



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

PATIENT ASSISTANCE PROGRAMS BY MANUFACTURER

PROGRAMS & MEDICATIONS BY DISEASE STATE/CONDITION

ANTI-MIGRAINE

BLOOD THINNERS

AUTO-IMMUNE

CARDIOVASCULAR

DIABETES&INSULIN

INFECTIOUS DISEASE
(ACUTE&HIV)

INHALERS (RESPIRATORY)

NEUROLOGY&PSYCHIATRY

ONCOLOGY

RE-ENROLLMENT PROCESS PER PATIENT ASSISTANCE PROGRAM

REFILL REQUEST PROCESS

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How to use MAGIC (document is interactive, clickable)

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

ALPHABETICAL LIST OF ALL MEDICATIONS

A-E

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

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

[ACANYA® \(clindamycin phosphate and benzoyl peroxide\) Gel, 1.2% or 2.5%, for Topical](#)

[Actemra \(Tocilizumab\)](#)

[Activase \(Alteplase\)](#)

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

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

[Adakveo® \(Crizanlizumab-Tmca\)](#)

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

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

[AeroChamber Plus Flow-Vu](#)

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

[Afinitor® \(Everolimus\)](#)

[Aimovig \(Erenumab\)](#)

[Alcensa \(Alectinib\)](#)

[ALDARA Cream 5%](#)

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

[Alloderm](#)

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

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

[Amitiza \(lubiprostone\)](#)

[ANCOBON \(flucytosine\) capsules](#)

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

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

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

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

[Aptivus \(Tipranavir\)](#)

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| <u>Aranesp (Darbepoetin Alfa)</u> |
| <u>ARAZLO (tazarotene) Lotion, 0.045%</u> |
| <u>Arixtra (Fondaparinux)</u> |
| <u>Armour Thyroid (Thyroid Tablets, USP) Tablets</u> |
| <u>Arnuity Ellipta (Fluticasone)</u> |
| <u>Aromasin® (Exemestane) Tablets</u> |
| <u>Arthrotec® (Diclofenac Sodium/Misoprostol) Tablets</u> |
| <u>ATOPICLAIR Nonsteroidal Cream 100 g Tube</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>BENZAMYCIN GEL</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>BIAFINE</u> |
| <u>Blenrep (Belantamab)</u> |
| <u>Blinicyto (Blinatumomab)</u> |
| <u>Boostrix (Tdap Vaccine)</u> |
| <u>BOSULIF (bosutinib)</u> |
| <u>Botox (Onabotulinumtoxina)</u> |
| <u>BRAFTOVI (encoarfenib)</u> |
| <u>Breo Ellipta (Fluticasone/Vilanterol)</u> |
| <u>Breztri Aerosphere (Budesonide/Glycopyrrolate/Formoterol)</u> |
| <u>Brilinta (Ticagrelor)</u> |
| <u>BRYHALI (halobetasol propionate) Lotion</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> |

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| CAMPTOSAR (irinotecan) |
| CAMZYOS (mavacamten) |
| Canasa (Mesalamine) Suppository |
| Candidas® (Caspofungin Acetate) For Injection |
| CARAC (fluorouracil cream) |
| Carafate (Sucralfate) Oral SUSPension |
| Carbatrol (carbamazepine extended-release) capsules |
| Cathflo Activase (Alteplase) |
| Caverject® (Alprostadil) Injection |
| Caverject® Impulse® (Alprostadil) Injection |
| Celebrex® (Celecoxib) Capsules |
| Celontin® (Methsuximide) Capsules, USP |
| Chantix® (Varenicline) Tablets |
| Cialis® (Tadalafil) Tablets |
| Cibinqo™ (Abrocitinib) Tablets |
| Cimduo (Lamivudine/Tenofovir Disoproxil Fumarate) Tablet |
| CLINDAGEL (clindamycin phosphate gel) |
| Clozapine |
| Clozapine |
| Coartem® (Artemether And Lumefantrine) |
| Colcrys (colchicine) tablets |
| Combigan (Brimonidine Tartrate/Timolol Maleate) Ophthalmic Solution |
| Combivent Respimat (Ipratropium/Albuterol) |
| Corlanor (Ivabradine) |
| Cortifoam (Hydrocortisone 10%) Rectal Foam |
| Cosentyx® (Secukinumab) |
| Cotellic (Cobimetinib) |
| CREON (Pancrelipase) Delayed-Release Capsules |
| Crinone (Progesterone) Gel |
| CUPRIMINE (penicillamine) Capsules |
| CYCLOSET (bromocriptine mesylate tablets) |
| Cyclosporine Capsules Modified |
| Cyclosporine Oral Solution Modified |
| Cymbalta® (Duloxetine Delayed-Release Capsules) |
| Cyramza® (Ramucirumab) Injection |
| Cystagon (Cysteamine) Capsules |
| Daliresp (Roflumilast) |
| Dalvance (Dalbavancin) Lyophilizate |
| Darzalex (Daratumumab) Injection For Iv Infusion |
| Darzalex Faspro (Daraumumab And Hyaluronidase-Fihj) Injection For Subcutaneous Use |
| DAURISMO (glasdegib) |
| Delstrigo™ (Doravirine, Lamivudine, And Tenofovir Disoproxil Fumarate) Tablets, For Oral Use |

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| <u>Delzicol (Mesalamine Dr) Capsules</u> |
| <u>DEMSEr (metyrosine) Capsules</u> |
| <u>Denavir (Penciclovir) Cream 1%</u> |
| <u>Depakote (Divalproex Sodium)</u> |
| <u>Depen (Penicillamine) Tablets</u> |
| <u>Depo®-Estradiol (Estradiol Cypionate) Injection, USP</u> |
| <u>Depo-Provera® (Medroxyprogesterone Acetate Injectable SUSPension)</u> |
| <u>Detrol La (Tolterodine)</u> |
| <u>Detrol® (Tolterodine Tartrate) Tablets</u> |
| <u>Detrol® La (Tolterodine Tartrate) Extended-Release Capsules</u> |
| <u>Dexilant (dexlansoprazole) DR capsules</u> |
| <u>Difacid® (Fidaxomicin) For Oral SUSPension 40 Mg/mL</u> |
| <u>Difacid® (Fidaxomicin) Tablets</u> |
| <u>Dilantin® (Extended Phenytoin Sodium) Capsules</u> |
| <u>Dipentum (Olsalazine) Capsule</u> |
| <u>DROXIA (hydroxyurea)</u> |
| <u>Duavee™ (Conjugated Estrogens/Bazedoxifene) Tablets</u> |
| <u>DUOBRII (halobetasol propionate and tazarotene 0.01%/0.45%)</u> |
| <u>Duopa (Carbidopa/Levodopa) Enteral SUSPension</u> |
| <u>Durysta (Bimatoprost) Ocular Implant</u> |
| <u>Dymista (Azelastine/Fluticasone) Nasal Spray</u> |
| <u>Edurant (Rilpivirine) Tablets</u> |
| <u>EFUDEX (fluorouracil) Topical Cream</u> |
| <u>Elestrin (Estradiol Gel) 0.06%</u> |
| <u>ELIDEL (pimecrolimus) Cream, 1% for Topical Use</u> |
| <u>Eligard (leuprolide)</u> |
| <u>Eliquis® (Apixaban)</u> |
| <u>ELLENCe (epirubicin)</u> |
| <u>Elmiron (Pentosan Polysulfate Sodium) Capsules</u> |
| <u>EMCYT (estramustine)</u> |
| <u>Emend® (Aprepitant) 80 Mg, 125 Mg Capsules</u> |
| <u>Emend® (Aprepitant) For Oral SUSPension 125 Mg</u> |
| <u>Emend® (Fosaprepitant Dimeglumine) For Injection 150 Mg</u> |
| <u>Emgality® (Galcanezumab-Gnlm) Injection</u> |
| <u>Empliciti® (Elotuzumab)</u> |
| <u>Emsam Transdermal System</u> |
| <u>Enbrel (Etanercept)</u> |
| <u>Engerix-B (Hepatitis B Vaccine)</u> |
| <u>Enspryng (Satralizumab-Mwge)</u> |
| <u>Entresto™ (Sacubitril/Valsartan)</u> |
| <u>Epipen & Epipen Jr (Epinephrine) Injection</u> |
| <u>Epivir-Hbv (Lamivudine Solution Or Tablets)</u> |

