

Patient Assistance Programs for Prescription Medications

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Introduction:

On a daily basis many 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 and Addiction Services; 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.

AbbVie (formerly Abbott)

1-800-222-6885

8:00 a.m. – 5:00 p.m. Central Time

www.abbviepaf.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.

******If you are enrolled in Medicare Part D or another insurance program, you may be eligible for assistance on an exception basis. Please call us at 1-800-222-6885 to discuss additional paperwork needed for consideration.**

Available Medications:

AndroGel® (testosterone gel)

Creon® (pancrelipase delayed release capsules)

Depakote® (divalproex sodium delayed-release tablets)

Depakote® ER (divalproex sodium extended-release tablets)

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

Humira® (adalimumab)

Kaletra® (lopinavir/ritonavir) Tablets

KaletraA® (lopinavir/ritonavir) Oral Solution

Lupaneta Pack® (leuprolide acetate for depot suspension and norethindrone acetate tablets)

Lupron Depot® URO (leuprolide acetate)

Lupron Depot® GYN (leuprolide acetate)

Lupron Depot-PED® (leuprolide acetate)

Moderiba® (ribavirin)

Norvir® (ritonavir capsules) Soft Gelatin

Norvir® (ritonavir oral solution)

Norvir® (ritonavir) tablet for oral use

Synthroid® (levothyroxine sodium tablets, USP)

Tarka® (trandolapril/verapamil HCl ER tablets)

Actavis Patient Assistance Program

1-800-851-0758

<http://actavis.com/products/patient-assistance-program>

Eligibility:

- Must have no prescription coverage for needed medication
- Can have Medicare part D, but have been denied or are ineligible for Low Income Subsidy
- Income requirements not disclosed
- Must be citizen or legal resident

Available Medications:

Armour ® Thyroid (thyroid tablets, USP)

Bystolic ® (nebivolol) Tablets

Campral ® (acamprosate calcium) Delayed-Release Tablets

Canasa ® (Mesalamine, USP)

Daliresp ® (roflumilast) Tablets

Fetzima ® (levomilnacipran) Extended Release Capsules & Titration Pack

Gelnique ® (oxybutynin chloride 10 % gel)

Infed ® (Iron Dextran) Injection

Linzess ® (linaclotide) Capsules

Namenda ® (memantine HCl) Tablets

Namenda ® (memantine HCl) Oral Solution

Namenda XR ® (memantine HCl) Extended Release Capsules & Titration Pack

Pylera ® (bismuth subcitrate potassium, metronidazole, and tetracycline hydrochloride)

Rapaflo ® (silodosin) capsule

Rectiv ® (nitroglycerin) Ointment 0.4%

Saphris ® (asenapine maleate) sublingual tablet

Savella ® (milnacipran HCl) Tablets & Titration Pack

Trelstar ® (triptorelin pamoate) injectable suspension

Tudorza ® Pressair® (aclidinium bromide inhalation powder)

Ultresa ® (Pancrelipase)

Viibryd ® (vilazodone HCl) Tablets & Titration Pack

Viokace ® (Pancrelipase)

Zenpep ® (Pancrelipase)

AstraZenica Pharmaceuticals

1-800-292-6363 (Forms and information available in Spanish)

www.astrazeneca-us.com

AZ&Me™ Prescription Savings program for people without insurance

Eligibility:

- You have an annual household income* equal to or less than:
 - \$35,000 for a single person
 - \$48,000 for a family of two
 - \$60,000 for a family of three
 - \$70,000 for a family of four
 - \$80,000 for a family of five
- * Income limits might be higher in Alaska and Hawaii.
- 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.

**Individuals who have had a life changing event, or a change that is not reflected in financial documentation provided with the application may apply to the AZ&Me Prescription Savings Program. Examples of events may include:

- Loss of employment
- Change in income
- Loss of, or change in, prescription drug insurance coverage
- Change in marital status
- Change in household number

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:

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

- You have an annual household income* equal to or less than:
 - \$35,000 for a single person
 - \$48,000 for a family of two
 - \$60,000 for a family of three
 - \$70,000 for a family of four
 - \$80,000 for a family of five

* Income limits might be higher in Alaska and Hawaii.

- You are not enrolled in Limited Income Subsidy (LIS) for Medicare Part D

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:

