



M.A.G.I.C. MEDS RX™

MEDICATION ASSISTANCE GUIDE FOR IMPROVING CARE

GLOSSARY

HOW TO USE M.A.G.I.C.

ALPHABETICAL LIST OF ALL MEDICATIONS

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U-Z

PROGRAM CAVEATS

&

FEDERAL POVERTY LIMIT CUTOFFS

PATIENT ASSISTANCE PROGRAMS BY MANUFACTURER

PROGRAMS & MEDICATIONS BY DISEASE STATE/CONDITION

ANTI-MIGRAINE

BLOOD THINNERS

AUTO-IMMUNE

CARDIOVASCULAR

DIABETES&INSULIN

INFECTIOUS DISEASE
(ACUTE&HIV)

INHALERS (RESPIRATORY)

NEUROLOGY&PSYCHIATRY

ONCOLOGY

RE-ENROLLMENT PROCESS PER PATIENT ASSISTANCE PROGRAM

REFILL REQUEST PROCESS

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How to use MAGIC (document is interactive, clickable)

1. Find desired medication via alphabetical directory or medications by disease state/condition
 - a. TIP: Use CTRL + F to quickly search for medication
2. You will be directed to the manufacturer program eligibility criteria for the selected medication

ALPHABETICAL LIST OF ALL MEDICATIONS

A-E

Abilify Maintena (Aripiprazole) For Extended Release Injectable SUSPension
Abraxane® (Paclitaxel Protein-Bound Particles For Injectable SUSPension (Albumin-Bound))
ACANYA® (clindamycin phosphate and benzoyl peroxide) Gel, 1.2% or 2.5%, for Topical
Actemra (Tocilizumab)
Activase (Alteplase)
Acuvail (Ketorolac Tromethamine) Ophthalmic Solution
Adacel® (Tetanus Toxoid, Reduced Diphtheria Toxoid And Acellular Pertussis Vaccine Adsorbed)
Adakveo® (Crizanlizumab-Tmca)
Adempas (riociguat)
Admelog® (Insulin Lispro Injection) 100 Units/mL
Advair (Diskus Or HFA) (Fluticasone/Salmeterol)
AeroChamber Plus Flow-Vu
Afinitor Disperz® (Everolimus SUSPension)
Afinitor® (Everolimus)
Aimovig (Erenumab)
Alcensa (Alectinib)
ALDARA Cream 5%
Alimta® (Pemetrexed For Injection)
Aliqopa (copanlisib)
Alloderm
Alomide® (Lodoxamide Tromethamine Solution)
Alphagan P (Brimonidine Tartrate) Ophthalmic Solution
Amitiza (lubiprostone)
ANCOBON (flucytosine) capsules
ANGELIQ (drospirenone and estradiol)
Anoro Ellipta (Umeclidinium/Vilanterol)
Apidra® (Insulin Glulisine Injection) 100 Units/mL

[APLENZIN \(bupropion hydrobromide\) Extended-Release Tablets](#)

[Aptiom® \(eslicarbazepine acetate\)](#)

[Aptivus \(Tipranavir\)](#)

[Aranesp \(Darbepoetin Alfa\)](#)

[ARAZLO \(tazarotene\) Lotion, 0.045%](#)

[Arixtra \(Fondaparinux\)](#)

[Armour Thyroid \(Thyroid Tablets, USP\) Tablets](#)

[Arnuity Ellipta \(Fluticasone\)](#)

[Aromasin® \(Exemestane\) Tablets](#)

[Arthrotec® \(Diclofenac Sodium/Misoprostol\) Tablets](#)

[ATOPICLAIR Nonsteroidal Cream 100 g Tube](#)

[Atrovent HFA \(Ipratropium\)](#)

[Avastin \(Bevacizumab\)](#)

[Avsola \(Infliximab-Axxq\)](#)

[Avycaz \(Avibactam/Ceftazidime\)](#)

[Balversa \(Erdafitinib\) Tablets](#)

[Baqsimi® \(Glucagon\) Nasal Powder](#)

[Basaglar® \(Insulin Glargine Injection\)](#)

[Beconase AQ \(Beclomethasone Dipropionate Nasal Spray\)](#)

[Belsomra® \(Suvorexant\) C-IV](#)

[Bendeka \(Bendamustine\)](#)

[Benefix® Coagulation Factor IX \(Recombinant\)](#)

[Benlysta \(Belimumab\)](#)

[BENZAMYCIN GEL](#)

[Beovu® \(Brolucizumab-Dbll\) Injection](#)

[BESPONSA \(inotuzumab\)](#)

[BETASERON \(interferon beta-1b\)](#)

[Betoptic S® \(Betaxolol Hydrochloride SUSPension\)](#)

[Bevespi Aerosphere \(Glycopyrrolate/Formoterol\)](#)

[BIAFINE](#)

[BiDil \(isosorbide dinitrate/hydralazine\)](#)

[Blenrep \(Belantamab\)](#)

[BILTRICIDE \(praziquantel\)](#)

[Blinicyto \(Blinatumomab\)](#)

[Boostrix \(Tdap Vaccine\)](#)

[BOSULIF \(bosutinib\)](#)

[Botox \(OnabotulinumtoxinA\)](#)

[BRAFTOVI \(encoarfenib\)](#)

[Breo Ellipta \(Fluticasone/Vilanterol\)](#)

[Breztri Aerosphere \(Budesonide/Glycopyrrolate/Formoterol\)](#)

[Brilinta \(Ticagrelor\)](#)

[BRYHALI \(halobetasol propionate\) Lotion](#)

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Bydureon (Exenatide Extended Release)
Byetta (Exenatide)
Bystolic (Nebivolol) Tablets
Caduet (Amlodipine/Atorvastatin)
Calquence (Acalabrutinib)
CAMPTOSAR (irinotecan)
CAMZYOS (mavacamten)
Canasa (Mesalamine) Suppository
Candidas® (Caspofungin Acetate) For Injection
CARAC (fluorouracil cream)
Carafate (Sucralfate) Oral SUSPension
Carbatrol (carbamazepine extended-release) capsules
Cathflo Activase (Alteplase)
Caverject® (Alprostadil) Injection
Caverject® Impulse® (Alprostadil) Injection
Celebrex® (Celecoxib) Capsules
Celontin® (Methsuximide) Capsules, USP
Chantix® (Varenicline) Tablets
Cialis® (Tadalafil) Tablets
Cibingo™ (Abrocitinib) Tablets
Cimduo (Lamivudine/Tenofovir Disoproxil Fumarate) Tablet
Climara Pro (estradiol/levonorgestrel transdermal system)
CLINDAGEL (clindamycin phosphate gel)
Clozapine
Clozapine
Coartem® (Artemether And Lumefantrine)
Colcrys (colchicine) tablets
Combigan (Brimonidine Tartrate/Timolol Maleate) Ophthalmic Solution
Combivent Respimat (Ipratropium/Albuterol)
Corlanor (Ivabradine)
Cortifoam (Hydrocortisone 10%) Rectal Foam
Cosentyx® (Secukinumab)
Cotellic (Cobimetinib)
CREON (Pancrelipase) Delayed-Release Capsules
Crinone (Progesterone) Gel
CUPRIMINE (penicillamine) Capsules
CYCLOSET (bromocriptine mesylate tablets)
Cyclosporine Capsules Modified
Cyclosporine Oral Solution Modified
Cymbalta® (Duloxetine Delayed-Release Capsules)
Cynamza® (Ramucirumab) Injection
Cystagon (Cysteamine) Capsules

<u>Daliresp (Roflumilast)</u>
<u>Dalvance (Dalbavancin) Lyophilizate</u>
<u>Darzalex (Daratumumab) Injection For Iv Infusion</u>
<u>Darzalex Faspro (Daraumumab And Hyaluronidase-Fihj) Injection For Subcutaneous Use</u>
<u>DAURISMO (glasdegib)</u>
<u>Delstrigo™ (Doravirine, Lamivudine, And Tenofovir Disoproxil Fumarate) Tablets, For Oral Use</u>
<u>Delzicol (Mesalamine Dr) Capsules</u>
<u>DEMSEER (metyrosine) Capsules</u>
<u>Denavir (Penciclovir) Cream 1%</u>
<u>Depakote (Divalproex Sodium)</u>
<u>Depen (Penicillamine) Tablets</u>
<u>Depo®-Estradiol (Estradiol Cypionate) Injection, USP</u>
<u>Depo-Provera® (Medroxyprogesterone Acetate Injectable SUSPension)</u>
<u>Detrol La (Tolterodine)</u>
<u>Detrol® (Tolterodine Tartrate) Tablets</u>
<u>Detrol® La (Tolterodine Tartrate) Extended-Release Capsules</u>
<u>Dexilant (dexlansoprazole) DR capsules</u>
<u>Difacid® (Fidaxomicin) For Oral SUSPension 40 Mg/mL</u>
<u>Difacid® (Fidaxomicin) Tablets</u>
<u>Dilantin® (Extended Phenytoin Sodium) Capsules</u>
<u>Dipentum (Olsalazine) Capsule</u>
<u>DROXIA (hydroxyurea)</u>
<u>Duavee™ (Conjugated Estrogens/Bazedoxifene) Tablets</u>
<u>DUOBRII (halobetasol propionate and tazarotene 0.01%/0.45%)</u>
<u>Duopa (Carbidopa/Levodopa) Enteral SUSPension</u>
<u>Durysta (Bimatoprost) Ocular Implant</u>
<u>Dymista (Azelastine/Fluticasone) Nasal Spray</u>
<u>Edarbi (azilsartan medoxomil)</u>
<u>Edarbyclor (azilsartan medoxomil/chlorthalidone)</u>
<u>Edurant (Rilpivirine) Tablets</u>
<u>EFUDEX (fluorouracil) Topical Cream</u>
<u>Elestrin (Estradiol Gel) 0.06%</u>
<u>ELIDEL (pimecrolimus) Cream, 1% for Topical Use</u>
<u>Eligard (leuprolide)</u>
<u>Eliquis® (Apixaban)</u>
<u>ELLENCe (epirubicin)</u>
<u>Elmiron (Pentosan Polysulfate Sodium) Capsules</u>
<u>EMCYT (estramustine)</u>
<u>Emend® (Aprepitant) 80 Mg, 125 Mg Capsules</u>
<u>Emend® (Aprepitant) For Oral SUSPension 125 Mg</u>
<u>Emend® (Fosaprepitant Dimeglumine) For Injection 150 Mg</u>
<u>Emgality® (Galcanezumab-Gnlm) Injection</u>

[Empliciti® \(Elotuzumab\)](#)[Emsam Transdermal System](#)[Enbrel \(Etanercept\)](#)[Engerix-B \(Hepatitis B Vaccine\)](#)[Enspryng \(Satralizumab-Mwge\)](#)[Entresto™ \(Sacubitril/Valsartan\)](#)[Epipen & Epipen Jr \(Epinephrine\) Injection](#)[Epivir-Hbv \(Lamivudine Solution Or Tablets\)](#)[Epogen \(Epoetin Alfa\)](#)[Erbitux® \(Cetuximab\) Injection](#)[Erivedge \(Vismodegib\)](#)[Erleada \(Apalutamide\) Tablets](#)[Erygel \(Erythromycin\) Topical Gel 2%](#)[Esbriet \(Pirfenidone\)](#)[Estrace \(Estradiol\) Cream](#)[Estring® \(Estradiol Vaginal Ring\)](#)[Evenity \(Romosozumab-Aqqg\)](#)[Evista® \(Raloxifene Hydrochloride\) Tablet](#)[Evoclin \(Clindamycin\) Foam 1%](#)[Evrysdi \(Risdiplam\)](#)[Extavia® \(Interferon Beta-1B\)](#)

F-J

[Faslodex \(Fulvestrant\)](#)[Farxiga \(Dapagliflozin\)](#)[Fasenra \(Benralizumab\)](#)[Fasenra Pen \(Benralizumab\)](#)[Felbatol \(Felbamate\)](#)[Feldene® \(Piroxicam\) Capsules](#)[Ferumoxytol Injection](#)[Fetzima \(Levomilnacipran\) Extended Release Capsules And Titration Pack](#)[Fiasp Flextouch \(Insulin Aspart\)](#)[Flovent \(Diskus Or HFA\) \(Fluticasone\)](#)[Forteo® \(Teriparatide Injection\)](#)[Fosrenol \(lanthanum carbonate\)](#)[Fragmin® \(Dalteparin Sodium\) Injection](#)[Fulphila \(Pegfilgastrim-Jmdb\)](#)[Fulvestrant Injection, For Intramuscular Use](#)[FYARRO \(sirolimus albumin-bound\) for injection](#)[Gabitril \(Tigabine Hydrochloride\) Tablets](#)[Galzin \(Zinc Acetate\) Capsules](#)[Gardasil®9 \(Human Papillomavirus 9-Valent Vaccine, Recombinant\)](#)[RETURN TO TOP](#)

Gastrocrom (Cromolyn) Oral Concentrate
Gavreto (Pralsetinib)
Gazyva (Obinutuzumab)
Gelnique (Oxybutynin Chloride 10%) Gel
Gengraf Capsules (Cyclosporine, USP [Modified])
Genotropin® (Somatropin) For Injection
Gilenya® (Fingolimod)
Giltorif (Afatinib)
Glatiramer Acetate
Glucagen Hypokit
Glucagon™ (Glucagon For Injection)
Glyxambi (Empagliflozin/Metformin)
Granix (Tbo-Filgrastim) Injection
Haldol Decanoate (Haloperidol) Im Injection Only
Hemlibra (Emcizumab-Kxwh)
Heparin Sodium Injection, USP
Herceptin (Trastuzumab)
Herceptin Hylecta (Trastuzumab And Hyaluronidase-Oysk)
Herzuma (Trastuzumab-Pkrb) Injection
Horizant (gabapentin encarbil)
Humalog® Mix50/50™ (Insulin Lispro Protamine And Insulin Lispro Injectable SUSPension)
Humalog® Mix75/25™ (Insulin Lispro Protamine And Insulin Lispro Injectable SUSPension)
Humalog® U-100 (Insulin Lispro Injection)
Humalog® U-200 (Insulin Lispro Injection)
Humatrope® (Somatropin) For Injection
Humira (Adalimumab)
Humulin® 70/30 (Human Insulin Isophane SUSPension And Human Insulin Injection)
Humulin® N (Isophane Insulin Human SUSPension)
Humulin® R (Insulin Human Injection)
Humulin® R U-500 (Insulin Human Injection)
Hycamtin® (Topotecan Hydrochloride) For Injection
Hycamtin® (Topotecan) Capsules
IBRANCE (Palbociclib)
IDAMYCIN (idarubicin)
IDHIFA® (Enasidenib)
ILARIS® (Canakinumab)
ILEVRO® (Nepafenac SUSPension)
Imbruvica (Ibrutinib) Capsules/Tablets
Imbruvica (Ibrutinib)
Imfinzi (Durvalumab)
Imitrex (Sumatriptan Nasal Spray)
IMJUDO (tremelimumab-actl)

Imlygic (Talimogene)
Imogam® Rabies-Ht Immune Globulin, [Human] USP, Heat Treated
Imovax® Rabies Vaccine [Human Diploid Cell]
Impeklo (Clobetasol) Lotion
Incruse Ellipta (Umeclidinium)
Infed (Iron Dextran) Injection
Inflectra® (Infliximab-Dyyb) For Injection
INLYTA (axitinib)
Inrebic® (Fedratinib)
Inspra (Eplerenone)
Intelence (Etravirine) Tablets
Intuniv (guanfacine) ER tablets
Invega Sustenna, Trinza And Hafyera (Paliperidone Palmitate) Extended-Release Injection
Invokamet (Canagliflozin/Metformin)
Invokamet Xr (Canagliflozin/Metformin Xr)
Invokana (Canagliflozin)
Iressa (Gefitinib)
Isentress® (Raltegravir) 400 Mg Film-Coated And 25 Mg And 100 Mg Chewable Tablets
Isentress® Hd (Raltegravir) 600 Mg Tablets
Isentress® Os (Raltegravir) 100 Mg Granules For SUSPension
Istodax® (Romidepsin)
Jadenu ® (Deferasirox)
Jadenu® Sprinkle (Deferasirox) Granules
Janumet® (Sitagliptin And Metformin Hci) Tablets
Janumet® Xr (Sitagliptin And Metformin Hci Extended-Release) Tablets
Januvia® (Sitagliptin) Tablets
Jardiance (Empagliflozin)
Jemperli (Dostarlimab)
Jentadueto & Jentadueto Xr (Linagliptin/Metformin) ____
Jivi (antihemophilic factor recombinant)
JUBLIA® (efinaconazole) Topical Solution
Jynarque (Tolvaptan) Tablets

