

Evolution of the Medication Assistance Program at the Ohio State University

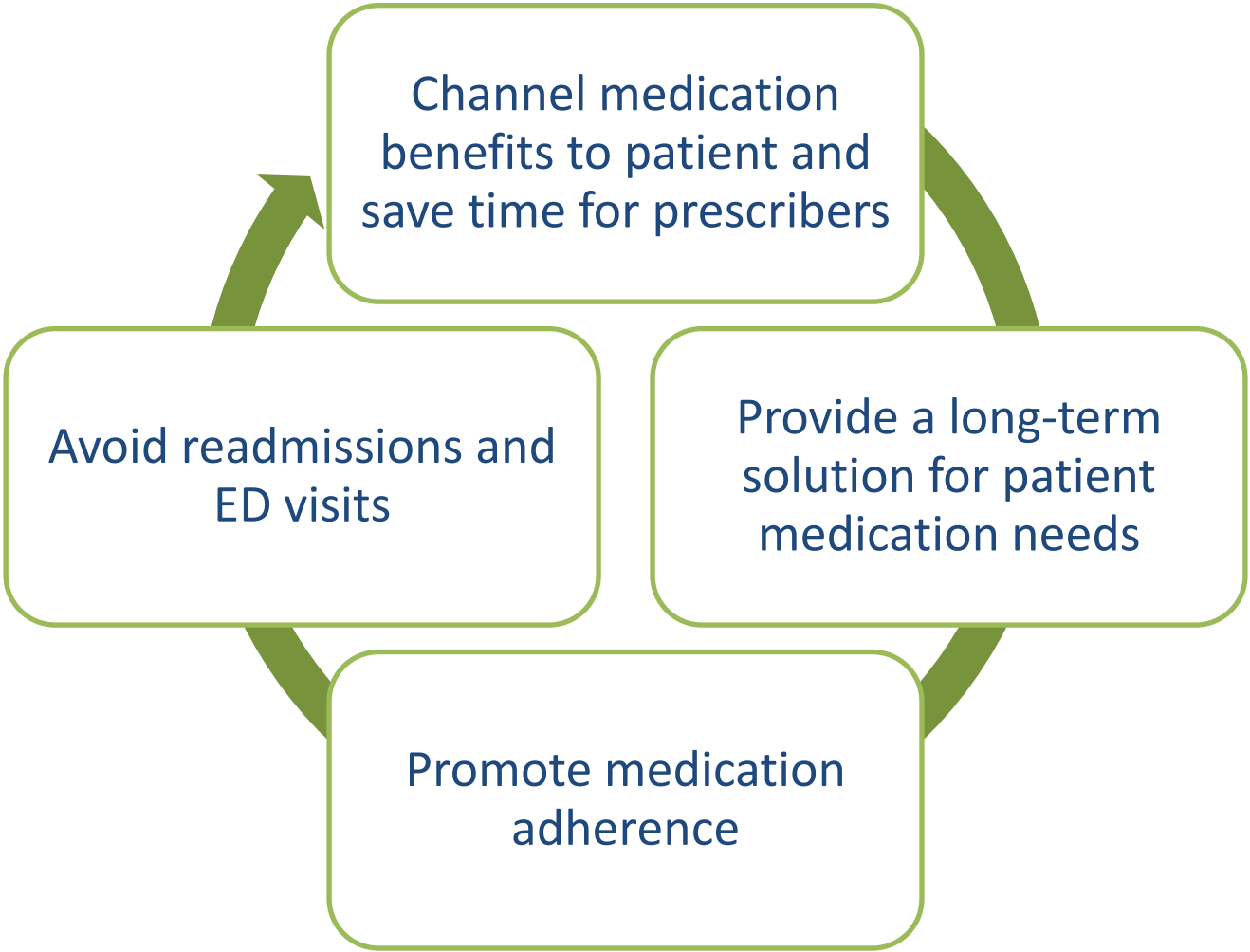
Why Create a Program?

- Improve medication access and adherence
- Improve continuity of care
- Improve patient's quality of life
- Increase physician and staff satisfaction
- Cost avoidance
 - Reduce patient length of stay
 - Reduce hospital admissions/ED visits
- Decrease dollars for charity and off-label write-offs

