

Comparison of patient assistance program software

ALICIA M. PETRARCA, AARON J. LENGEL, AND MARY F. POWERS

Selecting a software program for managing applications to patient assistance programs (PAPs) may at first seem like a daunting task. There are multiple programs available for health care facilities looking for a tool to help their personnel manage patients' PAP paperwork. Each program offers a unique combination of features, advantages, and disadvantages. The manufacturers of the software provide varying levels of detail in online product descriptions, making it difficult to compare the programs. To assist those interested in the acquisition of such software, this article presents the key features of available programs and addresses the factors that must be considered when selecting a product.

Background

Pisu and colleagues¹ captured the irony that surrounds PAPs with the title of their 2009 article: "Pharmaceuticals Companies' Medication Assistance Programs: Potentially Useful but Too Burdensome to Use?" PAPs (also referred to as "pharmaceutical manufacturer assistance programs" and "medication assistance programs") improve access to many branded medications that uninsured patients might otherwise not receive¹⁻⁵ and lower pharmacies' drug

Purpose. The capabilities of available software programs for the management of applications to patient assistance programs (PAPs) and associated administrative tasks are reported.

Summary. Fifteen PAP software programs available at the time of data collection (July–September 2010) were identified through an Internet search and from e-mailed responses to a listserv request. To supplement and confirm the information obtained online, the software makers were contacted; additional data were collected through follow-up correspondence. The survey was restricted to standalone programs; all manufacturer-provided information was assumed to be accurate, and the products were not tested. The 15 software products evaluated (11 Web-based and 4 Windows-based programs) offered a wide range of capabilities to streamline the PAP application process, such as storage of patient and physician profiles, automatic completion of forms with stored data, application status tracking, and custom-

ized report generation. The Web-based programs offered some advantages over the Windows-based programs, including greater user accessibility and automatic updates. Product pricing varied widely, depending on the specific licensing terms. Some manufacturers offered discounts to health care organizations participating in the 340B Prime Vendor Program; some offered volume discounts. In addition, grant support may be available to help pay software licensing costs.

Conclusion. There are at least 15 software programs for streamlining and enhancing the process of PAP application management. No single program can meet the needs of every organization; selecting the right product demands a close look at the needs of an organization and the features and logistics of each program.

Index terms: Charity; Computers; Costs; Data collection; Industry; Industry, pharmaceutical; Internet; Patient information

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acquisition costs.⁶⁻¹⁰ In a study at a renal transplant clinic in 1998, enrolling patients into PAPs was found to have a benefit:cost ratio of at least 4 to 1.⁶ Another study documented savings exceeding \$1.45 million for a public teaching hospital in California during the period July 1999–June 2000.⁷ However, the complexity of

the PAP application process has impeded the use of these programs.^{1-3,5} When asked about the barriers to use of PAPs, the majority of primary care physicians who responded to a 2003 survey by Pisu et al.¹ and indicated the use of PAPs at least occasionally selected the predefined response option "It is too time-consuming for

ALICIA M. PETRARCA, B.S.P.S., is Pharm.D. Candidate; AARON J. LENGEL, PHARM.D., is Clinical Assistant Professor; and MARY F. POWERS, PH.D., is Associate Professor, Department of Pharmacy Practice and Pharmaceutical Sciences, College of Pharmacy, University of Toledo, Toledo, OH.

Address correspondence to Dr. Lengel at the Department of Pharmacy Practice, University of Toledo—Health Science Campus, 3000

Arlington Avenue, MS 1013, Health Education Building Room 135B, Toledo, OH 43614 (aaron.lengel@utoledo.edu).

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staff to attempt to enroll patients.” A cross-sectional study conducted in 2002 by Duke et al.² had similar findings; the majority (67%) of surveyed clinics that were not using PAPs at that time cited complicated and labor-intensive application procedures as a reason. Furthermore, 74% of the respondents reported that concerns about personnel time spent away from the delivery of patient care was a factor that influenced their level of PAP use.

