



10 TIPS

TO HELP PATIENTS AFFORD THEIR

Medications

JERRY MEECE, RPH, CDE, CDM, FACA, FAADE

Mary Jones is a 66-year-old female diagnosed with type 2 diabetes 8 years ago. She is just finishing up an appointment with you as part of a referral to start her on basal insulin.

Mary's A1C has continued to rise over the past year as diabetes medications have been changed and added. With the addition of basal insulin, she will now be on 3 medications to control her blood glucose.

You have instructed Mary on how to use her insulin pen and on proper injection technique. You have confirmed that she knows the proper dose and storage of her new medication, and you have reviewed the use of her other medications. You touched base with Mary concerning lifestyle modifications and goals. A discussion about hypoglycemia recognition and treatment has taken place. You've topped off the conversation by reconfirming Mary's goal of checking her blood glucose every morning as well as random 2-hour post-meal checks and recording the results in her logbook.

As you wrap up your visit with the usual "Are there any questions?," you feel you've done a pretty good job with Mary, thinking that this additional medication will solve the problem of her rising blood glucose levels.

What Have You Forgotten?

Unknown to you and everyone involved in Mary's diabetes management and education, Mary will skip or reduce doses to make her medications last longer and stretch her limited budget. She is not alone in doing this.

Hunter et al report that the incidence of people with diabetes discussing the affordability of medications in conversations with their clinicians ranges from 15% to 65%. This means that the issue never comes up as much as 85% of the time.

When polled as to why they didn't tell their health care providers that they were having trouble affording their medications, patient answers ranged from "I didn't think he could help" to "I was too

embarrassed to mention it.” But the top reason was “No one ever asked me.”

Identifying the problem, as has often been said, is half the battle. To find out if cost is an issue with patients, it’s important to approach the subject in the right way. Asking “Are you sure you can afford this medication regimen?” may result in a quick “yes” from a patient who feels confronted with an embarrassing, if not insulting, question.

Using a motivational interviewing approach that includes normalization may be more successful in getting at the truth. You might say, “You know, with health care costs being what they are these days with high deductibles and co-pays, it can sometimes be a challenge covering the cost of medications. Looking over all the medications you are now taking, how do you think this will fit with your budget?” This may help lower defenses and lead to a more helpful conversation.

So, what can be done to help Mary and patients like her?

The starting point is to encourage patients to be upfront and candid with providers who prescribe their medications. *BYOA* is the term we like to use: Be Your Own Advocate! Patients need to let their doctor, pharmacist, and diabetes educator know if circumstances have occurred that create a financial bind. Budget challenges could include facing a new year with new deductibles, repairs to car or home, or higher co-pays for prescriptions and supplies.

Diabetes educators who go the extra mile can mean the difference between patients like Mary becoming nonadherent and finding a solution that allows them to continue taking their medications as prescribed. Here are some suggestions that can be made to patients, understanding the importance of involving the physician and pharmacist in the decision process.

Using a motivational interviewing approach that includes normalization may be more successful in getting at the truth.

1 Medicare Part D

Patients who receive Medicare may join a Medicare prescription drug plan (Part D) or a Medicare Advantage plan (Part C), like an HMO or PPO, that offers prescription drug coverage. The nuances and exceptions to the Medicare Part D program are beyond the scope of this article, but there are a few points that may help patients.

Most Medicare prescription drug plans have a coverage gap (the famous “donut hole”) where there is a temporary limit on what the drug plan will cover for drugs. The coverage gap begins after the patient and the plan have spent \$3700 on covered medications in 1 year. During the gap, patients pay 40% of the cost of brand name drugs and 51% of the costs of generics. When the patient’s out-of-pocket costs for prescription drugs during the year reaches \$7425, catastrophic coverage kicks in. In this payment stage, the patient pays a small co-pay per prescription for the remainder of the year.

What the diabetes educator needs to be aware of is that it is during the donut hole period when Medicare patients are the least adherent. This is the

key time to remind patients of the importance of continuing their medication regimen as prescribed.

It’s important for Medicare patients to do the research for prescription drug plans each year during the Medicare open enrollment period and choose the one that offers them the most coverage on the prescription medications they are taking. Married couples may want to shop their plans separately if they are taking different types of medications, something often overlooked in the search. In our case study, Mary needs to make sure her medications are on her plan’s formulary, or list of covered drugs, and that they are on a tier level that offers an affordable cost.