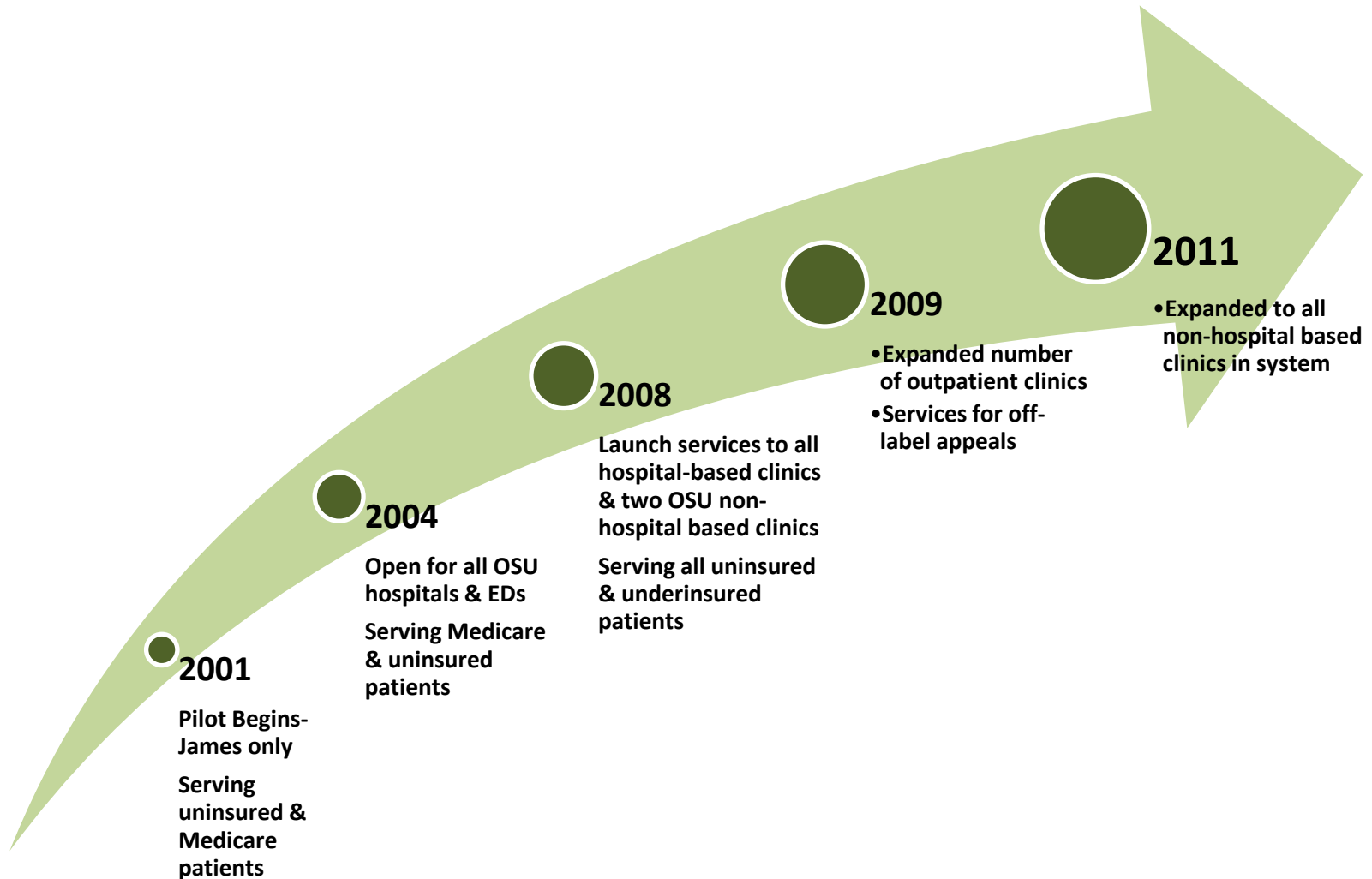
Our Mission

- To improve patient outcomes by providing access to medications for uninsured and underinsured patients
- To reduce costs associated with charity write-offs, avoidable hospital admissions, and emergency department visits

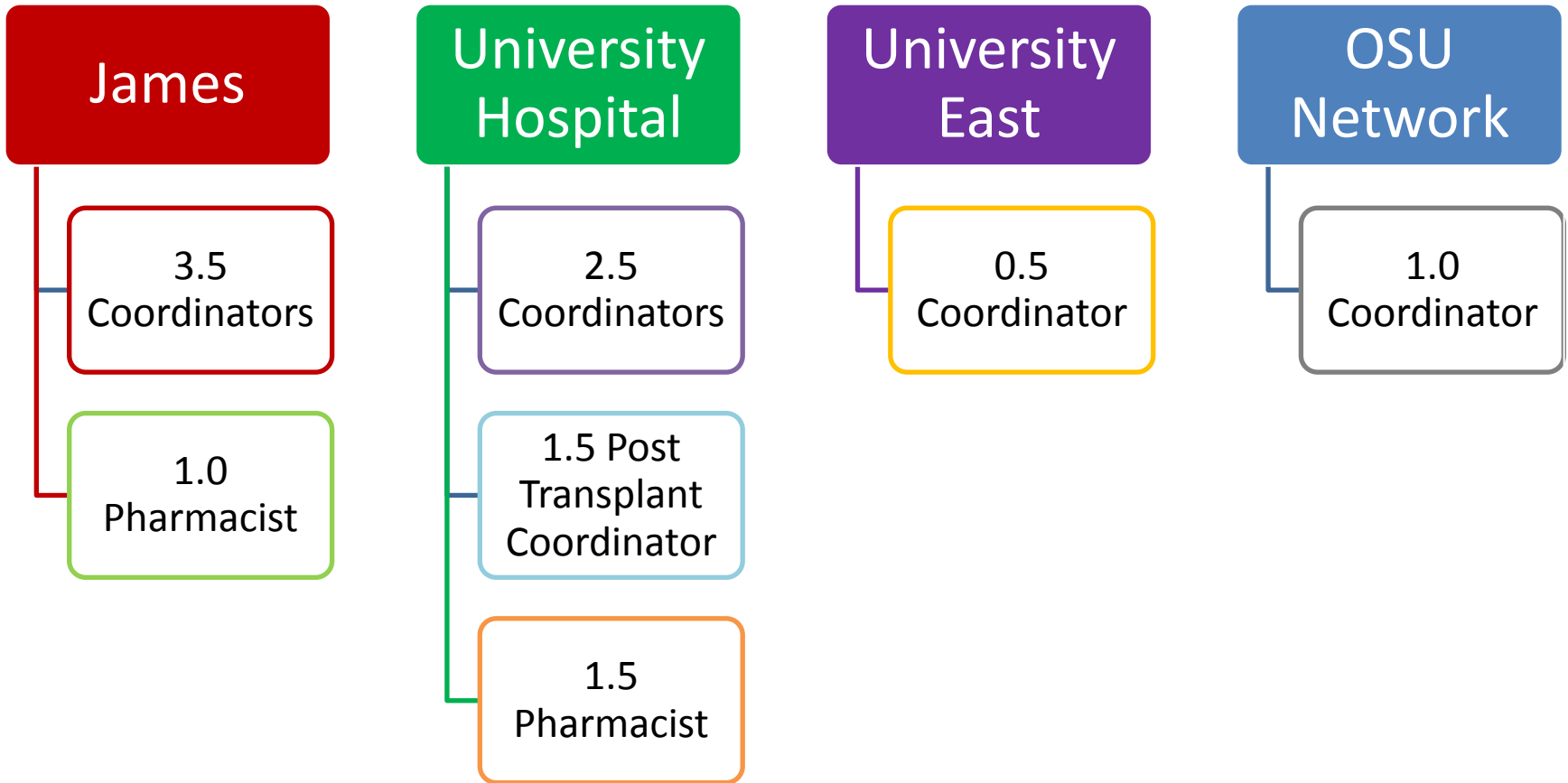
Medication Assistance Program Objectives



Growth of MAP at OSU



Medication Assistance Program Structure





Medication Assistance Program Development

The James



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Medication Assistance Program Coordinator

- Determine desired skill set for personnel and develop position description for Medication Assistance Program Coordinator (MAPC)
 - Social worker vs. financial counselor vs. pharmacy technician
- Desired qualifications for MAPCs
 - Conceptual thinker
 - Self-sufficient and ability to multitask
 - Independent and motivated
 - Prioritization skills

Responsibilities - Coordinator

- Screen for assistance
- Coordinate benefits
- Enroll patients into programs
 - Manufacturer assistance programs
 - Disease-based assistance programs
 - Medicare Part D prescription drug benefits
 - Social Security
 - Low income subsidy
- Provide copay assistance for underinsured
- Provide vouchers for use of charity funds

