



M.A.G.I.C. MEDS RX™

MEDICATION ASSISTANCE GUIDE FOR IMPROVING CARE

GLOSSARY

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

ALPHABETICAL LIST OF ALL MEDICATIONS

A-E

F-J

K-O

P-T

U-Z

PROGRAM CAVEATS

&

FEDERAL POVERTY LIMIT CUTOFFS

PATIENT ASSISTANCE PROGRAMS BY MANUFACTURER

PROGRAMS & MEDICATIONS BY DISEASE STATE/CONDITION

ANTI-MIGRAINE

BLOOD THINNERS

AUTO-IMMUNE

CARDIOVASCULAR

DIABETES&INSULIN

INFECTIOUS DISEASE

INHALERS (RESPIRATORY) NEUROLOGY&PSYCHIATRY

ONCOLOGY

ADDITIONAL RESOURCES (Welvista, RxOutreach, Walmart \$4.00 list, Care foundations)

RE-ENROLLMENT PROCESS PER PATIENT ASSISTANCE PROGRAM

REFILL REQUEST PROCESS

COPAY ASSISTANCE

FREE TRIAL CARDS

\$35 INHALERS FOR UNINSURED PATIENTS

Purpose/Background

Medication adherence is largely impacted by patient specific barriers, one of the most crucial being financial constraints of affording their medications. There are resources from drug manufacturers and alternative programs to eliminate financial constraint of medication adherence. The resources available include:

1. **Patient assistance program (PAP)** - Drug manufacturers provide medications completely **free of charge** for low-income uninsured or Medicare patients, shipped directly to patients' home, primary care provider (PCP) office, or other designated address (i.e. infusion medications should be mailed to infusion center where patient has confirmed follow-up), depending on program eligibility. Covers almost **ALL** medications
 - a. Documentation required: program specific (none to needing income proof)
 - b. Process time: 2-7 days
2. **Welvista** – state run program, has limited formulary of medications
 - a. Documentation required: requires income documentation for all members of household,
 - b. Process time: 10-14 days
3. **RxOutreach** – nationwide program, has limited formulary for medications not covered by other PAP programs
 - a. Documentation required: None
 - b. Process time: 7-10 days
4. **Copay cards** – typically available to commercially insured patients or one-time uses in certain circumstances (outside the scope of this document)
5. **Walmart \$4.00 prescription list** – limited formulary of medications available at Walmart that may be more affordable via a prescription than at other pharmacies
6. **Care foundations** – foundations set up by donors for financially constrained patients for medications not covered by other programs (limited funds available)

This document encompasses comprehensive access to patient assistance programs (PAP) for almost all medications (see [additional resources](#) for medications not included). Patient eligibility is dependent upon:

- Income level based on the federal poverty limit (FPL), which varies yearly
 - Programs will either require proof of documentation or run electronic income verification (which will **NOT** affect a patient's credit score)
- Insurance status (must be uninsured or Medicare)

This **interactive document (clickable)** will allow for uninsured and low income patients to be enrolled in a patient assistance program and provide them with up to one year of medication **free-of-charge**. Following calendar year from enrollment date, subsequent application will need submitted for re-enrollment.

Barriers to utilizing [Welvista](#) through the state of South Carolina are:

- Cumbersome enrollment process, more than a patient can understand and above the appropriate level of health literacy
- 10-14 day processing time for applications
- Limited formulary
- Requirement of proof of income for all members within the household
 - Most patients do not have available during hospitalization
- FPL threshold of $\leq 250\%$ (stricter than most PAP)
 - Many patients can qualify for their individual medication with the higher threshold cutoffs for individual manufacturer PAP
- Medications also need e-scribed to Welvista or, if not originally e-scribed, will need mailed via the postal service to Welvista.

Patients are provided an expansive amount of information during their admission and at time of discharge. Many times, patients realize when they arrive at a pharmacy or arrive home, they may be uncertain of the appropriate steps to enroll in a PAP program, returning to a healthcare institution when their initial medication fill runs out. This interactive PAP tool enables our healthcare team to alleviate the financial burden and enrollment difficulties patients face alone outside of a healthcare institution.

Roles

Initial encounter

- a. Ensure appropriate insurance verification and upload into electronic health record

Case manager or office staff of designated area/clinic

- b. Determine patient eligibility based on manufacturer PAP
- c. Assist with completing patient contact information and income verification
- d. Assist patient with completing application
- e. Fax application for completion

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
3. If patient meets criteria, click on the link of individual medication or on "Medications eligible for assistance" (depending on program) to be taken directly to PAP application
4. Complete application and fax to program (excludes Pfizer RxConnect-must apply online or call)

ALPHABETICAL LIST OF ALL MEDICATIONS

A-E

Abilify Maintena (Aripiprazole) For Extended Release Injectable SUSPension
Abilify Asimtufii (aripiprazole) extended-release injectable suspension
Abraxane® (Paclitaxel Protein-Bound Particles For Injectable SUSPension (Albumin-Bound))
ACANYA® (clindamycin phosphate and benzoyl peroxide) Gel, 1.2% or 2.5%, for Topical
Actemra (Tocilizumab)
Activase (Alteplase)
Acuvail (Ketorolac Tromethamine) Ophthalmic Solution
Adacel® (Tetanus Toxoid, Reduced Diphtheria Toxoid And Acellular Pertussis Vaccine Adsorbed)
Adakveo® (Crizanlizumab-Tmca)
Adempas (riociguat)
Admelog® (Insulin Lispro Injection) 100 Units/mL
Advair (Diskus Or HFA) (Fluticasone/Salmeterol)
AeroChamber Plus Flow-Vu
Afinitor Disperz® (Everolimus SUSPension)
Afinitor® (Everolimus)
Aimovig (Erenumab)
Airsupra (albuterol/budesonide)
Alcensa (Alectinib)
ALDARA Cream 5%

Aliqopa (copanlisib)
Alimta® (Pemetrexed For Injection)
Alloderm
Alomide® (Lodoxamide Tromethamine Solution)
Alphagan P (Brimonidine Tartrate) Ophthalmic Solution
Amitiza (lubiprostone)
AMJEVITA (adalimumab-atto)
ANCOBON (flucytosine) capsules
ANGELIQ (drospirenone and estradiol)
Anoro Ellipta (Umeclidinium/Vilanterol)
Apidra® (Insulin Glulisine Injection) 100 Units/mL
APLENZIN (bupropion hydrobromide) Extended-Release Tablets
Aptiom® (eslicarbazepine acetate)
Aptivus (Tipranavir)
Aranesp (Darbepoetin Alfa)
ARAZLO (tazarotene) Lotion, 0.045%
Arixtra (Fondaparinux)
Armour Thyroid (Thyroid Tablets, USP) Tablets
Arnuity Ellipta (Fluticasone)
Arthrotec® (Diclofenac Sodium/Misoprostol) Tablets
ATOPICLAIR Nonsteroidal Cream 100 g Tube
Atrovent HFA (Ipratropium)
AUGTYRO (repotrectinib)
Avastin (Bevacizumab)
Avsola (Infliximab-Axxq)
Avycaz (Avibactam/Ceftazidime)
Balversa (Erdafitinib) Tablets
Baqsimi® (Glucagon) Nasal Powder
Basaglar® (Insulin Glargine Injection)
Belsomra® (Suvorexant) C-IV
Bendeka (Bendamustine)
Benefix® Coagulation Factor IX (Recombinant)
Benlysta (Belimumab)
BENZAMYCIN GEL
Beovu® (Brolucizumab-Dbll) Injection
BESPONSA (inotuzumab)
BETASERON (interferon beta-1b)
Bevespi Aerosphere (Glycopyrrolate/Formoterol)
BIAFINE
BiDil (isosorbide dinitrate/hydralazine)
BILTRICIDE (praziquantel)
Blenrep (Belantamab)

Blincyto (Blinatumomab)
Boostrix (Tdap Vaccine)
BOSULIF (bosutinib)
Botox (Onabotulinumtoxina)
BRAFTOVI (encorafenib)
Breyna (budesonide/formoterol) inhalation
Breo Ellipta (Fluticasone/Vilanterol)
Breztri Aerosphere (Budesonide/Glycopyrrolate/Formoterol)
Brilinta (Ticagrelor)
BRYHALI (halobetasol propionate) Lotion
Bydureon (Exenatide Extended Release)
Byetta (Exenatide)
Bystolic (Nebivolol) Tablets
Caduet (amlodipine/atorvastatin)
Calquence (Acalabrutinib)
CAMZYOS (mavacamten)
Canasa (Mesalamine) Suppository
CARAC (fluorouracil cream)
Carafate (Sucralfate) Oral SUSPension
Carbatrol (carbamazepine extended-release) capsules
Cathflo Activase (Alteplase)
Celontin® (Methsuximide) Capsules, USP
Cialis® (Tadalafil) Tablets
Cibinquo™ (Abrocitinib) Tablets
Cimduo (Lamivudine/Tenofovir Disoproxil Fumarate) Tablet
Climara Pro (estradiol/levonorgestrel transdermal system)
CLINDAGEL (clindamycin phosphate gel)
Clozapine
Clozapine
Coartem® (Artemether And Lumefantrine)
COBENFY (xanomeline and trospium chloride)
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
CYLTEZO (adalimumab)
Cymbalta® (Duloxetine Delayed-Release Capsules)
Cyramza® (Ramucirumab) Injection
Cystagon (Cysteamine) Capsules
Daliresp (Roflumilast)
Dalvance (Dalbavancin) Lyophilizate
Darzalex (Daratumumab) Injection For Iv Infusion
Darzalex Faspro (Daraumumab And Hyaluronidase-Fihj) Injection For Subcutaneous Use
DAURISMO (glasdegib)
Delstrigo™ (Doravirine, Lamivudine, And Tenofovir Disoproxil Fumarate) Tablets, For Oral Use
Delzicol (Mesalamine Dr) Capsules
DEMSER (metyrosine) Capsules
Denavir (Penciclovir) Cream 1%
Depakote (Divalproex Sodium)
Depo®-Estradiol (Estradiol Cypionate) Injection, USP
Detrol La (Tolterodine)
Dexilant (dexlansoprazole) DR capsules
Dificid® (Fidaxomicin) For Oral SUSPension 40 Mg/mL
Dificid® (Fidaxomicin) Tablets
Dipentum (Olsalazine) Capsule
DROXIA (hydroxyurea)
Duavee™ (Conjugated Estrogens/Bazedoxifene) Tablets
DUOBRII (halobetasol propionate and tazarotene 0.01%/0.45%)
Duopa (Carbidopa/Levodopa) Enteral SUSPension
Durysta (Bimatoprost) Ocular Implant
Dymista (Azelastine/Fluticasone) Nasal Spray
Edarbi (azilsartan medoxomil)
Edarbyclor (azilsartan medoxomil/chlorthalidone)
Edurant (Rilpivirine) Tablets
EFUDEX (fluorouracil) Topical Cream
ELEYSO (taligcerase alfa)
ELIDEL (pimecrolimus) Cream, 1% for Topical Use
Eligard (leuprolide)
Eliquis® (Apixaban)
Elmiron (Pentosan Polysulfate Sodium) Capsules
Emend® (Aprepitant) 80 Mg, 125 Mg Capsules
Emend® (Aprepitant) For Oral SUSPension 125 Mg
Emend® (Fosaprepitant Dimeglumine) For Injection 150 Mg
Emgality® (Galcanezumab-Gnlm) Injection
Empliciti® (Elotuzumab)

Emsam Transdermal System
Enbrel (Etanercept)
Engerix-B (Hepatitis B Vaccine)
Enspryng (Sonalizumab-Mwge)
Entresto™ (Sacubitril/Valsartan)
Eohilia (budesonide oral suspension)
Epipen & Epipen Jr (Epinephrine) Injection
Epogen (Epoetin Alfa)
Erbitux® (Cetuximab) Injection
Erivedge (Vismodegib)
Erleada (Apalutamide) Tablets
ERMEZA (levothyroxine oral solution)
Esbriet (Pirfenidone)
Estrace (Estradiol) Cream
Estring® (Estradiol Vaginal Ring)
EUCRISA (crisaborole) ointment 2%
Evenity (Romosozumab-Aqqg)
Evista® (Raloxifene Hydrochloride) Tablet
Evoclin (Clindamycin) Foam 1%
Evrysdi (Risdiplam)
Extavia® (Interferon Beta-1B)

F-J

Fabhalta (iptacopan)
Faslodex (Fulvestrant)
Farxiga (Dapagliflozin)
Fasenra (Benralizumab)
Fasenra Pen (Benralizumab)
Felbatol (Felbamate)
Fetzima (Levomilnacipran) Extended Release Capsules And Titration Pack
Fiasp FlexTouch (Insulin Aspart)
Flovent (Diskus Or HFA) (Fluticasone)
Forteo® (Teriparatide Injection)
Fosrenol (Lanthanum carbonate)
Fulphila (Pegfilgastrim-Jmdb)
FYARRO (sirolimus albumin-bound) for injection
Gabitril (Tigabine Hydrochloride) Tablets
Galzin (Zinc Acetate) Capsules
Gardasil®9 (Human Papillomavirus 9-Valent Vaccine, Recombinant)
Gastrocrom (Cromolyn) Oral Concentrate
Gavreto (Pralsetinib)
Gazyva (Obinutuzumab)

Gelnique (Oxybutynin Chloride 10%) Gel
Gengraf Capsules (Cyclosporine, USP [Modified])
Gilenya® (Fingolimod)
Gilterif (Afatinib)
Glatiramer Acetate
Glucagen Hypokit
Glucagon™ (Glucagon For Injection)
Glyxambi (Empagliflozin/Metformin)
Granix (Tbo-Filgrastim) Injection
Haldol Decanoate (Haloperidol) Im Injection Only
Horizant (gabapentin encarbil)
Hemlibra (Emcizumab-Kxwh)
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)
IBRANCE (Palbociclib)
IDHIFA® (Enasidenib)
ILARIS® (Canakinumab)
Imbruvica (Ibrutinib) Capsules/Tablets
Imbruvica (Ibrutinib)
Imfinzi (Durvalumab)
Imitrex (Sumatriptan Nasal Spray)
IMJUDO (tremelimumab-actl)
Imlrylic (Talimogene)
Imovax® Rabies Vaccine [Human Diploid Cell]
Impekllo (Clobetasol) Lotion
Incruse Ellipta (Umeclidinium)
Infed (Iron Dextran) Injection
INLYTA (axitinib)
Inrebic® (Fedratinib)
Inspira (Eplerenone)
Intelence (Etravirine) Tablets

Intuniv (guanfacine) ER tablets
Invega Sustenna, Trinza And Hafyera (Paliperidone Palmitate) Extended-Release Injection
Invokamet (Canagliflozin/Metformin)
Invokamet Xr (Canagliflozin/Metformin Xr)
Invokana (Canagliflozin)
Iressa (Gefitinib)
Isentress® (Raltegravir) 400 Mg Film-Coated And 25 Mg And 100 Mg Chewable Tablets
Isentress® Hd (Raltegravir) 600 Mg Tablets
Isentress® Os (Raltegravir) 100 Mg Granules For SUSPension
Istodax® (Romidepsin)
Jadenu ® (Deferasirox)
Jadenu® Sprinkle (Deferasirox) Granules
Janumet® (Sitagliptin And Metformin Hci) Tablets
Janumet® Xr (Sitagliptin And Metformin Hci Extended-Release) Tablets
Januvia® (Sitagliptin) Tablets
Jardiance (Empagliflozin)
Jaypirca™ (pirtobrutinib) tablets
Jemperli (Dostarlimab)
Jentadueto & Jentadueto Xr (Linagliptin/Metformin)
Jivi (antihemophilic factor recombinant)
JUBLIA® (efinaconazole) Topical Solution
Jynarque (Tolvaptan) Tablets

K-O

Kadcyla (Ado-Trastuzumab Emtansine)
Kaletra (Lopinavir/Ritonavir)
Kanjinti (Trastuzumab-Anns)
Kazano (alogliptin/metformin) tablets
Kerendia (finerenone)
Kesimpta® (Ofatumumab)
Keytruda® (Pembrolizumab) Injection [Liquid Formulation] 100 Mg
Kisqali® Femara® Co-Pack (Ribociclib And Letrozole) Tablets
Kisqali® (Ribociclib)
Kisunla™ (donanemab-azbt) injection
Kombiglyze Er (Saxagliptin/Metformin Er)
KOVALTRY (antihemophilic factor recombinant)
KRAZATI (adagrasib)
Kyleena (levonorgestrel-releasing intrauterine system)
Kyprolis (Carilzomib)
LAGEVRIOT™ (molnupiravir) 200 mg capsules [available for urgent request]
Lamictal (Lamotrigine Chewable Or Orally Disintegrating Tablets)
Lamictal ODT (Lamotrigine Patient Titration Kits)

