



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-Q

P-T

U-Z

### PROGRAM CAVEATS

&

### FEDERAL POVERTY LIMIT CUTOFFS

### PATIENT ASSISTANCE PROGRAMS (PAP) BY MANUFACTURER

### **PATIENT ASSISTANCE PROGRAM BY DISEASE STATE/CONDITION**

ANTI-MIGRAINE

BLOOD THINNERS

AUTO-IMMUNE

CARDIOVASCULAR

DIABETES&INSULIN

INFECTIOUS DISEASE

INHALERS

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 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.

## 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

<a href="#">Abilify Maintena (Aripiprazole) For Extended Release Injectable SUSPension</a>
<a href="#">Abilify Asimtufii (aripiprazole) extended-release injectable suspension</a>
<a href="#">Abraxane® (Paclitaxel Protein-Bound Particles For Injectable SUSPension (Albumin-Bound))</a>
<a href="#">ACANYA® (clindamycin phosphate and benzoyl peroxide) Gel, 1.2% or 2.5%, for Topical</a>
<a href="#">Actemra (Tocilizumab)</a>
<a href="#">Activase (Alteplase)</a>
<a href="#">Acuvail (Ketorolac Tromethamine) Ophthalmic Solution</a>
<a href="#">Adacel® (Tetanus Toxoid, Reduced Diphtheria Toxoid And Acellular Pertussis Vaccine Adsorbed)</a>
<a href="#">Adakveo® (Crizanlizumab-Tmca)</a>
<a href="#">Adempas (riociguat)</a>
<a href="#">Admelog® (Insulin Lispro Injection) 100 Units/mL</a>
<a href="#">Advair (Diskus Or HFA) (Fluticasone/Salmeterol)</a>
<a href="#">AeroChamber Plus Flow-Vu</a>
<a href="#">Afinitor Disperz® (Everolimus SUSPension)</a>
<a href="#">Afinitor® (Everolimus)</a>
<a href="#">Aimovig (Erenumab)</a>
<a href="#">Airsupra (albuterol/budesonide)</a>
<a href="#">Alcensa (Alectinib)</a>
<a href="#">ALDARA Cream 5%</a>
<a href="#">Aliqopa (copanlisib)</a>
<a href="#">Alimta® (Pemetrexed For Injection)</a>
<a href="#">Alloderm</a>
<a href="#">Alomide® (Lodoxamide Tromethamine Solution)</a>
<a href="#">Alphagan P (Brimonidine Tartrate) Ophthalmic Solution</a>
<a href="#">Amitiza (lubiprostone)</a>
<a href="#">AMJEVITA (adalimumab-atto)</a>
<a href="#">ANCOBON (flucytosine) capsules</a>
<a href="#">ANGELIQ (drospirenone and estradiol)</a>
<a href="#">Anoro Ellipta (Umeclidinium/Vilanterol)</a>
<a href="#">Apidra® (Insulin Glulisine Injection) 100 Units/mL</a>
<a href="#">APLENZIN (bupropion hydrobromide) Extended-Release Tablets</a>
<a href="#">Aptiom® (eslicarbazepine acetate)</a>
<a href="#">Aptivus (Tipranavir)</a>
<a href="#">Aranesp (Darbepoetin Alfa)</a>
<a href="#">ARAZLO (tazarotene) Lotion, 0.045%</a>
<a href="#">Arixtra (Fondaparinux)</a>
<a href="#">Armour Thyroid (Thyroid Tablets, USP) Tablets</a>
<a href="#">Arnuity Ellipta (Fluticasone)</a>

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

[ATOPICLAIR Nonsteroidal Cream 100 g Tube](#)

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

[AUGTYRO \(repotrectinib\)](#)

[Auvelity \(dextromethorphan/bupropion\)](#)

[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](#)

<a href="#">CARAC (fluorouracil cream)</a>
<a href="#">Carafate (Sucralfate) Oral SUSPension</a>
<a href="#">Carbatrol (carbamazepine extended-release) capsules</a>
<a href="#">Cathflo Activase (Alteplase)</a>
<a href="#">Celontin® (Methsuximide) Capsules, USP</a>
<a href="#">Cialis® (Tadalafil) Tablets</a>
<a href="#">Cibinqo™ (Abrocitinib) Tablets</a>
<a href="#">Cimduo (Lamivudine/Tenofovir Disoproxil Fumarate) Tablet</a>
<a href="#">Climara Pro (estradiol/levonorgestrel transdermal system)</a>
<a href="#">CLINDAGEL (clindamycin phosphate gel)</a>
<a href="#">Clozapine</a>
<a href="#">Clozapine</a>
<a href="#">Coartem® (Artemether And Lumefantrine)</a>
<a href="#">COBENFY (xanomeline and trospium chloride)</a>
<a href="#">Colcrys (colchicine) tablets</a>
<a href="#">Combigan (Brimonidine Tartrate/Timolol Maleate) Ophthalmic Solution</a>
<a href="#">Combivent Respimat (Ipratropium/Albuterol)</a>
<a href="#">Corlanor (Ivabradine)</a>
<a href="#">Cortifoam (Hydrocortisone 10%) Rectal Foam</a>
<a href="#">Cosentyx® (Secukinumab)</a>
<a href="#">Cotellic (Cobimetinib)</a>
<a href="#">CREON (Pancrelipase) Delayed-Release Capsules</a>
<a href="#">Crinone (Progesterone) Gel</a>
<a href="#">CUPRIMINE (penicillamine) Capsules</a>
<a href="#">CYCLOSET (bromocriptine mesylate tablets)</a>
<a href="#">Cyclosporine Capsules Modified</a>
<a href="#">Cyclosporine Oral Solution Modified</a>
<a href="#">CYLTEZO (adalimumab)</a>
<a href="#">Cymbalta® (Duloxetine Delayed-Release Capsules)</a>
<a href="#">Cyramza® (Ramucirumab) Injection</a>
<a href="#">Cystagon (Cysteamine) Capsules</a>
<a href="#">Daliresp (Roflumilast)</a>
<a href="#">Dalvance (Dalbavancin) Lyophilizate</a>
<a href="#">Danzitren (nilotinib)</a>
<a href="#">Darzalex (Daratumumab) Injection For Iv Infusion</a>
<a href="#">Darzalex Faspro (Daraumumab And Hyaluronidase-Fihj) Injection For Subcutaneous Use</a>
<a href="#">DAURISMO (glasdegib)</a>
<a href="#">Delstrigo™ (Doravirine, Lamivudine, And Tenofovir Disoproxil Fumarate) Tablets, For Oral Use</a>
<a href="#">Delzicol (Mesalamine Dr) Capsules</a>
<a href="#">DEMSER (metyrosine) Capsules</a>
<a href="#">Denavir (Penciclovir) Cream 1%</a>

<a href="#">Depakote (Divalproex Sodium)</a>
<a href="#">Depo®-Estradiol (Estradiol Cypionate) Injection, USP</a>
<a href="#">Detrol La (Tolterodine)</a>
<a href="#">Dexilant (dexlansoprazole) DR capsules</a>
<a href="#">Dificid® (Fidaxomicin) For Oral SUSPension 40 Mg/mL</a>
<a href="#">Dificid® (Fidaxomicin) Tablets</a>
<a href="#">Dipentum (Olsalazine) Capsule</a>
<a href="#">DROXIA (hydroxyurea)</a>
<a href="#">Duavee™ (Conjugated Estrogens/Bazedoxifene) Tablets</a>
<a href="#">DUOBRII (halobetasol propionate and tazarotene 0.01%/0.45%)</a>
<a href="#">Duopa (Carbidopa/Levodopa) Enteral SUSPension</a>
<a href="#">Durysta (Bimatoprost) Ocular Implant</a>
<a href="#">Dymista (Azelastine/Fluticasone) Nasal Spray</a>
<a href="#">Edarbi (azilsartan medoxomil)</a>
<a href="#">Edarbyclor (azilsartan medoxomil/chlorthalidone)</a>
<a href="#">Edurant (Rilpivirine) Tablets</a>
<a href="#">EFUDEX (fluorouracil) Topical Cream</a>
<a href="#">ELEYSO (taligcerase alfa)</a>
<a href="#">ELIDEL (pimecrolimus) Cream, 1% for Topical Use</a>
<a href="#">Eligard (leuprolide)</a>
<a href="#">Eliquis® (Apixaban)</a>
<a href="#">Elmiron (Pentosan Polysulfate Sodium) Capsules</a>
<a href="#">Emend® (Aprepitant) 80 Mg, 125 Mg Capsules</a>
<a href="#">Emend® (Aprepitant) For Oral SUSPension 125 Mg</a>
<a href="#">Emend® (Fosaprepitant Dimeglumine) For Injection 150 Mg</a>
<a href="#">Emgality® (Galcanezumab-Gnlm) Injection</a>
<a href="#">Empliciti® (Elotuzumab)</a>
<a href="#">Emsam Transdermal System</a>
<a href="#">Enbrel (Etanercept)</a>
<a href="#">Engerix-B (Hepatitis B Vaccine)</a>
<a href="#">Enspryng (Sonalizumab-Mwge)</a>
<a href="#">Entresto™ (Sacubitril/Valsartan)</a>
<a href="#">Eohilia (budesonide oral suspension)</a>
<a href="#">Epipen &amp; Epipen Jr (Epinephrine) Injection</a>
<a href="#">Epogen (Epoetin Alfa)</a>
<a href="#">Epronzia (topiramate) oral solution</a>
<a href="#">Erbitux® (Cetuximab) Injection</a>
<a href="#">Erivedge (Vismodegib)</a>
<a href="#">Erleada (Apalutamide) Tablets</a>
<a href="#">ERMEZA (levothyroxine oral solution)</a>
<a href="#">Esbriet (Pirfenidone)</a>

<a href="#">Estrace (Estradiol) Cream</a>
<a href="#">Estring® (Estradiol Vaginal Ring)</a>
<a href="#">EUCRISA (crisaborole) ointment 2%</a>
<a href="#">Evenity (Romosozumab-Aqqg)</a>
<a href="#">Evista® (Raloxifene Hydrochloride) Tablet</a>
<a href="#">Evoclin (Clindamycin) Foam 1%</a>
<a href="#">Evrysdi (Risdiplam)</a>
<a href="#">Extavia® (Interferon Beta-1B)</a>

## F-J

<a href="#">Fabhalta (iptacopan)</a>
<a href="#">Faslodex (Fulvestrant)</a>
<a href="#">Farxiga (Dapagliflozin)</a>
<a href="#">Fasenra (Benralizumab)</a>
<a href="#">Fasenra Pen (Benralizumab)</a>
<a href="#">Felbatol (Felbamate)</a>
<a href="#">Fetzima (Levomilnacipran) Extended Release Capsules And Titration Pack</a>
<a href="#">Fiasp Flextouch (Insulin Aspart)</a>
<a href="#">Flovent (Diskus Or HFA) (Fluticasone)</a>
<a href="#">Forteo® (Teriparatide Injection)</a>
<a href="#">Fosrenol (lanthanum carbonate)</a>
<a href="#">Fulphila (Pegfilgastrim- Jmdb)</a>
<a href="#">FYARRO (sirolimus albumin-bound) for injection</a>
<a href="#">Gabitril (Tigabine Hydrochloride) Tablets</a>
<a href="#">Galzin (Zinc Acetate) Capsules</a>
<a href="#">Gardasil®9 (Human Papillomavirus 9-Valent Vaccine, Recombinant)</a>
<a href="#">Gastrocrom (Cromolyn) Oral Concentrate</a>
<a href="#">Gavreto (Pralsetinib)</a>
<a href="#">Gazyva (Obinutuzumab)</a>
<a href="#">Gelnique (Oxybutynin Chloride 10%) Gel</a>
<a href="#">Gengraf Capsules (Cyclosporine, USP [Modified])</a>
<a href="#">Gilenya® (Fingolimod)</a>
<a href="#">Giltorif (Afatinib)</a>
<a href="#">Glatiramer Acetate</a>
<a href="#">Glucagen Hypokit</a>
<a href="#">Glucagon™ (Glucagon For Injection)</a>
<a href="#">Glyxambi (Empagliflozin/Metformin)</a>
<a href="#">Granix (Tbo-Filgrastim) Injection</a>
<a href="#">Haldol Decanoate (Haloperidol) Im Injection Only</a>
<a href="#">Horizant ( gabapentin encarbil)</a>
<a href="#">Hemlibra (Emcizumab-Kxwh)</a>

