Help, I can’t afford my insulin! Pharmacist role in addressing access to care.
Disclosures

- None 😊
Objectives

- Discuss the impact that high deductible plans and the Medicare coverage gap can have on adherence rates.
- Explain how to prescreen patients and refer eligible patients to programs such as Medicare extra help, RIPAE and other assistance programs.
- Describe programs/services designed to help patients with financial barriers to care.
The Adherence Problem

- For years, emphasis has been placed on the problem of medication non-adherence
  - $290 billion a year in direct and indirect costs = 13% of total health care spend
  - 125,000 deaths that result from not taking medication correctly
  - 69% of medication-related hospital admissions due to poor adherence
  - 50% of new statin patients will discontinue medication after 6 months

NEHI. Thinking Outside the Pillbox: A System-wide Approach to Improving Patient Medication Adherence for Chronic Disease. 2009
Impact of Medication-Related Problems

Medication Non-adherence = $290 Billion

- ↑ costs to health care system
- ↑ costs to employers and payers
- ↑ premiums and co-pays to patients and ↓ health outcomes
Impact of Cost on Medication Adherence Rates
Relationship Between Changes In Patient Cost Sharing (Copays) And Medication Adherence.

Percentage of Covered Workers Enrolled in a Plan with a General Annual Deductible of $1,000 or More for Single Coverage, By Firm Size, 2006-2015

* Estimate is statistically different from estimate for the previous year shown (p<.05).

NOTE: These estimates include workers enrolled in HDHP/SO and other plan types. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

## Total Rx Cost Per Month Vs. Odds Of Cost-related Nonadherence

<table>
<thead>
<tr>
<th>Cost Range</th>
<th>Not fill</th>
<th>Stop taking</th>
<th>Skip doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20.01–$50.00</td>
<td>1.34</td>
<td>1.3</td>
<td>2.7</td>
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<tr>
<td>$50.01–$110.00</td>
<td>1.92</td>
<td>2.48</td>
<td>3.05</td>
</tr>
<tr>
<td>&gt;110.01</td>
<td>3.06</td>
<td>3.55</td>
<td>8.37</td>
</tr>
</tbody>
</table>
Medicare Overview

- Medicare is a health insurance program for
  - People 65 years of age and older
    (not necessarily full retirement age)
  - People under age 65 with disabilities
    (deemed “disabled” by Social Security for at least 24 months)
  - People under age 65 and have ALS or ESRD
    - Note: Medicare is NOT Medicaid (which is health insurance for very low income population)
Overview of Medicare Part D

- Voluntary, but may be subject to penalty
- Provides outpatient prescription drugs
- People with Part A and/or Part B are eligible
- Coverage for Part D is provided by:
  - Prescription Drug Plans (PDPs) also known as stand alone plans
  - Medicare Advantage Prescription Drug Plans (MA-PDs)
Examples of Part D Excluded Drugs

- Drugs for anorexia, weight loss or weight gain
- Drugs for the symptomatic relief of cough and colds
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Non-prescription drugs (over the counter)
- Barbiturates (exception: Part D covers barbiturates used to treat epilepsy, cancers, and chronic mental health disorders)
- Drugs used for Erectile Dysfunction (Viagra, Cialis, Levitra)
- Drugs that could be covered under Medicare Part A and/or Medicare Part B
Medicare Coverage Choices

Step 1: Decide how you want to get your coverage

**ORIGINAL MEDICARE**
- **Part A** Hospital Insurance
- **Part B** Medical Insurance

**OR**

**MEDICARE ADVANTAGE PLAN** (like an HMO or PPO)
- **Part C** Combines Part A, Part B and usually Part D

Step 2: Pick Prescription Drug Plan

- **Part D** Stand Alone PDP

- **Part D** Drug coverage is limited to plan offered by HMO or PPO.

