



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

A-E

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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

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[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 \(Fluticasone\)](#)

[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 \(praziquantel\)](#)

[Blincyto \(Blinatumomab\)](#)

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

[BOSULIF \(bosutinib\)](#)

[Botox \(OnabotulinumtoxinA\)](#)

[BRAFTOVI \(encoarfenib\)](#)

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

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

[Brilinta \(Ticagrelor\)](#)

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

[Bydureon \(Exenatide Extended Release\)](#)

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Byetta (Exenatide)
Bystolic (Nebivolol) Tablets
Caduet (Amlodipine/Atorvastatin)
Calquence (Acalabrutinib)
CAMZYOS (mavacamten)
Canasa (Mesalamine) Suppository
Cancidas® (Caspofungin Acetate) For Injection
CARAC (fluorouracil cream)
Carafate (Sucralfate) Oral SUSPension
Carbatrol (carbamazepine extended-release) capsules
Cathflo Activase (Alteplase)
Celontin® (Methsuximide) Capsules, USP
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)
Cyramza® (Ramucirumab) Injection
Cystagon (Cysteamine) Capsules
Daliresp (Roflumilast)
Dalvance (Dalbavancin) Lyophilizate
Darzalex (Daratumumab) Injection For Iv Infusion
Darzalex Faspro (Daraumumab And Hyaluronidase-Fihj) Injection For Subcutaneous Use
DAURISMO (glasdegib)
Delstrigo™ (Doravirine, Lamivudine, And Tenofovir Disoproxil Fumarate) Tablets, For Oral Use

Delzicol (Mesalamine Dr) Capsules
DEMSEER (metyrosine) Capsules
Denavir (Penciclovir) Cream 1%
Depakote (Divalproex Sodium)
Depen (Penicillamine) Tablets
Depo®-Estradiol (Estradiol Cypionate) Injection, USP
Detrol La (Tolterodine)
Dexilant (dexlansoprazole) DR capsules
Difacid® (Fidaxomicin) For Oral SUSPension 40 Mg/mL
Difacid® (Fidaxomicin) Tablets
Dipentum (Olsalazine) Capsule
DROXIA (hydroxyurea)
Duavee™ (Conjugated Estrogens/Bazedoxifene) Tablets
DUOBRII (halobetasol propionate and tazarotene 0.01%/0.45%)
Duopa (Carbidopa/Levodopa) Enteral SUSPension
Durysta (Bimatoprost) Ocular Implant
Dymista (Azelastine/Fluticasone) Nasal Spray
Edarbi (azilsartan medoxomil)
Edarbyclor (azilsartan medoxomil/chlorthalidone)
Edurant (Rilpivirine) Tablets
EFUDEX (fluorouracil) Topical Cream
ELELYSO™ (taliglucerase alfa) for injection
Elestrin (Estradiol Gel) 0.06%
ELIDEL (pimecrolimus) Cream, 1% for Topical Use
Eligard (leuprolide)
Eliquis® (Apixaban)
Elmiron (Pentosan Polysulfate Sodium) Capsules
Emend® (Aprepitant) 80 Mg, 125 Mg Capsules
Emend® (Aprepitant) For Oral SUSPension 125 Mg
Emend® (Fosaprepitant Dimeglumine) For Injection 150 Mg
Emgality® (Galcanezumab-Gnlm) Injection
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)
Erbix® (Cetuximab) Injection
Erivedge (Vismodegib)

[Erleada \(Apalutamide\) Tablets](#)

[Erygel \(Erythromycin\) Topical Gel 2%](#)

[Esbriet \(Pirfenidone\)](#)

[Estrace \(Estradiol\) Cream](#)

[Estring® \(Estradiol Vaginal Ring\)](#)

[EUCRISA® \(crisaborole\) ointment 2%](#)

[Evenity \(Romosozumab-Aqgg\)](#)

[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 \(Felbamate\)](#)

[Ferumoxytol Injection](#)

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

[Fiasp Flextouch \(Insulin Aspart\)](#)

[Flovent \(Diskus Or HFA\) \(Fluticasone\)](#)

[Forteo® \(Teriparatide Injection\)](#)

[Fosrenol \(lanthanum carbonate\)](#)

[Fulphila \(Pegfilgastrim-Jmdb\)](#)

[Fulvestrant Injection, For Intramuscular Use](#)

[FYARRO \(sirolimus albumin-bound\) for injection](#)

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

[Galzin \(Zinc Acetate\) Capsules](#)

[Gardasil®9 \(Human Papillomavirus 9-Valent Vaccine, Recombinant\)](#)

[Gastrocrom \(Cromolyn\) Oral Concentrate](#)

[Gavreto \(Pralsetinib\)](#)

[Gazyva \(Obinutuzumab\)](#)

[Gelnique \(Oxybutynin Chloride 10%\) Gel](#)

[Gengraf Capsules \(Cyclosporine, USP \[Modified\]\)](#)

