



# PharmacyFactor

Office How-To: A GLIN IPA  
Pharmacist's Guide for Patient  
Assistance Programs

# A GLIN IPA Pharmacist's Guide for Patient Assistance Programs

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## What are Patient Assistance Programs (PAPs)?

## Question of the Month

Patient Assistance Programs (PAPs) are a resource that can help qualifying patients afford medications that might otherwise be too expensive. PAPs are often sponsored by pharmaceutical manufacturers or funded by government initiatives. These programs provide various forms of financial assistance, which can include copay assistance and heavily discounted or free medications. Additionally, some PAPs offer guidance on navigating insurance programs and understanding different types of coverage. Integrating these resources into a practice can greatly enhance patients' access to necessary treatments, addressing both financial barriers and insurance complexities. By being familiar with these programs, providers can prevent health disparities and significantly improve patients' ability to manage their health effectively.



# How are PAPs Beneficial to Patients?

Patient assistance programs offer a range of benefits to patients managing their medical needs, including:

1. Access to medication that may otherwise be unaffordable
  2. Medication is delivered to the patient's home (program specific)
  3. Patient receives medication at no cost
  4. Increased medication adherence when cost & medication access are adequately addressed
  5. Access to up to a 120 day supply of medication
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## What Type of Patients will Benefit from PAPs?

Patient assistance programs offer a range of benefits to patients managing their medical needs, including:

1. Uninsured
2. Medicare patients who have reached a threshold for annualized out-of-pocket spend on prescription medications
3. Patients requiring expensive & specialized therapy for specific or rare diseases

PAPs have different insurance requirements based on their objectives & target populations, each designed to address specific gaps in medication access. Programs for the uninsured are aimed to provide necessary medications to those who cannot afford them due to a lack of coverage. Some PAPs cater to individuals who have insurance but still face high out-of-pocket costs such as significant copays, deductibles, coverage gaps, or coverage limitations. These programs help alleviate the financial burden of medication costs for those who are already covered but find themselves struggling with high expenses. An insurance type commonly accepted by these programs is Medicare. **On the other hand, programs very rarely accept patients who are covered commercially or with Medicaid benefits.**



## What Type of Patients will Benefit from PAPs? (continued)

Specialized PAPs focus on specific medications or conditions that may have unique insurance requirements tailored to the nature of the treatment or patient population they serve. Specialized PAPs are programs without any insurance requirements, designed to assist both insured and uninsured patients based solely on financial need or specific medical criteria used for the treatment of rare diseases or specialized cancer treatments. While not commonly utilized in the primary care setting based on their highly specific clinical applications, it is important to recognize the availability of these programs to be able to educate patients on these options when appropriate.

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## What are the Necessary Steps to Enroll a Patient in a PAP?

- 1. Locate PAP application:** PAPs can be located directly on the manufacturer's website. It is important to assess both the patient's medical & financial circumstances as outlined on the PAP application to determine its specific eligibility requirements.
- 2. Assess patient's income:** Compare patient's income to the PAP's eligibility criteria, which is often based on a percentage of the Federal Poverty Level (FPL). Each PAP sets its own income thresholds, which may vary depending on household size & the program's specific guidelines. Make sure to match the patient's income with these thresholds to determine if he/she fall within the qualifying range. Generally, the patient must have a household income at or below 300-500% FPL. FPL represents the income threshold needed to cover basic living expenses & is based on a household's Modified Adjusted Gross Income (MAGI). Calculated annually, the FPL is updated by the Department of Health and Human Services (HHS) to account for inflation & cost-of-living changes, using the Consumer Price Index (CPI). To calculate a patient's FPL, refer to the FPL calculator here: <https://www.needymeds.org/federal-poverty-level-calculator>
- 3. Evaluate patient's insurance status:** Verify patient's insurance status & ensure his/her status aligns with the PAP's requirements, noting any distinctions between programs for uninsured versus underinsured individuals.
- 4. Gather supporting documentation:** Patient Assistance Programs vary in their application requirements, it is important to determine what type of supporting documentation will be required along with application submission including but not limited to proof of income (W2's, Social Security statements, Pension documents, bank statements) supplemental medical records, proof of insurance, out-of-pocket prescription spend (year-to-date), and/or a physical hard copy of the prescription of the medication being requested.



