



M.A.G.I.C. MEDS RX™

MEDICATION ASSISTANCE GUIDE FOR IMPROVING CARE

GLOSSARY

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

ALPHABETICAL LIST OF ALL MEDICATIONS

A-E

F-J

K-O

P-T

U-Z

PROGRAM CAVEATS

&

FEDERAL POVERTY LIMIT CUTOFFS

PROGRAMS & MEDICATIONS BY DISEASE STATE/CONDITION

MIGRAINE

BLOOD THINNERS

AUTO-IMMUNE

CARDIOVASCULAR

DIABETES&INSULIN

INFECTIOUS DISEASE
(ACUTE&HIV)

INHALERS (RESPIRATORY)

NEUROLOGY&PSYCHIATRY

ONCOLOGY

How to use MAGIC (document is interactive, clickable)

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

ALPHABETICAL LIST OF ALL MEDICATIONS

A-E

[Abilify Maintena \(Aripiprazole\) For Extended Release Injectable Suspension](#)

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

[Actemra \(Tocilizumab\)](#)

[Activase \(Alteplase\)](#)

[Acuvail \(Ketorolac Tromethamine\) Ophthalmic Solution](#)

[Adacel® \(Tetanus Toxoid, Reduced Diphtheria Toxoid And Acellular Pertussis Vaccine Adsorbed\)](#)

[Adakveo® \(Crizanlizumab-Tmca\)](#)

[Admelog® \(Insulin Lispro Injection\) 100 Units/mL](#)

[Advair \(Diskus Or HFA\) \(Fluticasone/Salmeterol\)](#)

[AeroChamber Plus Flow-Vu](#)

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

[Afinitor® \(Everolimus\)](#)

[Aimovig \(Erenumab\)](#)

[Alcensa \(Alectinib\)](#)

[Alimta® \(Pemetrexed For Injection\)](#)

[Alloderm](#)

[Alomide® \(Lodoxamide Tromethamine Solution\)](#)

[Alphagan P \(Brimonidine Tartrate\) Ophthalmic Solution](#)

[Amitiza \(lubiprostone\)](#)

[Anoro Ellipta \(Umeclidinium/Vilanterol\)](#)

[Apidra® \(Insulin Glulisine Injection\) 100 Units/mL](#)

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

[Aptivus \(Tipranavir\)](#)

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

[Arixtra \(Fondaparinux\)](#)

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

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

[Aromasin® \(Exemestane\) Tablets](#)

<u>Arthrotec® (Diclofenac Sodium/Misoprostol) Tablets</u>
<u>Atrovent HFA (Ipratropium)</u>
<u>Avastin (Bevacizumab)</u>
<u>Avsola (Infliximab-Axxq)</u>
<u>Avycaz (Avibactam/Ceftazidime)</u>
<u>Balversa (Erdafitinib) Tablets</u>
<u>Baqsimi® (Glucagon) Nasal Powder</u>
<u>Basaglar® (Insulin Glargine Injection)</u>
<u>Beconase AQ (Beclomethasone Dipropionate Nasal Spray)</u>
<u>Belsomra® (Suvorexant) C-IV</u>
<u>Bendeka (Bendamustine)</u>
<u>Benefix® Coagulation Factor IX (Recombinant)</u>
<u>Benlysta (Belimumab)</u>
<u>Beovu® (Brolucizumab-Dbll) Injection</u>
<u>BESPONSA (inotuzumab)</u>
<u>Betoptic S® (Betaxolol Hydrochloride Suspension)</u>
<u>Bevespi Aerosphere (Glycopyrrolate/Formoterol)</u>
<u>Blenrep (Belantamab)</u>
<u>Blincyto (Blinatumomab)</u>
<u>Boostrix (Tdap Vaccine)</u>
<u>BOSULIF (bosutinib)</u>
<u>Botox (OnabotulinumtoxinA)</u>
<u>BRAFTOVI (encorfenib)</u>
<u>Breo Ellipta (Fluticasone/Vilanterol)</u>
<u>Breztri Aerosphere (Budesonide/Glycopyrrolate/Formoterol)</u>
<u>Brilinta (Ticagrelor)</u>
<u>Bydureon (Exenatide Extended Release)</u>
<u>Byetta (Exenatide)</u>
<u>Bystolic (Nebivolol) Tablets</u>
<u>Caduet (Amlodipine/Atorvastatin)</u>
<u>Calquence (Acalabrutinib)</u>
<u>CAMPTOSAR (irinotecan)</u>
<u>Canasa (Mesalamine) Suppository</u>
<u>Cancidas® (Caspofungin Acetate) For Injection</u>
<u>Carafate (Sucralfate) Oral Suspension</u>
<u>Carbatrol (carbamazepine extended-release) capsules</u>
<u>Cathflo Activase (Alteplase)</u>
<u>Caverject® (Alprostadil) Injection</u>
<u>Caverject® Impulse® (Alprostadil) Injection</u>
<u>Celebrex® (Celecoxib) Capsules</u>
<u>Celontin® (Methsuximide) Capsules, Usp</u>

<u>Chantix® (Varenicline) Tablets</u>
<u>Cialis® (Tadalafil) Tablets</u>
<u>Cibingo™ (Abrocitinib) Tablets</u>
<u>Cimduo (Lamivudine/Tenofovir Disoproxil Fumarate) Tablet</u>
<u>Clozapine</u>
<u>Clozapine</u>
<u>Coartem® (Artemether And Lumefantrine)</u>
<u>Colcrys (colchicine) tablets</u>
<u>Combigan (Brimonidine Tartrate/Timolol Maleate) Ophthalmic Solution</u>
<u>Combivent Respimat (Ipratropium/Albuterol)</u>
<u>Corlanor (Ivabradine)</u>
<u>Cortifoam (Hydrocortisone 10%) Rectal Foam</u>
<u>Cosentyx® (Secukinumab)</u>
<u>Cotellic (Cobimetinib)</u>
<u>CREON (Pancrelipase) Delayed-Release Capsules</u>
<u>Crinone (Progesterone) Gel</u>
<u>Cyclosporine Capsules Modified</u>
<u>Cyclosporine Oral Solution Modified</u>
<u>Cymbalta® (Duloxetine Delayed-Release Capsules)</u>
<u>Cyramza® (Ramucirumab) Injection</u>
<u>Cystagon (Cysteamine) Capsules</u>
<u>Daliresp (Roflumilast)</u>
<u>Dalvance (Dalbavancin) Lyophilizate</u>
<u>Darzalex (Daratumumab) Injection For Iv Infusion</u>
<u>Darzalex Faspro (Daraumumab And Hyaluronidase-Fihj) Injection For Subcutaneous Use</u>
<u>DAURISMO (glasdegib)</u>
<u>Delstrigo™ (Doravirine, Lamivudine, And Tenofovir Disoproxil Fumarate) Tablets, For Oral Use</u>
<u>Delzicol (Mesalamine Dr) Capsules</u>
<u>Denavir (Penciclovir) Cream 1%</u>
<u>Depakote (Divalproex Sodium)</u>
<u>Depen (Penicillamine) Tablets</u>
<u>Depo®-Estradiol (Estradiol Cypionate) Injection, USP</u>
<u>Depo-Provera® (Medroxyprogesterone Acetate Injectable Suspension)</u>
<u>Detrol La (Tolterodine)</u>
<u>Detrol® (Tolterodine Tartrate) Tablets</u>
<u>Detrol® La (Tolterodine Tartrate) Extended-Release Capsules</u>
<u>Dexilant (dexlansoprazole) DR capsules</u>
<u>Dificid® (Fidaxomicin) For Oral Suspension 40 Mg/mL</u>
<u>Dificid® (Fidaxomicin) Tablets</u>
<u>Dilantin® (Extended Phenytoin Sodium) Capsules</u>
<u>Dipentum (Olsalazine) Capsule</u>
<u>Duavee™ (Conjugated Estrogens/Bazedoxifene) Tablets</u>

Duopa (Carbidopa/Levodopa) Enteral Suspension
Durysta (Bimatoprost) Ocular Implant
Dymista (Azelastine/Fluticasone) Nasal Spray
Edurant (Rilpivirine) Tablets
Elestrin (Estradiol Gel) 0.06%
Eligard (leuprolide)
Eliquis® (Apixaban)
ELLENCe (epirubicin)
Elmiron (Pentosan Polysulfate Sodium) Capsules
EMCYT (estramustine)
Emend® (Aprepitant) 80 Mg, 125 Mg Capsules
Emend® (Aprepitant) For Oral Suspension 125 Mg
Emend® (Fosaprepitant Dimeglumine) For Injection 150 Mg
Emgality® (Galcanezumab-Gnlm) Injection
Empliciti® (Elotuzumab)
Emsam Transdermal System
Enbrel (Etanercept)
Engerix-B (Hepatitis B Vaccine)
Enspryng (Satralizumab-Mwge)
Entresto™ (Sacubitril/Valsartan)
Epipen & Epipen Jr (Epinephrine) Injection
Epivir-Hbv (Lamivudine Solution Or Tablets)
Epogen (Epoetin Alfa)
Erbix® (Cetuximab) Injection
Erivedge (Vismodegib)
Erleada (Apalutamide) Tablets
Erygel (Erythromycin) Topical Gel 2%
Esbriet (Pirfenidone)
Estrace (Estradiol) Cream
Estring® (Estradiol Vaginal Ring)
Evenity (Romosozumab-Aqgg)
Evista® (Raloxifene Hydrochloride) Tablet
Evoclin (Clindamycin) Foam 1%
Evrysdi (Risdiplam)
Extavia® (Interferon Beta-1B)
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Falsodex (Fulvestrant)
Farxiga (Dapagliflozin)
Fasenra (Benralizumab)
Fasenra Pen (Benralizumab)