Lamictal Xr (Lamotrigine Er Or Patient Titration Kit)
Lampit (nifurtimox)
Lantus® (Insulin Glargine Injection) 100 Units/mL
Leqvi® (Inclisiran)
Levemir (Insulin Detemir) FlexTouch
Lexapro (Escitalopram)
Lialda (mesalamine) DR tablets
Liletta (Levonorgestrel) Intrauterine Contraceptive
Linzess (Linaclotide) Capsules
LOCOID LIPOCREAM
LOCOID (hydrocortisone butyrate) Lotion
Lo Lestrin Fe
Lokelma (Sodium Zirconium Cyclosilicate)
LORBRENA (lorlatinib)
Lovenox® (Enoxaparin Sodium Injection)
Lucentis (Ranibizumab Injection)
Lumakras (Sotorasib)
Lumigan (Bimatoprost 0.01%) Ophthalmic Solution
Lumoxiti (Moxetumomab Pasudotox-Tdffk)
Lupron Depot (Leuprolide Acetate For Depot SUSPension)
Lupron Depot-Ped (Leuprolide Acetate For Depot SUSPension)
Lutathera® (Lutetium Lu 177 Dotatate)
Luxiq (Betamethasonevalerate) Foam
LUZU (luliconazole) Cream, 1% for Topical Use
Lynparza (Olaparib)
Lyumjev™ (Insulin Lispro-Aabc) Injection
Malarone (Atovaquone And Proguanil)
Mavyret (Glecaprevir/Pibrentasvir)
Mayzent® (Siponimod)
Mekinist® (Trametinib)
MEKTOVI (bibimetinib)
Menostar (estradiol transdermal system)
Menquadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)
MEPHYTON (phytonadione) Vitamin K1 Tablets
Mepron (Atovaquone SUSPension)
Miacalcin Injection (calcitonin)
Mirena (levonorgestrel-releasing intrauterine system)
M-M-R® II (Measles, Mumps, And Rubella Virus Vaccine Live)
Monovisc (High Molecular Weight Hyaluronan) Injection
Monurol (Fosfomycin Tromethamine) Oral Granules
Motegrity (prucalopride) tablets

MOVIPREP (polyethylene glycol 3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate, and ascorbic acid for oral solution)
Mozobil® (Plerixafor Injection)
Multaq® (Dronedarone) Tablets
Muse (Alprostadil) Urethral
Mvasi (Bevacizumab-Awwb)
Myrbetriq (mirabegron extended release tablets)
Mydayis (amphetamine) ER capsules
MYLOTARG (gemtuzumab)
Namenda And Namenda Xr (Memantine)
Namzaric (Memantine Extended Release And Donepezil)
Narelle
Natazia (estradiol valerate and estradiol valerate/dienogest)
Nesina (alogliptin) tablets
Neulasta (Pegfilgrastim)
Neupogen (Filgrastim)
Nexavar (sorafenib)
NORITATE (metronidazole cream) Cream, 1% for Topical Use Only
Norpace® (Disopyramide Phosphate)
Norvir (Ritonavir) Tablets And Oral Solution
Novlog Mix 70/30 (Insulin Aspart Protamine And Insulin Aspart) Flexpen
Novolin 70/30 (Insulin Nph And Insulin R Mix) Vial
Novolin N Vial (Insulin Nph)
Novolin R Vial (Insulin Regular)
Novolog (Insulin Aspart) Flexpen
Noxafil® (Posaconazole) Delayed-Release Tablets 100 Mg
Noxafil® (Posaconazole) Oral SUSPension, 40 Mg/Ml
Nplate (Romiplostim)
Nubeqa (darolutamide)
Nuedexta (dextromethorphan/quinidine)
Nucala (Mepolizumab)
Nulojix® (Belatacept))
NUPLAZID (pimavanserin)
Nuvigil (Armodafinil) Tablets [C-IV]
NUZYRA (omadacycline)
Nymalize (nimodipine oral solution)
NYVEPRIA (pegfilgrastim-apgf)
Ocrevus (Orelizumab)
Ofev (Nintedanib)
Ogivri* (Trastuzumab-Dkst)
QJAARA (momelotinib)
Olumiant® (Baricitinib) Tablets

Olux (Clobetasol) Foam 0.05%
Olux-E (Clobetasol) Foam 0.05%
Omvooh™ (mirikizumab-mrkz) infusion
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® Diphteria 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)
Praluent (alirocumab)
Pred Forte (Prednisolone Acetate) Ophthalmic SUSPension
Premarin® (Conjugated Estrogens) Tablets, USP (Conjugated Estrogens Tablets)
Premarin® (Conjugated Estrogens) Vaginal Cream (Conjugated Estrogens) Vaginal Cream
Premphase® (Conjugated Estrogens Plus Medroxyprogesterone Acetate) Tablets
Prempro® (Conjugated Estrogens/Medroxyprogesterone Acetate) Tablets
Pretomanid Tablet

Prevacid (lansoprazole) ODT tablets
Prevnar 13® Pneumococcal 13-Valent Conjugate Vaccine [Diphtheria CRM197 Protein]
PREVNAR 20™ (Pneumococcal 20-valent Conjugate Vaccine)
Prevymis™ (Letermovir) 240 Mg Tablets
Prezcobix (Darunavir/Cobicistat)
Prezista (Darunavir)
Priftin® (Rifapentine) Tablets
PRIMAXIN® I.V. (imipenem and cilastatin for injection)
Proair HFA (Albuterol Sulfate) Inhalation Aerosol
Proair Respclick (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
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)
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-Vmjh)
Rydapt® (Midostaurin)
SAFYRAL (drospirenone/ethinyl estradiol/levomefolate calcium tablets and levomefolate calcium tablets)
Samsca (Tolvaptan)
Sandostatin Lar® Depot (Octreotide Acetate)
Saphnelo (Anifrolumab-Fnia)
Saphris (Asenapine Maleate) Sublingual Tablet
Savella (Milnacipran) Tablets
Scemblix® (Asciminib) Tablets
Semglee (Insulin Glargine)
Serevent (Diskus) (Salmeterol)
Sf Rowasa (Mesalamine) Rectal SUSPension
Shingrix (Zoster Vaccine)
SILIQ (brodalumab) injection, for subcutaneous use, 210 mg/1.5 mL solution
Simponi (Golimumab) Injection
Sirturo (Bedaquiline) Tablets
Skyla (levonorgestrel-releasing intrauterine system)
Skyrizi (Risankizumab-Rzaa)
Soliqua® 100/33 (Insulin Glargine & Lixisenatide) Injection 100 Units/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
Sotylose (sotalol oral solution)
SOTYKTU (deucravacitinib)
Spevigo (spesolimab-sbzo) injection
Spiriva Handihaler Or Respimat (Tiotropium)
Sporanox (Itraconazole) Capsules And Oral Solution
Spravato (Esketamine) Nasal Spray [CIII]

Sprycel® (Dasatinib)
Stelara (Ustekinumab) For Subcutaneous Or Iv Use
Stiolto Respimat (Tiotropium/Olodaterol)
Stivarga (regorafenib)
Strattera® (Atomoxetine) Capsules
Strattice (Reconstructive Tissue Matrix)
Striverdi Respimat (Olodaterol)
Stromectol® (Ivermectin) Tablets
Susvimo (Ranibizumab)
Symbicort (Budesonide/Formoterol)
Symbyax® (Olanzapine And Fluoxetine) Capsules
Symlin (Pramlintide)
Syntuza (Darunavir, Cobicistat, Emtricitabine, Tenofovir Alafenamide) Tablets
Synarel® (Nafarelin Acetate) Nasal Solution
Synjardy & Synjardy Xr (Empagliflozin/Metformin)
Synribo (Omacetaxine) For Injection
Synthroid (Levothyroxine Sodium) Tablets
Synvisc-One (hyaluronic acid 20)
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
TEZSPIRE (Tezepelumab-ekko)
Thalomid® (Thalidomide)
Thymoglobulin® [Anti-Thymocyte Globulin (Rabbit)]
Thryogen (thyrotropin alfa) for injection
Tikosyn® (Dofetilide) Capsules
TNKase (Tenecteplase)
Tobi (Tobramycin) Ampules Or Podhalers
Toujeo® (insulin glargine injection) 300 Units/mL (1.5 mL or 3.0 mL pens)
Tracleer (Bosentan)
Tradjenta (Linagliptin)
TRAZIMERA (trastuzumab-qyyp)

Treanda (Bedamustine) For Injection
Trecator® (Ethionamide) Tablets
TRELEGY ELLIPTA (fluticasone furoate, umeclidinium, vilanterol)
Tremfya (Guselkumab) For Subcutaneous Use
Tresiba (Insulin Degludec) FlexTouch
Trijardy Xr (Empagliflozin/Linagliptin/Metformin)
Trintellix (vortioxetine tablets)
Triptodur (triptorelin)
Trisenox (Arsenite Trioxide) Injection
TRULANCE (plecanatide) 3 mg Tablets
Trulicity® (Dulaglutide) Injection
Trumenba® (Meningococcal Group B Vaccine)
TRUQAP® (capivasertib)
Truxima (Rituximab-Abbs) Injection
Tykerb® (Lapatinib)
TYMLOS (abaloparatide) injection
U-Z
Ubrelvy (Ubrogepant) Tablets
UCERIS (budesonide) Rectal Foam
Uptravi (Selexipag)
Vabysmo (Faricimab-Svoa)
Vaqta® (Hepatitis A Vaccine, Inactivated)
Varivax® (Varicella Virus Vaccine Live)
Vaxneuvance™ (Pneumococcal 15-Valent Conjugate Vaccine)
Vectibix (Panitumumab)
Veletri (Epoprostenol)
Venclexta (Venetoclax Tablets)
Venclexta (Venetoclax) Tablets
Ventavis (Iloprostol)
Verquvo™ (Vericiguat) 2.5 Mg, 5 Mg, 10 Mg Tablets
Verzenio® (Abemaciclib) Tablets
Veltassa (patiromer)
Viberzi (Eluxadoline)
Victoza (Liraglutide) Pen
Vidaza® (Azacitidine For Injection)
Viibryd (Vilazodone)
Vijoice® (Alpelisib)
Viokace (Pancrelipase) Tablets
VITRAKVI (Larotrectinib)
VIZIMPRO (dacaomitinib)
Votrient® (Pazopanib)

Vraylor (Cariprazine) Capsules
VYNDAMAX® (tafamidis) capsules
Vyndaqel® (Tafamidis Meglumine) Capsules
Vyvanse (lisdexamfetamine) capsules and tablets
WAINUATM (eplontersen)
Welireg™ (Belzutifan) 40 Mg Tablets
Wixela (Fluticasone/Salmeterol)
XALKORI (crizotinib)
Xarelto (Rivaroxaban) Tablets Or Oral Solution
Xeljanz® (Tofacitinib) Oral Solution
Xeljanz® (Tofacitinib) Tablets
Xeljanz® Xr (Tofacitinib) Extended-Release Tablets
Xeloda (Capecitabine)
Xen (Gel Stent)
Xgeva (Denosumab)
XIFAXAN (rifaximin) Tablets, for Oral Use, 550 mg
Xigduo Xr (Dapagliflozin/Metformin Er)
Xiidra® (Lifitegrast Ophthalmic Solution)
Xofigo (radium Ra 223 dichloride)
Xolair (Omalizumab)
Xulane (Norelgestromin And Ethynodiol Estradiol Transdermal System)
Xultophy (Insulin Degludec & Liraglutide) Pen
Xyntha® Antihemophilic Factor (Recombinant)
Yervoy® (Ipilimumab)
Yondelis (Trabectedin) For Iv Infusion
Yupelri (Re Gefenacin)
Zarontin® (Ethosuximide)
Zarxio™ (Filgrastim-Sndz)
ZEJULA (niraparib)
ZELAPAR (selegiline hydrochloride) Orally Disintegrating Tablets
Zelboraf (Vemurafenib)
Zenpep (Pancrelipase) Delayed Release Capsule
Zepatier® (Elbasvir And Grazoprevir)
Zeposia® (Ozanimod)
Zerbaxa™ (Ceftolozane And Tazobactam) For Injection For Intravenous Use
ZIANA (clindamycin phosphate 1.2% and tretinoin 0.025%) Gel 60 g tube
Ziextenza® (Pegfilgrastim-Bmez)
Zinplava™ (Bezlotoxumab) Injection 25 Mg/mL
ZIRABEV (bevacizumab-bvzr)
ZOLINZA® (vorinostat capsules, for oral use) 100 mg [available for urgent request]
ZYCLARA (imiquimod) cream 3.75%, for Topical Use 7.5 g Pump Box of 28 Packets
Zykadia® (Ceritinib)

Zynlonta (loncastuximab tesirine)
Zyprexa® (Olanzapine) Tablet
Zyprexa® Zydis® (Olanzapine) Tablet
Zytiga (Abiraterone) Tablets

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	\$87,480		
Acadia	Application through office staff	Home	Any for uninsured		
ADC	No	Home	550		
Amgen	No	Home	500		
Arbor	Yes	Home	200	300	
AstraZeneca	No	Home	300	500	
Astellas	Yes	Office	250		
Bausch Health	No	Home or office	300	400	500
Bayer	No	Not listed	300		
Boehringer Ingelheim	No	Home	250		
Bristol Myers Squibb	No-but encouraged	Home	300		
GlaxoSmithKline (GSK)	No	Home	250		
Johnson & Johnson now Janssen	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	\$78,000		
Sanofi	No	Office	400		
Sunovion	Yes	Home	300		
TAKEDA	Yes	Home	500		
TEVA	No	Home	300	500	
Tolmar	Yes	Home	500		

Veltassa	Yes	Home	500	
FPL=federal poverty limit				
SSN=social security number				

Programs that do NOT provide automatic refills:

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

Programs that needle request needs indicated:

Novo Nordisk (Lilly does NOT include needles)

Programs that require separate prescription be sent:

Arbor, GSK, Novartis

Programs that require applications mailed in:

Merck

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

Janssen for Xarelto

Programs that require wet signature (with pen, no e-signature accepted):

Lilly Cares, Boehringer Ingelheim (BI Cares)

Income thresholds based on federal poverty limit (FPL) ^A 2023								
Household size	100% (\$)	133% (\$)	150% (\$)	200% (\$)	250% (\$)	300% (\$)	400% (\$)	500% (\$)
1	15,060	20,030	22,590	30,120	37,650	45,180	60,240	75,300
2	20,440	27,185	30,660	40,880	51,100	61,320	81,760	102,200
3	25,820	34,341	38,730	51,640	64,550	77,460	103,280	129,100
4	31,200	41,496	46,800	62,400	78,000	93,600	124,800	156,000
5	36,580	48,651	54,870	73,160	91,450	109,740	146,320	182,900
6	41,960	55,807	62,940	83,920	104,900	125,880	167,840	209,800
7	47,340	62,962	71,010	94,680	118,350	142,020	189,360	236,700
8	52,720	70,118	79,080	105,440	131,800	158,160	210,880	263,600
Each additional	5,380	7,155	8,070	10,760	13,450	16,140	21,520	26,900

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

$\leq 400\%$ FPL

Uninsured or
lack of
coverage of
medication

Household size	Annual household income (\$) threshold $(\leq 400\% \text{ FPL})$
1	60,240
2	81,760
3	103,280
4	124,800

5	146,320
Each additional person	21,520

Medications eligible for assistance

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

- Income information MAY be required (US federal tax return, social security income statement, recent pay stub)
- Medication is sent directly to prescriber office

[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	87,480
2	118,320
3	149,160
4	180,000
Each additional person	28,320
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&
<u>CREON (Pancrelipase) delayed-release capsules⁺</u>
<u>Crinone (progesterone) gel**</u>
<u>Dalyvance (dalbavancin) lyophilizate[#]</u>
<u>Delzicol (mesalamine DR) capsules**</u>
<u>Depakote (divalproex sodium)^{\$}</u>
<u>Duopa (carbidopa/levodopa) enteral suspension^{\$}</u>
<u>Durysta (Bimatoprost) ocular implant&</u>
Estrace (estradiol) cream**
<u>Fetzima (Levomilnacipran) extended release capsules and titration pack**</u>
<u>Gelnique (oxybutynin chloride 10%) gel**</u>
<u>GENGRAF capsules (cyclosporine, USP [MODIFIED])**</u>
<u>HUMIRA (adalimumab)^{\$}</u>
<u>IMBRUWICA (ibrutinib)^{\$}</u>
Infed (iron dextran) injection**
<u>KALETRA (lopinavir/ritonavir)**</u>
Lexapro (escitalopram)**
Liletta (levonorgestrel) intrauterine contraceptive^
<u>Linzess (linaclotide) capsules⁺</u>
Lo Lestrin fe^
<u>Lumigan (Bimatoprost 0.01%) ophthalmic solution&</u>
<u>Lupron Depot-Ped (leuprolide acetate for depot sUSPension)^{\$}</u>
<u>Lupron Depot (leuprolide acetate for depot sUSPension)^{\$}</u>
<u>MAVYRET (Glecaprevir/Pibrentasvir)^{\$}</u>
Monurol (Fosfomycin tromethamine) oral granules**
<u>Namenda and Namenda XR (memantine)**</u>
<u>Namzaric (memantine extended release and donepezil)**</u>
<u>NATRELLE%</u>
<u>NORVIR (ritonavir) tablets and oral solution**</u>
<u>Oriahnn (Elagolix/estradiol/norethindrone)^</u>
<u>ORILISSA (Elagolix) tablets^</u>
<u>Ozurdex (dexamethasone) ocular implant&</u>
Pred Forte (prednisolone acetate) ophthalmic sUSPension**
Pylera (bismuth Subcitrate potassium, metronidazole, and tetracycline) capsules**
<u>Qulipta (Atogepant) tablets **</u>
Rapaflo (silodosin) capsules**
<u>Rectiv (nitroglycerin) ointment**</u>
<u>Restasis (cyclosporine) ophthalmic emulsion&</u>
<u>RINVOQ (upadacitinib)^{\$}</u>
<u>Saphris (asenapine maleate) sublingual tablet**</u>
<u>Savella (milnacipran) tablets**</u>
<u>SKYRIZI (Risankizumab-rzaa)^{\$}</u>
<u>STRATTICE (reconstructive tissue matrix)%</u>
<u>Synthroid (levothyroxine sodium) tablets**</u>