[Epogen \(Epoetin Alfa\)](#)[Erbitux® \(Cetuximab\) Injection](#)[Erivedge \(Vismodegib\)](#)[Erleada \(Apalutamide\) Tablets](#)[Erygel \(Erythromycin\) Topical Gel 2%](#)[Esbriet \(Pirfenidone\)](#)[Estrace \(Estradiol\) Cream](#)[Estring® \(Estradiol Vaginal Ring\)](#)[Evenity \(Romosozumab-Aqqg\)](#)[Evista® \(Raloxifene Hydrochloride\) Tablet](#)[Evoclin \(Clindamycin\) Foam 1%](#)[Evrysdi \(Risdiplam\)](#)[Extavia® \(Interferon Beta-1B\)](#)

F-J

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

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| 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) |
| Humulin® R (Insulin Human Injection) |
| Humulin® R U-500 (Insulin Human Injection) |
| Hycamtin® (Topotecan Hydrochloride) For Injection |
| Hycamtin® (Topotecan) Capsules |
| IBRANCE (Palbociclib) |
| IDAMYCIN (idarubicin) |
| IDHIFA® (Enasidenib) |
| ILARIS® (Canakinumab) |
| ILEVRO® (Nepafenac SUSPension) |
| Imbruvica (Ibrutinib) Capsules/Tablets |
| Imbruvica (Ibrutinib) |
| Imfinzi (Durvalumab) |
| Imitrex (Sumatriptan Nasal Spray) |
| Imlygic (Talimogene) |
| Imogam® Rabies-Ht Immune Globulin, [Human] USP, Heat Treated |
| Imovax® Rabies Vaccine [Human Diploid Cell] |
| Impeklo (Clobetasol) Lotion |
| Incruse Ellipta (Umeclidinium) |
| Infed (Iron Dextran) Injection |
| Inflectra® (Infliximab-Dyyb) For Injection |
| INLYTA (axitinib) |
| Inrebic® (Fedratinib) |
| Inspra (Eplerenone) |

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| 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) |
| JUBLIA® (efinaconazole) Topical Solution |
| Jynarque (Tolvaptan) Tablets |

K-O

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| 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) |
| 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 |

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| <u>Levoxyl® (Levothyroxine Sodium) Tablets</u> |
| <u>Lexapro (Escitalopram)</u> |
| <u>Lialda (mesalamine) DR tablets</u> |
| <u>Liletta (Levonorgestrel) Intrauterine Contraceptive</u> |
| <u>Lincocin® (Lincomycin) Injection, USP</u> |
| <u>Linzess (Linaclotide) Capsules</u> |
| <u>LOCOID LIPOCREAM</u> |
| <u>LOCOID (hydrocortisone butyrate) Lotion</u> |
| <u>Lo Lestrin Fe</u> |
| <u>Lokelma (Sodium Zirconium Cyclosilicate)</u> |
| <u>LORBRENA (lorlatinib)</u> |
| <u>Lovenox® (Enoxaparin Sodium Injection)</u> |
| <u>Lucentis (Ranibizumab Injection)</u> |
| <u>Lumakras (Sotorasib)</u> |
| <u>Lumigan (Bimatoprost 0.01%) Ophthalmic Solution</u> |
| <u>Lumoxiti (Moxetumomab Pasudotox-Tdffb)</u> |
| <u>Lupron Depot (Leuprolide Acetate For Depot SUSPension)</u> |
| <u>Lupron Depot-Ped (Leuprolide Acetate For Depot SUSPension)</u> |
| <u>Lutathera® (Lutetium Lu 177 Dotatate)</u> |
| <u>Luxiq (Betamethasonevalerate) Foam</u> |
| <u>LUZU (Iuliconazole) Cream, 1% for Topical Use</u> |
| <u>Lynparza (Olaparib)</u> |
| <u>Lyumjev™ (Insulin Lispro-Aabc) Injection</u> |
| <u>Malarone (Atovaquone And Proguanil)</u> |
| <u>Mavyret (Glecaprevir/Pibrentasvir)</u> |
| <u>Maxidex® (Dexamethasone SUSPension)</u> |
| <u>Mayzent® (Siponimod)</u> |
| <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>MEPHYTON (phytonadione) Vitamin K1 Tablets</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>MOVIPREP (polyethylene glycol 3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate, and ascorbic acid for oral solution)</u> |
| <u>Mozobil® (Plerixafor Injection)</u> |
| <u>Multaq® (Dronedarone) Tablets</u> |

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| 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) |
| Natrelle |
| Nesina (alogliptin) tablets |
| Neulasta (Pegfilgrastim) |
| Neupogen (Filgrastim) |
| Nevanac® (Nepafenac SUSPension) |
| 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) |
| 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® \(Pomalidomide\)](#)

[Ponvory \(Ponesimod\)](#)

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

[Pradaxa \(Dabigatran\)](#)

[Praluent \(alirocumab\)](#)

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

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

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

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

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

[Pretomanid Tablet](#)