K-O

Kadcyla (Ado-Trastuzumab Emtansine)
Kaletra (Lopinavir/Ritonavir)
Kanjinti (Trastuzumab-Anns)
Kazano (alogliptin/metformin) tablets
Kerendia (finerenone)
Kesimpta® (Ofatumumab)
Keytruda® (Pembrolizumab) Injection [Liquid Formulation] 100 Mg
Kisqali® Femara® Co-Pack (Ribociclib And Letrozole) Tablets

<u>Kisqali® (Ribociclib)</u>
<u>Kombiglyze Er (Saxagliptin/Metformin Er)</u>
<u>KOVALTRY (antihemophilic factor recombinant)</u>
<u>Kyleena (levonorgestrel-releasing intrauterine system)</u>
<u>Kynmobi™ (apomorphine hydrochloride)</u>
<u>Kyprolis (Carilzomib)</u>
<u>Lamictal (Lamotrigine Chewable Or Orally Disintegrating Tablets)</u>
<u>Lamictal ODT (Lamotrigine Patient Titration Kits)</u>
<u>Lamictal Xr (Lamotrigine Er Or Patient Titration Kit)</u>
<u>Lampit (nifurtimox)</u>
<u>Lantus® (Insulin Glargine Injection) 100 Units/mL</u>
<u>Latuda (lurasidone)</u>
<u>Leqvio® (Inclisiran)</u>
<u>Levemir (Insulin Detemir) Flextouch</u>
<u>Levoleucovorin Injection</u>
<u>Levoxyl® (Levothyroxine Sodium) Tablets</u>
<u>Lexapro (Escitalopram)</u>
<u>Lialda (mesalamine) DR tablets</u>
<u>Liletta (Levonorgestrel) Intrauterine Contraceptive</u>
<u>Lincocin® (Lincomycin) Injection, USP</u>
<u>Linzess (Linaclotide) Capsules</u>
<u>LOCOID LIPOCREAM</u>
<u>LOCOID (hydrocortisone butyrate) Lotion</u>
<u>Lo Lestrin Fe</u>
<u>Lokelma (Sodium Zirconium Cyclosilicate)</u>
<u>LORBRENA (lorlatinib)</u>
<u>Lovenox® (Enoxaparin Sodium Injection)</u>
<u>Lucentis (Ranibizumab Injection)</u>
<u>Lumakras (Sotorasib)</u>
<u>Lumigan (Bimatoprost 0.01%) Ophthalmic Solution</u>
<u>Lumoxiti (Moxetumomab Pasudotox-Tdffb)</u>
<u>Lupron Depot (Leuprolide Acetate For Depot SUSPension)</u>
<u>Lupron Depot-Ped (Leuprolide Acetate For Depot SUSPension)</u>
<u>Lutathera® (Lutetium Lu 177 Dotatate)</u>
<u>Luxiq (Betamethasonevalerate) Foam</u>
<u>LUZU (Iuliconazole) Cream, 1% for Topical Use</u>
<u>Lynparza (Olaparib)</u>
<u>Lyumjev™ (Insulin Lispro-Aabc) Injection</u>
<u>Malarone (Atovaquone And Proguanil)</u>
<u>Mavyret (Glecaprevir/Pibrentasvir)</u>
<u>Maxidex® (Dexamethasone SUSPension)</u>
<u>Mayzent® (Siponimod)</u>

Mekinist® (Trametinib)
MEKTOVI (bibimetinib)
Menest® (Esterified Estrogens) Tablets, USP
Menquadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)
Menostar (estradiol transdermal system)
MEPHYTON (phytonadione) Vitamin K1 Tablets
Mepron (Atovaquone SUSPension)
Miacalcin Injection (calcitonin)
Mirena (levonorgestrel-releasing intrauterine system)
M-M-R® li (Measles, Mumps, And Rubella Virus Vaccine Live)
Monovisc (High Molecular Weight Hyaluronan) Injection
Monurol (Fosfomycin Tromethamine) Oral Granules
Motegrity (prucalopride) tablets
MOVIPREP (polyethylene glycol 3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate, and ascorbic acid for oral solution)
Mozobil® (Plerixafor Injection)
Multaq® (Dronedarone) Tablets
Muse (Alprostadil) Urethral
Mvasi (Bevacizumab-Awwb)
Mycobutin® (Rifabutin) Capsules, USP
Mydayis (amphetamine) ER capsules
MYLOTARG (gemtuzumab)
Namenda And Namenda Xr (Memantine)
Namzaric (Memantine Extended Release And Donepezil)
Natazia (estradiol valerate and estradiol valerate/dienogest)
Natrella
Nesina (alogliptin) tablets
Neulasta (Pegfilgrastim)
Neupogen (Filgrastim)
Nevanac® (Nepafenac SUSPension)
Nexavar (sorafenib)
Nicotrol® (Nicotine)
NIVESTYM (filgrastim-aafi)
NORITATE (metronidazole cream) Cream, 1% for Topical Use Only
Norpace® (Disopyramide Phosphate)
Norvir (Ritonavir) Tablets And Oral Solution
Novlog Mix 70/30 (Insulin Aspart Protamine And Insulin Aspart) Flexpen
Novolin 70/30 (Insulin Nph And Insulin R Mix) Vial
Novolin N Vial (Insulin Nph)
Novolin R Vial (Insulin Regular)
Novolog (Insulin Aspart) Flexpen
Noxafil® (Posaconazole) Delayed-Release Tablets 100 Mg

[Noxafil® \(Posaconazole\) Oral SUSPension, 40 Mg/ML](#)

[Nplate \(Romiplostim\)](#)

[Nubeqa \(darolutamide\)](#)

[Nucala \(Mepolizumab\)](#)

[Nulojix® \(Belatacept\)](#)

[NUPLAZID \(pimavanserin\)](#)

[Nuvigil \(Armodafinil\) Tablets \[C-IV\]](#)

[Nymalize \(nimodipine oral solution\)](#)

[NYVEPRIA \(pegfilgrastim-apgf\)](#)

[Ocrevus \(Orelizumab\)](#)

[Ofev \(Nintedanib\)](#)

[Ogivri* \(Trastuzumab-Dkst\)](#)

[Olumiant® \(Baricitinib\) Tablets](#)

[Olux \(Clobetasol\) Foam 0.05%](#)

[Olux-E \(Clobetasol\) Foam 0.05%](#)

[Omnitrope® Somatropin \(Rdna Origin\)](#)

[ONEXTON \(clindamycin phosphate and benzoyl peroxide\) Gel, 1.2% or 3.75% for Topical](#)

[Onglyza \(Saxagliptin\)](#)

[Onureg® \(Azactidine Tablets\)](#)

[Opdivo® \(Nivolumab\)](#)

[Opdualag™ \(Nivolumab And Relatlimab – Rmbw\)](#)

[Opsumit \(Macitentan\) Tablets](#)

[Orencia® \(Abatacept\)](#)

[Oriahnn \(Elagolix/Estradiol/Norethindrone\)](#)

[Orilissa \(Elgaolix\) Tablets](#)

[Orthovisc \(High Molecular Weight Hyaluronan\) Injection](#)

[Oseni \(alogliptin/pioglitazone\) tablets](#)

[Otezla \(Apremilast\)](#)

[Ozempic \(Semaglutide\) Injection](#)

[Ozurdex \(Dexamethasone\) Ocular Implant](#)

P-T

[Parsabiv \(Etelcalcetide\)](#)

[Pegasys \(Peginterferon Alfa-2A\)](#)

[Pentacel® Diptheria And Tetanus Toxoids And Acellular Pertussis Adsorbed, Inactivated Poliovirus And Haemophilus B Conjugate \(Tetanus Toxoid Conjugate\) Vaccine](#)

[Pentasa \(mesalamine\) ER capsules](#)

[Perforomist \(Formoterol Fumarate\) Inhalation Solution](#)

[Perjeta \(Pertuzumab\)](#)

[Phesgo \(Pertuzumab, Trastuzumab, And Hyaluronidase-Zzxf\)](#)

[Pifeltro™ \(Doravirine\) Tablets, For Oral Use](#)

[Piqray® \(Alpelisib\)](#)

<u>PLENVU® (PEG 3350, sodium ascorbate, sodium sulfate, ascorbic acid, sodium chloride, and potassium chloride), Powder for oral solution</u>
<u>Pluvicto® (177Lu-Psma-617)</u>
<u>Pneumovax®23 (Pneumococcal Vaccine Polyvalent)</u>
<u>Polivy (Polatuzumab Vedotin-Piiq)</u>
<u>Pomalyst® (Pomalidomide)</u>
<u>Ponvory (Ponesimod)</u>
<u>Portrazza® (Necitumumab) Injection</u>
<u>Pradaxa (Dabigatran)</u>
<u>Praluent (alirocumab)</u>
<u>Pred Forte (Prednisolone Acetate) Ophthalmic SUSPension</u>
<u>Premarin® (Conjugated Estrogens) Tablets, USP (Conjugated Estrogens Tablets</u>
<u>Premarin® (Conjugated Estrogens) Vaginal Cream (Conjugated Estrogens) Vaginal Cream</u>
<u>Premphase® (Conjugated Estrogens Plus Medroxyprogesterone Acetate) Tablets</u>
<u>Prempro® (Conjugated Estrogens/Medroxyprogesterone Acetate) Tablets</u>
<u>Pretomanid Tablet</u>
<u>Prevacid (lansoprazole) ODT tablets</u>
<u>Prevnar 13® Pneumococcal 13-Valent Conjugate Vaccine [Diphtheria Crm197 Protein]</u>
<u>Prevymis™ (Letermovir) 240 Mg Tablets</u>
<u>Prezcobix (Darunavir/Cobicistat)</u>
<u>Prezista (Darunavir)</u>
<u>Priftin® (Rifapentine) Tablets</u>
<u>Pristiq® (Desvenlafaxine) Extended-Release Tablets</u>
<u>Proair HFA (Albuterol Sulfate) Inhalation Aerosol</u>
<u>Proair Respiclick (Albuterol Sulfate) Inhalation Aerosol</u>
<u>Procrit (Epoetin Alfa)</u>
<u>Proctofoam Hc (Hydrocortisone Acetate 1% & Pramoxine 1%)</u>
<u>Proglycem (Diazoxide) Oral SUSPension</u>
<u>Prolia (Denosumab)</u>
<u>Promacta® (Eltrombopag)</u>
<u>Prozac® (Fluoxetine Capsules)</u>
<u>Pulmicort Flexhaler (Budesonide)</u>
<u>Pulmozyme (Dornase Alfa) Inhalation Solution</u>
<u>Pylera (Bismuth Subcitrate Potassium, Metronidazole, And Tetracycline) Capsules</u>
<u>QNASL (Beclomethasone) Nasal Aerosol</u>
<u>QTERN (Dapagliflozin/Saxagliptin)</u>
<u>QULIPTA (Atogepant) Tablets</u>
<u>QVAR Redihaler (Beclomethasone Dipropionate HFA) Inhalation Aerosol</u>
<u>Rapaflo (Silodosin) Capsules</u>
<u>Rapamune® (Sirolimus)</u>
<u>Reblozyl® (LUSPatercept-Aamt)</u>
<u>Recarbrio™ (Imipenem, Cilastatin, And Relebactam) For Injection, For Intravenous Use</u>

Recombivax Hb® [Hepatitis B Vaccine (Recombinant)]
Rectiv (Nitroglycerin) Ointment
Relenza (Zanamivir Inhalation Powder)
RELISTOR (methylnaltrexone bromide)
Relpax (Eletriptan)
Relpax® (Eletriptan Hydrobromide) Tablets
Remicade (Infliximab) Iv Infusion
RENOVA (tretinoin cream) 0.02% for Topical Use, Pump
Repatha (Evolocumab)
Restasis (Cyclosporine) Ophthalmic Emulsion
RETACRIT (epoetin alfa-epbx)
Retevmo™ (Selpercatinib) Capsules
RETIN-A CREAM 45 gm 0.025% or 0.05% or 0.1%
RETIN-A GEL 45 gm 0.01% or 0.025%
RETIN-A MICRO (tretinoin) Gel Microsphere for Topical Use 0.06% or 0.08%
Revatio (Sildenafil)
Revlimid® (Lenalidomide)
Rexulti (Brexiprazole) Tablets
Reyvow® (Lasmiditan) Tablets C-V
Riabni (Rituximab-Arrx)
Rinvoq (Upadacitinib)
Risperdal Consta (Risperidone) Long-Acting Injection
Rituxan (Rituximab) For Granulomatosis With Polyangiitis (Gpa), Microscopic Polyangiitis (Mpa) Or Pemphigus Vulgaris (Pv)
Rituxan (Rituximab) For Oncology
Rituxan (Rituximab) For Rheumatoid Arthritis
Rituxan Hycela (Rituximab/Hyaluronidase Human)
Rowasa (Mesalamine) Rectal SUSPension
Rozerem (ramelteon) tablets
Rozlytrek (Entrectinib)
RUXIENCE (rituximab-pvvr)
Rybelsus (Semaglutide) Tablets
Rybrevant (Amivantamab-Vmjw)
Rydapt® (Midostaurin)
SAFYRAL (drospirenone/ethinyl estradiol/levomefolate calcium tablets and levomefolate calcium tablets)
Samsca (Tolvaptan)
Sandostatin Lar® Depot (Octreotide Acetate)
Saphnelo (Anifrolumab-Fnia)
Saphris (Asenapine Maleate) Sublingual Tablet
Savella (Milnacipran) Tablets
Scemblix® (Asciminib) Tablets
Semglee (Insulin Glargine)

<u>Sensipar (Cinacalcet)</u>
<u>Serevent (Diskus) (Salmeterol)</u>
<u>Sf Rowasa (Mesalamine) Rectal SUSPension</u>
<u>Shingrix (Zoster Vaccine)</u>
<u>SILIQ (brodalumab) injection, for subcutaneous use, 210 mg/1.5 mL solution</u>
<u>Simponi (Golimumab) Injection</u>
<u>Sirturo (Bedaquiline) Tablets</u>
<u>Skelaxin® (Metaxalone) Tablets</u>
<u>Skyla (levonorgestrel-releasing intrauterine system)</u>
<u>Skyrizi (Risankizumab-Rzaa)</u>
<u>Soliqua® 100/33 (Insulin Glargine & Lixisenatide) Injection 100 Units/ML And 33 Mcg/mL</u>
<u>SOLODYN (minocycline HCl) Extended Release Tablets for Oral Use 55 mg or 80 mg or 105 mg</u>
<u>Somavert® (Pegvisomant) For Injection</u>
<u>SOTYKTU (deucravacitinib)</u>
<u>Sotylize (sotalol oral solution)</u>
<u>Spiriva Handihaler Or Respimat (Tiotropium)</u>
<u>Sporanox (Itraconazole) Capsules And Oral Solution</u>
<u>Spravato (Esketamine) Nasal Spray [CIII]</u>
<u>Sprycel® (Dasatinib)</u>
<u>Stelara (Ustekinumab) For Subcutaneous Or Iv Use</u>
<u>Stiolto Respimat (Tiotropium/Olodaterol)</u>
<u>Stivarga (regorafenib)</u>
<u>Strattera® (Atomoxetine) Capsules</u>
<u>Strattice (Reconstructive Tissue Matrix)</u>
<u>Striverdi Respimat (Olodaterol)</u>
<u>Stromectol® (Ivermectin) Tablets</u>
<u>Susvimo (Ranibizumab)</u>
<u>SUTENT (sunitinib)</u>
<u>Symbicort (Budesonide/Formoterol)</u>
<u>Symbyax® (Olanzapine And Fluoxetine) Capsules</u>
<u>Symlin (Pramlintide)</u>
<u>Symtuza (Darunavir, Cobicistat, Emtricitabine, Tenofovir Alafenamide) Tablets</u>
<u>Synarel® (Nafarelin Acetate) Nasal Solution</u>
<u>Synjardy & Synjardy Xr (Empagliflozin/Metformin)</u>
<u>Synribo (Omacetaxine) For Injection</u>
<u>Synthroid (Levothyroxine Sodium) Tablets</u>
<u>SYPRINE (trientine hydrochloride) Capsules</u>
<u>Tabrecta™ (Capmatinib)</u>
<u>Tafinlar® (Dabrafenib)</u>
<u>Tagrisso (Osimertinib)</u>
<u>Taltz® (Ixekizumab) Injection</u>
<u>TALZENNA (talazoparib)</u>