Extra Help is a financial assistance program that helps pay Medicare Part D prescription drug costs for people who meet certain income limitations. Although the requirements are fairly strict, many people qualify and are unaware that they do. The program and eligibility requirements are explained on Medicare’s website, Medicare.gov. Other assistance programs are also available that are aimed specifically at helping low-income Medicare patients with drug coverage.

It is during the donut hole period when Medicare patients are the least adherent.

2 Online and Pharmaceutical Resources

Approximately 85% of the population of this country has access to the Internet. While this can be a double-edged sword, with all the misinformation that is available concerning diabetes, the Internet is also a rich resource for digging deep into what is available to Medicare patients, the uninsured, and the underinsured.

First and foremost, educators should warn patients that fraud and misleading statements are rampant on the Internet, making it a minefield of false savings on prescriptions and supplies from unknown sources. That being said, educators can be of tremendous help with identifying reliable and trustworthy resources for financial aid as well as medical information.

Here are some examples of organizations and websites with a proven track record.

Patient assistance programs (PAPs) are offered by most pharmaceutical companies and are designed to help those who have no health insurance, have poor insurance coverage for specific medications, or who otherwise cannot afford their medications. Every PAP has its own set of rules, guidelines, and specific eligibility requirements the patient will need to meet. Information will also be required from the prescribing physician.

Partnership for Prescription Assistance (pparx.org) is a program sponsored by pharmaceutical companies as well as patient advocacy organizations and civic groups. It is directed at low-income, uninsured patients and provides free or low-cost, brand name medications supplied by participating pharmaceutical companies. This group, like several others, does not charge a fee for helping patients find assistance. Several requirements must be met before a person can qualify for savings, such as being a US citizen, not being on Medicare, and not having insurance that covers the requested medication. Patients or the diabetes educator can list the medications they are taking and will then be directed to a participating drug company that supplies that medication, if it is available. An application can then be printed off and sent in along with financial documents such as tax returns or W-2 forms that verify the income status of the person requesting assistance. The patient's physician will



also need to add clinical information to the form before it is mailed in. While this process is often long and involved, it may well mean the difference between a patient taking the right medication and having to get by on less effective medication possibly with more side effects or drug interactions. If the application is approved, a constant supply of medicine will be shipped to the physician's office, usually for a period of a year before the application will need to be renewed.

One mistake that is often made by health care providers not familiar with these assistance plans is that they assume a patient is above the financial threshold when in fact he or she may well qualify. With each pharmaceutical company having its own criteria and formulary, the only way to be sure of eligibility is to read through each company's guidelines. Referral to a pharmacist for help in obtaining the proper forms or to discuss medication options or just taking the time to help a patient fill out the necessary documents can play a large role in getting the right medication to the right patient.

Other assistance programs include the following:

- SimpleFill (simplefill.com) offers reduced costs or free medications to people who are not part of a private or government insurance plan but who meet the criteria for financial need.
- Rx Assist (rxassist.org) is a great site for a searchable database of prescription assistance programs.

PATIENT ASSISTANCE PROGRAMS

- Partnership for Prescription Assistance: pparx.org
- SimpleFill: simplefill.com
- RxAssist: rxassist.org
- Needy Meds: needy meds.org

One mistake that is often made by health care providers not familiar with these assistance plans is that they assume a patient is above the financial threshold when in fact he or she may well qualify.



- Needy Meds (needy meds.org) is another organization that provides up-to-date information on nearly 200 patient assistance programs run by drug manufacturers.

Applying to specific companies by going to their websites is a more direct way to obtain help. Developing a good relationship with a drug representative, if a specific medication is being prescribed in your area, can also be useful in helping patients get what they need but can't otherwise afford. While all major pharmaceutical companies have PAP programs, some specific examples of those supplying insulin are:

- Novo Nordisk offers a PAP titled *Diabetes Care* that provides free insulin, insulin pens, pen needles, and glucagon kits for people with diabetes who fail to qualify for government-sponsored programs, do not have private insurance, and meet their income criteria. (www.novonordisk-us.com/patients/patient-assistance-programs/diabetes-care.html)
- Eli Lilly's PAP is similar and uses the name *Lilly Cares* (lillycares.com).
- Sanofi's program has the title of *Sanofi Patient Connection* with similar assistance to diabetes patients. (sanofipatientconnection.com)
- Mannkind's program is listed as *Mannkind Cares*. (<https://afrezza.aspnprograms.com>)

3 Rebates and Coupons

Many pharmaceutical companies offer discount coupons and payment vouchers. While often coupons are given out as a way to stimulate usage when a drug is first placed on the market, the supply is constantly changing according to marketing and promotion programs put together by pharmaceutical companies. The only caveat to using these rebates and coupons is that Medicare or Medicaid patients as well as patients on any government program are usually not eligible to participate.