[Teflaro \(ceftaroline fosamil\) powder for injection](#)[#]

[Ubrelvy \(ubrogepant\) tablets](#)^{**}

[Venclexta \(venetoclax\) tablets](#)^{\$}

[Viberzi \(eluxadoline\)](#)⁺

[Viibryd \(vilazodone\)](#)^{**}

[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”

Medications listed in black are no longer available through patient assistance program as of May 2023

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 \(pimavanserin\)](#)

- 1.** Patient must call 1-844-737-2233 or enroll online.
- 2.** Acadia connect will contact provider office and provide applications to be completed (patient and provider have portion to complete)

[RETURN TO TOP](#)

3. Once application is approved, patient will be provided medication for 12 months

a. After 12 months, program attempts to have patient enrolled in prescription drug plan

ADC Patient Support

Eligibility

US resident

$\leq 550\%$ FPL

Uninsured or
underinsured

- Underinsured is deemed as paying $\geq 20\%$ out of pocket for medication

Medications eligible for assistance

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

AMGEN safety net program

Eligibility

US resident > 6
months

$\leq 300\text{-}450\%$
FPL

Uninsured or
plan excludes
AMGEN product

Household size	Annual income threshold ($<300\%$ FPL Group A)	Annual household income (\$) threshold ($\leq 450\%$ FPL group B)
1	45,180	67,950
2	61,320	91,550
3	77,460	115,150
4	93,600	138,750
Each additional person	16,140	23,600

- a. Medicare patients must demonstrate inability to afford medication, ineligible for Medicaid, do not have other financial options
- b. Does **NOT** specify that income needs provided but states income may be asked to be provided
- c. Requires Medicare Part D recipients to apply through [HealthWell foundation](#) first

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

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

[Arbor Pharmaceuticals](#)

Eligibility

US resident

<200 - 300% FPL

Uninsured
or Medicare
A&B

Household size

Annual household income (\$) threshold

	$\leq 200\% \text{ FPL}$	BiDil ($<300\% \text{ FPL}$)
1	30,120	45,180
2	40,880	61,320
3	51,640	77,460
4	62,400	93,600
Each additional person	10,760	16,140

- Medicare Part D Applicants: If Part D does not allow or pay for any part of medication, will be viewed as having no insurance. Being in the donut hole does not qualify.
- Requires proof of income
- Separate prescription needs faxed

Medications eligible for assistance

BiDil (isosorbide dinitrate/hydralazine)

Edarbi (azilsartan medoxomil)

Edarbyclor (azilsartan medoxomil/chlorthalidone)

Horizant (gabapentin encarbil)

Nymalize (nimodipine oral solution)

Sotylose (sotalol oral solution)

Triptodur (triptorelin)

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

Astellas Pharma Support Solutions

Eligibility

US resident

$\leq 250\% \text{ FPL}$

Uninsured or
Medicare

Household size	Annual household income (\$) threshold ($\leq 250\% \text{ FPL}$)
1	37,650
2	51,100
3	64,550
4	78,000
5	91,450
Each additional person	13,450

Medications eligible for assistance

[Myrbetriq \(mirabegron extended release tablets\)](#)

- Application only available through manufacturer program. Call number below for application.
- If patient has any sort of prescription coverage, will be denied for program

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

AstraZeneca AZ&ME program

Eligibility

US resident

<300% FPL

Uninsured or
Medicare

AZ&ME cutoffs: 300% FPL for ALL products as of 01/01/2024

Household size	Annual household income (\$) threshold (≤ 300% FPL)
1	45,180
2	61,320
3	77,460
4	93,600
Each additional person	16,140

If patient has spent 10% of annual household income out of pocket on medical expenses in last 12 months or documentation of 3 denials of Foundation Fund programs, can submit documentation and still apply*

If patient is <150% FPL, program requires patient apply to Medicaid. If Medicaid denies claim, can send in denial letter from Medicaid and still apply. Can be granted 3 month supply while Medicaid decision is pending

- i. Electronic income verification will occur, does not affect credit score
 1. Some instances occur that the program wants proof of income requiring:
 - a. Most recent federal tax return
 - b. W2 or 1099
 - c. Social security income yearly benefits statement
 2. If income is zero, a letter from healthcare provider, family member, or patient can explain the financial situation and be submitted

Medication eligible for assistance

[Airsupra \(albuterol/budesonide\)](#)

[BEVESPI AEROSPHERE \(glycopyrrolate/formoterol\)](#)

[BREZTRI AEROSPHERE \(budesonide/glycopyrrolate/formoterol\)](#)

[BRILINTA \(ticagrelor\)](#)

[BYDUREON \(exenatide extended release\)](#)

[BYETTA \(exenatide\)](#)

[CALQUENCE \(acalabrutinib\)](#)

DALIRESP (roflumilast)
FARXIGA (dapagliflozin)
FASENRA prefilled syringe (benralizumab)
FASENRA pen (benralizumab)
FASLODEX (fulvestrant)
IMFINZI (durvalumab)
IMJUDO (tremelimumab-act1)
IRESSA (gefitinib)
KOMBIGLYZE ER (saxagliptin/metformin ER)
LOKELMA (sodium zirconium cyclosilicate)
LUMOXITI (moxetumomab pasudotox-tdffk)
LYNPARZA (Olaparib)
ONGLYZA (saxagliptin)
PULMICORT FLEXHALER (budesonide)
QTERN (dapagliflozin/saxagliptin)
SAPHNELO (anifrolumab-fnia)
SYMBICORT (budesonide/formoterol)
SYMLIN (pramlintide)
TAGRISSO (Osimertinib)
TRUQAP® (capiwasertib)
WAINUATM (eplontersen)
XIGDUO XR (dapagliflozin/metformin ER)

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

BAUSCH HEALTH

Eligibility

US resident

<300-500% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold		
	Group 1 (< 300% FPL)	Group 2 (< 400% FPL)	Group 3 (< 600% FPL)
1	45,180	60,240	87,480
2	61,320	81,760	118,320
3	77,460	103,280	149,160
4	93,600	124,800	180,000
Each additional	15,240	21,520	30,840

[RETURN TO TOP](#)

- For Medicare patients that have coverage of the requested medication, they may appeal for evaluation of eligibility, reviewed on a case-by-case basis

Medications eligible for assistance

Income group	Medication name
1	ACANYA® (clindamycin phosphate and benzoyl peroxide) Gel, 1.2% or 2.5%, for Topical
1	ALDARA Cream 5%
1	ANCOBON (flucytosine) capsules
1	APLENZIN (bupropion hydrobromide) Extended-Release Tablets
1	ARAZLO (tazarotene) Lotion, 0.045%
1	ATOPICCLAIR Nonsteroidal Cream 100 g Tube
1	BENZAMYCIN GEL
1	BIAFINE
1	BRYHALI (halobetasol propionate) Lotion
1	CARAC (fluorouracil cream)
1	CLINDAGEL (clindamycin phosphate gel)
3	CUPRIMINE (penicillamine) Capsules
1	CYCLOSET (bromocriptine mesylate tablets)
3	DEMSER (metyrosine) Capsules
1	DUOBRII (halobetasol propionate and tazarotene 0.01%/0.45%)
1	EFUDEX (fluorouracil) Topical Cream
1	ELIDEL (pimecrolimus) Cream, 1% for Topical Use
1	JUBLIA® (efinaconazole) Topical Solution
1	LOCOID LIPOCREAM
1	LOCOID (hydrocortisone butyrate) Lotion
1	LUZU (luliconazole) Cream, 1% for Topical Use
1	MEPHYTON (phytonadione) Vitamin K1 Tablets
1	MOVIPREP (polyethylene glycol 3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate, and ascorbic acid for oral solution)
1	NORITATE (metronidazole cream) Cream, 1% for Topical Use Only
1	ONEXTON (clindamycin phosphate and benzoyl peroxide) Gel, 1.2% or 3.75% for Topical
1	PLENVU® (PEG 3350, sodium ascorbate, sodium sulfate, ascorbic acid, sodium chloride, and potassium chloride), Powder for oral solution
1	RELISTOR (methylnaltrexone bromide)
1	RENOVA (tretinoin cream) 0.02% for Topical Use, Pump
1	RETIN-A CREAM 45 gm 0.025% or 0.05% or 0.1%
1	RETIN-A GEL 45 gm 0.01% or 0.025%
1	RETIN-A MICRO (tretinoin) Gel Microsphere for Topical Use 0.06% or 0.08%
2	SILIQ (brodalumab) injection, for subcutaneous use, 210 mg/1.5 mL solution
1	SOLODYN (minocycline HCl) Extended Release Tablets for Oral Use 55 mg or 80 mg or 105 mg
3	SYPRINE (trientine hydrochloride) Capsules
3	TARGETIN (bexarotene)

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

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

Bayer patient assistance foundation

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

Household size	Annual household income (\$) threshold	
	$> 150\%$ FPL)	$\leq 300\%$ FPL
1	22,590	45,180
2	30,660	61,320
3	38,730	77,460
4	46,800	93,600
Each additional person	8,070	15,240

Medications eligible for assistance

Adempas (riociguat)
Aliqopa (copanlisib)
ANGELIQ (drospirenone and estradiol)
BETASERON (interferon beta-1b)
BILTRICIDE (praziquantel)
Climara Pro (estradiol/levonorgestrel transdermal system)
Jivi (antihemophilic factor recombinant)
Kerendia (finerenone)
KOVALTRY (antihemophilic factor recombinant)

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

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

Boehringer Ingelheim (BI Cares Program)

Eligibility

US resident

<250% FPL

Uninsured or
Medicare

Household size	Group 1 income threshold (<200% FPL)	Group 2 income threshold (<250% FPL)	Group 3 income threshold (<300% FPL)
1	30,120	37,650	45,180
2	40,880	51,100	61,320
3	51,640	64,550	77,460
4	62,400	78,000	93,600
5	73,160	91,450	109,740

- Medicare patients <150% FPL will be denied until proof of [Medicare Low Income Subsidy](#) denial letter

Medications eligible for assistance

Medication group	Medication name
3	Aptivus (tipranavir)
1	Atrovent HFA (ipratropium)
1	COMBIVENT Respimat (ipratropium/albuterol)
3	CYLTEZO (adalimumab)
3	GILTORIF (afatinib)^{\$}
2	Glyxambi (empaglizoin/metformin)

2	Jardiance (empagliflozin)
2	Jentadueto & Jentadueto XR (linagliptin/metformin)
3	<u>OFEV (nintedanib) \$</u>
1	Spiriva Handihaler or Respimat (tiotropium)
3	<u>Spevigo (spesolimab-sbzo) injection</u>
1	Stiolto Respimat (tiotropium/olodaterol)
1	Striverdi Respimat (olodaterol)
2	Synjardy & Synjardy XR (empagliflozin/metformin)
2	Tadjenta (linagliptin)
2	Trijardy XR (empagliflozin/linagliptin/metformin)

\$ Has individual application

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

[Bristol Myers Squibb](#)

Eligibility

US resident

<300% FPL

Uninsured
or Medicare

Household size	Annual household income (\$) threshold (<u><300% FPL</u>)
1	45,180
2	61,320
3	77,460
4	93,600
5	109,740
Each additional person	16,140

Medicare patients with financial constraints can **apply if they have spent 3% of annual household** income on out-of-pocket prescription expenses. Bristol Myers Squibb does subtract insurance charge from total cost (i.e. if insurance copay would be \$400 and patient's out of pocket spend to meet 3% is \$425, the patient only needs to spend \$25 at the pharmacy before being approved)

- Company may require proof of out-of-pocket expenses, which can be obtained from pharmacy
- Medications for cancer, ulcerative colitis, multiple sclerosis, and kidney transplant **can qualify with higher income thresholds** (reviewed individually)

Applications will be processed more quickly if income documentation included:

1. 1099 forms
2. Social security statement
3. Pension statements
4. Two consecutive pay stubs

Medications eligible for assistance

[ABRAXANE® \(paclitaxel protein-bound particles for injectable sUSPension \(albumin-bound\)\)](#)

[AUGTYRO \(repotrectinib\)](#)

[CAMZYOS \(mavacamten\)](#)

[COBENFY \(xanomeline and trospium chloride\)](#)

[DROXIA \(hydroxyurea\)](#)

[ELIQUIS® \(apixaban\)](#)

[EMPLICITI® \(elotuzumab\)](#)

[IDHIFA® \(Enasidenib\)](#)

[INREBIC® \(fedratinib\)](#)

[ISTODAX® \(Romidepsin\)](#)

[KRAZATI \(adagrasib\)](#)

[NULOJIX® \(belatacept\)](#)

[ONUREG® \(azactidine tablets\)](#)

[OPDIVO® \(nivolumab\)](#)

[OPDUALAG™ \(nivolumab and relatlimab – rmbw\)](#)

[ORENCIA® \(Abatacept\)](#)

[POMALYST® \(pomalidomide\)](#)

[REBLOZYL® \(IUSPatercept-aamt\)](#)

[REVLIMID® \(lenalidomide\)](#)

[SOTYKTU \(deucravacitinib\)](#)

[SPRYCEL® \(dasatinib\)](#)

[THALomid® \(thalidomide\)](#)

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

[YERVOY® \(Ipilimumab\)](#)

[ZEPOSIA® \(ozanimod\)](#)

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

Can upload full application online via: patientsupportnow.org **Passcode:** 8007361611

GlaxoSmithKline – GSK for You

Eligibility

US resident

<250%-500 FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold (≤250% FPL)	Annual household income oncology products (≤500%FPL)
1	37,650	75,300
2	51,100	102,200
3	64,550	129,100
4	78,000	156,000
Each additional person	13,450	26,900

- Does **NOT** require proof of income per application, only requires submission of application, documenting income
 - ≤250% FPL
- No prescription drug benefit through any insurer
- Separate prescription required
- Not receiving government drug coverage (excluding Medicare)
 - Need to provide proof of \$600.00 out-of-pocket drug expenses
- Most medications sent as 90-day supply
- Refill requests to be made at least 3 weeks before existing supply will run out
- Need to recertify after 12 months

Medications eligible for assistance

[ADVAIR \(diskus or HFA\) \(Fluticasone/salmeterol\)](#)

[ANORO ELLIPTA \(Umeclidinium/vilanterol\)](#)

[ARNUITY ELLIPTA \(Fluticasone\)](#)

[BENLYSTA \(Belimumab\)](#)

[BLENREP \(Belantamab\)](#)

[BOOSTRIX \(Tdap vaccine\)](#)

[BREO ELLIPTA \(Fluticasone/vilanterol\)](#)

[ENGERIX-B \(Hepatitis B vaccine\)](#)

[FLOVENT \(diskus or HFA\) \(Fluticasone\)](#)

[IMITREX \(Sumatriptan nasal spray\)](#)

[INCRUSE ELLIPTA \(Umeclidinium\)](#)

[JEMPERLI \(Dostarlimab\)](#)

[LAMICTAL \(Lamotrigine chewable or orally disintegrating tablets\)](#)

[LAMICTAL ODT \(Lamotrigine patient titration kits\)](#)

[LAMICTAL XR \(Lamotrigine ER or patient titration kit\)](#)

[MALARONE \(Atovaquone and proguanil \)](#)

[MEPRON \(Atovaquone sUSPension\)](#)

[NUCALA \(Mepolizumab\)](#)

[OJAARA \(momelotinib\)](#)

[RELENZA \(Zanamivir inhalation powder\)](#)

[SEREVENT \(diskus\) \(Salmeterol\)](#)

[SHINGRIX \(Zoster vaccine\)](#)

[TRELEGY ELLIPTA \(fluticasone furoate, umeclidinium, vilanterol\)](#)

[ZEJULA \(niraparib\)](#)

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

Janssen

- Beginning January 1st, 2023, Johnson & Johnson is **ONLY** covering uninsured patients, Medicare patients will be covered by Janssen. Ensure correct link is selected depending on patient's insurance status.
- All "Uninsured" available medications from Johnson & Johnson are through the same application, simply click the word Uninsured for link
- Medications for uninsured patients through Johnson & Johnson shipped to healthcare provider office or made available through specialty pharmacy(those that require prescription)
 - Few medications are shipped to patient's residence (AKEEGA, BALVERSA, ERLEADA)

Eligibility

US resident

\leq 300-600% FPL

Uninsured or
Medicare

Household size	Group 1 income threshold (\leq 300% FPL)	Group 2 income threshold (<400% FPL)	Group 3 income threshold (\leq 600% FPL)
1	45,180	60,240	87,480
2	61,320	81,760	118,320
3	77,460	103,280	149,160
4	93,600	124,800	180,000
5	109,740	146,320	210,840

- a. If patient elects not to have soft income check (Will NOT affect credit score) performed, must provide the following:
 - i. Copy of most recent 1040 or 1040-SR federal tax return
 - b. Patients with Medicare Part D or prescription coverage **will need to spend 4% out of pocket** on prescriptions each year before being approved
 - c. Must read on application for uninsured where the medications will be shipped. All injections sent to healthcare professional office
 - i. Medications requiring a prescription will provide patient a card that will serve as their prescription insurance for the given medication and should be replace the patient's insurance at the pharmacy