[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)
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)
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
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
<div>K-O</div>
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
Kisqali® (Ribociclib)
Kombiglyze Er (Saxagliptin/Metformin Er)
KOVALTRY (antihemophilic factor recombinant)
Kyleena (levonorgestrel-releasing intrauterine system)
Kynmobi™ (apomorphine hydrochloride)
Kyprolis (Carilzomib)
Lamictal (Lamotrigine Chewable Or Orally Disintegrating Tablets)
Lamictal ODT (Lamotrigine Patient Titration Kits)
Lamictal Xr (Lamotrigine Er Or Patient Titration Kit)
Lampit (nifurtimox)
Lantus® (Insulin Glargine Injection) 100 Units/mL
Latuda (lurasidone)
Legvio® (Inclisiran)
Levemir (Insulin Detemir) Flextouch
Levoleucovorin Injection
Lexapro (Escitalopram)

Lialda (mesalamine) DR tablets
Liletta (Levonorgestrel) Intrauterine Contraceptive
Linzess (Linaclotide) Capsules
LOCOID LIPOCREAM
LOCOID (hydrocortisone butyrate) Lotion
Lo Lestrin Fe
Lokelma (Sodium Zirconium Cyclosilicate)
LORBRENA (lorlatinib)
Lovenox® (Enoxaparin Sodium Injection)
Lucentis (Ranibizumab Injection)
Lumakras (Sotorasib)
Lumigan (Bimatoprost 0.01%) Ophthalmic Solution
Lumoxiti (Moxetumomab Pasudotox-Tdffb)
Lupron Depot (Leuprolide Acetate For Depot SUSPension)
Lupron Depot-Ped (Leuprolide Acetate For Depot SUSPension)
Lutathera® (Lutetium Lu 177 Dotatate)
Luxiq (Betamethasonevalerate) Foam
LUZU (Iuliconazole) Cream, 1% for Topical Use
Lynparza (Olaparib)
Lyumjev™ (Insulin Lispro-Aabc) Injection
Malarone (Atovaquone And Proguanil)
Mavyret (Glecaprevir/Pibrentasvir)
Maxidex® (Dexamethasone SUSPension)
Mayzent® (Siponimod)
Mekinist® (Trametinib)
MEKTOVI (bibimetinib)
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® II (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)

<u>Myrbetriq (mirabegron extended release tablets)</u>
<u>Mydayis (amphetamine) ER capsules</u>
<u>MYLOTARG (gemtuzumab)</u>
<u>Namenda And Namenda Xr (Memantine)</u>
<u>Namzaric (Memantine Extended Release And Donepezil)</u>
<u>Natazia (estradiol valerate and estradiol valerate/dienogest)</u>
<u>Natrelle</u>
<u>Nesina (alogliptin) tablets</u>
<u>Neulasta (Pegfilgrastim)</u>
<u>Neupogen (Filgrastim)</u>
<u>Nevanac® (Nepafenac SUSPension)</u>
<u>Nexavar (sorafenib)</u>
<u>NORITATE (metronidazole cream) Cream, 1% for Topical Use Only</u>
<u>Norpace® (Disopyramide Phosphate)</u>
<u>Norvir (Ritonavir) Tablets And Oral Solution</u>
<u>Novlog Mix 70/30 (Insulin Aspart Protamine And Insulin Aspart) Flexpen</u>
<u>Novolin 70/30 (Insulin Nph And Insulin R Mix) Vial</u>
<u>Novolin N Vial (Insulin Nph)</u>
<u>Novolin R Vial (Insulin Regular)</u>
<u>Novolog (Insulin Aspart) Flexpen</u>
<u>Noxafil® (Posaconazole) Delayed-Release Tablets 100 Mg</u>
<u>Noxafil® (Posaconazole) Oral SUSPension, 40 Mg/ML</u>
<u>Nplate (Romiplostim)</u>
<u>Nubeqa (darolutamide)</u>
<u>Nucala (Mepolizumab)</u>
<u>Nulojix® (Belatacept)</u>
<u>NUPLAZID (pimavanserin)</u>
<u>Nuvigil (Armodafinil) Tablets [C-IV]</u>
<u>Nymalize (nimodipine oral solution)</u>
<u>NYVEPRIA (pegfilgrastim-apgf)</u>
<u>Ocrevus (Orelizumab)</u>
<u>Ofev (Nintedanib)</u>
<u>Ogivri* (Trastuzumab-Dkst)</u>
<u>Olumiant® (Baricitinib) Tablets</u>
<u>Olux (Clobetasol) Foam 0.05%</u>
<u>Olux-E (Clobetasol) Foam 0.05%</u>
<u>Omnitrope® Somatropin (Rdna Origin)</u>
<u>ONEXTON (clindamycin phosphate and benzoyl peroxide) Gel, 1.2% or 3.75% for Topical</u>
<u>Onglyza (Saxagliptin)</u>
<u>Onureg® (Azactidine Tablets)</u>
<u>Opdivo® (Nivolumab)</u>

[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® Diphtheria 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® \(Alpelisib\)](#)

[PLENVU® \(PEG 3350, sodium ascorbate, sodium sulfate, ascorbic acid, sodium chloride, and potassium chloride\), Powder for oral solution](#)

[Pluvicto® \(177Lu-Psma-617\)](#)

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

[Polivy \(Polatuzumab Vedotin-Piiq\)](#)

[Pomalyst® \(Pomalidomide\)](#)

[Ponvory \(Ponesimod\)](#)

