

# **PATIENT MEDICATION ASSISTANCE GUIDE**

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## **Introduction:**

As our economy continues to struggle, many consumers are faced with not being able to afford their medications. An individual's inability to obtain affordable medications may greatly impact symptom stability as well as his/her recovery process.

In order to provide prescription assistance to those without prescription drug coverage, many Pharmaceutical Companies have developed Prescription Assistance Programs (PAP). These programs help patients who lack medication coverage and/or have limited financial means to obtain their medication at little or no cost.

The following is a comprehensive listing of the available PAP programs from drug companies throughout the United States. The companies and medications included in this list are not endorsed or supported by the Ohio Department of Mental Health; rather they have been compiled as a public service to assist those in the community to find needed and affordable medications in order to promote wellness and recovery.

The compiled information has been selected directly from the respective (pharmaceutical) company's websites and from needymeds.org. Our goal is to provide a resource that empowers consumers to manage their own recovery and wellness.

# **Abbott Pharmaceuticals Patient Assistance Foundation**

800-222-6885

[www.abbottpatientassistancefoundation.org](http://www.abbottpatientassistancefoundation.org)

## **Eligibility:**

Financial eligibility is based upon current Federal Poverty Guidelines (FPG) adjusted for household size. If a patient's medication cost is reimbursed by a private or public insurance program (including Medicaid and Medicare Part D plans), the patient will not routinely be accepted into the program. However, The Abbott Patient Assistance Foundation recognizes that extenuating circumstances may exist and encourages any patient to request special consideration if, despite existing prescription insurance coverage, he or she cannot pay for needed medication. All such requests will be considered or reconsidered on a case-by-case basis.

## **Available medications:**

Advicor® (niacin extended-release tablets/lovastatin tablets)

AndroGel® (testosterone gel) 1%

Cardizem® LA (diltiazem HCl) Extended Release Tablets

Once-a-Day Dosage

Creon® (pancrelipase delayed release capsules)

Depakote® Tablets (divalproex sodium delayed-release tablets)

Depakote® ER (divalproex sodium extended-release tablets)

Gengraf® Capsules (cyclosporine capsules, USP [MODIFIED])

HUMIRA® (adalimumab)

Kaletra® (lopinavir/ritonavir) Tablets

Kaletra® (lopinavir/ritonavir) Oral Solution

LUPRON DEPOT® URO (leuprolide acetate) 7.5 mg

LUPRON DEPOT® GYN (leuprolide acetate) 3.75 mg

LUPRON DEPOT® GYN (leuprolide acetate) 3 Month 11.25 mg

LUPRON DEPOT-PED® (leuprolide acetate) 7.5 mg, 11.25 mg and 15 mg

Niaspan® Tablets (niacin extended-release tablets)

Norvir® (ritonavir capsules) Soft Gelatin

Norvir® (ritonavir oral solution)

Prometrium® (progesterone, USP)

Simcor® (niacin extended-release/simvastatin)

Synthroid® (levothyroxine sodium tablets, USP)

Tarka® (trandolapril/verapamil HCl ER tablets)

Teveten® (eprosartan mesylate)

Teveten® HCT (eprosartan mesylate hydrochlorothiazide)

TriCor® (fenofibrate tablets)

TRILIPIX™ (fenofibric acid) delayed-release capsules

Zemplar® Capsules (paricalcitol)

Zemplar® Injection (paricalcitol)

## **AstraZenica Pharmaceuticals AZ&Me**

### **AZ&Me™ Prescription Savings program for people without insurance**

800-292-6363 (Forms and information available in Spanish)

[www.astrazeneca-us.com](http://www.astrazeneca-us.com)

#### **Eligibility:**

- You have an annual household income\* equal to or less than:  
\$30,000 for a single person  
\$40,000 for a family of two  
\$50,000 for a family of three  
\$60,000 for a family of four  
\$70,000 for a family of five  
\* Current income limits are based on 2007 guidelines
- You do not receive drug coverage under any private insurance or any other coverage that provides assistance to help pay for medicines.
- You must be a US resident, green card or work visa holder.

### **AZ&Me™ Prescription Savings program for people with Medicare Part D**

#### **Eligibility:**

If you are enrolled in Medicare Part D, you may be eligible for the program if you meet the following criteria:

- You are an individual with an annual income below \$30,000 or a couple earning less than \$40,000 per year
- You have spent at least 3% of your annual household income on prescription drugs this year

Savings program for people with Medicare Part D hotline at 1-800-AZandMe (1-800-292-6363) Monday through Friday, 8:00 a.m. to 8:00 p.m. EST, excluding holidays.

#### **Available Medications:**

Accolate Tablets 10mg, 20mg (zafirlukast)

Arimidex Tablets 1mg (anastrozole)

Atacand Tablets 4mg, 8mg, 16mg, 32mg (candesartan cilexetil)

Atacand HCT Tablets 16/12.5mg/ 32/12.5mg (candesartan cilexetil with hydrochlorothiazide)

Crestor Tablets 5mg, 10mg, 20mg, 40mg (rosuvastatin)

Faslodex Injection 2.5ml, 5ml (fulvestrant)

Merrem Injection 15ml,30ml (meropenem)

Nexium Capsules 20mg, 40mg (esomeprazole)

Nexium IV 20mg, 40mg (esomeprazole sodium)

Nexium Oral Suspension 20mg, 40mg (esomeprazole)

Pulmicort Flexhaler Powder for Inhalation 90mcg, 180mcg (budesonide inhaled)

Pulmicort Respules Inhalation Suspension 0.25mg/ml, 0.5mg/2ml (budesonide inhaled)

Rhinocort Aqua Nasal Spray 32mcg (budesonide spray)

Seroquel Tablets 25mg,50mg,100mg,200mg,300mg,400mg (quetiapine)  
Seroquel XR Tablets 50mg, 150mg, 200mg, 300mg, 400mg (quetiapine)  
Symbicort Inhaler 80/4.5mcg, 160/4.5mcg (budesonide/formoterol)  
Toprol XL Tablets 25mg, 50mg, 100mg, 200mg (metoprolol)  
VIMOVO Delayed-Release Tablets 375/20mg, 500/20mg (naproxen/esomeprazole  
magnesium)  
Zoladex 3.6 mg 1 month depot 3.6 mg depot (goserelin acetate implant)  
Zoladex 10.8 Depot every three months (goserelin acetate implant)  
Zomig Nasal Spray 5mg (zolmitriptan)  
Zomig Tablets 2.5mg, 5.0 mg (zolmitriptan)  
Zomig-Zmt Tablets 2.5mg, 5mg (zolmitriptan)

## **Bristol-Myers Squibb Patient Assistance Foundation, Inc.**

(800) 736-0003 Option 4 (phone)

<http://www.bmspaf.org>

### **Eligibility:**

The patient must not have any private or public insurance and have an income at or below 250% of the Federal Poverty Level. Medicare Part D enrollees may apply for assistance through a case by case appeals process based on significant financial and medical need. Medical diagnosis necessary for this program is not specified. The patient must also be a US resident or legal alien. Anyone requesting assistance can call to request a faxed application or download it from the website. The application will be faxed out. The completed application can be faxed or mailed back. Both the patient and doctor are notified in writing of acceptance or denial. The decision is usually made within 24-48 hours. The medication is shipped out within 5-7 business days. The doctor must fill out a section and sign the application. The patient must fill out a section, sign the application and attach proof of income and denial letter from Medicaid. Up to a 90-day supply is sent to the doctor's office. The doctor/doctor's office must contact the company to arrange refills. Every year a new application is needed.