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

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

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

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

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| Prezista (Darunavir) |
| Priftin® (Rifapentine) Tablets |
| Pristiq® (Desvenlafaxine) Extended-Release Tablets |
| Proair HFA (Albuterol Sulfate) Inhalation Aerosol |
| Proair Respiclick (Albuterol Sulfate) Inhalation Aerosol |
| Procrit (Epoetin Alfa) |
| Proctofoam Hc (Hydrocortisone Acetate 1% & Pramoxine 1%) |
| Proglycem (Diazoxide) Oral SUSPension |
| Prolia (Denosumab) |
| Promacta® (Eltrombopag) |
| Prozac® (Fluoxetine Capsules) |
| Pulmicort Flexhaler (Budesonide) |
| Pulmozyme (Dornase Alfa) Inhalation Solution |
| Pylera (Bismuth Subcitrate Potassium, Metronidazole, And Tetracycline) Capsules |
| QNASL (Beclomethasone) Nasal Aerosol |
| QTERN (Dapagliflozin/Saxagliptin) |
| QULIPTA (Atogepant) Tablets |
| QVAR Redihaler (Beclomethasone Dipropionate HFA) Inhalation Aerosol |
| Rapaflo (Silodosin) Capsules |
| Rapamune® (Sirolimus) |
| Reblozyl® (LUSPatercept-Aamt) |
| Recarbrio™ (Imipenem, Cilastatin, And Relebactam) For Injection, For Intravenous Use |
| Recombivax Hb® [Hepatitis B Vaccine (Recombinant)] |
| Rectiv (Nitroglycerin) Ointment |
| Relenza (Zanamivir Inhalation Powder) |
| RELISTOR (methylnaltrexone bromide) |
| Relpax (Eletriptan) |
| Relpax® (Eletriptan Hydrobromide) Tablets |
| Remicade (Infliximab) Iv Infusion |
| RENOVA (tretinoin cream) 0.02% for Topical Use, Pump |
| Repatha (Evolocumab) |
| Restasis (Cyclosporine) Ophthalmic Emulsion |
| RETACRIT (epoetin alfa-epbx) |
| Retevmo™ (Selpercatinib) Capsules |
| RETIN-A CREAM 45 gm 0.025% or 0.05% or 0.1% |
| RETIN-A GEL 45 gm 0.01% or 0.025% |
| RETIN-A MICRO (tretinoin) Gel Microsphere for Topical Use 0.06% or 0.08% |
| Revatio (Sildenafil) |
| Revlimid® (Lenalidomide) |
| Rexulti (Brexpiprazole) Tablets |
| Reyvow® (Lasmiditan) Tablets C-V |
| Riabni (Rituximab-Arrx) |

| |
|---|
| Rinvoq (Upadacitinib) |
| Risperdal Consta (Risperidone) Long-Acting Injection |
| Rituxan (Rituximab) For Granulomatosis With Polyangiitis (Gpa), Microscopic Polyangiitis (Mpa) Or Pemphigus Vulgaris (Pv) |
| Rituxan (Rituximab) For Oncology |
| Rituxan (Rituximab) For Rheumatoid Arthritis |
| Rituxan Hycela (Rituximab/Hyaluronidase Human) |
| Rowasa (Mesalamine) Rectal SUSPension |
| Rozerem (ramelteon) tablets |
| Rozlytrek (Entrectinib) |
| RUXIENCE (rituximab-pvvr) |
| Rybelsus (Semaglutide) Tablets |
| Rybrevant (Amivantamab-Vmjw) |
| Rydapt® (Midostaurin) |
| Samsca (Tolvaptan) |
| Sandostatin Lar® Depot (Octreotide Acetate) |
| Saphnelo (Anifrolumab-Fnia) |
| Saphris (Asenapine Maleate) Sublingual Tablet |
| Savella (Milnacipran) Tablets |
| Scemblix® (Asciminib) Tablets |
| Semglee (Insulin Glargine) |
| Sensipar (Cinacalcet) |
| Serevent (Diskus) (Salmeterol) |
| Sf Rowasa (Mesalamine) Rectal SUSPension |
| Shingrix (Zoster Vaccine) |
| SILIQ (brodalumab) injection, for subcutaneous use, 210 mg/1.5 mL solution |
| Simponi (Golimumab) Injection |
| Sirturo (Bedaquiline) Tablets |
| Skelaxin® (Metaxalone) Tablets |
| Skyrizi (Risankizumab-Rzaa) |
| Soliqua® 100/33 (Insulin Glargine & Lixisenatide) Injection 100 Units/ML And 33 Mcg/mL |
| SOLODYN (minocycline HCl) Extended Release Tablets for Oral Use 55 mg or 80 mg or 105 mg |
| Somavert® (Pegvisomant) For Injection |
| SOTYKTU (deucravacitinib) |
| Spiriva Handihaler Or Respimat (Tiotropium) |
| Sporanox (Itraconazole) Capsules And Oral Solution |
| Spravato (Esketamine) Nasal Spray [CIII] |
| Sprycel® (Dasatinib) |
| Stelara (Ustekinumab) For Subcutaneous Or Iv Use |
| Stiolto Respimat (Tiotropium/Olodaterol) |
| Strattera® (Atomoxetine) Capsules |
| Strattice (Reconstructive Tissue Matrix) |

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|---|
| Striverdi Respimat (Olodaterol) |
| Stromectol® (Ivermectin) Tablets |
| Susvimo (Ranibizumab) |
| SUTENT (sunitinib) |
| Symbicort (Budesonide/Formoterol) |
| Symbyax® (Olanzapine And Fluoxetine) Capsules |
| Symlin (Pramlintide) |
| Symtuza (Darunavir, Cobicistat, Emtricitabine, Tenofovir Alafenamide) Tablets |
| Synarel® (Nafarelin Acetate) Nasal Solution |
| Synjardy & Synjardy Xr (Empagliflozin/Metformin) |
| Synribo (Omacetaxine) For Injection |
| Synthroid (Levothyroxine Sodium) Tablets |
| SYPRINE (trientine hydrochloride) Capsules |
| Tabrecta™ (Capmatinib) |
| Tafinlar® (Dabrafenib) |
| Tagrisso (Osimertinib) |
| Taltz® (Ixekizumab) Injection |
| TALZENNA (talazoparib) |
| TARGRETIN (bexarotene) |
| Tasigna® (Nilotinib) |
| TASMAR (tolcapone) Tablets |
| Tecentriq (Atezolizumab) |
| Teflaro (Ceftaroline Fosamil) Powder For Injection |
| Tenivac® (Tetanus And Diphtheria Toxoids Adsorbed) |
| TETRIX CREAM |
| Thalomid® (Thalidomide) |
| Thymoglobulin® [Anti-Thymocyte Globulin (Rabbit)] |
| Tikosyn® (Dofetilide) Capsules |
| TNKase (Tenecteplase) |
| Tobi (Tobramycin) Ampules Or Podhalers |
| Tobradex® (Ophthalmic Ointment) |
| 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

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|---|
| Ubrelvy (Ubrogepant) Tablets |
| UCERIS (budesonide) Rectal Foam |
| Uptravi (Selexipag) |
| Vabysmo (Faricimab-Svoa) |
| Vaqta® (Hepatitis A Vaccine, Inactivated) |
| Varivax® (Varicella Virus Vaccine Live) |
| Vaxneuvance™ (Pneumococcal 15-Valent Conjugate Vaccine) |
| Vectibix (Panitumumab) |
| Veletri (Epoprostenol) |
| Venclexta (Venetoclax Tablets) |
| Venclexta (Venetoclax) Tablets |
| Ventavis (Iloprostol) |
| Verquvo™ (Vericiguat) 2.5 Mg, 5 Mg, 10 Mg Tablets |
| Verzenio® (Abemaciclib) Tablets |
| Veltassa (patiromer) |
| 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 |
| Vyndaqel® (Tafamidis Meglumine) Capsules |
| Vyvanse (lisdexamfetamine) capsules and tablets |