Medications eligible for assistance

Income group	Medication name	
	Medicare	Uninsured application click here
	AKEEGA (niraparib and abiraterone acetate)	AKEEGA (niraparib and abiraterone acetate)
3	BALVERSA® (erdafitinib) Tablets	BALVERSA® (erdafitinib) Tablets
3	DARZALEX® (daratumumab) Injection for intravenous infusion	DARZALEX® (daratumumab) Injection for intravenous infusion

3	DARZALEX FASPRO® (daratumumab and hyaluronidase-fihj) Injection for subcutaneous use	DARZALEX FASPRO® (daratumumab and hyaluronidase-fihj) Injection for subcutaneous use
1	EDURANT® (rilpivirine) Tablets	EDURANT® (rilpivirine) Tablets*
1	ELMIRON® (pentosan polysulfate sodium) Capsules	ELMIRON® (pentosan polysulfate sodium) Capsules*
3	ERLEADA® (apalutamide) Tablets	ERLEADA® (apalutamide) Tablets
3	Infliximab, For injection, for intravenous use	Infliximab, For injection, for intravenous use
1	INTELENCE® (etravirine) Tablets	INTELENCE® (etravirine) Tablets*
1	INVEGA HAFYERA™* (paliperidone palmitate) Extended-release Injectable Suspension	INVEGA HAFYERA™* (paliperidone palmitate) Extended-release Injectable Suspension
1	INVEGA SUSTENNA®* (paliperidone palmitate) Extended-release Injectable Suspension	INVEGA SUSTENNA®* (paliperidone palmitate) Extended-release Injectable Suspension
1	INVEGA TRINZA®* (paliperidone palmitate) Extended-release Injectable Suspension	INVEGA TRINZA®* (paliperidone palmitate) Extended-release Injectable Suspension
1	INVOKAMET®* (canagliflozin/metformin HCI) Tablets	INVOKAMET®* (canagliflozin/metformin HCI) Tablets*
1	INVOKAMET® XR* (canagliflozin/metformin HCI) Extended-release Tablets	INVOKAMET® XR* (canagliflozin/metformin HCI) Extended-release Tablets*
1	INVOKANA® (canagliflozin) Tablets	INVOKANA® (canagliflozin) Tablets*
2	OPSUMIT®* (macitentan) Tablets	OPSUMIT®* (macitentan) Tablets
2	PONVORY® (ponesimod) Tablets	PONVORY® (ponesimod) Tablets*
1	PREZCOBIX® (darunavir 800mg/cobicistat 150mg) Tablets	PREZCOBIX® (darunavir 800mg/cobicistat 150mg) Tablets*
1	PREZISTA® (darunavir) Tablets or Oral Suspension	PREZISTA® (darunavir) Tablets or Oral Suspension*
3	REMICADE®* (infliximab) Intravenous Infusion	REMICADE®* (infliximab) Intravenous Infusion
1	RISPERDAL CONSTA®* (risperidone) Long-acting Injection	RISPERDAL CONSTA®* (risperidone) Long-acting Injection
3	RYBREVANT® (amivantamab-vmjw) Injection, for intravenous use	RYBREVANT® (amivantamab-vmjw) Injection, for intravenous use
3	SIMPONI® (golimumab) Injection	SIMPONI® (golimumab) Injection*
3	SIMPONI ARIA®* (golimumab) Intravenous Infusion	SIMPONI ARIA®* (golimumab) Intravenous Infusion*
1	SIRTURO®* (bedaquiline) Tablets	SIRTURO®* (bedaquiline) Tablets
1	SPRAVATO®* (esketamine) Nasal Spray CIII, for intranasal use	SPRAVATO®* (esketamine) Nasal Spray CIII, for intranasal use*
3	STELARA® (ustekinumab) Injection, for intravenous use	STELARA® (ustekinumab) Injection, for intravenous use*
3	STELARA® (ustekinumab) Injection, for subcutaneous use	STELARA® (ustekinumab) Injection, for subcutaneous use*

1	SYMTUZA®* (darunavir, cobicistat, emtricitabine, and tenofovir alafenamide) Tablets	SYMTUZA®* (darunavir, cobicistat, emtricitabine, and tenofovir alafenamide) Tablets*
	TALVEY (talquetamab-tgvs) injection for subcutaneous use	
3	TECVAYLI™ (teclistamab) Injection, for subcutaneous use	TECVAYLI™ (teclistamab) Injection, for subcutaneous use
2	TRACLEER®* (bosentan) Tablets	TRACLEER®* (bosentan) Tablets
3	TREMFYA® (guselkumab) Prefilled syringe or One-Press patient-controlled injector	TREMFYA® (guselkumab) Prefilled syringe or One-Press patient-controlled injector*
2	UPTRAVI®† (selexipag) Tablets	UPTRAVI®† (selexipag) Tablets
2	VELETRI®† (epoprostenol) Injection	VELETRI®† (epoprostenol) Injection
2	VENTAVIS®† (iloprost) Inhalation solution	VENTAVIS®† (iloprost) Inhalation solution
1	XARELTO®* (rivaroxaban) Tablets or Oral Suspension	XARELTO®* (rivaroxaban) Tablets or Oral Suspension*
3	YONDELIS® (trabectedin) Injection for Intravenous Infusion	YONDELIS® (trabectedin) Injection for Intravenous Infusion

*Provider must provide a prescription as part of the applications

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

Lilly Cares Program

Eligibility

Legal US resident

<300-500% FPL

Uninsured or Medicare

Household size	Annual household income (\$) threshold		
	Group 1 (< 300% FPL)	Group 2 (< 400% FPL)	Group 3 (< 500% FPL)
1	45,180	60,240	75,300
2	61,320	81,760	102,200
3	77,460	103,280	129,100
4	93,600	124,800	156,000
Each additional	16,140	21,520	26,900

- Does not require proof of income **WITH** physician or advanced practice provider hand-written letter of financial situation
- Patient will need to coordinate shipment by calling LabCorp Specialty Pharmacy 866-842-2147

As of 02/13/2023, Lilly Cares is no longer accepting new applicants for Trulicity

[RETURN TO TOP](#)

Medications eligible for assistance

Group	Medication name	Package insert	Patient education
3	Alimta® (pemetrexed for injection)	Prescribing Information	Patient Information
2	Basaglar® (insulin glargine injection)	Prescribing Information	Patient Information
2	Cialis® (tadalafil) tablets	Prescribing Information	Patient Information
1	Cymbalta® (duloxetine delayed-release capsules)	Prescribing Information	Medication Guide
3	Cyramza® (ramucirumab) injection	Prescribing Information	
2	Emgality® (galcanezumab-gnlm) injection	Prescribing Information	Patient Information
3	Erbixut® (cetuximab) injection	Prescribing Information	
1	Evista® (raloxifene hydrochloride) Tablet	Prescribing Information	Medication Guide
1	Forteo® (teriparatide injection)	Prescribing Information	Medication Guide
2	Humalog® U-100 (insulin lispro injection)	Prescribing Information	Patient Information
2	Humalog® U-200 (insulin lispro injection)	Prescribing Information	Patient Information
2	Humalog® Mix50/50™ (insulin lispro protamine and insulin lispro injectable sUSPension)	Prescribing Information	Patient Information
2	Humalog® Mix75/25™ (insulin lispro protamine and insulin lispro injectable sUSPension)	Prescribing Information	Patient Information
3	Humatrop® (somatropin) for injection	Prescribing Information	Patient Information: Cartridge
2	Humulin® 70/30 (human insulin isophane sUSPension and human insulin injection)	Prescribing Information	Patient Information
2	Humulin® N (isophane insulin human sUSPension)	Prescribing Information	Patient Information
2	Humulin® R (insulin human injection)	Prescribing Information	Patient Information
2	Humulin® R U-500 (insulin human injection)	Prescribing Information	Patient Information
3	Jaypirca™ (pirtobrutinib) tablets	Prescribing Information	Patient Information
3	Kisunla™ (donanemab-azbt) injection	Prescribing Information	Medication Guide
2	Lyujev™ (insulin lispro-aabc) injection	Prescribing Information	Patient Information

[RETURN TO TOP](#)

3	Omvoh™ (mirikizumab-mrkz) infusion	Prescribing Information	Medication Guide
3	Olumiant® (baricitinib) tablets	Prescribing Information	Medication Guide
1	Prozac® (fluoxetine capsules)	Prescribing Information	Medication Guide
3	Retevmo™ (selpercatinib) capsules	Prescribing Information	Patient Information
2	Reyvow® (lasmiditan) tablets C-V	Prescribing Information	Medication Guide
1	Strattera® (atomoxetine) capsules	Prescribing Information	Medication Guide
3	Taltz® (ixekizumab) injection	Prescribing Information	Medication Guide
2	Trulicity® (dulaglutide) injection	Prescribing Information	Medication Guide
3	Verzenio® (abemaciclib) tablets	Prescribing Information	Patient Information

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 (≤400% FPL)
1	60,240
2	81,760
3	103,280
4	124,800
5	146,320
Each additional person	21,520

1. Does **NOT** require proof of income
2. Applications must be MAILED to: PO box 690, Horsham, PA 19044-9979
 - a. Once application submitted, Medicare patients will receive attestation that needs signed and returned to program

Medications eligible for assistance

BELSOMRA® (suvorexant) C-IV

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

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

LAGEVRIO™ (molnupiravir) 200 mg capsules [available for urgent request]

M-M-R® II (Measles, Mumps, and Rubella Virus Vaccine Live)

NOXAFIL® (posaconazole) oral SUSPension, 40 mg/mL

PIFELTROT™ (doravirine) tablets, for oral use

PNEUMOVAX®23 (Pneumococcal Vaccine Polyvalent)
PREVYMIS™ (letermovir) 240 mg Tablets
PRIMAXIN® I.V. (imipenem and cilastatin for injection)
RECARBRIOTM (imipenem, cilastatin, and relebactam) for injection, for intravenous use
RECOMBIVAX HB® [Hepatitis B Vaccine (Recombinant)]
STROMECTOL® (ivermectin) Tablets
VAQTA® (Hepatitis A Vaccine, Inactivated)
VARIVAX® (Varicella Virus Vaccine Live)
VAXNEUVANCE™ (Pneumococcal 15-valent conjugate vaccine)
VERQUVOTM (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 capsules, for oral use) 100 mg [available for urgent request]

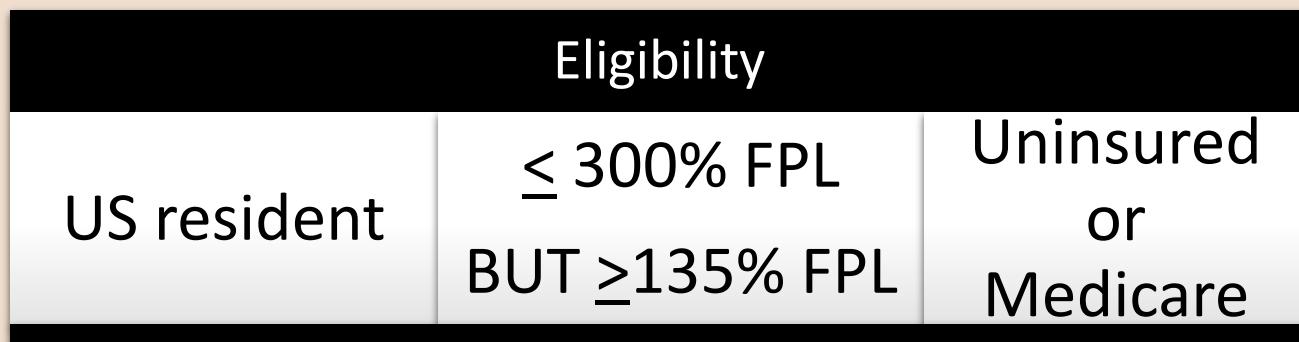
Blue links for individual medication information. For application for all listed medications click "Medications eligible for assistance"

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

Program details

- Single application can include up to 3 Merck products but **requires mail in or online application**
- 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



- Commercially insured patients copay card

Household size	Annual household income (\$) threshold (≤300% FPL)
1	45,180
2	61,320
3	77,460
4	93,600

Each additional person	16,140
------------------------	--------

- Must be above 135% FPL, as patient would then qualify for LIS but below 300% FPL
- Proof of income may be asked for, which needs provided within 30 days of request
- Medicare Part D beneficiaries must spend \$500 out of pocket on prescriptions before considered eligible
- [Can apply online](#)

Medication eligible for assistance

Praluent (alirocumab)

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

Mylan pharmaceuticals now Viatris

Eligibility

US resident

\leq 400-500% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold	
	Group 1 & 2 medications \leq 400% FPL	Fulphila & Ogivri (\leq 500% FPL)
1	60,240	75,300
2	81,760	102,200
3	103,280	129,100
4	124,800	156,000
5	146,320	182,900
Each additional	21,520	26,900

a. Verification Documents:

- i. 1040
- ii. 1040ez
- iii. W2
- iv. 4506-T
- v. SSI Statement
- vi. Disability Statement
- vii. **Statement from Provider, Nurse, or Patient Advocate**
- viii. Certified Notarized Statement from the Applicant

Medications eligible for assistance

Group	Medication name
1	Arixtra (fondaparinux)
1	Breyna (budesonide/formoterol) inhalation
1	Caduet (amlodipine/atorvastatin)
1	Clozapine

[RETURN TO TOP](#)

1	Cortifoam (hydrocortisone 1%) rectal foam
1	Cystagon (cysteamine) capsules
1	Denavir (penciclovir) cream 1%
2	Detrol LA (tolterodine)
1	Dipentum (olsalazine) capsule
1	Dymista (azelastine/fluticasone) nasal spray
1	Emsam transdermal system
2	EpiPen & EpiPen Jr (epinephrine) injection
1	ERMEZA (levothyroxine oral solution)
1	Felbatol (felbamate)
1	Gastrocrom (cromolyn) oral concentrate
2	Glatiramer Acetate
1	Miacalcin injection (calcitonin)
1	Muse (alprostadil) urethral
1	Performist (formoterol fumarate) inhalation solution
1	Pretomanid tablet
1	Proctofoam HC (hydrocortisone acetate 1% & pramoxine 1%)
2	Relpax (eletriptan)
1	Rowasa (mesalamine) rectal sUSPension
1	Semglee (insulin glargine)
1	SF Rowasa (mesalamine) rectal sUSPension
2	Tobi (tobramycin) ampules or podhalers
1	Wixela (fluticasone/salmeterol)
1	Xulane (norelgestromin and ethinyl estradiol transdermal system)
1	Yupelri (revefenacin)

*FPL threshold 500%

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

Nestle Health Science Patient assistance program

Eligibility

US resident

≤ 400 FPL

Uninsured

Household size	Annual household income (\$) threshold (≤400% FPL)
1	60,240
2	81,760
3	103,280
4	124,800
5	146,320
Each additional person	21,520

- a. Proof of income required: W-2, federal tax return, current pay stubs, monthly healthcare benefits statement, social security award letter or bank statement showing monthly direct deposit
- b. If self-employed must attach Federal tax income statement
- c. If no income, need a letter from provider or social worker on healthcare letterhead

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

<400-600% FPL

Uninsured
or Medicare

Household size	Annual household income (\$) threshold	
	Group 1	Group 2
1	60,240	87,480
2	81,760	118,320
3	103,280	149,160
4	124,800	180,000
Each additional person	21,520	30,840

- a. Needs to check box to allow for income verification which will NOT affect credit score
- b. OR submit one of the following:
 - i. Most recent federal tax return
 - ii. W-2 form
 - iii. Three months of paycheck stubs
 - iv. Social security statement (1099)
- 2. Limited or no private or public prescription coverage
- 3. **Separate prescription required**
- 4. Patients **MUST** call for refills, **NOT** automatically refilled
- 5. Separate prescription must be faxed in by provider to 1-855-817-2711

6. Starting in 2025, patients eligible for Medicare Extra help (individual income <\$22,590 or household of two \$30,660) will need to show proof of denial

Medications eligible for assistance

2	Adakveo® (crizanlizumab-tmca)
2	Afinitor® (everolimus)
2	Afinitor Disperz® (everolimus sUSPension)
1	Beovu® (brolucizumab-dbl) Injection
1	Coartem® (artemether and lumefantrine)
2	Cosentyx® (secukinumab)
1	Entresto™ (sacubitriil/valsartan)
2	Fabhalta (iptacopan)
2	Gilenya® (fingolimod)
2	Ilaris® (canakinumab)
2	Jadenu® (deferasirox)
2	Jadenu® Sprinkle (deferasirox) granules
2	Kesimpta® (ofatumumab)
2	Kisqali® (ribociclib)
2	Kisqali® Femara® Co-Pack (ribociclib and letrozole) tablets
1	Leqvio® (Inclisiran)
2	Lutathera® (lutetium Lu 177 dotatate)
2	Mayzent® (Siponimod)
2	Mekinist® (trametinib)
2	Piqray® (alpelisib)
2	Pluvicto® (177Lu-PSMA-617)
2	Promacta® (eltrombopag)
2	RYDAPT® (midostaurin)
2	SANDOSTATIN LAR® DEPOT (octreotide acetate)
2	Scemblix® (asciminib) Tablets
2	Tabrecta™ (capmatinib)
2	Tafinlar® (dabrafenib)
2	Tasigna® (nilotinib)
2	Tykerb® (lapatinib)
2	Vijoice® (alpelisib)
2	Votrient® (pazopanib)
2	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

