

Wal-Mart, Target, and Other Options for Purchased Medications

Clinic organizations obtain medications for their patient populations in many ways. In order to remain cost-efficient and still have a wide variety of medications available for provider and patient use, it is almost essential to use a combination of medication access methods. Initially, it may be that you will need to purchase a number of medications so that your pharmacy is sufficiently stocked. As your program develops and resources allow, you may become more successful at obtaining medications through individual Patient Assistance Programs or you may have the good fortune of arranging several Institutional Patient Assistance Program contracts. However, despite an on-going supply of donated medications, there will always be the need to have medications accessible to your patients that are not available through donation programs, such as antibiotics and other short-term therapies for acute conditions.

There are certain barriers to treatment inherent to providing medication therapy to clinic patients:

- Cost
- Adherence
- At-risk populations.

Studies have shown that up to one-third of individuals, both insured and uninsured, never fill the prescriptions given to them by their medical provider. Further, few clinics operate on unlimited resources, but many clinics do have a small medication budget. The challenge is to maximize those resources to provide the greatest access to medications as possible, and encourage medication compliance. In addition to donation programs, there are low-cost alternatives available to assist with purchasing critically needed medications for patients, whether you refer patients to these alternatives directly or are able to purchase medications yourself for on-site dispensing.

Below is a listing of some viable options for purchasing medications:

1) Retail Stores

Some of the largest retailers offer substantial discounts on 30 to 90-day supplies of prescriptions drugs.

Information on the major retailers that provide low-cost prescription medication:

- Wal-Mart Offers a prescriptions program of more than 350 generic prescription medications for \$4 for up to a 30-day supply or \$10 for a 90-day supply
- There are over 1,000 over-the-counter medications available for \$4 or less
- Also applies to Neighborhood Market and Sam's Club
- Target, has a program that is similar to Wal-Mart's: \$4 for up to a 30-day supply and \$10 for up to 90 days of approximately 300 generic prescription medications
- Food City, Has over 400 generic medications for \$4 for a 30-day supply and \$9.99 for a 90-day supply
- Giant Eagle, Has over 400 generic medications for \$4 for up to a 30-day supply and \$10 for up to 90 days of approximately 400 generic prescription medications
 - Weis Markets, Offers a 90-day supply of more than 350 generic drugs for \$9.99 and free vitamins for children up to 7 years of age
 - Publix, Offers, at no cost, up to a 14-day supply of antibiotics and a 30-day supply of blood pressure and diabetic medications if you have a valid prescription, regardless of whether you have health insurance
 - Kmart, Provides a 90-day supply of generics for \$10 or \$15 with over 500 generic medications available
 - Also offers a \$5 antibiotic program
 - Has a Women's Prescription Program that offers prenatal, oral contraceptive, and breast cancer prescription medications for \$5 to \$25
 - Walgreens, Offers more than 5,000 brand name and generic medications (over 400 generic medications) at \$12 for a 90-day supply
 - You have to pay an annual enrollment fee
 - An individual fee is \$20 per year or \$35 for an entire family
 - Rite Aid, Has over 500 medications available at \$9.99 for 30 days of select generics and \$15.99 for a 90-day supply

2) Local Independent Pharmacies

Local, independent pharmacies may agree to an individual arrangement with a clinic. In these situations, the pharmacy agrees to fill prescriptions written by

clinic providers at a much-reduced cost (usually a percentage off AWP - Average Wholesale Price) and may waive any dispensing fees. The pharmacy bills the clinic monthly for re-imbusement.

3) Pharmacy Benefit Managers (PBM)

A Pharmacy Benefits Manager is one of the simpler medication access programs available to the clinics when purchasing medications; however, it is also one of the most costly. A PBM is a third party administrator of prescription drug programs.

PBMs assist with:

- processing and paying prescription claims
- formulary development and control
- negotiating and contracting with retail pharmacies
- arranging discounts and rebates with the pharmaceutical manufacturers

Through a PBM model, the PBM would maintain the clinic's patient eligibility information on file. It would allow for as broad or restricted formulary as your organization chooses. Patients would be given an access card or number and be able to fill prescriptions at local retail pharmacies for free or for a set copayment. The PBM would bill the clinic monthly for all medications costs including dispensing fees. As ideal as this may sound, there is little incentive for PBMs to contract directly with a clinic as there would be limited financial gain for them, if any. There are hundreds of PBMs to choose from including some administered by pharmaceutical manufacturers themselves.