[Portrazza® \(Necitumumab\) Injection](#)

[Pradaxa \(Dabigatran\)](#)

[Praluent \(alirocumab\)](#)

[Pred Forte \(Prednisolone Acetate\) Ophthalmic SUSPension](#)

[Premarin® \(Conjugated Estrogens\) Tablets, USP \(Conjugated Estrogens Tablets](#)

[Premarin® \(Conjugated Estrogens\) Vaginal Cream \(Conjugated Estrogens\) Vaginal Cream](#)

[Premphase® \(Conjugated Estrogens Plus Medroxyprogesterone Acetate\) Tablets](#)

[Prempro® \(Conjugated Estrogens/Medroxyprogesterone Acetate\) Tablets](#)

[Pretomanid Tablet](#)

[Prevacid \(lansoprazole\) ODT tablets](#)

[Prevnar 13® Pneumococcal 13-Valent Conjugate Vaccine \[Diphtheria Crm197 Protein\]](#)

[PREVNAR 20™ \(Pneumococcal 20-valent Conjugate Vaccine\)](#)

[Prevymis™ \(Letermovir\) 240 Mg Tablets](#)

<u>Prezcobix (Darunavir/Cobicistat)</u>
<u>Prezista (Darunavir)</u>
<u>Priftin® (Rifapentine) 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>Reblozyl® (LUSPatercept-Aamt)</u>
<u>Recarbrio™ (Imipenem, Cilastatin, And Relebactam) For Injection, For Intravenous Use</u>
<u>Recombivax Hb® [Hepatitis B Vaccine (Recombinant)]</u>
<u>Rectiv (Nitroglycerin) Ointment</u>
<u>Relenza (Zanamivir Inhalation Powder)</u>
<u>RELISTOR (methylnaltrexone bromide)</u>
<u>Relpax (Eletriptan)</u>
<u>Remicade (Infliximab) Iv Infusion</u>
<u>RENOVA (tretinoin cream) 0.02% for Topical Use, Pump</u>
<u>Repatha (Evolocumab)</u>
<u>Restasis (Cyclosporine) Ophthalmic Emulsion</u>
<u>RETACRIT (epoetin alfa-epbx)</u>
<u>Retevmo™ (Selpercatinib) Capsules</u>
<u>RETIN-A CREAM 45 gm 0.025% or 0.05% or 0.1%</u>
<u>RETIN-A GEL 45 gm 0.01% or 0.025%</u>
<u>RETIN-A MICRO (tretinoin) Gel Microsphere for Topical Use 0.06% or 0.08%</u>
<u>Revatio (Sildenafil)</u>
<u>Revlimid® (Lenalidomide)</u>
<u>Rexulti (Brexpiprazole) Tablets</u>
<u>Reyvow® (Lasmiditan) Tablets C-V</u>
<u>Riabni (Rituximab-Arrx)</u>
<u>Rinvoq (Upadacitinib)</u>
<u>Risperdal Consta (Risperidone) Long-Acting Injection</u>

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)
Sensipar (Cinacalcet)
Serevent (Diskus) (Salmeterol)
Sf Rowasa (Mesalamine) Rectal SUSPension
Shingrix (Zoster Vaccine)
SILIQ (brodalumab) injection, for subcutaneous use, 210 mg/1.5 mL solution
Simponi (Golimumab) Injection
Sirturo (Bedaquiline) Tablets
Skyla (levonorgestrel-releasing intrauterine system)
Skyrizi (Risankizumab-Rzaa)
Soliqua® 100/33 (Insulin Glargine & Lixisenatide) Injection 100 Units/MI And 33 Mcg/mL
SOLODYN (minocycline HCl) Extended Release Tablets for Oral Use 55 mg or 80 mg or 105 mg
Somavert® (Pegvisomant) For Injection
SOTYKTU (deucravacitinib)
Sotylize (sotalol oral solution)
Spiriva Handihaler Or Respimat (Tiotropium)
Sporanox (Itraconazole) Capsules And Oral Solution
Spravato (Esketamine) Nasal Spray [CIII]
Sprycel® (Dasatinib)
Stelara (Ustekinumab) For Subcutaneous Or Iv Use
Stiolto Respimat (Tiotropium/Olodaterol)
Stivarga (regorafenib)
Strattera® (Atomoxetine) Capsules