Step 3: Decide if you need to add supplemental medical coverage

- **Medigap** Supplement Core or Supplement 1 plan

If you join a Medicare Advantage Plan with drug coverage (MAPD), you cannot join another drug plan and you don’t need and cannot be sold a Medigap policy.
Medicare Advantage Plans (aka Medicare Part C)

- Private insurance companies that contract with Medicare to provide coverage comparable to “Original” Medicare
- Medicare Advantage Plans combine Medicare A, B, and Part D benefits into one plan.
- Members must have Medicare Part A and B to enroll
- Members must still pay Part B premium
- Plans usually charge an additional premium & members pay co-pays when receiving services
- Plans may add additional benefits (e.g. routine physicals, eye glasses, hearing aids)
- Plans typically use networks of physicians
- Most common types of Medicare Advantage Plans are HMO’s and PPO’s
Medicare Part D Prescription Drug Benefit in 2016

Medicare’s Basic Benefit: Besides the monthly premium, you pay...

- $360 Annual Deductible (You pay 100%)

After the deductible, you pay 25% of prescription costs between $360 and $3,310 (or $737.50).

You reach the $3,310 drug coverage limit - you’re headed for the donut hole.

Drug costs of $3,310 to $7,062.50

Before the Affordable Care Act: You paid 100% out-of-pocket while in the donut hole.

After the Affordable Care Act: In 2016, you pay 45% for brand-name drugs and 58% for generics while in the donut hole.

Your drug costs have reached $7,062.50 and coverage begins again. (You pay 5%, or $2.95 for generics and $7.40 for brand-name drugs, whichever is greater.)

For more information, visit the National Council on Aging at www.ncoa.org. Special thanks to FamiliesUSA (www.familiesusa.org) for giving us permission to use and adapt this graphic.
This is the cost applied to the patient’s Total out-of-pocket costs Used to calculate Part D coverage tier
## Effect of Donut Hole on Adherence

**Am J Manag Care.** 2010;16(12):911-8.

<table>
<thead>
<tr>
<th></th>
<th>All Patients (N = 12,881)</th>
<th>No Donut Hole Coverage (n = 2529)</th>
<th>Generic Drug Coverage Only (n = 3360)</th>
<th>Full Coverage (n = 6992)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adherence rate (PDC ≥ 0.80)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before donut hole</td>
<td>83%</td>
<td>82%</td>
<td>81%</td>
<td>85%</td>
</tr>
<tr>
<td>In donut hole</td>
<td>80%</td>
<td>74%</td>
<td>75%</td>
<td>85%</td>
</tr>
<tr>
<td><strong>Mean Copayment per 30 days of supply</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before donut hole, $</td>
<td>$ 17.59</td>
<td>$ 18.63</td>
<td>$ 18.63</td>
<td>$ 16.48</td>
</tr>
<tr>
<td>In donut hole, $</td>
<td>$ 38.96</td>
<td>$ 69.20</td>
<td>$ 67.18</td>
<td>$ 14.33</td>
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</table>
PART D BENEFICIARIES WITH DIABETES BY COVERAGE TIER

- Catastrophic
- Coverage Gap
- Initial

<table>
<thead>
<tr>
<th>Year</th>
<th>Catastrophic</th>
<th>Coverage Gap</th>
<th>Initial</th>
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</thead>
<tbody>
<tr>
<td>2006</td>
<td>39.9%</td>
<td>18.2%</td>
<td>41.9%</td>
</tr>
<tr>
<td>2007</td>
<td>45.1%</td>
<td>21.9%</td>
<td>33.0%</td>
</tr>
<tr>
<td>2008</td>
<td>47.1%</td>
<td>24.7%</td>
<td>28.2%</td>
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<tr>
<td>2009</td>
<td>49.9%</td>
<td>19.2%</td>
<td>30.9%</td>
</tr>
<tr>
<td>2010</td>
<td>46.8%</td>
<td>18.8%</td>
<td>34.4%</td>
</tr>
<tr>
<td>2011</td>
<td>56.1%</td>
<td>16.0%</td>
<td>27.9%</td>
</tr>
</tbody>
</table>
When does the donut hole close?