The PAP application process is challenging due to the large amount of paperwork involved and the wide variation in the applications and requirements of programs offered by different pharmaceutical manufacturers.^{1-5,11,12} PAPs may require a variety of financial documents (e.g., income tax returns, W-2 forms, Social Security benefit letters) and have different follow-up schedules.^{3-5,11,12} Some programs require a new application for each refill. Those programs that allow patients to receive medications for a year require patients to make refill requests two to four weeks before the supply is exhausted to make sure the patients receive medications in a timely manner.³

The complexity of navigating PAPs is compounded if a patient needs multiple medications, as is often the case. In a study that looked at data on 15,925 patients receiving medications through MEDBANK of Maryland, Inc., the average patient applied to nearly 5 different programs; one patient had applied to 23 programs.³ Patients, especially those taking multiple medications, may easily forget to submit refill requests to multiple PAPs, each potentially having a different refill timeline. Accordingly, patients may need an advocate to help them stay organized and meet deadlines for refill requests and program reapplication to ensure continuity of therapy.

For other reasons, too, it is often more practical for health care professionals to complete and track PAP

paperwork. Patients have the option of downloading or requesting PAP applications, but those who lack Internet access may be unaware of such programs or unable to access applications available online.^{3-5,11-13} Because the physician’s signature, Drug Enforcement Administration number, and state license number are often required, the patient cannot download and submit a PAP application right away even with Internet access and computer skills.^{3-5,11,12} Instead, the patient must return to the physician’s office to get the application signed.^{3,4,11,12} Poor literacy may also serve as a barrier. Choudhry et al.⁵ reviewed 114 PAP applications and found that the language used in the forms was typically at a 10th- or 11th-grade reading level.

If the role of PAP management falls on the shoulders of health care professionals, facilities may lack the resources needed to assist all eligible patients with the PAP application process, especially if each application and refill request are filled out by hand.¹⁴ To determine the cost, in time and money, of obtaining drugs for patients through PAPs, Clay et al.¹² conducted time-and-motion studies at a clinic in the Midwest in 2006. They determined that the mean \pm S.D. cost of each application submitted by mail was $\$28.03 \pm \17.24 ; the mean \pm S.D. personnel-time demand was 49.3 ± 32.3 minutes. According to their analysis, faxing an application cost an average \pm S.D. of $\$10.13 \pm \4.55 and required 24.2 ± 11.5 minutes of staff time. The single application that was submitted electronically cost $\$8.47$ and took 28.3 minutes to complete. The costs recorded included the costs of labor, supplies, and submission. Because the applications were completed by a medical assistant, who had the lowest income among the professionals on staff, the investigators’ cost estimates likely underestimated the actual costs of PAP application management involving other personnel; the aver-

age times reported are also probably lower than actual time requirements because the time-and-motion studies were not conducted during normal business hours and the medical assistant filling out the paperwork was experienced with the process.¹²

The medical assistant in the study by Clay et al.¹² did not employ any software to streamline the process of completing PAP forms, but doing so would have greatly reduced the time required. PAP software is a valuable resource that can ease the burden of PAP application management, thereby allowing health care professionals to devote more time to patient care and enroll more eligible patients into PAPs.

When selecting a program for an organization, the first step requires an understanding of the organization’s particular needs and situation. Among the key questions to be asked are the following: What resources are already in place, and what resources are lacking? What features are essential and desired? Who will use the software? Is the software a Web- or Windows-based program? How much money can be devoted to the investment? Toledo-Lucas County CareNet created a table in 2006 of the important properties of PAP software programs, but it described only five software programs and is now outdated.¹⁵

Methods

Research on specific PAP software programs began in July 2010. The search term *patient assistance programs software* was used to identify existing software programs online. In addition, a request for names of additional PAP software not otherwise identified and feedback about programs in use was sent out to the PSPCTEAMS listserv administered by the federal Health Resources and Services Administration. However, very few responses were received. Each program identified via Internet search results and e-mail responses

was searched individually to gather all online product information. After the Internet was exhausted for product details, software manufacturers were contacted by e-mail and phone to confirm the data and obtain missing details in all but two cases.^a Correspondence with the manufacturers took place from late July to early September 2010. The manufacturers' claims were assumed to be accurate and not verified further, and the products were not tested. Ultimately, the list of software programs included for comparison was limited to standalone products available for health care facilities seeking to improve the efficiency of employees who complete and track

