

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.

Available Medications:

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

AndroGel® (testosterone gel) 1%

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

Marinol Capsules 2.5mg, 5mg, 10mg (dronabinol)

Niaspan® Tablets (niacin extended-release tablets)

Norvir® (ritonavir capsules) Soft Gelatin

Norvir® (ritonavir oral solution)

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

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:

ACCOLATE® (zafirlukast) Tablets 10 mg, 20 mg
 ARIMIDEX® (anastrozole) Tablets 1 mg
 ATACAND® (candesartan cilexetil) 4 mg, 8 mg, 16 mg, 32 mg
 ATACAND HCT® (candesartan cilexetil-hydrochlorothiazide) 16/12.5 mg, 32/12.5 mg, 32/25 mg
 BRILINTA® (ticagrelor) Tablets 90 mg
 CAPRELSA® (vandetanib) Tablets*† 100 mg, 300 mg
 CRESTOR® (rosuvastatin calcium) 5 mg, 10 mg, 20 mg, 40 mg
 FASLODEX® (fulvestrant) Injection 500 mg (2 x 250 mg injections)
 MERREM® I.V. (meropenem for injection)* 500 mg, 1 g
 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
 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
 RHINOCORT AQUA® (budesonide) Nasal Spray 32 mcg
 SEROQUEL® (quetiapine fumarate) 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg
 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
 TOPROL-XL® (metoprolol succinate) 25 mg, 50 mg, 100 mg, 200 mg
 VIMOVO® (naproxen and esomeprazole magnesium) delayed-release tablets 375/20 mg, 500/20 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>

******ABILIFY Assist Hotline******

1-888-9-ABILIFY (1-888-922-4543)

<https://abilifyassistprogram.com/>

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 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)

Bydureon Injectable Suspension 2mg (exenatide extended-release)

Byetta Injection 5mcg, 10mcg (exenatide)

Eliquis Tablet 2.5mg, 5mg (apixaban)

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

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

Kombiglyze XR Tablet 5mg/500mg, 2.5mg/1000mg, 5mg/1000mg (saxagliptin/metformin HCl)

Nulojix Injection 250mg (belatacept)

Onglyza Tablet 2.5mg, 5mg (saxagliptin)

Orencia Infusion 250mg/ml (abatacept)

Orencia Self-Injection (abatacept)

Plavix Tablets 75mg (clopidogrel)

SymlinPen Injection 60mcg, 120mcg (pramlintide acetate)

Eli Lilly and Company Patient Assistance Programs:

800-545-6962.

www.lilly.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)	\$34,000	\$46,000	\$58,000	\$70,000	\$82,000
Alaska	\$42,000	\$57,000	\$72,000	\$87,000	\$102,000
Hawaii	\$39,000	\$53,000	\$66,000	\$80,000	\$94,000

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)

Livalo Tablet 1mg, 2mg, 4mg (pitavastatin)

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)

Zyprexa Injection (olanzapine)

Zyprexa Relprevv Extended Release Injectable Suspension (olanzapine)

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

Zyprexa Zydis Orally Disintegrating Tablets 5mg, 10mg, 15mg, 20mg (olanzapine)

Lilly Medicare Answers Program

877-795-4559

www.lilly.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:

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

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:

Armour® Thyroid

(thyroid tablets, USP) ¼ gr, ½ gr, 1 gr, 1 ½ gr, 2 gr, 3 gr, 4 gr, 5 gr 100 ct. bottle

Bystolic® (nebivolol) Tablets 2.5 mg, 5 mg, 10 mg, 20 mg 100 ct. bottle

Campral® (acamprosate calcium)

Delayed-Release Tablets 333 mg 180 ct. bottle

Daliresp® (roflumilast) Tablets 500 mcg 30 ct. bottle

Linzess™ (linaclotide) Capsules 145 mcg, 290 mcg 30 ct. bottle

Namenda® (memantine HCl) Tablets 5 mg, 10 mg 60 ct. bottle

Namenda® (memantine HCl)

Oral Solution 10 mg = 5 mL 360 mL bottle

Namenda® (memantine HCl)

Titration Pak 5 mg and 10mg combination pack 28 x 5 mg tablets;

21 x 10 mg tablets

Savella® (milnacipran HCl) Tablets 12.5 mg, 25 mg, 50 mg, 100 mg 60 ct. bottle

Savella® (milnacipran HCl HCl)

Titration Pack

GlaxoSmithKline

866-265-6491

www.gsk.com

Bridges to Access

866-728-4368

www.gsk.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.)

