

NFTHD #64: We have a patient support program (PSP) – how can we ethically communicate this?

In this Note from the Help Desk, we explore what to consider when issuing a consumer press release announcing the registration of a medicine: Can you also pair this message with details about your patient support program or patient access program?

Leading with an announcement and then following through with more information on how to access the PSP seems like a naturally good idea. But is it? Not only has a new medicine arrived, but it also comes with ways to support its use, or support its access, for eligible patients.

PSPs are company-developed programs and/or resources and whilst they come in all different shapes and sizes, they have a common purpose: to assist patients in gaining benefit from their prescribed medical treatment, to improve health outcomes and to promote the quality use of medicines. So, what's the problem with sharing this information on social media or via consumer-focused media?

The risk of sharing this information into the wider world is that it could lead to patient-led prescribing behaviour. Ultimately, it could be perceived as an enticement directed to a consumer who has not yet been prescribed the medicine. Principally, PSPs should only be communicated to patients already prescribed the product. Otherwise, there is a risk of promoting prescription medicines to the public; remembering that risk is real, potential or perceived. In the Code, promotional material is defined as "... conveyed by whatever means for the purpose of encouraging the use of a product". Even if the language is factual and non-promotional, coupling it with product-specific announcements to wider audiences is not appropriate and can be perceived as promotional. This caution is supported by complaints adjudicated by the Code Committee.

The key issue at play is – what message is appropriate and how is it relevant to the receiver? Section 10 of the Code affirms companies can communicate proactively with relevant stakeholders (including patients and their carers), provided that discourse is limited to information that may assist that patient in their role. The presence of a PSP is not relevant to a patient until such a time that when the physician and patient discuss the appropriateness of the medication for the patient's needs and how a PSP may assist the patient's management.

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A patient access program or a patient support program is patient-centric at its very core. They are designed for patients, and only available for eligible patients, as determined by their physician. The information about those programs, resources or access pathways is best delivered to the patient by their treating physician. Focusing on ensuring HCPs are well informed is key. Complementing this approach, is the option to also share with patients who have already been prescribed that medical treatment, its availability.

We understand a busy HCP might not always have the bandwidth to be aware of current PSPs, so it might be appropriate to meet with the relevant Patient Organisation to let them know of their existence, and possibly an opportunity for dispensers. In doing so, be mindful of what a patient organisation will do with that information, and how they will share the information. For patients, being aware a program exists might be relevant. However, any information should be minimal and encourage a patient to discuss with their physician who will decide what's best. The onus is on the physician to ascertain who can best be assisted with a PSP and that is where our attention should lie.

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