PAP applications. Programs that exclusively outsource the role of PAP management or focus on improving drug recovery were excluded. PAP. Simplified. (SUNRx, Bensalem, PA) was also excluded because this software module is available only to organizations using SUNRx's 340B. Simplified. program.^{16,17}

Results and discussion

Fifteen PAP software programs were evaluated (Table 1 and appendix). They streamline the PAP application process by generally offering the following features:

- Databases for storage of patient and physician profiles,^b

- Automatic completion of PAP forms with stored information,^b
- Printing of mailing labels needed for submission of PAP applications,^{b,d}
- Printing of prescriptions that must accompany PAP applications,^{b,e}
- Tracking of application status, and
- Reminders to submit refill requests and to reapply to PAPs when appropriate.^f

Another feature of some software is the ability to store scanned copies of various financial documents that some PAP applications require (Table 1).

The makers of PAP software programs update their PAP databases at least weekly, with most providing daily updates (Table 2), so users can

Table 1. Features of Patient Assistance Program Software^a

Feature	Software ^b														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Can integrate with other software	N	N	Y	Y	Y	Y	Y	NA	Y	Y	NA	Opt	N	NA	Y
Can transfer patient and physician data from existing databases	Y	Y	Y	Y	Y	Y	Y	Y	Y	Opt	N	Opt	Opt	NA	Y
Automatically determines eligibility	N	Y	N	Y	N	N	N	N	Y	Y	NA	N	N	NA	N
Allows batch reordering	NA	Y	N	Y	Y	Y	Y	Opt	Y	Y	NA	N	N	NA	Y
Compatible with bar-code scanning	N	N	Y ^c	Dev	Y	Y	Y	Y	Y	Dev	NA	N	N	NA	Y
Assists with drug recovery	Y	Y	Y	Y	Y	Y	Y	Opt	N	N	NA	N	Y	NA	Y
Tracks drug samples	Y	Y	Y	Y	Y	Y	Y	Opt	N	N	Y	N	N	NA	Opt
Prints drug labels	N	N	N	Y	Y	Y	Y	Y	Y	Y	NA	Y	N	NA	Y
Uses scale to rate complexity of application processes	Y	Y	Y	Y	NA	NA	Y	Y	N	N	NA	N	N	NA	Y
Stores scanned documents	Y	N	N	Y	Y	Y	Opt	Dev	Opt	Dev	NA	N	N	NA	Opt
No. standard reports	12	NA	21	15	NA	>75	104	>70	>80	37	14	>70	>100	NA	97

^aN = feature not offered, Y = feature offered, Dev = feature under development, Opt = feature available with an optional module, service, or program, NA = information about feature not available.

^b1 = eRecovery Online, 2 = IndiCare (version 4), 3 = M&D C.A.R.E.S. Online, 4 = MedData Services Prescription Assistance Program, 5 = MedServices WebPAP, 6 = MedServices WinPAP (version 5), 7 = Multi-Site Program, 8 = PAPTracker, 9 = Patient Assistance Programs Rx, 10 = The Pharmacy Connection, 11 = Prescription Drug Assistant, 12 = RxAssist Plus, 13 = RxBridge, 14 = RxHope, 15 = Web Basic. See appendix for companies and contact information.

^cCompatibility depends on the bar-code scanning software used.

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be confident that they are accessing the most current forms and eligibility requirements. Because the number of PAPs and program requirements change frequently and suddenly, access to updated lists is very advantageous.^{2,3} Further, the software programs have a number of different reporting functions, including

- Generation of reports by patient,^b
- Generation of reports by location (useful if an organization has multiple sites),^{b,g}
- Generation of demographic reports,^{b-d}
- Calculation of the value of medications obtained or dispensed (often using average wholesale prices),^{b,g} and
- Generation of customized reports.^{b,c,h}

By facilitating the generation of these and other performance reports, the software can provide concrete information that can be presented at board meetings and in grant proposals. With most, if not all, software programs, data can be transferred to Microsoft Excel, thereby expanding users' reporting options.^{b,c}

