

# Accessing Medications during an ADAP Waiting List: Experiences from Kentucky

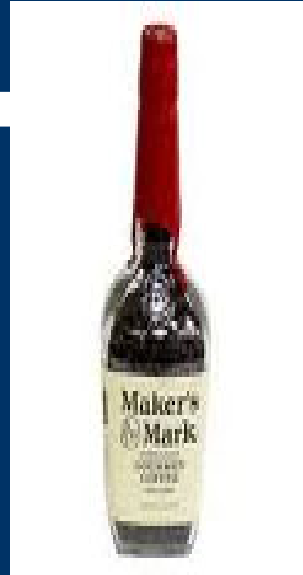
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**Waiting for ADAP  
(2,937 as of August 12, 2010)**

**Florida: 1,178 individuals**

**Georgia: 339 individuals**

**Hawaii: 15 individuals**

**Idaho: 26 individuals**

**Iowa: 115 individuals**

***Kentucky: 246 individuals***

**Louisiana: 270 individuals\***

**Montana: 7 individuals**

**North Carolina: 192 individuals**

**South Carolina: 262 individuals**

**South Dakota: 25 individuals**

# Workshop Objectives

*By the end of this session...*

- *Increase understanding of the role of medical case management in accessing medication*
- *Increase familiarity with Patient Assistance Programs (PAPs); including applications and management*
- *Identify creative solutions and alternatives to ADAP*

# The University of Kentucky Bluegrass Care Clinic

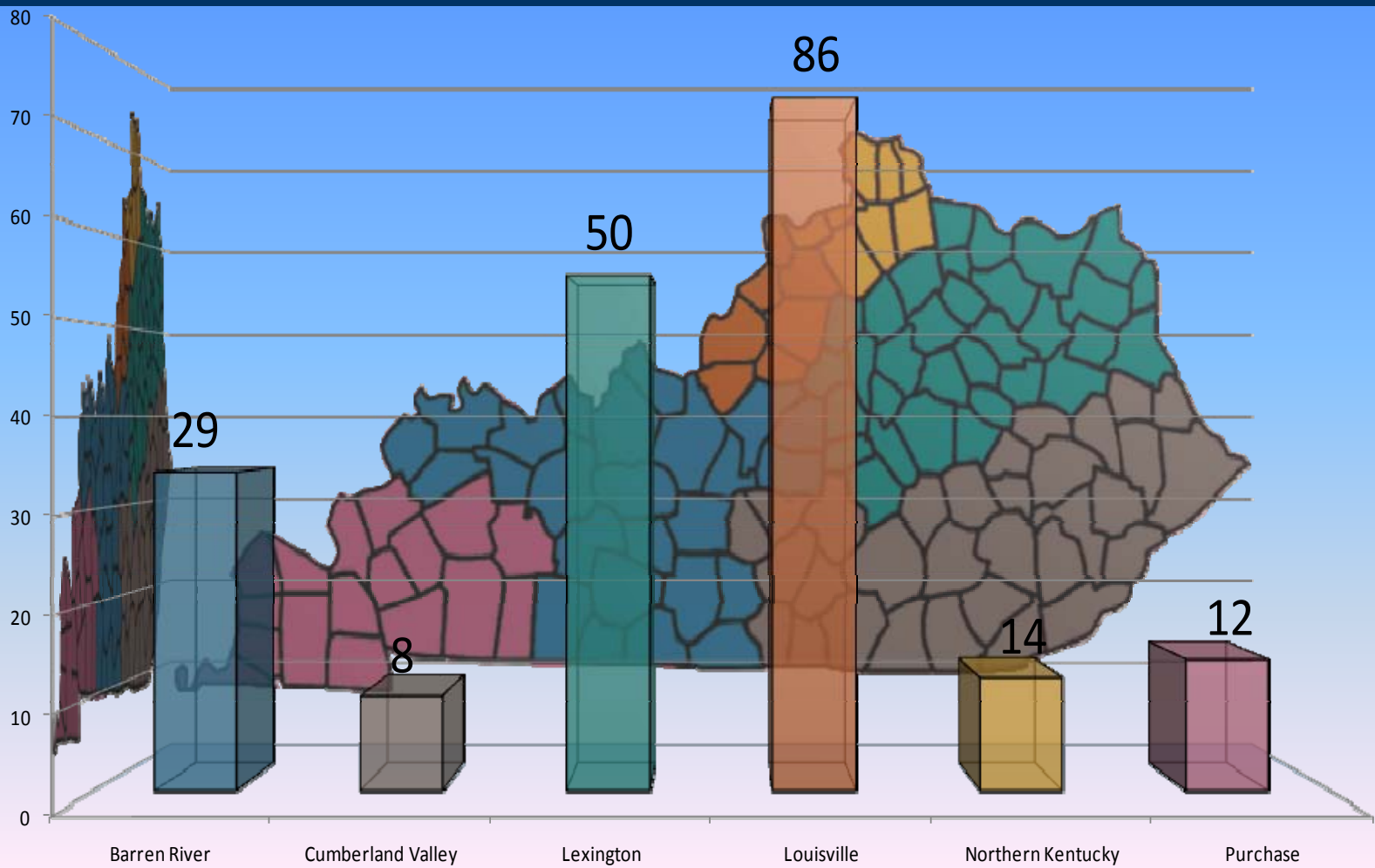
- The BCC has provided services to patients in central and southeastern Kentucky since 1990