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%

Arixtra® (fondaparinux sodium) Injection

Avandamet® (rosiglitazone maleate and metformin hydrochloride) Tablets

Avandryl® Tablets (rosiglitazone maleate and glimepiride)

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%

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
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
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
Treximet® (sumatriptan and naproxen sodium) Tablets
Veltin® Gel (clindamycin phosphate/tretinoin) 1.2%/0.025%
Ventolin® HFA (albuterol sulfate HFA inhalation aerosol)
Veramyst® (fluticasone furoate) Nasal Spray

GSK Commitment to Access

1-866-265-6491

www.gsk.com

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 (eltrombopag)
Tykerb Tablets 250mg (lapatinib)
Votrient Tablets 1 (pazopanib)

GSK Access

866-518-4357

www.gsk.com

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)
Altabax Ointment 1% (retapmulin topical)
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 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)
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)
Treximet Tablets (sumatriptan/naproxen sodium)
Veltin Gel 1.2%, 0.025% (clindamycin phosphate/tretinoin)
Ventolin HFA Inhalation Aerosol (albuterol inhalers)
Veramyst Nasal Spray (fluticasone nasal spray)

GSK Co-Pay Assistance Program

1-888-663-4752

www.gsk.com

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

www.jjpaf.org

Eligibility:

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

Self-Administered Products (Non Prescription)

- \$22,980 or less for a single person
- \$31,020 or less for a family size of two*

Physician-Administered Products (Prescription)

- \$45,960 or less for a single person
- \$62,040 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

Available Medications:

AcipHex Delayed-Release Tablets (rabeprazole sodium)

Axert Tablets 6.25mg, 12.5mg (almotriptan)

Betimol Ophthalmic Solution 0.25%, 0.5% (timolol)

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)

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)

Invokana Tablet 100mg, 300mg (canagliflozin)

Levaquin Oral Solution (levofloxacin)

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

Natrecor Injection 1.5mg (nesiritide)

Nucynta Tablets (tapentadol)

Nucynta ER Extended-Release Tablets (tapentadol)

Orthovisc (high molecular weight hyaluronan)

Pancreaze Delayed Release Capsule (pancrelipase)

Parafon Forte DSC (chlorzoxazone)

Prezista Tablets (darunavir)

Procrit Injection (epoetin alfa)

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)
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)
Xarelto tablets 10mg (rivaroxaban)
Zytiga Tablets 250mg (abiraterone acetate)

Novartis Pharmaceuticals Patient Assistance Foundation

800.277.2254 (Forms and information available in Spanish)

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

Available Medications:

