

Navigating Patient Resources: Patient Assistance Programs

September 24, 2026

Lakeisha Williams, PharmD



Disclaimer

The Louisiana Department of Health (LDH) employees, contractors, affiliates, et al. have no actual or potential conflict- of- interest in relation to this program presentation. The content herein is intended for general guidance, not as legal advice.

Laws and regulations take priority if there are any differences. Only LDH's Secretary or Surgeon General can give official statements. LDH cannot speak for other government agencies, and if you need legal advice, you should consult a lawyer.

LaKeisha Williams, PharmD, MSPH

*Clinical Associate Professor
Xavier University of Louisiana
College of Pharmacy*



Disclosures

In the past 24 months, I have **NOT** had any financial relationships with any ineligible companies.

Objectives

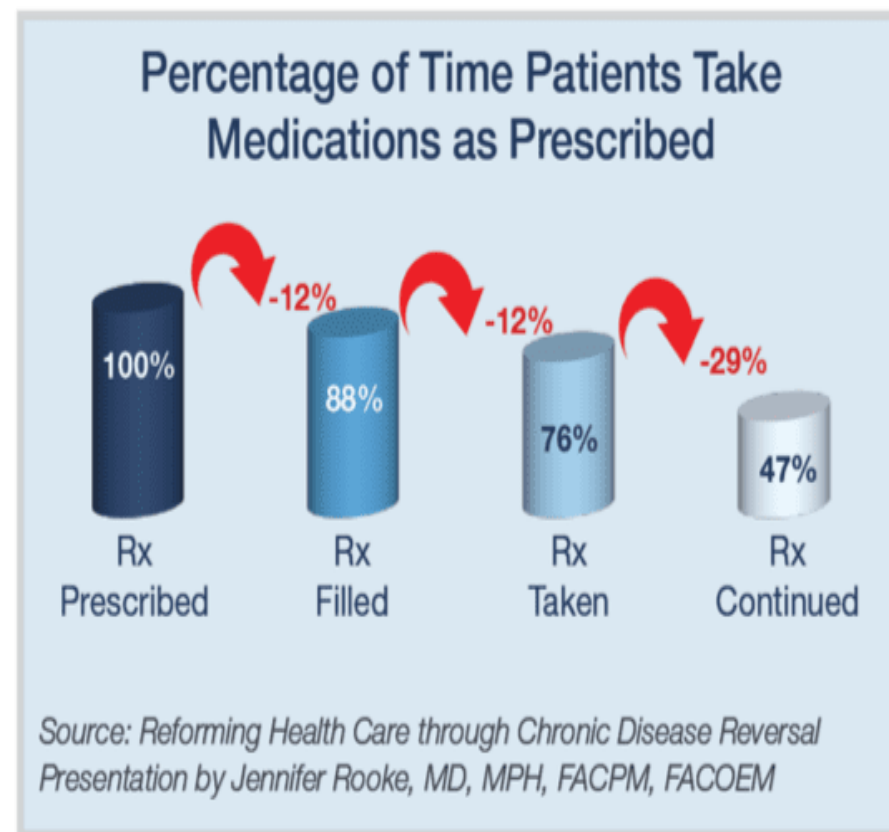
- Discuss patient assistance programs and cost-saving resources for insulin, non-insulin therapies, and diabetes supplies.
- Apply a systematic approach to assess patient eligibility, navigate referral pathways, and connect individuals with appropriate resources.
- Leverage interprofessional collaboration and community partnerships to improve access, medication adherence, and diabetes-related health outcomes.

Patient Case: “I can't afford my diabetes medications.”