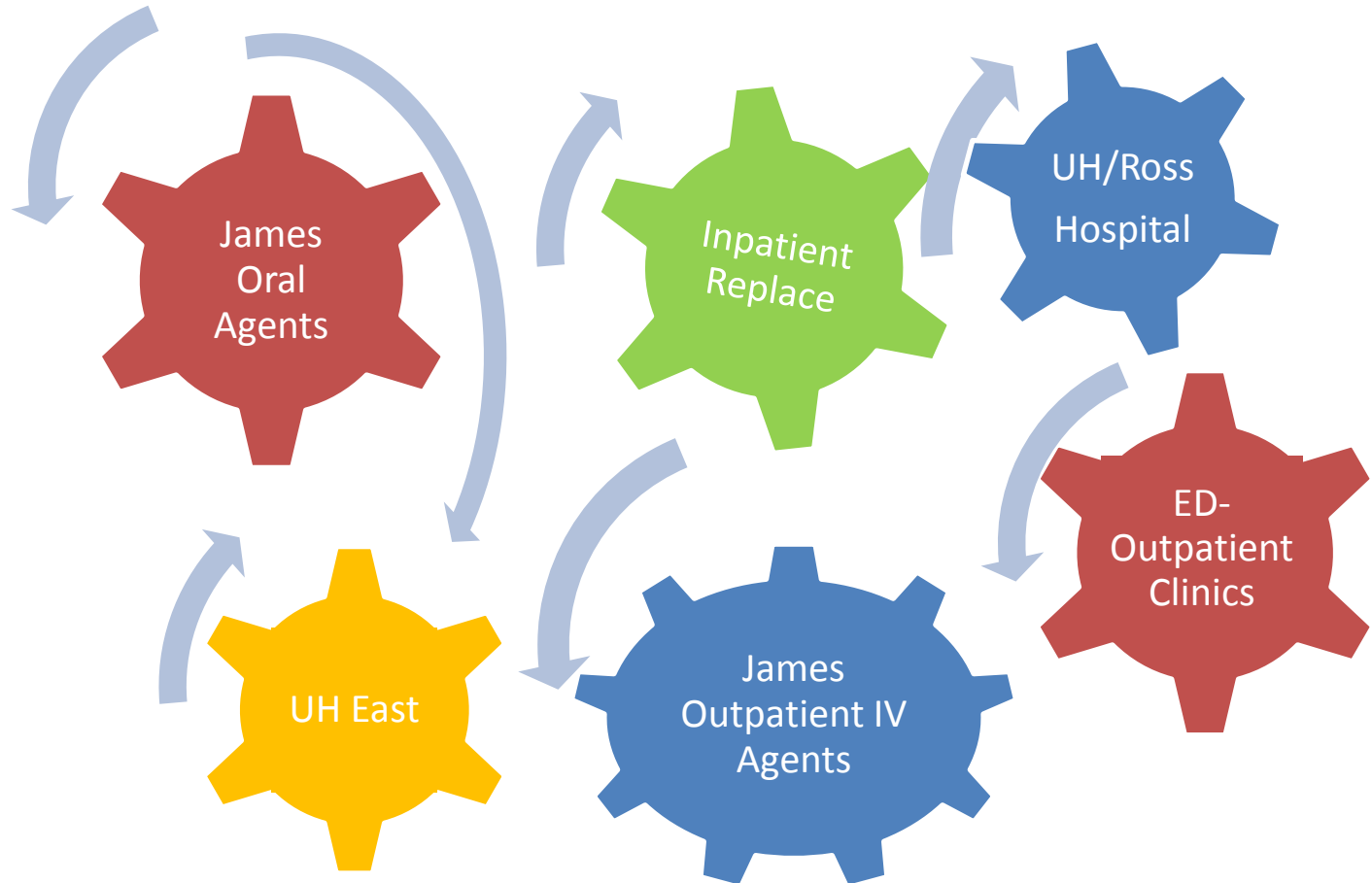
Responsibilities - Pharmacist

- Recommend therapeutic/generic alternatives
- Provide drug information
- Perform drug utilization reviews
- Correspond with prescribers
- Counsel patients
 - Medications
 - Administration technique (i.e. enoxaparin)
- Keep current on Medicare, Medicaid, and Commercial policies
- Facilitate reimbursement for off-label indications
 - Literature research and support
 - Appeals

Program Development

- Define scope of program
 - Coverage areas: inpatient, outpatient, specialty, emergency department, hospital based vs. non-hospital based
 - Services: inpatient replacement, outpatient replacement, take-home medications, off-label support

Evolution of the Scope of MAP at OSU

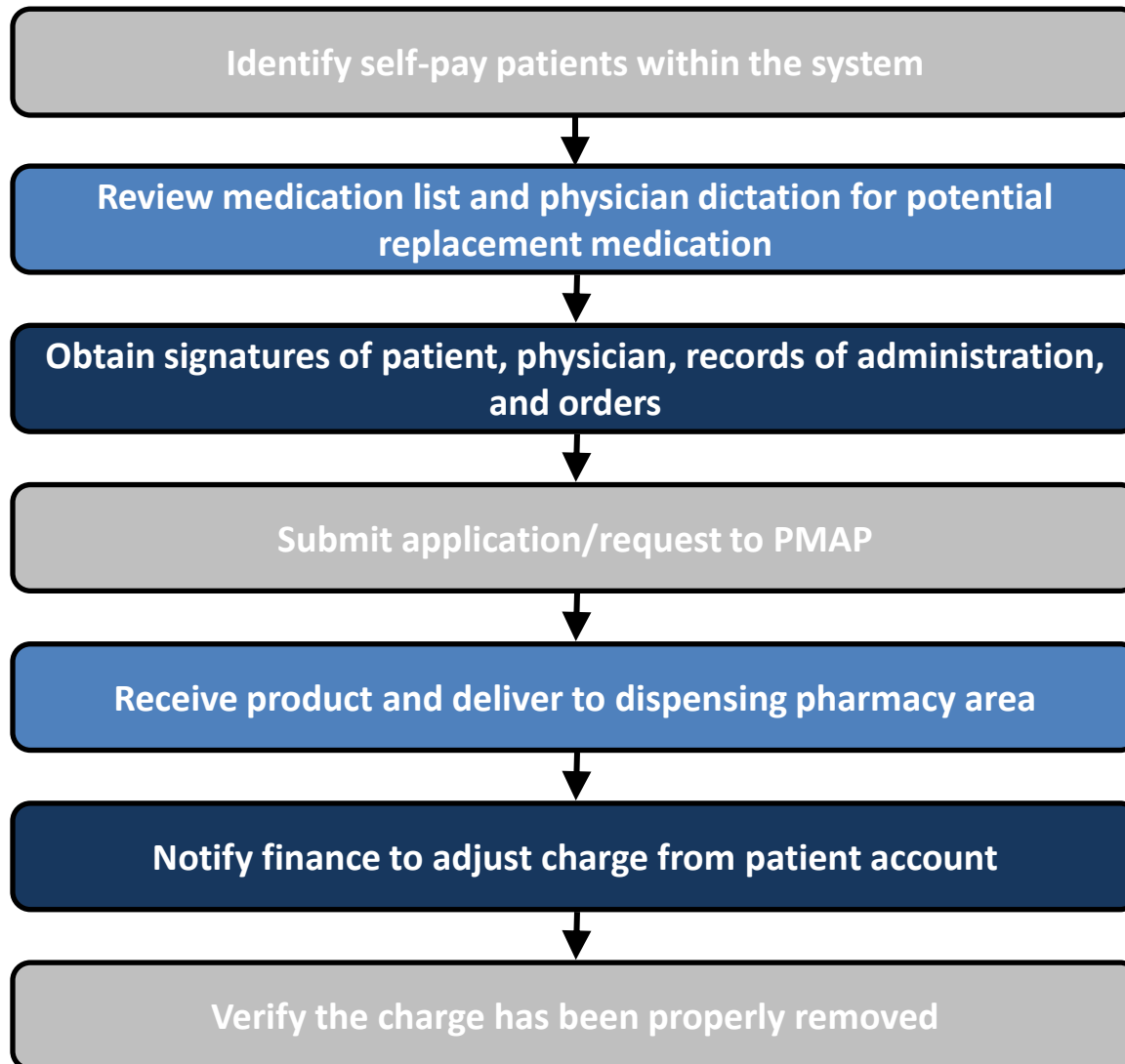


MAP serves all inpatient units at OSU/James and outpatient clinics

Inpatient/Outpatient Replacement

- Identification of programs
- Identification of patients
 - Self-pay reports
- Review of patient profiles
- Obtain needed documentation and signatures
- Receipt and delivery of product
- Adjustment of patient bill
- Documentation