Arimidex® (anastrozole) Tablets 1 mg
Brilinta® (ticagrelor) Tablets 90 mg
Bydureon® (exenatide extended-release for injectable suspension) 2 mg vial
Byetta® (exenatide) Injection 1.2 mL pen, 2.4 mL pen
Caprelsa® (vandetanib) Tablets*† 100 mg, 300 mg
Crestor® (rosuvastatin calcium) 5 mg, 10 mg, 20 mg, 40 mg
Farxiga™ (dapagliflozin) Tablets 5 mg, 10 mg
Faslodex® (fulvestrant) Injection 500 mg (2 x 250 mg injections)
Kombiglyze™XR (saxagliptin and metformin hydrochloride extended-release) Tablets 5 mg/1000 mg, 5 mg/500 mg, 2.5 mg/1000 mg
Lynparza™*§ (olaparib) Capsules 50 mg
Merrem® I.V. (meropenem for injection)* 500 mg, 1 g
Movantik™ (naloxegol) Tablets 12.5 mg, 25 mg
Myalept™*‡ (metreleptin) for injection 11.3 mg per vial
Nexium® (esomeprazole magnesium) 20 mg, 40 mg
Nexium® (esomeprazole magnesium) For Oral Suspension 2.5 mg, 5 mg, 10 mg, 20 mg, 40 mg
Nexium® I.V. (esomeprazole sodium) for Injection* 20 mg, 40 mg
Onglyza® (saxagliptin) Tablets 2.5 mg, 5 mg
Pulmicort Flexhaler® (budesonide inhalation powder, 90 mcg & 180 mcg) 90 mcg, 180 mcg
Pulmicort Respules® (budesonide inhalation suspension) 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml
Seroquel XR® (quetiapine fumarate) 50 mg, 150 mg, 200 mg, 300 mg, 400 mg
Symbicort® (budesonide/formoterol fumarate dihydrate) 80/4.5 mcg, 160/4.5 mcg
Symlin® (pramlintide acetate) Injection 1.5 mL, 2.7 mL
Xigduo™ XR (dapagliflozin and metformin hydrochloride extended-release) Tablets 5 mg/500 mg, 5 mg/1000 mg, 10 mg/500 mg, 10 mg/1000 mg
Zoladex® (goserelin acetate implant) 3.6 mg 1-month Depot
Zoladex® (goserelin acetate implant) 10.8 mg 3-month Depot

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 (\$28,725 or less per year for a single person or \$38,775 or less per year for a family size of two. Larger family sizes are adjusted accordingly.) 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® (aripiprazole)

Eliquis® (apixaban)

Ixempra® (ixabepilone)

Nulojix® (belatacept)

Opdivo® (nivolumab)

Orencia® (abatacept)

Sprycel® (dasatinib)

Yervoy® (ipilimumab)

Eli Lilly and Company Patient Assistance Programs:

1-855-LLY-TRUE (559-8783)

www.lillytruassist.com

Lilly Cares Program

Eligibility:

The patient must have no prescription coverage and an income at or below 300% of the Federal Poverty Level, adjusted for family size.

Number of People in Your Home	1	2	3	4	5
Total Yearly Income (48 Contiguous States and DC)	\$35,310	\$47,790	\$60,270	\$72,750	\$85,230
Alaska	\$44,160	\$59,760	\$75,360	\$90,960	\$106,560
Hawaii	\$40,650	\$54,990	\$69,330	\$83,670	\$98,010

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:

Cialis Tablet 2.5mg, 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)

Humulin 70/30 Injection (insulin human)

Humulin N Suspension 1 (nph human insulin)

Humulin R Injection 1 (insulin human)

Prozac Pulvules 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)

Trulicity™ (dulaglutide) injection

Zyprexa® (olanzapine)

Zyprexa® Zydis® (olanzapine orally disintegrating tablets)

Zyprexa® Relprevv® (olanzapine for extended release injectable suspension)

Lilly Medicare Answers Program

1-855-LLY-TRUE (559-8783)

www.lillytruassist.com

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 have an income of at or below 300% of Federal Poverty Level. The patient must be a US resident and must re-enroll at end of calendar year

Available Medications:

Cialis Tablet 2.5mg, 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)
Humulin 70/30 Injection (insulin human)
Humulin N Suspension 1 (nph human insulin)
Humulin R Injection 1 (insulin human)
Prozac Pulvules 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)
Trulicity™ (dulaglutide) injection
Zyprexa® (olanzapine)
Zyprexa® Zydys® (olanzapine orally disintegrating tablets)
Zyprexa® Relprevv® (olanzapine for extended release injectible suspension)

GlaxoSmithKline

1-866-265-6491

www.gsk.com

Bridges to Access

1-866-PATIENT

<http://www.bridgestoaccess.com/>

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.)

Income Eligibility Chart

*Puerto Rico applicants who are financially eligible for Puerto Rico's Government Health Plan must have documentation of denial of coverage through Mi Salud before applying to a GSK Patient Assistance Program.