- KJ is a 58-year-old female with type 2 diabetes
 - A1C: 10.2%
 - Current medications: Lantus 30 units daily, Ozempic 1 mg weekly, and metformin ER 1,000 mg twice daily
 - Has commercial insurance but a high deductible
 - Stopped Ozempic because of cost
 - Reports using less Lantus than prescribed to make it last
 - Also has difficulty paying for glucose-testing supplies
- **What would you do first?**
 - A. Change her medications
 - B. Give her a manufacturer PAP application
 - C. Ask more questions about her coverage and affordability barriers
 - D. Refer her to social work

The Cost of Nonadherence: Chronic Disease Outcomes and Access Gaps

- High out-of-pocket costs are a significant barrier to medication adherence, with nearly 1 in 5 U.S. adults reporting they skipped filling prescriptions due to financial concerns
 - 1 in 4 insulin users report rationing due to cost



Before You Look for a Program... Ask the Right Questions

Ms. J tells you: **“I can’t afford my diabetes medications.”**
That statement alone is **not enough information** to choose a resource.

1 What is she actually paying?

“What are you paying for Lantus, Ozempic, metformin, and your supplies?”

- Monthly cost for each medication
- Cost of testing supplies (meter, strips, lancets, CGM)
- Out-of-pocket vs. insurance coverage



2 What insurance does she have?

- Commercial insurance?
- Medicare?
- Medicaid?
- Uninsured?
- High-deductible plan?



3 What is causing the cost?

- High copay?
- Deductible?
- Non-formulary medication?
- Prior authorization?
- Coverage gap (donut hole)?
- Supply issue?
- Other (e.g., pharmacy, quantity limits)?



Ms. J

5 How urgent is the problem?

- “How much insulin do you have left?”
- “When was your last Ozempic dose?”
- Are they out of medication or supplies?
- Is a temporary solution needed while waiting for assistance?



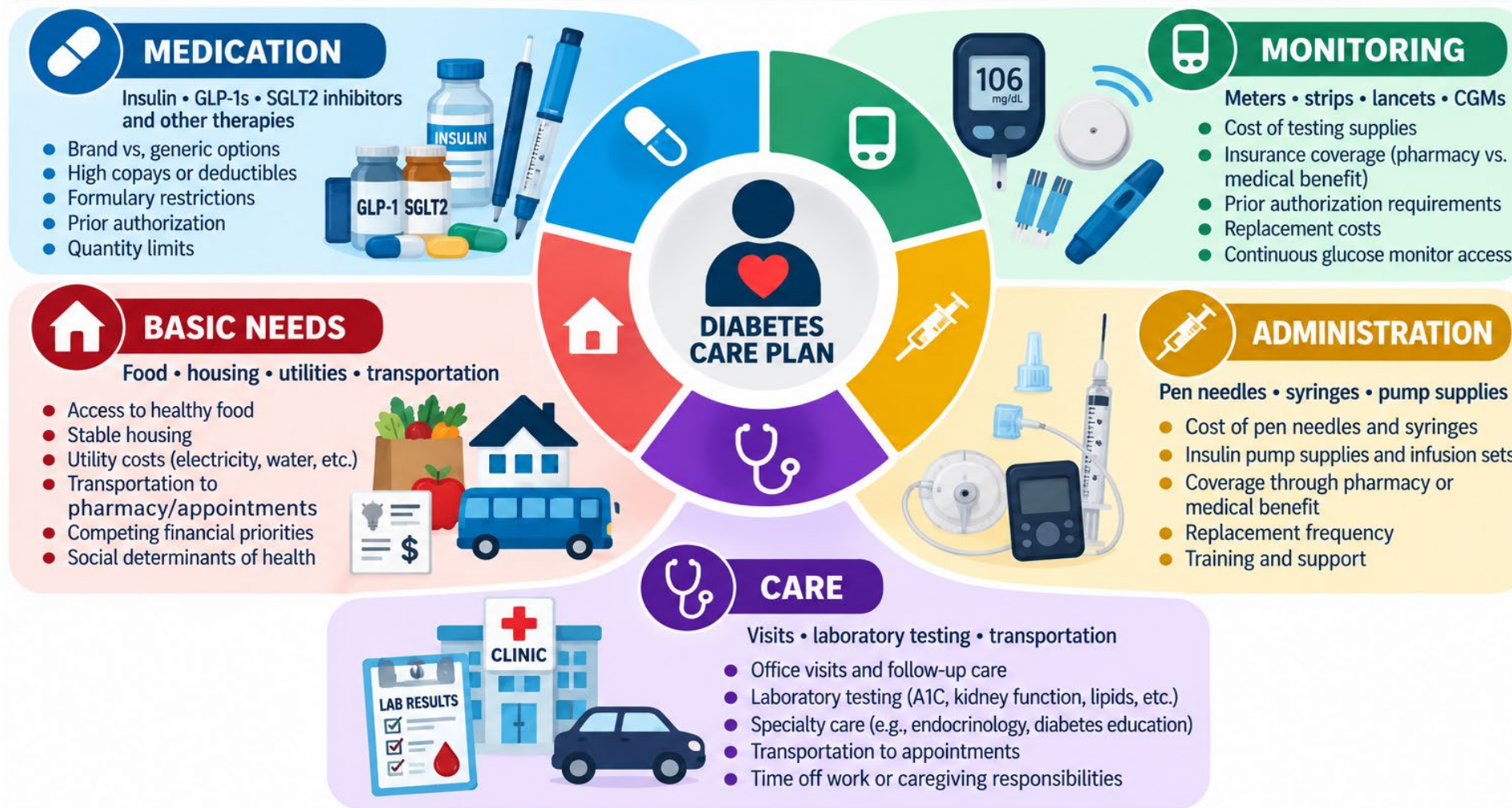
4 What has she already changed because of cost?