Felbatol (Felbamate)
Feldene® (Piroxicam) Capsules
Ferumoxytol Injection
Fetzima (Levomilnacipran) Extended Release Capsules And Titration Pack
Fiasp Flextouch (Insulin Aspart)
Flovent (Diskus Or HFA) (Fluticasone)
Forteo® (Teriparatide Injection)
Fosrenol (lanthanum carbonate)
Fragmin® (Dalteparin Sodium) Injection
Fulphila (Pegfilgastrim-Jmdb)
Fulvestrant Injection, For Intramuscular Use
FYARRO (sirolimus albumin-bound) for injection
Gabitril (Tigabine Hydrochloride) Tablets
Galzin (Zinc Acetate) Capsules
Gardasil®9 (Human Papillomavirus 9-Valent Vaccine, Recombinant)
Gastrocrom (Cromolyn) Oral Concentrate
Gavreto (Pralsetinib)
Gazyva (Obinutuzumab)
Gelnique (Oxybutynin Chloride 10%) Gel
Gengraf Capsules (Cyclosporine, Usp [Modified])
Genotropin® (Somatropin) For Injection
Gilenya® (Fingolimod)
Giltorif (Afatinib)
Glatiramer Acetate
Glucagen Hypokit
Glucagon™ (Glucagon For Injection)
Glyxambi (Empagliflozin/Metformin)
Granix (Tbo-Filgrastim) Injection
Haldol Decanoate (Haloperidol) Im Injection Only
Hemlibra (Emcizumab-Kxwh)
Heparin Sodium Injection, Usp
Herceptin (Trastuzumab)
Herceptin Hylecta (Trastuzumab And Hyaluronidase-Oysk)
Herzuma (Trastuzumab-Pkrb) Injection
Humalog® Mix50/50™ (Insulin Lispro Protamine And Insulin Lispro Injectable Suspension)
Humalog® Mix75/25™ (Insulin Lispro Protamine And Insulin Lispro Injectable Suspension)
Humalog® U-100 (Insulin Lispro Injection)
Humalog® U-200 (Insulin Lispro Injection)
Humatrope® (Somatropin) For Injection
Humira (Adalimumab)
Humulin® 70/30 (Human Insulin Isophane Suspension And Human Insulin Injection)
Humulin® N (Isophane Insulin Human Suspension)

<u>Humulin® R (Insulin Human Injection)</u>
<u>Humulin® R U-500 (Insulin Human Injection)</u>
<u>Hycamtin® (Topotecan Hydrochloride) For Injection</u>
<u>Hycamtin® (Topotecan) Capsules</u>
<u>IBRANCE (Palbociclib)</u>
<u>IDAMYCIN (idarubicin)</u>
<u>IDHIFA® (Enasidenib)</u>
<u>ILARIS® (Canakinumab)</u>
<u>ILEVRO® (Nepafenac Suspension)</u>
<u>Imbruvica (Ibrutinib) Capsules/Tablets</u>
<u>Imbruvica (Ibrutinib)</u>
<u>Imfinzi (Durvalumab)</u>
<u>Imitrex (Sumatriptan Nasal Spray)</u>
<u>Imlygic (Talimogene)</u>
<u>Imogam® Rabies-Ht Immune Globulin, [Human] Usp, Heat Treated</u>
<u>Imovax® Rabies Vaccine [Human Diploid Cell]</u>
<u>Impeklo (Clobetasol) Lotion</u>
<u>Incruse Ellipta (Umeclidinium)</u>
<u>Infed (Iron Dextran) Injection</u>
<u>Inflectra® (Infliximab-Dyyb) For Injection</u>
<u>INLYTA (axitinib)</u>
<u>Inrebic® (Fedratinib)</u>
<u>Inspra (Eplerenone)</u>
<u>Intelence (Etravirine) Tablets</u>
<u>Intuniv (guanfacine) ER tablets</u>
<u>Invega Sustenna, Trinza And Hafyera (Paliperidone Palmitate) Extended-Release Injection</u>
<u>Invokamet (Canagliflozin/Metformin)</u>
<u>Invokamet Xr (Canagliflozin/Metformin Xr)</u>
<u>Invokana (Canagliflozin)</u>
<u>Iressa (Gefitinib)</u>
<u>Isentress® (Raltegravir) 400 Mg Film-Coated And 25 Mg And 100 Mg Chewable Tablets</u>
<u>Isentress® Hd (Raltegravir) 600 Mg Tablets</u>
<u>Isentress® Os (Raltegravir) 100 Mg Granules For Suspension</u>
<u>Istodax® (Romidepsin)</u>
<u>Jadenu® (Deferasirox)</u>
<u>Jadenu® Sprinkle (Deferasirox) Granules</u>
<u>Janumet® (Sitagliptin And Metformin Hci) Tablets</u>
<u>Janumet® Xr (Sitagliptin And Metformin Hci Extended-Release) Tablets</u>
<u>Januvia® (Sitagliptin) Tablets</u>
<u>Jardiance (Empagliflozin)</u>
<u>Jemperli (Dostarlimab)</u>
<u>Jentadueto & Jentadueto Xr (Linagliptin/Metformin)</u>

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

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K-O

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

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

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

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

[Kesimpta® \(Ofatumumab\)](#)

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

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

[Kisqali® \(Ribociclib\)](#)

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

[Koselugo \(Selumetinib\)](#)

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

[Kyprolis \(Carilzomib\)](#)

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

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

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

[Lantus® \(Insulin Glargine Injection\) 100 Units/mL](#)

[Latuda \(lurasidone\)](#)

[Legvio® \(Inclisiran\)](#)

[Levemir \(Insulin Detemir\) Flextouch](#)

[Levoleucovorin Injection](#)

[Levoxyl® \(Levothyroxine Sodium\) Tablets](#)

[Lexapro \(Escitalopram\)](#)

[Lialda \(mesalamine\) DR tablets](#)

[Liletta \(Levonorgestrel\) Intrauterine Contraceptive](#)

[Lincocin® \(Lincomycin\) Injection, USP](#)

[Linzess \(Linaclotide\) Capsules](#)

[Lo Lestrin Fe](#)

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

[LORBRENA \(lorlatinib\)](#)

[Lovenox® \(Enoxaparin Sodium Injection\)](#)

[Lucentis \(Ranibizumab Injection\)](#)

[Lumakras \(Sotorasib\)](#)

[Lumigan \(Bimatoprost 0.01%\) Ophthalmic Solution](#)

[Lumoxiti \(Moxetumomab Pasudotox-Tdffb\)](#)

[Lupron Depot \(Leuprolide Acetate For Depot Suspension\)](#)

[Lupron Depot-Ped \(Leuprolide Acetate For Depot Suspension\)](#)

[Lutathera® \(Lutetium Lu 177 Dotatate\)](#)

[Luxiq \(Betamethasonevalerate\) Foam](#)

<u>Lynparza (Olaparib)</u>
<u>Lyumjev™ (Insulin Lispro-Aabc) Injection</u>
<u>Malarone (Atovaquone And Proguanil)</u>
<u>Mavyret (Glecaprevir/Pibrentasvir)</u>
<u>Maxidex® (Dexamethasone Suspension)</u>
<u>Mayzent® (Siponimod)</u>
<u>Mekinist® (Trametinib)</u>
<u>MEKTOVI (bibimetinib)</u>
<u>Menest® (Esterified Estrogens) Tablets, Usp</u>
<u>Menquadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)</u>
<u>Mepron (Atovaquone Suspension)</u>
<u>Miacalcin Injection (calcitonin)</u>
<u>M-M-R® li (Measles, Mumps, And Rubella Virus Vaccine Live)</u>
<u>Monovisc (High Molecular Weight Hyaluronan) Injection</u>
<u>Monurol (Fosfomycin Tromethamine) Oral Granules</u>
<u>Motegrity (prucalopride) tablets</u>
<u>Mozobil® (Plerixafor Injection)</u>
<u>Multaq® (Dronedarone) Tablets</u>
<u>Muse (Alprostadil) Urethral</u>
<u>Mvasi (Bevacizumab-Awwb)</u>
<u>Mycobutin® (Rifabutin) Capsules, Usp</u>
<u>Mydayis (amphetamine) ER capsules</u>
<u>MYLOTARG (gemtuzumab)</u>
<u>Namenda And Namenda Xr (Memantine)</u>
<u>Namzaric (Memantine Extended Release And Donepezil)</u>
<u>Natrelle</u>
<u>Nesina (alogliptin) tablets</u>
<u>Neulasta (Pegfilgrastim)</u>
<u>Neupogen (Filgrastim)</u>
<u>Nevanac® (Nepafenac Suspension)</u>
<u>Nicotrol® (Nicotine)</u>
<u>NIVESTYM (filgrastim-aafi)</u>
<u>Norpace® (Disopyramide Phosphate)</u>
<u>Norvir (Ritonavir) Tablets And Oral Solution</u>
<u>Novlog Mix 70/30 (Insulin Aspart Protamine And Insulin Aspart) Flexpen</u>
<u>Novolin 70/30 (Insulin Nph And Insulin R Mix) Vial</u>
<u>Novolin N Vial (Insulin Nph)</u>
<u>Novolin R Vial (Insulin Regular)</u>
<u>Novolog (Insulin Aspart) Flexpen</u>
<u>Noxafil® (Posaconazole) Delayed-Release Tablets 100 Mg</u>
<u>Noxafil® (Posaconazole) Oral Suspension, 40 Mg/ML</u>