### **Available Medications:**

Abilify DISCMELT 10mg, 15mg (aripiprazole)

Abilify Oral Solution 150ml (aripiprazole)

Abilify Tablets 2mg, 5mg, 10mg, 15mg, 20mg, 30mg (aripiprazole)

Avalide Tablets 150mg/12.5mg, 300mg/12.5mg,  
300mg/25mg (irbesartan/hydrochlorothiazide)

Avapro Tablets 75mg, 150mg, 300mg (irbesartan)

Coumadin Tablets 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg (warfarin)

Kenalog 10 Injection 5ml (10mg/ml) (triamcinolone injectable)

Kenalog 40 Injection 1ml (40mg/ml), 5ml (40mg/ml), 10ml (40mg/ml) (triamcinolone injectable)

Lodosyn Tablets 25mg (carbidopa)

Onglyza Tablet 2.5mg, 5mg (saxagliptin)

Plavix Tablets 75mg (clopidogrel)

## **Eli Lilly and Company Patient Assistance Programs:**

800-545-6962.

[www.lilly.com](http://www.lilly.com)

### **Lilly Cares Program**

#### **Eligibility:**

Lilly Cares assists patients who are uninsured and whose income is less than 300 percent of the federal poverty level. Individuals eligible for Medicare are not eligible to receive medications through Lilly Cares. The Lilly Cares program has a 12-month enrollment period for eligible patients. Lilly Cares generally ships a 4-month supply of medication and all medications are shipped to the prescriber's office.

#### **Available Medications:**

accupril Injection 80mg (quinidine glucomate)  
Cialis Tablet 5mg, 10mg, 20mg (tadalafil)  
Cymbalta Capsules 20mg, 30mg, 60mg (duloxetine)  
Effient Tablets 5mg, 10mg (prasugrel)  
Evista Tablets 60mg (raloxifene)  
Glucagon Emergency Kit Injection (glucagon)  
Humalog Injection 1000vial (insulin lispro)  
Humalog 50/50 Injection (insulin lispro)  
Humalog 75/25 Injection 300pen (insulin lispro)  
Humalog 75/25 Injection 1000vial (insulin lispro)  
Humulin (all types) Injection (insulin human)  
Prozac Oral Solution 20mg/5ml (fluoxetine)  
Prozac Tablets 10mg, 20mg, 40mg (fluoxetine)  
Prozac Weekly Capsules 90mg (fluoxetine)  
Quinidine Gluconate Injection 80mg (quinidine glucomate)  
ReoPro Injection 10mg/iv (abciximab)  
Strattera Capsules 10mg, 18mg, 25mg, 40mg, 60mg (atomoxetine)  
Symbyax Capsules 3/25mg, 6/25mg, 6/50mg, 12/25mg, 12/50mg (olanzapine/fluoxetine)  
Zyprexa Injection (olanzapine)  
Zyprexa Tablets 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg (olanzapine)  
Zyprexa Zydis Orally Disintegrating Tablets (olanzapine)

### **Lilly Medicare Answers Program**

877-795-4559

#### **Eligibility:**

Patient must be enrolled in Medicare Part D but not be eligible for both Medicare and Medicaid. The patient must also have been denied Low Income Subsidy and meet income guidelines that are not disclosed. Medical diagnosis is not necessary. The patient must be a US resident.

**Available Medications:**

Forteo Injection 750ml (teriparatide)

Humatrope Injection 5vial (somatropin (recombinant))

Zyprexa Tablets 5mg, 7.5mg, 10mg, 15mg, 20mg, 2.5mg (olanzapine)

## **Forest Pharmaceuticals, Inc. Patient Assistance Program**

(1-866-PATIENT)

**[www.forestpharm.com](http://www.forestpharm.com)**

### **Eligibility:**

The income guidelines are the maximum dollar amount a household can earn in order to qualify for FPI PAP medication assistance. FPI PAP does not disclose these dollar amounts to the public. An application must be completed by the patient and licensed practitioner and submitted by mail to FPI PAP. If the patient's application is approved, a 3-month supply of medication will be shipped to the licensed practitioner's office to dispense to the patient. The application must include: a prescription for a 3-month supply of the requested medication and a photocopy of the patient's Low-Income Subsidy (LIS) denial letter if he/she is a Medicare Part D enrollee.

### **Available Medications:**

Aerochamber Inhaler (inhaler spacer)

Aerochamber with Mask Inhaler (inhaler spacer)

Armour Thyroid Tablets 0.25 grain, 0.5 grain, 1 grain, 1.5 grain, 2 grain, 3 grain, 4 grain, 5 grain (thyroid desiccated)

Bystolic Tablets 2.5mg, 5mg, 10mg (nebivolol)

Campral Tablets 333mg (acamprosate)

Celexa Tablets 10mg, 20mg, 40mg (citalopram)

Levothroid Tablets 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg (levothyroxine)

Lexapro Liquid (escitalopram)

Lexapro Tablets 5mg, 10mg, 20mg (escitalopram)

Namenda Tablets 5mg, 10mg (memantine)

Namenda Titration Pak (memantine)

Savella Tablets 12.5mg, 25mg, 50mg, 100mg (milnacipran hcl)

Tessalon Perles 100mg, 200mg (benzonatate)

Thyrolar 1/2 Tablets 6.5mcg/25mcg (liotrix)

Thyrolar 1/4 Tablets 3.1mcg/12.5mcg (liotrix)

Thyrolar 2 Tablets 25mcg/100mcg (liotrix)

Thyrolar 3 Tablets 37.5mcg/150mcg (liotrix)

Tiazac Capsules 120mg, 180mg, 240mg, 300mg, 360mg, 420mg (diltiazem)

## **GlaxoSmithKline**

1-866-PATIENT

[www.gsk.com](http://www.gsk.com)

### **Bridges to Access**

#### **Eligibility:**

The patient must have no prescription coverage for the requested medication and have an income at or below 250% of the Federal Poverty Level. Medical diagnosis necessary for this program is not specified. The patient must also be a US resident. Applicants can enroll by mailing a completed application, a current prescription and income documentation. An advocate, however, must call to enroll Bridges to Access applicants who need immediate access to medicine (please see web page <http://www.bridgestoaccess.com/> for further details about the two methods of enrollment). If the patient chooses not to enroll in Part D and is not eligible for the Low Income Subsidy Program, then s/he may be eligible for this program. The application can be filled out and printed on the website, but each application needs an individual number (which the website does automatically.)

Bridges to Access (1-866-PATIENT) is the program for non-oncology products.

