



**AFFORDABLE PRESCRIPTION DRUG PROJECT
PRESCRIPTION ASSISTANCE PROGRAM Q&A SESSION
MEETING RECORD**

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Record: Deb Helber, Consultant

Welcome & Framing

Jeff Biehl welcomed everyone to the Prescription Assistance Program's Q&A session. In continuing to engage the community in exploring strategies on how we bring more affordable prescription drugs into Franklin County, Access HealthColumbus is inviting "content" experts to come and engage in conversations with us around the questions that emerged from the Kick-Off Meetings.

Today, Jenny Camper, President of Lesic & Camper Communications joined us to explore our questions around Prescription Assistance Programs. The Columbus office of Lesic & Camper works with a variety of clients including corporations, non-profits, national and state associations, issues campaigns and government agencies. Jenny's current client list includes the Pharmaceutical Research and Manufacturers of America (PhRMA).

For PhRMA, Jenny leads a statewide effort that includes alliance development with key health care organizations. She promotes various prescription drug assistance programs as well as biopharmaceutical development to Ohio patients, caseworkers and elected officials. Jenny also supports the work of PhRMA lobbyists and industry advocates through strategic communications outreach.

Background

Jenny shared some of the work that she has been doing around Prescription Assistance Programs. There are over 300 different Manufacturer Assistance Programs that cover over 2,500 different medications. Some of the programs she promotes for PhRMA include Partnership for Prescription Assistance, Ohio's Best RX, and Medicare Part D.

- Partnership for Prescription Assistance (PPA):

- PPA can assist individual in 150 different languages
- You can call the program or apply from home on-line
- The basic information needed for most/all of the different applications only needs to be entered once – the program then populates all the forms for you
- There is no charge for accessing the program
- The information is not saved – you need to reenter all information each time you apply.

- Ohio's Best RX

- Income guideline has changed, raising eligibility to 300% of the poverty level
- The program has moved to the Department of Aging
- No enrollment fee

Q&A Session

A summary of the Q&A session conversation is outlined in the following chart. Some potential strategies we that emerged that the community could explore are:

- Could a Limited Power of Attorney be used to help streamline the process by allowing a pharmacist to sign a PAP application for a physician?
- Is there a software program(s) that could help organizations in the community navigate & streamline the application process?
- Why do cost variations exist based on the location of the retailer and can we impact this?
- Would creating a forum in our community to foster learning from one another – sharing models, approaches, resources, etc. – have value for us?

Q&A Session

Theme	Question	Response/Discussion
Definition – Who Is Served	What are the poverty guidelines for PAPs?	<ul style="list-style-type: none"> - They vary from company to company. The Partnership for Prescription Assistance program does let individuals know what other programs they may qualify for & how to sign up for those programs if they are not eligible.
	Does having insurance disqualify individuals? High co-pays are making it difficult even for those with prescription drug insurance.	<ul style="list-style-type: none"> - It depends. You should try. Even if you apply and are not eligible they can link you to co-pay assistance programs. - Many companies will look at patient need on a case-by-case basis. If you are turned down and you have an extraordinary circumstance, your physician's office can contact the manufacturer to see if they will make an exception.
	What can be done for illegal immigrants?	<ul style="list-style-type: none"> - Some companies do not have a requirement that you are a U.S. citizen. - Some companies will take a green card or a tax ID number.
Gaps	Is this applicable for both short-term & long-term medications?	<ul style="list-style-type: none"> - It may take a few weeks to get the medications so if the medication is needed right away, like an antibiotic, there may be some other free or low cost options, such as Meijers, Walmart, etc.
	Is it most useful for long-term use?	<ul style="list-style-type: none"> - Yes. You do need to go through a process to re-qualify every 6-12 months, depending on the program. We encourage people to keep copies of applications they have sent in to help them when they have to reapply.
	What can be done to help paroled prisoners who come out with only with 14 days of their medications?	<ul style="list-style-type: none"> - Individuals coming out of the prison have a gap until they get on Medicare and Medicaid. Working with prisons to see if they could get prisoners on PAPs before they are paroled so they have coverage during the gaps. - The physicians at the prisons do not like writing prescriptions that are longer than 15 days when a prisoner is paroled since they will no longer be controlling the distribution of the med. The prison's policy is not to write longer than 14 days. - If a prisoner is in a half-way house they can linked to a medical home.
	The different rules for renewal are difficult for people to track, particular people with health, mental health issues. How as a community can we help people to do this?	<ul style="list-style-type: none"> - There are tracking programs that will allow you to do this. Some have linkages to drug companies. You still have to fax or mail in forms and you do need to have a release of information form signed by the patient. - Mount Carmel charges a \$5.00 fee and does this for the patient. - RX Hope is great – it allows you to track. It is a software application that is free.