Nplate (Romiplostim)
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)
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
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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)
Pluvicto® (177Lu-Psma-617)
Pneumovax®23 (Pneumococcal Vaccine Polyvalent)
Polivy (Polatuzumab Vedotin-Piiq)

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

<u>Remicade (Infliximab) Iv Infusion</u>
<u>Repatha (Evolocumab)</u>
<u>Restasis (Cyclosporine) Ophthalmic Emulsion</u>
<u>RETACRIT (epoetin alfa-epbx)</u>
<u>Retevmo™ (Selpercatinib) Capsules</u>
<u>Revatio (Sildenafil)</u>
<u>Revlimid® (Lenalidomide)</u>
<u>Rexulti (Brexiprazole) Tablets</u>
<u>Reyvow® (Lasmiditan) Tablets C-V</u>
<u>Riabni (Rituximab-Arrx)</u>
<u>Rinvoq (Upadacitinib)</u>
<u>Risperdal Consta (Risperidone) Long-Acting Injection</u>
<u>Rituxan (Rituximab) For Granulomatosis With Polyangiitis (Gpa), Microscopic Polyangiitis (Mpa) Or Pemphigus Vulgaris (Pv)</u>
<u>Rituxan (Rituximab) For Oncology</u>
<u>Rituxan (Rituximab) For Rheumatoid Arthritis</u>
<u>Rituxan Hycela (Rituximab/Hyaluronidase Human)</u>
<u>Rowasa (Mesalamine) Rectal Suspension</u>
<u>Rozerem (ramelteon) tablets</u>
<u>Rozlytrek (Entrectinib)</u>
<u>RUXIENCE (rituximab-pvvr)</u>
<u>Rybelsus (Semaglutide) Tablets</u>
<u>Rybrevant (Amivantamab-Vmjw)</u>
<u>Rydapt® (Midostaurin)</u>
<u>Samsca (Tolvaptan)</u>
<u>Sandostatin Lar® Depot (Octreotide Acetate)</u>
<u>Saphnelo (Anifrolumab-Fnia)</u>
<u>Saphris (Asenapine Maleate) Sublingual Tablet</u>
<u>Savella (Milnacipran) Tablets</u>
<u>Scemblix® (Asciminib) Tablets</u>
<u>Semglee (Insulin Glargine)</u>
<u>Sensipar (Cinacalcet)</u>
<u>Serevent (Diskus) (Salmeterol)</u>
<u>Sf Rowasa (Mesalamine) Rectal Suspension</u>
<u>Shingrix (Zoster Vaccine)</u>
<u>Simponi (Golimumab) Injection</u>
<u>Sirturo (Bedaquiline) Tablets</u>
<u>Skelaxin® (Metaxalone) Tablets</u>
<u>Skyrizi (Risankizumab-Rzaa)</u>
<u>Soliqua® 100/33 (Insulin Glargine & Lixisenatide) Injection 100 Units/MI And 33 Mcg/mL</u>
<u>Somavert® (Pegvisomant) For Injection</u>
<u>Spiriva Handihaler Or Respimat (Tiotropium)</u>

<u>Sporanox (Itraconazole) Capsules And Oral Solution</u>
<u>Spravato (Esketamine) Nasal Spray [CIII]</u>
<u>Sprycel® (Dasatinib)</u>
<u>Stelara (Ustekinumab) For Subcutaneous Or Iv Use</u>
<u>Stiolto Respimat (Tiotropium/Olodaterol)</u>
<u>Strattera® (Atomoxetine) Capsules</u>
<u>Strattice (Reconstructive Tissue Matrix)</u>
<u>Striverdi Respimat (Olodaterol)</u>
<u>Stromectol® (Ivermectin) Tablets</u>
<u>Susvimo (Ranibizumab)</u>
<u>SUTENT (sunitinib)</u>
<u>Symbicort (Budesonide/Formoterol)</u>
<u>Symbyax® (Olanzapine And Fluoxetine) Capsules</u>
<u>Symlin (Pramlintide)</u>
<u>Symtuza (Darunavir, Cobicistat, Emtricitabine, Tenofovir Alafenamide) Tablets</u>
<u>Synarel® (Nafarelin Acetate) Nasal Solution</u>
<u>Synjardy & Synjardy Xr (Empagliflozin/Metformin)</u>
<u>Synribo (Omacetaxine) For Injection</u>
<u>Synthroid (Levothyroxine Sodium) Tablets</u>
<u>Tabrecta™ (Capmatinib)</u>
<u>Tafinlar® (Dabrafenib)</u>
<u>Tagrisso (Osimertinib)</u>
<u>Taltz® (Ixekizumab) Injection</u>
<u>TALZENNA (talazoparib)</u>
<u>Tasigna® (Nilotinib)</u>
<u>Tecentriq (Atezolizumab)</u>
<u>Teflaro (Ceftaroline Fosamil) Powder For Injection</u>
<u>Tenivac® (Tetanus And Diphtheria Toxoids Adsorbed</u>
<u>Thalomid® (Thalidomide)</u>
<u>Thymoglobulin® [Anti-Thymocyte Globulin (Rabbit)</u>
<u>Tikosyn® (Dofetilide) Capsules</u>
<u>TNKase (Tenecteplase)</u>
<u>Tobi (Tobramycin) Ampules Or Podhalers</u>
<u>Tobradex® (Ophthalmic Ointment)</u>
<u>TORISEL (temsirolimus)</u>
<u>Toujeo® (insulin glargine injection) 300 Units/mL (1.5 mL or 3.0 mL pens)</u>
<u>Toviaz® (Fesoterodine Fumarate) Extended-Release Tablets</u>
<u>Tracleer (Bosentan)</u>
<u>Tradjenta (Linagliptin)</u>
<u>TRAZIMERA (trastuzumab-qyyp)</u>
<u>Treanda (Bedamustine) For Injection</u>

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
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
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U-Z
Ubrelvy (Ubrogepant) Tablets
Uptravi (Selexipag)
Vabysmo (Faricimab-Svoa)
Vaqta® (Hepatitis A Vaccine, Inactivated)
Varivax® (Varicella Virus Vaccine Live)
Vaxneuvance™ (Pneumococcal 15-Valent Conjugate Vaccine)
Vectibix (Panitumumab)
Veletri (Epoprostenol)
Venclexta (Venetoclax Tablets)
Venclexta (Venetoclax) Tablets
Ventavis (Iloprostol)
Verquvo™ (Vericiguat) 2.5 Mg, 5 Mg, 10 Mg Tablets
Verzenio® (Abemaciclib) Tablets
Veltassa (patiomer)
Vfend® (Voriconazole)
Viberzi (Eluxadoline)
Victoza (Liraglutide) Pen
Vidaza® (Azacitidine For Injection)
Viibryd (Vilazodone)
Vijoice® (Alpelisib)
Viokace (Pancrelipase) Tablets
Viramune Xr (Nevirapine)
VIZIMPRO (dacaomitinib)
Votrient® (Pazopanib)
Vraylar (Cariprazine) Capsules

<u>Vyndaqel® (Tafamidis Meglumine) Capsules</u>
<u>Vyvanse (lisdexamfetamine) capsules and tablets</u>
<u>Welireg™ (Belzutifan) 40 Mg Tablets</u>
<u>Wixela (Fluticasone/Salmeterol)</u>
<u>XALKORI (crizotinib)</u>
<u>Xanax® CIV (Alprazolam) Tablets</u>
<u>Xarelto (Rivaroxaban) Tablets Or Oral Solution</u>
<u>Xeljanz® (Tofacitinib) Oral Solution</u>
<u>Xeljanz® (Tofacitinib) Tablets</u>
<u>Xeljanz® Xr (Tofacitinib) Extended-Release Tablets</u>
<u>Xeloda (Capecitabine)</u>
<u>Xen (Gel Stent)</u>
<u>Xgeva (Denosumab)</u>
<u>Xigduo Xr (Dapagliflozin/Metformin Er)</u>
<u>Xiidra® (Lifitegrast Ophthalmic Solution)</u>
<u>Xolair (Omalizumab)</u>
<u>Xulane (Norelgestromin And Ethinyl Estradiol Transdermal System)</u>
<u>Xultophy (Insulin Degludec & Liraglutide) Pen</u>
<u>Xyntha® Antihemophilic Factor (Recombinant)</u>
<u>Yervoy® (Ipilimumab)</u>
<u>Yondelis (Trabectedin) For Iv Infusion</u>
<u>Yupelri (Revefenacin)</u>
<u>Zarontin® (Ethosuximide)</u>
<u>Zarxio™ (Filgrastim-Sndz)</u>
<u>Zelboraf (Vemurafenib)</u>
<u>Zenpep (Pancrelipase) Delayed Release Capsule</u>
<u>Zepatier® (Elbasvir And Grazoprevir)</u>
<u>Zeposia® (Ozanimod)</u>
<u>Zerbaxa™ (Ceftolozane And Tazobactam) For Injection For Intravenous Use</u>
<u>Ziextenzo® (Pegfilgrastim-Bmez)</u>
<u>Zinplava™ (Bezlotoxumab) Injection 25 Mg/mL</u>
<u>ZIRABEV (bevacizumab-bvzr)</u>
<u>Zolinza® (Vorinostat) 100 Mg Capsules</u>
<u>Zykadia® (Ceritinib)</u>
<u>Zynlonta (loncastuximab tesirine)</u>
<u>Zyprexa® (Olanzapine) Tablet</u>
<u>Zyprexa® Zydis® (Olanzapine) Tablet</u>
<u>Zytiga (Abiraterone) Tablets</u>
<u>Zyvox® (Linezolid)</u>