What you’ll be paying for drugs will continue to decrease until the coverage gap is closed in 2020. Here’s some examples of what it will look like:

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50%</td>
<td>47.5%</td>
<td>47.5%</td>
<td>45%</td>
<td>45%</td>
<td>40%</td>
<td>35%</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Example:</td>
<td>$50</td>
<td>$47.50</td>
<td>$47.50</td>
<td>$45</td>
<td>$45</td>
<td>$40</td>
<td>$35</td>
<td>$30</td>
<td>$25</td>
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</table>

Each year, until 2020, the donut hole gets smaller and smaller.

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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>86%</td>
<td>79%</td>
<td>72%</td>
<td>45%</td>
<td>45%</td>
<td>40%</td>
<td>35%</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Example:</td>
<td>$17.20</td>
<td>$15.80</td>
<td>$14.40</td>
<td>$9</td>
<td>$9</td>
<td>$8</td>
<td>$7</td>
<td>$6</td>
<td>$5</td>
</tr>
</tbody>
</table>


Extra Help / Limited Income Subsidy & RIPAE
Extra Help/Low Income Subsidy (LIS)

- Extra Help is a federal assistance program to help low-income and low-asset Medicare beneficiaries with costs related to Medicare Part D.
- Extra Help subsidizes:
  - Premiums
  - Deductibles
  - Copayments
  - Coverage Gap “Donut Hole”
  - Late Enrollment Penalty
  - Does not subsidize non-formulary or excluded medications
- Apply through Social Security Administration
- Medicare beneficiaries who qualify for MassHealth will receive Full Extra Help automatically.
Why Extra Help Matters

- Costs of Medicare Part D drug plans can add up:
  - Part D plan premium, deductible, and prescription drug copayments/coinsurance
- Poverty among the Medicare population
  - Half of Medicare beneficiaries had incomes below $24,150 in 2014 (Kaiser Family Foundation)
  - As more people age into Medicare, population who may qualify for LIS continues to grow
- Average annual value of LIS is $4,000
Other Benefits of Extra Help

- Waives late enrollment penalty for Part D
- Allows continuous Special Enrollment Period (SEP):
  - Can change plans as often as every month (though not recommended)
  - Don’t have to wait until the next Open Enrollment Period (Oct. 15 – Dec. 7) to change plans
- Application can trigger application for Medicare Savings Programs (i.e., QMB, SLMB, and QI)
  - These programs help to decrease the premium of Medicare part A and/or B
  - Income limits are different from the extra help/ LIS program
General Eligibility Rules

- Person must have Medicare Part A and/or Part B
- Live within the U.S. (50 states or D.C.)
- Also, most people must meet financial eligibility criteria:
  - Income test based on the annual Federal Poverty Levels (FPLs)
  - Resource (also called “asset”) test
- Some people are “deemed” eligible (automatically get LIS) because they receive another needs-based benefit:
  - People who get any kind of Medicaid (community or institutional), Supplemental Security Income (SSI), or are enrolled in a Medicare Savings Program (i.e., QMB, SLMB, QI)
  - These 3 groups do not need to apply for LIS
- Once found eligible, everyone gets LIS for at least the remainder of the year
Two Levels of Extra Help

- Two levels of help:
  - Full Help (full subsidy) - for those with lower incomes/fewer resources
  - Partial Help (partial subsidy) - for those with slightly higher incomes/resources
- Both full and partial subsidies eliminate the Part D coverage gap
- No late enrollment penalty premium for anyone with LIS/Extra Help
Extra Help / Low Income 2017

Full Subsidy

- No Part D plan premium -- as long enrolled in a “benchmark” plan (i.e., a plan below the LIS premium amount)
- No Part D deductible
- Copays up to $3.30 generic/$8.25 brand-name drugs (certain people with income below 100%FPL pay $1.20 generic/$3.70 brand-name drugs)
- No copays after reaching $4,950 limit

Partial Extra Help

- No premium or a sliding scale premium (based on income)
- $82 deductible
- 15% coinsurance for plan covered drugs
- Copays of $3.30 generic/$8.25 brand-name drugs after reaching $4,950 limit
Countable income includes:
- Social Security benefits (e.g., retirement, SSI), Railroad Retirement benefits
- Pensions or annuities, including veteran’s pensions
- Wages (gross) or earnings from self-employment (net)
- Alimony
- Rental income (net)

