



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

F-J

K-O

P-T

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**

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

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

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

[Aptivus \(Tipranavir\)](#)

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

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

[Arixtra \(Fondaparinux\)](#)

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

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

[Aromasin® \(Exemestane\) Tablets](#)

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

[ATOPICLAIR Nonsteroidal Cream 100 g Tube](#)

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

[Avastin \(Bevacizumab\)](#)

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

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

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

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

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

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

[Belsomra® \(Suvorexant\) C-IV](#)

[Bendeka \(Bendamustine\)](#)

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

[Benlysta \(Belimumab\)](#)

[BENZAMYCIN GEL](#)

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

[BESPONSA \(inotuzumab\)](#)

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

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

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

[BIAFINE](#)

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

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

<a href="#">Engerix-B (Hepatitis B Vaccine)</a>
<a href="#">Enspryng (Satralizumab-Mwge)</a>
<a href="#">Entresto™ (Sacubitril/Valsartan)</a>
<a href="#">Epipen &amp; Epipen Jr (Epinephrine) Injection</a>
<a href="#">Epivir-Hbv (Lamivudine Solution Or Tablets)</a>
<a href="#">Epogen (Epoetin Alfa)</a>
<a href="#">Erbitux® (Cetuximab) Injection</a>
<a href="#">Erivedge (Vismodegib)</a>
<a href="#">Erleada (Apalutamide) Tablets</a>
<a href="#">Erygel (Erythromycin) Topical Gel 2%</a>
<a href="#">Esbriet (Pirfenidone)</a>
<a href="#">Estrace (Estradiol) Cream</a>
<a href="#">Estring® (Estradiol Vaginal Ring)</a>
<a href="#">Evenity (Romosozumab-Aqqg)</a>
<a href="#">Evista® (Raloxifene Hydrochloride) Tablet</a>
<a href="#">Evoclin (Clindamycin) Foam 1%</a>
<a href="#">Evrysdi (Risdiplam)</a>
<a href="#">Extavia® (Interferon Beta-1B)</a>

## F-J

<a href="#">Faslodex (Fulvestrant)</a>
<a href="#">Farxiga (Dapagliflozin)</a>
<a href="#">Fasenra (Benralizumab)</a>
<a href="#">Fasenra Pen (Benralizumab)</a>
<a href="#">Felbatol (Felbamate)</a>
<a href="#">Feldene® (Piroxicam) Capsules</a>
<a href="#">Ferumoxytol Injection</a>
<a href="#">Fetzima (Levomilnacipran) Extended Release Capsules And Titration Pack</a>
<a href="#">Fiasp Flextouch (Insulin Aspart)</a>
<a href="#">Flovent (Diskus Or HFA) (Fluticasone)</a>
<a href="#">Forteo® (Teriparatide Injection)</a>
<a href="#">Fosrenol (lanthanum carbonate)</a>
<a href="#">Fragmin® (Dalteparin Sodium) Injection</a>
<a href="#">Fulphila (Pegfilgastrim-Jmdb)</a>
<a href="#">Fulvestrant Injection, For Intramuscular Use</a>
<a href="#">FYARRO (sirolimus albumin-bound) for injection</a>
<a href="#">Gabitril (Tigabine Hydrochloride) Tablets</a>
<a href="#">Galzin (Zinc Acetate) Capsules</a>
<a href="#">Gardasil®9 (Human Papillomavirus 9-Valent Vaccine, Recombinant)</a>
<a href="#">Gastrocrom (Cromolyn) Oral Concentrate</a>
<a href="#">Gavreto (Pralsetinib)</a>
<a href="#">Gazyva (Obinutuzumab)</a>

<a href="#"><u>Gelnique (Oxybutynin Chloride 10%) Gel</u></a>
<a href="#"><u>Gengraf Capsules (Cyclosporine, USP [Modified])</u></a>
<a href="#"><u>Genotropin® (Somatropin) For Injection</u></a>
<a href="#"><u>Gilenya® (Fingolimod)</u></a>
<a href="#"><u>Giltorif (Afatinib)</u></a>
<a href="#"><u>Glatiramer Acetate</u></a>
<a href="#"><u>Glucagen Hypokit</u></a>
<a href="#"><u>Glucagon™ (Glucagon For Injection)</u></a>
<a href="#"><u>Glyxambi (Empagliflozin/Metformin)</u></a>
<a href="#"><u>Granix (Tbo-Filgrastim) Injection</u></a>
<a href="#"><u>Haldol Decanoate (Haloperidol) Im Injection Only</u></a>
<a href="#"><u>Hemlibra (Emcizumab-Kxwh)</u></a>
<a href="#"><u>Heparin Sodium Injection, USP</u></a>
<a href="#"><u>Herceptin (Trastuzumab)</u></a>
<a href="#"><u>Herceptin Hylecta (Trastuzumab And Hyaluronidase-Oysk)</u></a>
<a href="#"><u>Herzuma (Trastuzumab-Pkrb) Injection</u></a>
<a href="#"><u>Humalog® Mix50/50™ (Insulin Lispro Protamine And Insulin Lispro Injectable SUSPension)</u></a>
<a href="#"><u>Humalog® Mix75/25™ (Insulin Lispro Protamine And Insulin Lispro Injectable SUSPension)</u></a>
<a href="#"><u>Humalog® U-100 (Insulin Lispro Injection)</u></a>
<a href="#"><u>Humalog® U-200 (Insulin Lispro Injection)</u></a>
<a href="#"><u>Humatrope® (Somatropin) For Injection</u></a>
<a href="#"><u>Humira (Adalimumab)</u></a>
<a href="#"><u>Humulin® 70/30 (Human Insulin Isophane SUSPension And Human Insulin Injection)</u></a>
<a href="#"><u>Humulin® N (Isophane Insulin Human SUSPension)</u></a>
<a href="#"><u>Humulin® R (Insulin Human Injection)</u></a>
<a href="#"><u>Humulin® R U-500 (Insulin Human Injection)</u></a>
<a href="#"><u>Hycamtin® (Topotecan Hydrochloride) For Injection</u></a>
<a href="#"><u>Hycamtin® (Topotecan) Capsules</u></a>
<a href="#"><u>IBRANCE (Palbociclib)</u></a>
<a href="#"><u>IDAMYCIN (idarubicin)</u></a>
<a href="#"><u>IDHIFA® (Enasidenib)</u></a>
<a href="#"><u>ILARIS® (Canakinumab)</u></a>
<a href="#"><u>ILEVRO® (Nepafenac SUSPension)</u></a>
<a href="#"><u>Imbruvica (Ibrutinib) Capsules/Tablets</u></a>
<a href="#"><u>Imbruvica (Ibrutinib)</u></a>
<a href="#"><u>Imfinzi (Durvalumab)</u></a>
<a href="#"><u>Imitrex (Sumatriptan Nasal Spray)</u></a>
<a href="#"><u>Imlygic (Talimogene)</u></a>
<a href="#"><u>Imogam® Rabies-Ht Immune Globulin, [Human] USP, Heat Treated</u></a>
<a href="#"><u>Imovax® Rabies Vaccine [Human Diploid Cell]</u></a>
<a href="#"><u>Impeklo (Clobetasol) Lotion</u></a>
<a href="#"><u>Incruse Ellipta (Umeclidinium)</u></a>

[Infed \(Iron Dextran\) Injection](#)

[Inflectra® \(Infliximab-Dyyb\) For Injection](#)

[INLYTA \(axitinib\)](#)

[Inrebic® \(Fedratinib\)](#)

[Inspra \(Eplerenone\)](#)

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

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

[Invega Sustenna, Trinza And Hafyera \(Paliperidone Palmitate\) Extended-Release Injection](#)

[Invokamet \(Canagliflozin/Metformin\)](#)

[Invokamet Xr \(Canagliflozin/Metformin Xr\)](#)

[Invokana \(Canagliflozin\)](#)

[Iressa \(Gefitinib\)](#)

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

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

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

[Istodax® \(Romidepsin\)](#)

[Jadenu® \(Deferasirox\)](#)

[Jadenu® Sprinkle \(Deferasirox\) Granules](#)

[Janumet® \(Sitagliptin And Metformin Hci\) Tablets](#)

[Janumet® Xr \(Sitagliptin And Metformin Hci Extended-Release\) Tablets](#)

[Januvia® \(Sitagliptin\) Tablets](#)

[Jardiance \(Empagliflozin\)](#)

[Jemperli \(Dostarlimab\)](#)

[Jentaduetto & Jentaduetto Xr \(Linagliptin/Metformin\)](#)

[Jivi \(antihemophilic factor recombinant\)](#)

[JUBLIA® \(efinaconazole\) Topical Solution](#)

[Jynarque \(Tolvaptan\) Tablets](#)

## K-O

[Kadcyla \(Ado-Trastuzumab Emtansine\)](#)

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

[Kanjinti \(Trastuzumab-Anns\)](#)

[Kazano \(alogliptin/metformin\) tablets](#)

[Kerendia \(finerenone\)](#)

[Kesimpta® \(Ofatumumab\)](#)

[Keytruda® \(Pembrolizumab\) Injection \[Liquid Formulation\] 100 Mg](#)

[Kisqali® Femara® Co-Pack \(Ribociclib And Letrozole\) Tablets](#)

[Kisqali® \(Ribociclib\)](#)

[Kombiglyze Er \(Saxagliptin/Metformin Er\)](#)

[KOVALTRY \(antihemophilic factor recombinant\)](#)

[Kyleena \(levonorgestrel-releasing intrauterine system\)](#)

[Kynmobi™ \(apomorphine hydrochloride\)](#)



<a href="#">Kyprolis (Carilzomib)</a>
<a href="#">Lamictal (Lamotrigine Chewable Or Orally Disintegrating Tablets)</a>
<a href="#">Lamictal ODT (Lamotrigine Patient Titration Kits)</a>
<a href="#">Lamictal Xr (Lamotrigine Er Or Patient Titration Kit)</a>
<a href="#">Lampit (nifurtimox)</a>
<a href="#">Lantus® (Insulin Glargine Injection) 100 Units/mL</a>
<a href="#">Latuda (lurasidone)</a>
<a href="#">Legvio® (Inclisiran)</a>
<a href="#">Levemir (Insulin Detemir) Flextouch</a>
<a href="#">Levoleucovorin Injection</a>
<a href="#">Levoxyl® (Levothyroxine Sodium) Tablets</a>
<a href="#">Lexapro (Escitalopram)</a>
<a href="#">Lialda (mesalamine) DR tablets</a>
<a href="#">Liletta (Levonorgestrel) Intrauterine Contraceptive</a>
<a href="#">Lincocin® (Lincomycin) Injection, USP</a>
<a href="#">Linzess (Linaclotide) Capsules</a>
<a href="#">LOCOID LIPOCREAM</a>
<a href="#">LOCOID (hydrocortisone butyrate) Lotion</a>
<a href="#">Lo Lestrin Fe</a>
<a href="#">Lokelma (Sodium Zirconium Cyclosilicate)</a>
<a href="#">LORBRENA (lorlatinib)</a>
<a href="#">Lovenox® (Enoxaparin Sodium Injection)</a>
<a href="#">Lucentis (Ranibizumab Injection)</a>
<a href="#">Lumakras (Sotorasib)</a>
<a href="#">Lumigan (Bimatoprost 0.01%) Ophthalmic Solution</a>
<a href="#">Lumoxiti (Moxetumomab Pasudotox-Tdffb)</a>
<a href="#">Lupron Depot (Leuprolide Acetate For Depot SUSPension)</a>
<a href="#">Lupron Depot-Ped (Leuprolide Acetate For Depot SUSPension)</a>
<a href="#">Lutathera® (Lutetium Lu 177 Dotatate)</a>
<a href="#">Luxiq (Betamethasonevalerate) Foam</a>
<a href="#">LUZU (Iuliconazole) Cream, 1% for Topical Use</a>
<a href="#">Lynparza (Olaparib)</a>
<a href="#">Lyumjev™ (Insulin Lispro-Aabc) Injection</a>
<a href="#">Malarone (Atovaquone And Proguanil)</a>
<a href="#">Mavyret (Glecaprevir/Pibrentasvir)</a>
<a href="#">Maxidex® (Dexamethasone SUSPension)</a>
<a href="#">Mayzent® (Siponimod)</a>
<a href="#">Mekinist® (Trametinib)</a>
<a href="#">MEKTOVI (bibimetinib)</a>
<a href="#">Menest® (Esterified Estrogens) Tablets, USP</a>
<a href="#">Menquadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)</a>
<a href="#">Menostar (estradiol transdermal system)</a>