Pharmacies as well as physicians often have coupons or vouchers on their counters or in their clinics. Just as often, they are overlooked or moved aside, and savings are overlooked. Encourage patients to ask about any discounts or coupons or visit company websites to see the latest promotions. Here are a couple of resources:

- RxPharmacyCoupons.com and Rebates.com place coupons on their websites and are worth revisiting as the promotions are constantly changing. Be aware that circumstances are constantly changing with these sources but for given situations they are worth looking into.
- GoodRx (goodrx.com) provides a way to search for and compare drug prices from nearby pharmacies. The site also has coupons, discount codes, and other savings tips.

4 Samples

The days of physicians reaching back into their sample cabinet and handing out handfuls of medications are long gone. While rules and regulations require them to be more cautious about giving out samples than in previous decades, physicians still stock samples of certain medications for patients to try. If there is concern about whether a medication will work or if a gap exists in refill availability, simply asking the physician if they have samples available can help out-of-pocket costs, even if temporarily.

PAPS FOR INSULIN:

- Novo Nordisk: *Diabetes Care*
- Eli Lilly: *Lilly Cares*
- Sanofi: *Patient Connection*
- Mannkind: *Mannkind Cares*

PHARMACY COUPONS/REBATES:

- GoodRx.com
- RxPharmacyCoupons.com
- Rebates.com

5 Working Around Co-Pays

Exploring the policies of pharmacy benefit plans concerning co-pays and days' supply may allow patients to change their medication refill to a 90-day supply, as opposed to paying the co-pays for three 30-day prescriptions. There are plans that offer a lower co-pay for a 90-day supply of medication through a mail order pharmacy instead of a local pharmacy. The difference in paying for prescriptions this way should be closely examined and discussed with the pharmacist. Many times, the benefit of having a close relationship with a pharmacist and having someone to consult about side effects and special instructions when getting a prescription filled may outweigh the difference in the cost of mail order drugs. At other times, the difference in cost and the criteria implemented by the insurance company may require that mail order be used.

Diabetes educators who take the time to develop a working relationship with a "go to" pharmacist can have a rich resource for all matters concerning prescription as well as over-the-counter medications.

6 Generic Versus Brand Name Medications

Another reason for developing a relationship with a pharmacist is the generic versus brand name environment that has changed over the years. Generic drugs as a rule offer out-of-pocket savings. The Food and Drug Administration ensures generics are just as effective as their brand name counterparts, and with few exceptions, they will work as well. Most often, a generic version of a drug will have a lower co-pay than the brand name version, being placed on a lower "tier."

Formularies and preferred drugs are constantly being changed. It's not unheard of in today's complex insurance world to have the brand name co-pay cost less than a recently released generic on the market. In other cases, there are often 2 "brand name" drugs available, one being preferred over the other and therefore having a lower co-pay.

Encourage patients to ask their pharmacist to help them choose the best form of medication for them both clinically and financially, which can then be discussed with the physician.



7 Combining Drugs for More Savings

Whether savings can be obtained by combining medications depends on the specific medications in question. One example, such as taking 2 single entity drugs such as metformin and Januvia and combining them into Janumet, could reduce the out-of-pocket cost of 1 prescription co-pay, decreasing the number of medications taken and increasing adherence.

In another situation, breaking apart a brand name combination drug into its single entity components could reduce the overall out-of-pocket costs by taking 2 tablets rather than the 1 brand name combination that could cost a lot more. (Think repaglinide and metformin, 2 inexpensive generics being combined into combination of the 2 under the more expensive brand name Prandimet.)

The bottom line, literally, for all of these possible savings is that it takes a lot of time from the professionals involved with the prescribing and dispensing of drugs, and there is no reimbursement for doing the extra work.

This is why the importance of establishing a long-standing relationship with a physician who can help prescribe in conjunction with the pharmacist who could act on the suggestions or questions of an engaged and educated diabetes patient cannot be overstated.



