

# Unmasking Alternative Funding Programs: Prescription Journey and Patient Outcomes



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## Purpose

- AFPs are third-party vendors used by self-funded employer plans that carve out certain medications as “non-essential health benefits”
- AFPs attempt to obtain medication from non-pharmacy benefits sources or through low-cost alternative pathways
- Surveys show AFPs are expanding among employers, but the AFP process causes treatment delays and increased anxiety for patients
- No studies currently describe the identification and outcomes of AFPs

## Methods

**STUDY DESIGN**

Prospective randomized cohort study at 12 sites

**STUDY POPULATION**

Patients identified as having been enrolled in an AFP in 2024 with a medication referral sent to an HSSP

## STUDY TIMELINE

**Follow-up period**  
January 2024- August 2025

**Patient identification period**  
January- December 2024

**Abbreviations:** HSSP: health system specialty pharmacy, AFP: Alternative Funding Program, PAP: patient assistance program, BI: benefits investigation, PA: prior authorization, IQR: interquartile range, US: United States, ED: Emergency Department, AA: African American

# CONCLUSIONS

- Patients required to use AFPs encounter additional steps and delays in accessing critical specialty medications
- AFPs take advantage of manufacturer patient assistance programs meant for uninsured/underinsured patients
- AFP use often results in treatment gaps that can lead to poor clinical outcomes