[MEPHYTON \(phytonadione\) Vitamin K1 Tablets](#)

[Mepron \(Atovaquone SUSPension\)](#)

[Miacalcin Injection \(calcitonin\)](#)

[Mirena \(levonorgestrel-releasing intrauterine system\)](#)

[M-M-R® li \(Measles, Mumps, And Rubella Virus Vaccine Live\)](#)

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

[Monurol \(Fosfomycin Tromethamine\) Oral Granules](#)

[Motegrity \(prucalopride\) tablets](#)

[MOVIPREP \(polyethylene glycol 3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate, and ascorbic acid for oral solution\)](#)

[Mozobil® \(Plerixafor Injection\)](#)

[Multaq® \(Dronedarone\) Tablets](#)

[Muse \(Alprostadil\) Urethral](#)

[Mvasi \(Bevacizumab-Awwb\)](#)

[Mycobutin® \(Rifabutin\) Capsules, USP](#)

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

[MYLOTARG \(gemtuzumab\)](#)

[Namenda And Namenda Xr \(Memantine\)](#)

[Namzaric \(Memantine Extended Release And Donepezil\)](#)

[Natazia \(estradiol valerate and estradiol valerate/dienogest\)](#)

[Natrelle](#)

[Nesina \(alogliptin\) tablets](#)

[Neulasta \(Pegfilgrastim\)](#)

[Neupogen \(Filgrastim\)](#)

[Nevanac® \(Nepafenac SUSPension\)](#)

[Nexavar \(sorafenib\)](#)

[Nicotrol® \(Nicotine\)](#)

[NIVESTYM \(filgrastim-aafi\)](#)

[NORITATE \(metronidazole cream\) Cream, 1% for Topical Use Only](#)

[Norpace® \(Disopyramide Phosphate\)](#)

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

[Novlog Mix 70/30 \(Insulin Aspart Protamine And Insulin Aspart\) Flexpen](#)

[Novolin 70/30 \(Insulin Nph And Insulin R Mix\) Vial](#)

[Novolin N Vial \(Insulin Nph\)](#)

[Novolin R Vial \(Insulin Regular\)](#)

[Novolog \(Insulin Aspart\) Flexpen](#)

[Noxafil® \(Posaconazole\) Delayed-Release Tablets 100 Mg](#)

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

[Nplate \(Romiplostim\)](#)

[Nubeqa \(darolutamide\)](#)

[Nucala \(Mepolizumab\)](#)

[Nulojix® \(Belatacept\)](#)

[NUPLAZID \(pimavanserin\)](#)

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

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

[Ocrevus \(Orelizumab\)](#)

[Ofev \(Nintedanib\)](#)

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

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

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

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

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

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

[Onglyza \(Saxagliptin\)](#)

[Onureg® \(Azactidine Tablets\)](#)

[Opdivo® \(Nivolumab\)](#)

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

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

[Orencia® \(Abatacept\)](#)

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

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

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

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

[Otezla \(Apremilast\)](#)

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

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

## P-T

[Parsabiv \(Etelcalcetide\)](#)

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

[Pentacel® 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® \(Pomalidomide\)](#)

<a href="#">Ponvory (Ponesimod)</a>
<a href="#">Portrazza® (Necitumumab) Injection</a>
<a href="#">Pradaxa (Dabigatran)</a>
<a href="#">Praluent (alirocumab)</a>
<a href="#">Pred Forte (Prednisolone Acetate) Ophthalmic SUSPension</a>
<a href="#">Premarin® (Conjugated Estrogens) Tablets, USP (Conjugated Estrogens Tablets</a>
<a href="#">Premarin® (Conjugated Estrogens) Vaginal Cream (Conjugated Estrogens) Vaginal Cream</a>
<a href="#">Premphase® (Conjugated Estrogens Plus Medroxyprogesterone Acetate) Tablets</a>
<a href="#">Prempro® (Conjugated Estrogens/Medroxyprogesterone Acetate) Tablets</a>
<a href="#">Pretomanid Tablet</a>
<a href="#">Prevacid (lansoprazole) ODT tablets</a>
<a href="#">Prevnar 13® Pneumococcal 13-Valent Conjugate Vaccine [Diphtheria Crm197 Protein]</a>
<a href="#">Prevymis™ (Letermovir) 240 Mg Tablets</a>
<a href="#">Prezcobix (Darunavir/Cobicistat)</a>
<a href="#">Prezista (Darunavir)</a>
<a href="#">Priftin® (Rifapentine) Tablets</a>
<a href="#">Pristiq® (Desvenlafaxine) Extended-Release Tablets</a>
<a href="#">Proair HFA (Albuterol Sulfate) Inhalation Aerosol</a>
<a href="#">Proair Respiclick (Albuterol Sulfate) Inhalation Aerosol</a>
<a href="#">Procrit (Epoetin Alfa)</a>
<a href="#">Proctofoam Hc (Hydrocortisone Acetate 1% &amp; Pramoxine 1%)</a>
<a href="#">Proglycem (Diazoxide) Oral SUSPension</a>
<a href="#">Prolia (Denosumab)</a>
<a href="#">Promacta® (Eltrombopag)</a>
<a href="#">Prozac® (Fluoxetine Capsules)</a>
<a href="#">Pulmicort Flexhaler (Budesonide)</a>
<a href="#">Pulmozyme (Dornase Alfa) Inhalation Solution</a>
<a href="#">Pylera (Bismuth Subcitrate Potassium, Metronidazole, And Tetracycline) Capsules</a>
<a href="#">QNASL (Beclomethasone) Nasal Aerosol</a>
<a href="#">QTERN (Dapagliflozin/Saxagliptin)</a>
<a href="#">QULIPTA (Atogepant) Tablets</a>
<a href="#">QVAR Redihaler (Beclomethasone Dipropionate HFA) Inhalation Aerosol</a>
<a href="#">Rapaflo (Silodosin) Capsules</a>
<a href="#">Rapamune® (Sirolimus)</a>
<a href="#">Reblozyl® (LUSPatercept-Aamt)</a>
<a href="#">Recarbrio™ (Imipenem, Cilastatin, And Relebactam) For Injection, For Intravenous Use</a>
<a href="#">Recombivax Hb® [Hepatitis B Vaccine (Recombinant)]</a>
<a href="#">Rectiv (Nitroglycerin) Ointment</a>
<a href="#">Relenza (Zanamivir Inhalation Powder)</a>
<a href="#">RELISTOR (methylnaltrexone bromide)</a>
<a href="#">Relpax (Eletriptan)</a>
<a href="#">Relpax® (Eletriptan Hydrobromide) Tablets</a>

<a href="#">Remicade (Infliximab) Iv Infusion</a>
<a href="#">RENOVA (tretinoin cream) 0.02% for Topical Use, Pump</a>
<a href="#">Repatha (Evolocumab)</a>
<a href="#">Restasis (Cyclosporine) Ophthalmic Emulsion</a>
<a href="#">RETACRIT (epoetin alfa-epbx)</a>
<a href="#">Retevmo™ (Selpercatinib) Capsules</a>
<a href="#">RETIN-A CREAM 45 gm 0.025% or 0.05% or 0.1%</a>
<a href="#">RETIN-A GEL 45 gm 0.01% or 0.025%</a>
<a href="#">RETIN-A MICRO (tretinoin) Gel Microsphere for Topical Use 0.06% or 0.08%</a>
<a href="#">Revatio (Sildenafil)</a>
<a href="#">Revlimid® (Lenalidomide)</a>
<a href="#">Rexulti (Brexiprazole) Tablets</a>
<a href="#">Reyvow® (Lasmiditan) Tablets C-V</a>
<a href="#">Riabni (Rituximab-Arrx)</a>
<a href="#">Rinvoq (Upadacitinib)</a>
<a href="#">Risperdal Consta (Risperidone) Long-Acting Injection</a>
<a href="#">Rituxan (Rituximab) For Granulomatosis With Polyangiitis (Gpa), Microscopic Polyangiitis (Mpa) Or Pemphigus Vulgaris (Pv)</a>
<a href="#">Rituxan (Rituximab) For Oncology</a>
<a href="#">Rituxan (Rituximab) For Rheumatoid Arthritis</a>
<a href="#">Rituxan Hycela (Rituximab/Hyaluronidase Human)</a>
<a href="#">Rowasa (Mesalamine) Rectal SUSPension</a>
<a href="#">Rozerem (ramelteon) tablets</a>
<a href="#">Rozlytrek (Entrectinib)</a>
<a href="#">RUXIENCE (rituximab-pvvr)</a>
<a href="#">Rybelsus (Semaglutide) Tablets</a>
<a href="#">Rybrevant (Amivantamab-Vmjw)</a>
<a href="#">Rydapt® (Midostaurin)</a>
<a href="#">SAFYRAL (drospirenone/ethinyl estradiol/levomefolate calcium tablets and levomefolate calcium tablets)</a>
<a href="#">Samsca (Tolvaptan)</a>
<a href="#">Sandostatin Lar® Depot (Octreotide Acetate)</a>
<a href="#">Saphnelo (Anifrolumab-Fnia)</a>
<a href="#">Saphris (Asenapine Maleate) Sublingual Tablet</a>
<a href="#">Savella (Milnacipran) Tablets</a>
<a href="#">Scemblix® (Asciminib) Tablets</a>
<a href="#">Semglee (Insulin Glargine)</a>
<a href="#">Sensipar (Cinacalcet)</a>
<a href="#">Serevent (Diskus) (Salmeterol)</a>
<a href="#">Sf Rowasa (Mesalamine) Rectal SUSPension</a>
<a href="#">Shingrix (Zoster Vaccine)</a>
<a href="#">SILIQ (brodalumab) injection, for subcutaneous use, 210 mg/1.5 mL solution</a>
<a href="#">Simponi (Golimumab) Injection</a>