The importance of establishing a long-standing relationship with a physician who can help prescribe in conjunction with the pharmacist who could act on the suggestions or questions of an engaged and educated diabetes patient cannot be overstated..

8 Pill Splitting
Pill splitting used to be considered something that was not to be done, but once again, the times have changed. In many cases and depending on the insurance coverage or noncoverage of a drug, the difference in costs can be significant. Depending on the situation and coverage or lack thereof, costs could be reduced by as much as 40% to 50%.

Once again, this is where it is extremely important to have a relationship with a pharmacist who can advise the patient as to whether it is appropriate to split a particular dosage form and if savings are involved by doing so. If there is seen to be a savings by doing so, the pharmacist can contact the physician to request a change in the prescription, but all health care providers involved must be sure that any change in instructions is clearly understood.

9 Therapeutic Substitution
Therapeutic substitution, or substituting chemically different compounds within the same class for one another, is another way that savings can be obtained. This can be done to accommodate the formulary, such as changing Levemir to Lantus, or even to change to a premix insulin such as Novolog 70/30 in place of 2 insulins such as Novolog and Levemir. In other cases concerning insulin, it could even mean converting to older insulins such as NPH and regular insulin in place of the newer analog insulins such as Lantus and Novolog.

Therapeutic substitutions can result in savings for a patient and can mean the difference in being able to afford and adhere to a drug regimen or not, the downside being that they can be labor intensive for both the educator and physician in dosage adjustments and prescription changes needed to accomplish this.

10 Saving on Supplies
Another way to make room for medication spending is to save on all other diabetes supplies. The same criteria that exist for pharmaceutical help exists from organizations to help people afford meters, strips, and even insulin pumps.

- RX Outreach (rxoutreach.org) is one organization that works with Prodigy to help supply people with blood glucose meters and strips if they earn less than \$35 310 a year. Other criteria will also apply, but contacting this group is a start.
- CR3 Diabetes Association (cr3diabetes.org) is another organization that can help with diabetes supplies. They even offer refurbished insulin pumps and test strips for uninsured or underinsured people with a household income of less than \$60 000 a year.

Another issue overlooked concerning meters and strips is to make sure the patient is using the preferred meter for their insurance carrier at the present time in order to get the best deal possible,

Another way to make room for medication spending is to save on all other diabetes supplies.

Part of the education and training that the patient receives from diabetes educators should include taking charge of their diabetes care, not only from the clinical but from the financial standpoint.

as the preferred meter can change over time. In some cases, meters and strips may actually be cheaper at a cash price than what an insurance co-pay may cost.

To that point, there are reliable store brand meters available. For patients who are on a tight budget with or without insurance, they should be aware that even though the meter may be available at low cost or even be free, it's the monthly strip cost that needs to be considered.

Conclusion

All these solutions take time and effort. A large part of that effort may need to come from the person with diabetes with guidance from the diabetes educator. Because of this, part of the education and training that the patient receives from diabetes educators should include taking charge of their diabetes care not only from the clinical but from the financial standpoint as well.

Key actions include:

- being ever vigilant as to adherence issues and working with the patient to locate the source and possible solutions to the problem
- approaching the question of affordability in the proper way to help identify adherence issues

- establishing a good working relationship with a community pharmacist to act as a source for financial as well as clinical information concerning medications
- suggesting patients consider changing pharmacies if theirs does not seem interested in "going the extra mile" to help find solutions
- encouraging patients to Be Their Own Advocate in working with their health care team to stretch their health care dollars
- providing patients with information about reliable resources to help solve financial issues.

People with diabetes walk a very thin tightrope of care, balancing ever-increasing costs against greater adherence and improved day-to-day management that prevents long-term complications. Diabetes educators can play a huge role in helping patients understand all the options available to their patients in obtaining the medications needed to obtain optimum control. Working with our patients and helping them navigate a complicated and often frustrating health care system will no doubt play an even larger role in our education and training in the years ahead. ■

Jerry Meece, RPh, CDE, CDM, FACA, FADE, is director of clinical services with Plaza Pharmacy and Wellness Center in Gainesville, TX.

REFERENCES

Hunter WG, Hesson A, Davis JK, et al. Patient-physician discussions about costs: definitions and impact on cost conversation incidence estimates. *BMC Health Serv Res.* 2016;16:108. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1353-2>. Accessed February 27, 2017.

