

How “Alternative” Rx Funding Programs **FAIL** Patients

Alternative funding programs allow employer-sponsored health plans, working with third-party vendors, to **exclude certain specialty medications** from employer-sponsored health plan coverage.



Affected patients get pushed into **charitable prescription assistance programs**. That means:



REDUCED QUALITY OF CARE

as patients face gaps in coverage, delays accessing prescribed care, and new or worsening disease symptoms.



HIGHER OUT-OF-POCKET COSTS

for patients after their assistance maxes out.



FEWER RESOURCES FOR THE TRULY NEEDY,

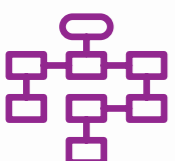
who must compete with insured patients for limited financial assistance.

Patients aren't the only ones who suffer.



EMPLOYERS

face increased absenteeism and staff turnover as employees struggle with treatment disruptions and health complications.



THE DRUG PRICING SYSTEM

becomes even more opaque and convoluted.



Patient Access Collaborative

Alternative funding programs are no alternative to timely access and patient-centered care.