#### **Available Medications:**

Advair Diskus Inhalation Powder 100/50, 250/50, 500/50 (fluticasone/salmeterol)

Advair HFA Inhalation Aerosol 45/21, 115/21, 230/21 (fluticasone/salmeterol)

Albenza Tablets 200mg (albendazole)

Arixtra Injection 5mg, 7.5mg, 10mg (fondaparinux)

Avandamet Tablets 2mg/500mg, 4mg/500mg, 2mg/1000mg,

4mg/1000mg (metformin/rosiglitazone)

Avandaryl Tablets 4mg/1mg, 4mg/2mg, 4mg/4mg (rosiglitazone/glimepiride)

Avandia Tablets 4mg/1mg, 4mg/2mg, 4mg/4mg (rosiglitazone/glimepiride)

Avodart Soft Gelatin Tablets 0.5mg (dutasteride)

Augmentin Oral Solution (amoxicillin/clavulanate)

Augmentin Powder for Oral Suspension 125mg/5ml, 200mg/5ml, 250mg/5ml,

400mg/5ml (amoxicillin/clavulanate)

Augmentin Tablets 250mg, 500mg (amoxicillin/clavulanate)

Augmentin Tablets-Chewable 125mg, 250mg, 400mg (amoxicillin/clavulanate)

Augmentin XR Tablets (amoxicillin/clavulanate)

Avandamet Tablets 2mg/500mg, 4mg/500mg, 2mg/1000mg,

4mg/1000mg (metformin/rosiglitazone)

Avandia Tablets 4mg/1mg, 4mg/2mg, 4mg/4mg (rosiglitazone/glimepiride)

Avodart Soft Gelatin Tablets 0.5mg (dutasteride)

Bactroban Cream (mupirocin topical)

Bactroban Nasal Ointment (mupirocin topical)

Bactroban Ointment (mupirocin topical)

Beconase AQ Nasal Spray 0.042% (beclomethasone nasal)

Combivir Tablets 60mg (lamivudine/zidovudine)

Coreg Tablets 3.125mg, 6.25mg, 12.5mg, 25mg (carvedilol)

Coreg CR Tablets 10mg, 20mg, 40mg, 80mg (carvedilol)  
 Dynacirc CR Tablets 5mg, 10mg (isradipine)  
 Epivir Tablets 150mg, 300mg (lamivudine)  
 Epivir-HBV Oral Solution (lamivudine)  
 Epivir-HBV Tablets (lamivudine)  
 Evoclin Foam 1% (clindamycin)  
 Extina Foam 2% (ketoconazole)  
 Flonase Nasal Spray 50mcg (fluticasone nasal spray)  
 Flovent Diskus Inhalation Powder 50mcg, 100mcg, 250mcg (fluticasone)  
 Flovent HFA Inhalation Aerosol 44mcg, 110mcg, 220mcg (fluticasone)  
 FLOVENT® HFA 110 mcg (with a dosage counter) (fluticasone propionate inhalation aerosol)  
 FLOVENT® HFA 220 mcg (with a dosage counter) (fluticasone propionate inhalation aerosol)  
 Fortaz Injection 1gm/vial, 2gm/vial, 6gm/vial, 500mg/vial (ceftazidime)  
 Imitrex Injection (sumatriptan)  
 Imitrex Nasal Spray 5mg/unit, 20mg/unit (sumatriptan nasal)  
 Imitrex Tablets 25mg, 50mg, 100mg (sumatriptan)  
 InnoPran XL Capsules 80mg, 120mg (propranolol)  
 Lamictal Orally Disintegrating Tablets 1 (lamotrigine)  
 Lamictal Tablets 25mg, 100mg, 200mg (lamotrigine)  
 Lamictal Tablets-Chewable 2mg, 5mg, 25mg, 150mg (lamotrigine)  
 Lamictal XR Extended Release Tablets 1 (lamotrigine)  
 Lanoxin Tablets 0.125mg, 0.25mg (digoxin)  
 Lexiva Tablets 700mg (fosamprenavir)  
 Lovaza Capsules (omega-3-acid ethyl esters)  
 Luxiq Foam 0.12% (betamethasone valerate)  
 Malarone Tablets 62.5mg/25mg, 250mg/100mg (atovaquone and proguanil hydrochloride)  
 Mepron Suspension (atovaquone)  
 Olux Foam 0.05% (clobetasol)  
 Olux-E Foam 0.05% (clobetasol)  
 Olux/Olux-E Complete Pack Foam 50g/10g, 50g/50g, 100g/10g (clobetasol propionate/clobetasol emulsion)  
 Parnate Tablets 10mg (tranylcypromine)  
 Relenza Powder for Oral Inhalation (zanamivir)  
 Requip Tablets 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg (ropinirole)  
 Requip XL Extended Release Tablets 1 (ropinirole)  
 Rythmol Tablets 150mg, 225mg, 300mg (propafenone)  
 Rythmol SR Capsules 225mg, 325mg, 425mg (propafenone)  
 Serevent Diskus Powder for Inhalation 50mcg (salmeterol inhaled)  
 Soriatane Capsules 10mg (acitretin)  
 Treximet Tablets (sumatriptan/naproxen sodium)  
 Valtrex Caplets (valacyclovir)  
 Ventolin HFA inhaler (albuterol sulfate)  
 Veramyst Nasal Spray (fluticasone nasal spray)

Verdeso Foam 0.05% (desonide)  
VESIcare Tablets 5mg, 10mg (solifenacin)  
Wellbutrin Tablets 75mg, 100mg (bupropion)  
Wellbutrin SR Tablets 100mg, 150mg, 200mg (bupropion)  
Zovirax Capsules (acyclovir)  
Zovirax Suspension (acyclovir)  
Zovirax Tablets 200mg (acyclovir)  
Zyban Sustained Release Tablets 1 (bupropion)

## **GSK Commitment to Access**

1-866-265-6491

### **Eligibility:**

Applicants with no prescription coverage, generic coverage only or those with Part D who have spent \$600 on medications in the current year may be eligible. The patient must have an income at or below 500% of the Federal Poverty Level. Medical diagnosis necessary for this program is not specified. The patient must live in the US and utilize the US healthcare system. GlaxoSmithKline requests that an 'Advocate' be the contact person for the patient throughout the entire process. The advocate can be any healthcare worker involved in the patient's care (i.e., doctor, nurse, social worker, or someone in the healthcare office or facility). The application needs a total of three (3) signatures; doctor, patient and advocate. Each application must have a unique patient id number. Information about reimbursement support and Co-Pay Assistance are available through CARES by GSK. That number is 1-888-ONE-GSKCARES (1-888-663-4752)

### **Available Medications:**

Arranon Injection (nelarabine)  
Arzerra Injection 1 (ofatumumab)  
Bexxar Injection 14mg/ml (tositumomab)  
Hycamtin Capsules (topotecan)  
Hycamtin Injection 4mg/5ml (topotecan)  
Promacta Tablets (eltrombopaq)  
Tykerb Tablets 250mg (lapatinib)  
Votrient Tablets 1 (pazopanib)  
Zofran Injection 2mg (ondansetron)  
Zofran Oral Solution 4mg/ml (ondansetron)  
Zofran Tablets 4mg/ml, 8mg/ml (ondansetron)  
Zofran ODT Orally Disintegrating Tablets 4mg, 8mg (ondansetron)

## **GSK Access**

### **Eligibility:**

GSK Access is a program that provides GlaxoSmithKline prescription medications at no cost to Medicare Part D Prescription Drug Plan enrollees who meet the eligibility requirements. Eligibility is based on annual household income and proof that the applicant has spent \$600 or more for prescription medicines for the year. A completed

application along with income documentation and proof of prescription expenses must be mailed to GSK Access for processing. Applicants will be notified if they qualify for the program and, if approved, a pharmacy card will be mailed to the applicant that may be used at any retail pharmacy to pick up GlaxoSmithKline medicines at no cost. Drugs received from this program do not count toward True Out-of-Pocket Spending (TrOOP).