Amturnide tablets 150mg/5mg/12.5mg, 300mg/5mg/12.5mg, 300mg/5mg/25mg, 300mg/10mg/12.5mg, 300mg/10mg/25mg (aliskiren, amlodipine and hydrochlorothiazide)
Arcapta Neohaler Inhalation Powder 75mcg (indacaterol)
Clozaril Tablet 25mg, 100mg (clozapine)
Coartem Tablet 20mg/120mg (artmethem and lumefantrine)
Diovan Tablets 40mg, 80mg, 160mg, 320mg (valsartan)
Enoxaparin Sodium Injection 100mg/ml Concentration 30mg/.3ml, 40mg/.4ml, 60mg/.6ml, 80mg/.8ml, 100mg/1ml (enoxaparin sodium)
Enoxaparin Sodium Injection 150mg/ml Concentration 120mg/.8ml, 150mg/1ml (enoxaparin sodium)
Enoxaparin Sodium Vial Multidose for Injection 300mg/ml (enoxaparin sodium)
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)
Fanapt Tablet 6mg, 8mg, 10mg, 12mg (iloperidone)
Focalin XR Tablets 5mg, 10mg, 20mg (dexmethyphenidate)
Hecoria Capsule 0.5mg, 1mg, 5mg (tacrolimus)
Lamisil Oral Granules 125mg/packet, 187.5mg/packet (terbinafine hydrochloride)
Sandimmune Gelatin Capsule 25mg (cyclosporine)
Sandimmune Oral Solution 100mg/ml (cyclosporine oral solution)
Sandimmune Soft Gelatin Capsule 25mg, 100mg (cyclosporine)
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)
TOBI Inhalation solution 300mg (tobramycin inhaled)
TOBI Podhaler Inhalation Powder 28mg (tobramycin)
Trileptal (oxcarbazepine)
Valturna Tablets 150/160mg, 300/320mg (aliskiren/valsartan)

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

Pfizer Medication Assistance Programs:

866-706-2400

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.

Total Number of People in Household	1	2	3	4	5
Annual Income (2013)	\$22,980	\$31,020	\$39,060	\$47,100	\$55,140

- 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

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:

Accuretic® (quinaprilCI/hydrochlorothiazide)

Arthrotec® (diclofenac sodium/misoprostol) tablets

Caduet® (amlodipine besylate/atorvastatin calcium)

Caverject® (alprostadil for injection)

Celebrex® (celecoxib capsules)

Celontin® (methsuximide capsules, USP)

Chantix™ (varenicline) tablets

Cleocin HCl® (clindamycin hydrochloride, USP)

Cleocin Pediatric® (clindamycin palmitate hydrochloride for oral solution, USP)

Cleocin Phosphate® (clindamycin phosphate, USP)

Cleocin T® (clindamycin phosphate)

Cleocin® (clindamycin phosphate, USP)
Colestid® (colestipol hydrochloride)
Colestid® Flavored (colestipol hydrochloride)
Cortef® (hydrocortisone tablets, USP)
Depo-Medrol® (methylprednisolone acetate injectable suspension, USP)
Depo-Provera® (medroxyprogesterone acetate injectable suspension)
Depo-subQ Provera 104™ (medroxyprogesterone acetate injectable suspension 104 mg/0.65 mL)
Depo®-Estradiol (estradiol cypionate injection, USP)
Detrol® (tolterodine tartrate tablets)
Detrol® LA (tolterodine tartrate extended release capsules)
Dilantin® (phenytoin sodium)
Dilantin® (phenytoin, USP)
Dilantin-125® (phenytoin, USP)
Effexor XR® (venlafaxine hydrochloride) extended-release capsules
Estring® (estradiol vaginal ring)
Feldene® (piroxicam)
Glyset® (miglitol tablets)
Inspra™ (eplerenone)
Lincocin® (lincomycin injection, USP)
Lyrica® (pregabalin) capsules
Mycobutin® (rifabutin capsules, USP)
Nardil® (phenelzine sulfate tablets, USP)
Nicotrol® (nicotine)
Nitrostat® (nitroglycerin, USP)
Norpace CR® (disopyramide phosphate extended-release capsules)
Norpace® (disopyramide phosphate capsules)
Pfizerpen® for Injection (penicillin G potassium)
Premarin® (conjugated estrogens tablets, USP)
Premarin® (conjugated estrogens) Vaginal Cream
Premphase® (conjugated estrogens plus medroxyprogesterone acetate tablets)
Prempro® (conjugated estrogens/ medroxyprogesterone acetate tablets)
Pristiq® (desvenlafaxine) extended-release tablets
Procardia XL® (nifedipine) extended release tablets
Procardia® (nifedipine) capsules