<a href="#">Herceptin (Trastuzumab)</a>
<a href="#">Herceptin Hylecta (Trastuzumab And Hyaluronidase-Oysk)</a>
<a href="#">Herzuma (Trastuzumab-Pkrb) Injection</a>
<a href="#">Humalog® Mix50/50™ (Insulin Lispro Protamine And Insulin Lispro Injectable SUSPension)</a>
<a href="#">Humalog® Mix75/25™ (Insulin Lispro Protamine And Insulin Lispro Injectable SUSPension)</a>
<a href="#">Humalog® U-100 (Insulin Lispro Injection)</a>
<a href="#">Humalog® U-200 (Insulin Lispro Injection)</a>
<a href="#">Humatropे® (Somatropin) For Injection</a>
<a href="#">Humira (Adalimumab)</a>
<a href="#">Humulin® 70/30 (Human Insulin Isophane SUSPension And Human Insulin Injection)</a>
<a href="#">Humulin® N (Isophane Insulin Human SUSPension)</a>
<a href="#">Humulin® R (Insulin Human Injection)</a>
<a href="#">Humulin® R U-500 (Insulin Human Injection)</a>
<a href="#">IBRANCE (Palbociclib)</a>
<a href="#">IDHIFA® (Enasidenib)</a>
<a href="#">ILARIS® (Canakinumab)</a>
<a href="#">Imbruvica (Ibrutinib) Capsules/Tablets</a>
<a href="#">Imbruvica (Ibrutinib)</a>
<a href="#">IMDELLTRA (tarlatamab)</a>
<a href="#">Imfinzi (Durvalumab)</a>
<a href="#">Imitrex (Sumatriptan Nasal Spray)</a>
<a href="#">IMJUDO (tremelimumab-actl)</a>
<a href="#">Imlrylic (Talimogene)</a>
<a href="#">Imovax® Rabies Vaccine [Human Diploid Cell]</a>
<a href="#">Impekllo (Clobetasol) Lotion</a>
<a href="#">Incruse Ellipta (Umeclidinium)</a>
<a href="#">Infed (Iron Dextran) Injection</a>
<a href="#">INLYTA (axitinib)</a>
<a href="#">Inrebic® (Fedratinib)</a>
<a href="#">Inspra (Eplerenone)</a>
<a href="#">Intelence (Etravirine) Tablets</a>
<a href="#">Intuniv (guanfacine) ER tablets</a>
<a href="#">Invega Sustenna, Trinza And Hafyera (Paliperidone Palmitate) Extended-Release Injection</a>
<a href="#">Invokamet (Canagliflozin/Metformin)</a>
<a href="#">Invokamet Xr (Canagliflozin/Metformin Xr)</a>
<a href="#">Invokana (Canagliflozin)</a>
<a href="#">Iressa (Gefitinib)</a>
<a href="#">Isentress® (Raltegravir) 400 Mg Film-Coated And 25 Mg And 100 Mg Chewable Tablets</a>
<a href="#">Isentress® Hd (Raltegravir) 600 Mg Tablets</a>
<a href="#">Isentress® Os (Raltegravir) 100 Mg Granules For SUSPension</a>
<a href="#">Istodax® (Romidepsin)</a>

<a href="#">Jadenu ® (Deferasirox)</a>
<a href="#">Jadenu® Sprinkle (Deferasirox) Granules</a>
<a href="#">Janumet® (Sitagliptin And Metformin Hci) Tablets</a>
<a href="#">Janumet® Xr (Sitagliptin And Metformin Hci Extended-Release) Tablets</a>
<a href="#">Januvia® (Sitagliptin) Tablets</a>
<a href="#">Jardiance (Empagliflozin)</a>
<a href="#">Jaypirca™ (pirtobrutinib) tablets</a>
<a href="#">Jemperli (Dostarlimab)</a>
<a href="#">Jentadueto &amp; Jentadueto Xr (Linagliptin/Metformin)</a>
<a href="#">Jivi (antihemophilic factor recombinant)</a>
<a href="#">JUBLIA® (efinaconazole) Topical Solution</a>
<a href="#">Jynarque (Tolvaptan) Tablets</a>

## K-O

<a href="#">Kadcyla (Ado-Trastuzumab Emtansine)</a>
<a href="#">Kaletra (Lopinavir/Ritonavir)</a>
<a href="#">Kanjinti (Trastuzumab-Anns)</a>
<a href="#">Katerzia (amlodipine) oral suspension</a>
<a href="#">Kazano (alogliptin/metformin) tablets</a>
<a href="#">Kerendia (finerenone)</a>
<a href="#">Kesimpta® (Ofatumumab)</a>
<a href="#">Keytruda® (Pembrolizumab) Injection [Liquid Formulation] 100 Mg</a>
<a href="#">Kisqali® Femara® Co-Pack (Ribociclib And Letrozole) Tablets</a>
<a href="#">Kisqali® (Ribociclib)</a>
<a href="#">Kisunla™ (donanemab-azbt) injection</a>
<a href="#">Kombiglyze Er (Saxagliptin/Metformin Er)</a>
<a href="#">Konvomep (omeprazole) oral suspension</a>
<a href="#">KOVALTRY (antihemophilic factor recombinant)</a>
<a href="#">KRAZATI (adagrasib)</a>
<a href="#">Kyleena (levonorgestrel-releasing intrauterine system)</a>
<a href="#">Kyprolis (Carilzomib)</a>
<a href="#">LAGEVRIO™ (molnupiravir) 200 mg capsules [available for urgent request]</a>
<a href="#">Lamictal (Lamotrigine Chewable Or Orally Disintegrating Tablets)</a>
<a href="#">Lamictal ODT (Lamotrigine Patient Titration Kits)</a>
<a href="#">Lamictal Xr (Lamotrigine Er Or Patient Titration Kit)</a>
<a href="#">Lampit (nifurtimox)</a>
<a href="#">Lantus® (Insulin Glargine Injection) 100 Units/mL</a>
<a href="#">Leqvio® (Inclisiran)</a>
<a href="#">Levemir (Insulin Detemir) FlexTouch</a>
<a href="#">Lexapro (Escitalopram)</a>
<a href="#">Lialda (mesalamine) DR tablets</a>

<a href="#">Liletta (Levonorgestrel) Intrauterine Contraceptive</a>
<a href="#">Linzess (Linaclotide) Capsules</a>
<a href="#">LOCOID LIPOCREAM</a>
<a href="#">LOCOID (hydrocortisone butyrate) Lotion</a>
<a href="#">Lo Lestrin Fe</a>
<a href="#">Lokelma (Sodium Zirconium Cyclosilicate)</a>
<a href="#">LORBRENA (lorlatinib)</a>
<a href="#">Lovenox® (Enoxaparin Sodium Injection)</a>
<a href="#">Lucentis (Ranibizumab Injection)</a>
<a href="#">Lumakras (Sotorasib)</a>
<a href="#">Lumigan (Bimatoprost 0.01%) Ophthalmic Solution</a>
<a href="#">Lumoxiti (Moxetumomab Pasudotox-Tdfkk)</a>
<a href="#">Lupron Depot (Leuprorelin Acetate For Depot SUSPension)</a>
<a href="#">Lupron Depot-Ped (Leuprorelin Acetate For Depot SUSPension)</a>
<a href="#">Lutathera® (Lutetium Lu 177 Dotatate)</a>
<a href="#">Luxiq (Betamethasonevalerate) Foam</a>
<a href="#">LUZU (luliconazole) Cream, 1% for Topical Use</a>
<a href="#">Lynparza (Olaparib)</a>
<a href="#">Lyumjev™ (Insulin Lispro-Aabc) Injection</a>
<a href="#">Malarone (Atovaquone And Proguanil)</a>
<a href="#">Mavyret (Glecaprevir/Pibrentasvir)</a>
<a href="#">Mayzent® (Siponimod)</a>
<a href="#">Mekinist® (Trametinib)</a>
<a href="#">MEKTOVI (bibimetinib)</a>
<a href="#">Menostar (estradiol transdermal system)</a>
<a href="#">Menquadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)</a>
<a href="#">MEPHYTON (phytonadione) Vitamin K1 Tablets</a>
<a href="#">Mepron (Atovaquone SUSPension)</a>
<a href="#">Miacalcin Injection (calcitonin)</a>
<a href="#">Mirena (levonorgestrel-releasing intrauterine system)</a>
<a href="#">M-M-R® Ii (Measles, Mumps, And Rubella Virus Vaccine Live)</a>
<a href="#">Monovisc (High Molecular Weight Hyaluronan) Injection</a>
<a href="#">Monurol (Fosfomycin Tromethamine) Oral Granules</a>
<a href="#">Motegrity (prucalopride) tablets</a>
<a href="#">MOVIPREP (polyethylene glycol 3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate, and ascorbic acid for oral solution)</a>
<a href="#">Mozobil® (Plerixafor Injection)</a>
<a href="#">Multaq® (Dronedarone) Tablets</a>
<a href="#">Muse (Alprostadil) Urethral</a>
<a href="#">Myhibbin (mycophenolate) oral suspension</a>
<a href="#">Mvasi (Bevacizumab-Awwb)</a>

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

<a href="#">Onureg® (Azactidine Tablets)</a>
<a href="#">Opdivo® (Nivolumab)</a>
<a href="#">Opdualag™ (Nivolumab And Relatlimab – Rmbw)</a>
<a href="#">Opsumit (Macitentan) Tablets</a>
<a href="#">OPSYNVI®* (macitentan and tadalafil) Tablets</a>
<a href="#">Orencia® (Abatacept)</a>
<a href="#">Oriahnn (Elagolix/Estradiol/Norethindrone)</a>
<a href="#">Orilissa (Elgaolix) Tablets</a>
<a href="#">Orthovisc (High Molecular Weight Hyaluronan) Injection</a>
<a href="#">Oseni (alogliptin/pioglitazone) tablets</a>
<a href="#">Otezla (Apremilast)</a>
<a href="#">Ozempic (Semaglutide) Injection</a>
<a href="#">Ozurdex (Dexamethasone) Ocular Implant</a>

## P-T

<a href="#">Parsabiv (Etelcalcetide)</a>
<a href="#">Pegasys (Peginterferon Alfa-2A)</a>
<a href="#">Pentacel® Diphteria And Tetanus Toxoids And Acellular Pertussis Adsorbed, Inactivated Poliovirus And Haemophilus B Conjugate (Tetanus Toxoid Conjugate) Vaccine</a>
<a href="#">Pentasa (mesalamine) ER capsules</a>
<a href="#">Perforomist (Formoterol Fumarate) Inhalation Solution</a>
<a href="#">Perjeta (Pertuzumab)</a>
<a href="#">Phesgo (Pertuzumab, Trastuzumab, And Hyaluronidase-Zzxf)</a>
<a href="#">Pifeltro™ (Doravirine) Tablets, For Oral Use</a>
<a href="#">Piqray® (Alpelisib)</a>
<a href="#">PLENVU® (PEG 3350, sodium ascorbate, sodium sulfate, ascorbic acid, sodium chloride, and potassium chloride), Powder for oral solution</a>
<a href="#">Pluvicto® (177Lu-Psma-617)</a>
<a href="#">Pneumovax®23 (Pneumococcal Vaccine Polyvalent)</a>
<a href="#">Polivy (Polatuzumab Vedotin-Piiq)</a>
<a href="#">Pomalyst® (Pomalidomide)</a>
<a href="#">Ponvory (Ponesimod)</a>
<a href="#">Praluent (alirocumab)</a>
<a href="#">Pred Forte (Prednisolone Acetate) Ophthalmic SUSPension</a>
<a href="#">Premarin® (Conjugated Estrogens) Tablets, USP (Conjugated Estrogens Tablets)</a>
<a href="#">Premarin® (Conjugated Estrogens) Vaginal Cream (Conjugated Estrogens) Vaginal Cream</a>
<a href="#">Premphase® (Conjugated Estrogens Plus Medroxyprogesterone Acetate) Tablets</a>
<a href="#">Prempro® (Conjugated Estrogens/Medroxyprogesterone Acetate) Tablets</a>
<a href="#">Pretomanid Tablet</a>
<a href="#">Prevacid (lansoprazole) ODT tablets</a>
<a href="#">Prevnar 13® Pneumococcal 13-Valent Conjugate Vaccine [Diphtheria Crm197 Protein]</a>

<a href="#">PREVNAR 20™ (Pneumococcal 20-valent Conjugate Vaccine)</a>
<a href="#">Prevymis™ (Letermovir) 240 Mg Tablets</a>
<a href="#">Prezcobix (Darunavir/Cobicistat)</a>
<a href="#">Prezista (Darunavir)</a>
<a href="#">Priftin® (Rifapentine) Tablets</a>
<a href="#">PRIMAXIN® I.V. (imipenem and cilastatin for injection)</a>
<a href="#">Proair HFA (Albuterol Sulfate) Inhalation Aerosol</a>
<a href="#">Proair Respclick (Albuterol Sulfate) Inhalation Aerosol</a>
<a href="#">Procrit (Epoetin Alfa)</a>
<a href="#">Proctofoam Hc (Hydrocortisone Acetate 1% &amp; Pramoxine 1%)</a>
<a href="#">Proglycem (Diazoxide) Oral SUSPension</a>
<a href="#">Prolia (Denosumab)</a>
<a href="#">Promacta® (Eltrombopag)</a>
<a href="#">Prozac® (Fluoxetine Capsules)</a>
<a href="#">Pulmicort Flexhaler (Budesonide)</a>
<a href="#">Pulmozyme (Dornase Alfa) Inhalation Solution</a>
<a href="#">Pylera (Bismuth Subcitrate Potassium, Metronidazole, And Tetracycline) Capsules</a>
<a href="#">Qbrelis (lisinopril) oral solution</a>
<a href="#">QNASL (Beclomethasone) Nasal Aerosol</a>
<a href="#">QTERN (Dapagliflozin/Saxagliptin)</a>
<a href="#">QULIPTA (Atogepant) Tablets</a>
<a href="#">QVAR Redihaler (Beclomethasone Dipropionate HFA) Inhalation Aerosol</a>
<a href="#">Rapaflo (Silodosin) Capsules</a>
<a href="#">Reblozyl® (LUSPatercept-Aamt)</a>
<a href="#">Recarbrio™ (Imipenem, Cilastatin, And Relebactam) For Injection, For Intravenous Use</a>
<a href="#">Recombivax Hb® [Hepatitis B Vaccine (Recombinant)]</a>
<a href="#">Rectiv (Nitroglycerin) Ointment</a>
<a href="#">Relenza (Zanamivir Inhalation Powder)</a>
<a href="#">RELISTOR (methylnaltrexone bromide)</a>
<a href="#">Relpax (Eletriptan)</a>
<a href="#">Remicade (Infliximab) Iv Infusion</a>
<a href="#">RENOVA (tretinoin cream) 0.02% for Topical Use, Pump</a>
<a href="#">Repatha (Evolocumab)</a>
<a href="#">Restasis (Cyclosporine) Ophthalmic Emulsion</a>
<a href="#">RETACRIT (epoetin alfa-epbx)</a>
<a href="#">Retevmo™ (Selpercatinib) Capsules</a>
<a href="#">RETIN-A CREAM 45 gm 0.025% or 0.05% or 0.1%</a>
<a href="#">RETIN-A GEL 45 gm 0.01% or 0.025%</a>
<a href="#">RETIN-A MICRO (tretinoin) Gel Microsphere for Topical Use 0.06% or 0.08%</a>
<a href="#">Revatio (Sildenafil)</a>
<a href="#">Revlimid® (Lenalidomide)</a>