Excluded income includes:
- SNAP (Food Stamps) and LIHEAP (fuel assistance) benefits
- $20 monthly in unearned income, such as Social Security
- Work-related expenses for people who get Social Security benefits for a disability or blindness

Get full breakdown at: [https://www.ncoa.org/resources/part-d-extra-help-cheat-sheet/](https://www.ncoa.org/resources/part-d-extra-help-cheat-sheet/)
Countable resources include:

- Financial institution accounts (e.g., checking, savings, CDs)
- Cash at home
- Stocks, bonds, savings bonds, mutual funds, individual retirement accounts (IRAs), and 401(k) accounts
- Real estate (equity value) other than primary home
- Certain trusts that allow a person to revoke or have direct use of funds

Excluded resources include:

- Home in which the applicant lives
- All vehicles (autos, trucks, motorcycles, boats, snowmobiles, etc.)
- Household goods/furnishings, and personal effects (e.g., jewelry)
- Cash surrender value of life insurance policies
- In-kind support (e.g., non-cash help such as shelter)
- Irrevocable burial trusts/burial contracts
## Full Subsidy Extra Help in 2017

### Eligibility in 48 States & DC

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Couple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income (up to 135% FPL)*</td>
<td>$1,357/$1,377</td>
<td>$1,827/$1,847</td>
</tr>
<tr>
<td>Resource levels**</td>
<td>$7,390/$8,890</td>
<td>$11,090/$14,090</td>
</tr>
</tbody>
</table>

### Eligibility in Alaska

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Couple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income (up to 135% FPL)*</td>
<td>$1,694/$1,714</td>
<td>$2,283/$2,303</td>
</tr>
<tr>
<td>Resource levels**</td>
<td>$7,390/$8,890</td>
<td>$11,090/$14,090</td>
</tr>
</tbody>
</table>

### Eligibility in Hawaii

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Couple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income (up to 135% FPL)*</td>
<td>$1,559/$1,579</td>
<td>$2,100/$2,120</td>
</tr>
<tr>
<td>Resource levels**</td>
<td>$7,390/$8,890</td>
<td>$11,090/$14,090</td>
</tr>
</tbody>
</table>

* Figures reflect without/with $20 monthly income disregard  
** Figures reflect without/with $1,500 per person burial allowance
## Partial Subsidy Extra Help in 2017

<table>
<thead>
<tr>
<th>Eligibility in 48 States &amp; DC</th>
<th>Single</th>
<th>Couple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income (up to 150% FPL)*</td>
<td>$1,508/$1,528</td>
<td>$2,030/$2,050</td>
</tr>
<tr>
<td>Resource levels**</td>
<td>$12,320/$13,820</td>
<td>$24,600/$27,600</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligibility in Alaska</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income (up to 150% FPL)*</td>
<td>$1,883/$1,903</td>
<td>$2,536/$2,556</td>
</tr>
<tr>
<td>Resource levels**</td>
<td>$12,320/$13,820</td>
<td>$24,600/$27,600</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligibility in Hawaii</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income (up to 150% FPL)*</td>
<td>$1,733/$1,753</td>
<td>$2,334/$2,354</td>
</tr>
<tr>
<td>Resource levels**</td>
<td>$12,320/$13,820</td>
<td>$24,600/$27,600</td>
</tr>
</tbody>
</table>

* Figures reflect without/with $20 monthly income disregard

** Figures reflect without/with $1,500 per person burial allowance
I Think My Patient Qualifies —Now What?
Two Ways To Apply For Extra Help

- Online:
  - Either through Social Security’s website at www.ssa.gov or through www.BenefitsCheckUp.org
  - Online application available in English and Spanish
  - SSA accepts electronic signature to complete the application

- Paper form:
  - Obtain a paper form from SSA (either by mail or get from Social Security office)
  - SSA will make a determination (usually within 3 weeks of a completed application) and send applicant decision letter
Tips to Apply for Extra Help

- Online is usually easier and faster!
- No verifying documents needed -- SSA will use federal records to verify answers
- If paper form is incomplete, SSA will follow up via phone with applicant
- Online application cannot be submitted until complete
- Instruction sheets in 15 languages on SSA’s site
- IMPORTANT: People who are deemed eligible for LIS (those with Medicaid, SSI, or enrolled in a MSP) do NOT need to apply for LIS; they automatically get LIS. They get a letter from CMS letting them know this.
Tips to Apply for Extra Help (cont.)