Inpatient/Outpatient Replacement



Copy and retain records of application, medication order, and account adjustment for audit purposes

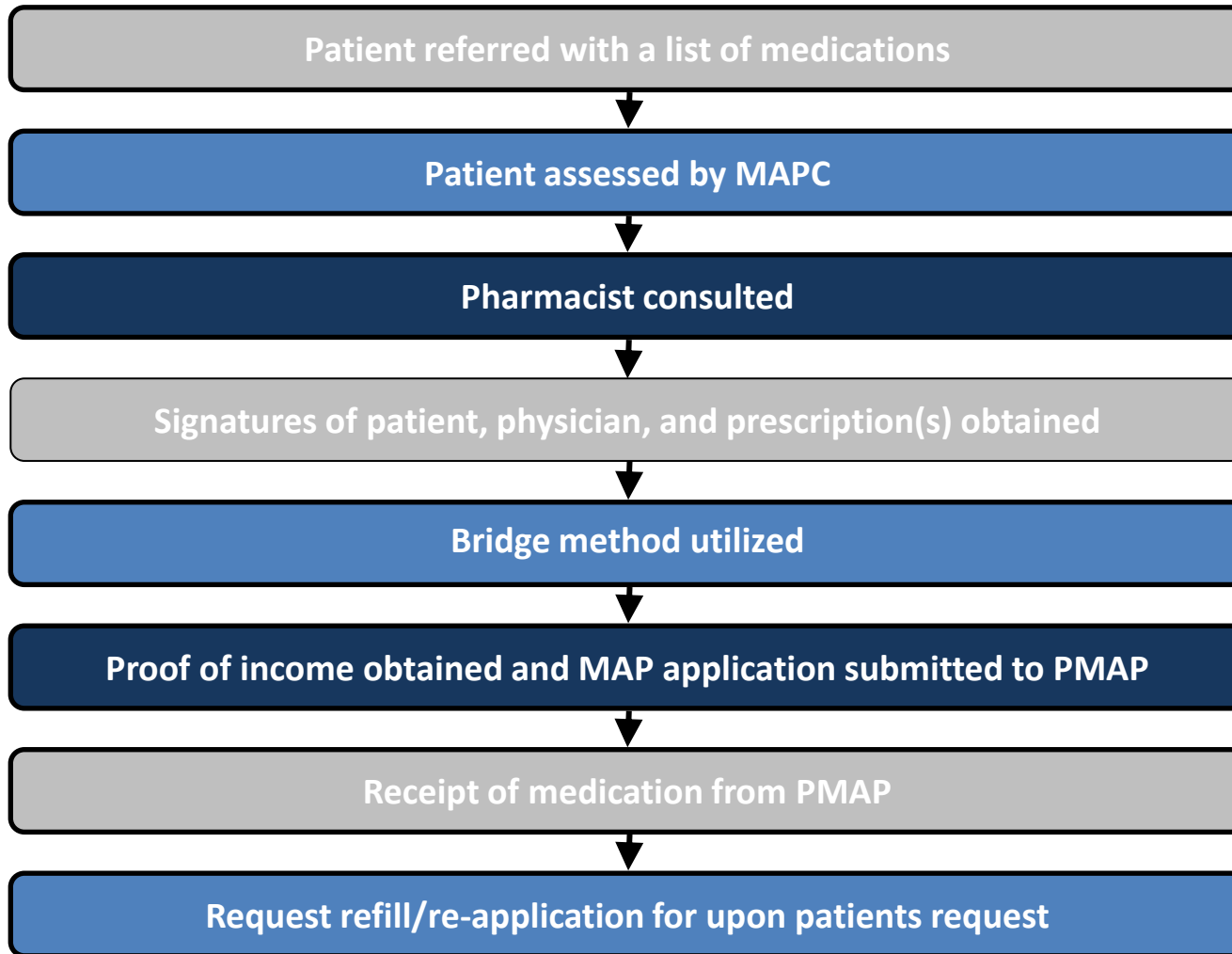
“Take-Home” Medications

- Identification of programs
- Obtain needed documentation and signatures
- Bridge between application and receipt of medication
 - Samples
 - Rx to outpatient pharmacy (charity)
 - Disproportionate facilities - use 340B

“Take-Home” Medications

- Pharmacist involvement
 - Recommend therapeutic interchange
 - Drug utilization review
 - Dispensing of medication
 - Patient counseling
- Ineligible for PMAP
 - Alternative therapy
 - Charity
 - Samples
 - 340B

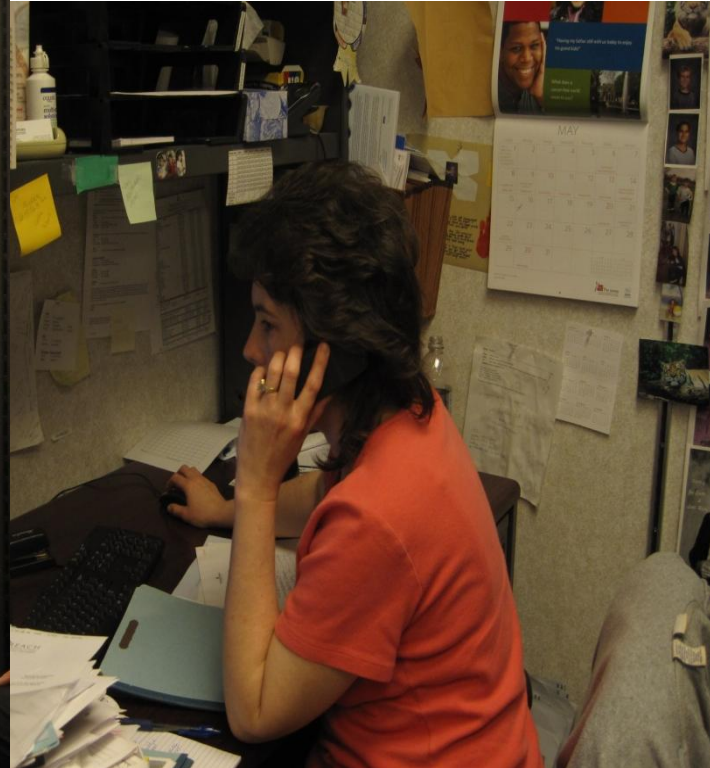
“Take-Home” Medications



MAPC – Medication Assistance Program Coordinator
MAP – Medication Assistance Program
PMAP – Pharmaceutical Manufacturer Assistance Program

Program Development

- Determine resources required
 - Personnel, equipment, supplies
 - Space – must be a secure location
 - Plan for expansion



Program Development

- Determine ability to access financial and clinical information
 - Financial access/counseling notes
 - Medicaid status
 - Billing- patient explanation of benefits
 - Electronic medical records
 - Chemotherapy/infusion records

Accessing Clinical and Financial Information

- Develop printed material to request signatures
- Utilize clinical team members
- Utilize Medical Information Management to obtain necessary documentation
 - Electronic
 - Written
 - Labs, procedures, etc.