<a href="#">Rexulti (Brexpiprazole) Tablets</a>
<a href="#">Reyvow® (Lasmiditan) Tablets C-V</a>
<a href="#">Riabni (Rituximab-Arrx)</a>
<a href="#">Rinvoq (Upadacitinib)</a>
<a href="#">Risperdal Consta (Risperidone) Long-Acting Injection</a>
<a href="#">Rituxan (Rituximab) For Granulomatosis With Polyangiitis (Gpa), Microscopic Polyangiitis (Mpa) Or Pemphigus Vulgaris (Pv)</a>
<a href="#">Rituxan (Rituximab) For Oncology</a>
<a href="#">Rituxan (Rituximab) For Rheumatoid Arthritis</a>
<a href="#">Rituxan Hycela (Rituximab/Hyaluronidase Human)</a>
<a href="#">Rowasa (Mesalamine) Rectal SUSPension</a>
<a href="#">Rozerem (ramelteon) tablets</a>
<a href="#">Rozlytrek (Entrectinib)</a>
<a href="#">RUXIENCE (rituximab-pvvr)</a>
<a href="#">Rybelsus (Semaglutide) Tablets</a>
<a href="#">Rybrevant (Amivantamab-Vmjh)</a>
<a href="#">Rydapt® (Midostaurin)</a>
<a href="#">SAFYRAL (drospirenone/ethinyl estradiol/levomefolate calcium tablets and levomefolate calcium tablets)</a>
<a href="#">Samsca (Tolvaptan)</a>
<a href="#">Sandostatin Lar® Depot (Octreotide Acetate)</a>
<a href="#">Saphnelo (Anifrolumab-Fnia)</a>
<a href="#">Saphris (Asenapine Maleate) Sublingual Tablet</a>
<a href="#">Savella (Milnacipran) Tablets</a>
<a href="#">Scemblix® (Asciminib) Tablets</a>
<a href="#">Semglee (Insulin Glargine)</a>
<a href="#">Serevent (Diskus) (Salmeterol)</a>
<a href="#">Sf Rowasa (Mesalamine) Rectal SUSPension</a>
<a href="#">Shingrix (Zoster Vaccine)</a>
<a href="#">SILIQ (brodalumab) injection, for subcutaneous use, 210 mg/1.5 mL solution</a>
<a href="#">Simponi (Golimumab) Injection</a>
<a href="#">Sirturo (Bedaquiline) Tablets</a>
<a href="#">Skyla (levonorgestrel-releasing intrauterine system)</a>
<a href="#">Skyrizi (Risankizumab-Rzaa)</a>
<a href="#">Soliqua® 100/33 (Insulin Glargine &amp; Lixisenatide) Injection 100 Units/Ml And 33 Mcg/mL</a>
<a href="#">SOLODYN (minocycline HCl) Extended Release Tablets for Oral Use 55 mg or 80 mg or 105 mg</a>
<a href="#">Somavert® (Pegvisomant) For Injection</a>
<a href="#">Sotylose (sotalol oral solution)</a>
<a href="#">SOTYKTU (deucravacitinib)</a>
<a href="#">Spevigo (spesolimab-sbzo) injection</a>
<a href="#">Spiriva Handihaler Or Respimat (Tiotropium)</a>

<a href="#">Sporanox (Itraconazole) Capsules And Oral Solution</a>
<a href="#">Spravato (Esketamine) Nasal Spray [CIII]</a>
<a href="#">Sprycel® (Dasatinib)</a>
<a href="#">Stelara (Ustekinumab) For Subcutaneous Or Iv Use</a>
<a href="#">Stiolto Respimat (Tiotropium/Olodaterol)</a>
<a href="#">Stivarga (regorafenib)</a>
<a href="#">Strattera® (Atomoxetine) Capsules</a>
<a href="#">Strattice (Reconstructive Tissue Matrix)</a>
<a href="#">Striverdi Respimat (Oladaterol)</a>
<a href="#">Stromectol® (Ivermectin) Tablets</a>
<a href="#">Sunosi (solriamfetol)</a>
<a href="#">Susvimo (Ranibizumab)</a>
<a href="#">Symbicort (Budesonide/Formoterol)</a>
<a href="#">Symbyax® (Olanzapine And Fluoxetine) Capsules</a>
<a href="#">Symlin (Pramlintide)</a>
<a href="#">Symtuza (Darunavir, Cobicistat, Emtricitabine, Tenofovir Alafenamide) Tablets</a>
<a href="#">Synarel® (Nafarelin Acetate) Nasal Solution</a>
<a href="#">Synjardy &amp; Synjardy Xr (Empagliflozin/Metformin)</a>
<a href="#">Synribo (Omacetaxine) For Injection</a>
<a href="#">Synthroid (Levothyroxine Sodium) Tablets</a>
<a href="#">Synvisc-One (hyylan G-F 20)</a>
<a href="#">SYPRINE (trientine hydrochloride) Capsules</a>
<a href="#">Tabrecta™ (Capmatinib)</a>
<a href="#">Tafinlar® (Dabrafenib)</a>
<a href="#">Tagrisso (Osimertinib)</a>
<a href="#">Taltz® (Ixekizumab) Injection</a>
<a href="#">TALZENNA (talazoparib)</a>
<a href="#">TARGRETIN (bexarotene)</a>
<a href="#">Tasigna® (Nilotinib)</a>
<a href="#">TASMAR (tolcapone) Tablets</a>
<a href="#">Tecentriq (Atezolizumab)</a>
<a href="#">Teflaro (Ceftaroline Fosamil) Powder For Injection</a>
<a href="#">Tenivac® (Tetanus And Diphtheria Toxoids Adsorbed)</a>
<a href="#">TETRIX CREAM</a>
<a href="#">TEZSPIRE (Tezepelumab-ekko)</a>
<a href="#">Thalomid® (Thalidomide)</a>
<a href="#">Thymoglobulin® [Anti-Thymocyte Globulin (Rabbit)]</a>
<a href="#">Thryogen (thyrotropin alfa) for injection</a>
<a href="#">Tikosyn® (Dofetilide) Capsules</a>
<a href="#">TNKase (Tenecteplase)</a>
<a href="#">Tobi (Tobramycin) Ampules Or Podhalers</a>

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

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

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

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

[TRUQAP® \(capivasertib\)](#)

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

[Tykerb® \(Lapatinib\)](#)

[TYMLOS \(abaloparotide\) 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® \(Azacitidine For Injection\)](#)

<a href="#">Viibryd (Vilazodone)</a>
<a href="#">Vijoice® (Alpelisib)</a>
<a href="#">VioKace (Pancrelipase) Tablets</a>
<a href="#">VITRAKVI (Larotrectinib)</a>
<a href="#">Vivimusta (bendamustine) injection</a>
<a href="#">VIZIMPRO (dacaomitinib)</a>
<a href="#">Votrient® (Pazopanib)</a>
<a href="#">Vraylar (Cariprazine) Capsules</a>
<a href="#">Vyalev™ (foscarnet/foslevodopa)</a>
<a href="#">VYNDAMAX® (tafamidis) capsules</a>
<a href="#">Vyndaqel® (Tafamidis Meglumine) Capsules</a>
<a href="#">Vyvanse (lisdexamfetamine) capsules and tablets</a>
<a href="#">WAINUA (eplontersen)</a>
<a href="#">Welireg™ (Belzutifan) 40 Mg Tablets</a>
<a href="#">Wixela (Fluticasone/Salmeterol)</a>
<a href="#">XALKORI (crizotinib)</a>
<a href="#">Xarelto (Rivaroxaban) Tablets Or Oral Solution</a>
<a href="#">Xatmep (methotrexate) oral solution</a>
<a href="#">Xeljanz® (Tofacitinib) Oral Solution</a>
<a href="#">Xeljanz® (Tofacitinib) Tablets</a>
<a href="#">Xeljanz® Xr (Tofacitinib) Extended-Release Tablets</a>
<a href="#">Xeloda (Capecitabine)</a>
<a href="#">Xen (Gel Stent)</a>
<a href="#">Xgeva (Denosumab)</a>
<a href="#">XIFAXAN (rifaximin) Tablets, for Oral Use, 550 mg</a>
<a href="#">Xigduo Xr (Dapagliflozin/Metformin Er)</a>
<a href="#">Xiidra® (Lifitegrast Ophthalmic Solution)</a>
<a href="#">Xofigo (radium Ra 223 dichloride)</a>
<a href="#">Xolair (Omalizumab)</a>
<a href="#">Xtandi (enzalutamide)</a>
<a href="#">Xulane (Norelgestromin And Ethynodiol Diacetate Transdermal System)</a>
<a href="#">Xultophy (Insulin Degludec &amp; Liraglutide) Pen</a>
<a href="#">Xyntha® Antihemophilic Factor (Recombinant)</a>
<a href="#">Yervoy® (Ipilimumab)</a>
<a href="#">Yondelis (Trabectedin) For Iv Infusion</a>
<a href="#">Yupelri (Reverbenacin)</a>
<a href="#">Zarontin® (Ethosuximide)</a>
<a href="#">Zarxio™ (Filgrastim-Sndz)</a>
<a href="#">ZEJULA (niraparib)</a>
<a href="#">ZELAPAR (selegiline hydrochloride) Orally Disintegrating Tablets</a>
<a href="#">Zelboraf (Vemurafenib)</a>

<a href="#">Zenpep (Pancrelipase) Delayed Release Capsule</a>
<a href="#">Zepatier® (Elbasvir And Grazoprevir)</a>
<a href="#">Zeposia® (Ozanimod)</a>
<a href="#">Zerbaxa™ (Ceftolozane And Tazobactam) For Injection For Intravenous Use</a>
<a href="#">ZIANA (clindamycin phosphate 1.2% and tretinoin 0.025%) Gel 60 g tube</a>
<a href="#">Ziextenza® (Pegfilgrastim-Bmez)</a>
<a href="#">Zinplava™ (Bezlotoxumab) Injection 25 Mg/mL</a>
<a href="#">ZIRABEV (bevacizumab-bvzr)</a>
<a href="#">ZIRGAN (ganciclovir ophthalmic gel)</a>
<a href="#">ZOLINZA® (vorinostat capsules, for oral use) 100 mg [available for urgent request]</a>
<a href="#">Zonisade (zonisamide) oral suspension</a>
<a href="#">ZYCLARA (imiquimod) cream 3.75%, for Topical Use 7.5 g Pump Box of 28 Packets</a>
<a href="#">Zykadia® (Ceritinib)</a>
<a href="#">Zynlonta (loncastuximab tesirine)</a>
<a href="#">Zyprexa® (Olanzapine) Tablet</a>
<a href="#">Zyprexa® Zydis® (Olanzapine) Tablet</a>
<a href="#">Zytiga (Abiraterone) Tablets</a>

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		
Axsome	No	Home	200		
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	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	\$80,375	
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:**

Johnson & Johnson 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) <sup>A</sup> 2025								
Household size	100% (\$)	133% (\$)	150% (\$)	200% (\$)	250% (\$)	300% (\$)	400% (\$)	500% (\$)
1	15,650	20,814.50	23,475	31,300	39,125	46,950	62,600	78,250
2	21,150	28,129.50	31,725	42,300	52,875	63,450	84,600	105,750
3	26,650	35,444.50	39,975	53,300	66,625	79,950	106,600	133,250
4	32,150	42,759.50	48,225	64,300	80,375	96,450	128,600	160,750
5	39,125	50,074.50	56,475	78,250	94,125	112,950	150,600	188,250
6	43,150	57,389.50	64,725	86,300	107,875	129,450	172,600	215,750
7	48,650	64,704.50	72,975	97,300	121,625	145,950	194,600	243,250
8	54,150	72,019.50	81,225	108,300	135,375	162,450	216,600	270,750
<b>Each additional</b>	5,500	7,315	8,250	11,000	13,750	16,500	22,000	27,500