$\leq 400\%$ FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold ($\leq 400\%$ FPL)
1	60,240
2	81,760
3	103,280
4	124,800
5	146,320
Each additional person	21,520

- Do **NOT** need proof of income if financial constraint is secondary to COVID-19
- Otherwise need:
 - Two most current paycheck stubs or earning statements for all working members of your household
 - Last year's federal Individual Income Tax Return (1040)
 - Social Security income, pension, and other income statements
 - W-2 or 1099 forms
 - Unemployment benefit statements
- Not enrolled or does not qualify for federal, state, or government program
- **Important refill information:** Rybelsus not on automatic refill for 3 or 7mg, all other medications are automatically refilled. Novo Nordisk sends out refill request/dose change form automatically but it should be disregarded unless a dose change needs to occur. The company ensures they will still send the refill

Medications are sent to primary care office if approved

Medications eligible for assistance

Fiasp Flextouch (insulin aspart)*
Novolin N vial (insulin NPH)
Novolin 70/30 (insulin NPH and insulin R mix) vial
Novolin R vial (insulin regular)
Novolog (insulin aspart) FlexPen*
Novolog mix 70/30 (insulin aspart protamine and insulin aspart) FlexPen*
Ozempic (semaglutide) injection*
Rybelsus (semaglutide) tablets
Tresiba (insulin degludec) FlexTouch*
Victoza (liraglutide) pen*
Xultophy (insulin degludec & liraglutide) pen*

Zegalogue® (dasiglucagon)

*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 (<u>≤ 300% FPL</u>)	Jynarque (<u><700% FPL</u>)
1	45,180	102,060
2	61,320	138,040
3	77,460	174,020
4	93,600	210,000
Each additional	16,140	35,980

a. Must show proof of residency by submitting **ONE** of the following:

- i. Social Security number
- ii. State driver's license
- iii. US birth certificate
- iv. US passport
- v. Foreign passport with US visa
- vi. I-94 form with photograph
- vii. US military ID
- viii. US certificate of naturalization or citizenship

b. Must provide **ONE** of the following:

- i. Federal Income Tax Return (1040, etc)
- ii. Social Security award letter
- iii. W-2 from previous tax year
- iv. Disability income information
- v. 1099-MISC form
- vi. Unemployment benefits letter
- vii. 2 most recent paystubs
- viii. Letter from employer on company letterhead

c. Application mentions that income verification will be done electronically (will NOT affect credit score) if financial documentation cannot be provided

Medications eligible for assistance

[Abilify Maintena \(aripiprazole\) for extended release injectable sUSPension](#)

[Abilify Asimtufii \(aripiprazole\) extended-release injectable suspension](#)

[Jynarque \(tolvaptan\) tablets](#)

[Nuedexta \(dextromethorphan/quinidine\)](#)

[Rexulti \(Brexpiprazole\) tablets](#)

[Samsca \(tolvaptan\)](#)

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

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

Eligibility

US resident

≤ 400% FPL

Uninsured

Household size	Annual household income (\$) threshold	
	Group A ≤400% FPL	Group B ≤350% FPL
1	60,240	51,030
2	81,760	69,020
3	103,280	87,010
4	124,800	105,000
5	146,320	122,990
Each additional	21,520	17,990

- Requires photocopy of **one** of the following for income verification:
 1. Pages one and two of previous year federal tax return (1010 or 1040 EZ)
 2. Wage and tax statements (W-2 forms)
 3. Two recent paycheck stubs
 4. Social security, pension, or railroad retirement statements (SSA-1099 or similar)
 5. Statements of interest, dividends, or other income (1099-INT, 1099-DIV, or similar)
- Annual income cutoff is ≤400% FPL

- Patient and provider need to register online or call 1-866-706-2400 and application will be faxed

See link [page 2](#) for additional medications that qualify for savings for uninsured patients through local pharmacy, regardless of income

Medications eligible for assistance

Group	Medication name
B	Revatio (sildenafil)
A	ARTHROTEC® (diclofenac sodium/misoprostol) tablets
	BeneFIX® Coagulation Factor IX (Recombinant)
	BESPONSA™ (inotuzumab ozogamicin, for injection, for intravenous use)
	BOSULIF® (bosutinib) tablets
	CELONTIN® (methsuximide) capsules, USP
	CIBINQO™ (abrocitinib) tablets
	DAURISMO™ (glasdegib) tablets
	DEPO®-ESTRADIOL (estradiol cypionate) injection, USP
	DUAVEE™ (conjugated estrogens/bazedoxifene) tablets
	ELEYSO (taliglucerase alfa)
	ESTRING® (estradiol vaginal ring)
	EUCRISA (crisaborole) ointment 2%
	IBRANCE® (palbociclib) capsules
	INLYTA® (axitinib) tablets
	LORBRENA® (lorlatinib) tablets
	MYLOTARG™ (gemtuzumab ozogamicin) for injection
	NORPACE® (disopyramide phosphate)
	PREMARIN® (conjugated estrogens) tablets, USP (conjugated estrogens tablets)
	PREMARIN® (conjugated estrogens) Vaginal Cream (conjugated estrogens) Vaginal Cream
	PREMPRO® (conjugated estrogens/medroxyprogesterone acetate) tablets
	PREMPHASE® (conjugated estrogens plus medroxyprogesterone acetate) tablets
	PREVNAR 13® Pneumococcal 13-valent Conjugate Vaccine [Diphtheria CRM197 Protein]
	PREVNAR 20™ (Pneumococcal 20-valent Conjugate Vaccine)
	RETACRIT® (epoetin alfa-epbx) injection

SOMAVERT® (pegvisomant) for injection
SYNAREL® (nafarelin acetate) nasal solution
TALZENNA® (talazoparib) capsules
TIKOSYN® (dofetilide) capsules
TRECATOR® (ethionamide) tablets
TRUMENBA® (Meningococcal Group B Vaccine)
VIZIMPRO® (dacomitinib) tablets
VYNDAMAX® (tafamidis) capsules
VYNDAQEL® (tafamidis meglumine) capsules
XALKORI® (crizotinib) capsules
XELJANZ® (tofacitinib) tablets
XELJANZ® (tofacitinib) oral solution
XELJANZ® XR (tofacitinib) extended-release tablets
XYNTHA® Antihemophilic Factor (Recombinant)
ZARONTIN® (ethosuximide)

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

Pfizer Oncology Together

Eligibility

US resident

≤ 500% FPL

Uninsured or
insurance not
covering
medication

Household size	Annual household income (\$) threshold (≤500% FPL)
1	75,300
2	102,200
3	129,100
4	156,000
Each additional	26,900

[RETURN TO TOP](#)

Patient assistance (free medication) for uninsured patients

- a. $\leq 500\%$ FPL (must opt in to electronic income verification **OR** provide 1040 form page 1, W-2 or other income verification)

Medications available for assistance

BOSULIF (bosutinib)

BRAFTOVI (encorafenib)

DAURISMO (glasdegib)

IBRANCE (Palbociclib)

INLYTA (axitinib)

LORBRENA (lorlatinib)

MEKTOVI (bibimetinib)

TALZENNA (talazoparib)

VIZIMPRO (dacaomitinib)

XALKORI (crizotinib)

BESPONSA (inotuzumab)

MYLOTARG (gemtuzumab)

NYVEPRIA (pegfilgrastim-apgf)

RETACRIT (epoetin alfa-epbx)

RUXIENCE (rituximab-pvvr)

TRAZIMERA (trastuzumab-qyyp)

ZIRABEV (bevacizumab-bvzr)

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

- [Commercially insured patients copay card](#)

Radius Assist

Eligibility

Legal US
resident

$\leq 300\%$ FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold ($\leq 300\%$ FPL)
1	45,180
2	61,320
3	77,460
4	93,600
Each additional	16,140

[RETURN TO TOP](#)

1. If proof of income not available, can provide social security number for income verification
2. Medicare patients that are NOT:
 - a. Enrolled in Medicaid, Veterans benefits, Indian health services
 - b. Eligible for full low-income subsidy (LIS) from social security administration

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 <\$156,000
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

- Does **NOT** require proof of income
 - Program may ask for a copy of IRS 1040 form or other proof of income however

Documents that need filled out for every medication:

1. Patient consent form
2. Prescriber form

Medications available for assistance

Actemra (tocilizumab)¹

Copay card: <https://www.racopay.com/hcp/login>

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 (emicizumab-kxwh)

Herceptin (trastuzumab)

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

[Additional programs for Cellcept, Evrysdi, Valcyte, Fuzeon, Nutropin available](#)*

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

Sanofi

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

Eligibility

Legal US resident

≤ 400% FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold (≤400% FPL)
1	60,240
2	81,760
3	103,280

4	124,800
5	146,320

- a. If eligible for Medicaid, will need to show proof of Medicaid denial
- b. Does **NOT** require income documents
 - i. Patient signs authorization for soft credit check to verify income (will NOT impact credit score)
- 2. For vaccine eligibility, must be >19 years of age
 - Medications are typically shipped as 90 day supply

As of June 1 2023, refills now automated without refill request form

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
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® Diphteria 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
Synvisc-One (hylan G-F 20)
Tenivac® (tetanus and diphtheria toxoids adsorbed)
Thymoglobulin® [Anti-Thymocyte Globulin (Rabbit)] ¹
Thryogen (thyrotropin alfa) for injection
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

Sanofi Temporary Access Program

- Once an application for the Sanofi Patient Assistance Program has been submitted, patient can qualify for a 30-day immediate access voucher ID to cover the first fill while the application processes
 - Eligible medications:

■ Admelog	■ Multaq
■ Apidra	■ Soliqua 100/33
■ Lantus	■ Toujeo

- After application is submitted, call Sanofi Patient Connection at **888-847-4877** and inform representative that patient is interested in Sanofi Temporary Access Program
 - Patient or representative of patient will need to answer a few short questions
 - Patient will be provided a voucher ID and pharmacy numbers to take to pharmacy
 - Voucher covers up to 2 injectable brands (150mL max) and/or up to one 60 tablet package of Multaq (dronedarone) 400mg tablets
- ***One voucher for temporary access per lifetime, cannot be used for readmissions***

Sanofi copay cards for commercial insurance

- [Apidra](#)
- [Lantus](#)
- [Toujeo](#)

Sanofi Valyou program without insurance regardless of income

Eligible medications

Insulin

- [Admelog](#)
- [Apidra](#)
- Toujeo
- Lantus

Patients that do NOT qualify

- Medicare
- Medicaid
- VA
- DOD
- TRICARE
- Commercial or private insurance

Program details

- Patients must fill all Sanofi products at the same time for maximum savings (i.e. Fill Lantus and Admelog at the same time)
- Patients pay \$99 for up to 10 vials or packs of SoloStar PENS per fill or up to 5 packs of Max SoloStart pens per fill
 - Valid for one fill per month

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

Sunovion Prescription Assistance Program

Eligibility

US resident

$\leq 300\%$ FPL

Uninsured or
Medicare

Household size	Annual household income (\$) threshold ($\leq 300\%$ FPL)
1	45,180
2	61,320
3	77,460
4	93,600
Each additional	16,140

- a. **Requires** proof of income with one of the following:
- i. Current paycheck stubs, proof of Social Security Income, 1099 or W-2 forms for all members of household
 - ii. Federal Income Tax Return (IRS Form 1040 or 1040EZ) for prior tax year

Medications eligible for assistance

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

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

[TAKEDA: Help at Hand](#)

Eligibility

US resident

$\leq 500\%$ FPL

Any insurance
status

Household size	Annual household income (\$) threshold ($\leq 500\%$ FPL)
1	75,300

[RETURN TO TOP](#)

2	102,200
3	129,100
4	156,000
Each additional	26,900

Medications eligible for assistance

Amitiza (lubiprostone)
Carbatrol (carbamazepine extended-release) capsules
Colcrys (colchicine) tablets
Dexilant (dexlansoprazole) DR capsules
Eohilia (budesonide oral suspension)
Fosrenol (lanthanum carbonate)
Intuniv (guanfacine) ER tablets
Kazano (alogliptin/metformin) tablets
Lialda (mesalamine) DR tablets
Motegrity (prucalopride) tablets
Mydayis (amphetamine) ER capsules
Nesina (alogliptin) tablets
Oseni (alogliptin/pioglitazone) tablets
Pentasa (mesalamine) ER capsules
Prevacid (lansoprazole) ODT tablets
Rozerem (ramelteon) tablets
Trintellix (vortioxetine tablets)
Vyvanse (lisdexamfetamine) capsules and tablets

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

TEVA Cares Foundation

Eligibility

US resident

\leq 300-500% FPL

Uninsured or
Medicare A/B
ONLY

Household size

Annual household income (\$) threshold

Non-oncology medications

Oncology medications

	<u><300% FPL</u>	<u><500% FPL</u>
1	45,180	75,300
2	61,320	102,200
3	77,460	129,100
4	93,600	156,000
5	109,740	182,900
Each additional	16,140	26,900

- a. Does **NOT** require proof if patient consents to electronic income verification (does NOT affect credit score)
- b. Otherwise will need to submit one or more of the following for all members of household
 - i. A copy of your most recently filed Federal Income Tax Return or Forms (1040, 1040EZ, 1099, 1099-DIV or 1099-INT)
 - ii. Social Security Income Yearly Benefits Statement (SSA, 1099-R, or Awards Letter)
 - iii. IRS Transcript
 - iv. Pay stubs
 - v. Unemployment Letter or Worker's Compensation
 - vi. Veterans Benefits
 - vii. Alimony/Child Support
 - viii. Rental Income
 - ix. Employer Letter on Company Letterhead
 - x. **Zero Income Letter from social worker, clergy, provider, or patient/family explaining how patient is surviving with no income**

Medications eligible for assistance

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

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

Tolmar Total solutions

Eligibility

US resident

$\leq 500\%$ FPL

Uninsured

Household size	Annual household income (\$) threshold ($\leq 500\%$ FPL)
1	75,300
2	102,200
3	129,100
4	156,000
Each additional	26,900

a. Proof of income **required**

Medications eligible for assistance

[Eligard \(leuprolide\)](#)

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

Veltassa Konnect

Eligibility

US resident

$\leq 500\%$ FPL

Uninsured

Household size	Annual household income (\$) threshold ($\leq 500\%$ FPL)
1	75,300
2	102,200
3	129,100
4	156,000
Each additional	26,900

a. Requires copy of **ONE** of the following:

[RETURN TO TOP](#)

- i. Federal tax return
- ii. Pay stub
- iii. W-2 statement
- iv. Bank statement or other source of income information

Medications eligible for assistance

[Veltassa \(patiromer\)](#)

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

PAPs by Disease State/Condition

ANTI-MIGRAINE

Medications available for assistance

[Aimovig \(Erenumab\)](#)

[Botox \(Onabotulinumtoxina\)](#)

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

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

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

[Relpax \(Eletriptan\)](#)

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

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

Antithrombotics

Medication class	Medication name
Anticoagulant	Arixtra (Fondaparinux)
	Eliquis® (Apixaban)
	Lovenox® (Enoxaparin Sodium Injection)
	Xarelto (Rivaroxaban) Tablets Or Oral Solution
Antiplatelet	Brilinta (Ticagrelor)
Clotting factor	Benefix® Coagulation Factor IX (Recombinant)
Thrombolytic	Activase (Alteplase)
	Cathflo Activase (Alteplase)
	TNKase (Tenecteplase)

Direct acting oral anticoagulants (DOACs) considerations

Eliquis and Xarelto programs exist. For our uninsured patients, the following should be known:

[RETURN TO TOP](#)

- Xarelto program allows for the patient to check the Box in Section 4, which will allow the company to run a credit check/proof of income on their own **or** the patient provide their most recent 1040 or 1040-SR Federal tax return if available.
 - Annual Income for single person household needs to be **less than \$40,770**
 - The Xarelto program sends the patient a pharmacy card, which will include an ID, RxBIN and Rx Group code that is good for one year and will cover the cost of the medication
- Eliquis program states “Proof of income may be required”: would like most recent federal tax return. If not available, it states provide as many of the following as possible:
 - W2
 - 1099
 - Pension statement
 - Social security statement
 - At least 2 consecutive pay stubs
 - Annual household income needs to be **less than \$40,770**

AUTOIMMUNE DISORDERS

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

[RETURN TO TOP](#)

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

Simponi (Golimumab) Injection	Psoriatic arthritis, Ankylosing spondylitis, Ulcerative colitis, Rheumatoid arthritis
Skyrizi (Risankizumab-Rzaa)	Plaque psoriasis, Psoriatic arthritis
Somavert® (Pegvisomant) For Injection	Acromegaly
SOTYKTU (deucravacitinib)	Plaque Psoriasis
Spevigo (spesolimab-sbzo) injection	Generalized Pustular Psoriasis
Stelara (Ustekinumab) For Subcutaneous Or Iv Use	Crohn's, Plaque psoriasis, Psoriatic arthritis, Ulcerative colitis
Taltz® (Ixekizumab) Injection	Ankylosing spondylitis, Plaque psoriasis, Psoriatic arthritis
Tremfya (Guselkumab) For Subcutaneous Use	Plaque psoriasis, Psoriatic arthritis
Truxima (Rituximab-Abbs) Injection	Rheumatoid arthritis
Viokace (Pancrelipase) Tablets	Pancreatic insufficiency
Vyndaqel® (Tafamidis Meglumine) Capsules	Amyloid cardiomyopathy
Xeljanz® (Tofacitinib) Oral Solution	Ankylosing spondylitis, Plaque psoriasis, Psoriatic arthritis, Rheumatoid arthritis, Ulcerative colitis
Xeljanz® (Tofacitinib) Tablets	
Xeljanz® Xr (Tofacitinib) Extended-Release Tablets	
Xyntha® Antihemophilic Factor (Recombinant)	Hemophilia A
Zenpep (Pancrelipase) Delayed Release Capsule	Pancreatic insufficiency
Zeposia® (Ozanimod)	Multiple sclerosis, relapsing