Table 2.
Basic Logistic Information on Software Programs^a

Program ^b	Program Base	No. Users Given Access	No. Simultaneous Users Allowed	No. U.S. Facilities Using It	Type of User	Frequency of Updates
1	Windows	Depends on no. licenses purchased	Unlimited	120	No restrictions but not for patients at home	Daily to semiweekly
2	Web	Unlimited	Unlimited	>200	No restrictions; can be used by patients at home	Continuous
3	Web	5 at community health centers, 2 at hospitals ^c	Unlimited	173	No restrictions but not for patients at home	Daily
4	Web	Unlimited	Unlimited	>500	No restrictions but not for patients at home	Daily
5	Web	2 ^c	>1	12	No restrictions; can be used by patients at home	Daily
6	Windows	2 ^c	>1	250	No restrictions but not for patients at home	Daily
7	Web	Negotiated	Negotiated	750	No restrictions but not for patients at home	Daily
8	Web	Unlimited	Unlimited	>50	Small to midsized facilities	Daily
9	Windows	Unlimited	Unlimited	About 800	No restrictions but not for patients at home	Almost daily
10	Windows	Unlimited	Unlimited	166	No restrictions but not for patients at home	Daily
11	Web	Depends on no. user IDs purchased	NA	NA	No restrictions but not for patients at home	Continuous
12	Web	Unlimited	≤3 unless user has a special license	About 500	No restrictions but not for patients at home	Daily
13	Web	Unlimited	Unlimited	15	No restrictions; can be used by patients at home	Weekly, as needed
14	Web	NA	NA	NA	No restrictions; can be used by patients at home	NA
15	Web	Negotiated	Negotiated	750	No restrictions but not for patients at home	Daily

^aNA = information about property not available.

^b1 = eRecovery Online, 2 = IndiCare (version 4), 3 = M&D C.A.R.E.S. Online, 4 = MedData Services Prescription Assistance Program, 5 = MedServices WebPAP, 6 = MedServices WinPAP (version 5), 7 = Multi-Site Program, 8 = PAPTracker, 9 = Patient Assistance Programs Rx, 10 = The Pharmacy Connection, 11 = Prescription Drug Assistant, 12 = RxAssist Plus, 13 = RxBridge, 14 = RxHope, 15 = Web Basic. See appendix for companies and contact information.

^cCan be increased at an additional cost.

While some software licenses accommodate an unlimited number of users, others restrict the number of users granted access for a given price (Table 2). With some programs, the number of users who can operate the software at any one time is restricted; such limits may or may not be of concern, depending on the number of people in charge of PAP application management. If the intended users have limited computer skills,

the user-friendliness of the program and the support and training provided by the manufacturer should be investigated (Table 3). With most programs, it is possible to restrict the functions that different users are permitted to perform.^{b,c} Most programs also make it possible to grant multiple sites access to one central patient and physician database^{b,c}; it is still possible to generate reports for one particular location, allowing

site- or department-specific reporting of patient claims and cost savings when desired.^{b,g}

The software can be divided into two broad categories (Web-based and Windows-based programs) with the former offering a number of advantages. There is no need to install the Web-based programs on the facility's computers; thus, meeting specific hardware requirements and accessing the software from dif-

Table 3.
Available Support and Training for Software Programs

Program ^a	Free Demonstration or Trial Offered	Type of Support	Type of Training	Training Expenses
1	None	Telephone	Web meeting or in person	Hourly fee and travel expenses for onsite trainers
2	About 1-hr demonstration, trial	Telephone	Web meeting or in person	Onsite training
3	Demonstration	Telephone, onsite	Web or in person	\$75/hr
4	90-day trial	Telephone	Personal telephone call; manual available on the Web	None
5	Demonstration (no time limit)	Telephone	Web conference	None
6	Demonstration (no time limit)	Telephone	Web conference	None
7	30-day trial	Designated project manager	In person initially, then on the Web	Varies
8	30-day trial	Telephone, online, onsite	Telephone, in person, Web at GoToMeeting.com	Long-distance telephone call; travel expenses for onsite trainers
9	30-day trial	Telephone, e-mail, fax	Slide show on CD, personal telephone calls	None
10	8-min demonstration	Telephone, online (remote desktop)	Manual, Web, in person	Travel expenses for onsite trainers if facility is outside of Virginia
11	About 10-min recorded demonstration plus personal online demonstration	E-mail, online conferences	Web conference, possibly in person if facility is in New England	Information not available
12	30-day trial	Telephone, e-mail, Yahoo user group	Personal telephone call with all users, printable manual	None
13	About 1-hr demonstration	Telephone, e-mail	WebEx	\$2000 (includes setup)
14	None	Telephone, e-mail	Information not available	Information not available
15	30-day trial	Telephone, e-mail, online	Web	\$250 (includes setup)