- Stopped Ozempic or other medication?
- Using less insulin than prescribed (rationing)?
- Testing less frequently?
- Skipping doses?
- Delayed refills?
- Any other changes?



Affordability affects the entire diabetes care plan.

A patient may be struggling with more than just the cost of medication.





DON'T START WITH THE PROGRAM.



-  May not address the real barrier
-  Can be time consuming
-  May not be the best option for this patient
-  Can lead to incomplete applications





START WITH THE PATIENT.



- **Understand their situation**
Ask about cost, insurance, and access barriers.
- **Learn their goals**
What matters most to them?
- **Identify the barrier**
Cost, coverage, supply, transportation, or other challenges.
- **Then match to the right resource**
PAPs, copay programs, insurance options, community resources, etc.

Don't start with the program.
Start with the patient.

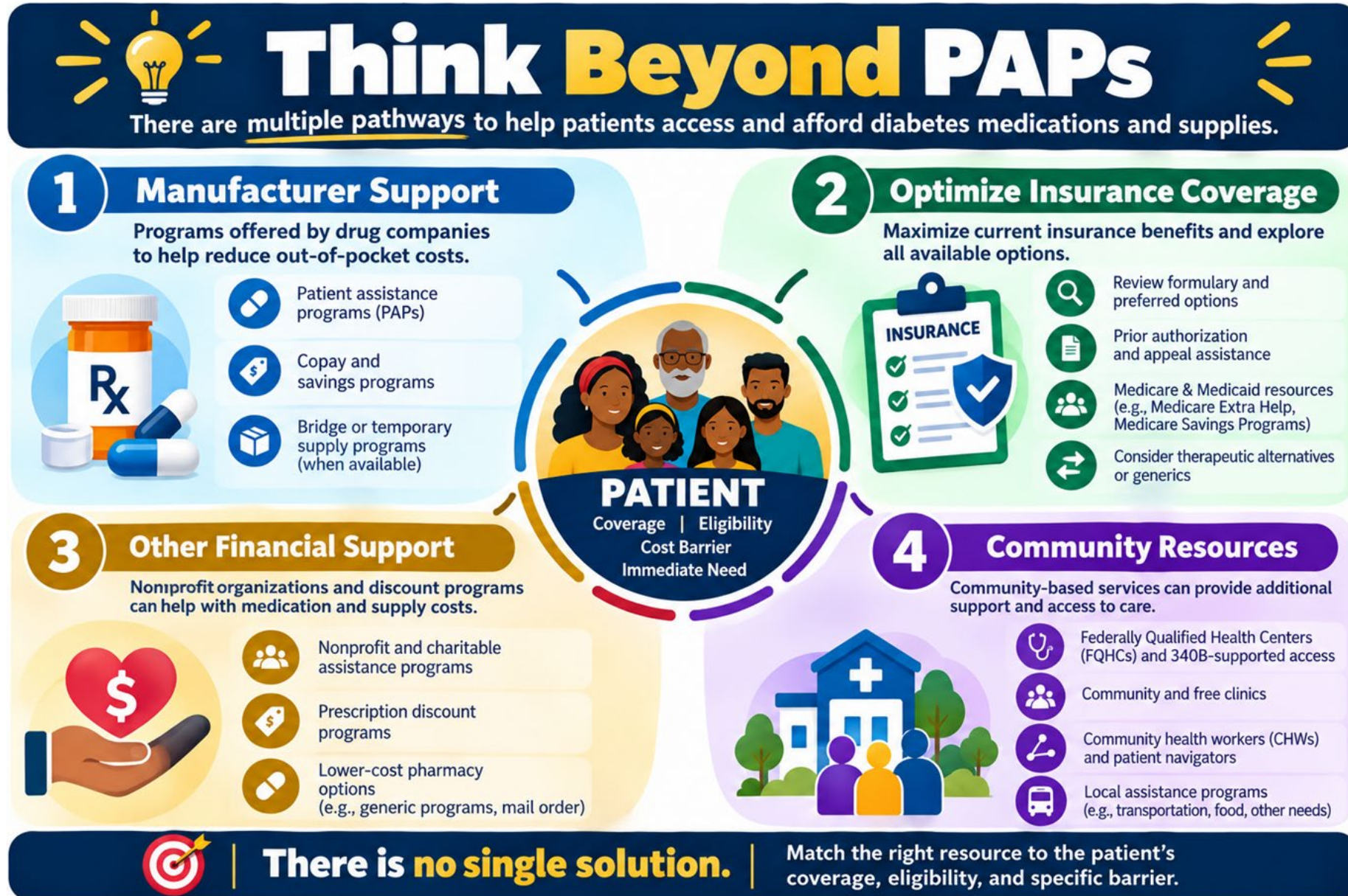
What is a Patient Assistance Program (PAP)?