Household Size	Maximum Monthly Gross Income			
	48 states and D.C.	Alaska	Hawaii	Puerto Rico
1	\$2,452.08	\$3,066.67	\$2,822.92	\$2,000.00
2	\$3,318.75	\$4,150.00	\$3,818.75	\$2,500.00
3	\$4,185.42	\$5,233.33	\$4,814.58	\$3,000.00
4	\$5,052.09	\$6,316.66	\$5,810.41	\$3,500.00
For each additional person, add	\$866.67	\$1,083.33	\$995.83	\$500.00
Calculate your monthly income limit if you have more than 4 people in your household				

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

Available Medications:

Advair Diskus ® 100/50 (fluticasone propionate 100 mcg and salmeterol 50 mcg inhalation powder)

Advair Diskus ® 250/50 (fluticasone propionate 250 mcg and salmeterol 50 mcg inhalation powder)

Advair Diskus ® 500/50 (fluticasone propionate 500 mcg and salmeterol 50 mcg inhalation powder)
 Advair ® HFA 115/21 (fluticasone propionate 115 mcg and salmeterol 21 mcg) Inhalation Aerosol
 Advair ® HFA 230/21 (fluticasone propionate 230 mcg and salmeterol 21 mcg) Inhalation Aerosol
 Advair ® HFA 45/21 (fluticasone propionate 45 mcg and salmeterol 21 mcg) Inhalation Aerosol
 Altabax® (retapamulin ointment), 1%
 Anoro Ellipta (umeclidinium and vilanterol inhalation powder)
 Avandia® (rosiglitazone maleate) Tablets
 Avodart® (dutasteride) Soft Gelatin Tablets
 Bactroban Cream® (mupirocin calcium cream, 2%)
 Bactroban ® Nasal Ointment (mupirocin calcium ointment, 2%)
 Bactroban ® Ointment (mupirocin ointment, 2%)
 Beconase AQ® (beclomethasone dipropionate, monohydrate) Nasal Spray, 0.042%
 Breo Ellipta (fluticasone furoate and vilanterol inhalation powder)
 Coreg CR® (carvedilol phosphate extended release capsules)
 Duac ® Topical Gel (clindamycin phosphate 1%, benzoyl peroxide 5%)
 Epivir-HBV® (lamivudine) Oral Solution
 Epivir -HBV® (lamivudine) Tablets
 Fabrior™ (tazarotene) Foam
 Flovent ® Diskus ® 100 mcg (fluticasone propionate inhalation powder, 100 mcg)
 Flovent ® Diskus ® 250 mcg (fluticasone propionate inhalation powder, 250 mcg)
 Flovent ® Diskus ® 50 mcg (fluticasone propionate inhalation powder, 50 mcg)
 Flovent ® HFA 110 mcg (with a dosage counter) (fluticasone propionate inhalation aerosol)
 Flovent ® HFA 220 mcg (with a dosage counter) (fluticasone propionate inhalation aerosol)
 Flovent ® HFA 44 mcg (with a dosage counter) (fluticasone propionate inhalation aerosol)
 Imitrex® (sumatriptan) Nasal Spray
 Incruse® Ellipta® (umeclidinium inhalation powder)
 Jalyn™ (dutasteride and tamsulosin hydrochloride) Capsules
 Lamictal® (lamotrigine) Starter Kits
 Lamictal ® (lamotrigine) Tablets, Chewable Dispersible Tablets or Orally Disintegrating Tablets
 Lamictal ® ODT™ (lamotrigine) Patient Titration Kits
 Lamictal ® XR™
 Lamictal ® XR™ (lamotrigine) Patient Titration Kits
 Lovaza® (omega-3-acid ethyl esters) Capsules
 Malarone® (atovaquone and proguanil hydrochloride) Tablets
 Mepron® (atovaquone) Suspension
 Potiga® (ezogabine) Tablets
 Relenza® (zanamivir) inhalation powder for oral inhalation
 Requip® XL™ (ropinirole extended-release tablets)
 Rythmol® SR (propafenone hydrochloride) extended release Capsules
 Serevent® Diskus® (salmeterol xinafoate inhalation powder)
 Soriatane® (acitretin) Capsules
 Sorilux® (calcipotriene) Foam
 Tanzeum®

Veltin® Gel (clindamycin phosphate/tretinoin) 1.2%/0.025%
Ventolin® HFA (albuterol sulfate HFA inhalation aerosol)
Veramyst® (fluticasone furoate) Nasal Spray

GSK Access

1-866-518-4357

www.gsk.com

(Assistance is available in Spanish and many other languages at 1-866-518-4357 / La asistencia está disponible en español y muchos otros idiomas, 1-866-518-4357)

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. Patients who qualify for GSK Access will receive their GSK medicine(s) by mail. The medication will be shipped to the address provided on the application.

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)

Altabax Ointment 1% (retapmulin topical)

Anoro Ellipta (umeclidinium and vilanterol inhalation powder)

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)

Breo Ellipta (fluticasone furoate and vilanterol inhalation powder)

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

Duac Topical Gel 1%,5% (clindamycin phosphate/benzoyl peroxide)

Epivir-HBV Oral Solution (lamivudine)

Epivir-HBV Tablets (lamivudine)

Fabior™ (tazarotene) Foam

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

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

Imitrex Injection (sumatriptan)

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

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)

Lovaza Capsules (omega-3-acid ethyl esters)
Malarone Tablets 62.5mg/25mg, 250mg/100mg (atovaquone and proguanil hydrochloride)
Mepron Suspension (atovaquone)
Potiga Tablet 50mg, 200mg, 300mg, 400mg (ezogabine)
Relenza Powder for Inhalation (zanamivir)
Requip XL Tablets (ropinirole extended release)
Rythmol SR Capsules 225mg, 325mg, 425mg (propafenone)
Serevent Diskus Powder for Inhalation 50mcg (salmeterol inhaled)
Soriatane Capsules 10mg (acitretin)
Sorilux Foam 0.005% (calcipotriene)
Tanzeum™ (albiglutide) for injection, for subcutaneous use
Veltin Gel 1.2%, 0.025% (clindamycin phosphate/tretinoin)
Ventolin HFA Inhalation Aerosol (albuterol inhalers)
Veramyst Nasal Spray (fluticasone nasal spray)

Johnson and Johnson Patient Assistance Foundation Inc.