<u>TARGRETIN (bexarotene)</u>
<u>Tasigna® (Nilotinib)</u>
<u>TASMAR (tolcapone) Tablets</u>
<u>Tecentrig (Atezolizumab)</u>
<u>TECVAYLI™ (teclistamab) Injection, for subcutaneous use</u>
<u>Teflaro (Ceftaroline Fosamil) Powder For Injection</u>
<u>Tenivac® (Tetanus And Diphtheria Toxoids Adsorbed)</u>
<u>TETRIX CREAM</u>
<u>Thalomid® (Thalidomide)</u>
<u>Thymoglobulin® [Anti-Thymocyte Globulin (Rabbit)]</u>
<u>Tikosyn® (Dofetilide) Capsules</u>
<u>TNKase (Tenecteplase)</u>
<u>Tobi (Tobramycin) Ampules Or Podhalers</u>
<u>Tobradex® (Ophthalmic Ointment)</u>
<u>TORISEL (temsirolimus)</u>
<u>Toujeo® (insulin glargine injection) 300 Units/mL (1.5 mL or 3.0 mL pens)</u>
<u>Toviaz® (Fesoterodine Fumarate) Extended-Release Tablets</u>
<u>Tracleer (Bosentan)</u>
<u>Tradjenta (Linagliptin)</u>
<u>TRAZIMERA (trastuzumab-qyyp)</u>
<u>Treanda (Bedamustine) For Injection</u>
<u>Trecator® (Ethionamide) Tablets</u>
<u>Tremfya (Guselkumab) For Subcutaneous Use</u>
<u>Tresiba (Insulin Degludec) Flextouch</u>
<u>Triesence® (Triamcinolone Acetonide Injectable SUSPension)</u>
<u>Trijardy Xr (Empagliflozin/Linagliptin/Metformin)</u>
<u>Trintellix (vortioxetine tablets)</u>
<u>Triptodur (triptorelin)</u>
<u>Trisenox (Arsenice Trioxide) Injection</u>
<u>TRULANCE (plecanatide) 3 mg Tablets</u>
<u>Trulicity® (Dulaglutide) Injection</u>
<u>Trumenba® (Meningococcal Group B Vaccine)</u>
<u>Trusopt® (Dorzolamide Hydrochloride Ophthalmic Solution) 2%</u>
<u>Truxima (Rituximab-Abbs) Injection</u>
<u>Tygacil® (Tigecycline) For Injection</u>
<u>Tykerb® (Lapatinib)</u>
<u>TYMLOS (abaloparatide) injection</u>

U-Z

<u>Ubrelyv (Ubrogepant) Tablets</u>
<u>UCERIS (budesonide) Rectal Foam</u>

Uptravi (Selexipag)
Vabysmo (Faricimab-Svoa)
Vaqta® (Hepatitis A Vaccine, Inactivated)
Varivax® (Varicella Virus Vaccine Live)
Vaxneuvance™ (Pneumococcal 15-Valent Conjugate Vaccine)
Vectibix (Panitumumab)
Veletri (Epoprostenol)
Venclexta (Venetoclax Tablets)
Venclexta (Venetoclax) Tablets
Ventavis (Iloprostol)
Verquvo™ (Vericiguat) 2.5 Mg, 5 Mg, 10 Mg Tablets
Verzenio® (Abemaciclib) Tablets
Veltassa (patiomer)
Vfend® (Voriconazole)
Viberzi (Eluxadoline)
Victoza (Liraglutide) Pen
Vidaza® (Azacitidine For Injection)
Viibryd (Vilazodone)
Vijoice® (Alpelisib)
Viokace (Pancrelipase) Tablets
Viramune Xr (Nevirapine)
VITRAKVI (Larotrectinib)
VIZIMPRO (dacaomitinib)
Votrient® (Pazopanib)
Vraylar (Cariprazine) Capsules
Vyndaqel® (Tafamidis Meglumine) Capsules
Vyvanse (lisdexamfetamine) capsules and tablets
Welireg™ (Belzutifan) 40 Mg Tablets
Wixela (Fluticasone/Salmeterol)
XALKORI (crizotinib)
Xanax® CIV (Alprazolam) Tablets
Xarelto (Rivaroxaban) Tablets Or Oral Solution
Xeljanz® (Tofacitinib) Oral Solution
Xeljanz® (Tofacitinib) Tablets
Xeljanz® Xr (Tofacitinib) Extended-Release Tablets
Xeloda (Capecitabine)
Xen (Gel Stent)
Xgeva (Denosumab)
XIFAXAN (rifaximin) Tablets, for Oral Use, 550 mg
Xigduo Xr (Dapagliflozin/Metformin Er)
Xiidra® (Lifitegrast Ophthalmic Solution)
Xofigo (radium Ra 223 dichloride)

Xolair (Omalizumab)
Xulane (Norelgestromin And Ethinyl Estradiol Transdermal System)
Xultophy (Insulin Degludec & Liraglutide) Pen
Xyntha® Antihemophilic Factor (Recombinant)
Yervoy® (Ipilimumab)
Yondelis (Trabectedin) For Iv Infusion
Yupelri (Revefenacin)
Zarontin® (Ethosuximide)
Zarxio™ (Filgrastim-Sndz)
ZELAPAR (selegiline hydrochloride) Orally Disintegrating Tablets
Zelboraf (Vemurafenib)
Zenpep (Pancrelipase) Delayed Release Capsule
Zepatier® (Elbasvir And Grazoprevir)
Zeposia® (Ozanimod)
Zerbaxa™ (Ceftolozane And Tazobactam) For Injection For Intravenous Use
ZIANA (clindamycin phosphate 1.2% and tretinoin 0.025%) Gel 60 g tube
Ziextenzo® (Pegfilgrastim-Bmez)
Zinplava™ (Bezlotoxumab) Injection 25 Mg/mL
ZIRABEV (bevacizumab-bvzr)
Zolinza® (Vorinostat) 100 Mg Capsules
ZYCLARA (imiquimod) cream 3.75%, for Topical Use 7.5 g Pump Box of 28 Packets
Zykadia® (Ceritinib)
Zynlonta (loncastuximab tesirine)
Zyprexa® (Olanzapine) Tablet
Zyprexa® Zydis® (Olanzapine) Tablet
Zytiga (Abiraterone) Tablets
Zyvox® (Linezolid)

Manufacturer	Income documentation required	Medication delivery	FPL cutoff (%) or income threshold for single person(\$)	FPL cutoff 2	FPL cutoff 3
AADI	No	Office	400		
AbbVie	No	Home	\$81,150		
Acadia	Application through office staff	Home	Any for uninsured		
ADC	No	Home	550		
Amgen	No	Home	500		
AstraZeneca	No	Home	300	500	
Bausch Health	No	Home or office	300	400	500
Boehringer Ingelheim	No	Home	250		
Bristol Myers Squibb	No-but encouraged	Home	300		

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GlaxoSmithKline (GSK)	No	Home	250		
Johnson & Johnson	No	Home	300	400	600
Lilly	No	Home	300	400	500
Merck	No	Home	400		
MyPraluent	No-but encouraged	Home	300		
Mylan (Viatris)	Yes	Home	400	500	
Nestle Health	Yes	Office	400		
Novartis	No	Home	\$70,000		
Novo Nordisk	No	Office	400		
Otsuka	Yes	Home	300	700	
Pfizer	Yes	Office	\$49,960	400	
Pfizer Oncology	No	Home	500		
Radius	No-SSN acceptable	Home	300		
Roche (Genentech)	No	Home	\$75,000		
Sanofi	No	Office	400		
Sunovion	Yes	Home	300		
TAKEDA	Yes	Home	500		
TEVA	No	Home	300	500	
Tolmar	Yes	Home	500		
Veltassa	Yes	Home	500		

FPL=federal poverty limit

SSN=social security number

Programs that do NOT provide automatic refills: AbbVie, Boehringer Ingelheim, GSK, Novartis, Pfizer

Programs that needle request need indicated: Novo Nordisk (Lilly does NOT include needles)

Programs that require separate prescription be sent: GSK

Programs that require applications mailed in: Merck

Programs that send pharmacy card with ID, BIN, and Rx Group instead of medication itself: Janssen for Xarelto

Income thresholds based on federal poverty limit (FPL)^A 2022

Household size	100% (\$)	133% (\$)	150% (\$)	200% (\$)	250% (\$)	300% (\$)	400% (\$)	500% (\$)
1	13,590	18,075	20,385	27,180	33,975	40,770	54,360	67,950
2	18,310	24,352	27,465	36,620	45,775	54,930	73,240	91,550
3	23,030	30,630	34,545	46,060	57,575	69,090	92,120	115,150
4	27,750	36,908	41,625	55,500	69,375	83,250	111,000	138,750
5	32,470	43,185	48,705	64,940	81,175	97,410	129,880	162,350
6	37,190	49,463	55,785	74,380	92,975	111,570	148,760	185,950
7	41,910	55,740	62,865	83,820	104,775	125,730	167,640	209,550
8	46,630	62,018	69,945	93,260	116,575	139,890	186,520	233,150
Each additional	4,720	6,278	7,080	9,440	11,800	14,160	18,880	23,600

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A: Federal poverty limits are subject to change on an annual basis

Medications with PAP per drug manufacturer

AADIAssist Patient Assistance Program

Eligibility

US resident

≤400% FPL

Uninsured or
lack of
coverage of
medication

Household size	Annual household income (\$) threshold (≤400% FPL)
1	54,360
2	73,240
3	92,120
4	111,000
5	129,880
≥5	Add 4,720 for each additional person

Medications eligible for assistance

FYARRO (sirolimus albumin bound) for injection

AbbVie Assist (usually reviewed within 2 business days)

Eligibility

US resident

At or below
income
threshold

Provide proof
of income

Household size	Annual household income (\$) threshold
1	81,540
2	109,860
3	138,180
4	166,500
≥5	Add 28,320 for each additional person
Proof of income	Most recent federal tax form, W2, or social security statements

Medications eligible for assistance

Acuvail (ketorolac tromethamine) ophthalmic solution[&]

AeroChamber Plus Flow-Vu^{**}

Alloderm[%]

Alphagan P (brimonidine tartrate) ophthalmic solution[&]

Armour Thyroid (thyroid tablets, USP) tablets^{**}

Avycaz (avibactam/ceftazidime)[#]

BOTOX (onabotulinumtoxinA)

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Bystolic (nebivolol) tablets**
Canasa (mesalamine) suppository**
Carafate (sucralfate) oral sUSPension**
Combigan (brimonidine tartrate/timolol maleate) ophthalmic solution&
CREON (Pancrelipase) delayed-release capsules†
Crinone (progesterone) gel**
Dalvance (dalbavancin) lyophilizate#
Delzicol (mesalamine DR) capsules**
Depakote (divalproex sodium)§
Duopa (carbidopa/levodopa) enteral sUSPension§
Durysta (Bimatoprost) ocular implant&
Estrace (estradiol) cream**
Fetzima (Levomilnacipran) extended release capsules and titration pack**
Gelnique (oxybutynin chloride 10%) gel**
GENGRAF capsules (cyclosporine, USP [MODIFIED])**
HUMIRA (adalimumab)§
IMBRUVICA (ibrutinib)§
Infed (iron dextran) injection**
KALETRA (lopinavir/ritonavir)**
Lexapro (escitalopram)**
Liletta (levonorgestrel) intrauterine contraceptive^
Linzess (linaclotide) capsules†
Lo Lestrin fe^
Lumigan (Bimatoprost 0.01%) ophthalmic solution&
Lupron Depot-Ped (leuprolide acetate for depot sUSPension)§
Lupron Depot (leuprolide acetate for depot sUSPension)§
MAVYRET (Glecaprevir/Pibrentasvir)§
Monurol (Fosfomycin tromethamine) oral granules**
Namenda and Namenda XR (memantine)**
Namzaric (memantine extended release and donepezil)**
NATRELLE%
NORVIR (ritonavir) tablets and oral solution**
Oriahnn (Elagolix/estradiol/norethindrone)^
ORILISSA (Elgaolix) tablets^
Ozurdex (dexamethasone) ocular implant&
Pred Forte (prednisolone acetate) ophthalmic sUSPension**
Pylera (bismuth Subcitrate potassium, metronidazole, and tetracycline) capsules**
Qulipta (Atogepant) tablets**
Rapaflo (silodosin) capsules**
Rectiv (nitroglycerin) ointment**
Restasis (cyclosporine) ophthalmic emulsion&
RINVOQ (upadacitinib)§

Saphris (asenapine maleate) sublingual tablet**
Savella (milnacipran) tablets**
SKYRIZI (Risankizumab-rzaa) [§]
STRATTICE (reconstructive tissue matrix) [%]
Synthroid (levothyroxine sodium) tablets**
Teflaro (ceftaroline fosamil) powder for injection [#]
Ubrelyv (ubrogepant) tablets**
Venclexta (venetoclax) tablets [§]
Viberzi (eluxadoline) ⁺
Viibryd (vilazodone)**
Vraylar (cariprazine) capsules**
Xen (gel stent) ^{&}

Contact info-**Phone:** 1-800-222-6885 **Fax:** 1-866-898-1473

Acadia Connect

Eligibility

US resident

Any income

Uninsured

Medications eligible for assistance

NUPLAZID (pimavanserin)

ADC Patient Support

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Eligibility

US resident

≤550% FPL

Uninsured or
underinsured

Medications eligible for assistance

Zynlonta (loncastuximab tesirine)

AMGEN safety net program

Eligibility

US resident > 6
months

≤500% FPL

Uninsured or
plan excludes
AMGEN product

Household size	Annual household income (\$) threshold (≤500% FPL)
1	67,950
2	91,550
3	115,150
4	138,750
≥5	Click for FPL for household larger than 5 or add 23,600 per each additional person

Medications eligible for assistance

Aimovig (erenumab)

ARANESP (darbepoetin alfa)

AVSOLA (infliximab-axxq)

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BLINCYTO (blinatumomab)
Corlanor (ivabradine)
Enbrel (etanercept)
Epogen (epoetin alfa)
EVENITY (romosozumab-aqqg)
IMLYGIC (talimogene)
KANJINTI (trastuzumab-anns)
Kyprolis (carilzomib)
LUMAKRAS (sotorasib)
MVASI (bevacizumab-awwb)
Neulasta (pegfilgrastim)
NEUPOGEN (filgrastim)
Nplate (romiplostim)
Otezla (apremilast)
Parsabiv (etelcalcetide)
Prolia (denosumab)
Repatha (evolocumab)
RIABNI (rituximab-arrx)
Sensipar (cinacalcet)
Vectibix (panitumumab)
XGEVA (denosumab)

Contact info varies by program, see individual medication application for phone and fax

Arbor Pharmaceuticals

Eligibility

US resident

≤ 200 - 300% FPL

Uninsured
or Medicare
A&B

Household size	Annual household income (\$) threshold	
	≤ 200% FPL	BiDiI (≤300% FPL)
1	27,180	40,770
2	36,620	54,930
3	46,060	69,090
4	55,500	83,250
≥5	Call Arbor Pharmaceuticals 877-438-9759	

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Medications eligible for assistance

BiDil (isosorbide dinitrate/hydralazine)
Edarbi (azilsartan medoxomil)
Edarbyclor (azilsartan medoxomil/chlorthalidone)
Horizant (gabapentin encarbil)
Nymalize (nimodipine oral solution)
Sotylize (sotalol oral solution)
Triptodur (triptorelin)

Contact info-**Phone:** 877-438-9759 **Fax:** 877-619-6574

AstraZeneca AZ&ME program

Eligibility

US resident

≤300-500% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold	
	Group 1 (≤ 300% FPL)	Group 2 (≤500% FPL)
1	40,770	67,950
2	54,930	91,550
3	69,090	115,150
4	83,250	138,750
≥5	Call AZ&ME 1-800-292-6363	