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| <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>XIFAXAN (rifaximin) Tablets, for Oral Use, 550 mg</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>ZELAPAR (selegiline hydrochloride) Orally Disintegrating Tablets</u> |
| <u>Zelboraf (Vemurafenib)</u> |
| <u>Zenpep (Pancrelipase) Delayed Release Capsule</u> |
| <u>Zepatier® (Elbasvir And Grazoprevir)</u> |
| <u>Zeposia® (Ozanimod)</u> |
| <u>Zerbaxa™ (Ceftolozane And Tazobactam) For Injection For Intravenous Use</u> |
| <u>ZIANA (clindamycin phosphate 1.2% and tretinoin 0.025%) Gel 60 g tube</u> |
| <u>Ziextenzo® (Pegfilgrastim-Bmez)</u> |
| <u>Zinplava™ (Bezlotoxumab) Injection 25 Mg/mL</u> |
| <u>ZIRABEV (bevacizumab-bvzr)</u> |
| <u>Zolinza® (Vorinostat) 100 Mg Capsules</u> |
| <u>ZYCLARA (imiquimod) cream 3.75%, for Topical Use 7.5 g Pump Box of 28 Packets</u> |
| <u>Zykadia® (Ceritinib)</u> |
| <u>Zynlonta (loncastuximab tesirine)</u> |
| <u>Zyprexa® (Olanzapine) Tablet</u> |
| <u>Zyprexa® Zydis® (Olanzapine) Tablet</u> |
| <u>Zytiga (Abiraterone) Tablets</u> |
| <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 | |
| Bausch Health | No | Home or office | 300 | 400 | 500 |
| Boehringer Ingelheim | No | Home | 250 | | |
| Bristol Myers Squibb | No-but encouraged | Home | 300 | | |
| GlaxoSmithKline (GSK) | No | Home | 250 | | |
| Johnson & Johnson | No | Home | 300 | 400 | 600 |
| Lilly | No | Home | 300 | 400 | 500 |
| Merck | No | Home | 400 | | |
| MyPraluent | No-but encouraged | Home | 300 | | |
| Mylan (Viatris) | Yes | Home | 400 | 500 | |
| Nestle Health | Yes | Office | 400 | | |
| Novartis | No | Home | \$70,000 | | |
| Novo Nordisk | No | Office | 400 | | |
| Otsuka | Yes | Home | 300 | 700 | |
| Pfizer | Yes | Office | \$49,960 | 400 | |
| Pfizer Oncology | No | Home | 500 | | |
| Radius | No-SSN acceptable | Home | 300 | | |
| Roche (Genentech) | No | Home | \$75,000 | | |
| Sanofi | No | Office | 400 | | |
| Sunovion | Yes | Home | 300 | | |
| TAKEDA | Yes | Home | 500 | | |
| TEVA | No | Home | 300 | 500 | |
| Tolmar | Yes | Home | 500 | | |
| Veltassa | Yes | Home | 500 | | |
| FPL=federal poverty limit SSN=social security number | | | | | |

Programs that do NOT provide automatic refills: AbbVie, 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

| Income thresholds based on federal poverty limit (FPL)^ 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[&]

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⁺

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| |
|--|
| 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)⁺

Viiibryd (vilazodone)**

Vraylar (cariprazine) capsules**

Xen (gel stent)&

**Use the “AbbVie Assist General Medication Application”

+Use the “AbbVie Assist GI medication application”

\$ Has individual application

^Use the “AbbVie Assist Women’s health application”

&Use the “AbbVie Eye Care application”

% Use the “AbbVie Assist ALLERGAN AESTHETICS medication application”

Use the “AbbVie Assist ANTIBIOTIC medication application”

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

Acadia Connect

| Eligibility | | |
|-------------|------------|-----------|
| US resident | Any income | Uninsured |

| Medications eligible for assistance |
|-------------------------------------|
| NUPLAZID (pimavanserin) |

ADC Patient Support

| Eligibility | | |
|-------------|-----------|---------------------------|
| US resident | ≤550% FPL | Uninsured or underinsured |

| Medications eligible for assistance |
|-------------------------------------|
| Zynlonta (loncastuximab tesirine) |

AMGEN safety net program

Eligibility

US resident > 6 months

≤500% FPL

Uninsured or plan excludes AMGEN product

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

Medications eligible for assistance

Aimovig (erenumab)

ARANESP (darbepoetin alfa)

AVSOLA (infliximab-axxq)

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)

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| |
|--------------------------|
| 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

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) |

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| | |
|---|--|
| 1 | BRILINTA (ticagrelor) |
| 1 | BYDUREON (exenatide extended release) |
| 1 | BYETTA (exenatide) |
| 2 | CALQUENCE (acalabrutinib) |
| 1 | DALIRESP (roflumilast) |
| 1 | FARXIGA (dapagliflozin) |
| 2 | FASENRA (benralizumab) |
| 2 | FASENRA pen (benralizumab) |
| 2 | FASLODEX (fulvestrant) |
| 2 | 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 |

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| 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 | Click here for family's > 5 persons | | |

| Medications eligible for assistance | |
|-------------------------------------|---|
| Insurance group | Medication name |
| 1 | ACANYA® (clindamycin phosphate and benzoyl peroxide) Gel, 1.2% or 2.5%, for Topical |
| 1 | ALDARA Cream 5% |
| 1 | ANCOBON (flucytosine) capsules |
| 1 | APLENZIN (bupropion hydrobromide) Extended-Release Tablets |
| 1 | ARAZLO (tazarotene) Lotion, 0.045% |
| 1 | ATOPICLAIR Nonsteroidal Cream 100 g Tube |
| 1 | BENZAMYCIN GEL |
| 1 | BIAFINE |
| 1 | BRYHALI (halobetasol propionate) Lotion |
| 1 | CARAC (fluorouracil cream) |
| 1 | CLINDAGEL (clindamycin phosphate gel) |
| 3 | CUPRIMINE (penicillamine) Capsules |
| 1 | CYCLOSET (bromocriptine mesylate tablets) |
| 3 | DEMSEER (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 |

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| | |
|---|---|
| 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

Boehringer Ingelheim (BI Cares Program)

Eligibility

US resident

≤250% FPL

Uninsured or
Medicare

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

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

Medications eligible for assistance

Aptivus (tipranavir)

Atrovent HFA (ipratropium)

COMBIVENT Respimat (ipratropium/albuterol)

GILTORIF (afatinib)[§]

Glyxambi (empagliflozin/metformin)

Jardiance (empagliflozin)