<a href="#">Sirturo (Bedaquiline) Tablets</a>
<a href="#">Skelaxin® (Metaxalone) Tablets</a>
<a href="#">Skyla (levonorgestrel-releasing intrauterine system)</a>
<a href="#">Skyrizi (Risankizumab-Rzaa)</a>
<a href="#">Soliqua® 100/33 (Insulin Glargine &amp; Lixisenatide) Injection 100 Units/MI And 33 Mcg/mL</a>
<a href="#">SOLODYN (minocycline HCl) Extended Release Tablets for Oral Use 55 mg or 80 mg or 105 mg</a>
<a href="#">Somavert® (Pegvisomant) For Injection</a>
<a href="#">SOTYKTU (deucravacitinib)</a>
<a href="#">Spiriva Handihaler Or Respimat (Tiotropium)</a>
<a href="#">Sporanox (Itraconazole) Capsules And Oral Solution</a>
<a href="#">Spravato (Esketamine) Nasal Spray [CIII]</a>
<a href="#">Sprycel® (Dasatinib)</a>
<a href="#">Stelara (Ustekinumab) For Subcutaneous Or Iv Use</a>
<a href="#">Stiolto Respimat (Tiotropium/Olodaterol)</a>
<a href="#">Stivarga (regorafenib)</a>
<a href="#">Strattera® (Atomoxetine) Capsules</a>
<a href="#">Strattice (Reconstructive Tissue Matrix)</a>
<a href="#">Striverdi Respimat (Olodaterol)</a>
<a href="#">Stromectol® (Ivermectin) Tablets</a>
<a href="#">Susvimo (Ranibizumab)</a>
<a href="#">SUTENT (sunitinib)</a>
<a href="#">Symbicort (Budesonide/Formoterol)</a>
<a href="#">Symbyax® (Olanzapine And Fluoxetine) Capsules</a>
<a href="#">Symlin (Pramlintide)</a>
<a href="#">Symtuza (Darunavir, Cobicistat, Emtricitabine, Tenofovir Alafenamide) Tablets</a>
<a href="#">Synarel® (Nafarelin Acetate) Nasal Solution</a>
<a href="#">Synjardy &amp; Synjardy Xr (Empagliflozin/Metformin)</a>
<a href="#">Synribo (Omacetaxine) For Injection</a>
<a href="#">Synthroid (Levothyroxine Sodium) Tablets</a>
<a href="#">SYPRINE (trientine hydrochloride) Capsules</a>
<a href="#">Tabrecta™ (Capmatinib)</a>
<a href="#">Tafinlar® (Dabrafenib)</a>
<a href="#">Tagrisso (Osimertinib)</a>
<a href="#">Taltz® (Ixekizumab) Injection</a>
<a href="#">TALZENNA (talazoparib)</a>
<a href="#">TARGRETIN (bexarotene)</a>
<a href="#">Tasigna® (Nilotinib)</a>
<a href="#">TASMAR (tolcapone) Tablets</a>
<a href="#">Tecentriq (Atezolizumab)</a>
<a href="#">TECVAYLI™ (teclistamab) Injection, for subcutaneous use</a>
<a href="#">Teflaro (Ceftaroline Fosamil) Powder For Injection</a>
<a href="#">Tenivac® (Tetanus And Diphtheria Toxoids Adsorbed</a>

[TETRIX CREAM](#)[Thalomid® \(Thalidomide\)](#)[Thymoglobulin® \[Anti-Thymocyte Globulin \(Rabbit\)\]](#)[Tikosyn® \(Dofetilide\) Capsules](#)[TNKase \(Tenecteplase\)](#)[Tobi \(Tobramycin\) Ampules Or Podhalers](#)[Tobradex® \(Ophthalmic Ointment\)](#)[TORISEL \(temsirolimus\)](#)[Toujeo® \(insulin glargine injection\) 300 Units/mL \(1.5 mL or 3.0 mL pens\)](#)[Toviaz® \(Fesoterodine Fumarate\) Extended-Release Tablets](#)[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 \(vortioxetine tablets\)](#)[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](#)[Tygacil® \(Tigecycline\) For 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 \(Venetoclax Tablets\)](#)

<a href="#"><u>Venclexta (Venetoclax) Tablets</u></a>
<a href="#"><u>Ventavis (Iloprostol)</u></a>
<a href="#"><u>Verquvo™ (Vericiguat) 2.5 Mg, 5 Mg, 10 Mg Tablets</u></a>
<a href="#"><u>Verzenio® (Abemaciclib) Tablets</u></a>
<a href="#"><u>Veltassa (patiomer)</u></a>
<a href="#"><u>Vfend® (Voriconazole)</u></a>
<a href="#"><u>Viberzi (Eluxadoline)</u></a>
<a href="#"><u>Victoza (Liraglutide) Pen</u></a>
<a href="#"><u>Vidaza® (Azacitidine For Injection)</u></a>
<a href="#"><u>Viiibryd (Vilazodone)</u></a>
<a href="#"><u>Vijoice® (Alpelisib)</u></a>
<a href="#"><u>Viokace (Pancrelipase) Tablets</u></a>
<a href="#"><u>Viramune Xr (Nevirapine)</u></a>
<a href="#"><u>VITRAKVI (Larotrectinib)</u></a>
<a href="#"><u>VIZIMPRO (dacaomitinib)</u></a>
<a href="#"><u>Votrient® (Pazopanib)</u></a>
<a href="#"><u>Vraylar (Cariprazine) Capsules</u></a>
<a href="#"><u>Vyndaqel® (Tafamidis Meglumine) Capsules</u></a>
<a href="#"><u>Vyvanse (lisdexamfetamine) capsules and tablets</u></a>
<a href="#"><u>Welireg™ (Belzutifan) 40 Mg Tablets</u></a>
<a href="#"><u>Wixela (Fluticasone/Salmeterol)</u></a>
<a href="#"><u>XALKORI (crizotinib)</u></a>
<a href="#"><u>Xanax® CIV (Alprazolam) Tablets</u></a>
<a href="#"><u>Xarelto (Rivaroxaban) Tablets Or Oral Solution</u></a>
<a href="#"><u>Xeljanz® (Tofacitinib) Oral Solution</u></a>
<a href="#"><u>Xeljanz® (Tofacitinib) Tablets</u></a>
<a href="#"><u>Xeljanz® Xr (Tofacitinib) Extended-Release Tablets</u></a>
<a href="#"><u>Xeloda (Capecitabine)</u></a>
<a href="#"><u>Xen (Gel Stent)</u></a>
<a href="#"><u>Xgeva (Denosumab)</u></a>
<a href="#"><u>XIFAXAN (rifaximin) Tablets, for Oral Use, 550 mg</u></a>
<a href="#"><u>Xigduo Xr (Dapagliflozin/Metformin Er)</u></a>
<a href="#"><u>Xiidra® (Lifitegrast Ophthalmic Solution)</u></a>
<a href="#"><u>Xofigo (radium Ra 223 dichloride)</u></a>
<a href="#"><u>Xolair (Omalizumab)</u></a>
<a href="#"><u>Xulane (Norelgestromin And Ethinyl Estradiol Transdermal System)</u></a>
<a href="#"><u>Xultophy (Insulin Degludec &amp; Liraglutide) Pen</u></a>
<a href="#"><u>Xyntha® Antihemophilic Factor (Recombinant)</u></a>
<a href="#"><u>Yervoy® (Ipilimumab)</u></a>
<a href="#"><u>Yondelis (Trabectedin) For Iv Infusion</u></a>
<a href="#"><u>Yupelri (Revefenacin)</u></a>
<a href="#"><u>Zarontin® (Ethosuximide)</u></a>



<a href="#">Zarxio™ (Filgrastim-Sndz)</a>
<a href="#">ZELAPAR (selegiline hydrochloride) Orally Disintegrating Tablets</a>
<a href="#">Zelboraf (Vemurafenib)</a>
<a href="#">Zenpep (Pancrelipase) Delayed Release Capsule</a>
<a href="#">Zepatier® (Elbasvir And Grazoprevir)</a>
<a href="#">Zeposia® (Ozanimod)</a>
<a href="#">Zerbaxa™ (Ceftolozane And Tazobactam) For Injection For Intravenous Use</a>
<a href="#">ZIANA (clindamycin phosphate 1.2% and tretinoin 0.025%) Gel 60 g tube</a>
<a href="#">Ziextenzo® (Pegfilgrastim-Bmez)</a>
<a href="#">Zinplava™ (Bezlotoxumab) Injection 25 Mg/mL</a>
<a href="#">ZIRABEV (bevacizumab-bvzr)</a>
<a href="#">Zolinza® (Vorinostat) 100 Mg Capsules</a>
<a href="#">ZYCLARA (imiquimod) cream 3.75%, for Topical Use 7.5 g Pump Box of 28 Packets</a>
<a href="#">Zykadia® (Ceritinib)</a>
<a href="#">Zynlonta (loncastuximab tesirine)</a>
<a href="#">Zyprexa® (Olanzapine) Tablet</a>
<a href="#">Zyprexa® Zydis® (Olanzapine) Tablet</a>
<a href="#">Zytiga (Abiraterone) Tablets</a>
<a href="#">Zyvox® (Linezolid)</a>

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		

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Novo Nordisk	No	Office	400	700 400 500 300 \$75,000 400 300 500 300 500 500
Otsuka	Yes	Home	300	
Pfizer	Yes	Office	\$49,960	
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	
Tolmar	Yes	Home	500	
Veltassa	Yes	Home	500	
FPL=federal poverty limit SSN=social security number				

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

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

Programs that require separate prescription be sent: GSK

Programs that require applications mailed in: Merck

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

Income thresholds based on federal poverty limit (FPL) <sup>A</sup> 2022								
Household size	100% (\$)	133% (\$)	150% (\$)	200% (\$)	250% (\$)	300% (\$)	400% (\$)	500% (\$)
1	13,590	18,075	20,385	27,180	33,975	40,770	54,360	67,950
2	18,310	24,352	27,465	36,620	45,775	54,930	73,240	91,550
3	23,030	30,630	34,545	46,060	57,575	69,090	92,120	115,150
4	27,750	36,908	41,625	55,500	69,375	83,250	111,000	138,750
5	32,470	43,185	48,705	64,940	81,175	97,410	129,880	162,350
6	37,190	49,463	55,785	74,380	92,975	111,570	148,760	185,950
7	41,910	55,740	62,865	83,820	104,775	125,730	167,640	209,550
8	46,630	62,018	69,945	93,260	116,575	139,890	186,520	233,150
Each additional	4,720	6,278	7,080	9,440	11,800	14,160	18,880	23,600
A: Federal poverty limits are subject to change on an annual basis								

# Medications with PAP per drug manufacturer

## AADIAssist Patient Assistance Program

Eligibility		
US resident	≤400% FPL	Uninsured or lack of coverage of medication

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

Medications eligible for assistance
FYARRO (sirolimus albumin bound) for injection