- Programs designed to help eligible patients obtain medications **at reduced cost or no cost**
- Eligibility may depend on:
 - Insurance status
 - Household income
 - Residency
 - Medication
 - Program-specific requirements
- Offered by manufacturers, non-profits, foundations and health systems
- Available for a wide range of diseases and medications
 - Cover common diabetes meds: Insulin (Lantus, Humalog), GLP-1 RAs (Ozempic), oral agents (Jardiance, Januvia)
- May also include support for medical supplies
 - Glucose monitors, inhalers, injectables, or infusion therapy medications

Affordability Toolbox: Start with Patient's Coverage

Patient situation	Resources to explore
Uninsured / underinsured	Manufacturer PAPs • nonprofit assistance • FQHC/340B resources • community/free clinics • state/local discount programs
Commercial insurance	Manufacturer copay cards/savings programs • formulary review • prior authorization/appeal • deductible support • discount programs when appropriate
Medicare	Medicare drug benefit review • Extra Help/Low-Income Subsidy • Medicare Savings Programs • Medicare Prescription Payment Plan • charitable foundations • manufacturer PAPs when eligibility permits
Medicaid	Preferred Drug List/formulary • prior authorization • preferred alternatives • state Medicaid resources • FQHC/340B resources
Non-U.S. citizen / immigration-related concerns	Check each manufacturer's PAP residency/citizenship requirements • FQHC/sliding-fee services • 340B-supported access when available • nonprofit/charitable assistance • community/free clinics • state/local safety-net resources

NOTE: Don't assume a patient is ineligible. Citizenship, residency, insurance, and income requirements vary by program. Verify the individual program's criteria.



Simple Workflow: A.C.C.E.S.S.

- **A — Ask about affordability**
 - “Are cost or coverage making it difficult to take your medications as prescribed?”
- **C — Clarify coverage**
 - Uninsured? Commercial? Medicare? Medicaid?
- **C — Check the barrier**
 - Copay? Deductible? Formulary? PA? Supply? Transportation?
- **E — Explore resources**
 - PAP • copay card • insurance benefit • alternative • community resource
- **S — Send/submit the referral**
 - Assign responsibility and complete the application/referral.
- **S — See it through**
 - Did the patient actually receive the medication or supply?