## What are the Necessary Steps to Enroll a Patient in a PAP? (continued)

- 5. Fill out & complete application:** Once the patient has gathered the necessary documents, he/she should complete his/her portion of the application carefully & submit it to his/her provider's office along with required support documents. Fax or mail completed application & supportive documentation to PAP for review & consideration.
- 6. Follow up on PAP status:** After submitting the application in its entirety, it is beneficial to follow up with the program to confirm receipt & address any additional requirements or potential delays. Programs requiring corrections or further information is not an uncommon occurrence & should be anticipated.
- 7. If approved, be mindful of annual renewal requirements:** Upon approval, it is beneficial to ensure that the patient receives his/her medication promptly & to stay attentive to any renewal or re-certification requirements. See below for further details.

Some programs may have waitlists or a complex application process that is not necessarily patient friendly. If patients need further assistance during the application process, they may consult GLIN IPA Pharmacy for additional guidance & support.

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## What Does the PAP Application Renewal Process Look Like?

Re-enrollment in PAPs typically occurs annually, although the specific timing can vary by program. Most PAPs require patients to submit a new application or renewal request each year to continue receiving assistance. Each program may have its re-enrollment schedule, and patients are usually notified when it's time to renew. This is often done through mail, email, or an online portal. It is recommended that patients keep their contact information up-to-date to ensure they receive these notifications. It is important to note that some programs may change their eligibility requirements annually, and the FLP criteria may also change. Ensuring a patient is still eligible before reapplying is a necessary step of the reapplication process.

Programs may offer grace periods to allow continued assistance while patients complete the renewal process, but each program will have different standards. Patients may also need to provide updated financial information, medical records, or insurance details during re-certification. To avoid lapses in medication access, patients and healthcare providers should be in constant communication to review program eligibility annually by consulting the program's guidelines or contact a PAP's customer service for re-enrollment dates and requirements.



# What are Some Best Practices to Enhance Efficiency within Providers' Offices Pertaining to PAPs?

1. Assign dedicated office staff to complete initial PAP submissions & renewals to establish a centralized process.
  - a. Keep track of which patients are on PAPs & when they are due for renewal.
  - b. Follow up on the status of submitted applications weekly until the medication is delivered to the patient.
2. Review patients for application renewal early in the calendar year, especially for branded therapies used to treat diabetes as non-adherence due to lack of affordability can affect performance in the following quality areas:
  - a. Medication adherence for Diabetes medications (MAD) requires two (2) fills of medication before a patient is placed in the denominator for adherence. Transitioning a patient to a PAP after they have been identified as part of the denominator can negatively affect performance in adherence measures as they appear to be nonadherent based on prescription claims data.
    - i. Goal: To ensure PAP completion before a patient fills an unaffordable medication twice to minimize gaps in adherence
  - b. Leveraging PAPs reduces total cost of care (TCOC), which improves performance within value-based agreements given medication cost is being covered by the drug manufacturer instead of the insurance company.