# BCC Staffing

- 5 Infectious Disease Specialty Physicians
- 3 Program Coordinators
- 3 Primary Care Physicians
- 2 Clinical Pharmacists
- 1 Physician's Assistant
- 2 Patient Care Liaison
- 6 Social Workers
- 1 Mental Health Therapist
- 1 Psychiatrist
- 1 Substance Abuse Therapist
- 1 Nutritionist

# (K) ADAP in Kentucky





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# Our Changing Times—Care Coordinators

## Before Waiting List

1. Meet the client where s/he is at—e.g. housing, counseling, etc.
2. Establish rapport/therapeutic relationship
3. Secure meds
4. Educate/Address adherence
5. Provide support and follow-up

## After Waiting List

1. GET MEDS
2. Do everything else!

# Our Changing Times—Care Coordinators

## Before Waiting List

1. Assist the patient
2. Serve as patient advocate when accessing community resources
3. Manage patient medical appointments

## After Waiting List

1. Assist the provider
2. Serve as patient advocate when accessing medications
3. Manage patient refills, waiting list status

# Our Changing Times—Providers

## Before Waiting List

1. Write prescriptions
2. Schedule follow-up for 4 weeks
3. Educate your patient about medication adherence and side effects

## After Waiting List

1. Work with your case manager to determine available regimen
2. Adjust your schedule: Meds might not be arrive until 2 weeks after visit (or more!)
3. Determine how your patient is going to receive his/her meds. What is needed for education?

# Our Changing Times—Patients

## Before Waiting List

1. Enroll in ADAP
2. Take Rx to the pharmacy
3. Receive refills via mail on a regular basis
4. Work with providers on barriers to care, adherence, etc.
5. Re-certify bi-annually for ADAP

## After Waiting List

1. Work with your providers to determine available meds
2. Provide necessary documentation for each application
3. Enroll on ADAP waiting list
4. Monitor and manage meds very carefully

# Our changing times—Collaborators



- 340B Pharmacies
- HOPWA Programs
- Community Based Organizations
- Local health departments

# ACCESSING MEDICATIONS



# Make a list...check it twice!

- What prescriptions are on free/\$4 formularies?
  - Antibiotics, multi-vitamins, GI meds
- What prescriptions are available generic?
- What is the 340B price?
  - Atripla retail (30 pills)=\$1549.46
  - Atripla 340B=\$763.50
- Do you have any samples?
- Can you combine the meds?
  - Truvada & Sustiva=Atripla=*cheaper co-pays*



# Finding information about PAPs

- [www.rxassist.org](http://www.rxassist.org)
- [www.needymeds.org](http://www.needymeds.org)
- [www.patientassistance.com](http://www.patientassistance.com)