**Available Medications:**

Advair Diskus Inhalation Powder 100/50, 250/50, 500/50 (fluticasone/salmeterol)

Advair HFA Inhalation Aerosol 45/21, 115/21, 230/21 (fluticasone propionate)

Albenza Tablets 200mg (albendazole)

Altanax Ointment 1% (retapamulin topical)

Amerge Tablets 1mg, 2.5mg (naratriptan)

Arixtra Injection 5mg, 7.5mg, 10mg (fondaparinux)

Avandamet Tablets 2mg/1000mg, 4mg/1000mg (metformin/rosiglitazone)

Avandaryl Tablets 4mg/1mg, 4mg/2mg, 4mg/4mg (rosiglitazon/glimepiride)

Avandia Tablets 2mg, 4mg, 8mg (rosiglitazone)

Avodart Soft Gelatin Tablets 0.5mg (dutasteride)

Bactroban Cream (mupirocin topical)

Bactroban Nasal Ointment (mupirocin topical)

Bactroban Ointment (mupirocin topical)

Beconase AQ Nasal Spray 0.042% (beclomethasone nasal)

Coreg Tablets 3.125mg, 6.25mg, 12.5mg, 25mg (carvedilol)

Coreg CR Tablets 10mg, 20mg, 40mg, 80mg (carvedilol)

Dynacirc CR 5mg, 10mg 2 (isradipine)

Epivir Oral Solution (lamivudine)

Epivir Tablets 150mg, 300mg (lamivudine)

Epivir-HBV Oral Solution (lamivudine)

Epivir-HBV Tablets (lamivudine)

Epzicom Tablets (abacavir/lamivudine)

Evoclin Foam 1% (clindamycin)

Extina Foam 2% (ketoconazole)

Flonase Nasal Spray 50mcg (fluticasone nasal spray)

Flovent Diskus Inhalation Powder 50mcg, 100mcg, 250mcg (fluticasone)

Flovent HFA Inhalation Aerosol 44mcg, 110mcg, 220mcg (fluticasone)

Fortaz Injection 1gm/vial, 2gm/vial, 6gm/vial, 500mg/vial (ceftazidime)

Imitrex Injection (sumatriptan)

Imitrex Nasal Spray 5mg/unit, 25mg/unit (sumatriptan nasal)

Imitrex Tablets 25mg, 50mg, 100mg (sumatriptan)

InnoPran XL Capsules 80mg (propranolol)

JALYN™ (dutasteride and tamsulosin hydrochloride) Capsules

Lamictal Orally Disintegrating tablets 1 (lamotrigine)

Lamictal Tablets 25mg, 100mg, 200mg (lamotrigine)

Lamictal Tablets-Chewable 2mg, 5mg, 25mg, 150mg (lamotrigine)

Lamictal XR Extended Release Tablets 1 (lamotrigine)

Lanoxin Tablets 0.25mg, 0.125mg (digoxin)

Lovaza Capsules (omega-3-acid ethyl esters)

Luxiq Foam 0.12% (betamethasone valerate)  
Malarone Tablets 62.5mg/25mg, 250mg/100mg (atovaquone and proguanil hydrochloride)  
Mepron Suspension (atovaquone)  
Olux Foam 0.05% (clobetasol)  
Olux-E Foam 0.05% (clobetasol)  
Olux/Olux-E Complete Pack Foam 50g/10g, 50g/50g, 100g/10g (clobetasol propionate/clobetasol emulsion)  
Parnate Tablets 10mg (tranylcypromine)  
Relenza Powder for Inhalation (zanamivir)  
Requip Tablets 0.5mg, 0.25mg, 1mg, 2mg, 3mg, 4mg, 5mg (ropinirole)  
Requip XL Tablets (ropinirole extended release)  
Rythmol Tablets 150mg, 225mg, 300mg (propafenone)  
Rythmol SR Capsules 225mg, 325mg, 425mg (propafenone)  
Serevent Diskus Powder for Inhalation 50mcg (salmeterol inhaled)  
Soriatane Capsules 10mg (acitretin)  
Treximet Tablets (sumatriptan/naproxen sodium)  
Valtrex Caplets (valacyclovir)  
Ventolin HFA Inhalation Aerosol (albuterol inhalers)  
Veramyst Nasal Spray (fluticasone nasal spray)  
Verdeso Foam 0.05% (desonide)  
VESIcare Tablets 5mg, 10mg (solifenacin)  
Wellbutrin Tablets 100mg (bupropion)  
Zovirax Capsules (acyclovir)  
Zovirax Suspension (acyclovir)  
Zovirax Tablets 400mg (acyclovir)

## **GSK Co-Pay Assistance Program**

1-888-663-4752

### **Eligibility:**

Applicants with insurance are eligible. The patient must have an income at or below 500% of the Federal Poverty Level. Medical diagnosis necessary for this program is not specified. The patient must live in one of the 50 States or the District of Columbia. MA residents are not eligible. This is a co-pay program. If the patient qualifies, they will pay a co-pay based on their income. If income is between 0-150% of FPL, the co-pay is \$25, between 151-250%, the co-pay is \$50, between 251-350, the co-pay is \$150, between 351%-500%, the co-pay is \$300. Applicants with co-payments or coinsurance that exceeds 50% will be responsible for any remaining costs not covered by their insurance plan or GSK Co-Pay Assistance Program.

### **Available Medications:**

Alkern Tablets (melphalan)

Hycamtin Capsules (topotecan)

Promacta Tablets (eltrombopag)

Tykerb Tablets (lapatinib)

Votrient Tablets (pazopanib)

## **Johnson and Johnson Patient Assistance Foundation Inc.**

800-652-6227, opt 1

<http://www.jjpaf.org/index.html>

### **Eligibility:**

1. Do not have public or private prescription drug coverage
2. Have a yearly gross income of:

### **Self-Administered Products (Non Prescription)**

- \$21,660 or less for a single person
- \$29,140 or less for a family size of two\*

### **Physician-Administered Products (Prescription)**

- \$43,320 or less for a single person
- \$58,280 or less for a family size of two\*

### **\*Larger family sizes are adjusted accordingly**

3. Reside in the United States or a United States territory
4. Are being treated by a U.S.-licensed healthcare provider
5. Are being treated as an outpatient
6. Medicare Part D enrollees based on significant financial or medical need will be considered.

### **Available Medications:**

Aciphex tablets (rabeprazole)

Alamast Ophthalmic Solution 0.1% (pemirolast potassium)

Axert Tablets 6.25mg, 12.5mg (almotriptan)

Betimol Ophthalmic Solution 0.25%, 0.5% (timolol)

Biafine Topical Emulsion 45gram tube, 90gram tube (biafine)

Concerta Extended Release Tablets 18mg, 27mg, 36mg, 54mg (methylphenidate)

Ditropan XL Tablets 5mg, 10mg, 15mg (oxybutynin)

Doxil Injection (doxorubicin liposome)

Duragesic CII Patch (fentanyl transdermal system)

Elmiron Capsules (pentosan polysulfate sodium)

Ertaczo Cream 2% (sertaconazole topical)

Flexeril Tablets 5mg, 10mg (cyclobenzaprine)

Grifulvin V Tablets (griseofulvin)

Haldol Decanoate Injection (haloperidol)

Haldol Injection (haloperidol)

Intelence Tablets (etravirine)

Invega Extended-Release Tablets 3mg, 6mg, 9mg (paliperidone)

Invega Sustenna Extended Release Injectable Suspension 1 (paliperidone palmitate)

Iquix Ophthalmic Solution (levofloxacin)