CARDIOVASCULAR

Medications available for assistance

[Adempas \(riociguat\)](#)

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

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

[Caduet \(amlodipine/atorvastatin\)](#)

[CAMZYOS \(mavacamten\)](#)

[Corlanor \(Ivabradine\)](#)

[Edarbi \(azilsartan medoxomil\)](#)

[Edarbyclor \(azilsartan medoxomil/chlorthalidone\)](#)

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

[Farxiga \(Dapagliflozin\)](#)

[Inspira \(Eplerenone\)](#)

[Jardiance \(Empagliflozin\)](#)

[Kerendia \(finerenone\)](#)

[Leqvio® \(Inclisiran\)](#)

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

[Multaq® \(Dronedarone\) Tablets](#)

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

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

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

[Praluent \(alirocumab\)](#)

[Repatha \(Evolocumab\)](#)

[Sotyline \(sotalol oral solution\)](#)

[Tikosyn® \(Dofetilide\) Capsules](#)

[Tracleer \(Bosentan\)](#)

[Uptravi \(Selexipag\)](#)

[Veletri \(Epoprostenol\)](#)

[Ventavis \(Iloprostol\)](#)

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

[Veltassa \(patiromer\)](#)

[VYNDAMAX® \(tafamidis\) capsules](#)

Cardiovascular medications: Entresto (Manufactured by Novartis)

For Novartis products including Entresto eligibility for full patient assistance as follows:

- Household income per year:

Household size	Annual household income (\$) threshold
1	70,000
2	100,000
3	125,000
4	156,000
≥5	Add 25,000 per additional person

- Uninsured or limited private or public prescription coverage
- Patient will need to allow electronic income check, which will not affect credit score, only used to verify income by checking the box on page 3 under section 3 OR provide the following:
 - Most recent federal tax return
 - W-2 form
 - 3 months of paycheck stubs
 - Social security statement (1099)
- Prescriber application is page 4 and requires and ICD-10 code along with prescription, and prescriber signature

*****If patient has commercial insurance, \$10 copay card is available along with free 30-day trial*****

- Will need patient's Prescription insurance card with the following information
 - Rx BIN
 - Rx Group (GRP)
 - Rx PCN

For prior authorizations for Entresto

Three easy steps:

1. Select the patient's insurance provider (Commercial, Medicare, and Medicaid comprehensive list on website)
2. Review the coverage details and PA requirements for selected insurance plan (Aetna Standard example provided) – Not requiring a PA

2

Review Coverage Details for ENTRESTO

Learn about the coverage information and PA requirements for the plan you selected.

Aetna Standard

► COVERAGE

State: South Carolina	Name of Payer: Aetna, Inc.
Type of Plan: Commercial	PA Required?: No
Formulary Tier: Preferred Brand	Number of Formulary Tiers: 6-Tier
Step Therapy Required?: No	Step Therapy Placement:
Quantity Limits: No	

PA Requirements	
NYHA Class Requirements	
LVEF Requirements	
Specialist Approval Required?	
Concomitant Therapy Requirements	
Proof of Effectiveness Required?	
Lab Requirements	
Dose Limits	
Length of Initial Authorization	

LVEF, left ventricular ejection fraction; NYHA, New York Heart Association.

The coverage and prior authorization (PA) requirements listed here are representations by Zitter Health Insights of the actual criteria developed and approved by managed care organizations and are not controlled by Novartis Pharmaceuticals Corporation (NPC). Coverage information is subject to change by the relevant plan. NPC has not independently verified the requirements of each plan and assumes no responsibility for this content. NPC cannot guarantee payment of any claim. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. It is the sole responsibility of the health care provider to select the proper code and ensure the accuracy of all claims used in seeking reimbursement.

Please note: In this tool, qualified health plans available through health insurance marketplaces are considered commercial plans.

Reference: Data on file. Zitter Health Insights. Policy & Access Tracking Tool. Novartis Pharmaceuticals Corp. East Hanover, NJ.

See Absolute Total Care example which does require a PA

2

Review Coverage Details for ENTRESTO

Learn about the coverage information and PA requirements for the plan you selected.

Absolute Total Care

► COVERAGE

State: South Carolina	Name of Payer: Centene Corporation
Type of Plan: Medicaid	PA Required?: Yes
Formulary Tier: Preferred Brand	Number of Formulary Tiers: Closed
Step Therapy Required?: No	Step Therapy Placement:
Quantity Limits: 2 tablets per day	

► PA INFORMATION

PA Requirements	Meets below requirements
NYHA Class Requirements	NYHA Class II-IV
LVEF Requirements	Left ventricular ejection fraction (LVEF) is = 40%
Specialist Approval Required?	Cardiologist
Concomitant Therapy Requirements	No
Proof of Effectiveness Required?	Show Response
Lab Requirements	Left ventricular ejection fraction (LVEF) is = 40%
Dose Limits	Dose does not exceed sacubitril 194 mg/valsartan 206 mg (2 tablets for adults) per day.
Length of Initial Authorization	1 PlanYear

LVEF, left ventricular ejection fraction; NYHA, New York Heart Association.

The coverage and prior authorization (PA) requirements listed here are representations by Zitter Health Insights of the actual criteria developed and approved by managed care organizations and are not controlled by Novartis Pharmaceuticals Corporation (NPC). Coverage information is subject to change by the relevant plan. NPC has not independently verified the requirements of each plan and assumes no responsibility for this content. NPC cannot guarantee payment of any claim. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. It is the sole responsibility of the health care provider to select the proper code and ensure the accuracy of all claims used in seeking reimbursement.

Please note: In this tool, qualified health plans available through health insurance marketplaces are considered commercial plans.

Reference: Data on file. Zitter Health Insights. Policy & Access Tracking Tool. Novartis Pharmaceuticals Corp. East Hanover, NJ.

If no PA is required, you can proceed with prescribing the medication. If PA Is required, proceed to step 3, which takes your directly to the PA form

3

Access the Plan-Specific PA Form for ENTRESTO

Click on the link to access the plan's PA form. If you have questions about submitting the form, please visit CheckBenefitsNow.com.

[Access PA Form](#)
[More PA Information](#)

Diabetes

Medication class	Medication name
DPP4 inhibitor	Januvia® (Sitagliptin) Tablets
	Nesina (alogliptin) tablets
	Onglyza (Saxagliptin)
	Tradjenta (Linagliptin)
GLP-1	Bydureon (Exenatide Extended Release)
	Byetta (Exenatide)
	Ozempic (Semaglutide) Injection
	Rybelsus (Semalglutide) Tablets
	Trulicity® (Dulaglutide) Injection
	Victoza (Liraglutide) Pen
GLP-1 insulin combo	Soliqua® 100/33 (Insulin Glargine & Lixisenatide) Injection 100 Units/mL And 33 Mcg/mL
	Xultophy (Insulin Degludec & Liraglutide) Pen
Insulin	
Rapid acting	Admelog® (Insulin Lispro Injection) 100 Units/mL
	Apidra® (Insulin Glulisine Injection) 100 Units/mL
	Fiasp FlexTouch (Insulin Aspart)
	Humalog® U-100 (Insulin Lispro Injection)
	Humalog® U-200 (Insulin Lispro Injection)
	Lyumjev™ (Insulin Lispro-Aabc) Injection
Short acting	Novolog (Insulin Aspart) FlexPen
	Humulin® R (Insulin Human Injection)
	Humulin® R U-500 (Insulin Human Injection)
Intermediate acting	Novolin R Vial (Insulin Regular)
	Humulin® N (Isophane Insulin Human SUSPension)
Long acting	Novolin N Vial (Insulin Nph)
	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	

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

Diabetic medications: Insulin, GLP-1 agonists, SGLT2 inhibitors

Example of workflow for Lilly Cares

There is an application through Lilly Cares for **free Basaglar and Humalog** for financially constrained patients.

The steps for completion are as follows:

1. Pharmacist or case manager can have the patient fill out the information of name, address, phone number, DOB, etc.

- a. Patient qualifies if single person home annual income <\$54,360 and **no insurance or Medicare Part D**. If larger household, see application for further details
2. Provider signs actual prescription in the application packet (page 5) and additional signature (page 6)
3. Patient provides W2 or if no W2 available, handwritten provider note on McLeod letter head stating what the patient's annual income is/financial situation will be sufficient
4. Application faxed to number provided on Lilly cares application (3-7 days to process)

5. Case management will have to assist patient with first time fill at McLeod Outpatient Pharmacy (\$35.00 coupon attached to email), pen needles, lancets, test strips, glucometer (can be provided by diabetic educator if ordered)

As of June 29th of 2021, Walmart has produced a **Novolog** of their own. I called Walmart and confirmed all of the pricing with one of their pharmacists (see table below)

Relion brand at Walmart	Insulin type	Vial (\$)	FlexPen (\$)
Novolog	Rapid	72.88	85.88
Regular (Novolin R)	Short acting	24.88	42.88
70/30 premix (Novolin 70/30)	Intermediate combined with short acting	24.88	42.88
NPH (Novolin N)	Intermediate	24.88	42.88

SGLT2 inhibitor (Farxiga-dapagliflozin or Jardiance-empagliflozin)

2. Farxiga-dapagliflozin (AstraZeneca)
 - a. Commercially insured
 - i. Use \$0.00 copay card
 1. Rx BIN: 004682
 2. PCN: CN
 3. GRP: EC57010026
 4. ID: 415132769337
3. Jardiance-empagliflozin (Boehringer Ingelheim)
 - a. Commercial insurance
 - i. [Select medication, dose, and indication \(diabetes vs heart failure\)](#)
 - ii. Fill in patient information
 - iii. Submit for \$10 copay card

INFECTIOUS DISEASE (HIV & Acute)

Medications available for assistance

ACUTE

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

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

[Coartem® \(Artemether And Lumefantrine\)](#)

[Dalvance \(Dalbavancin\) Lyophilizate](#)

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

[Dificid® \(Fidaxomicin\) Tablets](#)

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

[Extavia® \(Interferon Beta-1B\)](#)

Gardasil®9 (Human Papillomavirus 9-Valent Vaccine, Recombinant)
Imovax® Rabies Vaccine [Human Diploid Cell]
LAGEVRIO™ (molnupiravir) 200 mg capsules [available for urgent request]
Malarone (Atovaquone And Proguanil)
Mavyret (Glecaprevir/Pibrentasvir)
Menquadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)
Mepron (Atovaquone SUSPension)
M-M-R® Ii (Measles, Mumps, And Rubella Virus Vaccine Live)
Monurol (Fosfomycin Tromethamine) Oral Granules
Noxafil® (Posaconazole) Delayed-Release Tablets 100 Mg
Noxafil® (Posaconazole) Oral SUSPension, 40 Mg/Ml
Pegasys (Peginterferon Alfa-2A)
Pentacel® Diphteria And Tetanus Toxoids And Acellular Pertussis Adsorbed, Inactivated Poliovirus And Haemophilus B Conjugate (Tetanus Toxoid Conjugate) Vaccine
NUZYRA (omadacycline)
Pretomanid Tablet
Prevnar 13® Pneumococcal 13-Valent Conjugate Vaccine [Diphtheria Crm197 Protein]
PREVNAR 20™ (Pneumococcal 20-valent Conjugate Vaccine)
Prevymis™ (Letermovir) 240 Mg Tablets
Priftin® (Rifapentine) Tablets
Pylera (Bismuth Subcitrate Potassium, Metronidazole, And Tetracycline) Capsules
Recarbrio™ (Imipenem, Cilastatin, And Relebactam) For Injection, For Intravenous Use
Recombivax Hb® [Hepatitis B Vaccine (Recombinant)]
Relenza (Zanamivir Inhalation Powder)
PRIMAXIN® I.V. (imipenem and cilastatin for injection)
Shingrix (Zoster Vaccine)
Sirturo (Bedaquiline) Tablets
Sporanox (Itraconazole) Capsules And Oral Solution
Stromectol® (Ivermectin) Tablets
Teflaro (Ceftaroline Fosamil) Powder For Injection
Tenivac® (Tetanus And Diphtheria Toxoids Adsorbed)
Tobi (Tobramycin) Ampules Or Podhalers
Trumenba® (Meningococcal Group B Vaccine)
Vaqta® (Hepatitis A Vaccine, Inactivated)
Varivax® (Varicella Virus Vaccine Live)
Vaxneuvance™ (Pneumococcal 15-Valent Conjugate Vaccine)
Zepatier® (Elbasvir And Grazoprevir)

[Zerbaxa™ \(Ceftolozane And Tazobactam\) For Injection For Intravenous Use](#)

HIV

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

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

[Edurant \(Rilpivirine\) 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](#)

HIV Resources for South Carolina

[South Carolina Aids Drug Assistance Program \(ADAP\)](#), which reimburses 100% of cost for qualifying patients

- Three services
 1. Direct dispensing program (DDP)
 - a. Receive HIV medication directly through mail-order pharmacy (PANTHERx Specialty)
 2. Insurance Assistance program (IAP)
 - a. Fill medications through health insurance, program assists with premiums, copays, and deductibles through network of approved pharmacies
 3. Medicare D assistance program
 - a. Receive HIV medication directly through mail-order pharmacy (PANTHERx Specialty)

Qualifications

- Ready to make commitment to being adherent to pharmacotherapy
- Diagnosed with HIV/AIDS
- SC resident
- Limited income (\leq 550% of FPL)

Household size	Annual household income (\$) threshold
1	74,745
2	100,705
3	126,665
4	152,625
5	178,585
6	204,545
7	230,505
8	256,465

[Click for FPL for household larger than 8](#)

- Ineligible for Medicaid
- Ineligible for Medicare Part D **with Full Low Income Subsidy (FLIS)**

Risk of termination

- Not responding to SC ADAP letters in timely fashion
- Failing to submit recertification documentation on time
- Income exceeds 550% FPL
- Stops taking medication as prescribes
- Qualifies for Medicaid or Medicare Part D with FLIS
- Moves out of SC or incarcerated

Required documentation

- Proof of income is required for the enrollee and for each member of the household listed on the form

Income Documentation

Documentation for income includes the following:

- Salaries
 - Wages
 - Net earnings from self-employment
 - Royalties and Commissions
 - Tips
 - Most current pay stubs, W2, Federal Tax return, pension, unemployment compensation, social security benefits, alimony, child support, worker's compensation, wage statement, or employer letter on company letterhead dated, signed and including salary information are all acceptable
 - [Separate form for Zero or No Income certification](#)
 - Business profits
 - Rents, Interest, Dividends
 - Unemployment compensation
 - Scholarships
 - Child support
 - Veterans Benefits
 - Social Security cash benefits
 - Workers compensation
 - Alimony
- Clinical data
 - Date of diagnosis
 - Most recent CD4 count
 - Most recent viral load
 - [Pharmacy selection form](#)
 - Participating pharmacies:
 - AIDS Healthcare Foundation Pharmacy – 3025 Farrow Road; Columbia, SC 29203
 - CarePlus Pharmacy – mail order pharmacy located in Columbia, SC
 - Easley Healthmart Pharmacy - 401 Hillcrest Drive; Easley, SC 29640
 - Hawthorne Pharmacy – 2761 Laurel Street; Columbia, SC
 - Hawthorne Pharmacy – 1520-A Taylor Street; Columbia, SC
 - Long's Drug Store – 600 Kilbourne Road; Columbia, SC
 - Long's Drug Store – 1216 W Main Street; Lexington, SC
 - MedExpress – mail order pharmacy located in Salisbury, NC
 - PANTHERx Specialty Pharmacy – mail order pharmacy located in Pittsburgh, PA
 - Pharmacy Innovations - 620 Congaree Road, Suite F; Greenville, SC
 - Responsive Solutions – 4605 Oleander Drive, Suite 5; Myrtle Beach, SC
 - Full list of pharmacies available below:
https://scdhec.gov/sites/default/files/media/document/IAP-Participating-Rx_8_2021.pdf

Undocumented patients living in SC with HIV

- There is a form that can be filled out for undocumented patients to qualify for the program:

<https://scdhec.gov/sites/default/files/media/document/d-1593.pdf>

All patients will need to fill out recertification form annually

See ADAP website for additional questions: <https://scdhec.gov/aids-drug-assistance-program>

AIDS Drug Assistance Program (ADAP) Formulary

HIV ANTIRETROVIRAL DRUGS

Brand	Generic	Drug Class	Additional considerations
Aptivus	Tipranavir	Protease Inhibitor	
Biktarvy	bictegravir / emtricitabine / tenofovir alafenamide fumarate	Combination Treatment	Before prescribing, refer to the drug's full prescribing information.
Cimduo	lamivudine/tenofovir disoproxil fumarate	NRTI	Product carries a boxed warning for post-treatment acute exacerbations of hepatitis B.
Combivir	lamivudine / zidovudine	NRTI	
Complera	emtricitabine / rilpivirine / tenofovir disoproxil fumarate	Combination Treatment	Indicated as a complete regimen for treatment of HIV-1 infection: 1) In patients 12 years of age and older with no antiretroviral treatment history and with HIV-1 RNA less than or equal to 100,000 copies/mL at the start of therapy and 2) In certain virologically suppressed (HIV-1 RNA <50 copies/mL) patients on a stable antiretroviral regimen at start of therapy in order to replace their current antiretroviral treatment regimen.
Delstrigo	doravirine / lamivudine/ tenofovir disoproxil fumarate	Combination Treatment	Product carries a boxed warning regarding the risk of post-treatment acute exacerbations of hepatitis B. Contraindicated when co-administered with drugs that are strong cytochrome P450 3A enzyme inducers (decreases in doravirine plasma concentrations may occur which may decrease the product's effectiveness). Refer to the package insert for concurrently administered drugs to avoid. Precautions include new onset or worsening renal impairment, risk of adverse reactions or loss of virologic response due to drug interactions, bone loss and mineralization defects, and Immune Reconstitution Syndrome.
Descovy	emtricitabine /tenofovir alafenamide	NRTI	
Dovato	dolutegravir / lamivudine	Combination Treatment	Dovato carries a Boxed Warning for patients co-infected with hepatitis B virus (HBV) and HIV-1. Prior to initiating treatment, patients should be tested for HBV infection. The emergence of HBV variants associated with resistance to lamivudine has been reported in HIV-1-infected patients who have received lamivudine-containing antiretroviral regimens in the presence of concurrent infection with HBV. In addition, severe exacerbations of HBV have been reported in patients co-infected with HIV-1 and HBV who have discontinued lamivudine.
Edurant	Rilpivirine	NNRTI	
efavirenz / emtricitabine / tenofovir disoproxil	efavirenz / emtricitabine / tenofovir disoproxil fumarate	Combination Treatment	Removed February 2022: Gilead Sciences discontinued the manufacturing of Atripla in July 2021. It is no longer available for commercial sale.