Jentadueto & Jentadueto XR (linagliptin/metformin)

OFEV (nintedanib)[§]

Pradaxa (dabigatran)

Spiriva Handihaler or Respimat (tiotropium)

Stiolto Respimat (tiotropium/olodaterol)

Striverdi Respimat (olodaterol)

Synjardy & Synjardy XR (empagliflozin/metformin)

Tradjenta (linagliptin)

Trijardy XR (empagliflozin/linagliptin/metformin)

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Viramune XR (nevirapine)

\$ Has individual application

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

Bristol Myers Squibb

Eligibility

US resident

<300% FPL for
Eliquis and Orenzia

Uninsured
or Medicare

| Household size | Annual household income (\$) threshold (<u><300%</u> 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)

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SPRYCEL® ([dasatinib](#))

THALOMID® ([thalidomide](#))

VIDAZA® ([azacitidine for injection](#))

YERVOY® ([Ipilimumab](#))

ZEPOSIA® ([ozanimod](#))

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

GlaxoSmithKline – GSK for You

Eligibility

US resident

≤250% FPL

Uninsured or
Medicare

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

Medications eligible for assistance

ADVAIR (diskus or HFA) (Fluticasone/salmeterol)

ANORO ELLIPTA (Umeclidinium/vilanterol)

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)

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| |
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| 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

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

| 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 (apalutamide) tablets |

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| | |
|---|---|
| 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

Lilly Cares Program

Eligibility

Legal US
resident

≤300-500% FPL

Uninsured or
Medicare

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

Medications available for assistance

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

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| | | |
|---|--|---|
| 1 | Forteo® (teriparatide injection) | Medication Guide |
| 2 | Glucagon™ (glucagon for injection) | Patient Information |
| 2 | Humalog® U-100 (insulin lispro injection) | Patient Information |
| 2 | Humalog® U-200 (insulin lispro injection) | Patient Information |
| 2 | Humalog® Mix50/50™ (insulin lispro protamine and insulin lispro injectable sUSPension) | Patient Information |
| 2 | Humalog® Mix75/25™ (insulin lispro protamine and insulin lispro injectable sUSPension) | Patient Information |
| 3 | Humatrope® (somatropin) for injection | Patient Information: Cartridge Patient Information: Vial |
| 2 | Humulin® 70/30 (human insulin isophane sUSPension and human insulin injection) | Patient Information |
| 2 | Humulin® N (isophane insulin human sUSPension) | Patient Information |
| 2 | Humulin® R (insulin human injection) | Patient Information |
| 2 | Humulin® R U-500 (insulin human injection) | Patient Information |
| 2 | Lyumjev™ (insulin lispro-aabc) injection | Patient Information |
| 3 | Olumiant® (baricitinib) tablets | Medication Guide |
| 3 | Portrazza® (necitumumab) injection | |
| 1 | Prozac® (fluoxetine capsules) | Medication Guide |
| 3 | Retevmo™ (selpercatinib) capsules | Patient Information |
| 2 | Reyvow® (lasmiditan) tablets C-V | Medication Guide |
| 1 | Strattera® (atomoxetine) capsules | Medication Guide |
| 1 | Symbyax® (olanzapine and fluoxetine) capsules | Medication Guide |
| 3 | Taltz® (ixekizumab) injection | Medication Guide |
| 2 | Trulicity® (dulaglutide) injection | Medication Guide |
| 3 | Verzenio® (abemaciclib) tablets | Patient Information |
| 1 | Zyprexa® (olanzapine) Tablet | Medication Guide |
| 1 | Zyprexa® Zydis® (olanzapine) Tablet | Medication Guide |

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

Merck and Co – Merck Helps: patient assistance program

Eligibility

| | | | |
|-------------|---------------------------------------|-----------|--------------------|
| US resident | >19 years old if applying for vaccine | <400% FPL | Uninsured/Medicare |
|-------------|---------------------------------------|-----------|--------------------|

| 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

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

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| 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

Program details

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

MyPraluent Patient Assistance Program

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

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

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 |

| 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 |

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| | | |
|----|--|---------|
| 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) |

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| | |
|---------------------|--|
| 1 | Rowasa (mesalamine) rectal sUSPension |
| 1 | Semglee (insulin glargine) |
| 1 | SF Rowasa (mesalamine) rectal sUSPension |
| 2 | Tobi (tobramycin) ampules or podhalers |
| 1 | Wixela (fluticasone/salmeterol) |
| 1 | Xulane (norelgestromin and ethinyl estradiol transdermal system) |
| 1 | Yupelri (revefenacin) |
| *FPL threshold 500% | |

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

Nestle Health Science Patient assistance program

Eligibility

US resident

≤ 400 FPL

Uninsured

| Household size | Annual household income (\$) threshold ($\leq 400\%$ 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

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® (lodoxamide tromethamine solution)

Beovu® (brolucizumab-dbl) 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

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| |
|---|
| 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

Novo Nordisk (up to 10 days for processing)

Eligibility

US citizen

≤400% FPL

Uninsured or
Medicare

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

Medications eligible for assistance

Fiasp Flextouch (insulin aspart)*

GlucaGen Hypokit

Levemir (insulin detemir) Flextouch*

Novolin N vial (insulin NPH)

Novolin 70/30 (insulin NPH and insulin R mix) vial

Novolin R vial (insulin regular)

Novolog (insulin aspart) FlexPen*

Novlog mix 70/30 (insulin aspart protamine and insulin aspart) FlexPen*

Ozempic (semaglutide) injection*

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| |
|---|
| Rybelsus (sema) tablets |
| Tresiba (insulin degludec) FlexTouch* |
| Victoza (liraglutide) pen* |
| Xultophy (insulin degludec & liraglutide) pen* |
| *Request Novo Nordisk disposable needles on prescription/application or they will not be sent |

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

Otsuka Patient Assistance Foundation

Eligibility

US citizen

≤ 300% -700 FPL

Uninsured

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

a.

| Medications available 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

≤ 400% FPL

Uninsured

| 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 |

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| 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 |
| 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 |
| | RELPAK® (eletriptan hydrobromide) tablets |
| | RETACRIT® (epoetin alfa-epbx) injection |
| | SKELAXIN® (metaxalone) tablets |
| | SOMAVERT® (pegvisomant) for injection |
| | SUTENT® (sunitinib malate) capsules |
| | SYNAREL® (nafarelin acetate) nasal solution |
| | TALZENNA® (talazoparib) capsules |
| | TIKOSYN® (dofetilide) capsules |
| | TORISEL® (temsirolimus) injection |
| | TOVIAZ® (fesoterodine fumarate) extended-release tablets |
| | TRECATOR® (ethionamide) tablets |
| | TRUMENBA® (Meningococcal Group B Vaccine) |
| | TYGACIL® (tigecycline) for injection |
| | VIZIMPRO® (dacomitinib) tablets |
| | VYNDAQEL® (tafamidis meglumine) capsules |
| | XALKORI® (crizotinib) capsules |
| | XANAX® CIV (alprazolam) tablets |
| | XELJANZ® (tofacitinib) tablets |
| | XELJANZ® (tofacitinib) oral solution |
| | XELJANZ® XR (tofacitinib) extended-release tablets |
| | XYNTHA® Antihemophilic Factor (Recombinant) |
| | ZARONTIN® (ethosuximide)ZYVOX® (linezolid) |
| | ZYVOX® (linezolid) |