Protonix® (pantoprazole sodium)
Provera® (medroxyprogesterone acetate tablets, USP)
Quillivant XR™ (methylphenidate hydrochloride) for extended-release oral suspension
Relpax® (eletriptan HBr)
Skelaxin® (metaxalone)
Synarel® (nafarelin acetate) nasal solution
Tessalon® (benzonatate)
Tikosyn® (dofetilide)
Toviaz™ (fesoterodine fumarate extended release tablets)
Trecator® (ethionamide tablets)
Viagra® (sildenafil citrate) tablets
Xalatan® (latanoprost ophthalmic solution)
Zarontin® (ethosuximide capsules, USP)

Pfizer Pfriends (**this is prescription savings program)**

866-706-2400

www.pfizerhelpfulanswers.com

Eligibility: Must not have prescription coverage. Estimated savings range from 15-36% and depend on such factors as the particular drug purchased, amount purchased, and the pharmacy where purchased. There is not age or income requirement, but the person must:

- Have been prescribed a Pfizer medicine available through Pfizer Pfriends
- Have no prescription coverage
- Live in the United States, Puerto Rico, or the US Virgin Islands

The application is available on-line and must be mailed to Pfizer. Applications take 2-3 to process. Once this is completed, the patient is sent a discount card which can be used at participating pharmacies. This list can be obtained on the Pfizer helpful answers page.

Available Medications:

Accupril® (quinapril HCl tablets)
Accuretic® (quinapril HCl/hydrochlorothiazide)
Aldactazide® (spironolactone and hydrochlorothiazide tablets)
Aldactone® (spironolactone tablets)
Altace® (ramipril)

Aromasin® (exemestane tablets)
Arthrotec® (diclofenac sodium/misoprostol) tablets
Atgam® (lymphocyte immune globulin, anti-thymocyte globulin [equine] sterile solution)
Avinza® (morphine sulfate extended release capsules)
Azulfidine EN-Tabs® (sulfasalazine delayed release tablets, USP)
Azulfidine® (sulfasalazine tablets, USP)
Bacitracin for Injection
Bosulif® (bosutinib)
Caduet® (amlodipine besylate/atorvastatin calcium)
Calan SR® (verapamil hydrochloride sustained-release oral caplets)
Calan® (verapamil hydrochloride tablets)
Cardura® (doxazosin mesylate) tablets
Cardura® XL (doxazosin mesylate extended release tablets)
Caverject® (alprostadil for injection)
Celebrex® (celecoxib capsules)
Celontin® (methsuximide capsules, USP)
Chantix™ (varenicline) tablets
Cleocin HCl® (clindamycin hydrochloride, USP)
Cleocin Pediatric® (clindamycin palmitate hydrochloride for oral solution, USP)
Cleocin Phosphate® (clindamycin phosphate, USP)
Cleocin T® (clindamycin phosphate)
Cleocin® (clindamycin phosphate, USP)
Colestid® (colestipol hydrochloride)
Colestid® Flavored (colestipol hydrochloride)
Cortef® (hydrocortisone tablets, USP)
Corvert® (ibutilide fumarate injection)
Cyklokapron® (tranexamic acid injection)
Cytomel® (liothyronine sodium tablets)
Cytotec® (misoprostol tablets)
Daypro® (oxaprozin caplets)
Depo-Medrol® (methylprednisolone acetate injectable suspension, USP)
Depo-Provera® (medroxyprogesterone acetate injectable suspension)
Depo®-Estradiol (estradiol cypionate injection, USP)
Depo®-Testosterone (testosterone cypionate injection, USP)
Detrol® (tolterodine tartrate tablets)