A: Federal poverty limits are subject to change on an annual basis

# Medications with PAP per drug manufacturer

## AADIAssist Patient Assistance Program

### Eligibility

US resident

<400% FPL

Uninsured/Medicare

Household size	Annual household income (\$) threshold (≤400% FPL)
1	62,600
2	84,600
3	106,600
4	128,600
5	150,600
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

Below income limit

Uninsured/Medicare

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](#)<sup>&</sup>

[AeroChamber Plus Flow-Vu](#)<sup>\*\*</sup>

[Alloderm](#)<sup>%</sup>

[Alphagan P \(brimonidine tartrate\) ophthalmic solution](#)<sup>&</sup>

[Armour Thyroid \(thyroid tablets, USP\) tablets](#)<sup>\*\*</sup>

[Avycaz \(avibactam/ceftazidime\)](#)<sup>#</sup>

[BOTOX \(onabotulinumtoxinA\)](#)

Bystolic (nebivolol) tablets<sup>\*\*</sup>

Canasa (mesalamine) suppository<sup>\*\*</sup>

Carafate (sucralfate) oral sUSPension<sup>\*\*</sup>

Combigan (brimonidine tartrate/timolol maleate) ophthalmic solution<sup>&</sup>

[CREON \(Pancrelipase\) delayed-release capsules](#)<sup>+</sup>

[Crinone \(progesterone\) gel](#)<sup>\*\*</sup>

[Dalvance \(dalbavancin\) lyophilizate](#)<sup>#</sup>

Delzicol (mesalamine DR) capsules<sup>\*\*</sup>

[Depakote \(divalproex sodium\)](#)<sup>\$</sup>

[Duopa \(carbidopa/levodopa\) enteral suspension](#)<sup>\$</sup>

[Durysta \(Bimatoprost\) ocular implant](#)<sup>&</sup>

Estrace (estradiol) cream<sup>\*\*</sup>

[Fetzima \(Levomilnacipran\) extended release capsules and titration pack](#)<sup>\*\*</sup>

Gelnique (oxybutynin chloride 10%) gel<sup>\*\*</sup>

[GENGRAF capsules \(cyclosporine, USP \[MODIFIED\]\)](#)<sup>\*\*</sup>

[HUMIRA \(adalimumab\)](#)<sup>\$</sup>

[IMBRUVICA \(ibrutinib\)](#)<sup>\$</sup>

Infed (iron dextran) injection<sup>\*\*</sup>

[KALETRA \(lopinavir/ritonavir\)](#)<sup>\*\*</sup>

Lexapro (escitalopram)<sup>\*\*</sup>

Liletta (levonorgestrel) intrauterine contraceptive<sup>^</sup>

[Linzess \(linaclotide\) capsules](#)<sup>+</sup>

Lo Lestrin fe<sup>^</sup>

[Lumigan \(Bimatoprost 0.01%\) ophthalmic solution](#)<sup>&</sup>

[Lupron Depot-Ped \(leuprolide acetate for depot sUSPension\)](#)<sup>\$</sup>

[Lupron Depot \(leuprolide acetate for depot sUSPension\)](#)<sup>\$</sup>

<a href="#"><b>MAVYRET (Glecaprevir/Pibrentasvir)</b></a> <sup>§</sup>
Monurol (Fosfomycin tromethamine) oral granules**
Namenda and Namenda XR (memantine)**
<a href="#"><b>NAMZARIC (memantine extended release and donepezil)</b></a> <sup>**</sup>
<a href="#"><b>NATRELLE</b></a> <sup>%</sup>
<a href="#"><b>NORVIR (ritonavir) tablets and oral solution</b></a> <sup>**</sup>
<a href="#"><b>Oriahnn (Elagolix/estradiol/norethindrone)</b></a> <sup>^</sup>
<a href="#"><b>ORILISSA (Elgaolix) tablets</b></a> <sup>^</sup>
<a href="#"><b>Ozurdex (dexamethasone) ocular implant</b></a> <sup>&amp;</sup>
Pred Forte (prednisolone acetate) ophthalmic sUSPension **
Pylera (bismuth Subcitrate potassium, metronidazole, and tetracycline) capsules **
<a href="#"><b>Qulipta (Atogepant) tablets</b></a> <sup>**</sup>
Rapaflo (silodosin) capsules **
<a href="#"><b>Rectiv (nitroglycerin) ointment</b></a> <sup>**</sup>
<a href="#"><b>Restasis (cyclosporine) ophthalmic emulsion</b></a> <sup>&amp;</sup>
<a href="#"><b>RINVOQ (upadacitinib)</b></a> <sup>§</sup>
<a href="#"><b>Saphris (asenapine maleate) sublingual tablet</b></a> <sup>**</sup>
<a href="#"><b>Savella (milnacipran) tablets</b></a> <sup>**</sup>
<a href="#"><b>SKYRIZI (Risankizumab-rzaa)</b></a> <sup>§</sup>
<a href="#"><b>STRATTICE (reconstructive tissue matrix)</b></a> <sup>%</sup>
<a href="#"><b>Synthroid (levothyroxine sodium) tablets</b></a> <sup>**</sup>
<a href="#"><b>Teflaro (ceftaroline fosamil) powder for injection</b></a> <sup>#</sup>
<a href="#"><b>Ubrelvy (ubrogepant) tablets</b></a> <sup>**</sup>
<a href="#"><b>Venclexta (venetoclax) tablets</b></a> <sup>§</sup>
<a href="#"><b>Viberzi (eluxadoline)</b></a> <sup>+</sup>
<a href="#"><b>Viibryd (vilazodone)</b></a> <sup>**</sup>
<a href="#"><b>Vyaylor (cariprazine) capsules</b></a> <sup>**</sup>
<a href="#"><b>Vyalev™ (foscarnet/fosfamide)</b></a>
<a href="#"><b>Xen (gel stent)</b></a> <sup>&amp;</sup>

\*\*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**

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)
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

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

## AMGEN safety net program

### Eligibility

US resident

<300-450% FPL

Uninsured or plan excludes AMGEN product

Household size	Annual income threshold (<300% FPL Group A)	Annual household income (\$) threshold (≤500% FPL group B)
1	46,950	78,250
2	63,450	105,750
3	79,950	133,250
4	96,450	160,750
Each additional person	16,140	27,500

- 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	<a href="#">Aimovig (erenumab)</a>
A	AMJEVITA (adalimumab-atto)
B	<a href="#">ARANESP (darbepoetin alfa)</a>
B	<a href="#">AVSOLA (infliximab-axxq)</a>
B	<a href="#">BLINCYTO (blinatumomab)</a>
A	<a href="#">Corlanor (ivabradine)</a>
A	<a href="#">Enbrel (etanercept)</a>
B	Epogen (epoetin alfa)
B	<a href="#">EVENITY (romosozumab-aqqg)</a>
B	IMDELLTRA (tarlatamab)
B	<a href="#">IMLYGIC (talimogene)</a>
B	<a href="#">KANJINTI (trastuzumab-anns)</a>
B	<a href="#">Kyprolis (carilzomib)</a>
B	<a href="#">LUMAKRAS (sotorasib)</a>
B	<a href="#">MVASI (bevacizumab-awwb)</a>
B	<a href="#">Neulasta (pegfilgrastim)</a>
B	<a href="#">NEUPOGEN (filgrastim)</a>

B	<a href="#">Nplate (romiplostim)</a>
A	<a href="#">Otezla (apremilast)</a>
B	<a href="#">Parsabiv (etelcalcetide)</a>
B	<a href="#">Prolia (denosumab)</a>
A	<a href="#">Repatha (evolocumab)</a>
B	<a href="#">RIABNI (rituximab-arrx)</a>
	TEZSPIRE (Tezepelumab-ekko)
B	<a href="#">Vectibix (panitumumab)</a>
B	<a href="#">XGEVA (denosumab)</a>

Program as of 2025 requesting patients to call 1-866-264-2778 to be screened for program

## [Azurity Pharmaceuticals](#)

### Eligibility

US resident

≤ 200-300% FPL

Uninsured or  
Medicare

Household size	Annual household income (\$) threshold	
	≤ 200% FPL	BiDil (<=300% FPL)
1	31,300	46,950
2	42,300	63,450
3	53,300	79,950
4	64,300	96,450
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)

[Danziten \(nilotinib\)](#)

Edarbi (azilsartan medoxomil)

Edarbyclor (azilsartan medoxomil/chlorthalidone)

[Eprontia \(topiramate\) oral solution](#)

Horizant (gabapentin encarbil)

<a href="#">Katerzia (amlodipine) oral suspension</a>
<a href="#">Konvomep (omeprazole) oral suspension</a>
<a href="#">Myhibbin (mycophenolate) oral suspension</a>
Nymalize (nimodipine oral solution)
<a href="#">Qbrelis (lisinopril) oral solution</a>
Sotyline (sotalol oral solution)
<a href="#">Triptodur (tripretorelin)</a>
<a href="#">Vivimusta (bendamustine) injection</a>
<a href="#">Xatmep (methotrexate) oral solution</a>
<a href="#">Zonisade (zonisamide) oral suspension</a>

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	39,125	
2	52,875	
3	66,625	
4	80,375	
5	94,125	
Each additional person	13,450	

## Medications eligible for assistance

<a href="#">Myrbetriq (mirabegron extended release tablets)</a>
<a href="#">Xtandi (enzalutamide)</a>

- 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	46,950
2	63,450
3	79,950
4	96,450
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\*\*\*

1. Electronic income verification will occur, does not affect credit score
  - a. Some instances occur that the program wants proof of income requiring:
    - i. Most recent federal tax return
    - ii. W2 or 1099
    - iii. 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 \(ticagrelor\) available generic with GoodRx at CVS as of May 2025](#)

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

[BYETTA \(exenatide\)](#)

[CALQUENCE \(acalabrutinib\)](#)

[DALIRESP \(roflumilast\)](#)

[FARXIGA \(dapagliflozin\)](#)

[FASENRA prefilled syringe \(benralizumab\)](#)

[FASENRA pen \(benralizumab\)](#)

FASLODEX (fulvestrant)
<a href="#">IMFINZI (durvalumab)</a>
<a href="#">IMJUDO (tremelimumab-actl)</a>
IRESSA (gefitinib)
KOMBIGLYZE ER (saxagliptin/metformin ER)
<a href="#">LOKELMA (sodium zirconium cyclosilicate)</a>
LUMOXITI (moxetumomab pasudotox-tdffk)
<a href="#">LYNPARZA (Olaparib)</a>
ONGLYZA (saxagliptin)
PULMICORT FLEXHALER (budesonide)
QTERN (dapagliflozin/saxagliptin)
<a href="#">SAPHNELO (anifrolumab-fnia)</a>
SYMBICORT (budesonide/formoterol)
SYMLIN (pramlintide)
<a href="#">TAGRISSO (Osimertinib)</a>
<a href="#">TRUQAP® (capivasertib)</a>
<a href="#">WAINUA (eplontersen)</a>
<a href="#">XIGDUO XR (dapagliflozin/metformin ER)</a>

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

MedVantx pharmacy **Phone:** 866-744-0621 **Fax:** 888-868-8660

## [Axsome](#)

Eligibility		
US resident	<200% FPL	Uninsured or Medicare*
Household size	Annual household income (\$) threshold (≤200% FPL)	
1	31,300	
2	42,300	
3	53,300	
4	64,300	
5	78,250	
Each additional person	11,000	

- Medicare patients will require prior authorization denial, in addition to, 2 appeal denials before being approved for the program

### **Medications eligible for assistance**

Auvelity (dextromethorphan/bupropion)

Sunosi (solriamfetol)

Phone: (855)888-4624 Fax: (866)545-1168

**BAUSCH HEALTH**

### **Eligibility**

**US resident**

**<300-500% FPL**

**Uninsured or  
Medicare**

<b>Household size</b>	<b>Annual household income (\$) threshold</b>		
	<b>Group 1 (<math>\leq</math> 300% FPL)</b>	<b>Group 2 (<math>\leq</math> 400% FPL)</b>	<b>Group 3 (<math>\leq</math> 600% FPL)</b>
1	46,950	62,600	87,480
2	63,450	84,600	118,320
3	79,950	106,600	149,160
4	96,450	128,600	180,000
Each additional	15,240	21,520	30,840

- 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**

<b>Income group</b>	<b>Medication name</b>
1	ACANYA® (clindamycin phosphate and benzoyl peroxide) Gel, 1.2% or 2.5%, for Topical
1	ALDARA Cream 5%
1	ANCOBON (flucytosine) capsules
1	APLENZIN (bupropion hydrobromide) Extended-Release Tablets
1	ARAZLO (tazarotene) Lotion, 0.045%
1	ATOPICLAIR Nonsteroidal Cream 100 g Tube
1	BENZAMYCIN GEL
1	BIAFINE
1	BRYHALI (halobetasol propionate) Lotion
1	CARAC (fluorouracil cream)

1	CLINDAGEL (clindamycin phosphate gel)
3	CUPRIMINE (penicillamine) Capsules
1	CYCLOSET (bromocriptine mesylate tablets)
3	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	PLENUVU® (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	SOODYN (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	ZIRGAN (ganciclovir ophthalmic gel)
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	$\geq 150\% \text{ FPL}$ $\leq 300\% \text{ FPL}$	Uninsured or Medicare

