Before the economic downturn, the most commonly cited number of underinsured Americans stood at 25 million. Given continued economic hardships and payer pressures over the past four years, it is widely documented that that number has doubled to 50+ million. To ensure these patients receive appropriate access to medications, pharmaceutical manufacturers are stepping up to the plate to help.

More pharmaceutical manufacturers are realizing they need to take a hard look at their approach to copay and patient assistance programs. With many obstacles to overcome in the set up and maintenance of these programs to meet varying patient needs, manufacturers must also prepare for a host of other challenges bound to arise with this strategic shift.

NEW STRATEGIES TO CONSIDER.
Employing a three-pronged approach, manufacturers can utilize a mixture of strategies to help ensure patients receive appropriate access to medications:

COMMERCIAL COPAY ASSISTANCE.
— direct assistance from the manufacturer that pays for patients who have commercial insurance to cover their out-of-pocket costs.

INDEPENDENT COPAY CHARITIES.
— administered to patients from a pool of donations made by manufacturers to independent charities on a disease-state basis. (Currently, this is the only way underinsured individuals with federally funded insurance plans like Medicare can receive assistance with their copays.)

EXPANDED PATIENT ASSISTANCE OR FREE DRUG PROGRAMS.
— traditionally only for those without insurance, but more applicable to today’s patients rendered functionally uninsured by more significant copays.

CHALLENGES MANUFACTURERS FACE.
Establishing and administering these programs can be challenging. It’s essential to build awareness about the need for these programs — and the complexities of those needs. All stakeholders must understand the solution is not as simple as mass producing and distributing coupons. There are certain strategies that make sense for certain types of products. It’s critical for manufacturers to create specific strategies that take into account their company’s product type and the disease state it treats.

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With 50 million underinsured out there, participation numbers should make it clear that patients are not taking advantage of these programs as much as they should. External awareness must be built among both providers and their patients. Beyond knowing these programs exist, patients and providers need a firm grasp on how to initiate participation and use these programs to their fullest extent.
DETERMINING THE BEST ASSISTANCE PROGRAM TO OFFER.
While establishing these programs is an essential step for manufacturers to ensure product gets to the patients who need it, it’s also important not to leap to the answer before fully understanding the equation. The implications of a particular product and patient population must be considered before determining how the copay assistance will be offered — whether by debit card, a check to the provider or a pharmacy card.

“By adjusting their approach to patient assistance programs despite their own financial challenges, and investing significantly in these programs, it is clear that manufacturers realize the importance of ensuring patient access to critical therapies.”

WORKING CLOSELY WITH PHYSICIANS AND PHARMACISTS.
Physicians and pharmacists are used to visiting product websites to check for programs, so manufacturers need to use their website as a resource for providers and their staff to find product and procedural information. Webcasts and field force personnel like Reimbursement Managers can also be used to get the word out, as well as partnering with state societies and GPOs within a particular disease state.

EFFECTS OF THE CURRENT NATIONAL ECONOMIC CLIMATE.
Manufacturers have certainly stepped up to the plate by either establishing new programs for the underinsured or, if programs are already in place, expanding criteria. By adjusting their approach to patient assistance programs despite their own financial challenges, and investing significantly in these programs, it is clear that manufacturers realize the importance of ensuring patient access to critical therapies. Ongoing patient access means better outcomes for everyone involved.

PAYER REACTION TO INCREASED USE OF ASSISTANCE PROGRAMS.
Initially, payers tend to associate copay with reduced incentives for their own copay structures, but when manufacturers provide them with context and information about the different types of programs offered and how they are designed, their perception can change. In 2010, Lash Group convened a 10-person advisory board made up of medical and pharmacy directors from national payers. Initially they had a negative baseline perception about copay assistance programs due to the reduction of their incentives. After a 45-minute conversation about the different types of programs, how they are designed, how they can help keep patients on therapy for a longer period of time and how they help to avoid drop-off, the payers started to realize the benefits.

THE IMPACT OF THE AFFORDABLE CARE ACT.
Scheduled to expand healthcare coverage to 32 million additional Americans by 2016, the Affordable Care Act will impact manufacturer assistance programs in two significant ways relating to support services and copay assistance. First, many individuals moving from an uninsured situation to an insured situation, whether through the state exchanges or Medicaid, currently receive assistance from manufacturers through their free drug or patient assistance programs. So those programs will need to shift focus a bit as they become a key resource for information and support to patients being introduced to new coverage options. Much handholding will need to be done to ensure access moving forward.

“To keep patients from slipping through the cracks, a program should offer all the access services a patient might need in one place — from reimbursement support to copay assistance, patient assistance and adherence services.”
Secondly, this large number of newly insured individuals equates to more underinsured individuals, making it even more important for manufacturers to focus on their copay assistance strategies. Strategic exposure modeling is a helpful way to understand the effects that this shifting patient population will have from resource, operational and budgeting standpoints.

BEST PRACTICES FOR MEASURABLE, POSITIVE RESULTS.
Programs that provide wrap-around, fully integrated services to patients, as well as to physicians and their staff, will have the most impact. To keep patients from slipping through the cracks, a program should offer all the access services a patient might need in one place — from reimbursement support to copay assistance, patient assistance and adherence services.

LOOKING AHEAD.
It’s essential that manufacturers keep an eye on the continuing implementation of healthcare reform as well as gain a solid understanding about the way programs must evolve to meet ever-changing patient needs, especially as technology continues to advance. With more web-based-type programs and smart apps on the horizon, the future is sure to hold significant changes in how copay assistance programs are administered and adjudicated.

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