Program Development

- Determine ways to identify patients
 - Reports from hospital information system help to identify patients likely to need assistance at discharge (look for self-pay and Medicaid pending)
 - Inpatient admissions report
 - ED admissions from the past 24 hours
 - Report from hospital information system to help identify patients eligible for replacement medication
 - Outpatient infusion visits

Sample Inpatient Report

LOC_NAME	SERVICE	PT_ARRIVED_ED_DT_TM	PAT_MRN	PAT_FIRST_NAME	PAT_LAST_NAME	PRIMARY_PAYOR	FIN_CLASS
JAMES	Oncology	5/20/2012 4:06	999888777	Ball	Parks		Self-pay
JAMES	Oncology Critical Care	5/20/2012 12:24	987987987	Flash	Gordon		Self-pay
OSU EAST	Emergency Medicine	5/20/2012 1:13	998998998	John	Jacobs		Self-pay
OSU EAST	Inpatient	5/20/2012 1:34	999666555	Jingle	Himmer	MEDICARE	Medicare
OSU EAST	Emergency Medicine	5/20/2012 1:37	999999999	Cheatum	How		Self-pay
OSU EAST	Emergency Medicine	5/20/2012 7:29	999222111	Jackson	Mikey		Self-pay
OSU EAST	Emergency Medicine	5/20/2012 7:53	999444333	Fraser	James		Self-pay
OSU EAST	Inpatient	5/20/2012 13:26	999000999	Bette	Miller	MEDICARE	Medicare
OSU EAST	Emergency Medicine	5/20/2012 13:40	988998888	Orajello	Cups		Self-pay
OSU EAST	Emergency Medicine	5/20/2012 13:46	988777666	Limjello	Cups	MEDICARE	Medicare
OSU EAST	Emergency Medicine	5/20/2012 14:03	988555444	Cookie Hewitt	Blondine	MEDICARE	Medicare
ROSS HEART HOSPITAL	Critical Care	5/20/2012 4:16	988333222	Hewitt	Packhard	MEDICARE	Medicare
ROSS HEART HOSPITAL	Critical Care	5/20/2012 7:03	988111000	Incredible	Hulk	MEDICARE	Medicare
ROSS HEART HOSPITAL	Critical Care	5/20/2012 10:04	977999888	Stark	Anthony	MEDICARE	Medicare
UNIVERSITY HOSPITAL	Emergency Medicine	5/20/2012 1:16	977777666	Widow	Black	MEDICARE	Medicare
UNIVERSITY HOSPITAL	Emergency Medicine	5/20/2012 1:37	977555444	Pepper	Patty		Self-pay
UNIVERSITY HOSPITAL	Critical Care	5/20/2012 1:44	977333222	Brown	Charles	MEDICARE	Medicare
UNIVERSITY HOSPITAL	Emergency Medicine	5/20/2012 1:47	977111000	Parker	Peter		Self-pay

Program Development

- Determine ways to identify patients
 - Reports from pharmacy information system by medication with payer information
 - High dollar inpatient medications eligible for replacement that require patient signature (look for self-pay, Medicaid pending)
 - Examples – regadenoson (Lexiscan[®]), caspofungin (Cancidas[®]), abciximab (Reopro[®]), bivalirudin (Angiomax[®])

Program Development

- Develop policies and procedures
 - Patient eligibility criteria for PMAP
 - Patient and staff responsibilities
 - Turnaround time for referrals
 - Medication accountability requirements
 - Request for medication
 - Receipt of medication
 - Account adjustment
 - Other types of assistance (charity, copay assistance, 340B)

Patient Eligibility Criteria

- Application for program
- Federal Poverty Guidelines
- Flexibility
- Exception process

Persons in Family	48 Contiguous State and D.C.	Alaska	Hawaii
1	\$11,800	\$14,840	\$13,670
2	\$16,020	\$20,020	\$18,430
3	\$20,160	\$25,200	\$23,190
4	\$24,300	\$30,380	\$27,950
5	\$28,440	\$35,560	\$32,710
6	\$32,580	\$40,740	\$37,470
7	\$36,730	\$45,920	\$42,230
8	\$40,890	\$51,120	\$47,010
For each additional Person, add	\$4,160	\$5,200	\$4,780

2016 HHS Poverty Guidelines

SOURCE: Federal Register, Vol. 82, No. 13, January 21, 2016

Patient and Staff Responsibilities

- Patient responsibilities
 - Provide proof of income and other financial documents as requested
 - Attend appointments as scheduled
 - Remain adherent to medication regimen and any other healthcare provider requests
 - Alert coordinator if medications change
- Staff responsibilities
 - Turnaround time for referrals
 - Inpatient (4 hours) vs. Outpatient (24 hours)
 - Follow up with patients and PMAPs

Medication Accountability: Request for Medication

- Submit application to manufacturer
- Submit infusion records from pharmacy
- Submit physician order (if required)
- Submit proof of income (requirements vary)
 - 1099, 1040, W2, letter of support
- Submit record of medication administration
- Submit infusion medication charges
 - Submission of Explanation of Benefits (EOB) may be required

Medication Accountability: Receipt of Product

- Designate one pharmacy location for receipt of medication
- Record receipt of medication
 - Verify medication received matches medication requested
- Deliver to individual infusion sites
- Record delivery of medication



Account Adjustment

- Ensure account adjustments are done in a timely fashion so that patient bills can be adjusted appropriately
- Develop a method to track patients and infusions to ensure patient accounts are appropriately reconciled
- Provide medication receipt information to key departments
 - Central business office (CBO) to apply adjustment
 - Pharmacy purchasing to consider inventory impact
- Develop quality assurance process to ensure charge has been adjusted by CBO

Transaction Inquiry - 1 of 1 Account

Totals		Hospital Balances			
Charges:	26,920.20	Prebilled:	0.00	Self-pay:	0.00
Payments:	0.00	Insurance:	0.00	Bad debt:	0.00
Adjustments:	-26,920.20	Undistributed:	0.00	Current balance:	0.00