Strattice (Reconstructive Tissue Matrix)
Striverdi Respimat (Olodaterol)
Stromectol® (Ivermectin) Tablets
Susvimo (Ranibizumab)
Symbicort (Budesonide/Formoterol)
Symbyax® (Olanzapine And Fluoxetine) Capsules
Symlin (Pramlintide)
Symtuza (Darunavir, Cobicistat, Emtricitabine, Tenofovir Alafenamide) Tablets
Synarel® (Nafarelin Acetate) Nasal Solution
Synjardy & Synjardy Xr (Empagliflozin/Metformin)
Synribo (Omacetaxine) For Injection
Synthroid (Levothyroxine Sodium) Tablets
SYPRINE (trientine hydrochloride) Capsules
Tabrecta™ (Capmatinib)
Tafinlar® (Dabrafenib)
Tagrisso (Osimertinib)
Taltz® (Ixekizumab) Injection
TALZENNA (talazoparib)
TARGRETIN (bexarotene)
Tasigna® (Nilotinib)
TASMAR (tolcapone) Tablets
Tecentriq (Atezolizumab)
TECVAYLI™ (teclistamab) Injection, for subcutaneous use
Teflaro (Ceftaroline Fosamil) Powder For Injection
Tenivac® (Tetanus And Diphtheria Toxoids Adsorbed)
TETRIX CREAM
Thalomid® (Thalidomide)
Thymoglobulin® [Anti-Thymocyte Globulin (Rabbit)]
Tikosyn® (Dofetilide) Capsules
TNKase (Tenecteplase)
Tobi (Tobramycin) Ampules Or Podhalers
Tobradex® (Ophthalmic Ointment)
Toujeo® (insulin glargine injection) 300 Units/mL (1.5 mL or 3.0 mL pens)
Tracleer (Bosentan)
Tradjenta (Linagliptin)
TRAZIMERA (trastuzumab-qyyp)
Treanda (Bedamustine) For Injection
Trecator® (Ethionamide) Tablets
Tremfya (Guselkumab) For Subcutaneous Use
Tresiba (Insulin Degludec) Flextouch
Triesence® (Triamcinolone Acetonide Injectable SUSPension)
Trijardy Xr (Empagliflozin/Linagliptin/Metformin)

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

[Triptodur \(triptorelin\)](#)

[Trisenox \(Arsenice Trioxide\) Injection](#)

[TRULANCE \(plecanatide\) 3 mg Tablets](#)

[Trulicity® \(Dulaglutide\) Injection](#)

[Trumenba® \(Meningococcal Group B Vaccine\)](#)

[Trusopt® \(Dorzolamide Hydrochloride Ophthalmic Solution\) 2%](#)

[Truxima \(Rituximab-Abbs\) Injection](#)

[Tykerb® \(Lapatinib\)](#)

[TYMLOS \(abaloparatide\) injection](#)

U-Z

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

[UCERIS \(budesonide\) Rectal Foam](#)

[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 \(patiomer\)](#)

[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](#)

[VYNDAMAX® \(tafamidis\) capsules](#)

[Vyndaqel® \(Tafamidis Meglumine\) Capsules](#)

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

<u>Welireg™ (Belzutifan) 40 Mg Tablets</u>
<u>Wixela (Fluticasone/Salmeterol)</u>
<u>XALKORI (crizotinib)</u>
<u>Xarelto (Rivaroxaban) Tablets Or Oral Solution</u>
<u>Xeljanz® (Tofacitinib) Oral Solution</u>
<u>Xeljanz® (Tofacitinib) Tablets</u>
<u>Xeljanz® Xr (Tofacitinib) Extended-Release Tablets</u>
<u>Xeloda (Capecitabine)</u>
<u>Xen (Gel Stent)</u>
<u>Xgeva (Denosumab)</u>
<u>XIFAXAN (rifaximin) Tablets, for Oral Use, 550 mg</u>
<u>Xigduo Xr (Dapagliflozin/Metformin Er)</u>
<u>Xiidra® (Lifitegrast Ophthalmic Solution)</u>
<u>Xofigo (radium Ra 223 dichloride)</u>
<u>Xolair (Omalizumab)</u>
<u>Xulane (Norelgestromin And Ethinyl Estradiol Transdermal System)</u>
<u>Xultophy (Insulin Degludec & Liraglutide) Pen</u>
<u>Xyntha® Antihemophilic Factor (Recombinant)</u>
<u>Yervoy® (Ipilimumab)</u>
<u>Yondelis (Trabectedin) For Iv Infusion</u>
<u>Yupelri (Revefenacin)</u>
<u>Zarontin® (Ethosuximide)</u>
<u>Zarxio™ (Filgrastim-Sndz)</u>
<u>ZELAPAR (selegiline hydrochloride) Orally Disintegrating Tablets</u>
<u>Zelboraf (Vemurafenib)</u>
<u>Zenpep (Pancrelipase) Delayed Release Capsule</u>
<u>Zepatier® (Elbasvir And Grazoprevir)</u>
<u>Zeposia® (Ozanimod)</u>
<u>Zerbaxa™ (Ceftolozane And Tazobactam) For Injection For Intravenous Use</u>
<u>ZIANA (clindamycin phosphate 1.2% and tretinoin 0.025%) Gel 60 g tube</u>
<u>Ziextenzo® (Pegfilgrastim-Bmez)</u>
<u>Zinplava™ (Bezlotoxumab) Injection 25 Mg/mL</u>
<u>ZIRABEV (bevacizumab-bvzr)</u>
<u>Zolinza® (Vorinostat) 100 Mg Capsules</u>
<u>ZYCLARA (imiquimod) cream 3.75%, for Topical Use 7.5 g Pump Box of 28 Packets</u>
<u>Zykadia® (Ceritinib)</u>
<u>Zynlonta (loncastuximab tesirine)</u>
<u>Zyprexa® (Olanzapine) Tablet</u>
<u>Zyprexa® Zydis® (Olanzapine) Tablet</u>
<u>Zytiga (Abiraterone) Tablets</u>

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		
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, BAUSCH Health, Boehringer Ingelheim, GSK, Novartis, Pfizer