Detrol® LA (tolterodine tartrate extended release capsules)
Didrex® (benzphetamine hydrochloride tablets)
Diflucan® (fluconazole)
Dilantin® (phenytoin sodium)
Dilantin® (phenytoin, USP)
Dilantin-125® (phenytoin, USP)
Effexor XR® (venlafaxine hydrochloride) extended-release capsules
Ellence® (epirubicin hydrochloride injection)
Embeda® (morphine sulfate and naltrexone hydrochloride)
Emcyt® (estramustine phosphate sodium capsules)
Eraxis™ (anidulafungin) for injection
Estring® (estradiol vaginal ring)
Feldene® (piroxicam)
Flagyl® (metronidazole tablets)
Flagyl® 375 (metronidazole capsules)
Flector® Patch (diclofenac epolamine topical patch) 1.3%
Geodon® (ziprasidone HCl)
Glucotrol® (glipizide) tablets
Glucotrol® XL (glipizide) extended-release tablets
Glynase® PresTab® (micronized glyburide tablets)
Glyset® (miglitol tablets)
Halcion® (triazolam tablets)
Hemabate® (carboprost tromethamine injection, USP)
Idamycin PFS® (idarubicin hydrochloride for injection, USP)
Inlyta® (axitinib) tablets
Inspra™ (eplerenone)
Lincocin® (lincomycin injection, USP)
Lipitor® (atorvastatin calcium) tablets
Lomotil® (diphenoxylate hydrochloride/atropine sulfate)
Lopid® (gemfibrozil tablets, USP)
Lyrica® (pregabalin) capsules
Medrol® (methylprednisolone tablets, USP)
Mycobutin® (rifabutin capsules, USP)
Nardil® (phenelzine sulfate tablets, USP)
Neurontin® (gabapentin)

Nicotrol® (nicotine)
Nitrostat® (nitroglycerin, USP)
Norpace CR® (disopyramide phosphate extended-release capsules)
Norpace® (disopyramide phosphate capsules)
Norvasc® (amlodipine besylate)
Pfizerpen® for Injection (penicillin G potassium)
Premarin® (conjugated estrogens tablets, USP)
Premarin® (conjugated estrogens) Vaginal Cream
Premphase® (conjugated estrogens plus medroxyprogesterone acetate tablets)
Prempro® (conjugated estrogens/ medroxyprogesterone acetate tablets)
Pristiq® (desvenlafaxine) extended-release tablets
Procardia XL® (nifedipine) extended release tablets
Procardia® (nifedipine) capsules
Protonix® (pantoprazole sodium)
Provera® (medroxyprogesterone acetate tablets, USP)
Quillivant XR™ (methylphenidate hydrochloride) for extended-release oral suspension
R-Gene® (10% arginine hydrochloride injection, USP)
Rapamune® (sirolimus)
Relpax® (eletriptan HBr)
Revatio® (sildenafil) tablets
Skelaxin® (metaxalone)
Somavert® (pegvisomant for injection)
Sonata® CIV (zaleplon)
Sutent® (sunitinib malate)
Synarel® (nafarelin acetate) nasal solution
Tessalon® (benzonatate)
Tikosyn® (dofetilide)
Toviaz™ (fesoterodine fumarate extended release tablets)
Trecator® (ethionamide tablets)
Vfend® (voriconazole)
Viagra® (sildenafil citrate) tablets
Vistaril® (hydroxyzine pamoate)
Xalatan® (latanoprost ophthalmic solution)
Xalkori® (crizotinib)
Xanax XR® (alprazolam extended release tablets)

Xanax® (alprazolam tablets)
Xeljanz® (tofacitinib)
Zarontin® (ethosuximide capsules, USP)
Zinecard® (dexrazoxane for injection)
Zithromax® (azithromycin)
Zithromax® (azithromycin for injection)
Zmax™ (azithromycin extended release) for oral suspension
Zoloft® (sertraline HCl)
Zyvox® (linezolid)

RSVP Program

888-327-7787

www.pfizerhelpfulanswers.com

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)
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)

Sharing the Care®

800-984-1500

www.pfizerhelpfulanswers.com

Through this program, Pfizer partners with approximately 400 federally qualified community health centers and 50 Disproportionate Share hospitals to provide free medicine to eligible uninsured patients across the country.

For more information on Sharing the Care, please call 1-800-984-1500.