View all transactions

Charges Grouped By CPT(R)/HCPCS Code - Desc

CPT(R)/HCPCS Code	Description	Qty
<input type="checkbox"/> 36415 (CPT®)-HC VENIPUNCTURE	HC VENIPUNCTURE	1
<input type="checkbox"/> 80051 (CPT®)-HC ELECTROLYTE PANEL	HC ELECTROLYTE PANEL	1
<input type="checkbox"/> 82565 (CPT®)-HC CREATININE; BLOOD	HC CREATININE; BLOOD	1
<input type="checkbox"/> 82947 (CPT®)-HC GLUCOSE; QUAN, BLOOD	HC GLUCOSE; QUAN, BLOOD	1
<input type="checkbox"/> 84520 (CPT®)-HC UREA NITROGEN; QUAN	HC UREA NITROGEN; QUAN	1
<input type="checkbox"/> 85025 (CPT®)-HC CBC, EDIFF, & PLATELET	HC CBC, EDIFF, & PLATELET	1
<input type="checkbox"/> 96372 (CPT®)-HC INJECTION IM OR SQ	HC INJECTION IM OR SQ	1
<input checked="" type="checkbox"/> J2505-PEGFILGRASTIM 6 MG/0.6ML SOLN 0.6 ML SYRINGE	PEGFILGRASTIM 6 MG/0.6ML SOLN 0.6 ML SYRINGE	2

Individual Drug Charge

Itemized Charge Listing

Svc Date	Post Date	Code-Description	Rev Code	CPT®/HCPCS Code	Qty
11/09/2011	11/09/2011	6360001-PEGFILGRASTIM 6 MG/0.6ML SOLN 0.6 ML SYRINGE	0636-PHARMACY - DRUGS ...	J2505	1
11/29/2011	11/29/2011	6360001-PEGFILGRASTIM 6 MG/0.6ML SOLN 0.6 ML SYRINGE	0636-PHARMACY - DRUGS ...	J2505	1



Payments

None

Individual Drug Adjustment

Adjustments

Svc Date	Post Date	Code-Description	Payor
02/09/2012	02/09/2012	2033-PHARMACY ASSISTANCE PROGRAM	
02/09/2012	02/09/2012	2033-PHARMACY ASSISTANCE PROGRAM	



Details for Transaction #10875746

Adjustment Information (Transaction ID: 10875746, Post Date: 2/9/2012-10:27 AM)

Patient: [REDACTED] ...Account ID: [REDACTED] Active Bucket: SP [928077]
Account Class: Series Financial Class: Self-pay
Procedure: 2033-PHARMACY ASSISTANCE PROGRAM
Quantity: 1 Amount: [REDACTED]

Transaction Source: ACCOUNT MAINTENANCE - ADJUSTMENT POSTING
Service Date: 2/9/2012 Post Date: 2/9/2012-10:27 AM
Comment: 11/9/11- Pegfilgrstim

Check # in Batch: 1
Reference # :
Payor on Adjustment:
Payor on Bucket: Self Pay
Debit GL: 0000
Credit GL: 0000

Line # in Check.
Adjustment matches date of service

User: ESPO02 - ESPOSITO, ERICA System Batch ID: 119 Tx ID: 10875746
GUI Batch User: System Batch Service Area: OSUHS SERVICE AREA [1000]
GUI Posting Batch: System batch #33161

Monthly Inventory Adjustment Report by Cost Center

Fund-costcenter- expense	James Main	James MMP	James CBC	James Mill Run
	H20000-96726-76317	H20000-96786-76317	H20000-6775-76317	H2000-96826-76317
Agent/Strength NDC#	Bendamustine 100mg 6345900391-20	INTERFERON ALFA- 2B(INTRON-A) 50000000 UNIT 0085-0539-01	Pegfilgrastim 6mg 55513- 0190-01	Bevacizumab 400mg 50242- 0061-01
Agent/Strength NDC#	Bendamustine 25mg 63459- 0390-08	INTERFERON ALFA- 2B(INTRON-A) 50000000 UNIT 0085-0539-01	Pegfilgrastim 6mg 55513- 0190-01	Bevacizumab 400mg 50242- 0061-01
Agent/Strength NDC#	Bendamustine 25mg 63459- 0390-08	INTERFERON ALFA- 2B(INTRON-A) 50000000 UNIT 0085-0539-01	Pegfilgrastim 6mg 55513- 0190-01	Bevacizumab 400mg 50242- 0061-01
Agent/Strength NDC#	Bendamustine 25mg 63459- 0390-08	INTERFERON ALFA- 2B(INTRON-A) 50000000 UNIT 0085-0539-01	Pegfilgrastim 6mg 55513- 0190-01	Bevacizumab 400mg 50242- 0061-01
Agent/Strength NDC#	Bendamustine 100mg 6345900391-20	INTERFERON ALFA- 2B(INTRON-A) 50000000 UNIT 0085-0539-01	Pertuzumab 420mg 50242- 145-01	
Agent/Strength NDC#	Bendamustine 25mg 63459- 0390-08	INTERFERON ALFA- 2B(INTRON-A) 50000000 UNIT 0085-0539-01	Pertuzumab 420mg 50242- 145-01	
Agent/Strength NDC#	Bendamustine 25mg 63459- 0390-08	INTERFERON ALFA- 2B(INTRON-A) 50000000 UNIT 0085-0539-01	Fulvestrant 250mg/5ml 00310-0720-10	
Agent/Strength NDC#	Bendamustine 25mg 63459- 0390-08	INTERFERON ALFA- 2B(INTRON-A) 50000000 UNIT 0085-0539-01	Trastuzumab 440mg 50242- 0134-68	
Agent/Strength NDC#	Pegfilgrastim 6mg 55513-0190- 01	INTERFERON ALFA- 2B(INTRON-A) 50000000 UNIT 0085-0539-01	Trastuzumab 440mg 50242- 0134-68	
Agent/Strength NDC#	Pegfilgrastim 6mg 55513-0190- 01	INTERFERON ALFA- 2B(INTRON-A) 50000000 UNIT 0085-0539-01		
Agent/Strength NDC#	Romiplostim 500mcg 55513- 0222-01	INTERFERON ALFA- 2B(INTRON-A) 50000000 UNIT 0085-0539-01		
Agent/Strength NDC#	Romiplostim 500mcg 55513- 0222-01	INTERFERON ALFA- 2B(INTRON-A) 50000000 UNIT 0085-0539-01		

Other Types of Assistance

- Establish charity budget and guidelines
 - “Bridge” prescriptions
 - Patients who do not meet PMAP requirements
- Set clear guidelines for providing
 - Copay assistance
 - 340B dispensing
- Additional funding resources
 - Grants
 - Samples (last resort, usually to bridge only)

Marketing the Program

- Develop education and marketing plan
 - Availability of service
 - Contact information
 - Hours of operation
 - How to refer patients

Medication Assistance Program

A Medication Support Program for Patients
of the Ohio State University Medical Center

Sponsored by the Department of Pharmacy

What is the Medication Assistance Program (MAP)?