Manufacturer	Income documentation required	Medication delivery	FPL cutoff (%) or income threshold for single person(\$)	FPL cutoff 2	FPL cutoff 3
AADI	No	Office	400		
AbbVie	No	Home	\$81,150		
Acadia	Application through office staff	Home	Any for uninsured		
ADC	No	Home	550		
Amgen	No	Home	500		
AstraZeneca	No	Home	300	500	
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	Home	400		
Novartis	No	Home	\$70,000		
Novo Nordisk	No	Office	400		
Otsuka	Yes	Home	300	700	
Pfizer	Yes	Office	\$49,960	400	
Pfizer Oncology	No	Home	500		
Radius	No-SSN acceptable	Home	300		
Roche (Genentech)	No	Home	\$75,000		
Sanofi	No	Office	400		
Sunovion	Yes	Home	300		
TAKEDA	Yes	Home	500		
TEVA	No	Home	300	500	
Tolmar	Yes	Home	500		
Veltassa	Yes	Home	500		
FPL=federal poverty limit SSN=social security number					

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

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

Programs that require separate prescription be sent: GSK

Programs that require applications mailed in: Merck

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

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

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Medications with PAP per drug manufacturer

AADI Assist Patient Assistance Program

Eligibility		
US resident	≤400% FPL	Uninsured/Medicare

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

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

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AbbVie Assist (usually reviewed within 2 business days)

Eligibility

US resident

Below
income
threshold

Uninsured/Medicare

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

Medications eligible for assistance

Acuvail (ketorolac tromethamine) ophthalmic solution

AeroChamber Plus Flow-Vu

Alloderm

Alphagan P (brimonidine tartrate) ophthalmic solution

Armour Thyroid (thyroid tablets, USP) tablets

Avycaz (avibactam/ceftazidime)

BOTOX (onabotulinumtoxinA)

Bystolic (nebivolol) tablets

Canasa (mesalamine) suppository

Carafate (sucralfate) oral suspension

Combigan (brimonidine tartrate/timolol maleate) ophthalmic solution

CREON (Pancrelipase) delayed-release capsules
Crinone (progesterone) gel
Dalvance (dalbavancin) lyophilizate
Delzicol (mesalamine DR) capsules
Depakote (divalproex sodium)
Duopa (carbidopa/levodopa) enteral suspension
Durysta (Bimatoprost) ocular implant
Estrace (estradiol) cream
Fetzima (Levomilnacipran) extended release capsules and titration pack
Gelnique (oxybutynin chloride 10%) gel
GENGRAF capsules (cyclosporine, USP [MODIFIED])
HUMIRA (adalimumab)
IMBRUVICA (ibrutinib)
Infed (iron dextran) injection
KALETRA (lopinavir/ritonavir)
Lexapro (escitalopram)
Liletta (levonorgestrel) intrauterine contraceptive
Linzess (linaclotide) capsules
Lo Lestrin fe
Lumigan (Bimatoprost 0.01%) ophthalmic solution
Lupron Depot-Ped (leuprolide acetate for depot suspension)
Lupron Depot (leuprolide acetate for depot suspension)
MAVYRET (Glecaprevir/Pibrentasvir)
Monurol (Fosfomycin tromethamine) oral granules
Namenda and Namenda XR (memantine)
Namzaric (memantine extended release and donepezil)
NATRELLE
NORVIR (ritonavir) tablets and oral solution
Oriahnn (Elagolix/estradiol/norethindrone)
ORILISSA (Elgaolix) tablets

Ozurdex (dexamethasone) ocular implant
Pred Forte (prednisolone acetate) ophthalmic suspension
Pylera (bismuth Subcitrate potassium, metronidazole, and tetracycline) capsules
Qulipta (Atogepant) tablets
Rapaflo (silodosin) capsules
Rectiv (nitroglycerin) ointment
Restasis (cyclosporine) ophthalmic emulsion
RINVOQ (upadacitinib)
Saphris (asenapine maleate) sublingual tablet
Savella (milnacipran) tablets
SKYRIZI (Risankizumab-rzaa)
STRATTICE (reconstructive tissue matrix)
Synthroid (levothyroxine sodium) tablets
Teflaro (ceftaroline fosamil) powder for injection
Ubrelvy (ubrogepant) tablets
Venclexta (venetoclax) tablets
Viberzi (eluxadoline)
Viibryd (vilazodone)
Vraylar (cariprazine) capsules
Xen (gel stent)

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

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Acadia Connect

Eligibility		
US resident	Any income	Uninsured/Medicare

Medications eligible for assistance

NUPLAZID (pimavanserin)

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ADC Patient Support

Eligibility

US resident

≤550% FPL

Uninsured/Medicare

Medications eligible for assistance

Zynlonta (loncastuximab tesirine)

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AMGEN safety net program

Eligibility

US resident
>6 months

≤500% FPL

Uninsured/Medicare

Household size

Annual household income (\$) threshold (≤500% FPL)

1

67,950

2

91,550

3

115,150

4

138,750

≥5

[Click for FPL for household larger than 5 or add 23,600 per each additional person](#)

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

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

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AstraZeneca AZ&ME program

Eligibility

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

Medication eligible for assistance

Insurance Group	Medication name
1	BEVESPI AEROSPHERE (glycopyrrolate/formoterol)
1	BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol)
1	BRILINTA (ticagrelor)
1	BYDUREON (exenatide extended release)
1	BYETTA (exenatide)
2	CALQUENCE (acalabrutinib)
1	DALIRESP (roflumilast)
1	FARXIGA (dapagliflozin)
2	FASENRA (benralizumab)
2	FASENRA pen (benralizumab)
2	FALSODEX (fulvestrant)
2	IMFINZI (durvalumab)
2	IRESSA (gefitinib)
1	KOMBIGLYZE ER (saxagliptin/metformin ER)
2	KOSELUGO (selumetinib)
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:** 1-800-961-8323

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Boehringer Ingelheim (BI Cares Program)

Eligibility

US resident

<250% FPL

Uninsured/Medicare

Household size	Annual household income (\$) threshold (<u><</u> 250% FPL)
1	33,975
2	45,775
3	57,575
4	69,375
5	81,175

[Click for FPL for household larger than 5](#)

Medications eligible for assistance

Aptivus (tipranavir)

Atrovent HFA (ipratropium)

COMBIVENT Respimat (ipratropium/albuterol)

GILTORIF (afatinib)[§]

Glyxambi (empagliflozin/metformin)

Jardiance (empagliflozin)
Jentadueto & Jentadueto XR (linagliptin/metformin)
OFEV (nintedanib) ^{\$}
Pradaxa (dabigatran)
Spiriva Handihaler or Respimat (tiotropium)
Stiolto Respimat (tiotropium/olodaterol)
Striverdi Respimat (olodaterol)
Synjardy & Synjardy XR (empagliflozin/metformin)
Tradjenta (linagliptin)
Trijardy XR (empagliflozin/linagliptin/metformin)
Viramune XR (nevirapine)
\$ Has individual application

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

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Bristol Myers Squibb

Eligibility

US resident	≤ 300% FPL	Uninsured/Medicare
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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))
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® (luspatercept-aamt)
REVLIMID® (lenalidomide)
SPRYCEL® (dasatinib)
THALOMID® (thalidomide)
VIDAZA® (azacitidine for injection)
YERVOY® (Ipilimumab)
ZEPOSIA® (ozanimod)

Application for Eliquis, Nulojix, and Orenzia are the same

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

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GlaxoSmithKline – GSK for You

Eligibility		
US resident	≤ 250% FPL	Uninsured/Medicare

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

Medications eligible for assistance

ADVAIR (diskus or HFA) (Fluticasone/salmeterol)

ANORO ELLIPTA (Umeclidinium/vilanterol)
ARNUIITY ELLIPTA (Fluticasone)
BECONASE AQ (Beclomethasone dipropionate nasal spray)
BENLYSTA (Belimumab)
BLENREP (Belantamab)
BOOSTRIX (Tdap vaccine)
BREO ELLIPTA (Fluticasone/vilanterol)
EPIVIR-HBV (Lamivudine solution or tablets)
ENGRIX-B (Hepatitis B vaccine)
FLOVENT (diskus or HFA) (Fluticasone)
IMITREX (Sumatriptan nasal spray)
INCRUSE ELLIPTA (Umeclidinium)
JEMPERLI (Dostarlimab)
LAMICTAL (Lamotrigine chewable or orally disintegrating tablets)
LAMICTAL ODT (Lamotrigine patient titration kits)
LAMICTAL XR (Lamotrigine ER or patient titration kit)
MALARONE (Atovaquone and proguanil)
MEPRON (Atovaquone suspension)
NUCALA (Mepolizumab)
RELENZA (Zanamivir inhalation powder)
SEREVENT (diskus) (Salmeterol)
SHINGRIX (Zoster vaccine)