**AbbVie Assist** (usually reviewed within 2 business days)

## Eligibility

US resident

At or below  
income  
threshold

Provide proof  
of income

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

## Medications eligible for assistance

Acuvail (ketorolac tromethamine) ophthalmic solution <sup>&amp;</sup>
AeroChamber Plus Flow-Vu <sup>**</sup>
Alloderm <sup>%</sup>
Alphagan P (brimonidine tartrate) ophthalmic solution <sup>&amp;</sup>
Armour Thyroid (thyroid tablets, USP) tablets <sup>**</sup>
Avycaz (avibactam/ceftazidime) <sup>#</sup>
BOTOX (onabotulinumtoxinA)
Bystolic (nebivolol) tablets <sup>**</sup>
Canasa (mesalamine) suppository <sup>**</sup>
Carafate (sucralfate) oral sUSPension <sup>**</sup>
Combigan (brimonidine tartrate/timolol maleate) ophthalmic solution <sup>&amp;</sup>
CREON (Pancrelipase) delayed-release capsules <sup>+</sup>
Crinone (progesterone) gel <sup>**</sup>
Dalvance (dalbavancin) lyophilizate <sup>#</sup>
Delzicol (mesalamine DR) capsules <sup>**</sup>

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Depakote (divalproex sodium) <sup>§</sup>
Duopa (carbidopa/levodopa) enteral sUSPension <sup>§</sup>
Durysta (Bimatoprost) ocular implant <sup>&amp;</sup>
Estrace (estradiol) cream <sup>**</sup>
Fetzima (Levomilnacipran) extended release capsules and titration pack <sup>**</sup>
Gelnique (oxybutynin chloride 10%) gel <sup>**</sup>
GENGRAF capsules (cyclosporine, USP [MODIFIED]) <sup>**</sup>
HUMIRA (adalimumab) <sup>§</sup>
IMBRUVICA (ibrutinib) <sup>§</sup>
Infed (iron dextran) injection <sup>**</sup>
KALETRA (lopinavir/ritonavir) <sup>**</sup>
Lexapro (escitalopram) <sup>**</sup>
Liletta (levonorgestrel) intrauterine contraceptive <sup>^</sup>
Linzess (linaclotide) capsules <sup>+</sup>
Lo Lestrin fe <sup>^</sup>
Lumigan (Bimatoprost 0.01%) ophthalmic solution <sup>&amp;</sup>
Lupron Depot-Ped (leuprolide acetate for depot sUSPension) <sup>§</sup>
Lupron Depot (leuprolide acetate for depot sUSPension) <sup>§</sup>
MAVYRET (Glecaprevir/Pibrentasvir) <sup>§</sup>
Monurol (Fosfomycin tromethamine) oral granules <sup>**</sup>
Namenda and Namenda XR (memantine) <sup>**</sup>
Namzaric (memantine extended release and donepezil) <sup>**</sup>
NATRELLE <sup>%</sup>
NORVIR (ritonavir) tablets and oral solution <sup>**</sup>
Oriahnn (Elagolix/estradiol/norethindrone) <sup>^</sup>
ORILISSA (Elgaolix) tablets <sup>^</sup>
Ozurdex (dexamethasone) ocular implant <sup>&amp;</sup>
Pred Forte (prednisolone acetate) ophthalmic sUSPension <sup>**</sup>
Pylera (bismuth Subcitrate potassium, metronidazole, and tetracycline) capsules <sup>**</sup>
Qulipta (Atogepant) tablets <sup>**</sup>
Rapaflo (silodosin) capsules <sup>**</sup>
Rectiv (nitroglycerin) ointment <sup>**</sup>
Restasis (cyclosporine) ophthalmic emulsion <sup>&amp;</sup>
RINVOQ (upadacitinib) <sup>§</sup>
Saphris (asenapine maleate) sublingual tablet <sup>**</sup>
Savella (milnacipran) tablets <sup>**</sup>
SKYRIZI (Risankizumab-rzaa) <sup>§</sup>
STRATTICE (reconstructive tissue matrix) <sup>%</sup>
Synthroid (levothyroxine sodium) tablets <sup>**</sup>
Teflaro (ceftaroline fosamil) powder for injection <sup>#</sup>
Ubrelvy (ubrogepant) tablets <sup>**</sup>
Venclexta (venetoclax) tablets <sup>§</sup>

Viberzi (eluxadoline) <sup>+</sup>
Viibryd (vilazodone) <sup>**</sup>
Vraylar (cariprazine) capsules <sup>**</sup>
Xen (gel stent) <sup>&amp;</sup>

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

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## Acadia Connect

### Eligibility

US resident	Any income	Uninsured
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### Medications eligible for assistance

NUPLAZID (pimavanserin)
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## ADC Patient Support

### Eligibility

US resident	≤550% FPL	Uninsured or underinsured
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### Medications eligible for assistance

Zynlonta (loncastuximab tesirine)
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## AMGEN safety net program

### Eligibility

US resident > 6 months

≤500% FPL

Uninsured or plan excludes AMGEN product

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

### Medications eligible for assistance

Aimovig (erenumab)
ARANESP (darbepoetin alfa)
AVSOLA (infliximab-axxq)
BLINCYTO (blinatumomab)
Corlanor (ivabradine)
Enbrel (etanercept)
Epogen (epoetin alfa)
EVENITY (romosozumab-aqqg)
IMLYGIC (talimogene)
KANJINTI (trastuzumab-anns)
Kyprolis (carilzomib)
LUMAKRAS (sotorasib)
MVASI (bevacizumab-awwb)
Neulasta (pegfilgrastim)
NEUPOGEN (filgrastim)
Nplate (romiplostim)
Otezla (apremilast)
Parsabiv (etelcalcetide)

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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

## AstraZeneca AZ&ME program

Eligibility		
US resident	≤300-500% FPL	Uninsured or Medicare

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

1.

Medication eligible for assistance	
Insurance Group	Medication name
1	BEVESPI AEROSPHERE (glycopyrrolate/formoterol)
1	BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol)
1	BRILINTA (ticagrelor)
1	BYDUREON (exenatide extended release)
1	BYETTA (exenatide)
2	CALQUENCE (acalabrutinib)
1	DALIRESP (roflumilast)
1	FARXIGA (dapagliflozin)
2	FASENRA (benralizumab)

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

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

## **BAUSCH HEALTH**

### Eligibility

US resident

≤300-500% FPL

Uninsured or  
Medicare

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

### Medications eligible for assistance

Income Group	Medication name
1	ACANYA® (clindamycin phosphate and benzoyl peroxide) Gel, 1.2% or 2.5%, for Topical

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1	ALDARA Cream 5%
1	ANCOBON (flucytosine) capsules
1	APLENZIN (bupropion hydrobromide) Extended-Release Tablets
1	ARAZLO (tazarotene) Lotion, 0.045%
1	ATOPICLAIR Nonsteroidal Cream 100 g Tube
1	BENZAMYCIN GEL
1	BIAFINE
1	BRYHALI (halobetasol propionate) Lotion
1	CARAC (fluorouracil cream)
1	CLINDAGEL (clindamycin phosphate gel)
3	CUPRIMINE (penicillamine) Capsules
1	CYCLOSET (bromocriptine mesylate tablets)
3	DEMSER (metyrosine) Capsules
1	DUOBRII (halobetasol propionate and tazarotene 0.01%/0.45%)
1	EFUDEX (fluorouracil) Topical Cream
1	ELIDEL (pimecrolimus) Cream, 1% for Topical Use
1	JUBLIA® (efinaconazole) Topical Solution
1	LOCOID LIPOCREAM
1	LOCOID (hydrocortisone butyrate) Lotion
1	LUZU (luliconazole) Cream, 1% for Topical Use
1	MEPHYTON (phytonadione) Vitamin K1 Tablets
1	MOVIPREP (polyethylene glycol 3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate, and ascorbic acid for oral solution)
1	NORITATE (metronidazole cream) Cream, 1% for Topical Use Only
1	ONEXTON (clindamycin phosphate and benzoyl peroxide) Gel, 1.2% or 3.75% for Topical
1	PLENVU® (PEG 3350, sodium ascorbate, sodium sulfate, ascorbic acid, sodium chloride, and potassium chloride), Powder for oral solution
1	RELISTOR (methylnaltrexone bromide)
1	RENOVA (tretinoin cream) 0.02% for Topical Use, Pump
1	RETIN-A CREAM 45 gm 0.025% or 0.05% or 0.1%
1	RETIN-A GEL 45 gm 0.01% or 0.025%
1	RETIN-A MICRO (tretinoin) Gel Microsphere for Topical Use 0.06% or 0.08%
2	SILIQ (brodalumab) injection, for subcutaneous use, 210 mg/1.5 mL solution
1	SOLODYN (minocycline HCl) Extended Release Tablets for Oral Use 55 mg or 80 mg or 105 mg
3	SYPRINE (trientine hydrochloride) Capsules
3	TARGRETIN (bexarotene)

1	TASMAR (tolcapone) Tablets
1	TETRIX CREAM
1	TRULANCE (plecanatide) 3 mg Tablets
1	UCERIS (budesonide) Rectal Foam
1	XIFAXAN (rifaximin) Tablets, for Oral Use, 550 mg
1	ZELAPAR (selegiline hydrochloride) Orally Disintegrating Tablets
1	ZIANA (clindamycin phosphate 1.2% and tretinoin 0.025%) Gel 60 g tube
1	ZYCLARA (imiquimod) cream 3.75%, for Topical Use 7.5 g Pump Box of 28 Packets

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

### Bayer patient assistance foundation

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

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

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VITRAKVI (Larotrectinib)

Xofigo (radium Ra 223 dichloride)

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

## Boehringer Ingelheim (BI Cares Program)

### Eligibility

US resident

≤250% FPL

Uninsured or  
Medicare

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

### Medications eligible for assistance

Aptivus (tipranavir)

Atrovent HFA (ipratropium)

COMBIVENT Respimat (ipratropium/albuterol)

GILTORIF (afatinib)<sup>\$</sup>

Glyxambi (empagliflozin/metformin)

Jardiance (empagliflozin)

Jentadueto & Jentadueto XR (linagliptin/metformin)

OFEV (nintedanib)<sup>\$</sup>

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)

<sup>\$</sup> Has individual application

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

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## Bristol Myers Squibb

### Eligibility

US resident

<300% FPL for  
Eliquis and Orenzia

Uninsured  
or Medicare

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

### Medications eligible for assistance

ABRAXANE® (paclitaxel protein-bound particles for injectable sUSPension (albumin-bound))

CAMZYOS (mavacamten)

DROXIA (hydroxyurea)

ELIQUIS® (apixaban)

EMPLICITI® (elotuzumab)

IDHIFA® (Enasidenib)

INREBIC® (fedratinib)

ISTODAX® (Romidepsin)

NULOJIX® (belatacept))

ONUREG® (azactidine tablets)

OPDIVO® (nivolumab)

OPDUALAG™ (nivolumab and relatlimab – rmbw)

ORENCIA® (Abatacept)

POMALYST® (pomalidomide)

REBLOZYL® (IUSPatercept-aamt)

REVLIMID® (lenalidomide)

SOTYKTU (deucravacitinib)

SPRYCEL® (dasatinib)