Leustatin Injection (cladribine)

Levaquin Oral Solution (levofloxacin)

Levaquin Tablets 250mg, 500mg, 750mg (levofloxacin)

Natrecor Injection 1.5mg (nesiritide)  
Nucynta Tablets CII 1 (tapentadol)  
Orthovisc (high molecular weight hyaluronan)  
Pancrease MT 10 Tablets 10000units/30000units/30units (lipase/amylase/protease)  
Pancrease MT 20 Capsules 20000units/56000units/44000units (lipase/amylase/protease)  
Pancrease MT 4 Capsules 4000units/12000units/12000units (lipase/amylase/protease)  
Pancrease MT16 Capsules 16000units/48000units/48000units (lipase/amylase/protease)  
Parafon Forte DSC (chlorzoxazone)  
Prezista Tablets (darunavir)  
Procrit Injection (epoetin alfa)  
Quixin Ophthalmic Solution 0.5% (levofloxacin)  
Razadyne Oral Solution 4mg/ml (galantamine)  
Razadyne Tablets 4mg, 8mg, 12mg (galantamine)  
Razadyne ER Capsules 8mg, 16mg, 24mg (galantamine)  
Remicade IV Injection (infliximab)  
Retin-A Cream (tretinoin topical)  
Retin-A Gel (tretinoin topical)  
Retin-A Micro (tretinoin topical)  
Risperdal Oral Solution 1mg/1ml (risperidone)  
Risperdal Tablets 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg (risperidone)  
Risperdal Consta Long Acting Injection 25mg, 37.5mg, 50mg (risperidone)  
Risperdal M Tablets 5mg (risperidone)  
Simponi Injection (golimumab)  
Sporanox Capsules (itraconazole)  
Sporanox Oral Solution (itraconazole)  
Stelara Injection 1 (ustekinumab)  
Terazol 3 Suppository (terconazole vaginal)  
Terazol 3 Vaginal Cream (terconazole vaginal)  
Terazol 7 Vaginal Cream (terconazole vaginal)  
Topamax Sprinkle Capsules 15mg (topiramate)  
Topamax Tablets 25mg, 50mg, 100mg, 200mg (topiramate)  
Ultracet Tablets 37.5mg (acetaminophen/tramadol)  
Ultram Tablets 50mg (tramadol)  
Ultram-ER Tablets (tramadol hcl)  
Uvadex Sterile Solution 1 (methoxsalen)

## **Novartis Pharmaceuticals Patient Assistance Foundation**

800.277.2254 (Forms and information available in Spanish)

[www.novartis.com](http://www.novartis.com)

### **Eligibility:**

- Must be a U.S. resident
- Provide proof of income within program guidelines (not available) can determine eligibility for program on website
- Not have private or public prescription coverage

Comtan Tablets 200mg (entacapone)

Diovan Tablets 40mg, 80mg, 160mg, 320mg (valsartan)

Diovan HCT Tablets 12.5mg/160mg (valsartan/hydrochlorothiazide)

Diovan HCT Tablets 80mg, 12.5mg (valsartan/hydrochlorothiazide)

Elidel Cream 1% (pimecrolimus topical)

Exelon Capsules 1.5mg, 3mg, 4.5mg, 6mg (rivastigmine)

Exforge Tablets 5/160mg, 5/320mg, 10/160mg, 10/320mg (amlodipine/valsartan)

Exforge HCT Tablets 5/160/12.5mg, 5/160/25mg, 10/160/12.5mg, 10/160/25mg, 10/320/25mg (amlodipine, valsartan, hydrochlorothiazide)

Focalin XR Tablets 5mg, 10mg, 20mg (dexmethyphenidate)

Lamisil Oral Granules 125mg/packet, 187.5mg/packet (terbinafine hydrochloride)

Lescol Capsules 20mg, 40mg (fluvastatin)

Lescol XL Tablets 80mg (fluvastatin)

Ritalin LA 10mg (methylphenidate)

Ritalin LA Capsules 20mg, 30mg, 40mg (methylphenidate)

Stalevo Tablets 50mg, 100mg, 150mg (carbidopa/levodopa/entacapone)

Tegretol Chewable Tablets 100mg (carbamazepine)

Tegretol Suspension 450ml (carbamazepine)

Tegretol Tablets 200mg (carbamazepine)

Tegretol XR Tablets 200mg (carbamazepine)

Tekamlo (aliskiren and amlodipine)

Tekturna Tablets 150mg, 300mg (aliskiren)

Tekturna HCT Tablets 150/12.5mg, 150/25mg, 300/12.5mg, 300/25mg (aliskiren/hydrochlorothiazide)

Trileptal (oxcarbazepine)

Valturna Tablets 150/160mg, 300/320mg (aliskiren/valsartan)

Zaditor Ophthalmic Solution (ketotifen ophthalmic)

## **Novartis Clozaril Patient Assistance Program**

### **Eligibility:**

- Must be a U.S. resident
- Provide proof of income within program guidelines (not available) can determine eligibility for program on website
- Not have private or public prescription coverage

### **Available Medications**

Clozaril Tablets 25mg, 100mg (clozapine)

## **Novartis Patient Assistance Program for Specialty Medicines**

### **Eligibility:**

The patient must have no prescription coverage for the requested medication and meet income guidelines that are not disclosed. Medical diagnosis necessary for this program is not specified. The patient must also be a US resident. Fanapt is shipped to the physician's office. The remainder of the medications on this program are sent to the patient's home.

### **Available Medications:**

Extavia Vial (interferon beta-1b)

Fanapt Titration Pack (1mg, 2mg, 4mg, 6mg) 6mg, 8mg, 10mg, 12mg (iloperidone)

Gilenya Capsules (fingolimod)

Ilaris Vial 6 ml (canakinumab)

Myfortic Tablets 180mg, 360mg (mycophenolic acid)

Neoral Capsules 25mg, 100mg (cyclosporine)

Neoral Oral Solution (cyclosporine oral solution)

Sandimmune Gelatin Capsules 25mg (cyclosporine)

Sandimmune Injection 250mg/5ml (cyclosporine injectable)

Sandimmune Oral Solution 100mg/ml (cyclosporine oral solution)

Sandimmune Soft Gelatin Capsules 25mg, 100mg (cyclosporine)

Tyzeka Tablets 600mg (telbivudine)

Zortress Tablets .25mg, .5mg, .75mg (everolimus)

## **Pfizer Medication Assistance Programs:**

866-706-2400

[www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com)

### **Connection to Care**

**(Information and application available in Spanish)**

#### **Eligibility:**

The patient must have no prescription coverage and an income at or below 200% of the Federal Poverty Level, adjusted for family size.

<b>Total Number of People in Household</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Annual Income (2010)	\$21,780	\$29,420	\$37,060	\$44,700	\$52,340
Monthly Income (2010)	\$1,815	\$2,452	\$3,088	\$3,725	\$4,362

Patients in the program pick up a 90-day supply of medicine from the doctor's office. Refills are available during the 1-year enrollment period. You and your doctor must complete a 1-page application. You must mail the completed application, proof of income along with copies of one of the following documents that show your total gross annual household income: Current paycheck stub Federal tax return (Form 1040 or 1040EZ) for the prior tax year, Wage and tax statements (W-2 forms,) Social security, pension, or railroad retirement statements (SSA-1099 or similar), Statements of interest, dividends, or other income (1099-INT, 1099, 1099-DIV or other forms) If you do not have any proof of income, please call us at 1-866-706-2400. All medicines will be sent to your doctor's office for you to pick up, except Lyrica®, which will be shipped directly to your home. Once accepted into Connection to Care, you will remain enrolled for up to 1 year. To continue receiving program benefits, you must reapply yearly.