Programs that needle request needs indicated:

Novo Nordisk (Lilly does NOT include needles)

Programs that require separate prescription be sent:

Arbor, GSK, Novartis

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

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Programs that require wet signature (with pen, no e-signature accepted):
Lilly Cares, Boehringer Ingelheim (BI Cares)

Income thresholds based on federal poverty limit (FPL) ^A 2023								
Household size	100% (\$)	133% (\$)	150% (\$)	200% (\$)	250% (\$)	300% (\$)	400% (\$)	500% (\$)
1	14,580	19,391	21,870	29,160	36,450	43,740	58,320	72,900
2	19,720	26,228	29,580	39,440	49,300	59,160	78,880	98,600
3	24,860	33,064	37,290	49,720	62,150	74,580	99,440	124,300
4	30,000	39,900	45,000	60,000	75,000	90,000	120,000	150,000
5	35,140	46,736	52,710	70,280	87,850	105,420	140,560	175,700
6	40,280	53,572	60,420	80,560	100,700	120,840	161,120	201,400
7	45,420	60,409	68,130	90,840	113,550	136,260	181,680	227,100
8	50,560	67,245	75,840	101,120	126,400	151,680	202,240	252,800
Each additional	5,140	6,836	7,710	10,280	12,850	15,420	20,560	25,700

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	58,320
2	78,880
3	99,440
4	120,000
5	140,560
Each additional person	20,560

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)
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#
Ubrelevy (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	72,900
2	98,600
3	124,300
4	150,000
Each additional person	25,700

Medications eligible for assistance

Aimovig (erenumab)

ARANESP (darbepoetin alfa)

AVSOLA (infliximab-axxq)

BLINCYTO (blinatumomab)

Corlanor (ivabradine)

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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	29,160	43,740
2	39,440	59,160
3	49,720	74,580
4	60,000	90,000
Each additional person	10,280	15,420

Medications eligible for assistance

BiDiI (isosorbide dinitrate/hydralazine)

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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

Astellas Pharma Support Solutions

Eligibility

US resident

≤250% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold (≤250% FPL)
1	36,450
2	49,300
3	62,150
4	75,000
5	87,850
Each additional person	12,850

Medications eligible for assistance

Myrbetriq (mirabegron extended release tablets)

- Application only available through manufacturer program

Contact info-**Phone:** 800-727-7003 **Fax:** 866-317-6235

AstraZeneca AZ&ME program

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Eligibility

US resident

≤300-500% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold	
	Group 1 (≤ 300% FPL)	Group 2 (≤500% FPL)
1	43,740	72,900
2	59,160	98,600
3	74,580	124,300
4	90,000	150,000
Each additional person	15,420	25,700

Medication eligible for assistance

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)
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)

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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	43,740	58,320	87,480
2	59,160	78,880	118,320
3	74,580	99,440	149,160
4	90,000	120,000	180,000
Each additional	15,240	20,560	30,840

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)

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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%
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

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Bayer patient assistance foundation

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

Household size	Annual household income (\$) threshold	
	> 150% FPL)	$\leq 300\%$ FPL
1	21,870	43,740
2	29,580	59,160
3	37,290	74,580
4	45,000	90,000
Each additional person	7,710	15,240

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)
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

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Boehringer Ingelheim (BI Cares Program)

Eligibility

US resident

≤250% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold (≤250% FPL)
1	36,450
2	49,300
3	62,150
4	75,000
5	87,850
Each additional person	12,850

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)

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

Eligibility

US resident

<300% FPL for
Eliquis and Orencia

Uninsured
or Medicare

Household size	Annual household income (\$) threshold (≤300% FPL)
1	43,740
2	59,160
3	74,580
4	90,000
5	105,420
Each additional person	15,420

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)
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

Eligibility

US resident

≤250% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold (≤250% FPL)
1	36,450
2	49,300
3	62,150
4	75,000
Each additional person	12,850

Medications eligible for assistance

ADVAIR (diskus or HFA) (Fluticasone/salmeterol)
ANORO ELLIPTA (Umeclidinium/vilanterol)
ARNUITY 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)
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	43,740	58,320	87,480
2	59,160	78,880	118,320
3	74,580	99,440	149,160
4	90,000	120,000	180,000
5	105,420	140,560	210,840

Medications eligible for assistance

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
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

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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	VELETRI®† (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

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	43,740	58,320	72,900
2	59,160	78,880	98,600
3	74,580	99,440	124,300
4	90,000	120,000	150,000
Each additional	15,420	20,560	25,700

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Medications available for assistance

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
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

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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	58,320
2	78,880
3	99,440
4	120,000
5	140,560
Each additional person	20,560

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

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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)
NOXAFIL® (posaconazole) oral sUSPension, 40 mg/mL
PIFELTRO™ (doravirine) tablets, for oral use
PNEUMOVAX® 23 (Pneumococcal Vaccine Polyvalent)
PREVMIS™ (letermovir) 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	≤ 300% FPL BUT ≥135% FPL	Uninsured or Medicare

Household size	Annual household income (\$) threshold (≤300% FPL)
1	43,740
2	59,160

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3	74,580
4	90,000
Each additional person	15,420

Medications eligible for assistance

Praluent (alirocumab)