The Medication Assistance Program is a need-based service that provides OSU Medical Center patients with medications at reduced or no cost.

Who is eligible for the program?

Patients who are without prescription benefits and whose financial situation makes it a challenge to obtain prescription medications are eligible for the program.

This includes those who:

- are uninsured and are not eligible for any public health program
- are Medicare patients without prescription benefits
- have applied for public health assistance and are waiting for approval

Other applicants will be reviewed on a case-by-case basis upon referral by a healthcare professional.

How are patients referred to the program?

Patients may be referred by physicians, clinic staff, nurses, social workers, patient care resource managers or other OSU Medical Center staff when the patient's ability to pay for prescriptions is a concern, by calling (614) 293-0394. Once the referral is made, MAP staff will help determine eligibility and try to help the patient access necessary medications.

Electronic MAP Referral

Place orders (Enc Date: 5/9/2014) - Wt: (Not entered for this visit) Ht: (Not entered for this visit) ? Resize

Pref List Interactions Pharmacy Providers Routing CC Results Pend Orders Sign Orders Financial Settings Link Order Calculator Verify Pharmacy Benefits

New order:

New order defaults: Not using defaults

During visit Procedures (1 Order)

IP CONSULT TO PHARMACY MEDICATION ASSISTANCE

Routine, ONE TIME First occurrence Today at 1413

Priority:

Frequency:

Starting: At:

First Occurrence: **Today 1413**

Scheduled Times: [Show Schedule](#)

Questions:

Prompt	Answer	Comments
1. Requested Action:	<input type="button" value="Consultation and Treat"/> <input type="button" value="Consultation Only"/>	<input type="text"/>
2. Reason for Consult: !	<input type="button" value="Copay Issue"/> <input type="button" value="Self Pay"/> <input type="button" value="Other (see comments)"/>	<input type="text"/>
3. Patient's Copay Amount:	<input type="text"/>	<input type="text"/>
4. Medication(s) requested (list all that apply): !	<input type="text"/>	<input type="text"/>
5. Contact Number: !	<input type="text"/>	<input type="text"/>

Comments (F6): [Click to add text](#)

MAP Referral Form - Outpatient Use



Medication Assistance Program Referral Form

Date: _____ MRN: _____

Patient Name: _____ Phone: _____

Reason for Referral: No Medical Insurance No Prescription Coverage
 High Medication Copay Medicaid Pending
 Medicare Part D Gap
(Include copies of all insurance cards where applicable)

Diagnosis: _____

Prescriber: _____ Office contact: _____

Prescriber phone: _____ Fax: _____

The Medication Assistance Program Coordinator will contact the patient to assess the situation and eligibility for assistance. Referrals are processed 8:30am-4:00pm Monday-Friday excluding holidays. This form will be faxed back to the referring prescriber with a summary of the actions taken.

Eligibility is based on a needs based assessment and is determined on a case by case basis.

Medication	Patient Medication List		Quantity
	Strength	Dosage	

**Use as directed will not be accepted. All medications require directions for ability to assist. Outpatient IV chemotherapy requests are required prior to therapy.*

Medication Assistance Program Summary of Actions

Excluded Medications

*Over-the-counter medications and supplies

Questions, please contact MAP office at (614) 366-4170.

FAX COMPLETED REFERRAL FORM TO MAP OFFICE AT (614) 293-8659

Quality Measures

- Ensure quality measures in place for both clinical and financial aspects of program
 - Programs are subject to external auditing
 - Organized patient charts and timely, accurate documentation are essential

Documentation

Chart Organization

Left side of chart

- Face Sheet/Demographics
- Release of Information
- Proof of income (tax return, pay stubs, 1099, 4506T)
- Medication List
- Correspondence
- Copy of insurance cards

Right side of chart

- Applications (sort by company)
- Infusion records
- Drug specific charges
- Adjustment records
- Invoices
- Note: keep application & prescription together
- MAP tracking sheet

Tracking and Metrics

- Develop or purchase tracking system
 - Applications, value of medications accessed, etc
- Determine metric reporting to leadership
 - Applications
 - Patient involvement
 - Prescriber involvement
 - ROI
 - Charity dollars



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Welcome

MedData Services Prescription Assistance Program provides the Medical Professional and their qualified Patients the information needed to apply for free medications. For information and access to this service, use the [E-Mail](#) form or call 1-888-246-1085. Our Business Hours Are 9:00 AM to 5:00 PM Central Time Monday thru Friday.

Special Discounts are available to all 340B eligible hospitals and clinics participating in the Prime Vendor Program. To learn more about the Prime Vendor's pricing or to join the program, visit their website at www.340bpvp.com.



To date, MedData Services has helped its customers and their patients receive over **\$589,137,517** in free medication.

[Flash Demo](#)



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Pt. Name	Medication	Estimate of savings Area (T = Physician	Application Date	Supply	Source	
Joe Smith	Cellcept 250 mg	\$3,479.96 t	Davies	8/27/2007	960 capsules	Roche
	Neoral 25 mg	\$635.88 t	Davies	8/27/2007	360 capsules	Novartis
Monty Full	Myfortic 360 mg	\$11,971.62 t	Bumgardner	8/27/2007	1080 tabs	Novartis
Mount Everest	Neoral 100 mg	\$1,079.94 t	Pesavento	8/1/2007	180 tabs	Novartis
	Neoral 25 mg	\$635.88 t	Pesavento	8/1/2007	360 capsules	Novartis
Minnie Mouse	Neoral 25 mg	\$1,271.76 t	Davies	8/27/2007	720 capsules	Novartis
	Amaryl 4 mg	\$301.14 t	Davies	8/27/2007	180 tabs	Sanofi Aventis
	Lantus	\$335.96 t	Davies	8/27/2007	4 vials	Aventis
	Nexium 20 mg	\$882.38 t	Davies	8/27/2007	180 capsules	AstraZeneca
	Myfortic 360 mg	\$7,981.08 t	Davies	8/27/2007	720 tablets	Novartis
Jackson Hewitt	Cellcept 250 mg	\$3,479.96 t	Henry	8/27/2007	960 capsules	Roche
	Neoral 100 mg	\$1,079.94 t	Henry	8/27/2007	180 capsules	Novartis
Crystal Chandleur	Valtrex 500 mg	\$1,039.95 t	Pesavento	8/27/2007	300 tablets	Glaxo Smith Kline
	Cellcept 250 mg	\$3,479.96 t	Pesavento	8/27/2007	960 capsules	Roche
	Neoral 100 mg	\$1,079.94 t	Pesavento	8/27/2007	180 tablets	Novartis
	Neoral 25 mg	\$317.94 t	Pesavento	8/27/2007	180 tablets	Novartis
	Procrit 10,000 units	\$4,204.16 t	Pesavento	8/27/2007	24 vials	Amgen
Orange Gelo	Cellcept 250 mg	\$3,479.96 t	Henry	8/30/2007	960 capsules	Roche
	Neoral 100 mg	\$1,079.94 t	Henry	8/30/2007	180 capsules	Novartis
Kara Thrace	Cellcept 250 mg	\$3,479.96 t	Davies	8/30/2007	960 capsules	Roche
Oscar Meyer	Cellcept 250 mg	\$3,479.96 t	Davies	8/30/2007	960 capsules	Roche
	Neoral 25 mg	\$1,146.24 t	Davies	8/30/2007	720 capsules	Novartis
	Lipitor 10 mg	\$239.59 t	Davies	8/30/2007	90 tablets	Pfizer
	Norvasc 10 mg	\$224.69 t	Davies	8/30/2007	90 tablets	Pfizer
	Procrit 20,000 unit	\$13,753.18 t	Davies	8/31/2007	#7 (6ml vials)	OrthoBiotech
	Procrit 40,000 unit	\$16,044.00 t	Davies	8/31/2007	#7 (4 ml vials)	OrthoBiotech
Veletta Fondue	Valcyte 450 mg	\$13,848.58 t	Davies	8/31/2007	360 capsules	Roche
CV Wrap	Myfortic 360 mg	\$1,995.27 t	VonVisger	8/31/2007	180 tabs	Novartis
Mary Jones	Sandimmune 150 mg	\$1,105.74 t	Davies	8/7/2007	540 tablets	Novartis
	Norvasc 5 mg	\$223.56 t	Davies	8/7/2007	90 tabs	Pfizer
	Cozaar 25 mg	\$175.26 t	Davies	8/7/2007	90 tabs	Merck
Wayne Wright	Myfortic 360 mg	t	Pellitier	8/1/2007	360 tabs	Novartis
	Neoral 100 mg	t	Pellitier	8/1/2007	360 tabs	Novartis