- Can start the application process for Medicare Savings Programs (i.e., QMB, SLMB, and QI)
  - SSA sends "leads" data to the state Medicaid office from the LIS application
  - Some Medicaid programs require clients to answer additional questions
  - May want to complete a separate MSP application to speed up the process*
  - Not all clients who qualify for LIS will qualify for MSP

Rhode Island State Pharmacy Assistance Programs (SPAP)

- Rhode Island resident 65 years of age or older.
  - Or receiving Social Security Disability (SSDI) payments age 55 and 64
- You must not be eligible for Medicaid.
- You must provide proof that you are enrolled in a Medicare Part D plan.
- If you have a prescription drug benefit, you must exhaust the benefit before utilizing RIPAE.
- Income limits and are updated every July
  - RiPAE website has not been updated since 2015

http://www.dea.ri.gov/programs/prescription_assist.php
### Annual Income Levels for RIPAE members 65 and older for FY2015:

<table>
<thead>
<tr>
<th>Level</th>
<th>Single Person</th>
<th>Married Couple</th>
<th>State Pays</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>$0 to $22,432</td>
<td>$0 to $28,042</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Two</td>
<td>$22,432 to $28,159</td>
<td>$27,574 to $35,211</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>Three</td>
<td>$28,159 to $49,372</td>
<td>$34,623 to $56,320</td>
<td>15%</td>
<td>85%</td>
</tr>
</tbody>
</table>

### Annual Income Levels for RIPAE disabled RIPAE member age 55 to 64 for FY2015:

<table>
<thead>
<tr>
<th>Level</th>
<th>Single Person</th>
<th>Married Couple</th>
<th>State Pays</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four</td>
<td>$0 to $48,547</td>
<td>$0 to $56,320</td>
<td>15%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Tackling the Adherence Problem: Community Pharmacists and Tech Can Offer Solutions
Why Pharmacists/ Techs?

- Most accessible provider in community
- Key touch point throughout continuum of care
- Last health care professional seen by patient before medications are taken
- Maximize medication use for optimal outcomes – best familiar with formulary and lower cost alternatives
- May be the first (or only) health provider to know about cost related non-adherence.
- Trusted source of information on insurance topics!
The Power of MTM

- Medication Therapy Management (MTM):
- Personalized, comprehensive reviews that can:
  - Optimize the clinical benefits of patients' medications (prescription and OTC)
  - Reduce the risk of adverse drug events, drug interactions, and the potential for side effects
  - Increase patient adherence to prescribed regimens through education and counseling
  - Identify more cost-effective alternatives

- Study comparing MTM interventions found drug costs decreased for those who received service from community pharmacists, decreased somewhat for patients who received service from a call center pharmacist, and were unchanged for those who received MTM via educational mailings.

How Can Community Pharmacists Help?

- Share resources: Use online resources to guide/assist your patients applying for LIS:
  - www.BenefitsCheckUp.org or www.SSA.gov (to apply for LIS online)
  - Medicare Plan Finder on www.Medicare.gov (to review plan selections)
- Review mailings: Help sort through/understand various mailings they get from SSA, Medicare, and their current plan
- Review options: Help remind patients with LIS that they can change plans or select one on their own
- Person-centered approach: Connect your patients with LIS — and other benefits (e.g., SNAP, LIHEAP, Medicare Savings Programs)
Case Study 1
Phil Harmonic

- Phil Harmonic comes to see you in October because he needs help reviewing his drug plan. He tells you he enrolled in a Medicare Part D Plan when he turned 65. He currently takes generic medications and is in a low premium plan; however, his doctor recently informed him that he will be starting a brand name medication in January. Phil is worried that he may enter the donut hole in with this new medication but he’s not sure. He tells you he is single and has a gross monthly income of $1,300. He also has $5,000 in a checking account and owns a life insurance policy.