1-800-652-6227

www.jjpaf.org

Eligibility:

1. Do not have public or private prescription drug coverage
2. Income eligibility depends on medication prescribed. **(Please see website for further information)**
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

Available Medications:

Axert Tablets 6.25mg, 12.5mg (almotriptan)
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)
Edurant® (rilpivirine) Tablets
Elmiron Capsules (pentosan polysulfate sodium)
Haldol Decanoate Injection (haloperidol)
Haldol Injection (haloperidol)
Imbruuvica™ (ibrutinib) Capsules
Intelence Tablets (etravirine)
Invega Extended-Release Tablets 3mg, 6mg, 9mg (paliperidone)
Invega Sustenna Extended Release Injectable Suspension 1 (paliperidone palmitate)
Invokana Tablet 100mg, 300mg (canagliflozin)
Invokamet™ (canagliflozin & metformin)
Levaquin Oral Solution (levofloxacin)
Levaquin Tablets 250mg, 500mg, 750mg (levofloxacin)
Monovisc™ (sodium hyaluronate) for Injection
Natrekor Injection 1.5mg (nesiritide)
Nucynta Tablets (tapentadol)
Nucynta ER Extended-Release Tablets (tapentadol)
Olysio™ (simeprevir) Capsules
Orthovisc (high molecular weight hyaluronan)
Pancreaze Delayed Release Capsule (pancrelipase)
Parafon Forte DSC (chlorzoxazone)
Prezista Tablets (darunavir)
Prezcobix® (darunavir)
Razadyne Oral Solution 4mg/ml (galantamine)
Razadyne Tablets 4mg, 8mg, 12mg (galantamine)
Razadyne ER Capsules 8mg, 16mg, 24mg (galantamine)
Remicade IV Injection (infliximab)
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)
Simponi® Aria™ (golimumab) for infusion
Sporanox Capsules (itraconazole)
Sporanox Oral Solution (itraconazole)
Stelara Injection 1 (ustekinumab)
Sylvant™ (siltuximab) for Infusion
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)
Xarelto tablets 10mg (rivaroxaban)
Zytiga Tablets 250mg (abiraterone acetate)

Novartis Pharmaceuticals Patient Assistance Foundation

1-800.277.2254 (Forms and information available in Spanish)

<http://www.pharma.us.novartis.com/info/patient-assistance/patient-assistance-enrollment.jsp>

Eligibility:

- Must be a U.S. resident
- Financial eligibility program requirements are 250% to 500% of the Federal Poverty Level (FPL), depending on the Novartis Medicine
- Not have private or public prescription coverage

Available Medications:

Afinitor® (everolimus) tablets for oral administration

Afinitor Disperz™ (everolimus tablets for oral suspension)

Arcapta Neohaler Inhalation Powder 75mcg (indacaterol)

Clozaril Tablet 25mg, 100mg (clozapine)

Coartem Tablet 20mg/120mg (artmethem and lumefantrine)

Cosentyx™ (secukinumab)

Entresto™(sacubitril/valsartan)

Exelon Patch Transdermal System 4.6mg/24hr, 9.5mg/24hr (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)

Exjade® (deferasirox) tablets for oral suspension

Extavia® (Interferon beta-1b) Kit for subcutaneous use

Farydak® (panobinostat) capsules

Focalin® (dexamethylphenidate hydrochloride) tablets

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

Gilenya® (fingolimod) capsules

Glatopa™ (glatiramer acetate) Injection

Gleevec® (imatinib mesylate) tablets for oral use

Hecoria Capsule 0.5mg, 1mg, 5mg (tacrolimus)

Ilaris® (canakinumab)

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

Levoleucovorin Injection

Myfortic® (mycophenolic acid) delayed-release tablets

Neoral® (cyclosporine, USP) Oral Solution

Omnitrope® Somatropin (rDNA origin) Injection

Parlodel® SnapTabs® (bromocriptine mesylate) tablets and capsules

Reclast® (zoledronic acid) injection

Sandimmune Gelatin Capsule 25mg (cyclosporine)