Shire Specialty Pharmaceuticals

888-227-3755

www.shire.com

Eligibility:

The patient must have no prescription coverage for any medications and have an income at or below 300% of the Federal Poverty Level. Patient can have either public or private prescription drug coverage. Each application is considered on a case-by-case basis. Must also be a resident of the United States. Medical diagnosis is necessary.

Number of People in Your Household	Maximum Total Yearly Income
1 person	\$34,470
2 people	\$46,530
3 people	\$58,590
4 people	\$70,650
5 people	\$82,710

Available Medications:

Carbatrol® (carbamazepine) Extended-Release Capsules

Fosrenol® (lanthanum carbonate) Chewable Tablets

Ntuniv® (guanfacine) Extended Release Tablets

Lialda® (mesalamine) Delayed Release Tablets

Pentasa® (mesalamine) Controlled Release Capsules

Vyvanse® (lisdexamfetamine dimesylate) Capsules CII

TEVA Patient Assistance Program

877-254-1039

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:

Cyclosporine Capsules 1 (cyclosporine)

ORAP Tablets 1mg, 2mg (pimozide)

Proair HFA Inhaler (albuterol)

Proglycem Oral Suspension (diazoxide)

QVAR inhalation aerosol 40mcg, 80mcg (beclomethasone inhaled)

Vivactil Tablets 1 (protriptyline)

TEVA Patient Assistance Program for Clozapine

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)

****** 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

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:

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

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)

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)

Menostar Transdermal System 1 (estradiol)

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

Merck Patient Assistance Program

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 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 \$44,680 or less for individuals, \$60,520 or less for couples, or \$92,200 or less for a family of 4.**

Available Medications:

ASMANEX® (mometasone furoate inhalation powder)

AVELOX® (moxifloxacin)

CLARINEX® (desloratadine)

CLARINEX-D® (desloratadine 5mg/pseudoephedrine sulfate, SUP 240mg)

COSOPT® (dorzolamide hydrochloride-timolol maleate ophthalmic solution)

COSOPT®PF(dorzolamide hydrochloride- timolol maleate ophthalmic solution)

DULERA® (mometasone furoate / formoterol fumarate dihydrate) Inhalation Aerosol

FORADIL® AEROLIZER® (formoterol fumarate inhalation powder)

JANUMET® (sitagliptin/metformin HCL)

JANUMET®XR(sitagliptin/metformin HCl extended -release)

JANUVIA® (sitagliptin)

JUVISYNCTM (sitagliptin/ simvastatin) Tablets

LIPTRUZET™ (ezetimibe and atorvastatin)

MAXALT® (rizatriptan benzoate) Tablets

MAXALT-MLT® (rizatriptan benzoate) Orally Disintegrating Tablets

NASONEX® (mometasone furoate monohydrate)

PROVENTIL® HFA (albuterol sulfate) Inhalation Aerosol

SAPHRIS® (asenapine) Sublingual Tablets

SINGULAIR® (montelukast sodium) 4mg Oral Granules

TRUSOPT® (dorzolamide hydrochloride ophthalmic solution)

VYTORIN® (ezetimibe/simvastatin) Tablets

ZETIA® (ezetimibe) Tablets

ZIOPANTM(tafluprost Ophthalmic Solution)

Merck Prescription Discount Card

855-263-1774

www.merck.com

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

Eligibility:

The patient must not have any public insurance and have an income at or below 500% of the Federal Poverty Level. Medical diagnosis is not necessary. Must be a US resident and this program is not available to residents of MA. The completed application can be faxed or mailed back.

Available Medications:

Sylatron (peginterferon alfa 2b)

Temodar Capsule 5mg, 20mg, 100mg, 250mg (temozolomide)

Zolinza Capsule 100mg (vorinostat)

Novo Nordisk Diabetes Patient Assistance Program

1-866-310-7549

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 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 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)

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.

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.access2wellness.com

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.taf?function=list&state=oh