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

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Johnson & Johnson

Eligibility		
US resident	$\leq 300\text{-}600\%$ FPL	Uninsured/Medicare

Household size	Annual household income (\$) threshold		
	Group 1 ($\leq 300\%$ FPL)	Group 2 ($\leq 400\%$ FPL)	Group 3 ($\leq 600\%$ 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	
Insurance 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 (paludomid) 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)
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

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Lilly Cares Program

Eligibility		
US resident	\leq 300-500% FPL	Uninsured/Medicare

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

Medications eligible for assistance

Insurance Group	Medication name	Package insert	Patient education
3	Alimta® (pemetrexed for injection)	Prescribing Information	Patient Information
2	Baqsimi® (glucagon) nasal powder	Prescribing Information	Patient Information
2	Basaglar® (insulin glargine injection)	Prescribing Information	Patient Information
2	Cialis® (tadalafil) tablets	Prescribing Information	Patient Information
1	Cymbalta® (duloxetine delayed-release capsules)	Prescribing Information	Medication Guide
3	Cyramza® (ramucirumab) injection	Prescribing Information	
2	Emgality® (galcanezumab-gnlm) injection	Prescribing Information	Patient Information
3	Erbitux® (cetuximab) injection	Prescribing Information	
1	Evista® (raloxifene hydrochloride) Tablet	Prescribing Information	Medication Guide
1	Forteo® (teriparatide injection)	Prescribing Information	Medication Guide
2	Glucagon™ (glucagon for injection)	Prescribing Information	Patient Information
2	Humalog® U-100 (insulin lispro injection)	Prescribing Information	Patient Information
2	Humalog® U-200 (insulin lispro injection)	Prescribing Information	Patient Information
2	Humalog® Mix50/50™ (insulin lispro protamine and insulin lispro injectable suspension)	Prescribing Information	Patient Information
2	Humalog® Mix75/25™ (insulin lispro protamine and insulin lispro injectable suspension)	Prescribing Information	Patient Information
3	Humatrope® (somatropin) for injection	Prescribing Information	Patient Information: Cartridge Patient Information: Vial
2	Humulin® 70/30 (human insulin isophane suspension and human insulin injection)	Prescribing Information	Patient Information
2	Humulin® N (isophane insulin human suspension)	Prescribing Information	Patient Information
2	Humulin® R (insulin human injection)	Prescribing Information	Patient Information
2	Humulin® R U-500 (insulin human injection)	Prescribing Information	Patient Information

2	Lyumjev™ (insulin lispro-aabc) injection	Prescribing Information	Patient Information
3	Olumiant® (baricitinib) tablets	Prescribing Information	Medication Guide
3	Portrazza® (necitumumab) injection	Prescribing Information	
1	Prozac® (fluoxetine capsules)	Prescribing Information	Medication Guide
3	Retevmo™ (selpercatinib) capsules	Prescribing Information	Patient Information
2	Reyvow® (lasmiditan) tablets C-V	Prescribing Information	Medication Guide
1	Strattera® (atomoxetine) capsules	Prescribing Information	Medication Guide
1	Symbyax® (olanzapine and fluoxetine) capsules	Prescribing Information	Medication Guide
3	Taltz® (ixekizumab) injection	Prescribing Information	Medication Guide
2	Trulicity® (dulaglutide) injection	Prescribing Information	Medication Guide
3	Verzenio® (abemaciclib) tablets	Prescribing Information	Patient Information
1	Zyprexa® (olanzapine) Tablet	Prescribing Information	Medication Guide
1	Zyprexa® Zydis® (olanzapine) Tablet	Prescribing Information	Medication Guide

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

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Merck and Co – Merck Helps: patient assistance program

Eligibility		
US resident	≤ 400% FPL	Uninsured/Medicare

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

5	129,880
≥5	Add 4,720 for each additional person

1.

Medications eligible for assistance
BELSOMRA ® (suvorexant) C-IV
CANCIDAS ® (caspofungin acetate) for Injection
DELSTRIGO ™ (doravirine, lamivudine, and tenofovir disoproxil fumarate) tablets, for oral use
DIFICID ® (fidaxomicin) tablets
DIFICID ® (fidaxomicin) for oral suspension 40 mg/mL
EMEND ® (aprepitant) for Oral Suspension 125 mg
EMEND ® (aprepitant) 80 mg, 125 mg capsules
EMEND ® (fosaprepitant dimeglumine) for Injection 150 mg
GARDASIL ®9 (Human Papillomavirus 9-valent Vaccine, Recombinant)
ISENTRESS ® (raltegravir) 400 mg film-coated and 25 mg and 100 mg chewable Tablets
ISENTRESS ® HD (raltegravir) 600 mg Tablets
ISENTRESS ® OS (raltegravir) 100 mg Granules for Suspension
JANUMET ® (sitagliptin and metformin HCl) Tablets
JANUMET ® XR (sitagliptin and metformin HCl extended-release) Tablets
JANUVIA ® (sitagliptin) Tablets
KEYTRUDA ® (pembrolizumab) Injection [liquid formulation] 100 mg
M-M-R ® II (Measles, Mumps, and Rubella Virus Vaccine Live)
NOXAFIL ® (posaconazole) oral suspension, 40 mg/mL
NOXAFIL ® (posaconazole) delayed-release tablets 100 mg
PIFELTRO ™ (doravirine) tablets, for oral use
PNEUMOVAX ®23 (Pneumococcal Vaccine Polyvalent)
PREVYMIS ™ (letermovir) 240 mg Tablets
RECARBRIO ™ (imipenem, cilastatin, and relebactam) for injection, for intravenous use
RECOMBIVAX HB ® [Hepatitis B Vaccine (Recombinant)]
STROMEKTOL ® (ivermectin) Tablets
TRUSOPT ® (dorzolamide hydrochloride ophthalmic solution) 2%

VAQTA® (Hepatitis A Vaccine, Inactivated)
VARIVAX® (Varicella Virus Vaccine Live)
VAXNEUVANCE™ (Pneumococcal 15-valent conjugate vaccine)
VERQUVO™ (vericiguat) 2.5 mg, 5 mg, 10 mg tablets
WELIREG™ (belzutifan) 40 mg Tablets
ZEPATIER® (elbasvir and grazoprevir)
ZERBAXA™ (ceftolozane and tazobactam) for Injection for Intravenous Use
ZINPLAVA™ (bezlotoxumab) Injection 25 mg/ml
ZOLINZA® (vorinostat) 100 mg Capsules

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

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MyPraluent Patient Assistance Program

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

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

Medication 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/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
≥ 5	Add 23,600 for each additional person in household	

Medications eligible for assistance

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

2	EpiPen & EpiPen Jr (epinephrine) injection
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	Inspra (eplerenone)
1	Luxiq (betamethasonevalerate) foam
1	Miacalcin injection (calcitonin)
1	Muse (alprostadil) urethral
2	Ogivri* (trastuzumab-dkst)
1	Olux (clobetasol) foam 0.05%
1	Olux-E (clobetasol) foam 0.05%
1	Perforomist (formoterol fumarate) inhalation solution
1	Pretomanid tablet
1	Proctofoam HC (hydrocortisone acetate 1% & pramoxine 1%)
2	Relpax (eletriptan)
1	Rowasa (mesalamine) rectal suspension
1	Semglee (insulin glargine)
1	SF Rowasa (mesalamine) rectal suspension
2	Tobi (tobramycin) ampules or podhalers
1	Wixela (fluticasone/salmeterol)
1	Xulane (norelgestromin and ethinyl estradiol transdermal system)
1	Yupelri (revefenacin)
*FPL threshold 500%	

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

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Nestle Health Science Patient assistance program

Eligibility		
US resident	≤ 400% FPL	Uninsured

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

Medication eligible for assistance
Viokace (pancrelipase) tablets
Zenpep (pancrelipase) delayed release capsule

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

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Novartis Patient Assistance Foundation

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-dbll) Injection
Betoptic S® (betaxolol hydrochloride suspension)
Coartem® (artemether and lumefantrine)
Cosentyx® (secukinumab)
Entresto™ (sacubitril/valsartan)
Extavia® (interferon beta-1b)
Ferumoxytol injection
Fulvestrant injection, for intramuscular use
Gilenya® (fingolimod)
Hycamtin® (topotecan) Capsules
Hycamtin® (topotecan hydrochloride) For Injection
Ilaris® (canakinumab)
Ilevro® (nepafenac suspension)
Jadenu® (deferasirox)
Jadenu® Sprinkle (deferasirox) granules
Kesimpta® (ofatumumab)
Kisqali® (ribociclib)
Kisqali® Femara® Co-Pack (ribociclib and letrozole) tablets
Leqvio® (Inclisiran)
Lutathera® (lutetium Lu 177 dotatate)
Levoleucovorin Injection
Maxidex® (dexamethasone suspension)
Mayzent® (Siponimod)
Mekinist® (trametinib)
Nevanac® (nepafenac suspension)
Omnitrope® Somatropin (rDNA origin)

Piqray® (alpelisib)
Pluvicto® (177Lu-PSMA-617)
Promacta® (eltrombopag)
RYDAPT® (midostaurin)
SANDOSTATIN LAR® DEPOT (octreotide acetate)
Scemblix® (asciminib) Tablets
Tabrecta™ (capmatinib)
Tafinlar® (dabrafenib)
Tasigna® (nilotinib)
Tobradex® (ophthalmic ointment)
Triesence® (triamcinolone acetonide injectable suspension)
Tykerb® (lapatinib)
Vijoice® (alpelisib)
Votrient® (pazopanib)
Xiidra® (lifitegrast ophthalmic solution)
Zarxio™ (filgrastim-sndz)
Ziextenzo® (pegfilgrastim-bmez)
ZYKADIA® (ceritinib)