## Results

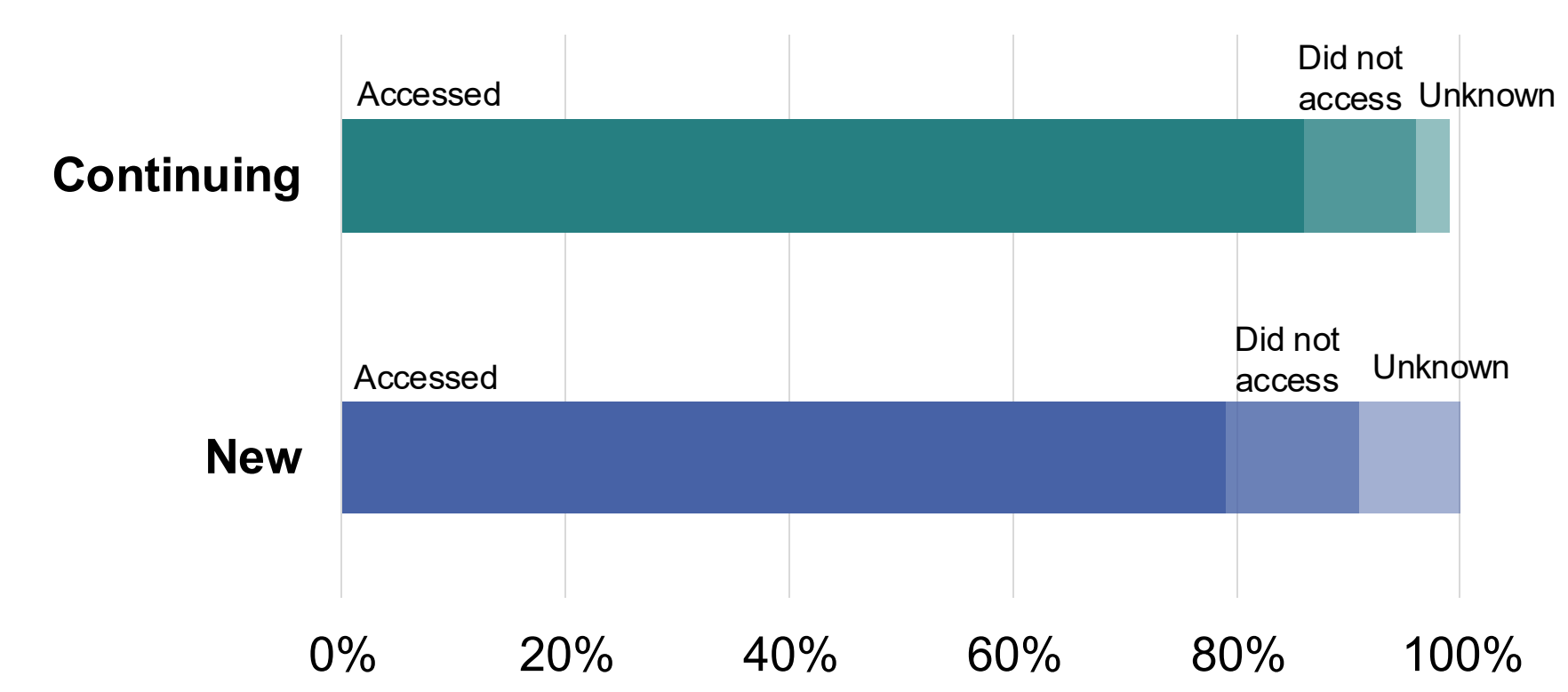
**Table 1. Patient Characteristics**

Characteristic	AFP (n=260)
<b>Age</b> , median (IQR)	49 (36, 58)
<b>Sex</b> , female	63%
<b>Race</b>	
White	83%
Black/AA	10%
Other	7%
<b>Clinic</b>	
Rheumatology	24%
Oncology/hematology	19%
GI/IBD	15%
Dermatology	10%
Other	32%
<b>Patient Status</b> , new	44%

**Table 2. AFP Identification Method**

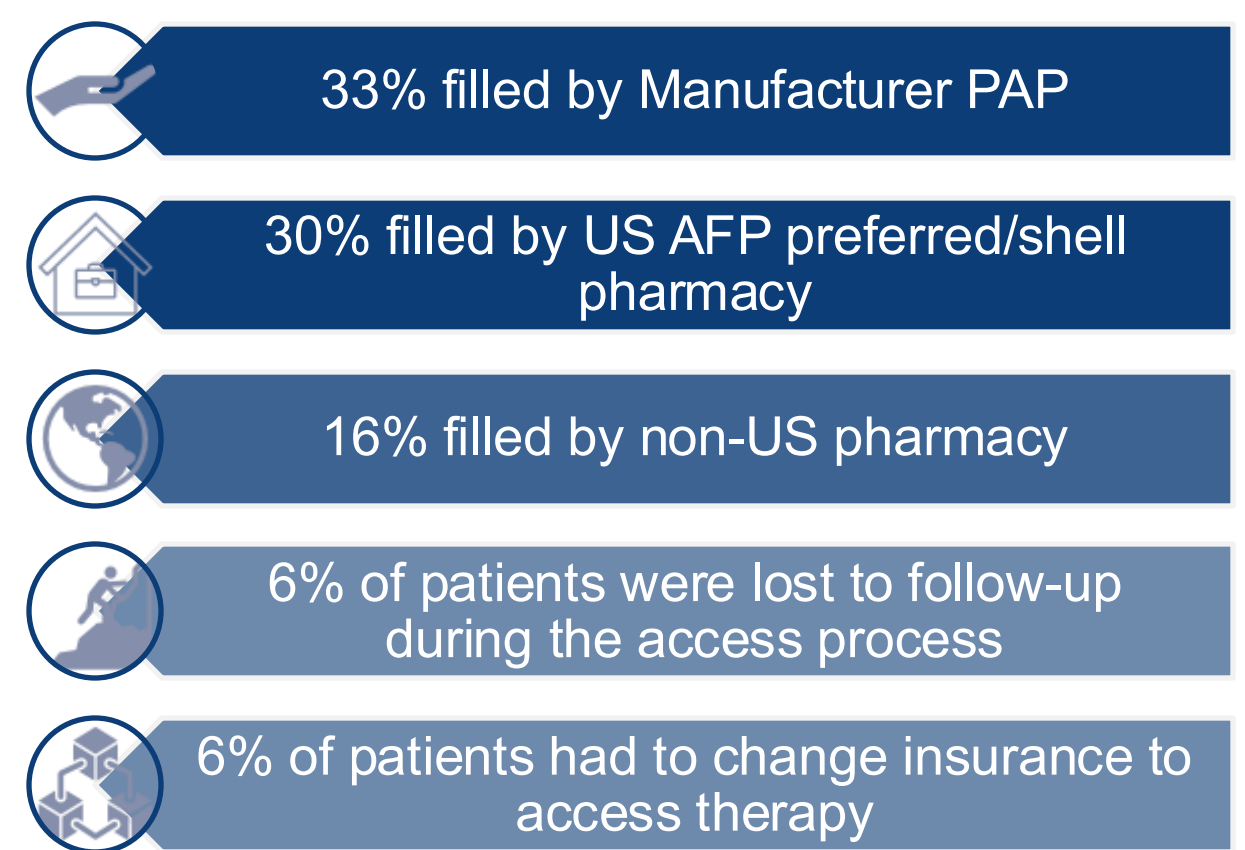
AFP ID Method	Sample N (%)
Access approved, but required to sign up for AFP	71 (27%)
Access denied, patient must contact AFP	55 (21%)
No option to submit PA or appeal, directed to PAP	45 (17%)
On BI, ineligible for HSSP, contact AFP	30 (12%)
Prescription required to be sent internationally	14 (5%)
AFP contacted clinic to apply for PAP	11 (4%)
Identified by PAP	9 (3%)
Unknown	9 (3%)
AFP contacted patient directly	7 (3%)
Access denied, patient must apply for PAP	6 (2%)
AFP contacted clinic for therapy change	2 (<1%)
Access approved, patient must apply for PAP	1 (<1%)