Medication eligible for assistance

Insurance Group	Medication name
1	BEVESPI AEROSPHERE (glycopyrrolate/formoterol)
1	BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol)
1	BRILINTA (ticagrelor)
1	BYDUREON (exenatide extended release)
1	BYETTA (exenatide)
2	CALQUENCE (acalabrutinib)
1	DALIRESP (roflumilast)

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1	FARXIGA (dapagliflozin)
2	FASENRA (benralizumab)
2	FASENRA pen (benralizumab)
2	FASLODEX (fulvestrant)
2	IMJUDO (tremelimumab-actl)
2	IMFINZI (durvalumab)
2	IRESSA (gefitinib)
1	KOMBIGLYZE ER (saxagliptin/metformin ER)
1	LOKELMA (sodium zirconium cyclosilicate)
2	LUMOXITI (moxetumomab pasudotox-tdffk)
2	LYNPARZA (Olaparib)
1	ONGLYZA (saxagliptin)
1	PULMICORT FLEXHALER (budesonide)
1	QTERN (dapagliflozin/saxagliptin)
2	SAPHNELO (anifrolumab-fnia)
1	SYMBICORT (budesonide/formoterol)
1	SYMLIN (pramlintide)
2	TAGRISSO (Osimertinib)
1	XIGDUO XR (dapagliflozin/metformin ER)

Contact info-**Phone:** 1-800-292-6363 **Fax for non-specialty medications:** 1-877-239-0867

BAUSCH HEALTH

Eligibility

US resident

≤300-500% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold		
	Group 1 (≤ 300% FPL)	Group 2 (≤400% FPL)	Group 3 (≤600% FPL)
1	40,770	54,360	81,540
2	54,930	73,240	109,860
3	69,090	92,120	138,180
4	83,250	111,000	166,500
≥5	Click here for family's > 5 persons		

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Medications eligible for assistance

Income Group	Medication name
1	ACANYA® (clindamycin phosphate and benzoyl peroxide) Gel, 1.2% or 2.5%, for Topical
1	ALDARA Cream 5%
1	ANCOBON (flucytosine) capsules
1	APLENZIN (bupropion hydrobromide) Extended-Release Tablets
1	ARAZLO (tazarotene) Lotion, 0.045%
1	ATOPICLAIR Nonsteroidal Cream 100 g Tube
1	BENZAMYCIN GEL
1	BIAFINE
1	BRYHALI (halobetasol propionate) Lotion
1	CARAC (fluorouracil cream)
1	CLINDAGEL (clindamycin phosphate gel)
3	CUPRIMINE (penicillamine) Capsules
1	CYCLOSET (bromocriptine mesylate tablets)
3	DEMSER (metyrosine) Capsules
1	DUOBRII (halobetasol propionate and tazarotene 0.01%/0.45%)
1	EFUDEX (fluorouracil) Topical Cream
1	ELIDEL (pimecrolimus) Cream, 1% for Topical Use
1	JUBLIA® (efinaconazole) Topical Solution
1	LOCOID LIPOCREAM
1	LOCOID (hydrocortisone butyrate) Lotion
1	LUZU (luliconazole) Cream, 1% for Topical Use
1	MEPHYTON (phytonadione) Vitamin K1 Tablets
1	MOVIPREP (polyethylene glycol 3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate, and ascorbic acid for oral solution)
1	NORITATE (metronidazole cream) Cream, 1% for Topical Use Only
1	ONEXTON (clindamycin phosphate and benzoyl peroxide) Gel, 1.2% or 3.75% for Topical
1	PLENVU® (PEG 3350, sodium ascorbate, sodium sulfate, ascorbic acid, sodium chloride, and potassium chloride), Powder for oral solution
1	RELISTOR (methylnaltrexone bromide)
1	RENOVA (tretinoin cream) 0.02% for Topical Use, Pump
1	RETIN-A CREAM 45 gm 0.025% or 0.05% or 0.1%
1	RETIN-A GEL 45 gm 0.01% or 0.025%
1	RETIN-A MICRO (tretinoin) Gel Microsphere for Topical Use 0.06% or 0.08%

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2	SILIQ (brodalumab) injection, for subcutaneous use, 210 mg/1.5 mL solution
1	SOLODYN (minocycline HCl) Extended Release Tablets for Oral Use 55 mg or 80 mg or 105 mg
3	SYPRINE (trientine hydrochloride) Capsules
3	TARGRETIN (bexarotene)
1	TASMAR (tolcapone) Tablets
1	TETRIX CREAM
1	TRULANCE (plecanatide) 3 mg Tablets
1	UCERIS (budesonide) Rectal Foam
1	XIFAXAN (rifaximin) Tablets, for Oral Use, 550 mg
1	ZELAPAR (selegiline hydrochloride) Orally Disintegrating Tablets
1	ZIANA (clindamycin phosphate 1.2% and tretinoin 0.025%) Gel 60 g tube
1	ZYCLARA (imiquimod) cream 3.75%, for Topical Use 7.5 g Pump Box of 28 Packets

Contact info-**Phone:** 833-862-8727 **Fax:** 844-705-0160

Bayer patient assistance foundation

Eligibility		
US resident	$\geq 150\%$ FPL $\leq 300\%$ FPL	Uninsured or Medicare

Medications eligible for assistance
Adempas (riociguat)
Aliqopa (copanlisib)
ANGELIQ (drospirenone and estradiol)
BETASERON (interferon beta-1b)
BILTRICIDE (praziquantel)
Climara Pro (estradiol/levonorgestrel transdermal system)
Jivi (antihemophilic factor recombinant)
Kerendia (finerenone)
KOVALTRY (antihemophilic factor recombinant)
Kyleena (levonorgestrel-releasing intrauterine system)
Lampit (nifurtimox)
Menostar (estradiol transdermal system)
Mirena (levonorgestrel-releasing intrauterine system)

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Natazia (estradiol valerate and estradiol valerate/dienogest)
Nexavar (sorafenib)
Nubeqa (darolutamide)
SAFYRAL (drospirenone/ethinyl estradiol/levomefolate calcium tablets and levomefolate calcium tablets)
Skyla (levonorgestrel-releasing intrauterine system)
Stivarga (regorafenib)
VITRAKVI (Larotrectinib)
Xofigo (radium Ra 223 dichloride)

Contact info: **Phone:** 1-866-228-7723 **Fax:**1-866-575-6568

Boehringer Ingelheim (BI Cares Program)

Eligibility		
US resident	≤250% FPL	Uninsured or Medicare

Household size	Annual household income (\$) threshold (≤250% FPL)
1	33,975
2	45,775
3	57,575
4	69,375
5	81,175
Click for FPL for household larger than 5	

Medications eligible for assistance
Aptivus (tipranavir)
Atrovent HFA (ipratropium)
COMBIVENT Respimat (ipratropium/albuterol)
GILTORIF (afatinib) [§]
Glyxambi (empagliflozin/metformin)
Jardiance (empagliflozin)
Jentadueto & Jentadueto XR (linagliptin/metformin)
OFEV (nintedanib) [§]
Pradaxa (dabigatran)
Spiriva Handihaler or Respimat (tiotropium)
Stiolto Respimat (tiotropium/olodaterol)
Striverdi Respimat (olodaterol)
Synjardy & Synjardy XR (empagliflozin/metformin)

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Tradjenta (linagliptin)
Trijardy XR (empagliflozin/linagliptin/metformin)
Viramune XR (nevirapine)
\$ Has individual application

Contact info: **Phone:** 1-800-556-8317 **Fax:** 1-866-851-2827

Bristol Myers Squibb

Eligibility		
US resident	<300% FPL for Eliquis and Orenzia	Uninsured or Medicare

Household size	Annual household income (\$) threshold (≤300% FPL)
1	40,770
2	54,930
3	69,090
4	83,250
5	97,410
Each additional person	14,160

Medications eligible for assistance
ABRAXANE® (paclitaxel protein-bound particles for injectable sUSPension (albumin-bound))
CAMZYOS (mavacamten)
DROXIA (hydroxyurea)
ELIQUIS® (apixaban)
EMPLICITI® (elotuzumab)
IDHIFA® (Enasidenib)
INREBIC® (fedratinib)
ISTODAX® (Romidepsin)
NULOJIX® (belatacept)
ONUREG® (azactidine tablets)
OPDIVO® (nivolumab)
OPDUALAG™ (nivolumab and relatlimab – rmbw)
ORENCIA® (Abatacept)
POMALYST® (pomalidomide)
REBLOZYL® (IUSPatercept-aamt)

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REVLIMID® (lenalidomide)

SOTYKTU (deucravacitinib)

SPRYCEL® (dasatinib)

THALOMID® (thalidomide)

VIDAZA® (azacitidine for injection)

YERVOY® (Ipilimumab)

ZEPOSIA® (ozanimod)

Contact info-**Phone:** 1-800-736-0003 **Fax:** 1-800-736-1611 **Fax 2:** 833-967-1666

GlaxoSmithKline – GSK for You

Eligibility

US resident

≤250% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold (≤250% FPL)
1	33,975
2	45,774.96
3	57,575.04
4	69,375
≥5	Add 11,859.96

Medications eligible for assistance

ADVAIR (diskus or HFA) (Fluticasone/salmeterol)

ANORO ELLIPTA (Umeclidinium/vilanterol)

ARNUIITY ELLIPTA (Fluticasone)

BECONASE AQ (Beclomethasone dipropionate nasal spray)

BENLYSTA (Belimumab)

BLENREP (Belantamab)

BOOSTRIX (Tdap vaccine)

BREO ELLIPTA (Fluticasone/vilanterol)

EPIVIR-HBV (Lamivudine solution or tablets)

ENGRIX-B (Hepatitis B vaccine)

FLOVENT (diskus or HFA) (Fluticasone)

IMITREX (Sumatriptan nasal spray)

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INCRUSE ELLIPTA (Umeclidinium)
JEMPERLI (Dostarlimab)
LAMICTAL (Lamotrigine chewable or orally disintegrating tablets)
LAMICTAL ODT (Lamotrigine patient titration kits)
LAMICTAL XR (Lamotrigine ER or patient titration kit)
MALARONE (Atovaquone and proguanil)
MEPRON (Atovaquone sUSPension)
NUCALA (Mepolizumab)
RELENZA (Zanamivir inhalation powder)
SEREVENT (diskus) (Salmeterol)
SHINGRIX (Zoster vaccine)

Contact info: **Phone:**1-866-728-4368 **Fax:** 1-855-474-3063

Janssen

Eligibility

US resident

≤300-600% FPL

Uninsured or
Medicare

Household size	Group 1 income threshold (≤300% FPL)	Group 2 income threshold (<400% FPL)	Group 3 income threshold (≤600% FPL)
1	40,770	54,360	81,540
2	54,930	73,240	109,860
3	69,090	92,120	138,180
4	83,250	111,000	166,500
5	97,410	162,350	194,820

Medications eligible for assistance

Income group	Medication name
3	BALVERSA® (erdafitinib) Tablets
3	DARZALEX® (daratumumab) Injection for intravenous infusion
3	DARZALEX FASPRO® (daratumumab and hyaluronidase-fihj) Injection for subcutaneous use
1	EDURANT® (rilpivirine) Tablets
1	ELMIRON® (pentosan polysulfate sodium) Capsules
3	ERLEADA® (apalutamide) Tablets

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3	Infliximab, For injection, for intravenous use
1	INTELENCE® (etravirine) Tablets
1	INVEGA HAFYERA™* (paliperidone palmitate) Extended-release Injectable Suspension
1	INVEGA SUSTENNA®* (paliperidone palmitate) Extended-release Injectable Suspension
1	INVEGA TRINZA®* (paliperidone palmitate) Extended-release Injectable Suspension
1	INVOKAMET®* (canagliflozin/metformin HCl) Tablets
1	INVOKAMET® XR* (canagliflozin/metformin HCl) Extended-release Tablets
1	INVOKANA® (canagliflozin) Tablets
2	OPSUMIT®* (macitentan) Tablets
2	PONVORY® (ponesimod) Tablets
1	PREZCOBIX® (darunavir 800mg/cobicistat 150mg) Tablets
1	PREZISTA® (darunavir) Tablets or Oral Suspension
3	REMICADE®* (infliximab) Intravenous Infusion
1	RISPERDAL CONSTA®* (risperidone) Long-acting Injection
3	RYBREVAANT® (amivantamab-vmjw) Injection, for intravenous use
3	SIMPONI® (golimumab) Injection
3	SIMPONI ARIA®* (golimumab) Intravenous Infusion
1	SIRTURO®* (bedaquiline) Tablets
1	SPRAVATO®* (esketamine) Nasal Spray CIII, for intranasal use
3	STELARA® (ustekinumab) Injection, for intravenous use
3	STELARA® (ustekinumab) Injection, for subcutaneous use
1	SYMTUZA®* (darunavir, cobicistat, emtricitabine, and tenofovir alafenamide) Tablets
3	TECVAYLI™ (teclistamab) Injection, for subcutaneous use
2	TRACLEER®* (bosentan) Tablets
3	TREMFYA® (guselkumab) Prefilled syringe or One-Press patient-controlled injector
2	UPTRAVI®† (selexipag) Tablets
2	VELETTRI®† (epoprostenol) Injection
2	VENTAVIS®† (iloprost) Inhalation solution
1	XARELTO®* (rivaroxaban) Tablets or Oral Suspension
3	YONDELIS® (trabectedin) Injection for Intravenous Infusion

Contact info-Phone: 1-833-742-0791 Fax: 1-833-512-0497

Starting 01/01/2023, Johnson & Johnson will no longer offer a program for Medicare patients and will be taken over by Janssen

Johnson & Johnson

Eligibility

US resident

≤300-600% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold		
	Group 1 (≤ 300% FPL)	Group 2 (≤400% FPL)	Group 3 (≤600% FPL)
1	40,770	54,360	81,540
2	54,930	73,240	109,860
3	69,090	92,120	138,180
4	83,250	111,000	166,500
≥5	Call Johnson & Johnson 1-800-652-6227		

Medications eligible for assistance

Income Group	Medication name
3	BALVERSA (erdafitinib) tablets
3	DARZALEX (daratumumab) injection for IV infusion
3	DARZALEX FASPRO (daraumumab and hyaluronidase-fihj) injection for subcutaneous use
1	EDURANT (rilpivirine) tablets
1	ELMIRON (pentosan polysulfate sodium) capsules
3	ERLEADA (apalutamide) tablets
1	HALDOL Decanoate (haloperidol) IM injection only
3	IMBRUVICA (ibrutinib) capsules/tablets
1	INTELENCE (etravirine) tablets
1	INVEGA SUSTENNA, TRINZA and HAFYERA (paliperidone palmitate) extended-release injection
1	INVOKAMET (canagliflozin/metformin)
1	INVOKAMET XR (canagliflozin/metformin XR)
1	INVOKANA (canagliflozin)

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2	MONOVISC (high molecular weight hyaluronan) injection
2	OPSUMIT (macitentan) tablets
2	ORTHOVISC (high molecular weight hyaluronan) injection
2	PONVORY (ponesimod)
1	PREZCOBIX (darunavir/cobicistat)
1	PREZISTA (darunavir)
2	PROCRIT (epoetin alfa)
3	REMICADE (infliximab) IV infusion
1	RISPERDAL CONSTA (risperidone) long-acting injection
3	RYBREVANT (amivantamab-vmjw)
3	SIMPONI (golimumab) injection
1	SIRTURO (bedaquiline) tablets
1	SPORANOX (itraconazole) capsules and oral solution
1	SPRAVATO (esketamine) nasal spray [CIII]
3	STELARA (ustekinumab) for subcutaneous or IV use
1	SYMTUZA (darunavir, cobicistat, emtricitabine, tenofovir alafenamide) tablets
3	TRACLEER (bosentan)
3	TREMFYA (guselkumab) for subcutaneous use
3	UPTRAVI (selexipag)
3	VELETRI (epoprostenol)
3	VENTAVIS (iloprostol)
1	XARELTO (rivaroxaban) tablets or oral solution
3	YONDELIS (trabectedin) for IV infusion
3	ZYTIGA (abiraterone) tablets

Contact info-**Phone:** 1-800-652-6227 **Fax:** 1-888-526-5168

Lilly Cares Program

Eligibility

Legal US
resident

≤300-500% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold		
	Group 1 (≤ 300% FPL)	Group 2 (≤400% FPL)	Group 3 (≤500% FPL)
1	40,770	54,360	67,950
2	54,930	73,240	91,550
3	69,090	92,120	115,150
4	83,250	111,000	138,750
≥5	Call Lilly cares 1-800-545-6962		