What Information Do You Need?

 Patient

Household size

Approx. household
income

Insurance type/status

Prescription coverage

Residency, if required

 Medication

Medication name

Strength & dose

Quantity needed

Prescriber

 Barrier

Cost

Coverage

Prior authorization

Deductible

Transportation

Pharmacy access

Missing documentation

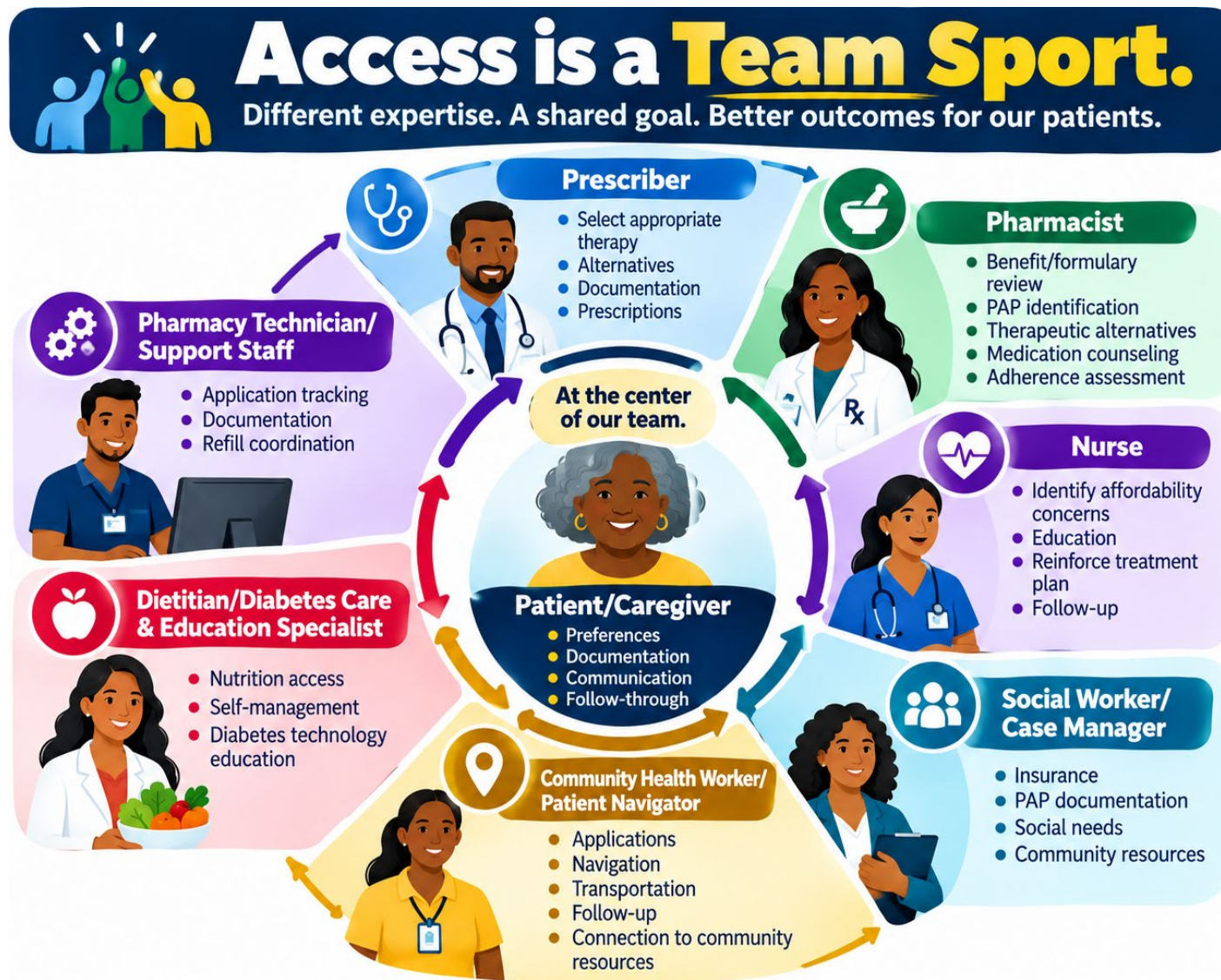
 Urgency

**How much medication is
left?**

When is the next dose
due?