Household size	Annual household income (\$) threshold	
	$> 150\% \text{ FPL}$	$\leq 300\% \text{ FPL}$
1	23,475	46,950
2	31,725	63,450
3	39,975	79,950
4	48,225	96,450
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

As of 2025 Company wants eligible patients to call 1-855-423-3672 for more information

## 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)
1	31,300	39,125
2	42,300	52,875
3	53,300	66,625
4	64,300	80,375
5	78,250	94,125

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

## Medications eligible for assistance

Medication group	Medication name
2	Aptivus (tipranavir)
1	Atrovent HFA (ipratropium)
1	COMBIVENT Respimat (ipratropium/albuterol)
2	<a href="#">CYLTEZO (adalimumab)</a>
2	<a href="#">GILTORIF (afatinib)<sup>s</sup></a>
2	Glyxambi (empaglizoin/metformin)
2	Jardiance (empaglipezin)
2	Jentadueto & Jentadueto XR (linagliptin/metformin)
2	<a href="#">OFEV (nintedanib)<sup>s</sup></a>
1	Spiriva Handihaler or Respimat (tiotropium)
2	<a href="#">Spevigo (spesolimab-sbzo) injection</a>
1	Stiolto Respimat (tiotropium/olodaterol)
1	Striverdi Respimat (olodaterol)
2	Synjardy & Synjardy XR (empaglipezin/metformin)
2	Tradjenta (linagliptin)
2	Trijardy XR (empaglipezin/linagliptin/metformin)

\$ Has individual application

Contact info: P: 1-800-556-8317 F: 1-866-851-2827 Pharmacy P: 800-556-8317

## Bristol Myers Squibb

### Eligibility

US resident

<300% FPL

Uninsured  
or Medicare

Household size	Annual household income (\$) threshold (≤300% FPL)
1	46,950
2	63,450
3	79,950
4	96,450
5	112,950
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)

- As of 2025, Bristol Myers Squibb made their criteria for enrollment for Medicare recipients with prescription coverage more strict. For 2025, ONLY the patient's total out of pocket spend counts towards the 3% spend threshold BUT is still based on the TOTAL annual household income. They are not accepting the spouse's prescription spend like they did in all previous years.

Applications will be processed more quickly if income documentation included:

- 1099 forms
- Social security statement
- Pension statements
- 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® \(elotuzumab\)](#)

<a href="#">IDHIFA® (Enasidenib)</a>
<a href="#">INREBIC® (fedratinib)</a>
<a href="#">ISTODAX® (Romidepsin)</a>
<a href="#">KRAZATI (adagrasib)</a>
<a href="#">NULOJIX® (belatacept)</a>
<a href="#">ONUREG® (azactidine tablets)</a>
<a href="#">OPDIVO® (nivolumab)</a>
<a href="#">OPDUALAG™ (nivolumab and relatlimab – rmbw)</a>
<a href="#">ORENCIA® (Abatacept)</a>
<a href="#">POMALYST® (pomalidomide)</a>
<a href="#">REBLOZYL® (luspatercept-aamt)</a>
<a href="#">REVLIMID® (lenalidomide)</a>
<a href="#">SOTYKTU (deucravacitinib)</a>
<a href="#">SPRYCEL® (dasatinib)</a>
<a href="#">THALOMID® (thalidomide)</a>
<a href="#">VIDAZA® (azacitidine for injection)</a>
<a href="#">YERVOY® (Ipilimumab)</a>
<a href="#">ZEPOSIA® (ozanimod)</a>

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

Theracom pharmacy **Phone** 877-654-7812

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

## [GlaxoSmithKline – GSK for You](#)

### Eligibility

US resident

<300%-400 FPL

Uninsured or  
Medicare

Household size	Annual household income (\$) threshold (≤300% FPL)	Annual household income oncology products (≤500%FPL)
1	46,950	62,600
2	63,450	84,600
3	79,950	106,600
4	96,450	128,600
Each additional person	16,500	22,000

- Does **NOT** require proof of income per application, only requires submission of application, documenting income

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- Separate prescription required
- Not receiving government drug coverage (excluding Medicare)
  - Need to provide proof of \$600.00 out-of-pocket drug expenses
- 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 \(Mepolizumab\)](#)

[OJARA \(momelotinib\)](#)

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

## **Johnson & Johnson**

- 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	$\leq 300\% \text{ FPL}$	Uninsured or Medicare

Household size	Income threshold ( $\leq 300\% \text{ FPL}$ )
1	46,950
2	63,450
3	79,950
4	96,450
5	112,950

- 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
Medication name
<a href="#">AKEEGA (niraparib and abiraterone acetate)</a>
<a href="#">BALVERSA® (erdafitinib) Tablets</a>
<a href="#">DARZALEX® (daratumumab) Injection for intravenous infusion</a>
<a href="#">DARZALEX FASPRO® (daratumumab and hyaluronidase-fihj) Injection for subcutaneous use</a>
<a href="#">EDURANT® (rilpivirine) Tablets</a>
<a href="#">ELMIRON® (pentosan polysulfate sodium) Capsules</a>
<a href="#">ERLEADA® (apalutamide) Tablets</a>
<a href="#">Infliximab, For injection, for intravenous use</a>
<a href="#">INTELENCE® (etravirine) Tablets</a>
<a href="#">INVEGA HAFYERA™* (paliperidone palmitate) Extended-release Injectable Suspension</a>
<a href="#">INVEGA SUSTENNA®* (paliperidone palmitate) Extended-release Injectable Suspension</a>
<a href="#">INVEGA TRINZA®* (paliperidone palmitate) Extended-release Injectable Suspension</a>
<a href="#">INVOKAMET®* (canagliflozin/metformin HCI) Tablets</a>
<a href="#">INVOKAMET® XR* (canagliflozin/metformin HCI) Extended-release Tablets</a>
<a href="#">INVOKANA® (canagliflozin) Tablets</a>
<a href="#">OPSUMIT®* (macitentan) Tablets</a>

<a href="#">OPSYNVI®* (macitentan and tadalafil) Tablets</a>
<a href="#">PONVORY® (ponesimod) Tablets</a>
<a href="#">PREZCOBIX® (darunavir 800mg/cobicistat 150mg) Tablets</a>
<a href="#">PREZISTA® (darunavir) Tablets or Oral Suspension</a>
<a href="#">REMICADE®* (infliximab) Intravenous Infusion</a>
<a href="#">RISPERDAL CONSTA®* (risperidone) Long-acting Injection</a>
<a href="#">RYBREVANT® (amivantamab-vmjw) Injection, for intravenous use</a>
<a href="#">SIMPONI® (golimumab) Injection</a>
<a href="#">SIMPONI ARIA®* (golimumab) Intravenous Infusion</a>
<a href="#">SIRTURO®* (bedaquiline) Tablets</a>
<a href="#">SPRAVATO®* (esketamine) Nasal Spray CIII, for intranasal use</a>
<a href="#">STELARA® (ustekinumab) Injection, for intravenous use</a>
<a href="#">STELARA® (ustekinumab) Injection, for subcutaneous use</a>
<a href="#">SYMTUZA®* (darunavir, cobicistat, emtricitabine, and tenofovir alafenamide) Tablets</a>
<a href="#">TALVEY (talquetamab-tgvs) injection for subcutaneous use</a>
<a href="#">TECVAYLI™ (teclistamab) Injection, for subcutaneous use</a>
<a href="#">TRACLEER®* (bosentan) Tablets</a>
<a href="#">TREMFYA® (guselkumab) Prefilled syringe or One-Press patient-controlled injector</a>
<a href="#">UPTRAVI®† (selexipag) Tablets</a>
<a href="#">VELETRI®† (epoprostenol) Injection</a>
<a href="#">VENTAVIS®† (iloprost) Inhalation solution</a>
<a href="#">XARELTO®* (rivaroxaban) Tablets or Oral Suspension</a>
<a href="#">YONDELIS® (trabectedin) Injection for Intravenous Infusion</a>

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

### Lilly Cares Program

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

Household size	Annual household income (\$) threshold		
	Group 1 ( $\leq$ 300% FPL)	Group 2 ( $\leq$ 400% FPL)	Group 3 ( $\leq$ 500% FPL)
1	46,950	62,600	78,250
2	63,450	84,600	105,750

3	79,950	106,600	133,250
4	96,450	128,600	160,750
Each additional	16,140	21,520	26,900

- **Trulicity:** no longer accepting NEW patients without [Trulicity Medical Exception Requirements](#)
  - **Must meet ALL** criteria: T2DM, on Trulicity within last 12 months, >10 years old, tried and failed another GLP-1 after at least 3 months of therapy and one of the following:
    - Inadequate response to metformin, need for combination therapy and A1c  $\geq 7.5\%$ , established cardiovascular disease or multiple cardiovascular risk factors

## Medications eligible for assistance

Group	Medication name	Package insert	Patient education
3	Alimta® (pemetrexed for injection)	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>
2	Basaglar® (insulin glargine injection)	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>
2	Cialis® (tadalafil) tablets	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>
1	Cymbalta® (duloxetine delayed-release capsules)	<a href="#">Prescribing Information</a>	<a href="#">Medication Guide</a>
3	Cyramza® (ramucirumab) injection	<a href="#">Prescribing Information</a>	
2	Emgality® (galcanezumab-gnlm) injection	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>
3	Erbitux® (cetuximab) injection	<a href="#">Prescribing Information</a>	
1	Evista® (raloxifene hydrochloride) Tablet	<a href="#">Prescribing Information</a>	<a href="#">Medication Guide</a>
1	Forteo® (teriparatide injection)	<a href="#">Prescribing Information</a>	<a href="#">Medication Guide</a>
2	Humalog® U-100 (insulin lispro injection)	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>
2	Humalog® U-200 (insulin lispro injection)	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>
2	Humalog® Mix50/50™ (insulin lispro protamine and insulin lispro injectable sUSPension)	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>
2	Humalog® Mix75/25™ (insulin lispro protamine and insulin lispro injectable sUSPension)	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>

3	Humatrope® (somatropin) for injection	<a href="#">Prescribing Information</a>	<a href="#">Patient Information: Cartridge</a>
2	Humulin® 70/30 (human insulin isophane sUSPension and human insulin injection)	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>
2	Humulin® N (isophane insulin human sUSPension)	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>
2	Humulin® R (insulin human injection)	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>
2	Humulin® R U-500 (insulin human injection)	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>
3	Jaypirca™ (pirtobrutinib) tablets	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>
3	Kisunla™ (donanemab-azbt) injection	<a href="#">Prescribing Information</a>	<a href="#">Medication Guide</a>
2	Lyumjev™ (insulin lispro-aabc) injection	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>
3	Omvoh™ (mirikizumab-mrkz) infusion	<a href="#">Prescribing Information</a>	<a href="#">Medication Guide</a>
3	Olumiant® (baricitinib) tablets	<a href="#">Prescribing Information</a>	<a href="#">Medication Guide</a>
1	Prozac® (fluoxetine capsules)	<a href="#">Prescribing Information</a>	<a href="#">Medication Guide</a>
3	Retevmo™ (selpercatinib) capsules	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>
2	Reyvow® (lasmiditan) tablets C-V	<a href="#">Prescribing Information</a>	<a href="#">Medication Guide</a>
1	Strattera® (atomoxetine) capsules	<a href="#">Prescribing Information</a>	<a href="#">Medication Guide</a>
3	Taltz® (ixekizumab) injection	<a href="#">Prescribing Information</a>	<a href="#">Medication Guide</a>
2	Trulicity® (dulaglutide) injection	<a href="#">Prescribing Information</a>	<a href="#">Medication Guide</a>
3	Verzenio® (abemaciclib) tablets	<a href="#">Prescribing Information</a>	<a href="#">Patient Information</a>

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

Neovance Pharmacy 888-705-0094 option 2

Pharmacy info-Neovance specialty pharmacy in Lake Mary, FL – can e-scribe to location

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

### Eligibility

US resident	>19 years old for vaccine	<400% FPL	Uninsured/ Medicare
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Household size	Annual household income (\$) threshold (≤400% FPL)
1	62,600
2	84,600
3	106,600
4	128,600
5	150,600
Each additional person	21,520

1. Does NOT require proof of income
2. Submit ALL Difidid applications online through [RxLightning](#)

### 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

[PIFELTRO™](#) (doravirine) tablets, for oral use

<a href="#">PNEUMOVAX®23</a> (Pneumococcal Vaccine Polysaccharide)
<a href="#">PREVYMIS™</a> (letermovir) 240 mg Tablets
<a href="#">PRIMAXIN® I.V.</a> (imipenem and cilastatin for injection)
<a href="#">RECARBRIOTM</a> (imipenem, cilastatin, and rebabactam) for injection, for intravenous use
<a href="#">RECOMBIVAX HB®</a> [Hepatitis B Vaccine (Recombinant)]
<a href="#">STROMECTOL®</a> (ivermectin) Tablets
<a href="#">VAQTA®</a> (Hepatitis A Vaccine, Inactivated)
<a href="#">VARIVAX®</a> (Varicella Virus Vaccine Live)
<a href="#">VAXNEUVANCE™</a> (Pneumococcal 15-valent conjugate vaccine)
<a href="#">VERQUVO™</a> (vericiguat) 2.5 mg, 5 mg, 10 mg tablets
<a href="#">WELIREG™</a> (belzutifan) 40 mg Tablets
<a href="#">ZEPATIER®</a> (elbasvir and grazoprevir)
<a href="#">ZERBAXA™</a> (ceftolozane and tazobactam) for Injection for Intravenous Use
<a href="#">ZINPLAVA™</a> (bezlotoxumab) Injection 25 mg/ml
<a href="#">ZOLINZA®</a> (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-P:1-800-727-5400 F:833-546-0609 **Pharmacy** (Knipper Rx) P: 888-727-1618