Medications available for assistance

Insurance Group	Medication name	Patient education
3	Alimta® (pemetrexed for injection)	Patient Information
2	Baqsimi® (glucagon) nasal powder	Patient Information
2	Basaglar® (insulin glargine injection)	Patient Information
2	Cialis® (tadalafil) tablets	Patient Information
1	Cymbalta® (duloxetine delayed-release capsules)	Medication Guide
3	Cyramza® (ramucirumab) injection	
2	Emgality® (galcanezumab-gnlm) injection	Patient Information
3	Erbitux® (cetuximab) injection	
1	Evista® (raloxifene hydrochloride) Tablet	Medication Guide
1	Forteo® (teriparatide injection)	Medication Guide
2	Glucagon™ (glucagon for injection)	Patient Information
2	Humalog® U-100 (insulin lispro injection)	Patient Information
2	Humalog® U-200 (insulin lispro injection)	Patient Information

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2	Humalog® Mix50/50™ (insulin lispro protamine and insulin lispro injectable sUSPension)	Patient Information
2	Humalog® Mix75/25™ (insulin lispro protamine and insulin lispro injectable sUSPension)	Patient Information
3	Humatrope® (somatropin) for injection	Patient Information: Cartridge Patient Information: Vial
2	Humulin® 70/30 (human insulin isophane sUSPension and human insulin injection)	Patient Information
2	Humulin® N (isophane insulin human sUSPension)	Patient Information
2	Humulin® R (insulin human injection)	Patient Information
2	Humulin® R U-500 (insulin human injection)	Patient Information
2	Lyumjev™ (insulin lispro-aabc) injection	Patient Information
3	Olumiant® (baricitinib) tablets	Medication Guide
3	Portrazza® (necitumumab) injection	
1	Prozac® (fluoxetine capsules)	Medication Guide
3	Retevmo™ (selpercatinib) capsules	Patient Information
2	Reyvow® (lasmiditan) tablets C-V	Medication Guide
1	Strattera® (atomoxetine) capsules	Medication Guide
1	Symbyax® (olanzapine and fluoxetine) capsules	Medication Guide
3	Taltz® (ixekizumab) injection	Medication Guide
2	Trulicity® (dulaglutide) injection	Medication Guide
3	Verzenio® (abemaciclib) tablets	Patient Information
1	Zyprexa® (olanzapine) Tablet	Medication Guide
1	Zyprexa® Zydis® (olanzapine) Tablet	Medication Guide

Contact info-**Phone:** 1-800-545-6962 **Fax:** 1-844-431-6650

Merck and Co – Merck Helps: patient assistance program

Eligibility

US resident	>19 years old if applying for vaccine	<400% FPL	Uninsured/Medicare
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Household size	Annual household income (\$) threshold (<400% FPL)
1	54,360
2	73,240
3	92,120
4	111,000
5	129,880
≥5	Add 4,720 for each additional person

Medications eligible for assistance

BELSOMRA® (suvorexant) C-IV
CANCIDAS® (caspofungin acetate) for Injection
DELSTRIGO™ (doravirine, lamivudine, and tenofovir disoproxil fumarate) tablets, for oral use
DIFICID® (fidaxomicin) tablets
DIFICID® (fidaxomicin) for oral sUSPension 40 mg/mL
EMEND® (aprepitant) for Oral SUSPension 125 mg
EMEND® (aprepitant) 80 mg, 125 mg capsules
EMEND® (fosaprepitant dimeglumine) for Injection 150 mg
GARDASIL® 9 (Human Papillomavirus 9-valent Vaccine, Recombinant)
ISENTRESS® (raltegravir) 400 mg film-coated and 25 mg and 100 mg chewable Tablets
ISENTRESS® HD (raltegravir) 600 mg Tablets
ISENTRESS® OS (raltegravir) 100 mg Granules for SUSPension
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
M-M-R® II (Measles, Mumps, and Rubella Virus Vaccine Live)

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NOXAFIL® (posaconazole) oral sUSPension, 40 mg/mL
PIFELTRO™ (doravirine) tablets, for oral use
PNEUMOVAX®23 (Pneumococcal Vaccine Polyvalent)
PREVYMIS™ (Ietermovir) 240 mg Tablets
RECARBRIO™ (imipenem, cilastatin, and relebactam) for injection, for intravenous use
RECOMBIVAX HB® [Hepatitis B Vaccine (Recombinant)]
STROMEKTOL® (ivermectin) Tablets
TRUSOPT® (dorzolamide hydrochloride ophthalmic solution) 2%
VAQTA® (Hepatitis A Vaccine, Inactivated)
VARIVAX® (Varicella Virus Vaccine Live)
VAXNEUVANCE™ (Pneumococcal 15-valent conjugate vaccine)
VERQUVO™ (vericiguat) 2.5 mg, 5 mg, 10 mg tablets
WELIREG™ (belzutifan) 40 mg Tablets
ZEPATIER® (elbasvir and grazoprevir)
ZERBAXA™ (ceftolozane and tazobactam) for Injection for Intravenous Use
ZINPLAVA™ (bezlotoxumab) Injection 25 mg/ml
ZOLINZA® (vorinostat) 100 mg Capsules

Contact info-**Phone:** 1-800-727-5400

Program details

- Single application can include up to 3 Merck products
- Each prescription cannot exceed a 90-day supply at a time with a maximum of 3 refills
- New application needed every 12 months

MyPraluent Patient Assistance Program

Eligibility		
US resident	$\leq 300\%$ FPL BUT $\geq 135\%$ FPL	Uninsured or Medicare

Household size	Annual household income (\$) threshold ($\leq 300\%$ FPL)
1	40,770
2	54,930
3	69,090
4	83,250
≥ 5	Contact myPraluent program at 1-844-772-5836

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Medications eligible for assistance

Praluent (alirocumab)

Contact info-**Phone:**1-844-772-5836 **Fax:** 1-844-855-7278

Mylan pharmaceuticals now Viatris

Eligibility

US resident

≤ 400-500% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold	
	Group 1 & 2 medications ≤400% FPL	Fulphila & Ogivri (≤500% FPL)
1	54,360	67,950
2	73,240	91,550
3	92,120	115,150
4	111,000	138,750
5	129,880	162,350
≥5	Add 23,600 for each additional person in household	

Medications eligible for assistance

Insurance Group	Medication name
1	Arixtra (fondaparinux)
2	Caduet (amlodipine/atorvastatin)
1	Cimduo (lamivudine/tenofovir disoproxil fumarate) tablet
1	Clozapine
1	Cortifoam (hydrocortisone 10%) rectal foam
1	Cystagon (cysteamine) capsules
1	Denavir (penciclovir) cream 1%
1	Depen (penicillamine) tablets
2	Detrol LA (tolterodine)
1	Dipentum (olsalazine) capsule
1	Dymista (azelastine/fluticasone) nasal spray
1	Elestrin (estradiol gel) 0.06%
1	Emsam transdermal system
2	EpiPen & EpiPen Jr (epinephrine) injection

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1	Erygel (erythromycin) topical gel 2%
1	Evoclin (clindamycin) foam 1%
1	Felbatol (felbamate)
2	Fulphila (pegfilgastrim-jmdb)*
1	Gastrocrom (cromolyn) oral concentrate
2	Glatiramer Acetate
1	Impeklo (clobetasol) lotion
2	Inspira (eplerenone)
1	Luxiq (betamethasonevalerate) foam
1	Miacalcin injection (calcitonin)
1	Muse (alprostadil) urethral
2	Ogivri* (trastuzumab-dkst)
1	Olux (clobetasol) foam 0.05%
1	Olux-E (clobetasol) foam 0.05%
1	Perforomist (formoterol fumarate) inhalation solution
1	Pretomanid tablet
1	Proctofoam HC (hydrocortisone acetate 1% & pramoxine 1%)
2	Relpax (eletriptan)
1	Rowasa (mesalamine) rectal sUSPension
1	Semglee (insulin glargine)
1	SF Rowasa (mesalamine) rectal sUSPension
2	Tobi (tobramycin) ampules or podhalers
1	Wixela (fluticasone/salmeterol)
1	Xulane (norelgestromin and ethinyl estradiol transdermal system)
1	Yupelri (revefenacin)

*FPL threshold 500%

Contact info-**Phone:** 888-417-5780 **Fax:** 877-427-7290

Nestle Health Science Patient assistance program

Eligibility

US resident

≤ 400 FPL

Uninsured

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Household size	Annual household income (\$) threshold (≤400% FPL)
1	54,360
2	73,240
3	92,120
4	111,000
5	129,880
≥5	Add 4,720 for each additional person

Medications eligible for assistance

Viokace (pancrelipase) tablets

Zenpep (pancrelipase) delayed release capsule

Contact info-**Phone:** 1-855-210-6228 **Fax:** 1-877-867-1831

Novartis Patient Assistance Foundation

Eligibility

US resident

Below annual
income threshold

Uninsured
or Medicare

Household size	Annual household income (\$) threshold
1	70,000
2	100,000
3	125,000
4	150,000
≥5	Add 25,000 per additional person

Medications eligible for assistance

Adakveo® (crizanlizumab-tmca)

Afinitor® (everolimus)

Afinitor Disperz® (everolimus sUSPension)

Alomide® (lodoxamide tromethamine solution)

Beovu® (brolucizumab-dblI) Injection

Betoptic S® (betaxolol hydrochloride sUSPension)

Coartem® (artemether and lumefantrine)

Cosentyx® (secukinumab)

Entresto™ (sacubitril/valsartan)

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Extavia® (interferon beta-1b)
Ferumoxytol injection
Fulvestrant injection, for intramuscular use
Gilenya® (fingolimod)
Hycamtin® (topotecan) Capsules
Hycamtin® (topotecan hydrochloride) For Injection
Ilaris® (canakinumab)
Ilevro® (nepafenac sUSPension)
Jadenu® (deferasirox)
Jadenu® Sprinkle (deferasirox) granules
Kesimpta® (ofatumumab)
Kisqali® (ribociclib)
Kisqali® Femara® Co-Pack (ribociclib and letrozole) tablets
Leqvio® (Inclisiran)
Lutathera® (lutetium Lu 177 dotatate)
Levoleucovorin Injection
Maxidex® (dexamethasone sUSPension)
Mayzent® (Siponimod)
Mekinist® (trametinib)
Nevanac® (nepafenac sUSPension)
Omnitrope® Somatropin (rDNA origin)
Piqray® (alpelisib)
Pluvicto® (177Lu-PSMA-617)
Promacta® (eltrombopag)
RYDAPT® (midostaurin)
SANDOSTATIN LAR® DEPOT (octreotide acetate)
Scemblix® (asciminib) Tablets
Tabrecta™ (capmatinib)
Tafinlar® (dabrafenib)
Tasigna® (nilotinib)
Tobradex® (ophthalmic ointment)
Triesence® (triamcinolone acetonide injectable sUSPension)
Tykerb® (lapatinib)
Vijoice® (alpelisib)
Votrient® (pazopanib)
Xiidra® (lifitegrast ophthalmic solution)
Zarxio™ (filgrastim-sndz)
Ziextenzo® (pegfilgrastim-bmez)
ZYKADIA® (ceritinib)

Contact info-**Phone:** 1-800-277-2254 **Fax:** 1-855-817-2711

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Novo Nordisk (up to 10 days for processing)

Eligibility		
US citizen	≤400% FPL	Uninsured or Medicare

Household size	Annual household income (\$) threshold (≤400% FPL)
1	54,360
2	73,240
3	92,120
4	111,000
5	129,880
≥5	Add 4,720 for each additional person

Medications eligible for assistance
Fiasp Flextouch (insulin aspart)*
GlucaGen Hypokit
Levemir (insulin detemir) Flextouch*
Novolin N vial (insulin NPH)
Novolin 70/30 (insulin NPH and insulin R mix) vial
Novolin R vial (insulin regular)
Novolog (insulin aspart) FlexPen*
Novolog mix 70/30 (insulin aspart protamine and insulin aspart) FlexPen*
Ozempic (semaglutide) injection*
Rybelsus (semaglutide) tablets
Tresiba (insulin degludec) FlexTouch*
Victoza (liraglutide) pen*
Xultophy (insulin degludec & liraglutide) pen*
*Request Novo Nordisk disposable needles on prescription/application or they will not be sent

Contact info- **Phone:** 1-866-310-7549 **Fax:** 1-866-441-4190

Otsuka Patient Assistance Foundation

Eligibility

US citizen

≤ 300% -700 FPL

Uninsured

Household size	Annual household income (\$) threshold	
	All other medications (≤ 300% FPL)	Jynarque (≤700% FPL)
1	40,770	109,860
2	54,930	138,180
3	69,090	166,500
4	83,250	Add 28,320
≥5	Call Otsuka 1-855-727-6274	

Medications eligible for assistance

Abilify Maintena (aripiprazole) for extended release injectable sUSPension

Jynarque (tolvaptan) tablets

Rexulti (Brexiprazole) tablets

Samsca (tolvaptan)

Contact info-**Phone:** 1-8555-727-6274 **Fax:** 1-844-727-6274

Pfizer RxPathways patient assistance program (2-3 weeks for processing)

Eligibility

US resident

≤ 400% FPL

Uninsured

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Household size	Annual household income (\$) threshold	
	Non-B medications ≤400% FPL	Group B
1	54,360	49,960
2	73,240	67,640
3	92,120	85,320
4	111,000	103,00
5	129,880	120,680
≥5	Call Pfizer program 1-866-706-2400	

Medications eligible for assistance	
Insurance Group	Medication name
B	VFEND® (voriconazole)
B	Revatio (sildenafil)
B	RAPAMUNE® (sirolimus)
Non-B medications	AROMASIN® (exemestane) tablets
	ARTHROTEC® (diclofenac sodium/misoprostol) tablets
	BeneFIX® Coagulation Factor IX (Recombinant)
	BESPONSA™ (inotuzumab ozogamicin, for injection, for intravenous use)
	BOSULIF® (bosutinib) tablets
	CADUET® (amlodipine besylate/atorvastatin calcium) tablets
	CAMPTOSAR® (irinotecan hydrochloride) injection
	CAVERJECT® (alprostadil) injection
	CAVERJECT® Impulse® (alprostadil) injection
	CELEBREX® (celecoxib) capsules
	CELONTIN® (methsuximide) capsules, USP
	CHANTIX® (varenicline) tablets
	CIBINQO™ (abrocitinib) tablets
	DAURISMO™ (glasdegib) tablets
	DEPO-PROVERA® (medroxyprogesterone acetate injectable sUSPension)
	DEPO®-ESTRADIOL (estradiol cypionate) injection, USP
	DETROL® (tolterodine tartrate) tablets
	DETROL® LA (tolterodine tartrate) extended-release capsules
	DILANTIN® (extended phenytoin sodium) capsules
	DUAVEE™ (conjugated estrogens/bazedoxifene) tablets
	ELLENCÉ® (epirubicin hydrochloride injection)
	EMCYT® (estramustine phosphate sodium) capsules

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ESTRING® (estradiol vaginal ring)
FELDENE® (piroxicam) capsules
FRAGMIN® (dalteparin sodium) injection
GENOTROPIN® (somatropin) for injection
HEPARIN Sodium Injection, USP
IBRANCE® (palbociclib) capsules
IDAMYCIN PFS® (idarubicin hydrochloride) injection
INFLECTRA® (infliximab-dyyb) for injection
INLYTA® (axitinib) tablets
INSPRA® (eplerenone) tablets
LEVOXYL® (levothyroxine sodium) tablets
LINCOCIN® (lincomycin) injection, USP
LORBRENA® (lorlatinib) tablets
MENEST® (esterified estrogens) tablets, USP
MYCOBUTIN® (rifabutin) capsules, USP
MYLOTARG™ (gemtuzumab ozogamicin) for injection
NICOTROL® (nicotine)
NIVESTYM® (filgrastim-aafi) injection
NORPACE® (disopyramide phosphate)
PREMARIN® (conjugated estrogens) tablets, USP (conjugated estrogens tablets)
PREMARIN® (conjugated estrogens) Vaginal Cream (conjugatedestrogens) Vaginal Cream
PREMPRO® (conjugated estrogens/medroxyprogesterone acetate)tablets
PREMPHASE® (conjugated estrogens plus medroxyprogesteroneacetate) tablets
PREVNAR 13® Pneumococcal 13-valent Conjugate Vaccine [DiphtheriaCRM197 Protein]
PRISTIQ® (desvenlafaxine) extended-release tablets
RELPAK® (eletriptan hydrobromide) tablets
RETACRIT® (epoetin alfa-epbx) injection
SKELAXIN® (metaxalone) tablets
SOMAVERT® (pegvisomant) for injection
SUTENT® (sunitinib malate) capsules
SYNAREL® (nafarelin acetate) nasal solution
TALZENNA® (talazoparib) capsules
TIKOSYN® (dofetilide) capsules
TORISEL® (temsirolimus) injection