[RETURN TO TOP](#)

fumarate			
Emtriva	Emtricitabine	NRTI	
Epivir	Lamivudine	NRTI	
Epzicom	abacavir/ lamivudine	NRTI	Before adding an abacavir-containing medication to the drug regimen, refer to the drug's full prescribing information.
Evotaz	atazanavir / cobicistat	Combination Treatment	
Fuzeon	Enfuvirtide	Fusion Inhibitor	Prior authorization required for an individual's first ADAP prescription for this drug.
Genvoya	elvitegravir / cobicistat /emtricitabine / tenofovir alafenamide	Combination Treatment	
Intelence	Etravirine	NNRTI	
Invirase	Saquinavir	Protease Inhibitor	
Isentress, Isentress HD	Raltegravir	Integrase Inhibitor	
Juluca	dolutegravir / rilpivirine	Combination Treatment	Clinical information regarding dolutegravir: At this point, women with HIV who wish to become pregnant and are currently receiving dolutegravir should be switched to a regimen with a more well-defined safety record in pregnancy. Women with HIV who are of childbearing age and are not interested in having children should be counseled about this information. Women who become pregnant while on dolutegravir need to discuss options with their HIV providers.
Kaletra	lopinavir / ritonavir	Protease Inhibitor	
Lexiva	Fosamprenavir	Protease Inhibitor	
Norvir	Ritonavir	Protease Inhibitor	
Odefsey	emtricitabine / rilpivirine /tenofovir alafenamide fumarate	Combination Treatment	Indicated as a complete regimen for treatment of HIV-1 infection in patients 12 years of age and older as initial therapy in those with no antiretroviral treatment history with HIV-1 RNA less than or equal to 100,000 copies per mL; or to replace a stable antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA less than 50 copies per mL) for at least six months with no history of treatment failure and no known substitutions associated with resistance to individual components of Odefsey.
Pifeltro	Doravirine	NNRTI	Contraindicated when co-administered with drugs that are strong cytochrome P450 3A enzyme inducers. Decreases in doravirine plasma concentrations may occur which may decrease the product's effectiveness. Refer to the package insert for concurrently administered drugs to avoid. Other warnings and precautions include risk of adverse reactions or loss of virologic response due to drug interactions and ImmuneReconstitution Syndrome.
Prezcobix	darunavir / cobicistat	Combination Treatment	
Prezista	Darunavir	Protease Inhibitor	
Retrovir	Zidovudine	NRTI	
Reyataz	Atazanavir	Protease Inhibitor	
Rukobia	Fostemsavir	GP120 Attachment Inhibitor	
Selzentry	Maraviroc	CCR5 Co-Receptor Antagonist	Prior authorization required for an individual's first ADAP prescription for this drug.
Stribild	elvitegravir / cobicistat /emtricitabine / tenofovirdisoproxil fumarate	Combination Treatment	
Sustiva	Efavirenz	NNRTI	

Symfi Symfi Lo	efavirenz / lamivudine / tenofovir disoproxil fumarate	Combination Treatment	Product carries a boxed warning for post-treatment acute exacerbations of hepatitis B.
Syntuzta	darunavir / cobicistat / emtricitabine / tenofovir alafenamide	Combination Treatment	
Tivicay	Dolutegravir	Integrase Inhibitor	Clinical information regarding dolutegravir: At this point, women with HIV who wish to become pregnant and are currently receiving dolutegravir should be switched to a regimen with a more well-defined safety record in pregnancy. Women with HIV who are of childbearing age and are not interested in having children should be counseled about this information. Women who become pregnant while on dolutegravir need to discuss options with their HIV providers.
Triumeq	abacavir / dolutegravir / lamivudine	Combination Treatment	Before adding an abacavir-containing medication to the drug regimen, refer to the full prescribing information. Clinical information regarding dolutegravir: At this point, women with HIV who wish to become pregnant and are currently receiving dolutegravir should be switched to a regimen with a more well-defined safety record in pregnancy. Women with HIV who are of childbearing age and are not interested in having children should be counseled about this information. Women who become pregnant while on dolutegravir need to discuss options with their HIV providers.
Trizivir	abacavir / lamivudine / zidovudine	NRTI	Before adding an abacavir-containing medication to the drug regimen, refer to the drug's full prescribing information.
Trogarzo	Ibalizumab-uyik	CD4 post-attachment HIV-1 inhibitor	Prior authorization is required for this medication. To initiate the process, please go through the Theratechnologies THERA patient support® program. Go to the website listed below and click on "I am a Healthcare Provider" and choose the Trogazo button. Then, look to the right of the next page for the Trogarzo Enrollment Form.
Truvada	emtricitabine / tenofovir disoproxil fumarate	NRTI	
Tybost	Cobicistat	Boosting Agent	Tybost should not be used with cobicistat-containing drugs such as Evotaz, Prezcobix, or Stribild. Tybost in combination with lopinavir/ritonavir or regimens containing ritonavir is not recommended due to similar effects of Tybost and ritonavir on CYP3A. Refer to the product's full prescribing information at https://www.gilead.com/science-and-medicine/medicines
Videx, Videx EC	Didanosine	NRTI	
Viracept	Nelfinavir	Protease Inhibitor	
Viramune	Nevirapine	NNRTI	
Viramune XR	Nevirapine	NNRTI	
Viread	Tenofovir	NRTI	
Vitekta	Elvitegravir	Integrase Inhibitor	Prior authorization required for an individual's first ADAP prescription for this drug.
Zerit	Stavudine	NRTI	
Ziagen	Abacavir	NRTI	Before adding abacavir to the drug regimen, refer to the drug's full prescribing information.

Additional medications covered under ADAP for HIV associated comorbidities

OPPORTUNISTIC AND CO-INFECTION DRUGS

Brand	Generic	Drug Class
Amoxicillin	Amoxicillin	Antibiotic
Augmentin	amoxicillin clavulanate	Antibiotic

Cipro	ciprofloxacin, oral	Antibiotic
Clarithromycin	Clarithromycin	Antibiotic
Cleocin	Clindamycin	Antibiotic
Clotrimazole	Clotrimazole	Antifungal
Clotrimazole / betamethasone topical	clotrimazole / betamethasone topical	Antifungal
Dapsone	Dapsone	Antibiotic
Diflucan	Fluconazole	Antifungal
Doxycycline monohydrate	doxycycline monohydrate	Antibiotic
Doxycycline hyclate	doxycycline hyclate	Antibiotic
Famciclovir	Famciclovir	Antiviral
Flagyl	metronidazole, oral	Antibiotic
Ketoconazole	ketoconazole tablets, topical	Antifungal
Leucovorin	Leucovorin	Opportunistic Infection
Levaquin	levofloxacin, oral	Antibiotic
Mepron	Atovaquone	Antiprotozoal
Moxifloxacin	moxifloxacin, oral	Antibiotic
Nystatin	Nystatin	Antifungal
Nystatin/triamcin acetonide	nystatin / triamcinolone topical	Antifungal
Relenza	Zanamivir	Antiviral
Ribavirin	Ribavirin	Antiviral
Sporanox	Itraconazole	Antifungal
Sulfadiazine	Sulfadiazine	Antibiotic
Sulfamethoxazole / trimethoprim	sulfamethoxazole / trimethoprim	Antibiotic
Tamiflu	Oseltamivir	Antiviral
Trimethoprim	Trimethoprim	Antibiotic
Valcyte	Valganciclovir	Antiviral
Valtrex	Valacyclovir	Antiviral
Vfend	voriconazole, oral	Antifungal
Zithromax	Azithromycin	Antibiotic
Zovirax	Acyclovir	Antiviral

ANTICONVULSANTS

Brand	Generic	Drug Class
Neurontin	Gabapentin	Anticonvulsant

ANTIDEPRESSANT S

Brand	Generic	Drug Class	Additional considerations
Amitriptyline	Amitriptyline	Antidepressant	
Celexa	Citalopram	Antidepressant	
Cymbalta	Duloxetine	Antidepressant	
Effexor XR	Venlafaxine	Antidepressant	
Lexapro	Escitalopram	Antidepressant	

[RETURN TO TOP](#)

Paxil	Paroxetine	Antidepressant	
Prozac	fluoxetine, daily formulation	Antidepressant	Prozac Weekly is not on the formulary.
Remeron	Mirtazapine	Antidepressant	
Trazodone	Trazodone	Antidepressant	
Wellbutrin XL, SR	Bupropion	Antidepressant	
Zoloft	Sertraline	Antidepressant	

ANTIEMETIC AGENTS

Brand	Generic	Drug Class
Promethazine	Promethazine	Antiemetic
Zofran, Zofran ODT	Ondansetron	Antiemetic

ANTILOPHEMIC AGENTS

Brand	Generic	Drug Class
Crestor	Rosuvastatin	Antilipemic Agent
Pravachol	Pravastatin	Antilipemic Agent
Zocor	Simvastatin	Antilipemic Agent

ANTITUBERCULOSIS AGENTS

Brand	Generic	Drug Class
Myambutol	Ethambutol	Antitubercular Agent
Mycobutin	Rifabutin	Antitubercular Agent

HIV-ASSOCIATED LIPODYSTROPHY

Brand	Generic	Drug Class	Additional considerations
Egrifta SV	Tesamorelin	Growth Hormone Releasing Factor	Prior authorization is required for this medication. To initiate the process, please go through the Theratechnologies THERA patient support® program. Go to the website listed below and click on "I am a Healthcare Provider" and choose the Egrifta SVbutton. Then, look to the right of the next page for the Egrifta SV Enrollment Form.
			https://www.therapatsupport.com

ORAL STEROIDS

Prednisone	prednisone, oral	Steroid	
------------	------------------	---------	--

SMOKING CESSATION PRODUCTS

South Carolina Tobacco Quitline: 1-800-QUIT-NOW

Brand	Generic	Drug Class	Additional considerations
Chantix	varenicline tablet	Smoking Cessation	Tobacco users have a better chance at quitting with a treatment regimen inclusive of medications and counseling.
NicoDerm CQ	nicotine patch	Smoking Cessation	
Nicorette	nicotine polacrilex gum, lozenge	Smoking Cessation	Visit this webpage for information to assist patients with tobacco cessation: http://www.quitnowsc.org

[RETURN TO TOP](#)

Nicotrol	nicotine inhaler, spray	Smoking Cessation	
Zyban	bupropion tablet	Smoking Cessation	https://www.scdhcc.gov/health/tobacco-cessation

<https://scdhecc.gov/sites/default/files/media/document/ADAP-Formulary-03-01-2022.pdf>

ADAP Pharmacy Phone Number: 855-PANTHRX (803-728-3212)

One month supplies are the dispense quantities through ADAP

Inhalers

Medication class	Medication name
ICS ⁺	Arnuity Ellipta (Fluticasone)
	Flovent (Diskus Or Hfa) (Fluticasone)
	Pulmicort Flexhaler (Budesonide)
	Qvar Redihaler (Beclomethasone Dipropionate Hfa) Inhalation Aerosol
ICS (nasal)	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)
	Breyna (budesonide/formoterol) inhalation
	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 (Reverfenacin)
LAMA/LABA/ICS	Breztri Aerosphere (Budesonide/Glycopyrrolate/Formoterol)
	TRELEGY ELLIPTA (fluticasone furoate, umeclidinium, vilanterol)
SABA/SAMA	Combivent Respimat (Ipratropium/Albuterol)
SABA	Proair Hfa (Albuterol Sulfate) Inhalation Aerosol
	Proair Respiclick (Albuterol Sulfate) Inhalation Aerosol
SABA/ICS	Airsupra (albuterol/budesonide)
SAMA	Atrovent Hfa (Ipratropium)
Other	Aerochamber Plus Flow-Vu

[RETURN TO TOP](#)

[Daliresp \(Roflumilast\)](#)

[Pulmozyme \(Dornase Alfa\) Inhalation Solution](#)

[Xolair \(Omalizumab\)](#)

[Fasenra \(Benralizumab\)](#)

[Fasenra Pen \(Benralizumab\)](#)

[Nucala \(Mepolizumab\)](#)

+ Not to be prescribed as monotherapy in COPD

* Not to be prescribed as monotherapy in Asthma

ICS=inhaled corticosteroid, LABA=long acting beta agonist, LAMA=long acting muscarinic antagonist, SABA=short acting beta agonist, SAMA=short acting muscarinic antagonist

NEUROLOGY & PSYCHIATRY

Medications available for assistance

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

[Abilify Asimtufii \(aripiprazole\) extended-release injectable suspension](#)

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

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

[Belsomra® \(Suvorexant\) C-IV](#)

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

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

[Clozapine](#)

[COBENFY \(xanomeline and trospium chloride\)](#)

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

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

[Felbatol \(Felbamate\)](#)

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

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

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

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

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

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

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

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

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

[Lexapro \(Escitalopram\)](#)

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

NUPLAZID (pimavanserin)
Prozac® (Fluoxetine Capsules)
Rexulti (Brexpiprazole) Tablets
Risperdal Consta (Risperidone) Long-Acting Injection
Rozerem (ramelteon) tablets
Saphris (Asenapine Maleate) Sublingual Tablet
Savella (Milnacipran) Tablets
Strattera® (Atomoxetine) Capsules
Symbax® (Olanzapine And Fluoxetine) Capsules
Trintellix (vortioxetine tablets)
Viibryd (Vilazodone)
Vraylar (Cariprazine) Capsules
Vyvanse (lisdexamfetamine) capsules and tablets
Zarontin® (Ethosuximide)
Zyprexa® (Olanzapine) Tablet
Zyprexa® Zydis® (Olanzapine) Tablet

ONCOLOGY

Medications available for assistance

Abraxane® (Paclitaxel Protein-Bound Particles For Injectable SUSPension (Albumin-Bound))
Afinitor Disperz® (Everolimus SUSPension)
Afinitor® (Everolimus)
Alcensa (Alectinib)
Alimta® (Pemetrexed For Injection)
Aliqopa (copanlisib)
Aranesp (Darbepoetin Alfa)
AUGTYRO (repotrectinib)
Avastin (Bevacizumab)
Balversa (Erdafitinib) Tablets
Bendeka (Bendamustine)
BESPONSA (inotuzumab)
Blenrep (Belantamab)
Blincyto (Blinatumomab)
BOSULIF (bosutinib)
BRAFTOVI (encorafenib)
Calquence (Acalabrutinib)

[RETURN TO TOP](#)

[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 \(leuprolide\)](#)

[Emend® \(Aprepitant\) 80 Mg, 125 Mg Capsules](#)

[Emend® \(Aprepitant\) For Oral SUSPension 125 Mg](#)

[Emend® \(Fosaprepitant Dimeglumine\) For Injection 150 Mg](#)

[Empliciti® \(Elotuzumab\)](#)

[EpoGen \(Epoetin Alfa\)](#)

[Erbitux® \(Cetuximab\) Injection](#)

[Erivedge \(Vismodegib\)](#)

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

[Faslodex \(Fulvestrant\)](#)

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

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

[Gavreto \(Pralsetinib\)](#)

[Gazyva \(Obinutuzumab\)](#)

[Gilterif \(Afatinib\)](#)

[Granix \(Tbo-Filgrastim\) Injection](#)

[Herceptin \(Trastuzumab\)](#)

[Herceptin Hylecta \(Trastuzumab And Hyaluronidase-Oysk\)](#)

