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New Study Shows Problems with Drug Companies' Charitable Programs

Independent survey of health care providers points to ways to make medications more accessible

Oakland, CA— A new study shows that while free medication programs offered by the pharmaceutical industry help some low-income patients without drug coverage, health care providers report substantial barriers for patients who could otherwise use these programs.

The study, which will be published in the April 1 issue of the *American Journal of Health-System Pharmacy* (see www.ajhp.org/cgi/content/full/62/7/726), surveyed “safety net” providers serving primarily low-income patients. Funded by the California HealthCare Foundation and led by researchers independent of the pharmaceutical industry, the study appears just as the Pharmaceutical Research and Manufacturers of America (PhRMA) prepares for the April 5 launch of a national effort to promote its charitable programs.

In the study, more than two-thirds of clinics reporting that they did not use drug companies' patient assistance programs indicated that it was because they find them too time-consuming and complex.

“Clinic staff on the front lines of caring for vulnerable patients have mixed feelings about these programs,” says Kathryn Duke, the study's lead author and program director for the Medicine for People in Need (Medpin) program of California's Public Health Institute. “They're pleased that the programs expand drug access and improve patients' adherence to medication plans. But at the same time, they don't understand why complicated and changing programs must take so much time away from patient care.”

Clinics reported that some companies' assistance programs were more difficult to use than others, naming programs run by GlaxoWellcome, Novartis, and Schering-Plough as those they used least often for needy patients. Clinics also cited Pfizer, Bristol Myers Squibb, and Merck as companies whose assistance programs they used most frequently.

“Drug companies compete against each other in price and product value,” says study coauthor Kristiana Raube, adjunct professor at the University of California at Berkeley School of Business. “It's important to learn that some companies' charitable efforts are perceived as being more useful than others.”

The two barriers most frequently cited by clinics were (1) program requirements changing without notice, and (2) unrealistic income-documentation expectations.

“Patient care is disrupted when an assistance program is suddenly discontinued or changed,” says Dominic Koh, a nurse-practitioner at the Asian Pacific Health Care Venture, a community clinic in Los Angeles. Adds John Payne, Pharmacy Director for Sacramento County, “Homeless or seriously mentally ill patients cannot be expected to produce tax return copies or similar documentation.”

The study concluded that a vast majority of clinic staff would like to see the pharmaceutical industry develop more consistent eligibility criteria and application procedures for its charitable programs.

“Drug industry leaders should work with the health care provider community to pursue these improvements, and they should periodically re-examine how effectively their programs are helping patients,” says Helene Levens Lipton, a study coauthor and professor of health policy at the University of California at San Francisco Schools of Pharmacy and Medicine.