Patient Case – Uninsured Patient

- 42 YOF with insulin-dependent diabetes mellitus and asthma
- After established care with PCP, medications prescribed are unaffordable
- Patient not eligible for Medicaid expansion and uninsured
- MAP consulted to assist with medication:
 - Insulin glargine (Lantus Solostar[®]), fluticasone, salmeterol (Advair Diskus[®]), albuterol (Proair[®]), diabetes testing supplies

Patient Case – Uninsured Patient

- Cost of medications

– Lantus Solostar®	1 box= \$447
– Proair Inhaler®	1 box= \$60
– Advair Diskus®	1 box= \$371
– BD Pen Tips®	1 box= \$49
– Freestyle Lite Meter	1 each=\$18
– Freestyle Lite Strips	1 box = \$168

- **Total Price** **\$1,114**

Patient Case – Uninsured Patient

- Initial thoughts?
- Next steps?

Patient Case – Uninsured Patient

- Initial thoughts?
 - Expensive medication without prescription coverage
- Next steps?
 - Complete and submit PMAP paperwork
 - Screen patient for state or federal assistance

Patient Case – Uninsured Patient

- What we did:
 - Enrolled patient in PMAPs
 - Sought MAP pharmacist referral for medication alternatives/therapeutic alternatives
- Final outcome:
 - Considered therapeutic interchange options that have PMAP
 - Long-acting insulin and inhalers
 - Contacted physician for interchange approvals
 - Obtained medications through PMAP
 - *Lantus PMAP (Sanofi)*
 - *Ventolin PMAP (Glaxo)*
 - *Advair Diskus PMAP (Glaxo)*
 - Obtained testing supplies through grocery chain store
 - Lowest cost option

Patient Case - Oral Chemotherapy Medicare

- 71 YOM with metastatic prostate cancer w/bone metastatic disease
- Patient is prescribed abiraterone (Zytiga[®]) 250mg #120; 4 tablets daily
- Patient has Medicare A & B, and Part D
- Patient has a copay of \$3,150 for a 30-day supply
- Patient is in the Coverage Gap

Patient Case - Oral Chemotherapy Medicare

- Initial thoughts?
- Next steps?

Patient Case - Oral Chemotherapy Medicare

- Initial thoughts?
 - Will the patient abandon therapy due to cost?
- Next steps?
 - Complete and submit any assistance that may be available for this patient
 - Copay card
 - Disease-based assistance grant
 - PMAP for free medication
 - Alternate therapy

Patient Case - Oral Chemotherapy Medicare

- What we did:
 - Applied to assistance grants
 - Applied to PMAP for free medication

- Final outcome:
 - Assistance grants which were closed due to insufficient funding
 - Patient enrolled into PMAP for free medication

Patient Case - Uninsured Oral Chemotherapy

- 26 YOM w/ hepatocellular cancer and Hepatitis B positive
- No previous treatment
- Prescriptions for:
 - sorafenib (Nexavar[®]) 200mg #120 (cost = \$15,820)
 - tenofovir (Viread[®]) 300mg #30 (cost = \$1,120)

Patient Case - Uninsured Oral Chemotherapy

- Initial thoughts?
- Next steps?

Patient Case - Uninsured Oral Chemotherapy

- Initial thoughts?
 - Will the patient abandon therapy? How is the patient going to afford these expensive agents?
- Next steps?
 - Screen for state or federal assistance for insurance
 - Complete and submit any assistance that may be available for this patient
 - Copay card
 - Disease-based assistance grant
 - PMAP for free medication
 - Alternate therapy

Patient Case - Uninsured Oral Chemotherapy

- What we did
 - Enrolled patient in PMAPs
 - Sought MAP pharmacist referral for medication alternatives
- Final outcome
 - Patient enrolled into PMAP for free medication

Patient Case - Uninsured Infusion

- 47 YOM Low Grade B Cell Lymphoma Stage IIIA
- Treatment plan R-CHOP plus pegfilgrastim (Neulasta®) for 6 cycles

– Cost of rituximab (Rituxan®) 800mg	\$ 7,180
– Cost of doxorubicin 107mg	\$ 5,814
– Cost of cyclophosphamide 1600mg	\$ 342
– Cost of vincristine 2mg	\$ 14
– Cost of prednisone 100mg	\$ 4
– Cost of pegfilgrastim (Neulasta®)6mg	<u>\$ 5,897</u>
– Total cost of one cycle	\$19,251

Patient Case - Uninsured Infusion

- Initial thoughts?
- Next steps?

Patient Case - Uninsured Infusion

- Initial thoughts?
 - How is the patient going to afford these expensive agents? Who is going to pay for the therapy?
- Next steps?
 - Screen for state or federal assistance for insurance
 - Complete and submit any assistance that may be available for this patient
 - Copay card
 - Disease-based assistance grant
 - PMAP for free medication
 - Alternate therapy

Patient Case - Uninsured Infusion

- What we did
 - Verified patient was not eligible for state/federal assistance
 - Enrolled patient in PMAP
- Final outcome
 - Patient enrolled into PMAP for free medication
 - Rituximab (Rituxan[®])
 - Pegfilgrastim (Neulasta[®])

Questions?