TOVIAZ® (fesoterodine fumarate) extended-release tablets
TRECATOR® (ethionamide) tablets
TRUMENBA® (Meningococcal Group B Vaccine)
TYGACIL® (tigecycline) for injection
VIZIMPRO® (dacomitinib) tablets
VYNDAQEL® (tafamidis meglumine) capsules
XALKORI® (crizotinib) capsules
XANAX® CIV (alprazolam) tablets
XELJANZ® (tofacitinib) tablets
XELJANZ® (tofacitinib) oral solution
XELJANZ® XR (tofacitinib) extended-release tablets
XYNTHA® Antihemophilic Factor (Recombinant)
ZARONTIN® (ethosuximide)ZYVOX® (linezolid)
ZYVOX® (linezolid)

Contact info-**Phone:** 1-866-706-2400 **Fax:** 1-866-470-1748

Pfizer Oncology Together

Eligibility

US resident

≤ 500% FPL

Uninsured or
insurance not
covering
medication

Household size	Annual household income (\$) threshold (≤500% FPL)
1	67,950
2	91,550
3	115,150
4	138,750
≥5	Click for FPL for household larger than 5 or add 23,600 per each additional person

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Medications eligible for assistance

AROMASIN (exemestane)
BOSULIF (bosutinib)
BRAFTOVI (encoarfenib)
DAURISMO (glasdegib)
EMCYT (estramustine)
IBRANCE (Palbociclib)
INLYTA (axitinib)
LORBRENA (lorlatinib)
MEKTOVI (bibimetinib)
SUTENT (sunitinib)
TALZENNA (talazoparib)
VIZIMPRO (dacaomitinib)
XALKORI (crizotinib)
BESPOUSA (inotuzumab)
CAMPTOSAR (irinotecan)
ELLENCE (epirubicin)
IDAMYCIN (idarubicin)
MYLOTARG (gemtuzumab)
TORISEL (temsirolimus)
NIVESTYM (filgrastim-aafi)
NYVEPRIA (pegfilgrastim-apgf)
RETACRIT (epoetin alfa-epbx)
RUXIENCE (rituximab-pvvr)
TRAZIMERA (trastuzumab-qyyp)
ZIRABEV (bevacizumab-bvzr)

Contact info-**Phone:** 1-877-744-5675 **Fax:** 1-877-736-6506

Radius Assist

Eligibility

Legal US
resident

≤ 300% FPL

Uninsured or
Medicare

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Household size	Annual household income (\$) threshold (<u><300%</u> FPL)
1	40,770
2	54,930
3	69,090
4	83,250
<u>≥</u> 5	Contact Radius program at 1-866-896-5674

Medications eligible for assistance

TYMLOS (abaloparatide) injection

Contact info-**Phone:** 1-866-896-5674 **Fax:** 1-800-910-4610

Roche through Genentech

Program eligibility

1. Uninsured making <\$150,000
2. Insured patients as follows:

Household size	Annual household income (\$) threshold
1	<75,000
2	<100,000
3	<125,00
4	<150,000
<u>≥</u> 5	Add 25,000 for each additional person

Medications eligible for assistance

Actemra (tocilizumab)¹

Activase (alteplase)

Alcensa (alectinib)

Avastin (bevacizumab)

Cathflo Activase (alteplase)

Cotellic (cobimetinib)

Enspryng (satralizumab-mwge)

Erivedge (vismodegib)

Esbriet (pirfenidone)

Evrysdi (risdiplam)

Gavreto (pralsetinib)

Gazyva (Obinutuzumab)

Hemlibra (emcizumab-kxwh)

Herceptin (trastuzumab)

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Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)
Kadcyla (ado-trastuzumab emtansine)
Lucentis (ranibizumab injection)
Ocrevus (orelizumab)
Pegasys (peginterferon alfa-2a)
Perjeta (pertuzumab)
Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf)
Polivy (polatuzumab vedotin-piiq)
Pulmozyme (dornade alfa) inhalation solution
Rituxan (rituximab) for rheumatoid arthritis ¹
Rituxan (rituximab) for oncology
Rituxan (rituximab) for granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA) or pemphigus vulgaris (PV)
Rituxan hycela (rituximab/hyaluronidase human)
Rozlytrek (entrectinib)
Susvimo (ranibizumab)
Tecentriq (atezolizumab)
TNKase (Tenecteplase)
Vabysmo (faricimab-svoa)
Venclexta (venetoclax tablets)
Xeloda (capecitabine)
Xolair (omalizumab)
Zelboraf (vemurafenib)
1. \$5.00 copay, up to \$15,000 in assistance annually for drug costs and up to \$2,000 in infusion assistance

Additional programs for Cellcept, Evrysdi, Valcyte, Fuzeon, Nutropin available*

Contact info-**Phone:**(888)-941-3331 **Fax:** (833)-999-4363

Sanofi

Eligibility

Legal US
resident

≤ 400% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold (≤400% FPL)
1	54,360

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2	73,240
3	92,120
4	111,000
5	129,880

Medications eligible for assistance

Adacel® (tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine adsorbed)
Admelog® (insulin lispro injection) 100 Units/mL
Apidra® (insulin glulisine injection) 100 Units/mL
Imogam® Rabies-HT Immune Globulin, [Human] USP, Heat Treated
Imovax® Rabies Vaccine [Human Diploid Cell]
Lantus® (insulin glargine injection) 100 Units/mL
Lovenox® (enoxaparin sodium injection) ¹
MenQuadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)
Mozobil® (plerixafor injection) ¹
Multaq® (dronedarone) Tablets
Pentacel® Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine
Priftin® (rifapentine) Tablets
Soliqua® 100/33 (insulin glargine & lixisenatide) injection 100 Units/mL and 33 mcg/mL
Tenivac® (tetanus and diphtheria toxoids adsorbed)
Thymoglobulin® [Anti-Thymocyte Globulin (Rabbit)] ¹
Toujeo® (insulin glargine injection) 300 Units/mL (1.5 mL or 3.0 mL pens) ²
1. if applying for Drug Replacement (Lovenox®, Mozobil®, and Thymoglobulin®), a copy of the claim, denial, flow sheet(s) and drug dispensing log (with patient name, date of service, product NDC/Lot #, total dosage) must be submitted
2. Regular SoloStar® is packaged as 3 pens per pack 450 units/pen; dials up to 80 units per single injection. Max SoloStar® is packaged as 2 pens per pack 900 units/pen; dials up to 160 units per single injection; Max pen dials in 2-unit increments

Contact info-**Phone:** 1-888-847-4877 **Fax:** 1-888-847-1797

Sunovion Prescription Assistance Program

Eligibility

US resident

$\leq 300\%$ FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold ($\leq 300\%$ FPL)
1	40,770
2	54,930
3	69,090
4	83,250

a. **Requires** proof of income with one of the following:

- Current paycheck stubs, proof of Social Security Income, 1099 or W-2 forms for all members of household
- Federal Income Tax Return (IRS Form 1040 or 1040EZ) for prior tax year

Medications eligible for assistance

Aptiom® (eslicarbazepine acetate)

Kynmobi™ (apomorphine hydrochloride)

Latuda (lurasidone)

Contact info-**Phone:** 877-850-0819 **Fax:** 877-850-0821

TAKEDA: Help at Hand

Eligibility

US resident

$\leq 500\%$ FPL

Any insurance
status

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Household size	Annual household income (\$) threshold (<u>≤</u> 500% FPL)
1	67,950
2	91,550
3	115,150
4	138,750
≥5	Click for FPL for household larger than 5 or add 23,600 per each additional person

Medications eligible for assistance

Amitiza (lubiprostone)

Carbatrol (carbamazepine extended-release) capsules

Colcrys (colchicine) tablets

Dexilant (dexlansoprazole) DR capsules

Fosrenol (lanthanum carbonate)

Intuniv (guanfacine) ER tablets

Kazano (alogliptin/metformin) tablets

Lialda (mesalamine) DR tablets

Motegrity (prucalopride) tablets

Mydayis (amphetamine) ER capsules

Nesina (alogliptin) tablets

Oseni (alogliptin/pioglitazone) tablets

Pentasa (mesalamine) ER capsules

Prevacid (lansoprazole) ODT tablets

Rozerem (ramelteon) tablets

Trintellix (vortioxetine tablets)

Vyvanse (lisdexamfetamine) capsules and tablets

Contact info-**Phone:** 1-800-830-9159 **Fax:** 1-800-497-0928

TEVA Cares Foundation

Eligibility

US resident

≤ 300-500% FPL

Uninsured or
Medicare A/B
ONLY

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Household size	Annual household income (\$) threshold	
	Non-oncology medications ≤300% FPL	Oncology medications ≤500% FPL
1	40,770	67,950
2	54,930	91,550
3	69,090	115,150
4	83,250	138,750
5	97,410	162,350
≥5	Click for FPL thresholds	

Medications eligible for assistance
BENDEKA (bendamustine)
Clozapine
Cyclosporine capsules modified
Cyclosporine oral solution modified
GABITRIL (tigabine hydrochloride) tablets
GALZIN (zinc acetate) capsules
GRANIX (tbo-filgrastim) injection
HERZUMA (trastuzumab-pkrb) injection
NUVIGIL (armodafinil) tablets [C-IV]
ProAir RespiClick (albuterol sulfate) inhalation aerosol
ProAir HFA (albuterol sulfate) inhalation aerosol
Proglycem (diazoxide) oral sUSPension
QNASL (beclomethasone) nasal aerosol
QVAR RediHaler (beclomethasone dipropionate HFA) inhalation aerosol
SYNRIBO (omacetaxine) for injection
TREANDA (bedamustine) for injection
TRISENOX (arsenite trioxide) injection
TRUXIMA (rituximab-abbs) injection

Contact info-**Phone:** 877-237-4881 **Fax:** 877-438-4404

Tolmar Total solutions

Eligibility

US resident

≤500% FPL

Uninsured

Household size	Annual household income (\$) threshold (≤500% FPL)
1	67,950
2	91,550
3	115,150
4	138,750
≥5	Click for FPL for household larger than 5 or add 23,600 per each additional person

Medications eligible for assistance

Eligard (leuprolide)

Contact info-**Phone:** 1-844-TOLMAR1 **Fax:** 1-844-TOLMAR2

Veltassa Konnect

Eligibility

US resident

≤500% FPL

Uninsured

Household size	Annual household income (\$) threshold
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	(≤500% FPL)
1	67,950
2	91,550
3	115,150
4	138,750
≥5	Click for FPL for household larger than 5 or add 23,600 per each additional person

Medications eligible for assistance

Veltassa (patiromer)

Contact info-**Phone:** 1-8888-623-7092 **Fax:** 1-888-623-7092

PAPs by Disease State/Condition

ANTI-MIGRAINE

Medications available for assistance

[Aimovig \(Erenumab\)](#)

[Botox \(OnabotulinumtoxinA\)](#)

[Emgality® \(Galcanezumab-Gnlm\) Injection](#)

[Imitrex \(Sumatriptan Nasal Spray\)](#)

[QULIPTA \(Atogepant\) Tablets](#)

[Relpax \(Eletriptan\)](#)

[Relpax® \(Eletriptan Hydrobromide\) Tablets](#)

[Reyvow® \(Lasmiditan\) Tablets C-V](#)

[Ubrelvy \(Ubrogepant\) Tablets](#)

Antithrombotics

Medication class	Medication name
Anticoagulant	Arixtra (Fondaparinux)

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	Eliquis® (Apixaban)
	Fragmin® (Dalteparin Sodium) Injection
	Heparin Sodium Injection, USP
	Lovenox® (Enoxaparin Sodium Injection)
	Pradaxa (Dabigatran)
	Xarelto (Rivaroxaban) Tablets Or Oral Solution
Antiplatelet Clotting factor	Brilinta (Ticagrelor)
	Benefix® Coagulation Factor Ix (Recombinant)
Thrombolytic	Activase (Alteplase)
	Cathflo Activase (Alteplase)
	TNKase (Tenecteplase)

AUTOIMMUNE DISORDERS

Medications available for assistance	Disease state
Actemra (Tocilizumab)	Rheumatoid arthritis
Adakveo® (Crizanlizumab-Tmca)	Sickle cell
Avsola (Infliximab-Axxq)	Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis
Benlysta (Belimumab)	Lupus nephritis
BETASERON (interferon beta-1b)	Multiple sclerosis, relapsing
Canasa (Mesalamine) Suppository	Crohn's, Ulcerative colitis
Cibingo™ (Abrocitinib) Tablets	Atopic dermatitis
Cosentyx® (Secukinumab)	Plaque psoriasis, Psoriatic arthritis, Ankylosing spondylitis
CREON (Pancrelipase) Delayed-Release Capsules	Pancreatic insufficiency
Cyclosporine Capsules Modified	Transplant, Rheumatoid arthritis, Psoriasis
Cyclosporine Oral Solution Modified	Transplant, Rheumatoid arthritis, Psoriasis
Cystagon (Cysteamine) Capsules	Nephropathic cystinosis
Delzicol (Mesalamine Dr) Capsules	Crohn's, Ulcerative colitis
Depen (Penicillamine) Tablets	Wilson's disease, cystinuria
Dipentum (Olsalazine) Capsule	Crohn's, Ulcerative colitis
Enbrel (Etanercept)	Plaque psoriasis, Psoriatic arthritis, Ankylosing spondylitis
Enspryng (Satralizumab-Mwge)	Neuromyelitis optica spectrum disorder

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Esbriet (Pirfenidone)	Idiopathic pulmonary fibrosis
Evrysdi (Risdiplam)	Spinal muscular atrophy
Extavia® (Interferon Beta-1B)	Multiple sclerosis, relapsing
Gengraf Capsules (Cyclosporine, USP [Modified])	Transplant, Rheumatoid arthritis, Psoriasis
Genotropin® (Somatropin) For Injection	Growth hormone deficiency or failure (pediatrics)
Gilenya® (Fingolimod)	Multiple sclerosis, relapsing
Glatiramer Acetate	Multiple sclerosis, relapsing
Hemlibra (Emcizumab-Kxwh)	Hemophilia A, prophylaxis
Humatrope® (Somatropin) For Injection	Growth hormone deficiency or failure (pediatrics)
Humira (Adalimumab)	Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis
ILARIS® (Canakinumab)	Adult onset Still's disease, Periodic fever syndromes
Inflectra® (Infliximab-Dyyb) For Injection	Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis
Lialda (mesalamine) DR tablets	Crohn's, Ulcerative colitis
Mavyret (Glecaprevir/Pibrentasvir)	Chronic hepatitis C
Mayzent® (Siponimod)	Multiple sclerosis
Mozobil® (Plerixafor Injection)	Peripheral stem cell mobilization
Nplate (Romiplostim)	Immune thrombocytopenia
Nulojix® (Belatacept)	Kidney transplant (de novo use)
Ocrevus (Orelizumab)	Multiple sclerosis, relapsing or primary progressive
Ofev (Nintedanib)	Idiopathic pulmonary fibrosis
Olumiant® (Baricitinib) Tablets	Rheumatoid arthritis
Omnitrope® Somatropin (Rdna Origin)	Growth hormone deficiency or failure (pediatrics)
Orencia® (Abatacept)	Graft vs host disease, Psoriatic arthritis, Rheumatoid arthritis
Otezla (Apremilast)	Psoriasis, Psoriatic arthritis, Bechet disease
Pegasys (Peginterferon Alfa-2A)	Chronic hepatitis B
Pentasa (mesalamine) ER capsules	Crohn's, Ulcerative colitis
Ponvory (Ponesimod)	Multiple sclerosis, relapsing
Promacta® (Eltrombopag)	Immune thrombocytopenia
Rapamune® (Sirolimus)	Renal transplant, lymphangioleiomyomatosis
Reblozyl® (LUSPatercept-Aamt)	Anemia due to myelodysplastic syndromes
Remicade (Infliximab) IV Infusion	Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis
Rinvoq (Upadacitinib)	Psoriatic arthritis, Atopic dermatitis, Ulcerative colitis, Rheumatoid arthritis