**Figure 3. Medication Access**



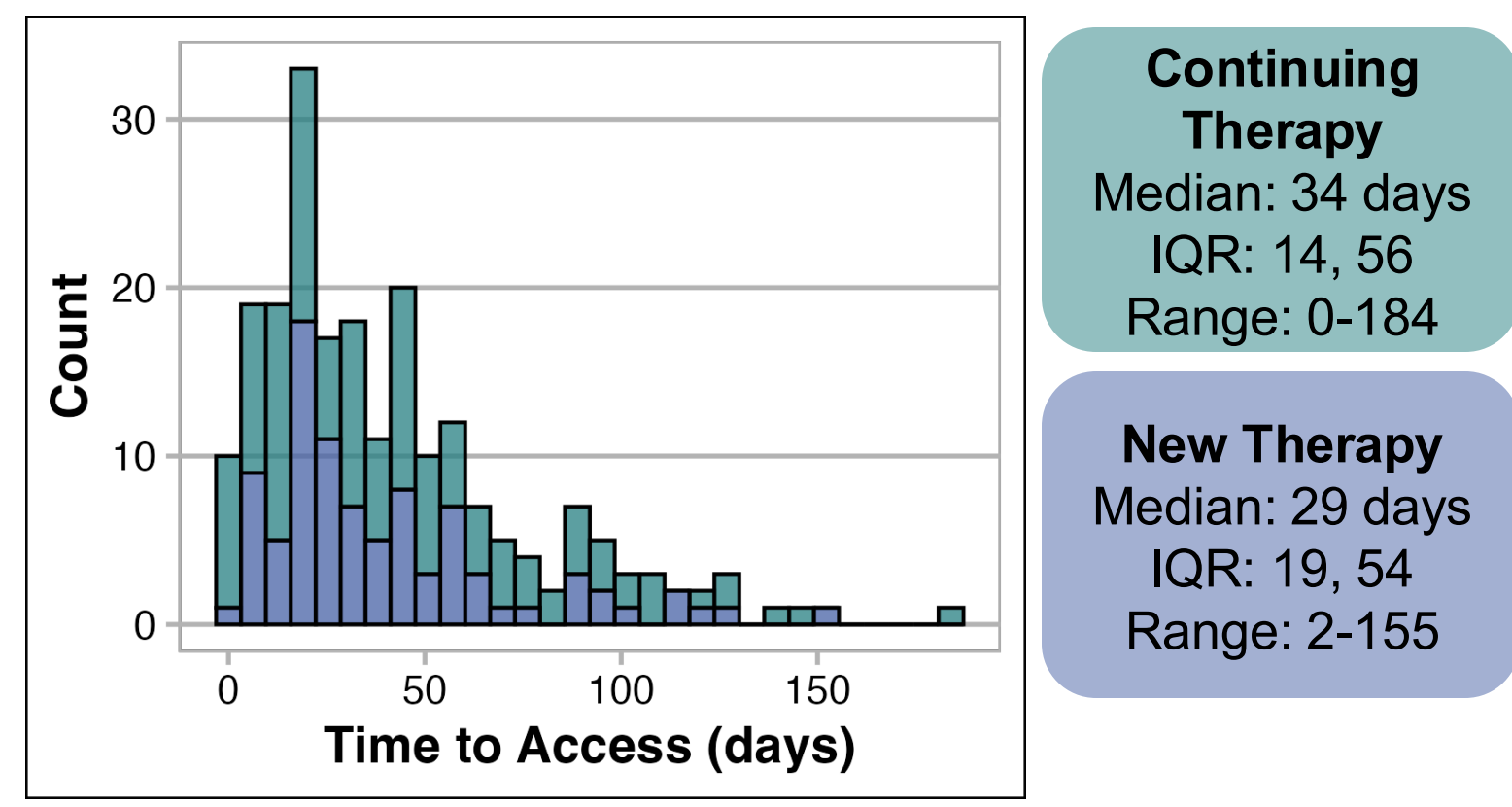
Overall, 83% of patients were able to access therapy: 79% of new and 86% of continuing therapy patients