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

Eligibility

US resident

\leq 500% FPL

Uninsured or insurance not covering medication

| 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 |

| 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

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 |

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≥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

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)¹

Activase (alteplase)

Alcensa (alectinib)

Avastin (bevacizumab)

Cathflo Activase (alteplase)

Cotellic (cobimetinib)

Enspryng (satralizumab-mwge)

Erivedge (vismodegib)

Esbriet (pirfenidone)

Evrysdi (risdiplam)

Gavreto (pralsetinib)

Gazyva (Obinutuzumab)

Hemlibra (emcizumab-kxwh)

Herceptin (trastuzumab)

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

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

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

Sanofi

Eligibility

Legal US
resident

≤ 400% FPL

Uninsured or
Medicare

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

Medications eligible for assistance

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

Admelog® (insulin lispro injection) 100 Units/mL

Apidra® (insulin glulisine injection) 100 Units/mL

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

Imovax® Rabies Vaccine [Human Diploid Cell]

Lantus® (insulin glargine injection) 100 Units/mL

Lovenox® (enoxaparin sodium injection)¹

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

Mozobil® (plerixafor injection)¹

Multaq® (dronedarone) Tablets

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

Priftin® (rifapentine) Tablets

Soliqua® 100/33 (insulin glargine & lixisenatide) injection 100 Units/mL and 33 mcg/mL

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Tenivac® (tetanus and diphtheria toxoids adsorbed)

Thymoglobulin® [Anti-Thymocyte Globulin (Rabbit)]¹

Toujeo® (insulin glargine injection) 300 Units/mL (1.5 mL or 3.0 mL pens)²

1. if applying for Drug Replacement (Lovenox®, Mozobil®, and Thymoglobulin®), a copy of the claim, denial, flow sheet(s) and drug dispensing log (with patient name, date of service, product NDC/Lot #, total dosage) must be submitted

2. Regular SoloStar® is packaged as 3 pens per pack 450 units/pen; dials up to 80 units per single injection. Max SoloStar® is packaged as 2 pens per pack 900 units/pen; dials up to 160 units per single injection; Max pen dials in 2-unit increments

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

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 |

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

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

Medications eligible for assistance

Aptiom® (eslicarbazepine acetate)

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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 | 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

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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 | 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

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| |
|---|
| 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 | Click for FPL for household larger than 5 or add 23,600 per each additional person |

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Medication eligible for assistance

Eligard (leuprolide)

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

Veltassa Konnect

Eligibility

US resident

≤500% FPL

Uninsured

| Household size | Annual household income (\$) threshold (≤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

PAPs by Disease State/Condition

ANTI-MIGRAINE

Medications available for assistance

[Aimovig \(Erenumab\)](#)

[Botox \(OnabotulinumtoxinA\)](#)

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

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

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

[Relpax \(Eletriptan\)](#)

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

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

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

Antithrombotics

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

AUTOIMMUNE DISORDERS

| Medications available for assistance | Disease state |
|---------------------------------------|----------------------|
| Actemra (Tocilizumab) | Rheumatoid arthritis |

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| | |
|--|---|
| <u>Adakveo® (Crizanlizumab-Tmca)</u> | Sickle cell |
| <u>Avsola (Infliximab-Axxq)</u> | Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis |
| <u>Benlysta (Belimumab)</u> | Lupus nephritis |
| <u>Canasa (Mesalamine) Suppository</u> | Crohn's, Ulcerative colitis |
| <u>Cibinqo™ (Abrocitinib) Tablets</u> | Atopic dermatitis |
| <u>Cosentyx® (Secukinumab)</u> | Plaque psoriasis, Psoriatic arthritis, Ankylosing spondylitis |
| <u>CREON (Pancrelipase) Delayed-Release Capsules</u> | Pancreatic insufficiency |
| <u>Cyclosporine Capsules Modified</u> | Transplant, Rheumatoid arthritis, Psoriasis |
| <u>Cyclosporine Oral Solution Modified</u> | Transplant, Rheumatoid arthritis, Psoriasis |
| <u>Cystagon (Cysteamine) Capsules</u> | Nephropathic cystinosis |
| <u>Delzicol (Mesalamine Dr) Capsules</u> | Crohn's, Ulcerative colitis |
| <u>Depen (Penicillamine) Tablets</u> | Wilson's disease, cystinuria |
| <u>Dipentum (Olsalazine) Capsule</u> | 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 |

| | |
|--|---|
| Nulojix® (Belatacept) | Kidney transplant (de novo use) |
| Ocrevus (Orelizumab) | Multiple sclerosis, relapsing or primary progressive |
| Ofev (Nintedanib) | Idiopathic pulmonary fibrosis |
| Olumiant® (Baricitinib) Tablets | Rheumatoid arthritis |
| Omnitrope® Somatropin (Rdna Origin) | Growth hormone deficiency or failure (pediatrics) |
| Orencia® (Abatacept) | Graft vs host disease, Psoriatic arthritis, Rheumatoid arthritis |
| Otezla (Apremilast) | Psoriasis, Psoriatic arthritis, Bechet disease |
| Pegasys (Peginterferon Alfa-2A) | Chronic hepatitis B |
| Pentasa (mesalamine) ER capsules | Crohn's, Ulcerative colitis |
| Ponvory (Ponesimod) | Multiple sclerosis, relapsing |
| Promacta® (Eltrombopag) | Immune thrombocytopenia |
| Rapamune® (Sirolimus) | Renal transplant, lymphangioleiomyomatosis |
| Reblozyl® (LUSPatercept-Aamt) | Anemia due to myelodysplastic syndromes |
| Remicade (Infliximab) IV Infusion | Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis |
| Rinvoq (Upadacitinib) | Psoriatic arthritis, Atopic dermatitis, Ulcerative colitis, Rheumatoid arthritis |
| Rituxan (Rituximab) For Rheumatoid Arthritis | Rheumatoid arthritis |
| Rowasa (Mesalamine) Rectal SUSPension | Crohn's, Ulcerative colitis |
| Saphnelo (Anifrolumab-Fnia) | Systemic lupus erythematosus, moderate to severe |
| Sf Rowasa (Mesalamine) Rectal SUSPension | Crohn's, Ulcerative colitis |
| Simponi (Golimumab) Injection | Psoriatic arthritis, Ankylosing spondylitis, Ulcerative colitis, Rheumatoid arthritis |
| Skyrizi (Risankizumab-Rzaa) | Plaque psoriasis, Psoriatic arthritis |
| Somavert® (Pegvisomant) For Injection | Acromegaly |
| SOTYKTU (deucravacitinib) | Plaque Psoriasis |
| Stelara (Ustekinumab) For Subcutaneous Or Iv Use | Crohn's, Plaque psoriasis, Psoriatic arthritis, Ulcerative colitis |
| Taltz® (Ixekizumab) Injection | Ankylosing spondylitis, Plaque psoriasis, Psoriatic arthritis |
| Tremfya (Guselkumab) For Subcutaneous Use | Plaque psoriasis, Psoriatic arthritis |
| Truxima (Rituximab-Abbs) Injection | Rheumatoid arthritis |
| Viokace (Pancrelipase) Tablets | Pancreatic insufficiency |
| Vyndaqel® (Tafamidis Meglumine) Capsules | Amyloid cardiomyopathy |
| Xeljanz® (Tofacitinib) Oral Solution | Ankylosing spondylitis, Plaque psoriasis, Psoriatic arthritis, Rheumatoid arthritis, Ulcerative colitis |
| Xeljanz® (Tofacitinib) Tablets | |

