letter)

Number One Thing to Know About Patient Assistance Programs

All Programs are
Different!!!

Finding PAPs

- Nonprofit organization websites have all information on programs in one place (These are awesome!)
- Extremely easy to use and search
- NeedyMeds.org
- RxAssist.org
- Examples

Instructions for PAP's

- Read instructions carefully for each program
- Patient Section-demographics
- Income Section-varies from program to program
- Physician Section-In most cases must be signed by MD, so it's important to work with patient's physician office social worker, nurse, or pharmacist. Often these are legally binding Rx's
- Some programs use pharmacy cards, some send to patient, some sent to physician

FOR PATIENT APPLICATION



Am I Eligible for Connection to Care®?

You must meet the following criteria:

1. You have been prescribed a Pfizer medicine
Many Pfizer medicines are available. For a list of available Pfizer medicines, please visit www.PHAHelps.com
2. You reside in the United States, Puerto Rico or the U.S. Virgin Islands
3. Your Total Gross Annual Household Income is at or below 2 times the Federal Poverty Level adjusted for family size (see chart)
 - Total number of persons in household includes yourself and those for whom you are financially responsible
 - Total Gross Income includes incomes from all earners in the household before taxes and deductions

Total Number of People in Household	1	2	3	4	5
Annual Income	\$22,340	\$30,260	\$38,180	\$46,100	\$54,020

For a household greater than 5 or if you live in Alaska or Hawaii, please call 866-706-2400

4. You have either:
 - No insurance coverage or benefits for prescription medicines or;
 - You have prescription drug coverage and are experiencing financial hardship
Please complete the Hardship Assistance section on the Patient Application

How Can I Apply?

1. Fill out and sign the patient side of the application form
2. Ask your Prescriber to fill out the prescriber side of the application form
3. Place all required documents together in a stamped envelope:
 - Original completed and signed application form (*both Patient and Prescriber sides*)
 - Photocopies of proof-of-income documents (*please see Proof of Income section below*)
 - For Lyrica® (*pregabalin*), include original prescription and photocopy of your valid government issued photo ID (e.g., driver's license, military I.D., etc.)
 - For residents of Puerto Rico or U.S. Virgin Islands, include original prescription for all medicines
 - Mail to: **PFIZER CONNECTION TO CARE PROGRAM**

PO BOX 66585
ST. LOUIS, MO 63166-6585

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Please fill out the following form. If you are a form author, choose Distribute from the Forms panel in the Tools Pane on the right to send it to your recipients. Highlight Existing Fields

Form from www.needymeds.org

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MEDICATION REQUESTED [Text Box] strength [Text Box] mg. [Text Box] ICD-9 Code for Primary Diagnosis

(For Vistide Only, Attach Prescription to Form)

1 Patient Information

Patient Name: [Text Box] PLEASE PRINT CLEARLY Patient Language: ENGLISH SPANISH OTHER

Address: [Text Box]

City: [Text Box] State: [Text Box] Zip: [Text Box] Phone #: ([Text Box]) [Text Box]

Social Security #: [Text Box] Date of Birth: MM / DD / YYYY [Text Box] / [Text Box] / [Text Box] Gender: M F Resides in U.S./U.S. territories: YES NO

Primary Contact: [Text Box] Relationship: [Text Box] Phone #: ([Text Box]) [Text Box]

Patient Financial Information

Current Annual Household Income: \$ [Text Box] Number in Household (choose one): 1 2 3 4 5 6

Please include current documentation for all sources of income (eg, tax return, W2, last 2 pay stubs, etc).

Patient is insured (Please fill out all the applicable insurance information below. Attach copy (front and back) of patient insurance card.)
 Patient is uninsured (No health insurance through any public or private payer.) Complete "Additional Insurance Information" below.

Primary Payer Name: [Text Box] Is this a Medicare Part D plan? YES NO

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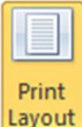
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Macros

Patient Assistance Programs and Low Cost Medications (updated 8/15/12)



Medication	Strength (mg)	Pharmacy Voucher	Program	Refills
<u>Epzicom (ABC/3TC)</u>	combo	yes	<u>Viiv</u>	One time pharmacy voucher
<u>Combivir (AZI/3TC)</u>	combo	yes	<u>Viiv</u>	for 30 day supply. \$10 co-pay
<u>EpiVir (lamivudine)(3TC)</u>	150, 300	yes	<u>Viiv</u>	then will send 90 day supply
<u>Retrovir (zidovudine)(AZI)</u>	300	yes	<u>Viiv</u>	to patient or MD office
<u>Trizivir (AZI/3TC/ABC)</u>	combo	yes	<u>Viiv</u>	
<u>Ziagen (abacavir)(ABC)</u>	300	yes	<u>Viiv</u>	
<u>Lexiva (fosamprenavir)</u>	700	yes	<u>Viiv</u>	
<u>Atripla (TDF/FIC/EPV)</u>	comb	yes	Gilead	One time pharmacy voucher
<u>Complera (TDF/FIC, raltegravir)</u>	combo	yes	Gilead	for 30 day supply. Pt. will receive
<u>Truvada (TDF/FIC)</u>	combo	yes	Gilead	pharmacy card to use monthly for refills. Card #
<u>Emtriva (emtricitabine)(FIC)</u>	200	yes	Gilead	different than voucher
<u>Viread (tenofovir)(TDF)</u>	300	yes	Gilead	
<u>Videx (didanosine)(ddI)</u>	250, 400			No program
<u>Zerit (stavudine)(d4T)</u>	15, 20, 30, 40			No program
<u>Isentress (raltegravir)(RAL)</u>	400	no	Merck	Sent to MD office.
<u>Kaletra (lopinavir/RTV)</u>	200/50	no	Abbott	Sent to MD office.
<u>Norvir (ritonavir)(RTV)</u>	100	no	Abbott	Sent to MD office.
<u>Revataz (atazanavir)(ATZ)</u>	300	no	BMS	sent to MD office or to pt. in some circumstances

Other Resources

- Co-pay cards (for patients with private insurance only)
- Drug Repository-unused medication from long term care facilities given to repository and then dispensed to patients in need
- Low cost pharmacies over internet (Xubex) Patients qualify by income for low cost medication. Some medications are not discounted
- \$4 or less generics (Target, Walmart, Giant Eagle) lists change, so check current lists on line.
- Costco

Conclusion

- Accessing medication through PAPs saves \$
- May prevent lapse in therapy
- Shorten time frame for initiation of therapy
- May be time consuming
- Requires follow up
- Requires communication between health care providers and social services