**Figure 1. Referral Outcomes**



**Other outcomes included:** Changing to medical benefit medication (3%), never starting (3%), filled using samples or HSSP supply (2%), and using Manufacturer Bridge Programs (1%)

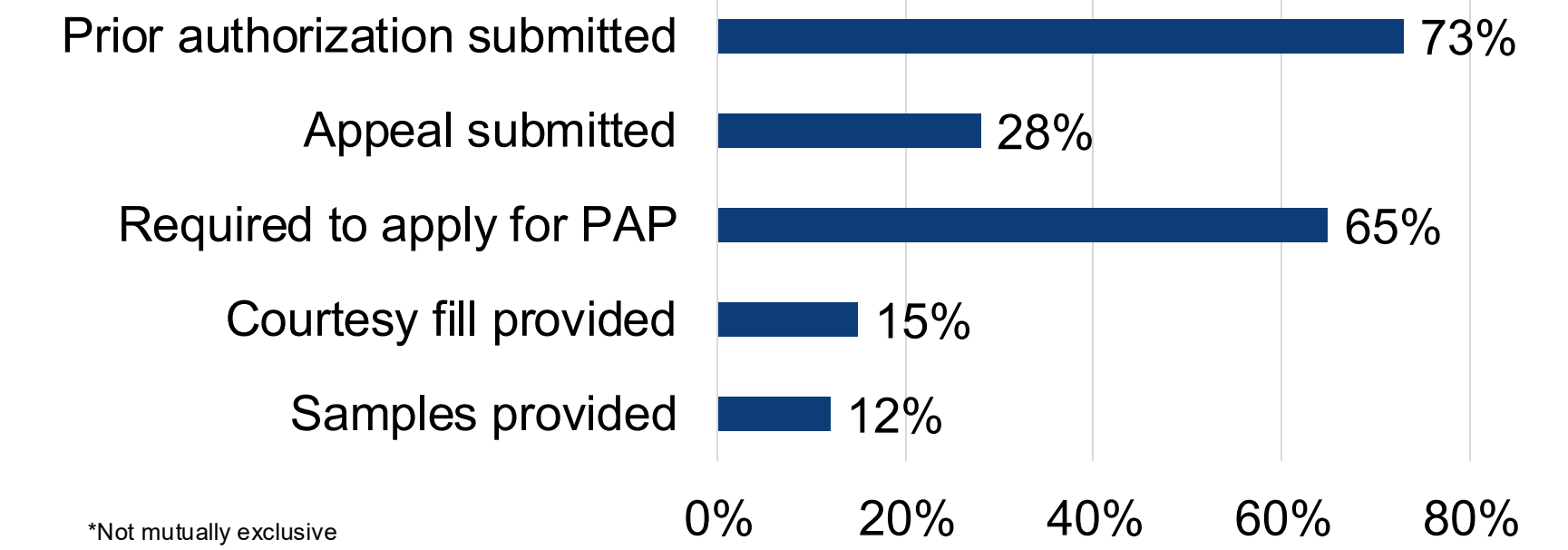
**Figure 2. Time to Access**



The median time to access treatment was 32 days (IQR 18, 55), with a range of 0 to 184 days

36% of patients experienced a gap in therapy during the access process

**Figure 4. Access Steps Taken**



**Figure 5. Patient Impact**

7% of patients (n=19) communicated with their Human Resources Department during the access process

11% of people (n=28) experienced a poor clinical outcome (e.g., disease progression, healthcare utilization, or hospitalization) while trying to access treatment