| | |
|--|-------------------------------|
| Xeljanz® Xr (Tofacitinib) Extended-Release Tablets | |
| Xyntha® Antihemophilic Factor (Recombinant) | Hemophilia A |
| Zenpep (Pancrelipase) Delayed Release Capsule | Pancreatic insufficiency |
| Zeposia® (Ozanimod) | Multiple sclerosis, relapsing |

CARDIOVASCULAR

Medications available for assistance

| |
|---|
| 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 |
| Norgec® (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 (patiomer) |

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 |
| Rapid acting | Insulin |
| | Admelog® (Insulin Lispro Injection) 100 Units/mL |
| | Apidra® (Insulin Glulisine Injection) 100 Units/mL |
| | Fiasp Flextouch (Insulin Aspart) |
| | Humalog® U-100 (Insulin Lispro Injection) |
| | Humalog® U-200 (Insulin Lispro Injection) |
| | Lyumjev™ (Insulin Lispro-Aabc) Injection |
| | Novolog (Insulin Aspart) Flexpen |
| Short acting | Humulin® R (Insulin Human Injection) |
| | Humulin® R U-500 (Insulin Human Injection) |
| | Novolin R Vial (Insulin Regular) |
| Intermediate acting | Humulin® N (Isophane Insulin Human SUSPension) |
| | Novolin N Vial (Insulin Nph) |
| Long acting | Basaglar® (Insulin Glargine Injection) |
| | Lantus® (Insulin Glargine Injection) 100 Units/mL |
| | Levemir (Insulin Detemir) Flextouch |
| | Semglee (Insulin Glargine) |
| | Toujeo® (insulin glargine injection) 300 Units/mL (1.5 mL or 3.0 mL pens) |
| | Tresiba (Insulin Degludec) Flextouch |
| Mixed insulin | |

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|-------------------------|--|
| Rapid/Intermediate | 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 |

INFECTIOUS DISEASE (HIV & Acute)

Medications available for assistance

ACUTE

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

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| |
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| <u>Boostrix (Tdap Vaccine)</u> |
| <u>Candidas® (Caspofungin Acetate) For Injection</u> |
| <u>Coartem® (Artemether And Lumefantrine)</u> |
| <u>Dalvance (Dalbavancin) Lyophilizate</u> |
| <u>Dificid® (Fidaxomicin) For Oral SUSPension 40 Mg/mL</u> |
| <u>Dificid® (Fidaxomicin) Tablets</u> |
| <u>Engerix-B (Hepatitis B Vaccine)</u> |
| <u>Extavia® (Interferon Beta-1B)</u> |
| <u>Gardasil®9 (Human Papillomavirus 9-Valent Vaccine, Recombinant)</u> |
| <u>Imogam® Rabies-Ht Immune Globulin, [Human] USP, Heat Treated</u> |
| <u>Imovax® Rabies Vaccine [Human Diploid Cell]</u> |
| <u>Lincocin® (Lincomycin) Injection, USP</u> |
| <u>Malarone (Atovaquone And Proguanil)</u> |
| <u>Mavyret (Glecaprevir/Pibrentasvir)</u> |
| <u>Menquadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)</u> |
| <u>Mepron (Atovaquone SUSPension)</u> |
| <u>M-M-R® li (Measles, Mumps, And Rubella Virus Vaccine Live)</u> |
| <u>Monurol (Fosfomycin Tromethamine) Oral Granules</u> |
| <u>Mycobutin® (Rifabutin) Capsules, USP</u> |
| <u>Noxafil® (Posaconazole) Delayed-Release Tablets 100 Mg</u> |
| <u>Noxafil® (Posaconazole) Oral SUSPension, 40 Mg/ML</u> |
| <u>Pegasys (Peginterferon Alfa-2A)</u> |
| <u>Pentacel® Diptheria 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> |

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

Inhalers

| Medication class | Medication name |
|------------------|---|
| ICS+ | Arnuity Ellipta (Fluticasone) |
| | Flovent (Diskus Or Hfa) (Fluticasone) |
| | Pulmicort Flexhaler (Budesonide) |
| | Qvar Redihaler (Beclomethasone Dipropionate Hfa) Inhalation Aerosol |

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|--|---|
| 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) |
| + 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

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|--|
| Abraxane® (Paclitaxel Protein-Bound Particles For Injectable SUSPension (Albumin-Bound)) |
| Afinitor Disperz® (Everolimus SUSPension) |
| Afinitor® (Everolimus) |
| Alecensa (Alectinib) |
| Alimta® (Pemetrexed For Injection) |
| Aranesp (Darbepoetin Alfa) |
| Aromasin® (Exemestane) Tablets |
| Avastin (Bevacizumab) |
| Balversa (Erdafitinib) Tablets |
| Bendeka (Bendamustine) |
| BESPONSA (inotuzumab) |
| Blenrep (Belantamab) |
| Blincyto (Blinatumomab) |
| BOSULIF (bosutinib) |
| BRAFTOVI (encoarfenib) |
| Calquence (Acalabrutinib) |
| CAMPTOSAR (irinotecan) |
| Cotellic (Cobimetinib) |
| Cyramza® (Ramucirumab) Injection |
| Darzalex (Daratumumab) Injection For Iv Infusion |
| Darzalex Faspro (Daraumumab And Hyaluronidase-Fihj) Injection For Subcutaneous Use |
| DAURISMO (glasdegib) |
| EFUDEX (fluorouracil) Topical Cream |
| Eligard (leuprolide) |
| ELLENCE (epirubicin) |
| EMCYT (estramustine) |
| Emend® (Aprepitant) 80 Mg, 125 Mg Capsules |
| Emend® (Aprepitant) For Oral SUSPension 125 Mg |