- What information will you need to assist Phil with a drug plan search?
- When is Phil able to change his drug plan?
- What would you tell Phil about the donut hole?
- What subsidy programs may Phil qualify for and how would he apply?
I think My Patient May Qualify or I’m not sure? What can I do?

OFFER INFORMATION / REFERRALS TO HELP
BenefitsCheckup.org/

Learn More About Benefits
Learn more about the programs that can help you save money.

Medications
You may be eligible for programs that save money on medications and other health care costs (such as copays and deductibles). People who have applied for these benefits can save, on average, $4,000 annually in assistance.

Examples of Medication Programs
- Medicare Part D
- Medicare Low Income Subsidy (LIS)/Extra Help
- State Pharmaceutical Assistance Program (SPAP)
- Patient Assistance Programs
- Prescription Savings and Discount Cards

Find My Benefits
Brings together the regional Aging and Disability Resource Centers (ADRCs), Senior Health Insurance Program (SHIP), Senior Medicare Patrol Program (SMP), and Medicare Improvement for Patients and Providers Act (MIPPA)

Patients can call 401-462-4444 or 211

Or visit http://www.dea.ri.gov/thepoint/
My Advocate Helps: (free for RI BlueCHiP for Medicare members)

- As a partner of Blue Cross & Blue Shield of Rhode Island, My Advocate Helps can provide you education and assistance for enrolling into Medicare Savings Programs (MSP) and for Part D Extra Help. Applicable only to BlueCHiP for Medicare plan members.

- Phone: 1-866-866-7680
  TTY/TDD for hearing impaired: 1-877-644-3244

- My Advocate Helps gives you access to discounts and community assistance programs. Learn what programs you might qualify for by clicking the link below.
  Web site: http://MyAdvocateHelps.com
What If My Patient Does Not Qualify For Extra Help and/or RIPAE?
A program sponsored by drug companies, doctors, patient advocacy organizations, and civic groups. It helps low-income, uninsured patients get free or low-cost, brand-name medications.

Usually require that the medical provider cosign the application.

Usually require that Med-D patients are in the coverage gap

If approved, patient either get a voucher and fill at local pharm or get via mail

NeedyMeds
  - www.needymeds.org

Partnership for Prescription Assistance
  - https://www.pparx.org/

RxAssist
  - www.rxassist.org/
Manufacture Vouchers / Copay Assistance Cards

- A program sponsored by drug companies
- [www.needymeds.org/coupons-branch](http://www.needymeds.org/coupons-branch) has a comprehensive listing of these programs.
- Most brand name medications have links to these programs on their website.
  - Vouchers - generally allowed for all patients (including Medicare D patients). Usually 1 time only
  - Copay Cards – generally exclude federally funded programs (like Medicare)
    - Note that most of these programs ALLOW Federal Employee Program (FEP) as this is treated as a union/employer sponsored plan.
A program sponsored by drug companies/ advocacy organizations, and civic groups.

Assistance is tied to a disease/condition vs a specific medication.
- Generally allowed for all patients (including Medicare D patients)

www.needymeds.org/specific-diagnoses

Patient Access Network Foundation
- www.panfoundation.org
  - Usually gives an instant answer and billing info for use in any pharmacy
Pharmacy Discount Programs / Goodrx.com etc

- Patients are charged a special price that may be higher/lower than the typical cost with their insurance.

- While patients with insurance CAN use these programs, they can not be combined with insurance for the same prescription.

- Remember that prescriptions processed thru anything other than the plan will not count towards the deductible or Part D Troop.

- Note: Medicare STARS program only counts prescriptions that are processed with the plan. Failure to process with the plan will negatively affect your pharmacies adherence/STARs measures.
Blink Health

https://www.blinkhealth.com/

► Blink Health is partnered with one of the largest group purchasing organizations (GPOs) in the country.

► Patients “prepay” for their medication online, cost is similar to preferred contracted rates.

► Take RX specific billing information to network pharmacy

► As of May 1, for RI includes CVS/Rite Aid/ Walmart / OSCO
Questions and Answers Time

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