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

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

Sandostatin LAR® Depot (octreotide acetate) for injectable suspension

Sandostatin® (octreotide acetate) Injection

Signifor® (pasireotide) Injection

Starlix® (nateglinide) tablets
Tasigna® (nilotinib) capsules
Tegretol Suspension 450ml (carbamazepine)
Tegretol Tablets 200mg (carbamazepine)
Tegretol XR Tablets 200mg (carbamazepine)
Tekturna Tablets 150mg, 300mg (aliskiren)
Tekturna HCT Tablets 150/12.5mg, 150/25mg, 300/12.5mg,
300/25mg (aliskiren/hydrochlorothiazide)
TOBI Inhalation solution 300mg (tobramycin inhaled)
TOBI Podhaler Inhalation Powder 28mg (tobramycin)
Trileptal (oxcarbazepine)
Tyzeka® (telbivudine) tablets and oral solution
Zometa® (zoledronic acid) Injection
Zortress Tablet .25mg, .5mg, .75mg (everolimus)
Zykadia™ (ceritinib) capsules, for oral use

Pfizer Medication Assistance Programs:

1-866-706-2400

www.pfizerRxpathways.com

Pfizer RxPathways

(Information and application available in Spanish)

Free Medication Eligibility:

- Have no prescription coverage, or not enough coverage, to pay for Pfizer medicines
- Have been prescribed a Pfizer Group A medicine listed on Website
- Live in the United States, Puerto Rico, or the US Virgin Islands
- Meet certain income limits:

Total Number of People in Household	1	2	3	4	5
Annual Income (2014)	\$23,340	\$31,460	\$39,580	\$47,700	\$55,820

- Total number of persons in the household includes the patient and each of his or her dependents
- Total gross income includes incomes from all earners in the household before taxes and deductions

Available Medications:

Aldactazide®(spironolactone/hydrochlorothiazide)

Aldactone®(spironolactone)

Altace®(ramipril)

Aromasin®(exemestane tablets)

Arthrotec®(diclofenac sodium/misoprostol)

Atgam®(lymphocyte immune globulin, anti-thymocyte globulin [equine] sterile solution)

Avinza®(morphine sulfate extended-release capsules)

Azulfidine®(sulfasalazine)

Bacitracin(for Injection)

Benefix®(coagulation factor IX (recombinant))

Bosulif®(bosutinib)

Caduet®(amlodipine besylate/atorvastatin calcium)

Calan®(verapamil hydrochloride)

Camptosar®(irinotecan HCl injection)

Cardura®(doxazosin mesylate)

Caverject®(alprostadil for injection)

Celebrex®(celecoxib capsules)

Celontin®(methsuximide capsules)

Chantix®(varenicline)

Cleocin®(clindamycin)

Colestid®(micronized colestipol hydrochloride)

Cortef®(hydrocortisone tablets)

Corvert®(ibutilide fumarate injection)

Cyklokapron®(tranexamic acid injection)
Cytomel®(liothyronine sodium)
Cytotec®(misoprostol)
Daypro®(oxaprozin)
Depo®-Estradiol(estradiol cypionate injection)
Depo-Medrol®(methylprednisolone acetate injectable suspension)
Depo-Provera®(medroxyprogesterone acetate injectable suspension)
Depo-Subqu Provera 104®(medroxyprogesterone acetate injectable suspension 104mg/0.65mL)
Depo®-Testosterone(testosterone cypionate injection)
Detrol®(tolterodine tartrate)
Didrex®(benzphetamine hydrochloride)
Diflucan®(fluconazole)
Dilantin®(phenytoin oral suspension, phenytoin, and extended phenytoin sodium)
Duavee®(conjugated estrogens/bazedoxifene)
Effexor XR®(venlafaxine hydrochloride)
Elelyso®(taliglucerase alfa)
Eliquis®(apixaban) tablets
Ellence®(epirubicin hydrochloride injection)
Embeda®(morphine sulfate and naltrexone hydrochloride)
Emcyt®(estramustine phosphate sodium capsules)
Eraxis®(anidulafungin)
Estring®(estradiol vaginal ring)
Feldene®(piroxicam)
Flagyl®(metronidazole)
Flector® Patch(diclofenac epolamine topical patch)
Genotropin®(somatropin [rDNA origin] for injection)
Geodon®(ziprasidone HCL)
Glucotrol®(glipizide)
Glynase® Prestab®(micronized glyburide)
Glyset®(miglitol)
Halcion®(triazolam)
Hmenabate®(carboprost tromethamine)
Ibrance®(palbociclib)
Idamycin PFS®(idarubicin hydrochloride for injection)
Inlyta®(axitinib)
Inspra®(eplerenone)
Levoxyl®(levothyroxine sodium tablets)
Lincocin®(lincomycin)
Lipitor®(atorvastatin calcium)
Lomotil®(diphenoxylate hydrochloride/atropine sulfate)
Lopid®(gemfibrozil)
Lyrica®(pregabalin)
Medrol®(methylprednisolone)
Mycobutin®(rifabutin)
NardilL®(phenelzine sulfate)
Neumega®(oprelvekin)