#### **Available Medications:**

Accupril Tablets 5mg, 10mg, 20mg, 40mg (quinapril)

Accuretic Tablets 12.5mg/10mg, 12.5mg/20mg,  
25mg/20mg (hydrochlorothiazide/quinapril)

Aldactazide Tablets 25mg/25mg (hydrochlorothiazide/spironolactone)

Aldactone Tablets-Film Coated 25mg, 50mg, 100mg (spironolactone)

Antivert Tablets 12.5mg, 50mg (meclizine)

Arthrotec Tablets 50mg/200mcg, 75mg/200mcg (diclofenac/nisoprostol)

Azulfidine EN-Tabs Delayed Release (sulfasalazine)

Azulfidine Tablets 500mg (sulfasalazine)

Caduet Tablets 5mg/10mg, 5mg/20mg, 5mg/40mg, 5mg/80mg, 10mg/10mg,  
10mg/20mg, 10mg/40mg, 10mg/80mg (amlodipine/atorvastatin)

Calan Tablets 40mg, 80mg, 120mg (verapamil)

Calan SR Tablets 240mg (verapamil)

Cardura Tablets 1mg, 2mg, 4mg, 8mg (doxazosin)

Caverject Injection (alprostadil injection- aqueous)

Celebrex Capsules 100mg, 200mg, 400mg (celecoxib)

Celontin Capsules (methsuximide)

Cleocin Capsules 2% (clindamycin)  
 Cleocin Capsules 75mg, 150mg, 300mg (clindamycin)  
 Cleocin Vaginal Cream (clindamycin)  
 Cleocin T Capsules 10mg/ml (clindamycin)  
 Cleocin T Lotion (clindamycin)  
 Colestid Granules 5gm (colestipol)  
 Colestid Oral Suspension 7.5gm (colestipol)  
 Cortef Tablets 5mg, 10mg, 20mg (hydrocortisone)  
 Covera HS Tablets 180mg, 240mg (varapamil)  
 Cytotec Tablets (misoprostol)  
 Daypro Capsules 600mg (oxaprozin)  
 Depo SubQ Provera Injection (medroxyprogesterone acetate)  
 Depo-Estradiol Injection 5mg/ml (estradiol cypionate)  
 Depo-Medrol Injection 20mg/ml, 40mg/ml, 80mg/ml (methylprednisolone acetate)  
 Depo-Provera Injection 150mg/ml (medroxyprogesterone acetate)  
 Detrol Tablets 1mg (tolterodine)  
 Detrol LA Capsules 2mg, 4mg (tolterodine)  
 Diflucan Injection (fluconazole)  
 Diflucan Oral Suspension (fluconazole)  
 Diflucan Tablets 100mg, 200mg (fluconazole)  
 Dilantin Capsules 30mg, 50mg, 100mg (phenytoin)  
 Effexor XR Capsules 37.5mg, 75mg, 150mg (venlafaxine)  
 Estring Vaginal Ring 2mg (estradiol vaginal ring)  
 Feldene Capsules 10mg, 20mg (piroxicam)  
 Flagyl Capsules 250mg, 500mg (metronidazole)  
 Geodon Capsules 20mg, 40mg, 60mg, 80mg (ziprasidone)  
 Glucotrol Tablets 5mg, 10mg (glipizide)  
 Glucotrol XL Tablets 5mg (glipizide)  
 Glynase PresTab (micronized glyburide)  
 Glyset Tablets 25mg, 50mg, 100mg (miglitol)  
 Inspra Tablets 25mg (eplerenone)  
 Lincocin 300mg/ml (lincomycin)  
 Lipitor Tablets 10mg, 20mg, 40mg, 80mg (atorvastatin)  
 Lyrica Capsules 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg (pregabalin)  
 Medrol Tablets 2mg, 4mg, 8mg, 16mg, 32mg (methylprednisolone)  
 Mycobutin Tablets (rifabutin)  
 Nardil Tablets 15mg (phenelzine)  
 Navane Capsules (thiothixene)  
 Neurontin Capsules 100mg, 300mg, 400mg (gabapentin)  
 Neurontin Oral Solution 250mg/ml (gabapentin)  
 Neurontin Tablets 600mg, 800mg (gabapentin)  
 Nicotrol Inhaler (nicotine inhaled)  
 Nicotrol NS Nasal Spray (nicotine nasal)  
 Nitrostat Sublingual (nitroglycerin)  
 Norpace Capsules 100mg, 150mg (disopyramide)

Norpace CR (disopyramide)  
Norvasc Tablets 2.5mg, 5mg, 10mg (amlodipine)  
Phospholine Iodide Solution 6.25mg per 5ml (echothiophate)  
Premarin Tablets 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg (estrogens conjugated)  
Premarin Vaginal Cream 0.625mg (estrogens conjugated)  
Premphase Tablets 0.625mg/5mg (estrogens conjugated/medroxyprogesterone acetate)  
Prempro Tablets 0.3mg/1.5mg, 0.45mg/1.5mg, 0.625mg/2.5mg, 0.625mg/5mg (estrogens conjugated/medroxyprogesterone)  
Pristiq Extended-Release Tablets 50mg, 100mg (desvenlafaxine)  
Procardia Capsules 10mg (c)  
Procardia XL Capsules 30mg, 60mg, 90mg (nifedipine)  
Protonix Tablets 40mg (pantoprazole)  
Provera Tablets 2.5mg, 5mg, 10mg (medroxyprogesterone acetate)  
Relpax Tablets 20mg, 40mg (eletriptan)  
Synarel Nasal Spray 2mg/ml (nafarelin nasal spray)  
Tessalon Perles 100mg (benzonatate)  
Tikosyn Tablets 125mcg, 250mcg, 500mcg (dofetilide)  
Toviaz 1 (fesoterodine fumarate)  
Trecator Tablets 250mg (ethionamide)  
Viagra Tablets 25mg, 50mg, 100mg (sildenafil)  
Vistaril Capsules 25mg, 100mg (hydroxyzine)  
Xalatan (latanoprost)  
Zarontin (ethosuximide)  
Zithromax Tablets 250mg, 600mg (azithromycin)  
Zoloft Oral Concentrate (sertraline)  
Zoloft Tablets 25mg, 50mg, 100mg (sertraline)

## **Maintain Program**

### **Eligibility:**

The patient must have become unemployed since January 1, 2009 and have no prescription coverage. In addition they must have been prescribed and have been taking a Pfizer medicine for at least 3 months prior to becoming unemployed and enrolling in the program. They also have to prove financial hardship. Enrolled patients will receive a 90-day supply of medicine, sent directly to their home, and will continue to do so for up to one year, or until they become insured, whichever comes first. Refills are available during the 1-year enrollment period. Patients can call 866-578-4995 to order their refills. Applications for enrollment into the Pfizer MAINTAIN Program will be accepted through December 31, 2011. Program participants will receive their Pfizer medicines for free for up to one year, or until they become insured again, whichever comes first.

