Activity: Medication Assistance Program

Directions: Ask your preceptor to identify a patient who is receiving a medication that he/she cannot afford. Determine if there is a Medication Assistance Program (MAP) for this patient. Answer the questions below regarding these programs.

Medication: Current dose for patient:

Why is the patient taking this medication?

How often does the patient receive this medication?

What is the approximate price for the patient per month?

Who can complete the MAP form?

What additional information must be obtained from the patient and sent to the drug company?

1) ____________________________

2) ____________________________

3) ____________________________

4) ____________________________

5) ____________________________

6) ____________________________

Are there more affordable but equally efficacious medication options for the patient?

What are other ways you could help indigent patients obtain their medication?

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