THALOMID® (thalidomide)

VIDAZA® (azacitidine for injection)

YERVOY® (Ipilimumab)

ZEPOSIA® (ozanimod)

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

## GlaxoSmithKline – GSK for You

### Eligibility

US resident

≤250% FPL

Uninsured or  
Medicare

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

### Medications eligible for assistance

ADVAIR (diskus or HFA) (Fluticasone/salmeterol)
ANORO ELLIPTA (Umeclidinium/vilanterol)
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)

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RELENZA (Zanamivir inhalation powder)

SEREVENT (diskus) (Salmeterol)

SHINGRIX (Zoster vaccine)

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

## Janssen

### Eligibility

US resident

≤300-600% FPL

Uninsured or  
Medicare

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

### Medications eligible for assistance

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

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2	PONVORY® (ponesimod) Tablets
1	PREZCOBIX® (darunavir 800mg/cobicistat 150mg) Tablets
1	PREZISTA® (darunavir) Tablets or Oral Suspension
3	REMICADE®* (infliximab) Intravenous Infusion
1	RISPERDAL CONSTA®* (risperidone) Long-acting Injection
3	RYBREVANT® (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**

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



## Johnson & Johnson

### Eligibility

US resident

≤300-600% FPL

Uninsured or  
Medicare

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

### Medications eligible for assistance

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

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

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

## Lilly Cares Program

### Eligibility

Legal US  
resident

≤300-500% FPL

Uninsured or  
Medicare

Household size

Annual household income (\$) threshold

Group 1 (≤ 300% FPL)

Group 2 (≤400% FPL)

Group 3 (≤500% FPL)

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1	40,770	54,360	67,950
2	54,930	73,240	91,550
3	69,090	92,120	115,150
4	83,250	111,000	138,750
≥5	Call Lilly cares 1-800-545-6962		

Medications available for assistance		
Insurance Group	Medication name	Patient education
3	Alimta® (pemetrexed for injection)	<a href="#">Patient Information</a>
2	Baqsimi® (glucagon) nasal powder	<a href="#">Patient Information</a>
2	Basaglar® (insulin glargine injection)	<a href="#">Patient Information</a>
2	Cialis® (tadalafil) tablets	<a href="#">Patient Information</a>
1	Cymbalta® (duloxetine delayed-release capsules)	<a href="#">Medication Guide</a>
3	Cyramza® (ramucirumab) injection	
2	Emgality® (galcanezumab-gnlm) injection	<a href="#">Patient Information</a>
3	Erbix® (cetuximab) injection	
1	Evista® (raloxifene hydrochloride) Tablet	<a href="#">Medication Guide</a>
1	Forteo® (teriparatide injection)	<a href="#">Medication Guide</a>
2	Glucagon™ (glucagon for injection)	<a href="#">Patient Information</a>
2	Humalog® U-100 (insulin lispro injection)	<a href="#">Patient Information</a>
2	Humalog® U-200 (insulin lispro injection)	<a href="#">Patient Information</a>
2	Humalog® Mix50/50™ (insulin lispro protamine and insulin lispro injectable sUSPension)	<a href="#">Patient Information</a>
2	Humalog® Mix75/25™ (insulin lispro protamine and insulin lispro injectable sUSPension)	<a href="#">Patient Information</a>
3	Humatrope® (somatropin) for injection	<a href="#">Patient Information: Cartridge</a> <a href="#">Patient Information: Vial</a>
2	Humulin® 70/30 (human insulin isophane sUSPension and human insulin injection)	<a href="#">Patient Information</a>
2	Humulin® N (isophane insulin human sUSPension)	<a href="#">Patient Information</a>
2	Humulin® R (insulin human injection)	<a href="#">Patient Information</a>
2	Humulin® R U-500 (insulin human injection)	<a href="#">Patient Information</a>
2	Lyumjev™ (insulin lispro-aabc) injection	<a href="#">Patient Information</a>
3	Olumiant® (baricitinib) tablets	<a href="#">Medication Guide</a>
3	Portrazza® (necitumumab) injection	
1	Prozac® (fluoxetine capsules)	<a href="#">Medication Guide</a>

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3	Retevmo™ (selpercatinib) capsules	<a href="#">Patient Information</a>
2	Reyvow® (lasmiditan) tablets C-V	<a href="#">Medication Guide</a>
1	Strattera® (atomoxetine) capsules	<a href="#">Medication Guide</a>
1	Symbyax® (olanzapine and fluoxetine) capsules	<a href="#">Medication Guide</a>
3	Taltz® (ixekizumab) injection	<a href="#">Medication Guide</a>
2	Trulicity® (dulaglutide) injection	<a href="#">Medication Guide</a>
3	Verzenio® (abemaciclib) tablets	<a href="#">Patient Information</a>
1	Zyprexa® (olanzapine) Tablet	<a href="#">Medication Guide</a>
1	Zyprexa® Zydys® (olanzapine) Tablet	<a href="#">Medication Guide</a>

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

## Merck and Co – Merck Helps: patient assistance program

# Eligibility

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

## Medications eligible for assistance

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<b>BELSOMRA®</b> (suvorexant) C-IV
<b>CANCIDAS®</b> (caspofungin acetate) for Injection
<b>DELSTRIGO™</b> (doravirine, lamivudine, and tenofovir disoproxil fumarate) tablets, for oral use
<b>DIFICID®</b> (fidaxomicin) tablets
<b>DIFICID®</b> (fidaxomicin) for oral sUSPension 40 mg/mL
<b>EMEND®</b> (aprepitant) for Oral SUSPension 125 mg
<b>EMEND®</b> (aprepitant) 80 mg, 125 mg capsules
<b>EMEND®</b> (fosaprepitant dimeglumine) for Injection 150 mg
<b>GARDASIL® 9</b> (Human Papillomavirus 9-valent Vaccine, Recombinant)
<b>ISENTRESS®</b> (raltegravir) 400 mg film-coated and 25 mg and 100 mg chewable Tablets
<b>ISENTRESS® HD</b> (raltegravir) 600 mg Tablets
<b>ISENTRESS® OS</b> (raltegravir) 100 mg Granules for SUSPension
<b>JANUMET®</b> (sitagliptin and metformin HCl) Tablets
<b>JANUMET® XR</b> (sitagliptin and metformin HCl extended-release) Tablets
<b>JANUVIA®</b> (sitagliptin) Tablets
<b>KEYTRUDA®</b> (pembrolizumab) Injection [liquid formulation] 100 mg
<b>M-M-R® II</b> (Measles, Mumps, and Rubella Virus Vaccine Live)
<b>NOXAFIL®</b> (posaconazole) oral sUSPension, 40 mg/mL
<b>PIFELTRO™</b> (doravirine) tablets, for oral use
<b>PNEUMOVAX® 23</b> (Pneumococcal Vaccine Polyvalent)
<b>PREVYMIS™</b> (letermovir) 240 mg Tablets
<b>RECARBRIO™</b> (imipenem, cilastatin, and relebactam) for injection, for intravenous use
<b>RECOMBIVAX HB®</b> [Hepatitis B Vaccine (Recombinant)]
<b>STROMEKTOL®</b> (ivermectin) Tablets
<b>TRUSOPT®</b> (dorzolamide hydrochloride ophthalmic solution) 2%
<b>VAQTA®</b> (Hepatitis A Vaccine, Inactivated)
<b>VARIVAX®</b> (Varicella Virus Vaccine Live)
<b>VAXNEUVANCE™</b> (Pneumococcal 15-valent conjugate vaccine)
<b>VERQUVO™</b> (vericiguat) 2.5 mg, 5 mg, 10 mg tablets
<b>WELIREG™</b> (belzutifan) 40 mg Tablets
<b>ZEPATIER®</b> (elbasvir and grazoprevir)
<b>ZERBAXA™</b> (ceftolozane and tazobactam) for Injection for Intravenous Use
<b>ZINPLAVA™</b> (bezlotoxumab) Injection 25 mg/ml
<b>ZOLINZA®</b> (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

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## Eligibility

US resident

$\leq 300\%$  FPL  
BUT  $\geq 135\%$  FPL

Uninsured  
or Medicare

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

## 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

$\leq 400\text{-}500\%$  FPL

Uninsured or  
Medicare

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

## Medications eligible for assistance

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

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1	Wixela (fluticasone/salmeterol)
1	Xulane (norelgestromin and ethinyl estradiol transdermal system)
1	Yupelri (revefenacin)
*FPL threshold 500%	

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

## Nestle Health Science Patient assistance program

### Eligibility

US resident

$\leq$  400 FPL

Uninsured

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

### Medications eligible for assistance

Viokace (pancrelipase) tablets

Zenpep (pancrelipase) delayed release capsule

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

## Novartis Patient Assistance Foundation

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## Eligibility

US resident

Below annual  
income threshold

Uninsured

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

## Medications eligible for assistance

Adakveo® (crizanlizumab-tmca)

Afinitor® (everolimus)

Afinitor Disperz® (everolimus sUSPension)

Alomide® (Iodoxamide 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)

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Levoleucovorin Injection
Maxidex® (dexamethasone sUSPension)
Mayzent® (Siponimod)
Mekinist® (trametinib)
Nevanac® (nepafenac sUSPension)
Omnitrope® Somatropin (rDNA origin)
Piqray® (alpelisib)
Pluvicto® (177Lu-PSMA-617)
Promacta® (eltrombopag)
RYDAPT® (midostaurin)
SANDOSTATIN LAR® DEPOT (octreotide acetate)
Scemblix® (asciminib) Tablets
Tabrecta™ (capmatinib)
Tafinlar® (dabrafenib)
Tasigna® (nilotinib)
Tobradex® (ophthalmic ointment)
Triesence® (triamcinolone acetonide injectable sUSPension)
Tykerb® (lapatinib)
Vioice® (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
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	(≤400% FPL)
1	54,360
2	73,240
3	92,120
4	111,000
5	129,880
≥5	Add 4,720 for each additional person

### Medications eligible for assistance

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

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

## Otsuka Patient Assistance Foundation

### Eligibility

US citizen

≤ 300% -700 FPL

Uninsured

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

### Medications eligible for assistance

Abilify Maintena (aripiprazole) for extended release injectable sUSPension

Jynarque (tolvaptan) tablets

Rexulti (Brexipiprazole) 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

$\leq 400\%$  FPL

Uninsured

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

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## Medications eligible for assistance