Rituxan (Rituximab) For Rheumatoid Arthritis	Rheumatoid arthritis
Rowasa (Mesalamine) Rectal SUSPension	Crohn's, Ulcerative colitis
Saphnelo (Anifrolumab-Fnia)	Systemic lupus erythematosus, moderate to severe
Sf Rowasa (Mesalamine) Rectal SUSPension	Crohn's, Ulcerative colitis
Simponi (Golimumab) Injection	Psoriatic arthritis, Ankylosing spondylitis, Ulcerative colitis, Rheumatoid arthritis
Skyrizi (Risankizumab-Rzaa)	Plaque psoriasis, Psoriatic arthritis
Somavert® (Pegvisomant) For Injection	Acromegaly
SOTYKTU (deucravacitinib)	Plaque Psoriasis
Stelara (Ustekinumab) For Subcutaneous Or Iv Use	Crohn's, Plaque psoriasis, Psoriatic arthritis, Ulcerative colitis
Taltz® (Ixekizumab) Injection	Ankylosing spondylitis, Plaque psoriasis, Psoriatic arthritis
Tremfya (Guselkumab) For Subcutaneous Use	Plaque psoriasis, Psoriatic arthritis
Truxima (Rituximab-Abbs) Injection	Rheumatoid arthritis
Viokace (Pancrelipase) Tablets	Pancreatic insufficiency
Vyndaqel® (Tafamidis Meglumine) Capsules	Amyloid cardiomyopathy
Xeljanz® (Tofacitinib) Oral Solution	Ankylosing spondylitis, Plaque psoriasis, Psoriatic arthritis, Rheumatoid arthritis, Ulcerative colitis
Xeljanz® (Tofacitinib) Tablets	
Xeljanz® Xr (Tofacitinib) Extended-Release Tablets	
Xyntha® Antihemophilic Factor (Recombinant)	Hemophilia A
Zenpep (Pancrelipase) Delayed Release Capsule	Pancreatic insufficiency
Zeposia® (Ozanimod)	Multiple sclerosis, relapsing

CARDIOVASCULAR

Medications available for assistance

Adempas (riociguat)
BiDil (isosorbide dinitrate/hydralazine)
Bystolic (Nebivolol) Tablets
Caduet (Amlodipine/Atorvastatin)
Corlanor (Ivabradine)
Edarbi (azilsartan medoxomil)
Edarbyclor (azilsartan medoxomil/chlorthalidone)
Entresto™ (Sacubitril/Valsartan)

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Farxiga (Dapagliflozin)
Inspra (Eplerenone)
Jardiance (Empagliflozin)
Kerendia (finerenone)
Leqvio® (Inclisiran)
Lokelma (Sodium Zirconium Cyclosilicate)
Multaq® (Dronedarone) Tablets
Norpace® (Disopyramide Phosphate)
Nymalize (nimodipine oral solution)
Opsumit (Macitentan) Tablets
Praluent (alirocumab)
Repatha (Evolocumab)
Sotylize (sotalol oral solution)
Tikosyn® (Dofetilide) Capsules
Tracleer (Bosentan)
Uptravi (Selexipag)
Veletri (Epoprostenol)
Ventavis (Iloprostol)
Verquvo™ (Vericiguat) 2.5 Mg, 5 Mg, 10 Mg Tablets
Veltassa (patiromer)

Diabetes	
Medication class	Medication name
DPP4 inhibitor	Januvia® (Sitagliptin) Tablets
	Nesina (alogliptin) tablets
	Onglyza (Saxagliptin)
	Tadjenta (Linagliptin)
GLP-1	Bydureon (Exenatide Extended Release)
	Byetta (Exenatide)
	Ozempic (Semaglutide) Injection

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	Rybelsus (Semaglutide) Tablets
	Trulicity® (Dulaglutide) Injection
	Victoza (Liraglutide) Pen
GLP-1 insulin combo	Soliqua® 100/33 (Insulin Glargine & Lixisenatide) Injection 100 Units/MI And 33 Mcg/mL
	Xultophy (Insulin Degludec & Liraglutide) Pen
Rapid acting	Insulin
	Admelog® (Insulin Lispro Injection) 100 Units/mL
	Apidra® (Insulin Glulisine Injection) 100 Units/mL
	Fiasp Flextouch (Insulin Aspart)
	Humalog® U-100 (Insulin Lispro Injection)
	Humalog® U-200 (Insulin Lispro Injection)
	Lyumjev™ (Insulin Lispro-Aabc) Injection
	Novolog (Insulin Aspart) Flexpen
Short acting	Humulin® R (Insulin Human Injection)
	Humulin® R U-500 (Insulin Human Injection)
	Novolin R Vial (Insulin Regular)
Intermediate acting	Humulin® N (Isophane Insulin Human SUSPension)
	Novolin N Vial (Insulin Nph)
Long acting	Basaglar® (Insulin Glargine Injection)
	Lantus® (Insulin Glargine Injection) 100 Units/mL
	Levemir (Insulin Detemir) Flextouch
	Semglee (Insulin Glargine)
	Toujeo® (insulin glargine injection) 300 Units/mL (1.5 mL or 3.0 mL pens)
	Tresiba (Insulin Degludec) Flextouch
Rapid/Intermediate	Mixed insulin
	Humalog® Mix50/50™ (Insulin Lispro Protamine And Insulin Lispro Injectable SUSPension)
	Humalog® Mix75/25™ (Insulin Lispro Protamine And Insulin Lispro Injectable SUSPension)
	Novlog Mix 70/30 (Insulin Aspart Protamine And Insulin Aspart) Flexpen
Regular/Intermediate	Humulin® 70/30 (Human Insulin Isophane SUSPension And Human Insulin Injection)
	Novolin 70/30 (Insulin Nph And Insulin R Mix) Vial
SGLT-2 inhibitor	Farxiga (Dapagliflozin)
	Invokana (Canagliflozin)
	Jardiance (Empagliflozin)

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Combination oral	
SGLT2/metformin	Glyxambi (Empagliflozin/Metformin)
	Invokamet (Canagliflozin/Metformin)
	Invokamet Xr (Canagliflozin/Metformin Xr)
	Synjardy & Synjardy Xr (Empagliflozin/Metformin)
	Xigduo Xr (Dapagliflozin/Metformin Er)
DPP4/metformin	Janumet® (Sitagliptin And Metformin Hci) Tablets
	Janumet® Xr (Sitagliptin And Metformin Hci Extended-Release) Tablets
	Jentaduetto & Jentaduetto Xr (Linagliptin/Metformin)
	Kazano (alogliptin/metformin) tablets
	Kombiglyze Er (Saxagliptin/Metformin Er)
DPP4/SGLT2	Qtern (Dapagliflozin/Saxagliptin)
DPP4/metformin/SGLT2	Trijardy Xr (Empagliflozin/Linagliptin/Metformin)
DPP4/TZD	Oseni (alogliptin/pioglitazone) tablets
Other	Symlin (Pramlintide)
Hypoglycemia management	Baqsimi® (Glucagon) Nasal Powder
	Glucagon™ (Glucagon For Injection)
	Glucagen Hypokit

INFECTIOUS DISEASE (HIV & Acute)

Medications available for assistance

ACUTE

[Avycaz \(Avibactam/Ceftazidime\)](#)
[Boostrix \(Tdap Vaccine\)](#)
[Candidas® \(Caspofungin Acetate\) For Injection](#)
[Coartem® \(Artemether And Lumefantrine\)](#)
[Dalvance \(Dalbavancin\) Lyophilizate](#)
[Difidid® \(Fidaxomicin\) For Oral SUSPension 40 Mg/mL](#)
[Difidid® \(Fidaxomicin\) Tablets](#)
[Engerix-B \(Hepatitis B Vaccine\)](#)
[Extavia® \(Interferon Beta-1B\)](#)
[Gardasil®9 \(Human Papillomavirus 9-Valent Vaccine, Recombinant\)](#)
[Imogam® Rabies-Ht Immune Globulin, \[Human\] USP, Heat Treated](#)
[Imovax® Rabies Vaccine \[Human Diploid Cell\]](#)

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<u>Lincocin® (Lincomycin) Injection, USP</u>
<u>Malarone (Atovaquone And Proguanil)</u>
<u>Mavyret (Glecaprevir/Pibrentasvir)</u>
<u>Menquadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)</u>
<u>Mepron (Atovaquone SUSPension)</u>
<u>M-M-R® li (Measles, Mumps, And Rubella Virus Vaccine Live)</u>
<u>Monurol (Fosfomycin Tromethamine) Oral Granules</u>
<u>Mycobutin® (Rifabutin) Capsules, USP</u>
<u>Noxafil® (Posaconazole) Delayed-Release Tablets 100 Mg</u>
<u>Noxafil® (Posaconazole) Oral SUSPension, 40 Mg/MI</u>
<u>Pegasys (Peginterferon Alfa-2A)</u>
<u>Pentacel® Diphtheria And Tetanus Toxoids And Acellular Pertussis Adsorbed, Inactivated Poliovirus And Haemophilus B Conjugate (Tetanus Toxoid Conjugate) Vaccine</u>
<u>Pretomanid Tablet</u>
<u>Prevnar 13® Pneumococcal 13-Valent Conjugate Vaccine [Diphtheria Crm197 Protein]</u>
<u>Prevymis™ (Letermovir) 240 Mg Tablets</u>
<u>Priftin® (Rifapentine) Tablets</u>
<u>Pylera (Bismuth Subcitrate Potassium, Metronidazole, And Tetracycline) Capsules</u>
<u>Recarbrio™ (Imipenem, Cilastatin, And Relebactam) For Injection, For Intravenous Use</u>
<u>Recombivax Hb® [Hepatitis B Vaccine (Recombinant)]</u>
<u>Relenza (Zanamivir Inhalation Powder)</u>
<u>Shingrix (Zoster Vaccine)</u>
<u>Sirturo (Bedaquiline) Tablets</u>
<u>Sporanox (Itraconazole) Capsules And Oral Solution</u>
<u>Stromectol® (Ivermectin) Tablets</u>
<u>Teflaro (Ceftaroline Fosamil) Powder For Injection</u>
<u>Tenivac® (Tetanus And Diphtheria Toxoids Adsorbed</u>
<u>Tobi (Tobramycin) Ampules Or Podhalers</u>
<u>Trumenba® (Meningococcal Group B Vaccine)</u>
<u>Tygacil® (Tigecycline) For Injection</u>
<u>Vaqta® (Hepatitis A Vaccine, Inactivated)</u>
<u>Varivax® (Varicella Virus Vaccine Live)</u>
<u>Vaxneuvance™ (Pneumococcal 15-Valent Conjugate Vaccine)</u>
<u>Vfend® (Voriconazole)</u>
<u>Zepatier® (Elbasvir And Grazoprevir)</u>
<u>Zerbaxa™ (Ceftolozane And Tazobactam) For Injection For Intravenous Use</u>
<u>Zyvox® (Linezolid)</u>

HIV

[Cimduo \(Lamivudine/Tenofovir Disoproxil Fumarate\) Tablet](#)

[Delstrigo™ \(Doravirine, Lamivudine, And Tenofovir Disoproxil Fumarate\) Tablets, For Oral Use](#)

[Edurant \(Rilpivirine\) Tablets](#)

[Epivir-Hbv \(Lamivudine Solution Or Tablets\)](#)

[Intelence \(Etravirine\) Tablets](#)

[Isentress® \(Raltegravir\) 400 Mg Film-Coated And 25 Mg And 100 Mg Chewable Tablets](#)

[Isentress® Hd \(Raltegravir\) 600 Mg Tablets](#)

[Isentress® Os \(Raltegravir\) 100 Mg Granules For SUSPension](#)

[Kaletra \(Lopinavir/Ritonavir\)](#)

[Norvir \(Ritonavir\) Tablets And Oral Solution](#)

[Pifeltro™ \(Doravirine\) Tablets, For Oral Use](#)

[Pneumovax®23 \(Pneumococcal Vaccine Polyvalent\)](#)

[Prezcobix \(Darunavir/Cobicistat\)](#)

[Prezista \(Darunavir\)](#)

[Symtuza \(Darunavir, Cobicistat, Emtricitabine, Tenofovir Alafenamide\) Tablets](#)

[Viramune Xr \(Nevirapine\)](#)

Inhalers

Medication class	Medication name
ICS ⁺	Arnuity Ellipta (Fluticasone)
	Flovent (Diskus Or Hfa) (Fluticasone)
	Pulmicort Flexhaler (Budesonide)
	Qvar Redihaler (Beclomethasone Dipropionate Hfa) Inhalation Aerosol
ICS (nasal)	Beconase Aq (Beclomethasone Dipropionate Nasal Spray)
	Dymista (Azelastine/Fluticasone) Nasal Spray
	Qnasl (Beclomethasone) Nasal Aerosol
LAMA/LABA	Anoro Ellipta (Umeclidinium/Vilanterol)
	Bevespi Aerosphere (Glycopyrrolate/Formoterol)
	Stiolto Respimat (Tiotropium/Olodaterol)
LABA/ICS	Advair (Diskus Or Hfa) (Fluticasone/Salmeterol)
	Breo Ellipta (Fluticasone/Vilanterol)
	Symbicort (Budesonide/Formoterol)
	Wixela (Fluticasone/Salmeterol)
LABA [*]	Perforomist (Formoterol Fumarate) Inhalation Solution

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	Serevent (Diskus) (Salmeterol)
	Striverdi Respimat (Olodaterol)
LAMA	Incruse Ellipta (Umeclidinium)
	Spiriva Handihaler Or Respimat (Tiotropium)
	Yupelri (Revefenacin)
LAMA/LABA/ICS	Breztri Aerosphere (Budesonide/Glycopyrrolate/Formoterol)
SABA/SAMA	Combivent Respimat (Ipratropium/Albuterol)
SABA	Proair Hfa (Albuterol Sulfate) Inhalation Aerosol
	Proair Respiclick (Albuterol Sulfate) Inhalation Aerosol
SAMA	Atrovent Hfa (Ipratropium)
Other	Aerochamber Plus Flow-Vu
	Daliresp (Roflumilast)
	Pulmozyme (Dornase Alfa) Inhalation Solution
	Xolair (Omalizumab)
	Fasenra (Benralizumab)
	Fasenra Pen (Benralizumab)
	Nucala (Mepolizumab)
+ Not to be prescribed as monotherapy in COPD * Not to be prescribed as monotherapy in Asthma	
ICS=inhaled corticosteroid, LABA=long acting beta agonist, LAMA=long acting muscarinic antagonist, SABA=short acting beta agonist, SAMA=short acting muscarinic antagonist	

NEUROLOGY & PSYCHIATRY

Medications available for assistance

[APLENZIN \(bupropion hydrobromide\) Extended-Release Tablets](#)

[Aptiom® \(eslicarbazepine acetate\)](#)

[Belsomra® \(Suvorexant\) C-IV](#)

[Carbatrol \(carbamazepine extended-release\) capsules](#)

[Chantix® \(Varenicline\) Tablets](#)

[Celontin® \(Methsuximide\) Capsules, USP](#)

[Clozapine](#)

[CYCLOSET \(bromocriptine mesylate tablets\)](#)

[Depakote \(Divalproex Sodium\)](#)

[Dilantin® \(Extended Phenytoin Sodium\) Capsules](#)

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[Felbatol \(Felbamate\)](#)

[Fetzima \(Levomilnacipran\) Extended Release Capsules And Titration Pack](#)

[Gabitril \(Tigabine Hydrochloride\) Tablets](#)

[Haldol Decanoate \(Haloperidol\) Im Injection Only](#)

[Horizant \(gabapentin encarbil\)](#)

[Intuniv \(guanfacine\) ER tablets](#)

[Lamictal \(Lamotrigine Chewable Or Orally Disintegrating Tablets\)](#)

[Lamictal ODT \(Lamotrigine Patient Titration Kits\)](#)

[Lamictal Xr \(Lamotrigine Er Or Patient Titration Kit\)](#)

[Lexapro \(Escitalopram\)](#)

[Mydayis \(amphetamine\) ER capsules](#)

[NUPLAZID \(pimavanserin\)](#)