### Program details

- Single application can include up to 3 Merck products and can be completed online as of 2025
- Each prescription cannot exceed a 90-day supply at a time with a maximum of 3 refills
- New application needed every 12 months

### [MyPraluent Patient Assistance Program](#)

Eligibility		
<b>US resident</b>	<b>≥135% FPL</b> <b>≤ 300% FPL</b>	<b>Uninsured or Medicare</b>

- Commercially insured patients copay card

Household size	Annual household income (\$) threshold (≤300% FPL)
1	46,950
2	63,450
3	79,950
4	96,450

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	
○ <a href="#">Can apply online</a>	

### 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	62,600	78,250
2	84,600	105,750
3	106,600	133,250
4	128,600	160,750
5	150,600	188,250
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	<a href="#">Arixtra</a> (fondaparinux)

1	<a href="#">Breyna (budesonide/formoterol) inhalation</a>
1	<a href="#">Caduet (amlodipine/atorvastatin)</a>
1	<a href="#">Clozapine</a>
1	<a href="#">Cortifoam (hydrocortisone 10%) rectal foam</a>
1	<a href="#">Cystagon (cysteamine) capsules</a>
1	<a href="#">Denavir (penciclovir) cream 1%</a>
2	<a href="#">Detrol LA (tolterodine)</a>
1	<a href="#">Dipentum (olsalazine) capsule</a>
1	<a href="#">Dymista (azelastine/fluticasone) nasal spray</a>
1	<a href="#">Emsam transdermal system</a>
2	<a href="#">EpiPen &amp; EpiPen Jr (epinephrine) injection</a>
1	<a href="#">ERMEZA (levothyroxine oral solution)</a>
1	<a href="#">Felbatol (felbamate)</a>
1	<a href="#">Gastrocrom (cromolyn) oral concentrate</a>
2	<a href="#">Glatiramer Acetate</a>
1	<a href="#">Miacalcin injection (calcitonin)</a>
1	<a href="#">Muse (alprostadil) urethral</a>
1	<a href="#">Performist (formoterol fumarate) inhalation solution</a>
1	<a href="#">Pretomanid tablet</a>
1	<a href="#">Proctofoam HC (hydrocortisone acetate 1% &amp; pramoxine 1%)</a>
2	<a href="#">Relpax (eletriptan)</a>
1	<a href="#">Rowasa (mesalamine) rectal sUSPension</a>
1	<a href="#">Semglee (insulin glargine)</a>
1	<a href="#">SF Rowasa (mesalamine) rectal sUSPension</a>
2	<a href="#">Tobi (tobramycin) ampules or podhalers</a>
1	<a href="#">Wixela (fluticasone/salmeterol)</a>
1	<a href="#">Xulane (norelgestromin and ethinyl estradiol transdermal system)</a>
1	<a href="#">Yupelri (revefenacin)</a>

\*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	62,600
2	84,600
3	106,600
4	128,600
5	150,600
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	62,600	87,480
2	84,600	118,320
3	106,600	149,160
4	128,600	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 <\$23,475 or household of two \$31,725) 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-dbll) Injection
1	Coartem® (artemether and lumefantrine)
2	Cosentyx® (secukinumab)
4	Entresto™ (sacubitril/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	Piqrax® (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

- As of October 2025, Entresto **NO LONGER available** through Novartis patient assistance program

## Novo Nordisk (up to 10 days for processing)

Eligibility		
US citizen	<400% FPL	Uninsured or Medicare

Household size	Annual household income (\$) threshold (≤400% FPL)
1	62,600
2	84,600
3	106,600
4	128,600
5	150,600
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
- **Ozempic:** when applying for Ozempic, quantity must be 4 boxes for approval. If new start, will need to 1 box of starting dose of 0.25mg followed by 3 boxes of 0.5mg

### **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\***

**Zeg掬ogue® (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 ( $\leq 300\%$ FPL)	Jynarque ( $\leq 700\%$ FPL)
1	46,950	102,060
2	63,450	138,040
3	79,950	174,020
4	96,450	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

$\leq 400\%$  FPL

Uninsured

Household size	Annual household income (\$) threshold	
	Group A $\leq 400\%$ FPL	Group B $\leq 350\%$ FPL
1	62,600	54,775
2	84,600	74,025
3	106,600	93,275
4	128,600	112,525
5	150,600	131,775
Each additional	21,520	19,250

- 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  $\leq 400\%$  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

<b>Medications eligible for assistance</b>	
<b>Group</b>	<b>Medication name</b>
B	Revatio (sildenafil)
	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)
A	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

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## Pfizer Oncology Together

### Eligibility

US resident

≤ 500% FPL

Uninsured or  
underinsured

Household size	Annual household income (\$) threshold (≤500% FPL)
1	78,250
2	105,750
3	133,250
4	160,750
Each additional	26,900

[Patient assistance \(free medication\)](#) for uninsured patients

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- 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 (encoarafenib)

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**

**US resident**

**$\leq$  300% FPL**

**Uninsured or  
Medicare**

<b>Household size</b>	<b>Annual household income (\$) threshold (<math>\leq</math>300% FPL)</b>
1	46,950
2	63,450
3	79,950
4	96,450
Each additional	16,140

1. If proof of income not available, can provide social security number for income verification

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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 <\$160,750
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 \(tocilizumab\)](#)<sup>1</sup>

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 \(Obinutuzumab\)](#)

<a href="#">Hemlibra (emcizumab-kxwh)</a>
<a href="#">Herceptin (trastuzumab)</a>
<a href="#">Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)</a>
<a href="#">Kadcyla (ado-trastuzumab emtansine)</a>
<a href="#">Lucentis (ranibizumab injection)</a>
<a href="#">Ocrevus (orelizumab)</a>
Pegasys (peginterferon alfa-2a)
Perjeta (pertuzumab)
<a href="#">Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf)</a>
<a href="#">Polivy (polatuzumab vedotin-PIIQ)</a>
<a href="#">Pulmozyme (dornade alfa) inhalation solution</a>
Rituxan (rituximab) for rheumatoid arthritis <sup>1</sup>
Rituxan (rituximab) for oncology
Rituxan (rituximab) for granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA) or pemphigus vulgaris (PV)
<a href="#">Rituxan hycela (rituximab/hyaluronidase human)</a>
<a href="#">Rozlytrek (entrectinib)</a>
<a href="#">Susvimo (ranibizumab)</a>
<a href="#">Tecentriq (atezolizumab)</a>
TNKase (Tenecteplase)
<a href="#">Vabysmo (faricimab-svoa)</a>
<a href="#">Venclexta (venetoclax tablets)</a>
<a href="#">Xeloda (capecitabine)</a>
<a href="#">Xolair (omalizumab)</a>
<a href="#">Zelboraf (vemurafenib)</a>
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		
US resident	$\leq$ 400% FPL	Uninsured or Medicare
Household size		Annual household income (\$) threshold

	(≤400% FPL)
1	62,600
2	84,600
3	106,600
4	128,600
5	150,600

- 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) <sup>1</sup>
MenQuadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)
Mozobil® (plerixafor injection) <sup>1</sup>
Multaq® (dronedarone) Tablets
Pentacel® Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine
Priftin® (rifapentine) Tablets
Soliqua® 100/33 (insulin glargine & lixisenatide) injection 100 Units/mL and 33 mcg/mL
Synvisc-One (hyaluronic acid 20)
Tenivac® (tetanus and diphtheria toxoids adsorbed)
Thymoglobulin® [Anti-Thymocyte Globulin (Rabbit)] <sup>1</sup>
Thryogen (thyrotropin alfa) for injection
Toujeo® (insulin glargine injection) 300 Units/mL (1.5 mL or 3.0 mL pens) <sup>2</sup>
1. if applying for Drug Replacement (Lovenox®, Mozobil®, and Thymoglobulin®), a copy of the claim, denial, flow sheet(s) and drug dispensing log (with patient name, date of service, product NDC/Lot #, total dosage) must be submitted
2. Regular SoloStar® is packaged as 3 pens per pack 450 units/pen; dials up to 80 units per single injection. Max SoloStar® is packaged as 2 pens per pack 900 units/pen; dials up to 160 units per single injection; Max pen dials in 2-unit increments

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

## Sunovion Prescription Assistance Program

Eligibility		
US resident	$\leq 300\%$ FPL	Uninsured or Medicare
Household size	Annual household income (\$) threshold ( $\leq 300\%$ FPL)	
1		46,950
2		63,450
3		79,950
4		96,450
Each additional		16,140

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

## Medications eligible for assistance

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		78,250
2		105,750
3		133,250
4		160,750

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Each additional	26,900
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## 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
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Household size	Annual household income (\$) threshold	
	Non-oncology medications $\leq$ 300% FPL	Oncology medications $\leq$ 500% FPL
1	46,950	78,250
2	63,450	105,750
3	79,950	133,250
4	96,450	160,750
5	112,950	188,250

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Each additional	16,140	26,900
<p>a. Does <b>NOT</b> require proof if patient consents to electronic income verification (does NOT affect credit score)</p> <p>b. Otherwise will need to submit one or more of the following for all members of household</p> <ul style="list-style-type: none"> <li>i. A copy of your most recently filed Federal Income Tax Return or Forms (1040, 1040EZ, 1099, 1099-DIV or 1099-INT)</li> <li>ii. Social Security Income Yearly Benefits Statement (SSA, 1099-R, or Awards Letter)</li> <li>iii. IRS Transcript</li> <li>iv. Pay stubs</li> <li>v. Unemployment Letter or Worker's Compensation</li> <li>vi. Veterans Benefits</li> <li>vii. Alimony/Child Support</li> <li>viii. Rental Income</li> <li>ix. Employer Letter on Company Letterhead</li> <li>x. <b>Zero Income Letter from social worker, clergy, provider, or patient/family explaining how patient is surviving with no income</b></li> </ul>		
<b>Medications eligible for assistance</b>		
<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

<500% FPL

Uninsured

Household size	Annual household income (\$) threshold ( <u>&lt;500% FPL</u> )
1	78,250
2	105,750
3	133,250
4	160,750
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

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## Veltassa Konnect

## Eligibility

US resident

<500% FPL

Uninsured

Household size	Annual household income (\$) threshold ( <u>&lt;500% FPL</u> )
1	78,250
2	105,750
3	133,250
4	160,750
Each additional	26,900

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

- 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

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## PAPs by Disease State/Condition

### ANTI-MIGRAINE

#### Medications available for assistance

[Aimovig \(Erenumab\)](#)

[Botox \(OnabotulinumtoxinA\)](#)

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

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

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

[Relpax \(Eletriptan\)](#)

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

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

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## Antithrombotics

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

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# AUTOIMMUNE DISORDERS

Medications available for assistance	Disease state
<a href="#">Actemra (Tocilizumab)</a>	Rheumatoid arthritis
<a href="#">Adakveo® (Crizanlizumab-Tmca)</a>	Sickle cell
<a href="#">AMJEVITA (adalimumab-atto)</a>	Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis
<a href="#">Avsola (Infliximab-Axxq)</a>	Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis
<a href="#">Benlysta (Belimumab)</a>	Lupus nephritis
<a href="#">BETASERON (interferon beta-1b)</a>	Multiple sclerosis, relapsing
<a href="#">Canasa (Mesalamine) Suppository</a>	Crohn's, Ulcerative colitis
<a href="#">Cibinquo™ (Abrocitinib) Tablets</a>	Atopic dermatitis
<a href="#">Cosentyx® (Secukinumab)</a>	Plaque psoriasis, Psoriatic arthritis, Ankylosing spondylitis
<a href="#">CREON (Pancrelipase) Delayed-Release Capsules</a>	Pancreatic insufficiency
<a href="#">Cyclosporine Capsules Modified</a>	Transplant, Rheumatoid arthritis, Psoriasis
<a href="#">Cyclosporine Oral Solution Modified</a>	Transplant, Rheumatoid arthritis, Psoriasis
<a href="#">Cystagon (Cysteamine) Capsules</a>	Nephropathic cystinosis
<a href="#">CYLTEZO (adalimumab)</a>	
<a href="#">Delzicol (Mesalamine Dr) Capsules</a>	Crohn's, Ulcerative colitis
<a href="#">Dipentum (Olsalazine) Capsule</a>	Crohn's, Ulcerative colitis
<a href="#">Enbrel (Etanercept)</a>	Plaque psoriasis, Psoriatic arthritis, Ankylosing spondylitis
<a href="#">Enspryng (Satralizumab-Mwge)</a>	Neuromyelitis optica spectrum disorder
<a href="#">Esbriet (Pirfenidone)</a>	Idiopathic pulmonary fibrosis
<a href="#">Evrysdi (Risdiplam)</a>	Spinal muscular atrophy
<a href="#">Extavia® (Interferon Beta-1B)</a>	Multiple sclerosis, relapsing
<a href="#">Gengraf Capsules (Cyclosporine, USP [Modified])</a>	Transplant, Rheumatoid arthritis, Psoriasis
<a href="#">Gilenya® (Fingolimod)</a>	Multiple sclerosis, relapsing
<a href="#">Glatiramer Acetate</a>	Multiple sclerosis, relapsing
<a href="#">Hemlibra (Emcizumab-Kxwh)</a>	Hemophilia A, prophylaxis
<a href="#">Humatrope® (Somatropin) For Injection</a>	Growth hormone deficiency or failure (pediatrics)
<a href="#">Humira (Adalimumab)</a>	Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis
<a href="#">ILARIS® (Canakinumab)</a>	Adult onset Still's disease, Periodic fever syndromes
<a href="#">Lialda (mesalamine) DR tablets</a>	Crohn's, Ulcerative colitis