Insurance Group	Medication name
B	VFEND® (voriconazole)
B	Revatio (sildenafil)
B	RAPAMUNE® (sirolimus)
Non-B medications	AROMASIN® (exemestane) tablets
	ARTHROTEC® (diclofenac sodium/misoprostol) tablets
	BeneFIX® Coagulation Factor IX (Recombinant)
	BESPONSA™ (inotuzumab ozogamicin, for injection, for intravenous use)
	BOSULIF® (bosutinib) tablets
	CADUET® (amlodipine besylate/atorvastatin calcium) tablets
	CAMPTOSAR® (irinotecan hydrochloride) injection
	CAVERJECT® (alprostadil) injection
	CAVERJECT® Impulse® (alprostadil) injection
	CELEBREX® (celecoxib) capsules
	CELONTIN® (methsuximide) capsules, USP
	CHANTIX® (varenicline) tablets
	CIBINQO™ (abrocitinib) tablets
	DAURISMO™ (glasdegib) tablets
	DEPO-PROVERA® (medroxyprogesterone acetate injectable sUSPension)
	DEPO®-ESTRADIOL (estradiol cypionate) injection, USP
	DETROL® (tolterodine tartrate) tablets
	DETROL® LA (tolterodine tartrate) extended-release capsules
	DILANTIN® (extended phenytoin sodium) capsules
	DUAVEE™ (conjugated estrogens/bazedoxifene) tablets
	ELLENCÉ® (epirubicin hydrochloride injection)
	EMCYT® (estramustine phosphate sodium) capsules
	ESTRING® (estradiol vaginal ring)
	FELDENE® (piroxicam) capsules
	FRAGMIN® (dalteparin sodium) injection
	GENOTROPIN® (somatropin) for injection
	HEPARIN Sodium Injection, USP
	IBRANCE® (palbociclib) capsules
	IDAMYCIN PFS® (idarubicin hydrochloride) injection
	INFLECTRA® (infliximab-dyyb) for injection
	INLYTA® (axitinib) tablets

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INSPIRA® (eplerenone) tablets
LEVOXYL® (levothyroxine sodium) tablets
LINCOCIN® (lincomycin) injection, USP
LORBRENA® (lorlatinib) tablets
MENEST® (esterified estrogens) tablets, USP
MYCOBUTIN® (rifabutin) capsules, USP
MYLOTARG™ (gemtuzumab ozogamicin) for injection
NICOTROL® (nicotine)
NIVESTYM® (filgrastim-aafi) injection
NORPACE® (disopyramide phosphate)
PREMARIN® (conjugated estrogens) tablets, USP (conjugated estrogens tablets)
PREMARIN® (conjugated estrogens) Vaginal Cream (conjugatedestrogens) Vaginal Cream
PREMPRO® (conjugated estrogens/medroxyprogesterone acetate) tablets
PREMPHASE® (conjugated estrogens plus medroxyprogesteroneacetate) tablets
PREVNAR 13® Pneumococcal 13-valent Conjugate Vaccine [DiphtheriaCRM197 Protein]
PRISTIQ® (desvenlafaxine) extended-release tablets
RELPAZ® (eletriptan hydrobromide) tablets
RETACRIT® (epoetin alfa-epbx) injection
SKELAXIN® (metaxalone) tablets
SOMAVERT® (pegvisomant) for injection
SUTENT® (sunitinib malate) capsules
SYNAREL® (nafarelin acetate) nasal solution
TALZENNA® (talazoparib) capsules
TIKOSYN® (dofetilide) capsules
TORISEL® (temsirolimus) injection
TOVIAZ® (fesoterodine fumarate) extended-release tablets
TRECATOR® (ethionamide) tablets
TRUMENBA® (Meningococcal Group B Vaccine)
TYGACIL® (tigecycline) for injection
VIZIMPRO® (dacomitinib) tablets
VYNDAQEL® (tafamidis meglumine) capsules
XALKORI® (crizotinib) capsules
XANAX® CIV (alprazolam) tablets
XELJANZ® (tofacitinib) tablets

	XELJANZ® (tofacitinib) oral solution
	XELJANZ® XR (tofacitinib) extended-release tablets
	XYNTHA® Antihemophilic Factor (Recombinant)
	ZARONTIN® (ethosuximide)ZYVOX® (linezolid)
	ZYVOX® (linezolid)

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

## Pfizer Oncology Together

### Eligibility

US resident

≤ 500% FPL

Uninsured or  
insurance not  
covering  
medication

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

### Medications eligible for assistance

AROMASIN (exemestane)

BOSULIF (bosutinib)

BRAFTOVI (encoarfenib)

DAURISMO (glasdegib)

EMCYT (estramustine)

IBRANCE (Palbociclib)

INLYTA (axitinib)

LORBRENA (lorlatinib)

MEKTOVI (bibimetinib)

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SUTENT (sunitinib)
TALZENNA (talazoparib)
VIZIMPRO (dacaomitinib)
XALKORI (crizotinib)
BESPONSA (inotuzumab)
CAMPTOSAR (irinotecan)
ELLENCE (epirubicin)
IDAMYCIN (idarubicin)
MYLOTARG (gemtuzumab)
TORISEL (temsirolimus)
NIVESTYM (filgrastim-aafi)
NYVEPRIA (pegfilgrastim-apgf)
RETACRIT (epoetin alfa-epbx)
RUXIENCE (rituximab-pvvr)
TRAZIMERA (trastuzumab-qyyp)
ZIRABEV (bevacizumab-bvzr)

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

## Radius Assist

### Eligibility

Legal US  
resident

$\leq$  300% FPL

Uninsured or  
Medicare

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

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## 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
≥5	Add 25,000 for each additional person

## Medications eligible for assistance

Actemra (tocilizumab) <sup>1</sup>
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

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Rituxan (rituximab) for rheumatoid arthritis <sup>1</sup>
Rituxan (rituximab) for oncology
Rituxan (rituximab) for granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA) or pemphigus vulgaris (PV)
Rituxan hycela (rituximab/hyaluronidase human)
Rozlytrek (entrectinib)
Susvimo (ranibizumab)
Tecentriq (atezolizumab)
TNKase (Tenecteplase)
Vabysmo (faricimab-svoa)
Venclexta (venetoclax tablets)
Xeloda (capecitabine)
Xolair (omalizumab)
Zelboraf (vemurafenib)
1. \$5.00 copay, up to \$15,000 in assistance annually for drug costs and up to \$2,000 in infusion assistance

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

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

## Sanofi

### Eligibility

Legal US  
resident

≤ 400% FPL

Uninsured or  
Medicare

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

### Medications eligible for assistance

Adacel® (tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine adsorbed)

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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) <sup>1</sup>
MenQuadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)
Mozobil® (plerixafor injection) <sup>1</sup>
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)] <sup>1</sup>
Toujeo® (insulin glargine injection) 300 Units/mL (1.5 mL or 3.0 mL pens) <sup>2</sup>
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	40,770
2	54,930
3	69,090
4	83,250

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- 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

# Eligibility

US resident

≤ 500% FPL

Any insurance status

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

### 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

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Motegrity (prucalopride) tablets
Mydayis (amphetamine) ER capsules
Nesina (alogliptin) tablets
Oseni (alogliptin/pioglitazone) tablets
Pentasa (mesalamine) ER capsules
Prevacid (lansoprazole) ODT tablets
Rozerem (ramelteon) tablets
Trintellix (vortioxetine tablets)
Vyvanse (lisdexamfetamine) capsules and tablets

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

## TEVA Cares Foundation

# Eligibility

US resident

≤ 300-500% FPL

Uninsured or  
Medicare A/B  
ONLY

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

## Medications eligible for assistance

BENDEKA (bendamustine)
Clozapine
Cyclosporine capsules modified
Cyclosporine oral solution modified

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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	67,950
2	91,550
3	115,150
4	138,750
≥5	<a href="#">Click for FPL for household larger than 5 or add 23,600 per each additional person</a>

## Medications eligible for assistance

Eligard (leuprolide)

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

## Veltassa Konnect

### Eligibility

US resident

≤500% FPL

Uninsured

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

### 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 \(Eletriptan\)](#)

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

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

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

## Antithrombotics

Medication class	Medication name
Anticoagulant	<a href="#">Arixtra (Fondaparinux)</a>
	<a href="#">Eliquis® (Apixaban)</a>
	<a href="#">Fragmin® (Dalteparin Sodium) Injection</a>
	<a href="#">Heparin Sodium Injection, USP</a>
	<a href="#">Lovenox® (Enoxaparin Sodium Injection)</a>
	<a href="#">Pradaxa (Dabigatran)</a>
	<a href="#">Xarelto (Rivaroxaban) Tablets Or Oral Solution</a>
Antiplatelet Clotting factor	<a href="#">Brilinta (Ticagrelor)</a>
	<a href="#">Benefix® Coagulation Factor Ix (Recombinant)</a>
Thrombolytic	<a href="#">Activase (Alteplase)</a>
	<a href="#">Cathflo Activase (Alteplase)</a>
	<a href="#">TNKase (Tenecteplase)</a>

## AUTOIMMUNE DISORDERS

Medications available for assistance	Disease state
<a href="#">Actemra (Tocilizumab)</a>	Rheumatoid arthritis
<a href="#">Adakveo® (Crizanlizumab-Tmca)</a>	Sickle cell
<a href="#">Avsola (Infliximab-Axxq)</a>	Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis
<a href="#">Benlysta (Belimumab)</a>	Lupus nephritis

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<a href="#"><u>BETASERON (interferon beta-1b)</u></a>	Multiple sclerosis, relapsing
<a href="#"><u>Canasa (Mesalamine) Suppository</u></a>	Crohn's, Ulcerative colitis
<a href="#"><u>Cibinqo™ (Abrocitinib) Tablets</u></a>	Atopic dermatitis
<a href="#"><u>Cosentyx® (Secukinumab)</u></a>	Plaque psoriasis, Psoriatic arthritis, Ankylosing spondylitis
<a href="#"><u>CREON (Pancrelipase) Delayed-Release Capsules</u></a>	Pancreatic insufficiency
<a href="#"><u>Cyclosporine Capsules Modified</u></a>	Transplant, Rheumatoid arthritis, Psoriasis
<a href="#"><u>Cyclosporine Oral Solution Modified</u></a>	Transplant, Rheumatoid arthritis, Psoriasis
<a href="#"><u>Cystagon (Cysteamine) Capsules</u></a>	Nephropathic cystinosis
<a href="#"><u>Delzicol (Mesalamine Dr) Capsules</u></a>	Crohn's, Ulcerative colitis
<a href="#"><u>Depen (Penicillamine) Tablets</u></a>	Wilson's disease, cystinuria
<a href="#"><u>Dipentum (Olsalazine) Capsule</u></a>	Crohn's, Ulcerative colitis
<a href="#"><u>Enbrel (Etanercept)</u></a>	Plaque psoriasis, Psoriatic arthritis, Ankylosing spondylitis
<a href="#"><u>Enspryng (Satralizumab-Mwge)</u></a>	Neuromyelitis optica spectrum disorder
<a href="#"><u>Esbriet (Pirfenidone)</u></a>	Idiopathic pulmonary fibrosis
<a href="#"><u>Evrysdi (Risdiplam)</u></a>	Spinal muscular atrophy
<a href="#"><u>Extavia® (Interferon Beta-1B)</u></a>	Multiple sclerosis, relapsing
<a href="#"><u>Gengraf Capsules (Cyclosporine, USP [Modified])</u></a>	Transplant, Rheumatoid arthritis, Psoriasis
<a href="#"><u>Genotropin® (Somatropin) For Injection</u></a>	Growth hormone deficiency or failure (pediatrics)
<a href="#"><u>Gilenya® (Fingolimod)</u></a>	Multiple sclerosis, relapsing
<a href="#"><u>Glatiramer Acetate</u></a>	Multiple sclerosis, relapsing
<a href="#"><u>Hemlibra (Emcizumab-Kxwh)</u></a>	Hemophilia A, prophylaxis
<a href="#"><u>Humatrope® (Somatropin) For Injection</u></a>	Growth hormone deficiency or failure (pediatrics)
<a href="#"><u>Humira (Adalimumab)</u></a>	Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis
<a href="#"><u>ILARIS® (Canakinumab)</u></a>	Adult onset Still's disease, Periodic fever syndromes
<a href="#"><u>Inflectra® (Infliximab-Dyyb) For Injection</u></a>	Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis
<a href="#"><u>Lialda (mesalamine) DR tablets</u></a>	Crohn's, Ulcerative colitis
<a href="#"><u>Mavyret (Glecaprevir/Pibrentasvir)</u></a>	Chronic hepatitis C
<a href="#"><u>Mayzent® (Siponimod)</u></a>	Multiple sclerosis
<a href="#"><u>Mozobil® (Plerixafor Injection)</u></a>	Peripheral stem cell mobilization
<a href="#"><u>Nplate (Romiplostim)</u></a>	Immune thrombocytopenia
<a href="#"><u>Nulojix® (Belatacept)</u></a>	Kidney transplant (de novo use)
<a href="#"><u>Ocrevus (Orelizumab)</u></a>	Multiple sclerosis, relapsing or primary progressive
<a href="#"><u>Ofev (Nintedanib)</u></a>	Idiopathic pulmonary fibrosis