4) Point of Care Pharmaceutical Companies

Similar to PBMs, these companies are more costly, but offer an interesting method for providing medication to your patients: they are like having a personal PBM on-site. Once these companies have assisted you in establishing a formulary that is specific to your clinic operation, you order individual, pre-filled bottles of prescription medication from them directly, ready for labeling. Medications are delivered to your clinic pre-counted, pre-packaged, and ready

to dispense to your patients. Healthcare providers label these bottles for the prescribed individual and dispense directly to their patient or, with a written prescription or medical order, your pharmacist may label and dispense to the patient. Depending on your needs, these companies offer a full range of monitoring, tracking, and reporting capabilities. As with other purchased medication options, you will need a significant medication budget, sufficient storage, and a billing and tracking system.

Companies offering this service are:

- Nucare
 - MedX Sales
 - Purkinje
 - Rx Within

5) Discount drug cards

Prescription drug discount cards are another option for your patients to receive prescribed medications at reduced prices. Patients present these cards, also referred to as “point of sale” cards, at the time of their purchase to receive the discounted prices. Discounts may range anywhere from fifteen to fifty percent off the retail cost of brand and certain generic medications and may require membership in the particular discount program. Most memberships are free of charge. Some cards have eligibility restrictions based on income, age, and insurance status

- Together Rx
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 - Nine major pharmaceutical companies sponsor Together Rx:
 - Abbott Laboratories
 - AstraZeneca
 - Bristol Meyers Squibb
 - GlaxoSmithKline
 - Johnson & Johnson

- Novartis
- Pfizer
- Sanofi Aventis
- Takeda
- Free and offers a twenty-five to forty percent discount on over 300 brand name and generic prescription drugs as well as other prescription products, such as glucose test strips.
- [Drug Card America](#)
- [Easy Drug Card](#)

6) Website Price Locators

Many websites offer search tools to assist the patient with locating the lowest price for their prescribed medication in their local area. Sites may also offer patient-friendly health and medication education.

These sites require that the patient know:

- The name of the medication
- The strength
- The number of pills to be dispensed per prescription

An example of this resource:

- Destination Rx,
<https://drugcompare.destinationrx.com/Home.aspx>

8) Statewide Central-fill Pharmacy Programs

In an effort to meet an ever-increasing demand for prescription medications for the low-income and uninsured, a growing number of organizations across the country are developing statewide central-fill pharmacies. These pharmacies, many as public-private partnerships, are designed to enhance efficiency and cost-effectiveness in the acquisition and delivery of vital medications to qualified patients. Although each model operates a little differently, all base eligibility on residency, age, income, and insurance status. There are programs that also require the eligible patient be a legal U.S. resident: either a U.S.

citizen or a Legal Permanent Resident (green card holder). Some programs charge initial or annual application fees and may charge a dispensing fee to the patient or organization.

Options include, but are not limited to:

- Iowa
 - SafeNet Rx, <https://safenetrx.org/>
 - Service Area: State of Iowa
 - Criteria: Resident of Iowa; 200% FPG or below; No prescription drug coverage
 - Ages: All ages
- Louisiana
 - Cenla Medication Access Program,
 - Service Area: State of Louisiana
 - Criteria: Resident of Louisiana, 200% FPG, No prescription drug coverage
 - Ages: 18 to 64
- North Carolina
 - MedAssist,
 - Service Area: State of North Carolina
 - Criteria: Resident of North Carolina, 200% FPG, No health insurance
 - Ages: <65
- South Carolina
 - Welvista,
 - Service Area: State of South Carolina
 - Criteria: Resident of South Carolina under, 200% FPG, No health insurance
 - Ages: <65
- Tennessee
 - Dispensary of Hope,
 - Service Area: State of Tennessee

- Criteria: Resident of Tennessee, 200% FPG, No prescription drug coverage
 - Ages: 19-64
- Virginia
 - >Rx Partnership,
 - Service Area: State of Virginia
 - Criteria: Resident of Virginia, 200% FPG, No prescription drug coverage. Open to Free Clinics with licensed pharmacies only.
 - Ages: Depends on individual pharmaceutical company requirements
- West Virginia
 - WVRx,
 - Service Area: State of West Virginia
 - Criteria: Resident of West Virginia, 200% FPG, No health insurance, but will serve Medicare recipients with no Part D coverage.
 - Ages: 18 to 65 (Will serve individuals under 18 who are pending SCHIP. WV requires that a child have no insurance at all for one year before becoming eligible for SCHIP.)
- Wyoming
 - Medication Donation Program Office of Pharmacy Services for the State of Wyoming,
<https://health.wyo.gov/healthcarefin/medicationdonation/>
 - Service Area: State of Wyoming
 - Criteria: Resident of Wyoming; At or below 200% FPG; No prescription drug coverage, with the exception of Wyoming Prescription Drug Assistance (PDAP) if the patient has more than 3 monthly medications
 - Ages: All ages
- United States (certain states currently, but expanding)
 - Direct Relief International,
 - Service Area: International – serves 55 countries