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Table 4.
Software Program Costs^a

Program ^b	Base Price	Services Included	Additional Costs
1	Information not available	Software for 1 user at 1 workstation	Additional user logons and workstations
2	\$4400/yr	Access to software, upload of patient and physician profiles, support, upgrades	None
3	Lease by community health centers: \$300/mo; lease by hospitals: \$500/mo; outsource option: price varies	Software for 5 users at a community health center or 2 users at a hospital, updates, telephone support	Additional users: \$100/mo
4	Hospitals with >50 beds: \$350/mo; hospitals with <50 beds and other facilities: \$275/mo	Access to online software, live customer support, setup, upgrades, updates	Software for an additional facility sharing a database with a primary account: \$150/mo
5	\$175/mo	Software license for 2 users	Additional users: \$35/mo/user; one-time setup fee: \$250; 5 GB of storage on central server: \$35/mo
6	\$175/mo	Software license for 2 users, Microsoft SQL Server Express edition (Microsoft Corporation, Redmond, WA)	Additional users: \$35/mo/user; 5 GB of storage on central server: \$35/mo
7	Varies	Varies	None
8	Depends on no. patients enrolled ^c	Software subscription, updates	None
9	\$200	Software, ability to process 200 prescriptions, initial setup, updates, support	Additional prescriptions: \$1/prescription; 8.5% sales tax (in Texas only); optional scanning module: \$1000
10	Facilities in Virginia: \$750; facilities in other states: \$1995	Software for 1 license in Virginia or 3 licenses in other states, manual, unlimited telephone support for 1 yr, 1 yr of updates and upgrades, quarterly newsletter, ability to participate in roundtables and patient advocate forums	Annual maintenance fee: \$500 in Virginia, \$950 in other states; additional licenses; transfer of physician and patient profiles from existing databases ^d
11	Information not available	Full access to online software, updates	One-time setup fee, additional user IDs
12	Nonprofit organization: \$900; for-profit organization: \$1350	1-yr license, phone training, upgrades, membership in the RxAssist Plus Yahoo group, unlimited access to help desk	1-yr subscription to PAP Auto Pricing Module: \$250; an additional charge for the "Bridge" in certain cases ^e
13	\$1000	Administrator's ID and password, site construction	None
14	Free	Online account	None
15	\$250/mo	Software, updates, support	None

^aAll programs require costs associated with Internet service. Training services and expenses listed in Table 3 are not repeated here.

^b1 = eRecovery Online, 2 = IndiCare (version 4), 3 = M&D C.A.R.E.S. Online, 4 = MedData Services Prescription Assistance Program, 5 = MedServices WebPAP, 6 = MedServices WinPAP (version 5), 7 = Multi-Site Program, 8 = PAPTracker, 9 = Patient Assistance Programs Rx, 10 = The Pharmacy Connection, 11 = Prescription Drug Assistant, 12 = RxAssist Plus, 13 = RxBridge, 14 = RxHope, 15 = Web Basic. See appendix for companies and contact information.

^cFor the first 150 patients: \$2/month/patient; for the 151st–300th patients: no additional charge; for the 301st–425th patients: \$1/month/patient; for the 426th–1000th patients: no additional charge; for the 1001st–1500th patients: \$0.25/month/patient; maximum price: \$550/month; minimum price (for facilities with 12 patients or less enrolled in PAPs): \$25/month.

^dAnnual maintenance fee includes weekly software and manual updates and upgrades, one hour of telephone support, training, and the opportunity to participate in roundtable discussions.