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

Mylan pharmaceuticals now Viatrix

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	58,320	72,900
2	78,880	98,600
3	99,440	124,300
4	120,000	150,000
5	140,560	175,700
Each additional	20,560	25,700

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

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1	Dymista (azelastine/fluticasone) nasal spray
1	Elestrin (estradiol gel) 0.06%
1	Emsam transdermal system
2	EpiPen & EpiPen Jr (epinephrine) injection
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

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Eligibility

US resident

≤ 400 FPL

Uninsured

Household size	Annual household income (\$) threshold ($\leq 400\%$ FPL)
1	58,320
2	78,880
3	99,440
4	120,000
5	140,560
Each additional person	20,560

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

$<400\%$ FPL

Uninsured
or Medicare

Household size	Annual household income (\$) threshold
1	58,320
2	78,880
3	99,440
4	120,000
<u>Each additional person</u>	20,560

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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)
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)

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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

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	58,320
2	78,880
3	99,440
4	120,000
5	140,560
Each additional person	20,560

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*
Novlog mix 70/30 (insulin aspart protamine and insulin aspart) FlexPen*
Ozempic (semaglutide) injection*
Rybelsus (semaglutide) tablets
Tresiba (insulin degludec) FlexTouch*

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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	43,740	102,060
2	59,160	138,040
3	74,580	174,020
4	90,000	210,000
Each additional	15,420	35,980

Medications eligible for assistance

Abilify Maintena (aripiprazole) for extended release injectable sUSPension

Jynarque (tolvaptan) tablets

Rexulti (Brexpiprazole) 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

Household size	Annual household income (\$) threshold	
	Group A ≤400% FPL	Group B ≤350% FPL
1	58,320	51,030
2	78,880	69,020
3	99,440	87,010
4	120,000	105,000
5	140,560	122,990
Each additional	20,560	17,990

Medications eligible for assistance

Group	Medication name
B	Revatio (sildenafil)
A	ARTHROTEC® (diclofenac sodium/misoprostol) tablets
	BeneFIX® Coagulation Factor IX (Recombinant)
	BESPONSA™ (inotuzumab ozogamicin, for injection, for intravenous use)
	BOSULIF® (bosutinib) tablets
	CELONTIN® (methsuximide) capsules, USP
	CIBINQO™ (abrocitinib) tablets
	DAURISMO™ (glasdegib) tablets
	DEPO®-ESTRADIOL (estradiol cypionate) injection, USP
	DUAVEE™ (conjugated estrogens/bazedoxifene) tablets
	ELELYSO™ (taliglucerase alfa) for injection
	ESTRING® (estradiol vaginal ring)
	EUCRISA® (crisaborole) ointment 2%
	IBRANCE® (palbociclib) capsules

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INLYTA® (axitinib) tablets
LORBRENA® (lorlatinib) tablets
MYLOTARG™ (gemtuzumab ozogamicin) for 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]
PREVNAR 20™ (Pneumococcal 20-valent Conjugate Vaccine)
RETACRIT® (epoetin alfa-epbx) injection
SOMAVERT® (pegvisomant) for injection
SYNAREL® (nafarelin acetate) nasal solution
TALZENNA® (talazoparib) capsules
TIKOSYN® (dofetilide) capsules
TRECTOR® (ethionamide) tablets
TRUMENBA® (Meningococcal Group B Vaccine)
VIZIMPRO® (dacomitinib) tablets
VYNDAMAX® (tafamidis) capsules
VYNDAQEL® (tafamidis meglumine) capsules
XALKORI® (crizotinib) capsules
XELJANZ® (tofacitinib) tablets
XELJANZ® (tofacitinib) oral solution
XELJANZ® XR (tofacitinib) extended-release tablets
XYNTHA® Antihemophilic Factor (Recombinant)
ZARONTIN® (ethosuximide)

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

Eligibility

US resident

$\leq 500\%$ FPL

Uninsured or insurance not covering medication

Household size	Annual household income (\$) threshold ($\leq 500\%$ FPL)
1	72,900
2	98,600
3	124,300
4	150,000
Each additional	25,700

Medications eligible for assistance
BOSULIF (bosutinib)
BRAFTOVI (encoarfenib)
DAURISMO (glasdegib)
IBRANCE (Palbociclib)
INLYTA (axitinib)
LORBRENA (lorlatinib)
MEKTOVI (bibimetinib)
TALZENNA (talazoparib)
VIZIMPRO (dacaomitinib)
XALKORI (crizotinib)
BESPONSA (inotuzumab)
MYLOTARG (gemtuzumab)
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

\leq 300% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold (\leq 300% FPL)
1	43,740
2	59,160
3	74,580
4	90,000
Each additional	15,420

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
\geq 5	Add 25,000 for each additional person

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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)
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*

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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	58,320
2	78,880
3	99,440
4	120,000
5	140,560

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

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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

≤ 300% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold (≤300% FPL)
1	43,740
2	59,160
3	74,580
4	90,000
Each additional	15,420

- a) **Requires** proof of income with one of the following:
- i. Current paycheck stubs, proof of Social Security Income, 1099 or W-2 forms for all members of household
 - ii. 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