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

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Novo Nordisk (up to 10 days for processing)

Eligibility		
US resident	≤ 400% FPL	Uninsured/Medicare

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

Medications are sent to primary care office if approved

Medications eligible for assistance
Fiasp Flextouch (insulin aspart)*
GlucaGen Hypokit
Levemir (insulin detemir) Flextouch*
Novolin N vial (insulin NPH)
Novolin 70/30 (insulin NPH and insulin R mix) vial
Novolin R vial (insulin regular)
Novolog (insulin aspart) FlexPen*
Novlog mix 70/30 (insulin aspart protamine and insulin aspart) FlexPen*
Ozempic (semaglutide) injection*
Rybelsus (semaglutide) tablets
Tresiba (insulin degludec) FlexTouch*
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

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Otsuka Patient Assistance Foundation

Eligibility		
US resident		Uninsured

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

Medications available for assistance
Abilify Maintena (aripiprazole) for extended release injectable suspension
Jynarque (tolvaptan) tablets
Rexulti (Brexiprazole) tablets
Samsca (tolvaptan)

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

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

Eligibility		
US resident	≤ 400% FPL	Uninsured/Medicare

Household size	Annual household income (\$) threshold	
	Non-B medications ≤400% FPL	Group B
1	54,360	49,960
2	73,240	67.640
3	92,120	85,320

4	111,000	103,00
5	129,880	120,680
≥5	Call Pfizer program 1-866-706-2400	

Medications eligible for assistance

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

	IBRANCE® (palbociclib) capsules
	IDAMYCIN PFS® (idarubicin hydrochloride) injection
	INFLECTRA® (infliximab-dyyb) for injection
	INLYTA® (axitinib) tablets
	INSPRA® (eplerenone) tablets
	LEVOXYL® (levothyroxine sodium) tablets
	LINCOCIN® (lincomycin) injection, USP
	LORBRENA® (lorlatinib) tablets
	MENEST® (esterified estrogens) tablets, USP
	MYCOBUTIN® (rifabutin) capsules, USP
	MYLOTARG™ (gemtuzumab ozogamicin) for injection
	NICOTROL® (nicotine)
	NIVESTYM® (filgrastim-aafi) injection
	NORPACE® (disopyramide phosphate)
	PREMARIN® (conjugated estrogens) tablets, USP (conjugated estrogens tablets)
	PREMARIN® (conjugated estrogens) Vaginal Cream (conjugatedestrogens) Vaginal Cream
	PREMPRO® (conjugated estrogens/medroxyprogesterone acetate)tablets
	PREMPHASE® (conjugated estrogens plus medroxyprogesteroneacetate) tablets
	PREVNAR 13® Pneumococcal 13-valent Conjugate Vaccine [DiphtheriaCRM197 Protein]
	PRISTIQ® (desvenlafaxine) extended-release tablets
	RELPAx® (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

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Pfizer Oncology Together

Eligibility

US resident

≤ 500% FPL

Uninsured/Medicare

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

Medications available for assistance

AROMASIN (exemestane)

BOSULIF (bosutinib)

BRAFTOVI (encoarfenib)

DAURISMO (glasdegib)

EMCYT (estramustine)

IBRANCE (Palbociclib)
INLYTA (axitinib)
LORBRENA (lorlatinib)
MEKTOVI (bibimetinib)
SUTENT (sunitinib)
TALZENNA (talazoparib)
VIZIMPRO (dacaomitinib)
XALKORI (crizotinib)
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

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Radius Assist

Eligibility		
US resident	≤ 300% FPL	Uninsured/Medicare

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

Medication eligible for assistance

TYMLOS (abaloparatide) injection

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

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Roche through Genentech

Program eligibility

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

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

Medications eligible for assistance

Actemra (tocilizumab)¹

Activase (alteplase)

Alcensa (alectinib)

Avastin (bevacizumab)

Cathflo Activase (alteplase)

Cotellic (cobimetinib)

Enspryng (satralizumab-mwge)

Erivedge (vismodegib)

Esbriet (pirfenidone)

Evrysdi (risdiplam)

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

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

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

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Sanofi

Sanofi patient connection program (5-7 days medication sent directly to primary care provider office)

Eligibility

US resident

\leq 400% FPL

Uninsured/Medicare

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

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

Admelog® (insulin lispro injection) 100 Units/mL

Apidra® (insulin glulisine injection) 100 Units/mL

Imogam® Rabies-HT Immune Globulin, [Human] USP, Heat Treated

Imovax® Rabies Vaccine [Human Diploid Cell]

Lantus® (insulin glargine injection) 100 Units/mL

Lovenox® (enoxaparin sodium injection)¹

MenQuadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)

Mozobil® (plerixafor injection)¹

Multaq® (dronedarone) Tablets

Pentacel® Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine

Priftin® (rifapentine) Tablets

Soliqua® 100/33 (insulin glargine & lixisenatide) injection 100 Units/mL and 33 mcg/mL
Tenivac® (tetanus and diphtheria toxoids adsorbed)
Thymoglobulin® [Anti-Thymocyte Globulin (Rabbit)] ¹
Toujeo® (insulin glargine injection) 300 Units/mL (1.5 mL or 3.0 mL pens) ²
<p>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</p> <p>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</p>

Contact info-**Phone:** 1-888-847-4877 **Fax:** 1-888-847-4797

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Sunovion Prescription Assistance Program

Eligibility		
US resident	≤ 300% FPL	Uninsured/Medicare

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

Medications eligible for assistance
Aptiom® (eslicarbazepine acetate)
Kynmobi™ (apomorphine hydrochloride)
Latuda (lurasidone)

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

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TAKEDA: Help at Hand

Eligibility

US resident

≤ 500% FPL

Uninsured/Medicare

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

Medications eligible for assistance

Amitiza (lubiprostone)

Carbatrol (carbamazepine extended-release) capsules

Colcrys (colchicine) tablets

Dexilant (dexlansoprazole) DR capsules

Fosrenol (lanthanum carbonate)

Intuniv (guanfacine) ER tablets

Kazano (alogliptin/metformin) tablets

Lialda (mesalamine) DR tablets

Motegrity (prucalopride) tablets

Mydayis (amphetamine) ER capsules

Nesina (alogliptin) tablets

Oseni (alogliptin/pioglitazone) tablets

Pentasa (mesalamine) ER capsules

Prevacid (lansoprazole) ODT tablets

Rozerem (ramelteon) tablets

Trintellix (vortioxetine tablets)

Vyvanse (lisdexamfetamine) capsules and tablets

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

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TEVA Cares Foundation

Eligibility

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

Medications eligible for assistance

BENDEKA (bendamustine)
Clozapine
Cyclosporine capsules modified
Cyclosporine oral solution modified
GABITRIL (tigabine hydrochloride) tablets
GALZIN (zinc acetate) capsules
GRANIX (tbo-filgrastim) injection
HERZUMA (trastuzumab-pkrb) injection
NUVIGIL (armodafinil) tablets [C-IV]
ProAir RespiClick (albuterol sulfate) inhalation aerosol
ProAir HFA (albuterol sulfate) inhalation aerosol
Proglycem (diazoxide) oral suspension
QNASL (beclomethasone) nasal aerosol

QVAR RediHaler (beclomethasone dipropionate HFA) inhalation aerosol
SYNRIBO (omacetaxine) for injection
TREANDA (bedamustine) for injection
TRISENOX (arsenite trioxide) injection
TRUXIMA (rituximab-abbs) injection

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

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Tolmar Total solutions

Eligibility		
US resident	\leq 500% FPL	Uninsured/Medicare

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

Medication eligible for assistance
Eligard (leuprolide)

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

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Veltassa Konnect

Eligibility

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

Medication eligible for assistance
Veltassa (patiromer)

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

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PAPs by Disease State/Condition

ANTI-MIGRAINE
Medications available for assistance
Aimovig (Erenumab)
Botox (Onabotulinumtoxina)
Emgality® (Galcanezumab-Gnlm) Injection
Imitrex (Sumatriptan Nasal Spray)
QULIPTA (Atogepant) Tablets
Relpax (Eletriptan)
Relpax® (Eletriptan Hydrobromide) Tablets
Reyvow® (Lasmiditan) Tablets C-V
Ubrelvy (Ubrogepant) Tablets

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

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AUTOIMMUNE DISORDERS	
Medications available for assistance	Disease state
Actemra (Tocilizumab)	Rheumatoid arthritis
Adakveo® (Crizanlizumab-Tmca)	Sickle cell
Avsola (Infliximab-Axxq)	Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis
Benlysta (Belimumab)	Lupus nephritis
Canasa (Mesalamine) Suppository	Crohn's, Ulcerative colitis
Cibingo™ (Abrocitinib) Tablets	Atopic dermatitis
Cosentyx® (Secukinumab)	Plaque psoriasis, Psoriatic arthritis, Ankylosing spondylitis
CREON (Pancrelipase) Delayed-Release Capsules	Pancreatic insufficiency
Cyclosporine Capsules Modified	Transplant, Rheumatoid arthritis, Psoriasis
Cyclosporine Oral Solution Modified	Transplant, Rheumatoid arthritis, Psoriasis
Cystagon (Cysteamine) Capsules	Nephropathic cystinosis
Delzicol (Mesalamine Dr) Capsules	Crohn's, Ulcerative colitis
Depen (Penicillamine) Tablets	Wilson's disease, cystinuria
Dipentum (Olsalazine) Capsule	Crohn's, Ulcerative colitis