Is treatment already
being missed or rationed?

ACCESS is a Team Effort!



Your Community is Part of the Care Team

- **Build an “Access Network”**
 - Potential partners:
 - FQHCs
 - Community pharmacies
 - Health-system pharmacies
 - Community health workers
 - Food assistance organizations
 - Faith-based/community organizations
 - Transportation programs
 - Medicaid enrollment resources
 - Marketplace assisters
 - Local health departments

Integrating PAPs into Practice/Clinical Workflow

Workflow Step	Strategies & Solutions
1. Patient Intake & Screening	Add medication cost questions to intake forms or EMR SDOH fields Incorporate questions into new patient paperwork or digital intake asking about insurance status, medication costs, and access barriers Use pre-visit questionnaires or tablets to assess medication affordability
2. Identify PAP-Eligible Patients	Flag patients without insurance or with high-deductible plans Use tools to assist with identifying eligible patients Train front desk staff, nurses, and providers to recognize red flags like lack of insurance, unpaid bills, or medication nonadherence due to cost
3. Staff Roles and Training	Assign a PAP point person or “champion” Engage a pharmacist, case manager, social worker or CHW to review medications and screen for cost concerns Cross-train MAs, nurses, or pharmacy techs to assist

5 CHANGES YOUR PRACTICE CAN MAKE THIS WEEK

1

ADD ONE AFFORDABILITY SCREENING QUESTION

"What challenges, if any, are you experiencing with paying for your diabetes medications or supplies?"

WHY IT MATTERS

Identifies cost barriers early so they can be addressed before non-adherence or poor outcomes occur.

2

IDENTIFY YOUR ACCESS CHAMPION



Assign a team member (e.g., pharmacist, CHW, social worker, nurse, or technician) to lead affordability support.

WHY IT MATTERS

Ensures clear ownership and a consistent process for helping patients access resources.

3

CREATE ONE REFERRAL PATHWAY



Develop a simple, standardized process for referring patients with cost barriers to your access champion or support team.

WHY IT MATTERS

Makes it easy for all team members to know what to do and where to send the patient.

4

BUILD A SHARED RESOURCE LIST



Compile and regularly update a list of patient assistance programs, insurance resources, and community supports for insulin, non-insulin therapies, and diabetes supplies.

WHY IT MATTERS

Saves time, provides consistent information, and helps the entire team connect patients with the right resources.

5

CLOSE THE LOOP



Track and follow up to confirm the patient was able to obtain the medication or supplies and is taking them as prescribed.

WHY IT MATTERS

A referral is not successful until the patient can actually access and continue the treatment.

Key Takeaways

1. ASK

- Cost should be part of routine diabetes assessment.

2. CONNECT

- Match the patient to the right resource, not simply the first PAP you find.

3. CLOSE THE LOOP

- A referral is not successful until the patient can actually obtain and continue the treatment.

Check your Knowledge – Question 1

What are common benefits of implementing Patient Assistance Programs (PAPs) in clinical practice?

- A. Improved medication adherence among low-income patients
- B. Reduced rates of medication abandonment due to cost
- C. Enhanced patient satisfaction and trust in providers
- D. All of the above

Check your Knowledge – Question 2

Which of the following is the most appropriate first step in identifying a patient who may benefit from a Patient Assistance Program (PAP)?

- A. Wait for the patient to request financial help
- B. Ask the patient if they are using GoodRx
- C. Screen for medication affordability during intake or annual visits
- D. Refer all patients automatically to social services

Check your Knowledge – Question 3

Which strategy best supports integrating PAPs into a clinic's workflow?

- A. Limiting PAP use to insulin-only patients
- B. Assigning a dedicated staff member to manage applications and renewals
- C. Referring patients only after medication nonadherence is observed
- D. Relying on paper applications only