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Eligibility

US resident

≤ 500% FPL

Any insurance
status

Household size	Annual household income (\$) threshold (≤500% FPL)
1	72,900
2	98,600
3	124,300
4	150,000
Each additional	25,700

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

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Eligibility

US resident

≤ 300-500% FPL

Uninsured or
Medicare A/B
ONLY

Household size	Annual household income (\$) threshold	
	Non-oncology medications ≤300% FPL	Oncology medications ≤500% FPL
1	43,740	72,900
2	59,160	98,600
3	74,580	124,300
4	90,000	150,000
5	105,420	175,700
Each additional	15,420	25,700

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 (arsenice 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	72,900
2	98,600
3	124,300
4	150,000
Each additional	25,700

Medications eligible for assistance

Eligard (leuprolide)

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

Veltassa Konnect

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Eligibility

US resident

≤500% FPL

Uninsured

Household size	Annual household income (\$) threshold (≤500% FPL)
1	72,900
2	98,600
3	124,300
4	150,000
Each additional	25,700

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 \(Eletriptan\)](#)

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

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

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Antithrombotics	
Medication class	Medication name
Anticoagulant	Arixtra (Fondaparinux)
	Eliquis® (Apixaban)
	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

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Enbrel (Etanercept)	Plaque psoriasis, Psoriatic arthritis, Ankylosing spondylitis
Enspryng (Satralizumab-Mwge)	Neuromyelitis optica spectrum disorder
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
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
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
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)

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Edarbi (azilsartan medoxomil)
Edarbyclor (azilsartan medoxomil/chlorthalidone)
Entresto™ (Sacubitril/Valsartan)
Farxiga (Dapagliflozin)
Inspra (Eplerenone)
Jardiance (Empagliflozin)
Kerendia (finerenone)
Legvio® (Inclisiran)
Lokelma (Sodium Zirconium Cyclosilicate)
Multaq® (Dronedarone) Tablets
Norpac® (Disopyramide Phosphate)
Nymalize (nimodipine oral solution)
Opsumit (Macitentan) Tablets
Praluent (alirocumab)
Repatha (Evolocumab)
Sotylize (sotalol oral solution)
Tikosyn® (Dofetilide) Capsules
Tracleer (Bosentan)
Upravi (Selexipag)
Veletri (Epoprostenol)
Ventavis (Iloprostol)
Verquvo™ (Vericiguat) 2.5 Mg, 5 Mg, 10 Mg Tablets
Veltassa (patiromer)
VYNDAMAX® (tafamidis) capsules

Diabetes

Medication class	Medication name
DPP4 inhibitor	Januvia® (Sitagliptin) Tablets
	Nesina (alogliptin) tablets
	Onglyza (Saxagliptin)

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	Tradjenta (Linagliptin)
GLP-1	Bydureon (Exenatide Extended Release)
	Byetta (Exenatide)
	Ozempic (Semaglutide) Injection
	Rybelsus (Semaglutide) Tablets
	Trulicity® (Dulaglutide) Injection
	Victoza (Liraglutide) Pen
GLP-1 insulin combo	Soliqua® 100/33 (Insulin Glargine & Lixisenatide) Injection 100 Units/ML And 33 Mcg/mL
	Xultophy (Insulin Degludec & Liraglutide) Pen
	Insulin
Rapid acting	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
	Mixed insulin
Rapid/Intermediate	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)

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	Novolin 70/30 (Insulin Nph And Insulin R Mix) Vial
SGLT-2 inhibitor	Farxiga (Dapagliflozin)
	Invokana (Canagliflozin)
	Jardiance (Empagliflozin)
SGLT2/metformin	Combination oral
	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
	Jentadueto & Jentadueto 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](#)

[Dificid® \(Fidaxomicin\) For Oral SUSPension 40 Mg/mL](#)

[Dificid® \(Fidaxomicin\) Tablets](#)

[Engerix-B \(Hepatitis B Vaccine\)](#)

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<u>Extavia® (Interferon Beta-1B)</u>
<u>Gardasil®9 (Human Papillomavirus 9-Valent Vaccine, Recombinant)</u>
<u>Imogam® Rabies-Ht Immune Globulin, [Human] USP, Heat Treated</u>
<u>Imovax® Rabies Vaccine [Human Diploid Cell]</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>Noxafil® (Posaconazole) Delayed-Release Tablets 100 Mg</u>
<u>Noxafil® (Posaconazole) Oral SUSPension, 40 Mg/ML</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>PREVNAR 20™ (Pneumococcal 20-valent Conjugate Vaccine)</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>Vaqta® (Hepatitis A Vaccine, Inactivated)</u>
<u>Varivax® (Varicella Virus Vaccine Live)</u>
<u>Vaxneuvance™ (Pneumococcal 15-Valent Conjugate Vaccine)</u>
<u>Zepatier® (Elbasvir And Grazoprevir)</u>
<u>Zerbaxa™ (Ceftolozane And Tazobactam) For Injection For Intravenous Use</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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	<u>Serevent (Diskus) (Salmeterol)</u>
	<u>Striverdi Respimat (Olodaterol)</u>
LAMA	<u>Incruse Ellipta (Umeclidinium)</u>
	<u>Spiriva Handihaler Or Respimat (Tiotropium)</u>
	<u>Yupelri (Revefenacin)</u>
LAMA/LABA/ICS	<u>Breztri Aerosphere (Budesonide/Glycopyrrolate/Formoterol)</u>
SABA/SAMA	<u>Combivent Respimat (Ipratropium/Albuterol)</u>
SABA	<u>Proair Hfa (Albuterol Sulfate) Inhalation Aerosol</u>
	<u>Proair Respiclick (Albuterol Sulfate) Inhalation Aerosol</u>
SAMA	<u>Atrovent Hfa (Ipratropium)</u>
Other	<u>Aerochamber Plus Flow-Vu</u>
	<u>Daliresp (Roflumilast)</u>
	<u>Pulmozyme (Dornase Alfa) Inhalation Solution</u>
	<u>Xolair (Omalizumab)</u>
	<u>Fasenra (Benralizumab)</u>
	<u>Fasenra Pen (Benralizumab)</u>
	<u>Nucala (Mepolizumab)</u>
+ 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](#)