# PAP Reference Guide

| PAP Company/<br>Name               | Application Link  | Common<br>Medications   | Income<br>Requirements  | Insurance Requirements  | Patient Documentation<br>Requirements  | Hard Copy<br>Prescription Needed?   | Med<br>Delivery?          | Affiliated<br>Pharmacy  |
|------------------------------------|---|---|---|---|--|---|---------------------------|---|
| Novo Cares<br>(Novo Nordisk)       | <a href="https://www.novocare.com/content/dam/novonordisk/novocare/forms/PAP_Application_EN.pdf">https://www.novocare.com/content/dam/novonordisk/novocare/forms/PAP_Application_EN.pdf</a>                       | Fiasp, Tresiba, Novolog, Ozempic, Victoza, Rybelsus, Xultophy, Zegalouge  | Total household income at or below 400% FPL   | *No insurance<br>*Medicare beneficiary<br>*No Medicaid, LIS, or VA benefits   | *Proof of income<br>*Copy of insurance Cards   | No  | Office                    |   |
| Lilly Cares<br>(Eli Lilly)         | <a href="https://www.lillycares.com/assets/pdf/lilly_cares_application.pdf">https://www.lillycares.com/assets/pdf/lilly_cares_application.pdf</a>   | Basaglar, Humalog, Trulicity, Forteo, Humulin   | Total household income at or below 300-500% FPL, depending on the medication group  | **No insurance<br>*Medicare beneficiary<br>*No Medicaid, LIS, or VA benefits"   | *Proof of income   | Yes to LabCorp  | Office or Home            | Fortrea Specialty Pharmacy (NPI 1780811125)                     |
| Bi Cares<br>(Boehringer Ingelheim) | <a href="https://www.boehringer-ingelheim.com/us/about-us/sustainable-development/our-commitment/how-apply">https://www.boehringer-ingelheim.com/us/about-us/sustainable-development/our-commitment/how-apply</a> | Combivent, Basaglar, Atrovent, Jardiance, Spiriva, Synjardy, Striverdi, Jentadueto, Pradaxa, Stiolto, Tradjenta   | <a href="https://www.boehringer-ingelheim.com/us/careers/bi-pdf-viewer/media_496736">https://www.boehringer-ingelheim.com/us/careers/bi-pdf-viewer/media_496736</a> | *No insurance<br>* Not enough coverage to obtain medication   | *Proof of income may be required but will be requested by BI Cares<br>*Denial letter for LIS (if applicable) | No  | Home                      | Pharmacord Louisville, KY 502.805 3530 (ext 3 for a verbal Rx)  |
| AZ & Me<br>(Astra Zeneca)          | <a href="https://azandmeapp.com/prescription-savings/">https://azandmeapp.com/prescription-savings/</a>   | Bevespi, Bydureon, Breztri, Brilinta, Farxiga, Lokelma, Xigduo (Note: Symbicort & Pulmicort will be removed in Jan 2024 & no new apps are able to be submitted) | Total household income at or below 500% FPL for specialty products & 300% FPL for primary products  | *No insurance<br>*Medicare beneficiary<br>*No Medicaid, LIS, or VA benefits<br>*Life-changing event in the past year (loss of employment, change in income, loss of Rx coverage, marriage)<br>*Commercial insurance that does not cover product | *Not required as AZ & Me performs soft credit review to gauge annual household income                        | Yes following approval/enrollment ( <a href="https://azusacs01.my.salesforce.com/sfc/p/#6g000006ulcn/a/6g000000LdrK/2N5GT4wVnIS5leGQB7dIcBFEVwqvzmXloQjoPYya.M">https://azusacs01.my.salesforce.com/sfc/p/#6g000006ulcn/a/6g000000LdrK/2N5GT4wVnIS5leGQB7dIcBFEVwqvzmXloQjoPYya.M</a> ) | Home or physicians office | MedVantx or AmeriPharm (same pharmacy) in Sioux Falls, SD 57104 |

LIS= Low income subsidy; VA= Veteran's Association; FPL = Federal poverty level; OOP= Out-of-pocket



## PAP Reference Guide (continued)

| PAP Company/<br>Name  | Application Link  | Common<br>Medications                                    | Income<br>Requirements   | Insurance Requirements   | Patient Documentation<br>Requirements  | Hard Copy<br>Prescription Needed? | Med<br>Delivery?                | Affiliated<br>Pharmacy |
|---|---|--|--|--|--|-----------------------------------|---------------------------------|------------------------|
| Johnson &<br>Johnson Patient<br>Assistance<br>Foundation    | <a href="https://www.jjpaf.org/resources/jjpaf-application.pdf">https://www.jjpaf.org/resources/jjpaf-application.pdf</a>   | Invega, Risperdal,<br>Invokana,<br>Invokamet,<br>Xarelto | <a href="https://www.jjpaf.org/eligibility/requirements.html">https://www.jjpaf.org/eligibility/requirements.html</a>  | *No insurance  | *Proof of income<br>*Copy of insurance cards   | No                                | Office,<br>Pharmacy,<br>or Home |                        |
| Sanofi Patient<br>Connection                                | <a href="https://www.sanofipatientconnection.com/media/pdf/SPC_Application.pdf">https://www.sanofipatientconnection.com/media/pdf/SPC_Application.pdf</a>   | Admelog, Apidra,<br>Lantus, Lovenox,<br>Soliqua, Toujeo  | Total household<br>income at or below<br>400% FPL  | *No insurance<br>*Medicaid eligibility<br>denial letter<br>*Medicare beneficiary<br>who meets income<br>requirements<br>*Commercial insurance<br>who does not cover<br>product | *Not required as Sanofi<br>performs credit history<br>review   | No                                | Office                          |                        |
| Bristol Myers<br>Squibb Patient<br>Assistance<br>Foundation | <a href="https://www.bmspaf.org/#/apply">https://www.bmspaf.org/#/apply</a>   | Eliquis  | Annual household<br>income at or below<br>\$43,740 for a single<br>person or \$59,160<br>for a family of two<br>(refer to website<br>if household is >2<br>people) | *No insurance coverage<br>for specific medication  | *Proof of income<br>*Copy of insurance cards<br>*Medicare beneficiary:<br>Spent 3% of annual<br>household income on<br>prescription expenses<br>for patient and/or other<br>members of household | Yes                               | Office or<br>Home               |                        |
| AMGEN Safety<br>Net Foundation †                            | <a href="https://www.amgensafetynetfoundation.com/assets/pdf/AMGEN-SNF-Application-PhysAdmin-Editable.pdf">https://www.amgensafetynetfoundation.com/assets/pdf/AMGEN-SNF-Application-PhysAdmin-Editable.pdf</a> | Evenity, Prolia,<br>Xgeva, Repatha                       | <a href="https://www.amgensafetynetfoundation.com/eligibility.html">https://www.amgensafetynetfoundation.com/eligibility.html</a>                                  | *No insurance<br>*Insurance plan excludes<br>medication<br>*Medicare beneficiary<br>who can prove inability<br>to afford medication,<br>ineligibility for LIS or<br>Medicaid   | *Not required as AMGEN<br>obtains consumer<br>report from a consumer<br>reporting agency for the<br>eligibility determination<br>process   | No                                | Office                          |                        |