# PATIENT ASSISTANCE PROGRAMS (PAPs)

## Critical information about PAPs:

1. They all require different information
  - Proof of residency
  - Proof of Income
  - Proof of out of pocket expenses
  - Medical Provider's DEA, state license number, etc.
  - Some require notary!
2. They all have different eligibility requirements
  - No Insurance or Underinsured
  - Income Guidelines
  - Proof of approval for ADAP waitlist
  - Advocate vs. Medical Provider Signature

# PAPs

3. They all have different time frames for accessing meds
  - Immediately- Voucher/Card System
  - Up to 4 weeks
4. They all ship to different locations
  - To patient's home
  - To Doctor/Clinic
5. They all have different rules for refills
  - Automatically sent
  - Call or fax every 90 days
  - New application and prescription required every 90 days

# Managing Medications

- Who's job is it?
- Some PAPs require meds to be sent to the provider only
- Takes ownership and independence away from the patient
- Patient might not receive all meds at the same time
- Impacts adherence
- Challenges: medication storage, shipping expenses, education

# TOOLS

- Epocrates.com
  - Helps determine purpose & expense
- Mymedschedule.com
  - Can develop individual medication regimens as adherence and maintenance tool
  - Includes visual descriptions to print
  - Set up auto email reminders for advocate
- KYPAP—software purchased by the state
  - Generates PAP forms to print
  - Re-order log can be checked
  - Automatically generates medical provider's credentials and information
- Outlook
  - Set re-occurring reminders to order refills



# Medication Management

- Consider giving each patient a binder with medication information
  - Name of Medicine
  - Supplied by?
    - ADAP, PAP, \$4 formulary
  - Reference/Order number
  - How to order refills
  - Where to pick up refills
  - Education sheets on each drug

# Medication Management--Example

Medication/ Payor	Pick-up	Who to call for refills	When to call	Quantity	Date requested
Multi-V/ BCC	KY Pharm	KY Pharm	1 day remaining	30 days	7-28-10
Azithromycin 600mg/BCC	KY Pharm	KY Pharm	1 day remaining	30 days	8-4-10
Atripla/PAP voucher	KY Pharm	KY Pharm	1 day remaining	30 days	8-4-10
Mepron 750 mg/PAP	Shipped to Pt	Care Coordinator	1 month remaining	3 months	8-4-10
Lovenox 60mg/PAP	Clinic	Care Coordinator	2 weeks remaining	3 months	8-4-2010

# Case Study

## Ben

- 23 yo male with no insurance or income
- Newly diagnosed- CD4 count of 14
- Started new regimen and prophylaxis while in jail
- Released from jail sooner than expected
- Medications Regimen: Atripla, Mepron, Azithromycin, Multivitamin, Lovenox,
- What resources would you use?
  - Bulk medication
  - PAPs
  - Generic formulary



# Case Study

## Vicki

- 32 yo female
- Diagnosed in 2003 while pregnant
- Incarcerated from 2007-2010
- Began ARV treatment while in jail
- Ct released from jail and came to our clinic to re-establish care
- No income and no insurance
- Medication Regimen: Reyataz, Norvir, Truvada, and Zolofit
- What resources would you use?
  - Part D funds
  - PAPs
  - Generic formulary

# Case Study

## Mike

- 63 yo male
- Medicare A, B, and D/ Social Security is \$1405/month
- Previously received medications through a study
- Currently on KADAP waitlist
- Medication Regimen: Viramune, Truvada
- What Resources would you use?
  - Viramune: Part B funds to meet out of pocket expenses & then PAP
  - Truvada: Co-pay assistance card
  - Pt responsibility=\$50/monthly co-pay

# Hope on the Horizon

- Increased funds for ADAPs
  - \$25 million – grant applications
- Welvista [www.welvista.org](http://www.welvista.org)
- Increasing assistance from pharmaceutical companies
- Making PAP applications easier
- Health care reform
  - Medicaid changes in 2014

*Whatever it takes!*



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# *Thank You!*

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