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

[Clozapine](#)

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

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

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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 \(pimavanserin\)](#)

[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 \(vortioxetine tablets\)](#)

[Viibryd \(Vilazodone\)](#)

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

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

[Zarontin® \(Ethosuximide\)](#)

[Zyprexa® \(Olanzapine\) Tablet](#)

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

ONCOLOGY

Medications available for assistance

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

[Afinitor Disperz® \(Everolimus SUSPension\)](#)

[Afinitor® \(Everolimus\)](#)

[Alcensa \(Alectinib\)](#)

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<u>Alimta® (Pemetrexed For Injection)</u>
<u>Aliqopa (copanlisib)</u>
<u>Aranesp (Darbepoetin Alfa)</u>
<u>Avastin (Bevacizumab)</u>
<u>Balversa (Erdafitinib) Tablets</u>
<u>Bendeka (Bendamustine)</u>
<u>BESPONSA (inotuzumab)</u>
<u>Blenrep (Belantamab)</u>
<u>Blincyto (Blinatumomab)</u>
<u>BOSULIF (bosutinib)</u>
<u>BRAFTOVI (encoarfenib)</u>
<u>Calquence (Acalabrutinib)</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>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>Erbitux® (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>

Herzuma (Trastuzumab-Pkrb) Injection
Hycamtin® (Topotecan Hydrochloride) For Injection
Hycamtin® (Topotecan) Capsules
IBRANCE (Palbociclib)
IDHIFA® (Enasidenib)
Imbruvica (Ibrutinib) Capsules/Tablets
Imbruvica (Ibrutinib)
Imfinzi (Durvalumab)
IMJUDO (tremelimumab-actl)
Imlygic (Talimogene)
INLYTA (axitinib)
Inrebic® (Fedratinib)
Istodax® (Romidepsin)
Jemperli (Dostarlimab)
Kadcyla (Ado-Trastuzumab Emtansine)
Kanjinti (Trastuzumab-Anns)
Kesimpta® (Ofatumumab)
Keytruda® (Pembrolizumab) Injection [Liquid Formulation] 100 Mg
Kisqali® Femara® Co-Pack (Ribociclib And Letrozole) Tablets
Kisqali® (Ribociclib)
Kyprolis (Carilzomib)
Levoleucovorin Injection
LORBRENA (lorlatinib)
Lucentis (Ranibizumab Injection)
Lumakras (Sotorasib)
Lumoxiti (Moxetumomab Pasudotox-Tdffk)
Lupron Depot (Leuprolide Acetate For Depot SUSPension)
Lupron Depot-Ped (Leuprolide Acetate For Depot SUSPension)
Lutathera® (Lutetium Lu 177 Dotatate)
Lynparza (Olaparib)
Mekinist® (Trametinib)
MEKTOVI (bibimetinib)
Mvasi (Bevacizumab-Awwb)
MYLOTARG (gemtuzumab)
Neulasta (Pegfilgrastim)
Neupogen (Filgrastim)
Nexavar (sorafenib)

<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>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>

Thalomid® (Thalidomide)
TRAZIMERA (trastuzumab-qyyp)
Treanda (Bedamustine) For Injection
Trisenox (Arsenice Trioxide) Injection
Tykerb® (Lapatinib)
Vectibix (Panitumumab)
Venclexta (Venetoclax Tablets)
Venclexta (Venetoclax) Tablets
Verzenio® (Abemaciclib) Tablets
Vidaza® (Azacitidine For Injection)
Vioice® (Alpelisib)
VITRAKVI (Larotrectinib)
VIZIMPRO (dacaomitinib)
Votrient® (Pazopanib)
Welireg™ (Belzutifan) 40 Mg Tablets
XALKORI (crizotinib)
Xeloda (Capecitabine)
Xofigo (radium Ra 223 dichloride)
Yervoy® (Ipilimumab)
Yondelis (Trabectedin) For Iv Infusion
Zarxio™ (Filgrastim-Sndz)
Zelboraf (Vemurafenib)
Ziextenzo® (Pegfilgrastim-Bmez)
ZIRABEV (bevacizumab-bvzr)
Zolinza® (Vorinostat) 100 Mg Capsules
Zykadia® (Ceritinib)
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.

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- 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
- 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

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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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