<a href="#">Mavyret (Glecaprevir/Pibrentasvir)</a>	Chronic hepatitis C
<a href="#">Mayzent® (Siponimod)</a>	Multiple sclerosis
<a href="#">Mozobil® (Plerixafor Injection)</a>	Peripheral stem cell mobilization
<a href="#">Nplate (Romiplostim)</a>	Immune thrombocytopenia
<a href="#">Nulojix® (Belatacept))</a>	Kidney transplant (de novo use)
<a href="#">Ocrevus (Orelizumab)</a>	Multiple sclerosis, relapsing or primary progressive
<a href="#">Ofev (Nintedanib)</a>	Idiopathic pulmonary fibrosis
<a href="#">Olumiant® (Baricitinib) Tablets</a>	Rheumatoid arthritis
<a href="#">Omvoh™ (mirikizumab-mrkz) infusion</a>	Ulcerative Colitis
<a href="#">Orencia® (Abatacept)</a>	Graft vs host disease, Psoriatic arthritis, Rheumatoid arthritis
<a href="#">Otezla (Apremilast)</a>	Psoriasis, Psoriatic arthritis, Bechet disease
<a href="#">Pegasys (Peginterferon Alfa-2A)</a>	Chronic hepatitis B
<a href="#">Pentasa (mesalamine) ER capsules</a>	Crohn's, Ulcerative colitis
<a href="#">Ponvory (Ponesimod)</a>	Multiple sclerosis, relapsing
<a href="#">Promacta® (Eltrombopag)</a>	Immune thrombocytopenia
<a href="#">Reblozyl® (LUSPatercept-Aamt)</a>	Anemia due to myelodysplastic syndromes
<a href="#">Remicade (Infliximab) IV Infusion</a>	Plaque psoriasis, Crohn's, Ulcerative colitis, Rheumatoid arthritis
<a href="#">Rinvoq (Upadacitinib)</a>	Psoriatic arthritis, Atopic dermatitis, Ulcerative colitis, Rheumatoid arthritis
<a href="#">Rituxan (Rituximab) For Rheumatoid Arthritis</a>	Rheumatoid arthritis
<a href="#">Rowasa (Mesalamine) Rectal SUSPension</a>	Crohn's, Ulcerative colitis
<a href="#">Saphnelo (Anifrolumab-Fnia)</a>	Systemic lupus erythematosus, moderate to severe
<a href="#">Sf Rowasa (Mesalamine) Rectal SUSPension</a>	Crohn's, Ulcerative colitis
<a href="#">Simponi (Golimumab) Injection</a>	Psoriatic arthritis, Ankylosing spondylitis, Ulcerative colitis, Rheumatoid arthritis
<a href="#">Skyrizi (Risankizumab-Rzaa)</a>	Plaque psoriasis, Psoriatic arthritis
<a href="#">Somavert® (Pegvisomant) For Injection</a>	Acromegaly
<a href="#">SOTYKTU (deucravacitinib)</a>	Plaque Psoriasis
<a href="#">Spevigo (spesolimab-sbzo) injection</a>	Generalized Pustular Psoriasis
<a href="#">Stelara (Ustekinumab) For Subcutaneous Or Iv Use</a>	Crohn's, Plaque psoriasis, Psoriatic arthritis, Ulcerative colitis
<a href="#">Taltz® (Ixekizumab) Injection</a>	Ankylosing spondylitis, Plaque psoriasis, Psoriatic arthritis
<a href="#">Tremfya (Guselkumab) For Subcutaneous Use</a>	Plaque psoriasis, Psoriatic arthritis

<a href="#">Truxima (Rituximab-Abbs) Injection</a>	Rheumatoid arthritis
<a href="#">Viokace (Pancrelipase) Tablets</a>	Pancreatic insufficiency
<a href="#">Vynndaqel® (Tafamidis Meglumine) Capsules</a>	Amyloid cardiomyopathy
<a href="#">Xatmep (methotrexate) oral solution</a>	Multiple indications
<a href="#">Xeljanz® (Tofacitinib) Oral Solution</a>	
<a href="#">Xeljanz® (Tofacitinib) Tablets</a>	Ankylosing spondylitis, Plaque psoriasis, Psoriatic arthritis, Rheumatoid arthritis, Ulcerative colitis
<a href="#">Xeljanz® Xr (Tofacitinib) Extended-Release Tablets</a>	
<a href="#">Xyntha® Antihemophilic Factor (Recombinant)</a>	Hemophilia A
<a href="#">Zenpep (Pancrelipase) Delayed Release Capsule</a>	Pancreatic insufficiency
<a href="#">Zeposia® (Ozanimod)</a>	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 \(Empagliflozin\)](#)

[Katerzia \(amlodipine\) oral suspension](#)

[Kerendia \(finerenone\)](#)

[Leqvio® \(Inclisiran\)](#)

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

[Multaq® \(Dronedarone\) Tablets](#)

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

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

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

[Praluent \(alirocumab\)](#)

[Qbrelis \(lisinopril\) oral solution](#)

[Repatha \(Evolocumab\)](#)

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

[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](#)

## Diabetes

Medication class	Medication name
DPP4 inhibitor	<a href="#">Januvia® (Sitagliptin) Tablets</a>
	<a href="#">Nesina (alogliptin) tablets</a>
	<a href="#">Onglyza (Saxagliptin)</a>
	<a href="#">Tradjenta (Linagliptin)</a>
GLP-1	<a href="#">Bydureon (Exenatide Extended Release)</a>
	<a href="#">Byetta (Exenatide)</a>
	<a href="#">Ozempic (Semaglutide) Injection</a>
	<a href="#">Rybelsus (Semalglutide) Tablets</a>
	<a href="#">Trulicity® (Dulaglutide) Injection</a>
	<a href="#">Victoza (Liraglutide) Pen</a>
GLP-1 insulin combo	<a href="#">Soliqua® 100/33 (Insulin Glargine &amp; Lixisenatide) Injection 100 Units/mL And 33 Mcg/mL</a>
	<a href="#">Xultophy (Insulin Degludec &amp; Liraglutide) Pen</a>

## Insulin

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

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

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

[Humalog® U-100 \(Insulin Lispro Injection\)](#)

[Humalog® U-200 \(Insulin Lispro Injection\)](#)

[Lyumjev™ \(Insulin Lispro-Aabc\) Injection](#)

## Rapid acting

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

	<a href="#">Kazano (alogliptin/metformin) tablets</a>
	<a href="#">Kombiglyze Er (Saxagliptin/Metformin Er)</a>
<b>DPP4/SGLT2</b>	<a href="#">Qtern (Dapagliflozin/Saxagliptin)</a>
<b>DPP4/metformin/SGLT2</b>	<a href="#">Trijardy Xr (Empagliflozin/Linagliptin/Metformin)</a>
<b>DPP4/TZD</b>	<a href="#">Oseni (alogliptin/pioglitazone) tablets</a>
<b>Other</b>	<a href="#">Symlin (Pramlintide)</a>
<b>Hypoglycemia management</b>	<a href="#">Baqsimi® (Glucagon) Nasal Powder</a>
	<a href="#">Glucagon™ (Glucagon For Injection)</a>
	<a href="#">Glucagen Hypokit</a>

## INFECTIOUS DISEASE (HIV & Acute)

### Medications available for assistance

#### ACUTE

<a href="#">Avycaz (Avibactam/Ceftazidime)</a>
<a href="#">Boostrix (Tdap Vaccine)</a>
<a href="#">Coartem® (Artemether And Lumefantrine)</a>
<a href="#">Dalvance (Dalbavancin) Lyophilizate</a>
<a href="#">Dificid® (Fidaxomicin) For Oral SUSPension 40 Mg/mL</a>
<a href="#">Dificid® (Fidaxomicin) Tablets</a>
<a href="#">Engerix-B (Hepatitis B Vaccine)</a>
<a href="#">Extavia® (Interferon Beta-1B)</a>
<a href="#">Gardasil®9 (Human Papillomavirus 9-Valent Vaccine, Recombinant)</a>
<a href="#">Imovax® Rabies Vaccine [Human Diploid Cell]</a>
<a href="#"> Lagevrio™ (molnupiravir) 200 mg capsules [available for urgent request]</a>
<a href="#">Malarone (Atovaquone And Proguanil)</a>
<a href="#">Mavyret (Glecaprevir/Pibrentasvir)</a>
<a href="#">Menquadfi® (Meningococcal [Groups A, C, Y, W] Conjugate Vaccine)</a>
<a href="#">Mepron (Atovaquone SUSPension)</a>
<a href="#">M-M-R® II (Measles, Mumps, And Rubella Virus Vaccine Live)</a>
<a href="#">Monurol (Fosfomycin Tromethamine) Oral Granules</a>
<a href="#">Noxafil® (Posaconazole) Delayed-Release Tablets 100 Mg</a>
<a href="#">Noxafil® (Posaconazole) Oral SUSPension, 40 Mg/Ml</a>
<a href="#">Pegasys (Peginterferon Alfa-2A)</a>

[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](#)

[Pifelro™ \(Doravirine\) 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
- Business profits
- Veterans Benefits
- Wages
- Rents, Interest, Dividends
- Social Security cash benefits
- Net earnings from self-employment
- Unemployment compensation
- Workers compensation
- Royalties and Commissions
- Scholarships
- Alimony
- Tips
- Child support
- 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](#)
- 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](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	
Completa	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 fumarate	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.
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.

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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 Immune Reconstitution 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 / tenofovir disoproxil 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.
Syntuza	darunavir / cobicistat / emtricitabine / tenofovir alafenamide	Combination Treatment	
	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

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Tivicay			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-uiyk	CD4 post-attachmentHIV-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 <a href="https://www.gilead.com/science-and-medicine/medicines">https://www.gilead.com/science-and-medicine/medicines</a>
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	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

#### 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 SV button. Then, look to the right of the next page for the Egrifta SV Enrollment Form.
			<a href="https://www.therapatsupport.com">https://www.therapatsupport.com</a>

#### ORAL STEROIDS

Prednisone	prednisone, oral	Steroid	
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**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	Visit this webpage for information to assist patients with tobacco cessation: <a href="https://www.scdhcc.gov/health/tobacco-cessation">https://www.scdhcc.gov/health/tobacco-cessation</a>
Nicorette	nicotine polacrilex gum, lozenge	Smoking Cessation	
Nicotrol	nicotine inhaler, spray	Smoking Cessation	
Zyban	bupropion tablet	Smoking Cessation	

<https://scdhec.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 <sup>+</sup>	<a href="#">Arnuity Ellipta (Fluticasone)</a>
	<a href="#">Flovent (Diskus Or Hfa) (Fluticasone)</a>
	<a href="#">Pulmicort Flexhaler (Budesonide)</a>
	<a href="#">Qvar Redihaler (Beclomethasone Dipropionate Hfa) Inhalation Aerosol</a>
ICS (nasal)	<a href="#">Dymista (Azelastine/Fluticasone) Nasal Spray</a>
	<a href="#">Qnasl (Beclomethasone) Nasal Aerosol</a>
LAMA/LABA	<a href="#">Anoro Ellipta (Umeclidinium/Vilanterol)</a>
	<a href="#">Bevespi Aerosphere (Glycopyrrolate/Formoterol)</a>
	<a href="#">Stiolto Respimat (Tiotropium/Olodaterol)</a>
LABA/ICS	<a href="#">Advair (Diskus Or Hfa) (Fluticasone/Salmeterol)</a>
	<a href="#">Breo Ellipta (Fluticasone/Vilanterol)</a>
	<a href="#">Breyna (budesonide/formoterol) inhalation</a>
	<a href="#">Symbicort (Budesonide/Formoterol)</a>
	<a href="#">Wixela (Fluticasone/Salmeterol)</a>
LABA*	<a href="#">Perforomist (Formoterol Fumarate) Inhalation Solution</a>
	<a href="#">Serevent (Diskus) (Salmeterol)</a>
	<a href="#">Striverdi Respimat (Olodaterol)</a>
LAMA	<a href="#">Incruse Ellipta (Umeclidinium)</a>
	<a href="#">Spiriva Handihaler Or Respimat (Tiotropium)</a>
	<a href="#">Yupelri (Reverfenacin)</a>