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

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

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CARDIOVASCULAR

Medications available for assistance

Bystolic (Nebivolol) Tablets
Caduet (Amlodipine/Atorvastatin)
Corlanor (Ivabradine)
Entresto™ (Sacubitril/Valsartan)
Farxiga (Dapagliflozin)
Inspra (Eplerenone)
Jardiance (Empagliflozin)

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	Januvia® (Sitagliptin) Tablets
	Nesina (alogliptin) tablets
	Onglyza (Saxagliptin)
	Tadjenta (Linagliptin)
GLP-1	Bydureon (Exenatide Extended Release)
	Byetta (Exenatide)
	Ozempic (Semaglutide) Injection
	Rybelsus (Semaglutide) Tablets
	Trulicity® (Dulaglutide) Injection
	Victoza (Liraglutide) Pen
GLP-1 insulin combo	Soliqua® 100/33 (Insulin Glargine & Lixisenatide) Injection 100 Units/ML And 33 Mcg/mL
	Xultophy (Insulin Degludec & Liraglutide) Pen
Insulin	
Rapid acting	Admelog® (Insulin Lispro Injection) 100 Units/mL
	Apidra® (Insulin Glulisine Injection) 100 Units/mL
	Fiasp Flextouch (Insulin Aspart)

	Humalog® U-100 (Insulin Lispro Injection)
	Humalog® U-200 (Insulin Lispro Injection)
	Lyumjev™ (Insulin Lispro-Aabc) Injection
	Novolog (Insulin Aspart) Flexpen
Short acting	Humulin® R (Insulin Human Injection)
	Humulin® R U-500 (Insulin Human Injection)
	Novolin R Vial (Insulin Regular)
Intermediate acting	Humulin® N (Isophane Insulin Human Suspension)
	Novolin N Vial (Insulin Nph)
Long acting	Basaglar® (Insulin Glargine Injection)
	Lantus® (Insulin Glargine Injection) 100 Units/mL
	Levemir (Insulin Detemir) Flextouch
	Semplix (Insulin Glargine)
	Toujeo® (insulin glargine injection) 300 Units/mL (1.5 mL or 3.0 mL pens)
	Tresiba (Insulin Degludec) Flextouch
Rapid/Intermediate	Mixed insulin
	Humalog® Mix50/50™ (Insulin Lispro Protamine And Insulin Lispro Injectable Suspension)
	Humalog® Mix75/25™ (Insulin Lispro Protamine And Insulin Lispro Injectable Suspension)
	Novolog Mix 70/30 (Insulin Aspart Protamine And Insulin Aspart) Flexpen
Regular/Intermediate	Humulin® 70/30 (Human Insulin Isophane Suspension And Human Insulin Injection)
	Novolin 70/30 (Insulin Nph And Insulin R Mix) Vial
SGLT-2 inhibitor	Farxiga (Dapagliflozin)
	Invokana (Canagliflozin)
	Jardiance (Empagliflozin)
SGLT2/metformin	Combination oral
	Glyxambi (Empagliflozin/Metformin)
	Invokamet (Canagliflozin/Metformin)
	Invokamet Xr (Canagliflozin/Metformin Xr)
	Synjardy & Synjardy Xr (Empagliflozin/Metformin)
	Xigduo Xr (Dapagliflozin/Metformin Er)
DPP4/metformin	Janumet® (Sitagliptin And Metformin Hci) Tablets
	Janumet® Xr (Sitagliptin And Metformin Hci Extended-Release) Tablets

	Jentaduetto & Jentaduetto Xr (Linagliptin/Metformin)
	Kazano (alogliptin/metformin) tablets
	Kombiglyze Er (Saxagliptin/Metformin Er)
DPP4/SGLT2	Qtern (Dapagliflozin/Saxagliptin)
DPP4/metformin/SGLT2	Trijardy Xr (Empagliflozin/Linagliptin/Metformin)
DPP4/TZD	Oseni (alogliptin/pioglitazone) tablets
Other	Symlin (Pramlintide)
Hypoglycemia management	Baqsimi® (Glucagon) Nasal Powder
	Glucagon™ (Glucagon For Injection)
	Glucagen Hypokit

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INFECTIOUS DISEASE (HIV & Acute)

Medications available for assistance

ACUTE

Avycaz (Avibactam/Ceftazidime)
Boostrix (Tdap Vaccine)
Candidas® (Caspofungin Acetate) For Injection
Coartem® (Artemether And Lumefantrine)
Dalvance (Dalbavancin) Lyophilizate
Difacid® (Fidaxomicin) For Oral Suspension 40 Mg/mL
Difacid® (Fidaxomicin) Tablets
Engerix-B (Hepatitis B Vaccine)
Extavia® (Interferon Beta-1B)
Gardasil®9 (Human Papillomavirus 9-Valent Vaccine, Recombinant)
Imogam® Rabies-Ht Immune Globulin, [Human] Usp, Heat Treated
Imovax® Rabies Vaccine [Human Diploid Cell]
Lincocin® (Lincomycin) Injection, Usp
Malarone (Atovaquone And Proguanil)
Mavyret (Glecaprevir/Pibrentasvir)
Menquadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)
Mepron (Atovaquone Suspension)
M-M-R® li (Measles, Mumps, And Rubella Virus Vaccine Live)
Monurol (Fosfomycin Tromethamine) Oral Granules

<u>Mycobutin® (Rifabutin) Capsules, Usp</u>
<u>Noxafil® (Posaconazole) Delayed-Release Tablets 100 Mg</u>
<u>Noxafil® (Posaconazole) Oral Suspension, 40 Mg/ML</u>
<u>Pegasys (Peginterferon Alfa-2A)</u>
<u>Pentacel® Diphtheria And Tetanus Toxoids And Acellular Pertussis Adsorbed, Inactivated Poliovirus And Haemophilus B Conjugate (Tetanus Toxoid Conjugate) Vaccine</u>
<u>Pretomanid Tablet</u>
<u>Prevnar 13® Pneumococcal 13-Valent Conjugate Vaccine [Diphtheria Crm197 Protein]</u>
<u>Prevymis™ (Letermovir) 240 Mg Tablets</u>
<u>Priftin® (Rifapentine) Tablets</u>
<u>Pylera (Bismuth Subcitrate Potassium, Metronidazole, And Tetracycline) Capsules</u>
<u>Recarbrio™ (Imipenem, Cilastatin, And Relebactam) For Injection, For Intravenous Use</u>
<u>Recombivax Hb® [Hepatitis B Vaccine (Recombinant)]</u>
<u>Relenza (Zanamivir Inhalation Powder)</u>
<u>Shingrix (Zoster Vaccine)</u>
<u>Sirturo (Bedaquiline) Tablets</u>
<u>Sporanox (Itraconazole) Capsules And Oral Solution</u>
<u>Stromectol® (Ivermectin) Tablets</u>
<u>Teflaro (Ceftaroline Fosamil) Powder For Injection</u>
<u>Tenivac® (Tetanus And Diphtheria Toxoids Adsorbed</u>
<u>Tobi (Tobramycin) Ampules Or Podhalers</u>
<u>Trumenba® (Meningococcal Group B Vaccine)</u>
<u>Tygacil® (Tigecycline) For Injection</u>
<u>Vaqta® (Hepatitis A Vaccine, Inactivated)</u>
<u>Varivax® (Varicella Virus Vaccine Live)</u>
<u>Vaxneuvance™ (Pneumococcal 15-Valent Conjugate Vaccine)</u>
<u>Vfend® (Voriconazole)</u>
<u>Zepatier® (Elbasvir And Grazoprevir)</u>
<u>Zerbaxa™ (Ceftolozane And Tazobactam) For Injection For Intravenous Use</u>
<u>Zyvox® (Linezolid)</u>
HIV
<u>Cimduo (Lamivudine/Tenofovir Disoproxil Fumarate) Tablet</u>
<u>Delstrigo™ (Doravirine, Lamivudine, And Tenofovir Disoproxil Fumarate) Tablets, For Oral Use</u>
<u>Edurant (Rilpivirine) Tablets</u>
<u>Epivir-Hbv (Lamivudine Solution Or Tablets)</u>
<u>Intelence (Etravirine) Tablets</u>
<u>Isentress® (Raltegravir) 400 Mg Film-Coated And 25 Mg And 100 Mg Chewable Tablets</u>

Isentress® Hd (Raltegravir) 600 Mg Tablets
Isentress® Os (Raltegravir) 100 Mg Granules For Suspension
Kaletra (Lopinavir/Ritonavir)
Norvir (Ritonavir) Tablets And Oral Solution
Pifeltro™ (Doravirine) Tablets, For Oral Use
Pneumovax®23 (Pneumococcal Vaccine Polyvalent)
Prezcobix (Darunavir/Cobicistat)
Prezista (Darunavir)
Symtuza (Darunavir, Cobicistat, Emtricitabine, Tenofovir Alafenamide) Tablets
Viramune Xr (Nevirapine)