[Nicotrol® \(Nicotine\)](#)

[Pristiq® \(Desvenlafaxine\) Extended-Release Tablets](#)

[Prozac® \(Fluoxetine Capsules\)](#)

[Rexulti \(Brexiprazole\) Tablets](#)

[Risperdal Consta \(Risperidone\) Long-Acting Injection](#)

[Rozerem \(ramelteon\) tablets](#)

[Saphris \(Asenapine Maleate\) Sublingual Tablet](#)

[Savella \(Milnacipran\) Tablets](#)

[Strattera® \(Atomoxetine\) Capsules](#)

[Symbyax® \(Olanzapine And Fluoxetine\) Capsules](#)

[Trintellix \(vortioxetine tablets\)](#)

[Viiibryd \(Vilazodone\)](#)

[Vraylar \(Cariprazine\) Capsules](#)

[Vyvanse \(lisdexamfetamine\) capsules and tablets](#)

[Xanax® CIV \(Alprazolam\) Tablets](#)

[Zarontin® \(Ethosuximide\)](#)

[Zyprexa® \(Olanzapine\) Tablet](#)

[Zyprexa® Zydis® \(Olanzapine\) Tablet](#)

ONCOLOGY

Medications available for assistance

[Abraxane® \(Paclitaxel Protein-Bound Particles For Injectable SUSPension \(Albumin-Bound\)\)](#)

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<u>Afinitor Disperz® (Everolimus SUSPension)</u>
<u>Afinitor® (Everolimus)</u>
<u>Alcensa (Alectinib)</u>
<u>Alimta® (Pemetrexed For Injection)</u>
<u>Aliqopa (copanlisib)</u>
<u>Aranesp (Darbepoetin Alfa)</u>
<u>Aromasin® (Exemestane) Tablets</u>
<u>Avastin (Bevacizumab)</u>
<u>Balversa (Erdafitinib) Tablets</u>
<u>Bendeka (Bendamustine)</u>
<u>BESPONSA (inotuzumab)</u>
<u>Blenrep (Belantamab)</u>
<u>Blinicyto (Blinatumomab)</u>
<u>BOSULIF (bosutinib)</u>
<u>BRAFTOVI (encoarfenib)</u>
<u>Calquence (Acalabrutinib)</u>
<u>CAMPTOSAR (irinotecan)</u>
<u>Cotellic (Cobimetinib)</u>
<u>Cyramza® (Ramucirumab) Injection</u>
<u>Darzalex (Daratumumab) Injection For Iv Infusion</u>
<u>Darzalex Faspro (Daraumumab And Hyaluronidase-Fihj) Injection For Subcutaneous Use</u>
<u>DAURISMO (glasdegib)</u>
<u>EFUDEX (fluorouracil) Topical Cream</u>
<u>Eligard (leuprolide)</u>
<u>ELLENCE (epirubicin)</u>
<u>EMCYT (estramustine)</u>
<u>Emend® (Aprepitant) 80 Mg, 125 Mg Capsules</u>
<u>Emend® (Aprepitant) For Oral SUSPension 125 Mg</u>
<u>Emend® (Fosaprepitant Dimeglumine) For Injection 150 Mg</u>
<u>Empliciti® (Elotuzumab)</u>
<u>Epogen (Epoetin Alfa)</u>
<u>Erbix® (Cetuximab) Injection</u>
<u>Erivedge (Vismodegib)</u>
<u>Erleada (Apalutamide) Tablets</u>
<u>Faslodex (Fulvestrant)</u>
<u>Fulphila (Pegfilgastrim-Jmdb)</u>
<u>Fulvestrant Injection, For Intramuscular Use</u>

<u>FYARRO (sirolimus albumin-bound) for injection</u>
<u>Gavreto (Pralsetinib)</u>
<u>Gazyva (Obinutuzumab)</u>
<u>Giltorif (Afatinib)</u>
<u>Granix (Tbo-Filgrastim) Injection</u>
<u>Herceptin (Trastuzumab)</u>
<u>Herceptin Hylecta (Trastuzumab And Hyaluronidase-Oysk)</u>
<u>Herzuma (Trastuzumab-Pkrb) Injection</u>
<u>Hycamtin® (Topotecan Hydrochloride) For Injection</u>
<u>Hycamtin® (Topotecan) Capsules</u>
<u>IBRANCE (Palbociclib)</u>
<u>IDAMYCIN (idarubicin)</u>
<u>IDHIFA® (Enasidenib)</u>
<u>Imbruvica (Ibrutinib) Capsules/Tablets</u>
<u>Imbruvica (Ibrutinib)</u>
<u>Imfinzi (Durvalumab)</u>
<u>IMJUDO (tremelimumab-actl)</u>
<u>Imlygic (Talimogene)</u>
<u>INLYTA (axitinib)</u>
<u>Inrebic® (Fedratinib)</u>
<u>Istodax® (Romidepsin)</u>
<u>Jemperli (Dostarlimab)</u>
<u>Kadcyla (Ado-Trastuzumab Emtansine)</u>
<u>Kanjinti (Trastuzumab-Anns)</u>
<u>Kesimpta® (Ofatumumab)</u>
<u>Keytruda® (Pembrolizumab) Injection [Liquid Formulation] 100 Mg</u>
<u>Kisqali® Femara® Co-Pack (Ribociclib And Letrozole) Tablets</u>
<u>Kisqali® (Ribociclib)</u>
<u>Kyprolis (Carilzomib)</u>
<u>Levoleucovorin Injection</u>
<u>LORBRENA (lorlatinib)</u>
<u>Lucentis (Ranibizumab Injection)</u>
<u>Lumakras (Sotorasib)</u>
<u>Lumoxiti (Moxetumomab Pasudotox-Tdffb)</u>
<u>Lupron Depot (Leuprolide Acetate For Depot SUSPension)</u>
<u>Lupron Depot-Ped (Leuprolide Acetate For Depot SUSPension)</u>
<u>Lutathera® (Lutetium Lu 177 Dotatate)</u>

<u>Lynparza (Olaparib)</u>
<u>Mekinist® (Trametinib)</u>
<u>MEKTOVI (bibimetinib)</u>
<u>Mvasi (Bevacizumab-Awwb)</u>
<u>MYLOTARG (gemtuzumab)</u>
<u>Neulasta (Pegfilgrastim)</u>
<u>Neupogen (Filgrastim)</u>
<u>Nexavar (sorafenib)</u>
<u>NIVESTYM (filgrastim-aafi)</u>
<u>Nubeqa (darolutamide)</u>
<u>NYVEPRIA (pegfilgrastim-apgf)</u>
<u>Ogivri* (Trastuzumab-Dkst)</u>
<u>Onureg® (Azactidine Tablets)</u>
<u>Opdivo® (Nivolumab)</u>
<u>Opdualag™ (Nivolumab And Relatlimab – Rmbw)</u>
<u>Perjeta (Pertuzumab)</u>
<u>Phesgo (Pertuzumab, Trastuzumab, And Hyaluronidase-Zzxf)</u>
<u>Piqray® (Alpelisib)</u>
<u>Pluvicto® (177Lu-Psma-617)</u>
<u>Polivy (Polatuzumab Vedotin-Piiq)</u>
<u>Pomalyst® (Pomalidomide)</u>
<u>Portrazza® (Necitumumab) Injection</u>
<u>Procrit (Epoetin Alfa)</u>
<u>RETACRIT (epoetin alfa-epbx)</u>
<u>Retevmo™ (Selpercatinib) Capsules</u>
<u>Revlimid® (Lenalidomide)</u>
<u>Riabni (Rituximab-Arrx)</u>
<u>Rituxan (Rituximab) For Granulomatosis With Polyangiitis (Gpa), Microscopic Polyangiitis (Mpa) Or Pemphigus Vulgaris (Pv)</u>
<u>Rituxan (Rituximab) For Oncology</u>
<u>Rituxan Hycela (Rituximab/Hyaluronidase Human)</u>
<u>Rozlytrek (Entrectinib)</u>
<u>RUXIENCE (rituximab-pvvr)</u>
<u>Rybrevant (Amivantamab-Vmjw)</u>
<u>Rydapt® (Midostaurin)</u>
<u>Scemblix® (Asciminib) Tablets</u>
<u>Sprycel® (Dasatinib)</u>

<u>Stivarga (regorafenib)</u>
<u>SUTENT (sunitinib)</u>
<u>Synribo (Omacetaxine) For Injection</u>
<u>Tabrecta™ (Capmatinib)</u>
<u>Tafinlar® (Dabrafenib)</u>
<u>Tagrisso (Osimertinib)</u>
<u>TALZENNA (talazoparib)</u>
<u>Tasigna® (Nilotinib)</u>
<u>TECVAYLI™ (teclistamab) Injection, for subcutaneous use</u>
<u>Tecentriq (Atezolizumab)</u>
<u>Thalomid® (Thalidomide)</u>
<u>TORISEL (temsirolimus)</u>
<u>TRAZIMERA (trastuzumab-qyyp)</u>
<u>Treanda (Bedamustine) For Injection</u>
<u>Trisenox (Arsenice Trioxide) Injection</u>
<u>Tykerb® (Lapatinib)</u>
<u>Vectibix (Panitumumab)</u>
<u>Venclexta (Venetoclax Tablets)</u>
<u>Venclexta (Venetoclax) Tablets</u>
<u>Verzenio® (Abemaciclib) Tablets</u>
<u>Vidaza® (Azacitidine For Injection)</u>
<u>Vijoice® (Alpelisib)</u>
<u>VITRAKVI (Larotrectinib)</u>
<u>VIZIMPRO (dacaomitinib)</u>
<u>Votrient® (Pazopanib)</u>
<u>Welireg™ (Belzutifan) 40 Mg Tablets</u>
<u>XALKORI (crizotinib)</u>
<u>Xeloda (Capecitabine)</u>
<u>Xofigo (radium Ra 223 dichloride)</u>
<u>Yervoy® (Ipilimumab)</u>
<u>Yondelis (Trabectedin) For Iv Infusion</u>
<u>Zarxio™ (Filgrastim-Sndz)</u>
<u>Zelboraf (Vemurafenib)</u>
<u>Ziextenzo® (Pegfilgrastim-Bmez)</u>
<u>ZIRABEV (bevacizumab-bvzr)</u>
<u>Zolinza® (Vorinostat) 100 Mg Capsules</u>
<u>Zykadia® (Ceritinib)</u>

Zynlonta (loncastuximab tesirine)
Zytiga (Abiraterone) Tablets

Re-enrollment information per PAP program

AbbVie

- Submit same application and process
- Company does send application in mail for Medicare patients

Amgen

- Company will send application for patients already enrolled

AstraZeneca

- Automatically re-enrolling Medicare patients for 2023.
- Each patient will need new prescription e-scribed

Bausch Health

- The program requires that you re-enroll every year by completing a Bausch Health Patient Assistance Program application form. A notice regarding re-enrollment will be sent to you 60 days prior to the anniversary date of your participation in the program or, in some cases, by December 31.

Boehringer Ingelheim

- Re-enrollment forms are sent out after October 15th to the patient's home

Bristol Myers Squibb

- Beginning in November, a new application will be mailed to the patient and the provider office will be faxed that it is time to re-enroll patient
- Re-enrollment application is the same as initial application

GlaxoSmithKline (GSK)

- Company will send out re-enrollment forms to patient's home 2 months prior to enrollment period end date
- Patients with Medicare Part D need to re-apply to the GSK Patient Assistance Program each calendar year after they have spent at least \$600 on prescription medicines through their Medicare Part D Prescription Drug Plan.
 - Fax or mail your completed enrollment form and documents to the GSK Patient Assistance Program. Faxed prescriptions are only valid if faxed directly from a physician's office. Applicant's name and date of birth must be on each faxed page.
 - If you are eligible for continued assistance through the GSK Patient Assistance Program, your first refill will automatically be sent to the address provided on the application.

Johnson & Johnson

- All patients up for renewal will receive an application approximately one month prior to enrollment end date, which include pre-filled patient and provider information
 - Renewal application is otherwise identical to initial application

Lilly

- Letter will be sent to patient only notifying them that it is time to renew 2.5-3 months before enrollment end date
- Application is the same as initial enrollment application
- Medicare patients can start re-enrollment November 2nd for the following calendar year

Merck

- Every patient must submit renewal application, which is same as original application
- Renewal application for Medicare patients sent out by company if requested and has two questions in addition to a new application
 - Signature for financial hardship
 - Yes or no for Medicare B or D

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- Cannot be submitted until December

MyPraluent

- Re-enrollment process is completion of a new original application
 - Company does **NOT** send a renewal application to patients
- Approval through December 31st for Medicare beneficiaries, 365 days for uninsured patients

Mylan (Viatris)

- Renewal application is the same as original application
- Can submit renewal application 4-6 weeks prior to enrollment end date, which is 365 days from date approved

Nestle Health

- Will need to reapply about 30 days from your application expiration date; company will send a reminder letter in the mail when it is time to reapply
- Medicare patients will need to reapply after open enrollment annually

Novartis

- Patient will receive re-enrollment application 45 days prior to enrollment end date
- Providers office will be faxed same day re-enrollment application is sent in the mail
- Re-enrollment application is the same as the original application

Novo Nordisk

- Re-enrollment can begin 30 days prior to the end of enrollment end date or after October 15th for Medicare patients
 - Medicare part D patients are approved for calendar year, uninsured or Medicare part A/B are approved for 365 days
- Re-enrollment application is identical to original application
- Company typically sends application for renewal by mail to patient's house

Otsuka

- Patients need to reapply 30-45 days prior to enrollment end date
 - Medicare patients: December 31st
 - Uninsured patients: 365 days
- Company will reach out to patient via telephone to discuss re-enrollment each year

Pfizer

- Medicare patients can begin reapplying in October for the subsequent calendar year
- Company does **NOT** send renewal reminder or application
- Re-enrollment application is the same as the original

Sanofi

- Medicare patients **CANNOT** reapply until January of the calendar year they are applying for
- Uninsured patients can apply for re-enrollment 60 days prior to enrollment end date
 - Uninsured patients enrollment end date is 365 days, Medicare through end of the calendar year
- Company does **NOT** send out renewal reminders or re-enrollment forms

TAKEDA

- Company sends letter 60 days prior to enrollment end date as reminder to re-enroll
 - Medicare patients enrollment end date is December 31st annually
 - Uninsured patients enrollment end date 365 days from approval date
- Company does **NOT** send application to patient
- Re-enrollment application same as original application

TEVA

- Re-enrollment can begin 30 days prior to enrollment end date
 - Enrollment end date is 365 days from approval date
 - Only accepts Medicare A,B or uninsured
- Application and fax are sent to provider office prior to enrollment end date

- Letter is sent to patient prior to enrollment date

Requesting a refills per Patient Assistance Program (PAP)

AbbVie

1. Press number for your desired medication
2. Press 1 for patient
3. Press 1 to order a refill
 - Press 1 again for refill
 1. Enter DOB (dd/mm/yyyy)
 - Press 1 to confirm entry
 2. Enter 5 digit zip code
 - Press 1 to confirm entry
 3. Press number corresponding to desired medication needing refilled
 - Press 1 if address has not changed where medication needs shipped

BAUSCH HEALTH

1. Press 1 for patient
2. Press 4 for refill
3. Enter DOB as MM/DD/YYYY
 - Press 1 to confirm DOB
4. Enter last 4 digits of social security number
 - Press 1 to confirm social security number
5. Press 1 for enter prescription number
6. Enter prescription number
 - Press 1 to confirm prescription number

Boehringer Ingelheim

1. Press 2
2. Enter prescription number followed by the # key
3. Press 1 to confirm prescription number

GSK

1. Press 1 for refill
2. Enter 10 digit phone number (###-###-####)
3. Enter 7 digit prescription number on medication vial
 - Found in yellow rectangle above name on prescription label
 1. If prescription number cannot be found or is not available, patient will be transferred to representative to request refill

Novartis

1. Press 1
2. Press 1 to start new refill request

3. Enter 10 digit prescription number

- If prescription number not available press 1
 1. Enter 10 digit phone number (###-###-####) associated with account
 - If additional help is needed, press 1 to speak with representative

Pfizer

1. Say name of medication calling about
2. Say patient
3. Say no for calling about enrollment status
4. Patient will be connected to representative to request refill

Produced by:

Kyle Ames, PharmD, BCPS

Clinical Pharmacy Specialist – Transitions of Care

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