Neurontin®(gabapentin)
Nicotrol®(nicotine)
Nitrostat®(nitroglycerin)
Norpace®(disopyramide phosphate)
Norvasc®(amlodipine besylate)
Pfizerpen®(penicillin G potassium)
Premarin®(conjugated estrogens)
Prempro®(conjugated estrogens/medroxyprogesterone acetate tablets)
Pevnar 13®(Pneumococcal 13-valent Conjugate Vaccine [Diphtheria CRM197 Protein])
Pristiq®(desvenlafaxine)
Procardia®(nifedipine)
Protonix®(pantoprazole sodium)
Provera®(medroxyprogesterone acetate)
Quillivant XR®(methylphenidate hydrochloride)
Prephase®(conjugated estrogens plus medroxyprogesterone acetate tablets)
Rapamune®(sirolimus)
Relpax®(eletriptan HBr)
Revatio®(sildenafil)
R-Gene® 10(arginine hydrochloride injection)
Skelaxin®(metaxalone)
Somavert®(pegvisomant)
Sonata®(zaleplon)
Sutent®(sunitinib malate)
Synarel®(nafarelin acetate)
Tessalon®(benzonatate)
Tikosyn®(dofetilide)
Torisel®(temsirolimus)
Toviaz®(fesoterodine fumarate)
Trecator®(ethionamide tablets)
Trumenba®(Meningococcal Group B Vaccine)
Tygacil®(tigecycline)
Vfend®(voriconazole)
Viagra®(sildenafil citrate)
Vistaril®(hydroxyzine pamoate)
Xalatan®(latanoprost)
Xalkori®(crizotinib)
Xanax(alprazolam)
Xeljanz®(tofacitinib)
Xyntha®(antihemophilic factor (recombinant), plasma/albumin-free)
Zarontin®(ethosuximide)
Zinecard®(dexrazoxane for injection)
Zithromax®(azithromycin)
Zmax®(azithromycin extended release)
Zoloft®(sertraline HCL)
Zyvox®(linezolid)

Shire Pharmaceuticals

1-888-227-3755

<https://www.shire.com/patients/patient-services/shire-cares>

Eligibility:

- **Must be a U.S. resident**
- **Financial eligibility program requirements are 300% of the Federal Poverty Level (FPL)**
- **Not have private or public prescription coverage**

Number of People in Your Household	Maximum Total Yearly Income
1 person	\$35,310
2 people	\$47,790
3 people	\$60,270
4 people	\$72,750
5 people	\$85,230

Available Medications:

Carbatrol® (carbamazepine) Extended-Release Capsules

Fosrenol® (lanthanum carbonate) Chewable Tablets

Intuniv® (guanfacine) Extended Release Tablets

Lialda® (mesalamine) Delayed Release Tablets

Pentasa® (mesalamine) Controlled Release Capsules

Vyvanse® (lisdexamfetamine dimesylate) Capsules CII

Sunovion Pharmaceuticals

1-877-850-0819

www.sunovionsupport.com

Eligibility:

- You or someone you care for:
- A resident of the United States, Puerto Rico, or the U.S. Virgin Islands, and 18 years of age or older
- Under the care of a U.S. healthcare professional with a valid prescription
- Without prescription insurance coverage (this includes Medicare and Medicaid)
- Within 300% of the federal poverty level for the number of people in your/their household.

Total Number of People in Household	1	2	3	4	5
Annual Income (2014)	\$35,101	\$47,190	\$59,5370	\$71,7550	\$83,730

Available Medications:

Latuda (lurasidone hydrochloride) tablets

TEVA Pharmaceuticals

1-877-237-4881

www.tevacares.org

Free Medication Eligibility:

Eligibility is based on a patient's income and prescription insurance status. Must also be a resident of the United States, Puerto Rico, or the Virgin Islands.

Income Guidelines for CephalonCares Foundation sm Cyclosporine Capsules Modified, Cyclosporine Oral Solution Modified, FENTORA [®] , GABITRIL [®] , GALZIN [®] , NUVIGIL [®] , ORAP [®] , ProAir HFA [®] , QNASL [™] , QVAR [®] , TEV-TROPIN [®] Patient Assistance Program					
Number of People in Your Household	1	2	3	4	5
Total Annual Income	\$35,310	\$47,790	\$60,270	\$72,750	\$85,230

Available Medications:

Cyclosporine Capsules Modified Cyclosporine Oral Solution Modified
Fentora[®] (fentanyl citrate) buccal tablet [C-II]
Gabitril[®] (tiagabine hydrochloride) Tablets
Galzin[®] Capsules (zinc acetate)ORAP[®] Tablets (pimozide)
Granix[®] (tbo-filgrastim) Injection
HFA (albuterol sulfate) Inhalation Aerosol
Nuvigil[®] (armodafinil) Tablets [C-IV]
Proglycem[®] (diazoxide) Oral SuspensionProAir[®]
Qnasl[®] (beclomethasone dipropionate)Nasal Aerosol
Qvar[®] (beclomethasone dipropionate HFA) Inhalation Aerosol
Tev-Tropin[®] [somatropin (rDNA origin) for injection]