- Criteria: No geographic limitations; 200% FPG; No insurance
- Ages: All ages

9) Excess Product Donations

Another approach for obtaining medications is by receiving overstocked medication donations or donations of medications that have a short shelf life. Occasionally, manufacturers will donate excess product or medication that is due to expire, usually within three to six months, to clinics and community health organizations. Although this is not a predictable supply of medications, this alternative may allow for a boost to your inventory. The National Association of Free and Charitable Clinics often receives these donations and make them available to their member clinics through their FreeClinicLink website. In addition, throughout the year, organizations like Direct Relief International and AmeriCares receive pharmaceuticals, medical supplies, and equipment donated from more than 150 manufacturers and healthcare facilities to support their programs. These medical contributions are matched with specific needs of charitable health facilities and programs across the country and worldwide.

9) Sample Medications

Physician samples may help you and your patients avoid unnecessary medication costs. It is beneficial to begin a patient on a sample of medication for a brief period to determine if there are any side effects or to establish whether they provide the desired therapeutic benefit.

Common Pitfall

Pharmaceutical companies donate physician samples as a marketing and sales tactic; they are not intended to fill the gaps in medication access for the uninsured. Samples are usually the newest drugs, often meaning that they are the most expensive drugs. There is no value in starting a patient on a very expensive medication that there may be a limited supply of if there is another, equally effective and more cost-efficient alternative available. Trying to manage a medication access

program with donated physician samples does not solve the problem. At best, it is a temporary fix to a critical situation. Providing a patient with physician samples is not practical for the ongoing treatment of chronic disease conditions because you cannot count on a steady stream of samples.

An exception to this would be if a patient were currently waiting to receive the same product through an individual or Institutional Patient Assistance Program.

Obtaining donated physician samples is often challenging and time consuming, but you can improve the chance of getting medications that your clinic can use by sharing your medication wish-list with the physician community. With agreement from your supporting physicians, enlist volunteers, preferably with pharmaceutical sales experience, to routinely visit their offices to sort through their samples and select the medications most needed by the clinic pharmacy. Make sure to keep accurate records of donated medications when they arrive at the clinic. In addition, only those sample medications listed on the approved clinic formulary should be inventoried and stored in the clinic pharmacy or medication closet. All other donated physician sample medications should be passed on to other community healthcare programs. This policy is critical in order to support your healthcare providers, and maintain consistency in treatment plans for your patients. It is an unnecessary disruption to the providers if they must constantly look and guess as to what is stocked on the pharmacy shelves prior to prescribing for their patient. Further, having to constantly change medications because donated medication samples may or may not be available interferes with your patient's prescribed treatment plan and may impact their health outcomes.

If your clinic has decided that donated physician samples will be dispensed through either your On-Site Pharmacy or by your clinic healthcare providers, please be aware that physician samples require diligent administrative oversight, record-keeping, and reporting. There are specific rules and regulations dictating how sample medications are received, stored, handled, dispensed, and destroyed. These rules and

regulations are monitored and enforced by both federal laws and each State Board of Pharmacy. The most recent FDA regulations were released in April, 2017. It should be noted that the exemptions permitted to clinics by the FDA reflect federal requirements only. Clinics still must be in compliance with all State Board of Pharmacy laws and regulations governing the use of physician samples.

The current FDA regulation, including special exemptions for Free Clinics, is as follows:

Code of Federal Regulations – Title 21, Volume 4

The cost of medications is skyrocketing, particularly affecting low-income populations without access to health insurance. When a physician begins a patient on a medication, there is no guarantee that the patient will remain compliant with the prescribed therapy. Costs, transportation difficulties, lack of knowledge or understanding about the medication or disease state are a few of the reasons patients describe when asked why they do not take their medication as prescribed. Having medications available through and On-Site Pharmacy helps to account for these factors.