<a href="#"><u>Olumiant® (Baricitinib) Tablets</u></a>	Rheumatoid arthritis
<a href="#"><u>Omnitrope® Somatropin (Rdna Origin)</u></a>	Growth hormone deficiency or failure (pediatrics)
<a href="#"><u>Orencia® (Abatacept)</u></a>	Graft vs host disease, Psoriatic arthritis, Rheumatoid arthritis
<a href="#"><u>Otezla (Apremilast)</u></a>	Psoriasis, Psoriatic arthritis, Bechet disease
<a href="#"><u>Pegasys (Peginterferon Alfa-2A)</u></a>	Chronic hepatitis B
<a href="#"><u>Pentasa (mesalamine) ER capsules</u></a>	Crohn's, Ulcerative colitis
<a href="#"><u>Ponvory (Ponesimod)</u></a>	Multiple sclerosis, relapsing
<a href="#"><u>Promacta® (Eltrombopag)</u></a>	Immune thrombocytopenia
<a href="#"><u>Rapamune® (Sirolimus)</u></a>	Renal transplant, lymphangioleiomyomatosis
<a href="#"><u>Reblozyl® (LUSPatercept-Aamt)</u></a>	Anemia due to myelodysplastic syndromes
<a href="#"><u>Remicade (Infliximab) IV Infusion</u></a>	Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis
<a href="#"><u>Rinvoq (Upadacitinib)</u></a>	Psoriatic arthritis, Atopic dermatitis, Ulcerative colitis, Rheumatoid arthritis
<a href="#"><u>Rituxan (Rituximab) For Rheumatoid Arthritis</u></a>	Rheumatoid arthritis
<a href="#"><u>Rowasa (Mesalamine) Rectal SUSPension</u></a>	Crohn's, Ulcerative colitis
<a href="#"><u>Saphnelo (Anifrolumab-Fnia)</u></a>	Systemic lupus erythematosus, moderate to severe
<a href="#"><u>Sf Rowasa (Mesalamine) Rectal SUSPension</u></a>	Crohn's, Ulcerative colitis
<a href="#"><u>Simponi (Golimumab) Injection</u></a>	Psoriatic arthritis, Ankylosing spondylitis, Ulcerative colitis, Rheumatoid arthritis
<a href="#"><u>Skyrizi (Risankizumab-Rzaa)</u></a>	Plaque psoriasis, Psoriatic arthritis
<a href="#"><u>Somavert® (Pegvisomant) For Injection</u></a>	Acromegaly
<a href="#"><u>SOTYKTU (deucravacitinib)</u></a>	Plaque Psoriasis
<a href="#"><u>Stelara (Ustekinumab) For Subcutaneous Or Iv Use</u></a>	Crohn's, Plaque psoriasis, Psoriatic arthritis, Ulcerative colitis
<a href="#"><u>Taltz® (Ixekizumab) Injection</u></a>	Ankylosing spondylitis, Plaque psoriasis, Psoriatic arthritis
<a href="#"><u>Tremfya (Guselkumab) For Subcutaneous Use</u></a>	Plaque psoriasis, Psoriatic arthritis
<a href="#"><u>Truxima (Rituximab-Abbs) Injection</u></a>	Rheumatoid arthritis
<a href="#"><u>Viokace (Pancrelipase) Tablets</u></a>	Pancreatic insufficiency
<a href="#"><u>Vyndaqel® (Tafamidis Meglumine) Capsules</u></a>	Amyloid cardiomyopathy
<a href="#"><u>Xeljanz® (Tofacitinib) Oral Solution</u></a>	Ankylosing spondylitis, Plaque psoriasis, Psoriatic arthritis, Rheumatoid arthritis, Ulcerative colitis
<a href="#"><u>Xeljanz® (Tofacitinib) Tablets</u></a>	
<a href="#"><u>Xeljanz® Xr (Tofacitinib) Extended-Release Tablets</u></a>	
<a href="#"><u>Xyntha® Antihemophilic Factor (Recombinant)</u></a>	Hemophilia A
<a href="#"><u>Zenpep (Pancrelipase) Delayed Release Capsule</u></a>	Pancreatic insufficiency

[Zeposia® \(Ozanimod\)](#)

Multiple sclerosis, relapsing

## CARDIOVASCULAR

### Medications available for assistance

[Adempas \(riociguat\)](#)

[Bystolic \(Nebivolol\) Tablets](#)

[Caduet \(Amlodipine/Atorvastatin\)](#)

[Corlanor \(Ivabradine\)](#)

[Entresto™ \(Sacubitril/Valsartan\)](#)

[Farxiga \(Dapagliflozin\)](#)

[Inspra \(Eplerenone\)](#)

[Jardiance \(Empagliflozin\)](#)

[Kerendia \(finerenone\)](#)

[Legvio® \(Inclisiran\)](#)

[Lokelma \(Sodium Zirconium Cyclosilicate\)](#)

[Multaq® \(Dronedarone\) Tablets](#)

[Norpace® \(Disopyramide Phosphate\)](#)

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

[Praluent \(alirocumab\)](#)

[Repatha \(Evolocumab\)](#)

[Tikosyn® \(Dofetilide\) Capsules](#)

[Tracleer \(Bosentan\)](#)

[Upravi \(Selexipag\)](#)

[Veletri \(Epoprostenol\)](#)

[Ventavis \(Iloprostol\)](#)

[Verquvo™ \(Vericiguat\) 2.5 Mg, 5 Mg, 10 Mg Tablets](#)

[Veltassa \(patiromer\)](#)

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## Diabetes

Medication class	Medication name
DPP4 inhibitor	<a href="#">Januvia® (Sitagliptin) Tablets</a>
	<a href="#">Nesina (alogliptin) tablets</a>
	<a href="#">Onglyza (Saxagliptin)</a>
	<a href="#">Tradjenta (Linagliptin)</a>
GLP-1	<a href="#">Bydureon (Exenatide Extended Release)</a>
	<a href="#">Byetta (Exenatide)</a>
	<a href="#">Ozempic (Semaglutide) Injection</a>
	<a href="#">Rybelsus (Semaglutide) Tablets</a>
	<a href="#">Trulicity® (Dulaglutide) Injection</a>
	<a href="#">Victoza (Liraglutide) Pen</a>
GLP-1 insulin combo	<a href="#">Soliqua® 100/33 (Insulin Glargine &amp; Lixisenatide) Injection 100 Units/ML And 33 Mcg/mL</a>
	<a href="#">Xultophy (Insulin Degludec &amp; Liraglutide) Pen</a>
Rapid acting	<b>Insulin</b>
	<a href="#">Admelog® (Insulin Lispro Injection) 100 Units/mL</a>
	<a href="#">Apidra® (Insulin Glulisine Injection) 100 Units/mL</a>
	<a href="#">Fiasp Flextouch (Insulin Aspart)</a>
	<a href="#">Humalog® U-100 (Insulin Lispro Injection)</a>
	<a href="#">Humalog® U-200 (Insulin Lispro Injection)</a>
	<a href="#">Lyumjev™ (Insulin Lispro-Aabc) Injection</a>
	<a href="#">Novolog (Insulin Aspart) Flexpen</a>
Short acting	<a href="#">Humulin® R (Insulin Human Injection)</a>
	<a href="#">Humulin® R U-500 (Insulin Human Injection)</a>
	<a href="#">Novolin R Vial (Insulin Regular)</a>
Intermediate acting	<a href="#">Humulin® N (Isophane Insulin Human SUSPension)</a>
	<a href="#">Novolin N Vial (Insulin Nph)</a>
Long acting	<a href="#">Basaglar® (Insulin Glargine Injection)</a>
	<a href="#">Lantus® (Insulin Glargine Injection) 100 Units/mL</a>
	<a href="#">Levemir (Insulin Detemir) Flextouch</a>
	<a href="#">Semglee (Insulin Glargine)</a>
	<a href="#">Toujeo® (insulin glargine injection) 300 Units/mL (1.5 mL or 3.0 mL pens)</a>
	<a href="#">Tresiba (Insulin Degludec) Flextouch</a>
<b>Mixed insulin</b>	

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Rapid/Intermediate	<a href="#">Humalog® Mix50/50™ (Insulin Lispro Protamine And Insulin Lispro Injectable SUSPension)</a>
	<a href="#">Humalog® Mix75/25™ (Insulin Lispro Protamine And Insulin Lispro Injectable SUSPension)</a>
	<a href="#">Novolog Mix 70/30 (Insulin Aspart Protamine And Insulin Aspart) Flexpen</a>
Regular/Intermediate	<a href="#">Humulin® 70/30 (Human Insulin Isophane SUSPension And Human Insulin Injection)</a>
	<a href="#">Novolin 70/30 (Insulin Nph And Insulin R Mix) Vial</a>
SGLT-2 inhibitor	<a href="#">Farxiga (Dapagliflozin)</a>
	<a href="#">Invokana (Canagliflozin)</a>
	<a href="#">Jardiance (Empagliflozin)</a>
SGLT2/metformin	<b>Combination oral</b>
	<a href="#">Glyxambi (Empagliflozin/Metformin)</a>
	<a href="#">Invokamet (Canagliflozin/Metformin)</a>
	<a href="#">Invokamet Xr (Canagliflozin/Metformin Xr)</a>
	<a href="#">Synjardy &amp; Synjardy Xr (Empagliflozin/Metformin)</a>
	<a href="#">Xigduo Xr (Dapagliflozin/Metformin Er)</a>
DPP4/metformin	<a href="#">Janumet® (Sitagliptin And Metformin Hci) Tablets</a>
	<a href="#">Janumet® Xr (Sitagliptin And Metformin Hci Extended-Release) Tablets</a>
	<a href="#">Jentaduetto &amp; Jentaduetto Xr (Linagliptin/Metformin)</a>
	<a href="#">Kazano (alogliptin/metformin) tablets</a>
	<a href="#">Kombiglyze Er (Saxagliptin/Metformin Er)</a>
DPP4/SGLT2	<a href="#">Qtern (Dapagliflozin/Saxagliptin)</a>
DPP4/metformin/SGLT2	<a href="#">Trijardy Xr (Empagliflozin/Linagliptin/Metformin)</a>
DPP4/TZD	<a href="#">Oseni (alogliptin/pioglitazone) tablets</a>
Other	<a href="#">Symlin (Pramlintide)</a>
Hypoglycemia management	<a href="#">Baqsimi® (Glucagon) Nasal Powder</a>
	<a href="#">Glucagon™ (Glucagon For Injection)</a>
	<a href="#">Glucagen Hypokit</a>