### **Available Medications:**

Accupril (quinapril)  
Accuretic (hydrochlorothiazide/quinapril)  
Aldactazide (hydrochlorothiazide/spironolactone)  
Aldactone (spironolactone)

Antivert (meclizine)  
Arthrotec (diclofenac/nisoprostol)  
Azulfidine (sulfasalazine)  
Caduet (amlodipine/atorvastatin)  
Calan (verapamil)  
Calan SR (verapamil)  
Cardura (doxazosin)  
Cardura XL (doxazosin)  
Celontin (methsuximide)  
Chantix (varenicline)  
Cleocin (clindamycin phosphate)  
Cleocin HCL (clindamycin phosphate)  
Cleocin Pediatric (clindamycin)  
Cleocin Phosphate (clindamycin phosphate)  
Cleocin T (clindamycin phosphate)  
Colestid (colestipol)  
Cortef (hydrocortisone)  
Covera-HS (verapamil)  
Cytotec (misoprostol)  
Daypro (oxaprozin)  
Depo-Estradiol (estradiol cypionate)  
Depo-Medrol (methylprednisolone acetate)  
Depo-Provera (medroxyprogesterone acetate)  
Depo-subQ provera 104 (medroxyprogesterone acetate)  
Detrol (tolterodine)  
Detrol LA (tolterodine)  
Diflucan (fluconazole)  
Dilantin (phenytoin)  
Dilantin-125 (phenytoin)  
Estring (estradiol vaginal ring)  
Feldene (piroxicam)  
Flagyl (metronidazole)  
Geodon (ziprasidone)  
Glucotrol (glipizide)  
Glucotrol XL (glipizide extended release)  
Glynase PresTab (micronized glyburide)  
Glyset (miglitol)  
Inspra (eplerenone)  
Medrol (methylprednisolone)  
Mycobutin (rifabutin)  
Nardil (phenelzine)  
Navane (thiothixene)  
Neurontin (gabapentin)  
Nicotrol (nicotine)  
Nitrostat (nitroglycerin)  
Norpace (disopyramide)

Norpace CR (disopyramide)  
Norvasc (amlodipine)  
Procardia (nifedipine)  
Procardia XL (nifedipine extended release)  
Provera (medroxyprogesterone acetate)  
Relpax (eletriptan)  
Synarel (nafarelin nasal spray)  
Toviaz (fesoterodine fumarate)  
Viagra (sildenafil)  
Vistaril (hydroxyzine)  
Zarontin (ethosuximide)  
Zithromax (azithromycin)  
Zoloft (sertraline)

## **RSVP Program**

### **Eligibility:**

Eligibility for financial exceptions varies by product. An RSVP representative will help confirm if you are eligible for hardship assistance. If you are accepted into RSVP with a hardship assistance, you must reapply to the program at the end of each calendar year (December 31). The RSVP program offers reimbursement support services and patient assistance to help you gain access to the Pfizer specialty medicines you need. RSVP can also help you understand your coverage options. And it can help you find other sources of funding if needed. If you are faced with a serious financial hardship (eg, cannot afford your coinsurance, or have been denied coverage), you can apply for hardship assistance through RSVP. If approved, you can access your Pfizer medicines for free. To apply to RSVP, please: Call 1-888-327-RSVP (7787), Monday to Friday, 9 AM to 8 PM ET. RSVP representatives are happy to assist you in English or Spanish.

### **Available Medications:**

Benefix IV 250 unit vial, 500 unit vial, 1000 unit vial, 2000 unit vial (factor ix)  
Rapamune Liquid 1mg/ml (sirolimus)  
Rapamune Tablets .5mg, 1mg, 2mg (sirolimus)  
Rescriptor Tablets 200mg (delavirdine)  
Revatio Tablets 20mg/ml (sildenafil)  
Tygacil (tigecycline)  
VFEND Tablets 50mg, 200mg (voriconazole)  
Xyntha IV 250 unit vial, 500 unit vial, 1000 unit vial, 2000 unit vial (antihemophilic factor (recombinant))  
Zyvox Tablets 600mg (linezolid)

## **TEVA Patient Assistance Program**

877-254-1039

[www.teva.com](http://www.teva.com)

### **Eligibility:**

The patient must have no prescription coverage for any medications and have an income at or below 200% of the Federal Poverty Level. Must also be a resident of the United States, Puerto Rico, or the Virgin Islands. Medical diagnosis necessary for this program is not specified. Current lab results are required with initial application. Doctor/Doctor's Office must register once. The physician registration form should be faxed to 800-507-8339. Those in the donut hole may be considered under an appeal process. The doctor must fill out a section and sign the application. The patient must fill out a section and sign the application.

### **Available Medications:**

Adrucil Injection 2.5gm, 500gm, 500mg (fluorouracil)  
Bleomycin Injection 15iu, 30iu (bleomycin)  
Carboplatin Injection (carboplatin)  
Clozapine Tablets 25mg, 50mg, 100mg, 200mg (clozapine)  
Cyclosporine Capsules 1 (cyclosporine)  
Cyclosporine Oral Solution 1 (cyclosporine)  
Dacarbazine Injection 200mg, 500mg (dacarbazine)  
Daunorubicin Injection 20mg, 50mg (daunorubicin)  
Epirubicin Injection 50mg/25ml (epirubicin)  
Fludarabine Injection 500mg (fludarabine)  
Galzin Capsules 25mg, 50mg (zinc salts)  
Idarubicin Injection 5mg, 10mg, 20mg (idarubicin)  
Ifosfamide Injection (ifosfamide)  
Irinotecan Injection 1 (irinotecan)  
Leuprolide Injection 142.8ml or 14/2.8ml (leuprolide)  
Mesna Injection 100mg/ml (mesna)  
ORAP Tablets 1mg, 2mg (pimozide)  
Paclitaxel Injection 30mg/5ml, 150mg/25ml, 300mg/50ml (paclitaxel)  
Pamidronate Disodium Injection (pamidronate disodium)  
Proair HFA Inhaler (albuterol)  
Proglycem Oral Suspension (diazoxide)  
Purinethol Tablets 50mg (mercaptopurine)\*\*\*not available to new applicants  
QVAR inhalation aerosol 40mcg, 80mcg (beclomethasone inhaled)  
Toposar Injection (etoposide)  
Vincasar PFS Injection (vincristine)  
Vinorelbine Injection 10mg, 50mg (vinorelbine)  
Vivactil Tablets 1 (protriptyline)  
Zanosar Injection (streptozocin)

## **Wyeth Patient Assistance Program**

(800) 568-9938.

[www.wyeth.com](http://www.wyeth.com)

### **Eligibility:**

To receive medication through the Wyeth Pharmaceutical Assistance Foundation, patients must certify all of the following:

- They are unable to pay for their medication.
- They do not have private insurance or government insurance or have depleted all other insurance coverage options.
- They earn less than 200% of the current Department of Health and Human Poverty Guidelines.
- They do not have other sufficient financial resources or assets to pay for the medication requested or that paying for the medication from their own resources or assets would cause severe hardship.
- They are residents of the United States or Puerto Rico.
- Medicare eligible or enrolled patients may be eligible for this program but should submit a letter explaining the situation and hardship.