^eThe PAP Auto Pricing Module is needed to produce the Medication Value Report. The "Bridge" is needed to integrate RxAssist Plus with some electronic medical records systems and practice management systems, and it can be used to transfer patient and physician information from existing databases.

ferent locations are not usually of concern with these programs. Web-based software is accessible any time from any computer connected to the Internet. In addition, updates are received automatically; no additional steps must be performed. And though an Internet connection is required to use Web-based software, organizations that purchase Windows-based software also must have Internet access to receive necessary updates.

The prices of PAP software programs vary widely. Opening an RxHope account is free, but PAPTracker can cost up to \$550/month; as the price of PAPTracker depends on the number of patients enrolled in PAPs, it may not be the best option for a facility that serves a large population of indigent patients. It is important to look beyond the base prices and consider the services that are included for that price and additional costs that may be involved (Table 4).

Patient advocates interested in acquiring PAP software should inquire about potential discounts. Clinics enrolled in the 340B Prime Vendor Program can take advantage of discounts on MedData Services Prescription Assistance Program, M&D C.A.R.E.S. Online, and Multi-Site Program.¹⁸ Volume discounts are available for MedServices WebPAP and MedServices WinPAP (version 5), and there may be discounts on multiple licenses for The Pharmacy Connection. In addition, discounts are offered on IndiCare (version 4) to facilities that have multiple locations and those that are nonprofit. Advocates can also apply for a grant from the charitable organization Rx Outreach (St. Louis, MO) and the provider of PAPTracker that reduces the price of that program for the first year. The grant covers the entire cost of the software for the first six months, 70% of its cost for the next three months, and 30% of its cost for the following three months.

Of course, it is neither feasible nor practical to delineate every feature of each software program. Parties interested in quotes and additional information about particular programs should contact their manufacturers. The appendix presents contact information for each company.

Conclusion

There are at least 15 software programs for streamlining and enhancing the process of PAP application management. No single program can meet the needs of every organization; selecting the right product demands a close look at the needs of an organization and the features and logistics of each program.

^aLongmeadow Solutions and RxHope could not be reached to verify the information about their products.

^bWhether this feature is offered by RxHope could not be determined.

^cWhether this feature is offered by Prescription Drug Assistant could not be determined.

^deRecovery Online does not offer this feature.

^eRxBridge does not offer this feature.

^fM&D C.A.R.E.S. Online does not offer this feature.

^gAn additional module or program must be purchased in order for this feature to be available with RxAssist Plus.

^hPatient Assistance Programs Rx does not offer this feature.

References

- Pisu M, Richman J, Allison JJ et al. Pharmaceuticals companies' medication assistance programs: potentially useful but too burdensome to use? *South Med J*. 2009; 102:139-44.
- Duke KS, Raube K, Lipton HL. Patient-assistance programs: assessment of and use by safety-net clinics. *Am J Health-Syst Pharm*. 2005; 62:726-31.
- Chauncey D, Mullins CD, Tran BV et al. Medication access through patient assistance programs. *Am J Health-Syst Pharm*. 2006; 63:1254-9.
- Chisholm MA, DiPiro JT. Pharmaceutical manufacturer assistance programs. *Arch Intern Med*. 2002; 162:780-4.
- Choudhry NK, Lee JL, Agnew-Blais J et al. Drug company-sponsored patient assistance programs: a viable safety net? *Health Aff (Millwood)*. 2009; 28: 827-34.
- Chisholm MA, Vollenweider LJ, Mulloy LL et al. Cost-benefit analysis of a clinical pharmacist-managed medication assistance program in a renal transplant clinic. *Clin Transplant*. 2000; 14:304-7.
- Viale PH, Mister S. Utilization of medication-assistance programs for medically uninsured patients: one public teaching hospital's experience. *Clin J Oncol Nurs*. 2001; 5:247-52.
- Coleman CI, Reddy P, Quercia RA et al. Cost-benefit analysis of a pharmacy-managed medication assistance program for hospitalized indigent patients. *Am J Health-Syst Pharm*. 2003; 60:378-82.
- Hotchkiss BD, Pearson C, Lisitano R. Pharmacy coordination of an indigent care program in a psychiatric facility. *Am J Health-Syst Pharm*. 1998; 55:1293-6.
- Decane BE, Chapman J. Program for procurement of drugs for indigent patients. *Am J Hosp Pharm*. 1994; 51:669-71.
- Chisholm MA, Reinhardt BO, Vollenweider LJ et al. Medication assistance programs for uninsured and indigent patients. *Am J Health-Syst Pharm*. 2000; 57:1131-6.
- Clay P, Vaught E, Glaros A et al. Costs to physician offices of providing medications to medically indigent patients via pharmaceutical manufacturer prescription assistance programs. *J Manag Care Pharm*. 2007; 13:506-14.
- Torres MC, Herman D, Montano S et al. Pharmacy assistance programs in a community health center setting. *J Natl Med Assoc*. 2002; 94:1077-86.
- Richardson K, Basskin LE. Use of drug manufacturers' patient assistance programs by safety net providers. *Am J Health-Syst Pharm*. 2002; 59:1105-9.
- Toledo-Lucas County CareNet. Comparison chart for prescription assistance software. www.rxassist.org/providers/documents/ComparisonChartforSoftware-.doc (accessed 2011 Mar 16).
- SUNRx.PAP.Simplified. www.sunrx.com/Solutions/pap_simp.aspx (accessed 2011 Apr 8).
- SUNRx. Our story. www.sunrx.com/AboutUs.aspx (accessed 2011 Apr 8).
- Apexus. 340B Prime Vendor Program. Service agreements. www.340bpvp.com/public/agreements/services (accessed 2011 Mar 16).