Income Guidelines for CephalonCares Foundation sm TREANDA [®] (bendamustine HCl) for Injection, TRISENOX [®] (arsenic trioxide) injection, SYNRIBO [™] (omacetaxine mepesuccinate) for Injection Patient Assistance Program					
Number of People in Your Household	1	2	3	4	5
Total Annual Income	\$58,850	\$79,650	\$100,450	\$121,250	\$142,050

Available Medications:

Treanda® (bendamustine hydrochloride) for Injection

Trisenox® (arsenic trioxide) injection

Synribo® (omecetaxine mepesuccinate) for Injection

TEVA Patient Assistance Program for Clozapine

1-800-507-8334

www.clozapineregistry.com

******Patients must be registered with the Teva Clozapine Patient Registry prior to dispensing Teva Clozapine. Patients must also be assigned to a dispensing pharmacy and a treating physician. Registration can be done online, by phone, fax or mail.**

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:

Clozapine Tablets 25mg, 50mg, 100mg, 200mg (clozapine)

Valeant Pharmaceuticals

1-866-268-7325

<http://www.valeant.com/about/us-assistance-programs/patient-assistance>

Eligibility:

- Must have no prescription coverage
- Income at or below 200% of FPL
- Must be citizen or legal resident

Available Medications:

Ancobon Capsules® (flucytosine) 500mg
Android® (C-III) (methyltestosterone Capsules, USP)
Atralin® (tretinoin) Gel 0.05%
Carac® Cream (fluorouracil) 0.5% 30gm
Cardizem® CD (diltiazem HCl) 360mg
Cardizem® LA (diltiazem) 120mg/180mg/240mg/300mg/360mg/420mg
Diastat® (C-IV) (diazepam)
Diastat® Acudial™ (C-IV) 10mg/20mg (diazepam rectal gel)
Edecrin® (ethacrynic acid) 25mg
Elidel® (pimecrolimus) cream
Lodosyn® (carbidopa) 25mg
Mephyton® (phytonadione) 5mg
Mestinon® (pyridostigmine bromide, USP) 60mg/180mg
Mestinon® Syrup (pyridostigmine bromide, USP)
Migranal® (dihydroergotamine mesylate, USP) Nasal Spray 4mg/mL
Mysoline (primidone) 50mg/250mg
Oxsoralen Lotion (methoxsalen, USP 1.0%)
Oxsoralen-Ultra® Capsules (methoxsalen, USP) 10mg
Targretin® (bexarotene) 75mg
Targretin® Gel 1% (bexarotene) 60mg
Tasmar® (tolacapon) Tablets 100mg
Zelapar® (Selegiline HCl) Orally Disintegrating Tablets 1.25mg
Zovirax® (acyclovir) Cream 5mg
Zovirax® (acyclovir) Ointment 30mg

****** 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

1-866-575-5002

www.bayer.com

Eligibility:

- You must be a citizen of the United States or its Territories.
- You must not be 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:

Adalat CC Tablets 30mg, 60mg, 90mg (nifedipine)

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

Biltricide Tablets 600mg (praziquantel)

Cipro Oral Suspension 5%, 10% (ciprofloxacin)

Cipro Tablets 250mg, 500mg (ciprofloxacin)

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)

Desonate (desonide) Gel 0.05%

Finacea (azeliac acid) Gel 15%

Menostar Transdermal System 1 (estradiol)

Precose Tablets 25mg, 50mg, 100mg (acarbose)

Merck Patient Assistance Program

1-800-727-5400

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 to be a US citizen. Legal residents of the United States, including US Territories, are also eligible).
- 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 \$46,680 or less for individuals, \$62,920 or less for couples, or \$95,400 or less for a family of 4.**

Available Medications:

Asmanex® HFA (mometasone furoate) Inhalation Aerosol

Asmanex® Twisthaler® (mometasone furoate inhalation powder)

Avelox® (moxifloxacin) hydrochloride Tablets

Belsomra® (suvorexant) C-IV

Candidas® (caspofungin acetate) for Injection

Clarinet® (desloratadine) Tablets

Crixivan® (indinavir sulfate) 200 mg and 400 mg Capsules

Diprolene® (augmented betamethasone dipropionate)

Dulera® (mometasone furoate and formoterol fumarate dihydrate) Inhalation Aerosol

Elocon® (mometasone furoate)

Emend® (aprepitant) 80 mg, 125 mg capsules

Emend® (fosaprepitant dimeglumine) for Injection 150 mg

Gardasil® [Human Papillomavirus Quadrivalent (Types 6, 11, 16, and 18) Vaccine, Recombinant]

Gardasil®9 (Human Papillomavirus 9-valent Vaccine, Recombinant)

Grastek® (Timothy Grass Pollen Allergen Extract) Tablet for Sublingual

Intron® A (interferon alfa-2b, recombinant) for Injection

Invanz® (ertapenem for injection)

Isentress® (raltegravir) 400 mg film-coated and 25 mg and 100 mg chewable Tablets

