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PHARMACEUTICAL INDUSTRY PRESCRIPTION ASSISTANCE PROGRAMS: BENEFITS AND CHALLENGES

Introduction

Free and discounted prescription drugs, provided by pharmaceutical manufacturers, have become an essential component of America's health care safety net for low-income and uninsured individuals. Referred to as *Pharmaceutical Manufacturer Assistance Programs or Prescription Assistance Programs (PAPs)*, use of these services has grown steadily over the last decade. While PAPs help millions of individuals access life saving medications for chronic and acute conditions, there are potential challenges and limitations to PAPs of which social workers should be aware.

PAPs — A Safety Net for the Poor and Uninsured

PAPs make medications available, at little or no cost, to low-income patients without prescription drug coverage. The Pharmaceutical Research and Manufacturers of America (PhRMA), an industry trade association, estimates that its member companies have distributed an estimated \$14 billion in free medication to more than 6.5 million Americans since 2005 (PhRMA, 2010; Johnson, 2009). Studies have shown that PAPs can have a positive impact on both patient outcomes and institutional bottom lines (Johnson, 2006; Strum et al., 2005). Indeed, researchers have suggested that without PAPs, it would be nearly impossible for health care institutions serving large underserved populations to afford the high cost of medications for their patients (Chen & Summer, 2007).

How PAP Programs Work

All PAPs operate independently, but there are common features among these programs. Generally, individuals who qualify for PAP medications:

- are completely uninsured or have no prescription drug coverage through their health insurance
- are not enrolled in federal entitlement programs such as Medicaid or Medicare
- meet financial guidelines set by the pharmaceutical companies. All companies have their own income guidelines, but typically, households earning less than 300% of the Federal poverty line are eligible for free or discounted medications through PAPs (US Dept. of Health and Human Services, 2009).

Challenges and Limitations of PAPs

Complex and time-consuming application processes: PAP applications are often complex and require reading skills higher than what is traditionally suggested for individuals with low health literacy (Choudry et al., 2009). Also, PAP eligibility criteria and drug availability can change periodically, making it difficult for patients to stay current with program modifications. Each medication requires its own application, which creates additional challenges for individuals managing multiple chronic conditions. Application tracking and monitoring of refills is also time consuming. Social workers and other

providers who have experienced the labor intensiveness of PAP applications have advocated for a universal application and enrollment process (Chen & Summers, 2007).

Need for dedicated staff: To address PAP complexity, many health care institutions serving low-income clientele have staff positions devoted exclusively to PAP application processing. In hospitals and large health clinics, these positions are frequently based in pharmacy settings; in smaller institutions, social workers often assume this role. Yet another option is to employ a third party vendor to manage and track PAP applications. Some research has shown considerable cost savings to health care institutions (measured in terms of pharmacy costs, outpatient visits and inpatient admissions), when the PAP process is organized in a systematic manner (Torres, 2002).

Application fees: Social workers have indicated that the application fees (typically \$20 or less) now required by many PAPs are a barrier, because low-income patients often do not have checking accounts or simply do not have funds to cover this expense.

Health disparities/informed consent concerns: PAPs have raised health disparities concerns. For example, a health care provider working with an uninsured patient will often prescribe a medication that is available through a PAP, although the medication may not be the first drug of choice for that particular patient (Sorensen et al., 2003). Insured patients face fewer limitations on the selection of available therapies. In addition, patients receiving PAP medication may be locked into a particular treatment, even when equally effective and less costly alternatives are available (Choudry, et al., 2009). There is also concern that providers who prescribe PAP-accessible drugs, without discussing fee-based alternatives with patients, may be compromising their patients' rights to informed consent (Sorensen, et al., 2003).

Effect on adherence: Maintaining good medication adherence can be problematic for patients relying on PAPs. Delivery of an initial supply of PAP medication often takes weeks. The gap between date of prescription and medication arrival frequently requires social work or other staff to arrange for carry-over medication (e.g., pharmacy samples), to

ensure adherence. Adherence gaps can also occur with refills, particularly if a patient is only approved for 30-day medication cycles (Sorensen et al., 2003).

Safe delivery of medication: For individuals who are homeless, or live in settings in which their name is not attached to their residence, safe delivery of PAP medication is a challenge. Conversely, having certain medications delivered directly to a patient's home, bypassing the pharmacy patient education process, creates potential patient safety concerns.

Residency requirements: Most PAPs are restricted to legal US residents. This creates challenges for social workers whose clientele include undocumented individuals, who have conditions requiring expensive medications.

Conclusion

Even staunch PAP supporters concede that prescription assistance programs are a "band-aid" solution for a much larger problem – inadequate prescription drug coverage (Weinberg, 2009). Indeed, if industry data and anecdotal information from prescribers are accurate, the growing usage of PAPs highlights the enormous need for universal access to prescription medication.

Resources

The Partnership for Prescription Assistance: <http://www.pparx.org/>

The major pharmaceutical industry trade association - Pharmaceutical Research and Manufacturers of America - sponsors the *Partnership for Prescription Assistance*. This website offer a single point of access to the PAPs of 200 pharmaceutical companies, as well as many other public and private sources of financial assistance for prescription medication.

Other PAP web portals:

- Needy Meds: www.needy meds.org
- Prescription for Hope: www.rxhope.com
- Patient Assistance: www.patientassistance.com/
- RxAssist: www.rxassist.org

Prescription drug discount services:

- RX Outreach: www.rxoutreach.com
- Together Access: www.togetherrxaccess.com/Tx/jsp/about.jsp

NASW Web-Ed course:

- *Promoting Adherence to Cancer Oral Medications: The Social Worker's Role*. Earn 2.0 free social work CE credits by taking the course. www.naswwebed.org/

Patient Assistance Program Web sites for Selected Pharmaceutical Companies

Pharmaceutical Company	Phone Number	Web site
3M Pharmaceuticals	1-800-328-0255	www.3m.com/us/healthcare/pharma/patient_assistance.jhtml
Abbott Laboratories	1-800-633-9110	www.abbotgrowth-us.com/patients/patientassistanceprogram
AstraZeneca	1800-236-9933	www.astrazeneca-us.com/help-affording-your-medicines/
BD Diabetes	201-847-6800	www.bd.com/us/diabetes/page.aspx?cat=7002&cid=19091
Bristol-Myers Squibb	1-800-321-1335	www.bms.com/products/Pages/programs.aspx
Eli Lilly and Company	800-545-5979 Ext. 66297	www.lilly.com/responsibility/servingpatients/programs/default.html
GlaxoSmithKline	888-825-5249	http://us.gsk.com/html/healthcare/healthcare-prescription.html
Janssen	1-800-526-7736	www.janssen.com/company_pap.html
Merck	1-800-727-5400	www.merck.com/merckhelps/patientassistance/home.html
Novartis	1-888-669-6682	www.pharma.us.novartis.com/about-us/our-patient-caregiver-resources
Novo Nordisk	1-800-727-6500	http://novonordisk-us.com/documents/article_page/document/Patient_Assistance_Home.asp
Johnson & Johnson	1-800-682-6532	www.access2wellness.com/a2w/index.html
Pfizer Inc.	1-800-438-1985	www.pfizer.com/health/financial_assistance_programs/patient_assistance_programs.jsp
Sanofi Aventis	1-800-981-2491	https://patientassistanceprogram.sanofi-aventis.us/default.aspx

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