Appendix—Patient assistance program software

- eRecovery Online
CardinalHealth, Dublin, OH
(972) 624-7973
- IndiCare, version 4
Pharmacy Healthcare Solutions, Roanoke, TX
(866) 909-2888
www.IndiCare.com
www.Pharmhs.com/phs/
- M&D C.A.R.E.S. Online
Morris & Dickson, Co. LLC, Shreveport, LA
(888) 376-7409
MDcaresales@MorrisDickson.com
www.morrisdickson.com
www.mdcares.net/FE/Home.aspx

4. MedData Services Prescription Assistance Program
MedData Services, Grapevine, TX
(888) 246-1085
info@meddataservices.com
www.meddataservices.com
5. MedServices WebPAP
DataNet Solutions, Inc., Cleveland, TN
(423) 479-6729
sales@datanetsolutions.org
info@datanetsolutions.org
www.patientassistance.org
www.medserviceswebpap.com
6. MedServices WinPAP, version 5
DataNet Solutions, Inc., Cleveland, TN
(423) 479-6729
sales@datanetsolutions.org
info@datanetsolutions.org
www.patientassistance.org
www.DataNetSolutions.org/pap.htm
7. Multi-Site Program
Drug Assistant, Amarillo, TX
(800) 913-7879
salesinfo@drugassistant.com
www.drugassistant.com
8. PAPTracker
NeedyMeds, Gloucester, MA
(215) 965-8291
paptracker@needymeds.com
www.needymeds.org/indices/
paptracker.shtml
9. Patient Assistance Programs Rx (PAPrx)
Patient Assistance Programs Rx, Austin, TX
(512) 306-1780
www.paprx.com
10. The Pharmacy Connection
Virginia Health Care Foundation,
Richmond
(804) 828-5804
tpc@vhcf.org
www.vhcf.org/for-those-who-help/the-
pharmacy-connection/
11. Prescription Drug Assistant
Longmeadow Solutions, Springfield, MA
(413) 642-0928
info@pdusa.org
www.pdusa.org
www.longmeadowsolutions.com
12. RxAssist Plus
Systemetrics, Inc., Cranston, RI
(888) 593-1085
info@rxassistplus.com
www.rxassistplus.com
13. RxBridge
MEDBANK of Maryland, Inc., Baltimore
(877) 435-7755
www.medbankmd.org/Rxbridge.htm
14. RxHope
RxHope, Cincinnati, OH
(877) 267-0517
CustomerService@RxHope.com
www.rxhope.com/home.aspx
15. Web Basic
Drug Assistant, Amarillo, TX
(800) 913-7879
salesinfo@drugassistant.com
www.drugassistant.com