

## **Medication Assistance Program Coordinator:**

### **Helping Patients Obtain Medications**

Phone 317-887-7261 Fax 317-957-2782

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#### **The problem:**

- Medication costs are often cited as the reason some patients are unable to adhere to their medication regimens. Medication non-adherence can result in poor health outcomes and increased health care expenses.

#### **The purpose of the Medication Assistance Program Coordinator:**

- To identify programs that offer low cost or free medications to patients, help patients complete the enrollment materials, and connect patients with their needed medications.

#### **The process:**

- Medication assistance programs are offered by pharmaceutical companies to provide free brand name medications to patients in need.
- The Medication Assistance Program Coordinator will identify the appropriate programs and work with patients and providers to complete the application process optimally.
- Patients will also be referred to certain retail pharmacies or other programs if they do not meet the requirements for the patient assistance programs or if the needed medications are not available through patient assistance.
- The Medication Assistance Program Coordinator may also suggest a change to the medication regimen, such as switching to a generic medication or switching to a brand name medication that has a patient assistance program for which the patient qualifies.
- The Medication Assistance Program Coordinator will **note in EPIC** when she is working on a patient. Please look to see if a note is already present in order to minimize the amount of duplicate requests for medication cost assistance.

#### **The person:**

- **If a patient with a medication need is identified, contact the Medication Assistance Program Coordinator through the EPIC pool entitled "South Onc Med Assist." Please see below for directions on how to use the EPIC pool.**
- **Please provide the coordinator with the patient's name and a brief description of the need.**
- **Please have the patient complete the referral form. Then scan and send it to the e-mail, or fax.**
- Please make patients aware that they will be contacted via phone within 3-4 business days after receiving this information to start the process of obtaining medication assistance. The caller ID will state "CHNW Med Assistance." **Please encourage the patient to answer this phone call.**