Janumet® (sitagliptin and metformin HCl) Tablets

Janumet® XR (sitagliptin and metformin HCl extended-release) Tablets

Januvia® (sitagliptin) Tablets

Keytruda® (pembrolizumab) Injection [liquid formulation] 100 mg

Lotrisone® (clotrimazole and betamethasone dipropionate) Cream

M-M-R® II (Measles, Mumps, and Rubella Virus Vaccine Live)

Maxalt-MLT® (rizatriptan benzoate) Orally Disintegrating Tablets

Maxalt® (rizatriptan benzoate) Tablets, for oral use

Nasonex® (mometasone furoate monohydrate) Nasal Spray

Noxafil® (posaconazole) delayed-release tablets 100 mg
Pegintron® (peginterferon alfa-2b) for Injection, 50 mcg, 80 mcg, 120 mcg, 150 mcg
Pneumovax®23 (Pneumococcal Vaccine Polyvalent)
Primaxin® I.V. (imipenem and cilastatin for injection)
Proventil® HFA (albuterol sulfate) Inhalation Aerosol
Ragwitek™ (Short Ragweed Pollen Allergen Extract) Tablet for Sublingual Use 12 Amb a 1-U
Recombivax HB® [Hepatitis B Vaccine (Recombinant)]
Remeron® (mirtazapine) Tablets
Singular® (montelukast sodium) Oral Granules
Sylatron™ (peginterferon alfa-2b) for injection, for subcutaneous use,
200 mcg, 300 mcg, 600 mcg
Temodar® (temozolomide) Capsules 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg
Trusopt® (dorzolamide hydrochloride ophthalmic solution) 2%
Vaqta® (Hepatitis A Vaccine, Inactivated)
Varivax® (Varicella Virus Vaccine Live)
Vitreolis® (boceprevir) 200 mg Capsules
Vytorin® (ezetimibe/simvastatin) Tablets
Zetia® (ezetimibe) 10 mg Tablets
Zolinza® (vorinostat) 100 mg Capsules
Zontivity® (vorapaxar) Tablets 2.08 mg (equivalent to 2.5 mg vorapaxar sulfate)
Zostavax® (Zoster Vaccine Live)

Novo Nordisk Diabetes Patient Assistance Program

1-866-310-7549

www.novonordisk-us.com

The Novo Nordisk Diabetes Patient Assistance Program (PAP) provides medication to qualifying applicants at no charge. If the applicant qualifies under the Novo Nordisk Diabetes PAP guidelines, a 120-day supply of the requested medication(s) or device(s) will be shipped to the applicant's licensed practitioner for dispensing.

Eligibility:

- **Must be a US citizen or legal resident**
- **Cannot have or qualify for:**
 - Any private prescription coverage, such as an HMO or PPO
 - Any federal, state or local program such as Medicare or Medicaid. Exceptions include patients who have entered the coverage gap (donut hole) in Medicare Part D and patients who have applied for and been denied Medicare Extra Help/Low Income Subsidy (LIS) and are Medicare eligible
 - Department of Veterans Affairs (VA) prescription benefits
- **Total household income must be at or below 200% of the federal poverty level (FPL)**

Available Medications:

GlucaGen Hypokit Injection (glucagon)
Levemir Injection 10ml/vial (insulin detemirrdna origin)
Levemir FlexPen cartridges Injection (insulin detemirrdna origin)
Novolin 70/30 Vials Injection (insulin human)
Novolin N Vials Injection (insulin human)
Novolin R Vials Injection (insulin human)
NovoLog Injection 10ml/vial (insulin aspart rdna origin)
NovoLog FlexPen Injeksiion (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)
Victoza Injection 6mg/ml 2 x 3ml, 6mg/ml 3 x 3ml (liraglutide)

***Disposable Needles (only available for FlexPen® and Victoza®)

- NovoFine® 30G Needles (100/box)
- NovoFine® 32G Tip (100/box)
- NovoTwist® 32G Needle (100/box)

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.

Together Rx Access Card

800-444-4106

www.togetherrxaccess.com

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

Needy Meds Drug Discount Card

www.needymeds.org

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

Ohio's Best Rx

www.ohiobestrx.org

Prescription drug discount card program for seniors and low-income individuals

Applicant must be Ohio resident 60 years of age or older or under age 60 with an annual family income of less than 300% of the Federal Poverty Level

Patient Assistance Program Web Addresses

www.rxoutreach.com

www.PPARx.org

www.needymeds.org

www.rxforohio.org

www.rxhope.com

www.xubex.com

Pharmacies in Ohio with Generic Medication Prescription Discount Programs

Giant Eagle: www.gianteagle.com

Kroger: www.kroger.com

Target: www.target.com

WALMART: www.walmart.com

Walgreens: 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

Ohio Free Medical Clinic Information

www.ohiofreeclinics.org

www.freemedicalcamps.com/vcity.php?stateid=OH

<http://www.needymeds.org/free-clinics>