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|---|
| Emend® (Fosaprepitant Dimeglumine) For Injection 150 Mg |
| Empliciti® (Elotuzumab) |
| Epogen (Epoetin Alfa) |
| Erbix® (Cetuximab) Injection |
| Erivedge (Vismodegib) |
| Erleada (Apalutamide) Tablets |
| Faslodex (Fulvestrant) |
| Fulphila (Pegfilgastrim-Jmdb) |
| Fulvestrant Injection, For Intramuscular Use |
| FYARRO (sirolimus albumin-bound) for injection |
| Gavreto (Pralsetinib) |
| Gazyva (Obinutuzumab) |
| Giltorif (Afatinib) |
| Granix (Tbo-Filgrastim) Injection |
| Herceptin (Trastuzumab) |
| Herceptin Hylecta (Trastuzumab And Hyaluronidase-Oysk) |
| Herzuma (Trastuzumab-Pkrb) Injection |
| Hycamtin® (Topotecan Hydrochloride) For Injection |
| Hycamtin® (Topotecan) Capsules |
| IBRANCE (Palbociclib) |
| IDAMYCIN (idarubicin) |
| IDHIFA® (Enasidenib) |
| Imbruvica (Ibrutinib) Capsules/Tablets |
| Imbruvica (Ibrutinib) |
| Imfinzi (Durvalumab) |
| Imlygic (Talimogene) |
| INLYTA (axitinib) |
| Inrebic® (Fedratinib) |
| Istodax® (Romidepsin) |
| Jemperli (Dostarlimab) |
| Kadcyla (Ado-Trastuzumab Emtansine) |
| Kanjinti (Trastuzumab-Anns) |
| Kesimpta® (Ofatumumab) |
| Keytruda® (Pembrolizumab) Injection [Liquid Formulation] 100 Mg |
| Kisqali® Femara® Co-Pack (Ribociclib And Letrozole) Tablets |
| Kisqali® (Ribociclib) |
| Kyprolis (Carilzomib) |

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| Levoleucovorin Injection |
| LORBRENA (lorlatinib) |
| Lucentis (Ranibizumab Injection) |
| Lumakras (Sotorasib) |
| Lumoxiti (Moxetumomab Pasudotox-Tdffb) |
| Lupron Depot (Leuprolide Acetate For Depot SUSPension) |
| Lupron Depot-Ped (Leuprolide Acetate For Depot SUSPension) |
| Lutathera® (Lutetium Lu 177 Dotatate) |
| Lynparza (Olaparib) |
| Mekinist® (Trametinib) |
| MEKTOVI (bibimetinib) |
| Mvasi (Bevacizumab-Awwb) |
| MYLOTARG (gemtuzumab) |
| Neulasta (Pegfilgrastim) |
| Neupogen (Filgrastim) |
| NIVESTYM (filgrastim-aafi) |
| NYVEPRIA (pegfilgrastim-apgf) |
| Ogivri* (Trastuzumab-Dkst) |
| Onureg® (Azactidine Tablets) |
| Opdivo® (Nivolumab) |
| Opdualag™ (Nivolumab And Relatlimab – Rmbw) |
| Perjeta (Pertuzumab) |
| Phesgo (Pertuzumab, Trastuzumab, And Hyaluronidase-Zzxf) |
| Piqray® (Alpelisib) |
| Pluvicto® (177Lu-Psma-617) |
| Polivy (Polatuzumab Vedotin-Piiq) |
| Pomalyst® (Pomalidomide) |
| Portrazza® (Necitumumab) Injection |
| Procrit (Epoetin Alfa) |
| RETACRIT (epoetin alfa-epbx) |
| Retevmo™ (Selpercatinib) Capsules |
| Revlimid® (Lenalidomide) |
| Riabni (Rituximab-Arrx) |
| Rituxan (Rituximab) For Granulomatosis With Polyangiitis (Gpa), Microscopic Polyangiitis (Mpa) Or Pemphigus Vulgaris (Pv) |
| Rituxan (Rituximab) For Oncology |
| Rituxan Hycela (Rituximab/Hyaluronidase Human) |

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|---|
| <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> |
| <u>Tasigna® (Nilotinib)</u> |
| <u>Tecentriq (Atezolizumab)</u> |
| <u>Thalomid® (Thalidomide)</u> |
| <u>TORISEL (temsirolimus)</u> |
| <u>TRAZIMERA (trastuzumab-qyyp)</u> |
| <u>Treanda (Bedamustine) For Injection</u> |
| <u>Trisenox (Arsenice Trioxide) Injection</u> |
| <u>Tykerb® (Lapatinib)</u> |
| <u>Vectibix (Panitumumab)</u> |
| <u>Venclexta (Venetoclax Tablets)</u> |
| <u>Venclexta (Venetoclax) Tablets</u> |
| <u>Verzenio® (Abemaciclib) Tablets</u> |
| <u>Vidaza® (Azacitidine For Injection)</u> |
| <u>Vijoice® (Alpelisib)</u> |
| <u>VIZIMPRO (dacaomitinib)</u> |
| <u>Votrient® (Pazopanib)</u> |
| <u>Welireg™ (Belzutifan) 40 Mg Tablets</u> |
| <u>XALKORI (crizotinib)</u> |
| <u>Xeloda (Capecitabine)</u> |
| <u>Yervoy® (Ipilimumab)</u> |
| <u>Yondelis (Trabectedin) For Iv Infusion</u> |
| <u>Zarxio™ (Filgrastim-Sndz)</u> |
| <u>Zelboraf (Vemurafenib)</u> |
| <u>Ziextenzo® (Pegfilgrastim-Bmez)</u> |
| <u>ZIRABEV (bevacizumab-bvzr)</u> |

[Zolinza® \(Vorinostat\) 100 Mg Capsules](#)

[Zykadia® \(Ceritinib\)](#)

[Zynlonta \(loncastuximab tesirine\)](#)

[Zytiga \(Abiraterone\) Tablets](#)

Re-enrollment information per PAP program

AbbVie

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

Amgen

- Company will send application for patients already enrolled

AstraZeneca

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

Bausch Health

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

Boehringer Ingelheim

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

Bristol Myers Squibb

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

GlaxoSmithKline (GSK)

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

Johnson & Johnson

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

Lilly

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

Merck

- Every patient must submit renewal application, which is same as original application

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- Renewal application for Medicare patients sent out by company if requested and has two questions in addition to a new application
 - Signature for financial hardship
 - Yes or no for Medicare B or D
- Cannot be submitted until December

MyPraluent

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

Mylan (Viatris)

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

Nestle Health

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

Novartis

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

Novo Nordisk

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

Otsuka

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

Pfizer

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

Sanofi

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

TAKEDA

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

TEVA

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

Requesting a refills per Patient Assistance Program (PAP)

AbbVie

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

BAUSCH HEALTH

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

Boehringer Ingelheim

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

GSK

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

Novartis

1. Press 1
2. Press 1 to start new refill request
3. Enter 10 digit prescription number
 - If prescription number not available press 1
 1. Enter 10 digit phone number (###-###-####) associated with account
 - If additional help is needed, press 1 to speak with representative

Pfizer

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

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Transitions of care pharmacist liaison

Last revised:10/13/2022

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