

[TRACK 11: SURVIVOR STORIES: PRESCRIPTION ASSISTANCE]

Arlene, in her 60s: Part II

[Arlene]

When I was first diagnosed, my cancer had already spread to my hip bone. I had quite a bit of pain. The radiation therapy I was getting was supposed to help my bone heal, and I was told that the pain would eventually go away. But, some days, the pain made my life seem not really worth living. I couldn't go out to walk with my dog... and we both had always enjoyed our walks so. I couldn't play with my grandkids, and I didn't enjoy being with people. I just hurt. My doctor prescribed a pill-form of morphine that did control my pain. The doctor told me that eventually, when the radiation had a chance to work, I would not need the pain pills any more. But, the problem is, the morphine pills and other medicines that help the morphine work better can cost several hundred dollars each month. I had no income other than my Social Security check, which gets used up with my regular expenses like groceries, utility bills, and of course, dog food. I felt like I would have to choose between buying groceries and buying pain medicine. My daughter's friend, Sheri, is a cancer nurse. She has been like a second daughter to me - and so of course, I could tell her about my pain, and my fear that I would have to find another home for my dog, Scamp, if I could not afford to feed him. She went with me once to see the radiation doctor. I had been a little embarrassed to tell the doctor - first I was afraid that he would think that I am just a complainer. Second, it is hard to confess to being in such a poor financial state. But, Sheri talked to the doctor and explained my situation and asked the doctor if he would help me apply for a prescription assistance program. I found out that many of the big drug companies have programs like this that supply the prescribed medicine at no charge to people who cannot afford to pay for it. The radiation nurse and I worked through the application process, and I was able to get my pain medicine free of charge for as long as I needed it.

[Narrator]

When paying for prescription medicines is a problem., It is important to ask for the help of a nurse, social worker or finance counselor who can start the application process to one of the prescription drug assistance programs. Most of the time this is not something you can do on your own.

The Partnership for Prescription Assistance helps qualifying patients without prescription drug coverage get the medicines they need through the program that is right for them. The program is free, and they have a list of more than 2,500 medicines and 475 patient assistance programs. Their toll free number is 888-477-2669. They are also available on the internet. In the meantime, the doctor or nurse may be able to give their patient samples of the medicine, or the patient might be able to get a temporary discount card. If medicines will be needed over a long period of time, the patient and nurse or doctor need to plan in advance so that the process can be started before prescriptions need to be re-filled. Needy Meds is an information clearinghouse for information about pharmaceutical assistance programs. There is no charge for the service, but NeedyMeds does not offer individual counseling. For information, go to the Needy Meds Internet Web site. You will find these and other Web site addresses and phone numbers in the Reference Booklet. In addition to the pharmaceutical assistance programs, many pharmaceutical companies have an insurance assistance hotline that helps people sort out insurance claims for the company's products. The professional sales person representing the drug company can supply information on how to contact the company's insurance assistance hotline. Pharmaceutical companies that are in the business of developing new medicines are sometimes allowed to make new products available even before the medicine is approved for routine use. This assistance is most often used when there are no other real treatment options left to try. New medications are made available through what is called "compassionate use." Many managed care companies and

private insurance companies only pay for medicines that are on the company's list of approved drugs called the "formulary." Even Medicare Part D has restrictions. The managed care company can buy medicines at lower rates offered to groups that use large supplies of medicines. Managed care companies sometimes ask doctors to use a "generic" medicine that has the same active ingredient as the brand name medicine, instead of the brand name medicine that could cost more. Some managed care and private insurance companies want doctors to prescribe a different medicine that, according to the insurer, might have the same effect as the brand name drug. This has been a problem many cancer survivors face, for example, when they get prescriptions for the new medicines that help prevent or cut down on nausea and vomiting. Some of these new medicines are expensive and can as much as \$100 to \$200 for each dose. Older anti-nausea medicines cost much less - some cost less than a dollar per dose. But, the more expensive medicine is much more likely to control nausea and vomiting caused by some kinds of chemotherapy. If the nausea and vomiting are so severe that a visit to the doctor's office or clinic is needed, then the more expensive medicine could have prevented a costly doctor's visit and additional treatments. In situations like this, it can be left up to the patient, family, and the doctor or nurse to find ways to get these medications. In some cases, the doctor or nurse must supply the insurance company with documentation that describes the added benefit of the more expensive medicine before the company will approve - and pay for - its use. This was the problem that Lucy faced.

Lucy, in her 50s

[Lucy]

I am a Native American.. I had my breast cancer operation at a local hospital. When I got home, I took my prescription to the local pharmacy that is on my reservation. The pharmacist there told me that she did not carry the medicine that the doctor had prescribed. I cannot afford to buy this medicine at another pharmacy - and besides, there is not another pharmacy near to me anyway. It is not my way to make trouble, so I just went home. The next time I went to see the nurse practitioner in the clinic, she asked if I had any side effects from the medicine. I had to tell her that I had not been taking the medicine - that I could not get it at the local pharmacy. The nurse said that she had heard that this medicine is not on the list of approved drugs - what they call "the formulary." She decided to check this out. She called some other nurses who work with the local medical group- and she found out that this medicine is on the formulary, but the pharmacy probably did not keep this medicine in stock. The other nurses suggested that my nurse or doctor talk directly to the pharmacist. These nurses also said that it would help to send a copy of my treatment plan, and one or two articles from the medical journals that describe the treatment plan to the pharmacist. My nurse and doctor did these things - and there was no problem at all. My pharmacy got my medicine in very soon after this, and they keep it in stock for me.

[Narrator]

Even though Lucy's story involves a specific local situation, many insurance plans and entitlement programs do not have all of the information needed to make good decisions about what medicines to keep in stock or which medicines should be available to people covered by these plans. Often, the solution to this problem is very simple - involving only a little effort on the part of the doctor or nurse who can easily provide the kind of information needed to encourage the insurance company or pharmacy to make the medicine available. Again, just telling the doctor, nurse, or social worker that there is a problem is the first step to solving it. Sometimes, a generic medicine that has same effect as a brand name medicine is a good way to cut down on the costs of prescribed medicines. Many drug companies also supply doctors' offices with samples of medicines that are prescribed often. It is up to the doctor or nurse to decide which patients are given the free samples. There are federal state, and even institutional programs that can help people get needed prescription medicines. These programs have eligibility criteria - ways to decide which patients get this kind of help. The social worker or pharmacist can help with information about this kind of assistance.