### **Available Medications:**

Effexor XR Capsules 37.5mg, 75mg, 150mg (venlafaxine)

Phospholine Iodide Solution 6.25mg per 5ml (echothiophate)

Premarin Tablets 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg (estrogens conjugated)

Premarin Cream Vaginal Cream 0.625mg (estrogens conjugated)

Premphase Tablets 0.625mg/5mg (estrogens conjugated/medroxyprogesterone acetate)

Prempro Tablets 0.3mg/1.5mg, 0.45mg/1.5mg, 0.625mg/2.5mg, 0.625mg/5mg (estrogens conjugated/medroxyprogesterone)

Pristiq Extended-Release Tablets 50mg, 100mg (desvenlafaxine)

Protonix Tablets 40mg (pantoprazole)

Trecator Tablets 250mg (ethionamide)

**\*\*\*\* The following are pharmaceutical programs that do not include psychotropic medications, but do offer physical health medications to consumers at no or low cost.**

## **Bayer Patient Assistance Program**

866-575-5002

[www.bayer.com](http://www.bayer.com)

### **Eligibility:**

- You must be a citizen of the United States or its Territories.
- You must not be eligible for or covered by any private, public, or Medicare –Part D prescription coverage
- The medication must be sent to a physicians office
- You cannot afford to pay for your medicine

### **Available Medications:**

Angeliq Tablets 0.05/0.1mg, 0.5/1.0 mg 28 (drospirenone/estradiol)

Betapace Tablets 80mg, 120mg, 160mg (sotalol)

Betapace AF Tablets 80mg, 120mg, 160mg (sotalol af)

Climara Transdermal 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg, 0.1mg (estradiol transdermal system)

Climara Pro Transdermal 0.045mg/0.015mg (estradiol transdermal system)

Menostar Transdermal System 1 (estradiol)

## **Merck Patient Assistance Program**

800-727-5400,

[www.merck.com](http://www.merck.com)

### **Eligibility (all 3 of the following conditions apply):**

- You are a US resident and have a prescription for a Merck medicine from a doctor licensed in the United States.\*
- You do not have insurance or other coverage for your prescription medicine. Some examples of other insurance coverage include private insurance, HMOs, Medicaid, Medicare, state pharmacy assistance programs, veteran's assistance, or any other social service agency support. (Medicare D participants may be eligible through an appeals process).
- You may qualify for the program if you have a household income of \$43,320 or less for individuals, \$58,280 or less for couples, or \$88,200 or less for a family of 4.\*\*

### **Available Medications:**

Cosopt Ophthalmic Solution 5ml, 10ml (dorzolamide/timolol)

Cozaar Tablets 25mg, 50mg, 100mg (losartan)

Hyzaar Tablets 50-12.5mg, 100-12.54mg, 100-25mg (losartan/hydrochlorothiazide)

Janumet Tablets 50/500mg, 50/1000mg (sitagliptin/metformin)

Januvia Tablets 25mg, 50mg, 100mg (sitagliptin)

Maxalt Tablets 5mg, 10mg (rizatriptan)

Maxalt MLT Tablets 5mg, 10ng (rizatriptan)

Noroxin Tablets 400mg (norfloxacin)

Singulair Tablets 10mg (montelukast)

Singulair Tablets-Chewable 4mg, 5mg (montelukast sodium)

Stromectol Tablets (ivermectin)

Trusopt Ophthalmic Solution (dorzolamide)

# **Novo Nordisk Pharmaceuticals Patient Assistance Program**

1-866-310-7549

[www.novonordisk-us.com](http://www.novonordisk-us.com)

## **Eligibility:**

The patient must not have any private or public insurance and have an income at or below 200% of the Federal Poverty Level. Medical diagnosis necessary for this program is not specified. US residency requirements are not specified. Patients over the age of 65 are not eligible for this program, regardless of whether or not they have Medicare. With the patient's permission, anyone concerned can call for an application. The application can be either faxed or mailed out upon request. The completed application can be faxed or mailed back.

## **Available Medications:**

GlucaGen Hypokit Injection (glucagon)

Levemir Injection 10ml/vial (insulin detemir [rdna origin])

Levemir FlexPen cartridges Injection (insulin detemir rdna origin)

NovoFine 30 Needles (needles)

Novolin 70/30 InnoLet Injection (insulin human)

Novolin 70/30 Vials Injection (insulin human)

Novolin N InnoLet Injection (insulin human)

Novolin N Vials Injection (insulin human)

Novolin R InnoLet Injection (insulin human)

Novolin R Vials Injection (insulin human)

NovoLog Injection 10ml/vial (insulin aspart rdna origin)

NovoLog FlexPen Injection (insulin aspart rdna origin)

NovoLog Mix Injection 10ml/vial (insulin aspart protamine and aspart)

NovoLog Mix 70/30 FlexPen Cartridges Injection (insulin aspart protamine and aspart)

PrandiMet Tablets 1mg/500mg, 2mg/500mg (repaglinide and metformin hci)

Prandin 0.5mg (repaglinide)

Prandin 1mg (repaglinide)

Prandin 2mg (repaglinide)

Victoza Injection 6mg/ml 2 x 3ml, 6mg/ml 3 x 3ml (liraglutide)

## Other useful medication assistance information:

### Discount Drug Cards

There are many different types of drug discount cards. Some offer significant savings while others are not a good deal. Drug company discount cards offer discounts only for certain medications while others offer a wide range of discounts. You may find it best to use certain cards for some medications and others for other medications.

#### 1. Drug Company Discount Cards

[Merck Prescription Discount Card](#) 800-727-5400

[www.merck.com](http://www.merck.com)

This is a discount card for Merck products for people with no prescription drug coverage.

[Pfizer Pfriends](#) 866-706-2400

[www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com)

This is a discount card for many Pfizer prescription medications for people with no prescription insurance.

[Together Rx Access Card](#) 800-444-4106

[www.togetherrxaccess.com](http://www.togetherrxaccess.com)

This discount card for prescription medicines from many companies is available to people with no insurance coverage for medicine.

#### 2. The NeedyMeds Drug Discount Card

NeedyMeds now offers a drug discount card that provides a 20-60% discount on many medicines. The card is free and open to everyone. There is no registration and your entire family can use the same card. Learn more about the card and its benefits at [www.needymeds.org](http://www.needymeds.org).

### Patient Assistance Program Web Addresses

[www.rxoutreach.com](http://www.rxoutreach.com)

[www.PPARx.org](http://www.PPARx.org)

[www.needymeds.org](http://www.needymeds.org)

[www.access2wellness.com](http://www.access2wellness.com)

[www.rxforohio.org](http://www.rxforohio.org)

**[www.rxhope.com](http://www.rxhope.com)**

**[www.xubex.com](http://www.xubex.com)**

## **Pharmacies in Ohio with Generic Medication Prescription Discount Programs**

**Giant Eagle: [www.gianteagle.com](http://www.gianteagle.com)**

**Kroger: [www.kroger.com](http://www.kroger.com)**

**Target: [www.target.com](http://www.target.com)**

**WALMART: [www.walmart.com](http://www.walmart.com)**

**Walgreens: [www.walgreens.com](http://www.walgreens.com)**

## **Urgent Care Centers in Local Pharmacies**

**(Please note there are costs associated with each Urgent Care visit. Please check the webpage or the location nearest you to obtain their costs)**

**CVS Pharmacy – Minute Clinic**

**[www.minuteclinic.com](http://www.minuteclinic.com)**

## **Ohio Free Medical Clinic Information**

**[www.freemedicalcamps.com/vcity.php?stateid=OH](http://www.freemedicalcamps.com/vcity.php?stateid=OH)**

**[http://www.needymeds.org/free\\_clinics.taf?function=list&state=oh](http://www.needymeds.org/free_clinics.taf?function=list&state=oh)**