[Herzuma \(Trastuzumab-Pkrb\) Injection](#)

[IBRANCE \(Palbociclib\)](#)

[IDHIFA® \(Enasidenib\)](#)

[Imbruvica \(Ibrutinib\) Capsules/Tablets](#)

[Imbruvica \(Ibrutinib\)](#)

[Imfinzi \(Durvalumab\)](#)

[IMJUDO \(tremelimumab-act1\)](#)

[Imlytic \(Talimogene\)](#)

[INLYTA \(axitinib\)](#)

[Inrebic® \(Fedratinib\)](#)

[Istodax® \(Romidepsin\)](#)

[Jaypirca™ \(pirtobrutinib\) tablets](#)

[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® \(Ribociclib\)](#)

[KRAZATI \(adagrasib\)](#)

[Kyprolis \(Carilzomib\)](#)

[LORBRENA \(lorlatinib\)](#)

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

[Lumakras \(Sotorasib\)](#)

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

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

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

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

[Lynparza \(Olaparib\)](#)

[Mekinist® \(Trametinib\)](#)

[MEKTOVI \(bibimetinib\)](#)

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

[MYLOTARG \(gemtuzumab\)](#)

[Neulasta \(Pegfilgrastim\)](#)

[Neupogen \(Filgrastim\)](#)

[Nubeqa \(darolutamide\)](#)

[Nexavar \(sorafenib\)](#)

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

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

[OJAARA \(momelotinib\)](#)

[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® \(Pomalidomide\)](#)

[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)
Rozlytrek (Entrectinib)
RUXIENCE (rituximab-pvvr)
Rybrevant (Amivantamab-Vmjh)
Rydapt® (Midostaurin)
Scemblix® (Asciminib) Tablets
Sprycel® (Dasatinib)
Stivarga (regorafenib)
Synribo (Omacetaxine) For Injection
Tabrecta™ (Capmatinib)
Tafinlar® (Dabrafenib)
Tagrisso (Osimertinib)
TALZENNA (talazoparib)
Tasigna® (Nilotinib)
Tecentriq (Atezolizumab)
TECVAYLI™ (teclistamab) Injection, for subcutaneous use
Thalomid® (Thalidomide)
TRAZIMERA (trastuzumab-qyyp)
Treanda (Bedamustine) For Injection
Trisenox (Arsenic Trioxide) Injection
TRUQAP® (capivasertib)
Tykerb® (Lapatinib)
Vectibix (Panitumumab)
Venclexta (Venetoclax Tablets)
Venclexta (Venetoclax) Tablets
Verzenio® (Abemaciclib) Tablets
Vidaza® (Azacitidine For Injection)
Vijoice® (Alpelisib)
VITRAKVI (Larotrectinib)
VIZIMPRO (dacaomitinib)

Votrient® (Pazopanib)
Welireg™ (Beluzutifan) 40 Mg Tablets
XALKORI (crizotinib)
Xeloda (Capecitabine)
Xofigo (radium Ra 223 dichloride)
Yervoy® (Ipilimumab)
Yondelis (Trabectedin) For Iv Infusion
Zarxio™ (Filgrastim-Sndz)
ZEJULA (niraparib)
Zelboraf (Vemurafenib)
Ziextenzo® (Pegfilgrastim-Bmez)
ZIRABEV (bevacizumab-bvzr)
ZOLINZA® (vorinostat capsules, for oral use) 100 mg [available for urgent request]
Zykadia® (Ceritinib)
Zynlonta (loncastuximab tesirine)
Zytiga (Abiraterone) Tablets

Additional resources

[NeedyMeds](#)

- [Phone application for iPhone & Android for NeedyMeds Drug Discount Cards](#)
- Any medication not included in current document that has a patient assistance program will likely be located on the NeedyMeds website

[Wellvista](#) (10-14 days for application processing)

Eligibility

1. South Carolina Resident, which requires proof as follows:
 - a. Copy of Driver's license, State ID card, utility bill, or ANY bill with **YOUR** name and current address on it
(PO box not valid)
2. Copy of Photo ID
 - a. Driver's license
 - b. State ID card
 - c. Passport
3. Uninsured
4. At or below 250% FPL

Household size	Annual household income (\$) threshold (<250% FPL)
1	33,975
2	45,775
3	57,575

[RETURN TO TOP](#)

4	69,375
5	81,175

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

- a. Must provide proof of income for **ALL** individuals in house
 - i. Acceptable income documents:
 - 1. Two current, consecutive paystubs
 - a. No older than 45 days
 - 2. Pension/retirement
 - 3. Social security
 - 4. SS disability with Notice of Award
 - 5. Child support
 - 6. Alimony
 - 7. Unemployment
 - 8. Worker's compensation
 - 9. Renal income
- 5. Provider should e-scribe medications to Welvista
 - a. If hardcopy prescriptions are provided, they will need mailed to Welvista
 - i. Welvista 121 Greystone Blvd, Columbia, SC, 29210
- 6. Applications should be mailed, faxed, or emailed
 - a. Mail: Welvista 121 Greystone Blvd, Columbia, SC, 29210
 - b. Fax: (803)-933-0489
 - c. Email: applications@welvista.org
- 7. Prescription refill calls should be made 10 days before refill is needed
 - a. If phone call is not answered, leave message with name, date of birth, and phone number
 - i. Call will be returned within 24-48 hours (do NOT leave multiple messages)

[List of medications](#) for Welvista

Contact info-**Phone:** (803)-933-9184 **Fax:** (803)-933-0489

RxOutreach

Eligibility

- 1. US resident
- 2. Below 400% FPL; does NOT require proof of income
 - a. Regardless of insurance status (uninsured or insured)

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

- [List of medications by disease state](#)
- [List of medications complete with pricing](#)

- Medications are sent to patient's home directly through mail order

P Prescription Routing

*Send to:

Last Reviewed: 12/23/2021 11:40 EST

Apply to: Selected Pending Prescription(s)
 All Pending Prescriptions
 All Pending Non-Tamperproof Prescriptions

No Preferred Pharmacy Reason:

Patient Preferred

Pharmacy Name	Address	Cross-Street	City	State	Zip Code	Phone	Pharmacy Type	Pharmacy Attributes
RX OUTREACH PHARM...	3171 Riverport Tech C...		Maryland Hei...	MO	630434825	Tel: (800) 769-3880	Mail Order	

Contact info-**Phone:** 1-888-796-1234 **Fax:** 1-800-875-6591

Walmart \$4.00 prescription list

Pan Foundation and HealthWell Foundation

- Provides 12 month grants to assist with co-pays, health insurance premiums, out-of-pocket medication costs, transportation costs associated with medical care
- Disease state based and grants/open spots become closed on the website

Following disease states included:

- Acromegaly
- Acute Myeloid Leukemia
- Amyloidosis
- Ankylosing Spondylitis
- Asthma
- Atopic Dermatitis
- Basal Cell Carcinoma
- Biliary Tract Cancer
- Bipolar Disorder
- Bladder Cancer
- Chronic Lymphocytic Leukemia
- Colorectal Cancer
- COVID-19 Financial Support
- Cushing's Disease or Syndrome
- Diabetic Foot Ulcers
- Fabry Disease
- Fabry Disease Premium
- Gaucher Disease
- Glioblastoma Multiforme
- Graft Vs Host Disease
- Heart Failure
- Hemolytic Uremic Syndrome
- Hemophilia
- Hemophilia Premium
- Hepatitis C
- HIV Treatment and Prevention
- Hypercholesterolemia
- Hyperkalemia
- Immune Thrombocytopenic Purpura
- Inflammatory Bowel Disease
- Inherited Retinal Disease
- Inherited Retinal Disease Premium
- Liver Cancer
- Macular Diseases
- Mantle Cell Lymphoma
- Melanoma
- Metastatic Breast Cancer
- Multiple Myeloma
- Multiple Sclerosis
- Myasthenia Gravis
- Neuromyelitis Optica Spectrum Disorder
- Neurotrophic Keratitis
- Neutropenia
- Non-Hodgkin's Lymphoma
- Non-Small Cell Lung Cancer
- Ovarian Cancer
- Pancreatic Cancer
- Parkinson's Disease
- Paroxysmal Nocturnal Hemoglobinuria
- Philadelphia Chromosome
- Negative Myeloproliferative Neoplasms
- Plaque Psoriasis

[RETURN TO TOP](#)

- Postmenopausal
 - Osteoporosis
 - Prostate Cancer
 - Psoriatic Arthritis
 - Pulmonary Hypertension
 - Renal Cell Carcinoma
 - Retinal Vein Occlusion
 - Rheumatoid Arthritis
 - Schizophrenia
 - Short Bowel Syndrome
 - Short Bowel Syndrome Premium
 - Sickle Cell Disease
 - Small Cell Lung Cancer
 - Spinal Muscular Atrophy
 - Transportation
 - Type 2 Diabetes
 - Uveitis
 - Venous Leg Ulcers
 - Von Willebrand Disease
 - Waldenstrom Macroglobulinemia
-

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

- NOT automatically re-enrolling Medicare patients for 2024. An attempted electronic income verification was made by company with new 2023 cutoffs of 300% FPL for continued eligibility. If <300% FPL fax was sent to provider about continued enrollment.
 - If electronic income verification was inconclusive, a new application for 2024 is required
- 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

end on 12/31/2022. Attached to this fax is a renewal application. We have also mailed a copy of the application to your patient.

If your patient would like to reapply for assistance from the BMSPAF:

- Please ensure the application is completed, signed, and dated, and that all requested documentation is included, such as proof of income and, for Medicare enrollees, out-of-pocket prescription expenses.
- Incomplete applications will result in processing delays.
- No later than 30 days from the date of this letter, please return completed and signed applications to BMSPAF:
 - By fax: (800) 736-1611
 - By U.S. Mail: BMSPAF, PO BOX 220769, Charlotte, NC 28222-0769

The submission of the application and documentation is not a guarantee that we will continue to provide medicine to your patient. Our program rules are subject to change without notice at any time.

If your patient is enrolled in a Medicare Plan:

- They may not be eligible for the BMSPAF in 2023 until they have spent 3% of their annual household income on prescription medications (for the entire household) in 2023.

How we prioritize our review of applications at the beginning of the year (January—March):

- Applications will be prioritized for review based on the patient's projected date of service/refill due date.
- For the rest of the year, we will prioritize by the date complete applications are received.

Please note that BMSPAF is not responsible for providing medication for missed dates of service and/or missed refills due to late submissions or incomplete applications.

- Medicare part D patients **will need to spend 3%** out of pocket on prescriptions each calendar year

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.

Janssen

- 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
- Medicare part D patients **will need to spend 4%** out of pocket on prescriptions each calendar year

Lilly

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

Merck

- Every patient must submit renewal application, which is same as original application
- Renewal application for Medicare patients sent out by company if requested and has two questions in addition to a new application
 - Signature for financial hardship
 - Yes or no for Medicare B or D
- Cannot be submitted until December

MyPraluent

- Re-enrollment process is completion of a new original application
 - Company does **NOT** send a renewal application to patients

- Approval through December 31st for Medicare beneficiaries, 365 days for uninsured patients

Mylan (Viatri)

- 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

Our records indicate that your patient(s) listed on the following page are enrolled in the NPAF and their enrollment will expire on December 31st.

Please note the following:

Who	Actions Needed	Received by NPAF before	
Prescriber	Complete and sign your portion of the NPAF application	December 15	Fax: 1-855-817-2711
	Include a separate 12-month prescription with 90-day supply when you fax your portion of the NPAF application		
Patient	If your patient(s) has insurance and their policy requires a Prior Authorization (PA), you will need to attach the PA Appeal Denial with your portion of the application.	December 15	
Patient	Your patient needs to complete their portion of the NPAF application including providing proof of income and copies of insurance cards	December 15	

Go to www.PAP.Novartis.com. To download an PDF of the English or Spanish application.

If you or your staff have any questions, please call NPAF's dedicated healthcare provider line at 1-800-277-2254 option 2, Monday through Friday, 8:00 am to 8:00 pm ET.

Sincerely,
Novartis Patient Assistance Foundation, Inc.

Attached Documents: NPAF 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
-

COPAY ASSISTANCE

Updates for Medicare D patients January 2023

Beginning in 2023, under the Inflation Reduction Act (Medicare Part D Insulin Savings), which provides insulin savings, **capping monthly cost at \$35 for Seniors who have Medicare Part D**. This ensures a predictable, stable copay, regardless of phase including the donut hole.

This cap goes into effect January 1, 2023 and extends to all Part D plans. Unlike its predecessor, Medicare Part D Senior Savings Model, as a patient, you will automatically have access to these savings and will no longer need to enroll in a program.

If eligible for Extra Help, you will pay no more than \$10.35 for a monthly supply.

Diabetes Copay Cards for Uninsured Patients

Manufacturer Copay Card	Medication	Cost	Valid for
Long-acting Insulin	Lilly	Basaglar	\$35
	Sanofi	Lantus	
		Toujeo	
		Toujeo Max	
Rapid acting insulin	Lilly	Humalog	\$35
	Sanofi	Lyumjev	
		Apidra	\$35
		Admelog	

GLP1 agonist		Bydureon Extended release	\$0 (covers ≤ \$150 per fill)	
SGLT2 inhibitor	AstraZeneca	Farxiga		
SGLT2 inhibitor/metformin		Xigduo		

Diabetes Copay Cards for Commercially Insured Patients

Medication class	Medication name
GLP-1	Bydureon (Exenatide Extended Release)
	Ozempic (Semaglutide) Injection
	Rybelsus (Semalglutide) Tablets
	Trulicity® (Dulaglutide) Injection
GLP-1 insulin combo	Soliqua® 100/33 (Insulin Glargine & Lixisenatide) Injection 100 Units/mL And 33 Mcg/mL
Insulin	
Rapid acting	Admelog® (Insulin Lispro Injection) 100 Units/mL
	Apidra® (Insulin Glulisine Injection) 100 Units/mL
	Fiasp FlexTouch (Insulin Aspart)
	Humalog® U-100 (Insulin Lispro Injection)
	Humalog® U-200 (Insulin Lispro Injection)
	Lyumjev™ (Insulin Lispro-Aabc) Injection
Long acting	Novolog (Insulin Aspart) FlexPen
	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
Oral	
DPP4 inhibitor	Januvia® (Sitagliptin) Tablets
	Onglyza (Saxagliptin)
	Tradjenta (Linagliptin)
SGLT-2 inhibitor	Farxiga (Dapagliflozin)
	Invokana (Canagliflozin)
	Jardiance (Empagliflozin)
Combination oral	
SGLT2/metformin	Glyxambi (Empagliflozin/Metformin)

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

Blood thinner Copay Cards for Commercially Insured Patients

Medication class	Medication name
Anticoagulant	Eliquis® (Apixaban) Xarelto (Rivaroxaban) Tablets Or Oral Solution
Antiplatelet	Brilinta (Ticagrelor)

CARDIOVASCULAR Copay Cards for Commercially Insured Patients

Medications available for assistance

Corlanor (Ivabradine)
Entresto™ (Sacubitril/Valsartan)
Farxiga (Dapagliflozin)
Jardiance (Empagliflozin)
Leqvio® (Inclisiran)
Lokelma (Sodium Zirconium Cyclosilicate)
Multaq® (Dronedarone) Tablets
Praluent (alirocumab)
Repatha (Evolocumab)
Tikosyn® (Dofetilide) Capsules

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

Inhaler Copay Cards for Commercially Insured Patients

Medication class	Medication name
LAMA	<u>Spiriva respimate (tiotropium)</u>
LAMA/LABA	<u>Stiolto (tiotropium and olodaterol)</u>
	<u>Bevespi (glycopyrrrolate and formoterol)</u>
LAMA/LABA/ICS	<u>Breztri (budesonide, glycopyrrrolate and formoterol)</u>
LABA/ICS	<u>Symbicort (budesonide/formoterol)</u>
SABA/ICS	<u>Airsupra (albuterol/budesonide)</u>

Blood thinner Free Trial Cards for Initial 30-day fill

Medication class	Medication name
Anticoagulant	<u>Eliquis® (Apixaban)</u> <u>Xarelto (Rivaroxaban) Tablets Or Oral Solution</u>

Cardiac Free Trial Cards for Initial 30-day fill

Medication name	Medication name
	<u>Farxiga (dapagliflozin)</u> <u>Entresto™ (Sacubitril/Valsartan)</u>

\$35 inhalers for uninsured patients

Medication class	Medication name
ICS ⁺	Arnuity Ellipta (Fluticasone)
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)
LABA*	Serevent (Diskus) (Salmeterol)
	Striverdi Respimat (Olodaterol)
LAMA	Incruse Ellipta (Umeclidinium)
	Spiriva Respimat (Tiotropium)
LAMA/LABA/ICS	Breztri Aerosphere (Budesonide/Glycopyrrolate/Formoterol)
	TRELEGY ELLIPTA (fluticasone furoate, umeclidinium, vilanterol)
SABA/SAMA	Combivent Respimat (Ipratropium/Albuterol)
SABA	Ventolin (Albuterol Sulfate) Inhalation Aerosol
SABA/ICS	Airsupra (albuterol/budesonide)
SAMA	Atrovent Hfa (Ipratropium)

+ 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

Produced by:

Kyle Ames, PharmD, BCPS

Clinical Pharmacy Specialist – Transitions of Care

Last revised: 01/07/2025

Copyright 6/3/2022