	<p>What kind of guidance can you provide on Medicare Part D's donut hole?</p>	<ul style="list-style-type: none"> - The DOJ and OIG have not been supportive of PAP's filling this gap – concerned with fraud issues. - Some companies are doing the hole. If the request is denied a physician can say it's a hardship and the company will send the medication. - Some companies will discount the price but there is a lot of paperwork. - PAP's filling this gap could prolong the time that an individual is in the hole – if they are getting the medications for free they are not incurring costs to get them out of the hole. This could keep individuals in the hole and they never get out. - Individuals can use Best RX – the discounted price does help them reach their limit. - Some plans provide generics to get individuals through the donut hole. - A few companies presented operations plans to the OIG and they were approved and made public. Thus, some companies have specific programs approved by the OIG for donut hole assistance and others are following similar formats. Others may still be in negotiations with the OIG and still others are staying out of it because of the risks - a mixed bag for sure. Several laws are involved, .i.e. fraud and abuse, antitrust and anti-kickback. (Follow up response from PhRMA attorney per Jenny Camper) - The OIG released a finding saying that a company that operated its PAP in the donut hole was violating the law by providing incentive to take one medicine over another. If a company was found to be in violation of that finding, all of their medicines could potentially be excluded from the Medicare program. Later, CMS said that they hoped companies would participate in helping seniors through the donut hole, but would not alter the finding from the OIG. Some companies have chosen to participate. Some have not. PhRMA is working with CMS to make this process as easy as possible for everyone, but in the end it is up to each company to determine their programs eligibility requirements. (Follow up response from PhRMA attorney per Jenny Camper)
	<p>Is it a trend that more companies are providing some means to help individuals that are in the Medicare D donut hole?</p>	<ul style="list-style-type: none"> - Yes, but they have to give a plan to the DOJ and OIG that describes how they will distribute, how they will avoid fraud, etc. Each company must develop their own plan.

	How does the discount you receive through Ohio's Best RX compare to a PBM?	<ul style="list-style-type: none"> - You'll get a better rate with a PBM. - The PBM splits the discount savings with the patient. Ohio's Best RX gives all the discounted savings to the patient.
Navigation	Is there something that can be done to streamline the process?	<ul style="list-style-type: none"> - There are programs that help you access the programs – one stop shops. - PPA does not charge for this. - Some companies do charge for this service. There could be a membership fee and/or a per prescription fee.
		<ul style="list-style-type: none"> - Some individuals do not understand the words that are being used when they are on the phone with the assistance programs. The terms can be confusing and not understandable.
Universality	Has PhRMA given any thought to this? How much could be standardized?	<ul style="list-style-type: none"> - PAPs are heavily regulated by the Department of Justice (DOJ) and the Office of the Inspector General (OIG). Because of these regulations they cannot come together without the possibility of being charge with collusion or antitrust. - The DOJ does not like PAPs. They do not like medications being mailed. They do not like the idea of medications being free. They are afraid of fraud. - There is a group of companies that did come together to create a discount card, Together RX. They developed a separate not-for-profit company. The DOJ did approve it. - At the last annual conference of the Center for Business Intelligence they invited advocates for the first time. This was a major topic.
	Has anyone organized an effort to go the DOJ?	<ul style="list-style-type: none"> - The question has gone out but it may not be the industry that runs with this but the advocates.
	Have you heard conversations around limited power of attorney with pharmacists? A physician would give a pharmacist limited power of attorney to sign the PAP form.	<ul style="list-style-type: none"> - The American Society of Pharmacists has good guidelines - Pharmacy based – gives therapeutic alternatives; plans that can turn medications around quicker. - This is happening in New York. - Are there federal guidelines for shipping the drugs? - Does there need to be a contractual agreement between the patient, physician, and pharmacist? - May need legislation. - Patient probably sees the pharmacist ore than the physician does. - Is this something we could explore together?

		<ul style="list-style-type: none"> - Could this be a state-wide effort that other advocates might be willing to help with? - Are there any concerns/issues that physicians might have? - Are there issues around narcotics? There are very few PAPs for narcotics. - There are a few companies that no longer require a physician's signature. - RX Outreach does not require a physician signature. - A couple of states, apparently, allow pharmacists to prescribe, but I'm not sure what the story is in Ohio. The prescriber's information usually includes their DEA number (a requirement to prescribe). (Follow up response from PhRMA attorney per Jenny Camper)
	Are companies producing generics thinking about offering PAPs?	<ul style="list-style-type: none"> - Patents will be running out on many of the top 100 drugs. As they go generic, will patients be able to access them? - It does vary company to company. Each company determines how to handle their medicines whether they are on or off patent. (Follow up response from PhRMA attorney per Jenny Camper)
Cost	Are there variations in cost of medications between retailers? Is it significant?	<ul style="list-style-type: none"> - Yes, there are differences and the differences can be significant - \$60-\$70 dollars difference. - A price comparison showed that there are also variations within retailers, depending on their location. - Patient's can call the different pharmacies to compare prices/ - Can we explore why this is? Why isn't the state behind this?
	If you have a PBM, is the cost the same no matter where you go?	<ul style="list-style-type: none"> - Yes.

Participants

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Neal Edgar, Mental Health America

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