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Inhalers

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

LAMA/LABA/ICS	Breztri Aerosphere (Budesonide/Glycopyrrolate/Formoterol)
SABA/SAMA	Combivent RespiMAT (Ipratropium/Albuterol)
SABA	Proair Hfa (Albuterol Sulfate) Inhalation Aerosol
	Proair Respiclick (Albuterol Sulfate) Inhalation Aerosol
SAMA	Atrovent Hfa (Ipratropium)
Other	Aerochamber Plus Flow-Vu
	Daliresp (Roflumilast)
	Pulmozyme (Dornase Alfa) Inhalation Solution
	Xolair (Omalizumab)
	Fasenra (Benralizumab)
	Fasenra Pen (Benralizumab)
	Nucala (Mepolizumab)
<p>+ Not to be prescribed as monotherapy in COPD</p> <p>* Not to be prescribed as monotherapy in Asthma</p> <p>ICS=inhaled corticosteroid, LABA=long acting beta agonist, LAMA=long acting muscarinic antagonist, SABA=short acting beta agonist, SAMA=short acting muscarinic antagonist</p>	

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NEUROLOGY & PSYCHIATRY

Medications available for assistance

Aptiom® (eslicarbazepine acetate)
Belsomra® (Suvorexant) C-IV
Carbatrol (carbamazepine extended-release) capsules
Chantix® (Varenicline) Tablets
Celontin® (Methsuximide) Capsules, Usp
Clozapine
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 (Brexiprazole) Tablets
Risperdal Consta (Risperidone) Long-Acting Injection
Rozerem (ramelteon) tablets
Saphris (Asenapine Maleate) Sublingual Tablet
Savella (Milnacipran) Tablets
Strattera® (Atomoxetine) Capsules
Symbyax® (Olanzapine And Fluoxetine) Capsules
Trintellix (vortioxetine tablets)
Viibryd (Vilazodone)
Vraylar (Cariprazine) Capsules
Vyvanse (lisdexamfetamine) capsules and tablets
Xanax® CIV (Alprazolam) Tablets
Zarontin® (Ethosuximide)
Zyprexa® (Olanzapine) Tablet
Zyprexa® Zydys® (Olanzapine) Tablet

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ONCOLOGY

Medications available for assistance

Abraxane® (Paclitaxel Protein-Bound Particles For Injectable Suspension (Albumin-Bound))
Afinitor Disperz® (Everolimus Suspension)
Afinitor® (Everolimus)
Alcensa (Alectinib)
Alimta® (Pemetrexed For Injection)
Aranesp (Darbepoetin Alfa)
Aromasin® (Exemestane) Tablets
Avastin (Bevacizumab)
Balversa (Erdafitinib) Tablets
Bendeka (Bendamustine)
BESPONSA (inotuzumab)

<u>Blenrep (Belantamab)</u>
<u>Blincyto (Blinatumomab)</u>
<u>BOSULIF (bosutinib)</u>
<u>BRAFTOVI (encoarfenib)</u>
<u>Calquence (Acalabrutinib)</u>
<u>CAMPTOSAR (irinotecan)</u>
<u>Cotellic (Cobimetinib)</u>
<u>Cyramza® (Ramucirumab) Injection</u>
<u>Darzalex (Daratumumab) Injection For Iv Infusion</u>
<u>Darzalex Faspro (Daraumumab And Hyaluronidase-Fihj) Injection For Subcutaneous Use</u>
<u>DAURISMO (glasdegib)</u>
<u>Eligard (leuprolide)</u>
<u>ELLENCE (epirubicin)</u>
<u>EMCYT (estramustine)</u>
<u>Emend® (Aprepitant) 80 Mg, 125 Mg Capsules</u>
<u>Emend® (Aprepitant) For Oral Suspension 125 Mg</u>
<u>Emend® (Fosaprepitant Dimeglumine) For Injection 150 Mg</u>
<u>Empliciti® (Elotuzumab)</u>
<u>Epogen (Epoetin Alfa)</u>
<u>Erbix® (Cetuximab) Injection</u>
<u>Erivedge (Vismodegib)</u>
<u>Erleada (Apalutamide) Tablets</u>
<u>Falsodex (Fulvestrant)</u>
<u>Fulphila (Pegfilgastrim-Jmdb)</u>
<u>Fulvestrant Injection, For Intramuscular Use</u>
<u>FYARRO (sirolimus albumin-bound) for injection</u>
<u>Gavreto (Pralsetinib)</u>
<u>Gazyva (Obinutuzumab)</u>
<u>Giltorif (Afatinib)</u>
<u>Granix (Tbo-Filgrastim) Injection</u>
<u>Herceptin (Trastuzumab)</u>
<u>Herceptin Hylecta (Trastuzumab And Hyaluronidase-Oysk)</u>
<u>Herzuma (Trastuzumab-Pkrb) Injection</u>
<u>Hycamtin® (Topotecan Hydrochloride) For Injection</u>
<u>Hycamtin® (Topotecan) Capsules</u>
<u>IBRANCE (Palbociclib)</u>
<u>IDAMYCIN (idarubicin)</u>

<u>IDHIFA® (Enasidenib)</u>
<u>Imbruvica (Ibrutinib) Capsules/Tablets</u>
<u>Imbruvica (Ibrutinib)</u>
<u>Imfinzi (Durvalumab)</u>
<u>Imlygic (Talimogene)</u>
<u>INLYTA (axitinib)</u>
<u>Inrebic® (Fedratinib)</u>
<u>Istodax® (Romidepsin)</u>
<u>Jemperli (Dostarlimab)</u>
<u>Kadcyla (Ado-Trastuzumab Emtansine)</u>
<u>Kanjinti (Trastuzumab-Anns)</u>
<u>Kesimpta® (Ofatumumab)</u>
<u>Keytruda® (Pembrolizumab) Injection [Liquid Formulation] 100 Mg</u>
<u>Kisqali® Femara® Co-Pack (Ribociclib And Letrozole) Tablets</u>
<u>Kisqali® (Ribociclib)</u>
<u>Koselugo (Selumetinib)</u>
<u>Kyprolis (Carilzomib)</u>
<u>Levoleucovorin Injection</u>
<u>LORBRENA (lorlatinib)</u>
<u>Lucentis (Ranibizumab Injection)</u>
<u>Lumakras (Sotorasib)</u>
<u>Lumoxiti (Moxetumomab Pasudotox-Tdffb)</u>
<u>Lupron Depot (Leuprolide Acetate For Depot Suspension)</u>
<u>Lupron Depot-Ped (Leuprolide Acetate For Depot Suspension)</u>
<u>Lutathera® (Lutetium Lu 177 Dotatate)</u>
<u>Lynparza (Olaparib)</u>
<u>Mekinist® (Trametinib)</u>
<u>MEKTOVI (bibimetinib)</u>
<u>Mvasi (Bevacizumab-Awwb)</u>
<u>MYLOTARG (gemtuzumab)</u>
<u>Neulasta (Pegfilgrastim)</u>
<u>Neupogen (Filgrastim)</u>
<u>NIVESTYM (filgrastim-aafi)</u>
<u>NYVEPRIA (pegfilgrastim-apgf)</u>
<u>Ogivri* (Trastuzumab-Dkst)</u>
<u>Onureg® (Azactidine Tablets)</u>
<u>Opdivo® (Nivolumab)</u>

<u>Opdualag™ (Nivolumab And Relatlimab – Rmbw)</u>
<u>Perjeta (Pertuzumab)</u>
<u>Phesgo (Pertuzumab, Trastuzumab, And Hyaluronidase-Zzxf)</u>
<u>Piqray® (Alpelisib)</u>
<u>Pluvicto® (177Lu-Psma-617)</u>
<u>Polivy (Polatuzumab Vedotin-Piiq)</u>
<u>Pomalyst® (Pomalidomide)</u>
<u>Portrazza® (Necitumumab) Injection</u>
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<u>RETACRIT (epoetin alfa-epbx)</u>
<u>Retevmo™ (Selpercatinib) Capsules</u>
<u>Revlimid® (Lenalidomide)</u>
<u>Riabni (Rituximab-Arrx)</u>
<u>Rituxan (Rituximab) For Granulomatosis With Polyangiitis (Gpa), Microscopic Polyangiitis (Mpa) Or Pemphigus Vulgaris (Pv)</u>
<u>Rituxan (Rituximab) For Oncology</u>
<u>Rituxan Hycela (Rituximab/Hyaluronidase Human)</u>
<u>Rozlytrek (Entrectinib)</u>
<u>RUXIENCE (rituximab-pvvr)</u>
<u>Rybrevant (Amivantamab-Vmjw)</u>
<u>Rydapt® (Midostaurin)</u>
<u>Scemblix® (Asciminib) Tablets</u>
<u>Sprycel® (Dasatinib)</u>
<u>SUTENT (sunitinib)</u>
<u>Synribo (Omacetaxine) For Injection</u>
<u>Tabrecta™ (Capmatinib)</u>
<u>Tafinlar® (Dabrafenib)</u>
<u>Tagrisso (Osimertinib)</u>
<u>TALZENNA (talazoparib)</u>
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<u>Tecentriq (Atezolizumab)</u>
<u>Thalomid® (Thalidomide)</u>
<u>TORISEL (temsirolimus)</u>
<u>TRAZIMERA (trastuzumab-qyyp)</u>
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<u>Trisenox (Arsenice Trioxide) Injection</u>
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<u>Venclexta (Venetoclax) Tablets</u>
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Produced by:

Kyle Ames, PharmD, BCPS

Transitions of care pharmacist liaison

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