LIS= Low income subsidy; VA= Veteran's Association; FPL = federal poverty level; OOP= out-of-pocket

† **NOTE:** Amgen will NOT cover Repatha for patients unless they try & obtain coverage from Health Well Foundation as they are a "last resort" entity.





## PAP Reference Guide (continued)

| PAP Company/<br>Name | Application Link  | Common<br>Medications   | Income<br>Requirements  | Insurance Requirements   | Patient Documentation<br>Requirements  | Hard Copy<br>Prescription Needed?   | Med<br>Delivery? | Affiliated<br>Pharmacy |
|----------------------|---|---|---|--|--|---|------------------|------------------------|
| GSK For You          | <a href="https://www.gskforyou.com/content/dam/cf-pharma/gskforyou/master/pdf/GSK-PAP-English.pdf">https://www.gskforyou.com/content/dam/cf-pharma/gskforyou/master/pdf/GSK-PAP-English.pdf</a> | Anoro, Arnuity, Breo, Flovent, Imitrex Nasal Spray, Incruse, Serevent, Trelegy  | <a href="https://www.gskforyou.com/programs/prescription-medicine-patient-assistance/">https://www.gskforyou.com/programs/prescription-medicine-patient-assistance/</a> | <ul style="list-style-type: none"> <li>*No insurance</li> <li>*Commercial insurance ONLY for specialty &amp; oncology products</li> <li>*Medicare beneficiary that meets OOP requirement</li> <li>*No Medicaid, LIS, or VA benefits</li> </ul> | <ul style="list-style-type: none"> <li>*Copy of insurance card for Medicare Part D</li> <li>*Medicare beneficiary: Spent \$600 on prescription expenses for patient and/or other members of household</li> </ul> | Yes   | Unknown          |                        |
| Pfizer Rx Pathways   | <a href="https://www.pfizerpapconnect.com/?language=en_US">https://www.pfizerpapconnect.com/?language=en_US</a>   | <a href="https://www.pfizerpapconnect.com/sites/default/files/2022-12/available-medications.pdf">https://www.pfizerpapconnect.com/sites/default/files/2022-12/available-medications.pdf</a> | Total household income at or below 300% FPL for primary care products & 500% or 600% FPL for specialty & oncology products.   | <ul style="list-style-type: none"> <li>*No insurance coverage for medication</li> <li>*Government insured but unable to afford copayment</li> </ul>  | <ul style="list-style-type: none"> <li>*Proof of income</li> <li>*Copy of insurance cards</li> </ul>   | No but application may only serve as the prescription for the patient's first order (up to a 90-day supply) through the program. Reorders must be placed throughout a patient's enrollment at <a href="https://www.pfizerpapconnect.com/">https://www.pfizerpapconnect.com/</a> . | Unknown          |                        |

LIS= Low income subsidy; VA= Veteran's Association; FPL = federal poverty level; OOP= out-of-pocket



## References

1. U.S. Department of Health & Human Services (HHS). Poverty guidelines. Aug 25, 2024. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
2. Healthcare.gov. Lower costs. Aug 25, 2024. <https://www.healthcare.gov/lower-costs/>



With the expansion of the GLIN IPA Pharmacy Team in 2023, our pharmacists will be available to assist in improving these outlined quality metrics. Our pharmacists will provide payer quality reports as done in previous years OR provide patient specific messages within your electronic medical record with recommendations AND patient follow-up if agreeable by your providers.

## **Pharmacy Phone Number**

(716) 800-CARE (2273)

## **Pharmacy Email**

[pharmacy@glin.com](mailto:pharmacy@glin.com)

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