## INFECTIOUS DISEASE (HIV & Acute)

Medications available for assistance

ACUTE

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

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<a href="#"><u>Boostrix (Tdap Vaccine)</u></a>
<a href="#"><u>Candidas® (Caspofungin Acetate) For Injection</u></a>
<a href="#"><u>Coartem® (Artemether And Lumefantrine)</u></a>
<a href="#"><u>Dalvance (Dalbavancin) Lyophilizate</u></a>
<a href="#"><u>Dificid® (Fidaxomicin) For Oral SUSPension 40 Mg/mL</u></a>
<a href="#"><u>Dificid® (Fidaxomicin) Tablets</u></a>
<a href="#"><u>Engerix-B (Hepatitis B Vaccine)</u></a>
<a href="#"><u>Extavia® (Interferon Beta-1B)</u></a>
<a href="#"><u>Gardasil®9 (Human Papillomavirus 9-Valent Vaccine, Recombinant)</u></a>
<a href="#"><u>Imogam® Rabies-Ht Immune Globulin, [Human] USP, Heat Treated</u></a>
<a href="#"><u>Imovax® Rabies Vaccine [Human Diploid Cell]</u></a>
<a href="#"><u>Lincocin® (Lincomycin) Injection, USP</u></a>
<a href="#"><u>Malarone (Atovaquone And Proguanil)</u></a>
<a href="#"><u>Mavyret (Glecaprevir/Pibrentasvir)</u></a>
<a href="#"><u>Menquadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)</u></a>
<a href="#"><u>Mepron (Atovaquone SUSPension)</u></a>
<a href="#"><u>M-M-R® li (Measles, Mumps, And Rubella Virus Vaccine Live)</u></a>
<a href="#"><u>Monurol (Fosfomycin Tromethamine) Oral Granules</u></a>
<a href="#"><u>Mycobutin® (Rifabutin) Capsules, USP</u></a>
<a href="#"><u>Noxafil® (Posaconazole) Delayed-Release Tablets 100 Mg</u></a>
<a href="#"><u>Noxafil® (Posaconazole) Oral SUSPension, 40 Mg/ML</u></a>
<a href="#"><u>Pegasys (Peginterferon Alfa-2A)</u></a>
<a href="#"><u>Pentacel® Diptheria And Tetanus Toxoids And Acellular Pertussis Adsorbed, Inactivated Poliovirus And Haemophilus B Conjugate (Tetanus Toxoid Conjugate) Vaccine</u></a>
<a href="#"><u>Pretomanid Tablet</u></a>
<a href="#"><u>Prevnar 13® Pneumococcal 13-Valent Conjugate Vaccine [Diphtheria Crm197 Protein]</u></a>
<a href="#"><u>Prevymis™ (Letermovir) 240 Mg Tablets</u></a>
<a href="#"><u>Priftin® (Rifapentine) Tablets</u></a>
<a href="#"><u>Pylera (Bismuth Subcitrate Potassium, Metronidazole, And Tetracycline) Capsules</u></a>
<a href="#"><u>Recarbrio™ (Imipenem, Cilastatin, And Relebactam) For Injection, For Intravenous Use</u></a>
<a href="#"><u>Recombivax Hb® [Hepatitis B Vaccine (Recombinant)]</u></a>
<a href="#"><u>Relenza (Zanamivir Inhalation Powder)</u></a>
<a href="#"><u>Shingrix (Zoster Vaccine)</u></a>
<a href="#"><u>Sirturo (Bedaquiline) Tablets</u></a>
<a href="#"><u>Sporanox (Itraconazole) Capsules And Oral Solution</u></a>
<a href="#"><u>Stromectol® (Ivermectin) Tablets</u></a>
<a href="#"><u>Teflaro (Ceftaroline Fosamil) Powder For Injection</u></a>

<a href="#">Tenivac® (Tetanus And Diphtheria Toxoids Adsorbed)</a>
<a href="#">Tobi (Tobramycin) Ampules Or Podhalers</a>
<a href="#">Trumenba® (Meningococcal Group B Vaccine)</a>
<a href="#">Tygacil® (Tigecycline) For Injection</a>
<a href="#">Vaqta® (Hepatitis A Vaccine, Inactivated)</a>
<a href="#">Varivax® (Varicella Virus Vaccine Live)</a>
<a href="#">Vaxneuvance™ (Pneumococcal 15-Valent Conjugate Vaccine)</a>
<a href="#">Vfend® (Voriconazole)</a>
<a href="#">Zepatier® (Elbasvir And Grazoprevir)</a>
<a href="#">Zerbaxa™ (Ceftolozane And Tazobactam) For Injection For Intravenous Use</a>
<a href="#">Zyvox® (Linezolid)</a>
<b>HIV</b>
<a href="#">Cimduo (Lamivudine/Tenofovir Disoproxil Fumarate) Tablet</a>
<a href="#">Delstrigo™ (Doravirine, Lamivudine, And Tenofovir Disoproxil Fumarate) Tablets, For Oral Use</a>
<a href="#">Edurant (Rilpivirine) Tablets</a>
<a href="#">Epivir-Hbv (Lamivudine Solution Or Tablets)</a>
<a href="#">Intelence (Etravirine) Tablets</a>
<a href="#">Isentress® (Raltegravir) 400 Mg Film-Coated And 25 Mg And 100 Mg Chewable Tablets</a>
<a href="#">Isentress® Hd (Raltegravir) 600 Mg Tablets</a>
<a href="#">Isentress® Os (Raltegravir) 100 Mg Granules For SUSPension</a>
<a href="#">Kaletra (Lopinavir/Ritonavir)</a>
<a href="#">Norvir (Ritonavir) Tablets And Oral Solution</a>
<a href="#">Pifeltro™ (Doravirine) Tablets, For Oral Use</a>
<a href="#">Pneumovax®23 (Pneumococcal Vaccine Polyvalent)</a>
<a href="#">Prezcobix (Darunavir/Cobicistat)</a>
<a href="#">Prezista (Darunavir)</a>
<a href="#">Symtuza (Darunavir, Cobicistat, Emtricitabine, Tenofovir Alafenamide) Tablets</a>
<a href="#">Viramune Xr (Nevirapine)</a>

## Inhalers

Medication class	Medication name
ICS+	<a href="#">Arnuity Ellipta (Fluticasone)</a>
	<a href="#">Flovent (Diskus Or Hfa) (Fluticasone)</a>
	<a href="#">Pulmicort Flexhaler (Budesonide)</a>
	<a href="#">Qvar Redihaler (Beclomethasone Dipropionate Hfa) Inhalation Aerosol</a>

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ICS (nasal)	<a href="#">Beconase Aq (Beclomethasone Dipropionate Nasal Spray)</a>
	<a href="#">Dymista (Azelastine/Fluticasone) Nasal Spray</a>
	<a href="#">Qnasl (Beclomethasone) Nasal Aerosol</a>
LAMA/LABA	<a href="#">Anoro Ellipta (Umeclidinium/Vilanterol)</a>
	<a href="#">Bevespi Aerosphere (Glycopyrrolate/Formoterol)</a>
	<a href="#">Stiolto Respimat (Tiotropium/Olodaterol)</a>
LABA/ICS	<a href="#">Advair (Diskus Or Hfa) (Fluticasone/Salmeterol)</a>
	<a href="#">Breo Ellipta (Fluticasone/Vilanterol)</a>
	<a href="#">Symbicort (Budesonide/Formoterol)</a>
	<a href="#">Wixela (Fluticasone/Salmeterol)</a>
LABA*	<a href="#">Perforomist (Formoterol Fumarate) Inhalation Solution</a>
	<a href="#">Serevent (Diskus) (Salmeterol)</a>
	<a href="#">Striverdi Respimat (Olodaterol)</a>
LAMA	<a href="#">Incruse Ellipta (Umeclidinium)</a>
	<a href="#">Spiriva Handihaler Or Respimat (Tiotropium)</a>
	<a href="#">Yupelri (Revefenacin)</a>
LAMA/LABA/ICS	<a href="#">Breztri Aerosphere (Budesonide/Glycopyrrolate/Formoterol)</a>
SABA/SAMA	<a href="#">Combivent Respimat (Ipratropium/Albuterol)</a>
SABA	<a href="#">Proair Hfa (Albuterol Sulfate) Inhalation Aerosol</a>
	<a href="#">Proair Respiclick (Albuterol Sulfate) Inhalation Aerosol</a>
SAMA	<a href="#">Atrovent Hfa (Ipratropium)</a>
Other	<a href="#">Aerochamber Plus Flow-Vu</a>
	<a href="#">Daliresp (Roflumilast)</a>
	<a href="#">Pulmozyme (Dornase Alfa) Inhalation Solution</a>
	<a href="#">Xolair (Omalizumab)</a>
	<a href="#">Fasenra (Benralizumab)</a>
	<a href="#">Fasenra Pen (Benralizumab)</a>
	<a href="#">Nucala (Mepolizumab)</a>
+ 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

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## Medications available for assistance

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

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

[Belsomra® \(Suvorexant\) C-IV](#)

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

[Chantix® \(Varenicline\) Tablets](#)

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

[Clozapine](#)

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

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

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

[Felbatol \(Felbamate\)](#)

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

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

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

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

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

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

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

[Lexapro \(Escitalopram\)](#)

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

[NUPLAZID \(pimavanserin\)](#)

[Nicotrol® \(Nicotine\)](#)

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

[Prozac® \(Fluoxetine Capsules\)](#)

[Rexulti \(Brexpiprazole\) 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](#)

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

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[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® \(Everolimus SUSPension\)](#)

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## Re-enrollment information per PAP program

### AbbVie

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

### Amgen

- Company will send application for patients already enrolled

### AstraZeneca

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

### Bausch Health

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

### Boehringer Ingelheim

- Re-enrollment forms are sent out after October 15<sup>th</sup> 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 2<sup>nd</sup> 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 31<sup>st</sup> for Medicare beneficiaries, 365 days for uninsured patients

#### Mylan (Viatrix)

- 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 15<sup>th</sup> 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 31<sup>st</sup>
  - 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 31<sup>st</sup> 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

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## **Requesting a refills per Patient Assistance Program (PAP)**

### **AbbVie**

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

### **BAUSCH HEALTH**

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

### **Boehringer Ingelheim**

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

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## **GSK**

1. Press 1 for refill
2. Press 1
3. 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

Transitions of care pharmacist liaison

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