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<b>LAMA/LABA/ICS</b>	<a href="#">Breztri Aerosphere (Budesonide/Glycopyrrolate/Formoterol)</a> <a href="#">TRELEGY ELLIPTA (fluticasone furoate, umeclidinium, vilanterol)</a>
<b>SABA/SAMA</b>	<a href="#">Combivent Respimat (Ipratropium/Albuterol)</a>
<b>SABA</b>	<a href="#">Proair Hfa (Albuterol Sulfate) Inhalation Aerosol</a> <a href="#">Proair Respclick (Albuterol Sulfate) Inhalation Aerosol</a>
<b>SABA/ICS</b>	<a href="#">Airsupra (albuterol/budesonide)</a>
<b>SAMA</b>	<a href="#">Atrovent Hfa (Ipratropium)</a>
<b>Other</b>	<a href="#">Aerochamber Plus Flow-Vu</a>
	<a href="#">Daliresp (Roflumilast)</a>
	<a href="#">Pulmozyme (Dornase Alfa) Inhalation Solution</a>
	<a href="#">Xolair (Omalizumab)</a>
	<a href="#">Fasenra (Benralizumab)</a>
	<a href="#">Fasenra Pen (Benralizumab)</a>
	<a href="#">Nucala (Mepolizumab)</a>

+ Not to be prescribed as monotherapy in COPD

\* Not to be prescribed as monotherapy in Asthma

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

## NEUROLOGY & PSYCHIATRY

### 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](#)

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

[Auvelity \(dextromethorphan/bupropion\)](#)

[Belsomra® \(Suvorexant\) C-IV](#)

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

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

[Clozapine](#)

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

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

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

[Eprontia \(topiramate\) oral solution](#)

<a href="#">Felbatol (Felbamate)</a>
<a href="#">Fetzima (Levomilnacipran) Extended Release Capsules And Titration Pack</a>
<a href="#">Gabitril (Tigabine Hydrochloride) Tablets</a>
<a href="#">Haldol Decanoate (Haloperidol) Im Injection Only</a>
<a href="#">Horizant (gabapentin encarbil)</a>
<a href="#">Intuniv (guanfacine) ER tablets</a>
<a href="#">Invega Sustenna, Trinza And Hafyera (Paliperidone Palmitate) Extended-Release Injection</a>
<a href="#">Lamictal (Lamotrigine Chewable Or Orally Disintegrating Tablets)</a>
<a href="#">Lamictal ODT (Lamotrigine Patient Titration Kits)</a>
<a href="#">Lamictal Xr (Lamotrigine Er Or Patient Titration Kit)</a>
<a href="#">Lexapro (Escitalopram)</a>
<a href="#">Mydayis (amphetamine) ER capsules</a>
<a href="#">NUPLAZID (pimavanserin)</a>
<a href="#">Prozac® (Fluoxetine Capsules)</a>
<a href="#">Rexulti (Brexpiprazole) Tablets</a>
<a href="#">Risperdal Consta (Risperidone) Long-Acting Injection</a>
<a href="#">Rozerem (ramelteon) tablets</a>
<a href="#">Saphris (Asenapine Maleate) Sublingual Tablet</a>
<a href="#">Savella (Milnacipran) Tablets</a>
<a href="#">Strattera® (Atomoxetine) Capsules</a>
<a href="#">Symbyax® (Olanzapine And Fluoxetine) Capsules</a>
<a href="#">Trintellix (vortioxetine tablets)</a>
<a href="#">Viibryd (Vilazodone)</a>
<a href="#">Vraylar (Cariprazine) Capsules</a>
<a href="#">Vyalev™ (foscarnet/fosfamide)</a>
<a href="#">Vyvanse (lisdexamfetamine) capsules and tablets</a>
<a href="#">Zarontin® (Ethosuximide)</a>
<a href="#">Zonisade (zonisamide) oral suspension</a>
<a href="#">Zyprexa® (Olanzapine) Tablet</a>
<a href="#">Zyprexa® Zydis® (Olanzapine) Tablet</a>

## ONCOLOGY

### Medications available for assistance

<a href="#">Abraxane® (Paclitaxel Protein-Bound Particles For Injectable SUSPension (Albumin-Bound))</a>
<a href="#">Afinitor Disperz® (Everolimus SUSPension)</a>

[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 \(Belantamab\)](#)

[Blinacyto \(Blinatumomab\)](#)

[BOSULIF \(bosutinib\)](#)

[BRAFTOVI \(encoafenib\)](#)

[Calquence \(Acalabrutinib\)](#)

[Cotellic \(Cobimetinib\)](#)

[Cyramza® \(Ramucirumab\) Injection](#)

[Danzitien \(nilotinib\)](#)

[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 \(Ibrutinib\)](#)

[IMDELLTRA \(tarlatamab\)](#)

[Imfinzi \(Durvalumab\)](#)

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

[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 \(gemtuzumab\)](#)

<a href="#">Neulasta (Pegfilgrastim)</a>
<a href="#">Neupogen (Filgrastim)</a>
<a href="#">Nubeqa (darolutamide)</a>
<a href="#">Nexavar (sorafenib)</a>
<a href="#">NYVEPRIA (pegfilgrastim-apgf)</a>
<a href="#">Ogivri* (Trastuzumab-Dkst)</a>
<a href="#">OJAARA (momelotinib)</a>
<a href="#">Onureg® (Azactidine Tablets)</a>
<a href="#">Opdivo® (Nivolumab)</a>
<a href="#">Opdualag™ (Nivolumab And Relatlimab – Rmbw)</a>
<a href="#">Perjeta (Pertuzumab)</a>
<a href="#">Phesgo (Pertuzumab, Trastuzumab, And Hyaluronidase-Zzxf)</a>
<a href="#">Piqray® (Alpelisib)</a>
<a href="#">Pluvicto® (177Lu-Psma-617)</a>
<a href="#">Polivy (Polatuzumab Vedotin-Piiq)</a>
<a href="#">Pomalyst® (Pomalidomide)</a>
<a href="#">Procrit (Epoetin Alfa)</a>
<a href="#">RETACRIT (epoetin alfa-epbx)</a>
<a href="#">Retevmo™ (Selpercatinib) Capsules</a>
<a href="#">Revlimid® (Lenalidomide)</a>
<a href="#">Riabni (Rituximab-Arrx)</a>
<a href="#">Rituxan (Rituximab) For Granulomatosis With Polyangiitis (Gpa), Microscopic Polyangiitis (Mpa) Or Pemphigus Vulgaris (Py)</a>
<a href="#">Rituxan (Rituximab) For Oncology</a>
<a href="#">Rituxan Hycela (Rituximab/Hyaluronidase Human)</a>
<a href="#">Rozlytrek (Entrectinib)</a>
<a href="#">RUXIENCE (rituximab-pvvr)</a>
<a href="#">Rybrevant (Amivantamab-Vmjh)</a>
<a href="#">Rydapt® (Midostaurin)</a>
<a href="#">Scemblix® (Asciminib) Tablets</a>
<a href="#">Sprycel® (Dasatinib)</a>
<a href="#">Stivarga (regorafenib)</a>
<a href="#">Synribo (Omacetaxine) For Injection</a>
<a href="#">Tabrecta™ (Capmatinib)</a>
<a href="#">Tafinlar® (Dabrafenib)</a>
<a href="#">Tagrisso (Osimertinib)</a>
<a href="#">TALZENNA (talazoparib)</a>

[Tasigna® \(Nilotinib\)](#)

[Tecentriq \(Atezolizumab\)](#)

[TECVAYLI™ \(teclistamab\) Injection, for subcutaneous use](#)

[Thalomid® \(Thalidomide\)](#)

[TRAZIMERA \(trastuzumab-qyyp\)](#)

[Treanda \(Bedamustine\) For Injection](#)

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

[TRUQAP® \(cavipasertib\)](#)

[Tykerb® \(Lapatinib\)](#)

[Vectibix \(Panitumumab\)](#)

[Venclexta \(Venetoclax Tablets\)](#)

[Venclexta \(Venetoclax\) Tablets](#)

[Verzenio® \(Abemaciclib\) Tablets](#)

[Vidaza® \(Azacitidine For Injection\)](#)

[Vijoice® \(Alpelisib\)](#)

[VITRAKVI \(Larotrectinib\)](#)

[Vivimusta \(bendamustine\) injection](#)

[VIZIMPRO \(dacaomitinib\)](#)

[Votrient® \(Pazopanib\)](#)

[Welireg™ \(Belzutifan\) 40 Mg Tablets](#)

[XALKORI \(crizotinib\)](#)

[Xeloda \(Capecitabine\)](#)

[Xofigo \(radium Ra 223 dichloride\)](#)

[Xtandi \(enzalutamide\)](#)

[Yervoy® \(Ipilimumab\)](#)

[Yondelis \(Trabectedin\) For Iv Infusion](#)

[Zarxio™ \(Filgrastim-Sndz\)](#)

[ZEJULA \(niraparib\)](#)

[Zelboraf \(Vemurafenib\)](#)

[Ziextenso® \(Pegfilgrastim-Bmez\)](#)

[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
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](mailto: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

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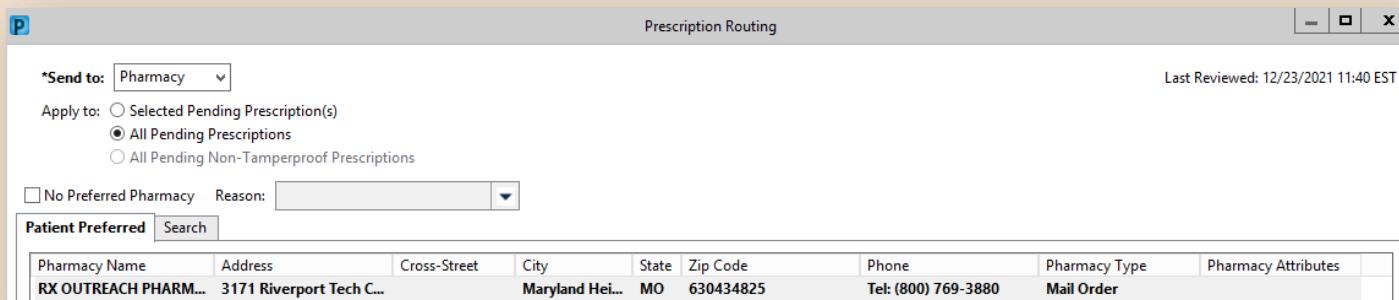
## RxOutreach

### 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



The screenshot shows a software window titled "Prescription Routing". At the top left is a blue "P" icon. On the right are standard window control buttons (-, □, x). The main area has a light beige background. At the top left of the main area, there is a dropdown menu labeled "\*Send to:" with "Pharmacy" selected. To its right is a timestamp: "Last Reviewed: 12/23/2021 11:40 EST". Below this, there are three radio button options under "Apply to:":
 

- Selected Pending Prescription(s)
- All Pending Prescriptions
- All Pending Non-Tamperproof Prescriptions

 There is also a checkbox labeled "No Preferred Pharmacy" with a dropdown menu next to it. Below these controls is a section titled "Patient Preferred" with a "Search" button. At the bottom of the window is a table with columns: Pharmacy Name, Address, Cross-Street, City, State, Zip Code, Phone, Pharmacy Type, and Pharmacy Attributes. One row is visible for "RX OUTREACH PHARMACY" located at "3171 Riverport Tech C..." in "Maryland Hei... MO 630434825" with the phone number "(800) 769-3880" and "Mail Order" listed under Pharmacy Type.

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

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[Walmart \\$4.00 prescription list](#)

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## 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
- 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 15<sup>th</sup> to the patient's home

### Bristol Myers Squibb

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

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.

### **Johnson & Johnson**

- All patients up for renewal will receive an application approximately one month prior to enrollment end date, which include pre-filled patient and provider information
  - Renewal application is otherwise identical to initial application
- 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 2<sup>nd</sup> for the following calendar year

### **Merck**

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

### **MyPraluent**

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

### **Mylan (Viatris)**

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

### **Nestle Health**

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

### **Novartis**

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

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 <b>separate</b> 12-month prescription with 90-day supply when you fax your portion of the NPAF application  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.		
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](http://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 15<sup>th</sup> for Medicare patients
  - Medicare part D patients are approved for calendar year, uninsured or Medicare part A/B are approved for 365 days
- Re-enrollment application is identical to original application
- Company typically sends application for renewal by mail to patient's house

## Otsuka

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

## Pfizer

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

## Sanofi

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

## TAKEDA

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

## TEVA

- Re-enrollment can begin 30 days prior to enrollment end date
  - Enrollment end date is 365 days from approval date

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- 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	<a href="#">Lilly</a>	Basaglar	\$35 12 months
	<a href="#">Sanofi</a>	Lantus	
		Toujeo	
		Toujeo Max	
Rapid acting insulin	<a href="#">Lilly</a>	Humalog	\$35 12 months
		Lyumjev	
	<a href="#">Sanofi</a>	Apidra	
		Admelog	
GLP1 agonist	<a href="#">Bydureon Extended release</a>	\$0	(covers ≤ \$150 per fill)
SGLT2 inhibitor	<a href="#">Farxiga</a>		
SGLT2 inhibitor/metformin	<a href="#">Xigduo</a>		

## Diabetes Copay Cards for Commercially Insured Patients

Medication class	Medication name
GLP-1	<a href="#">Bydureon (Exenatide Extended Release)</a> <a href="#">Ozempic (Semaglutide) Injection</a> <a href="#">Rybelsus (Semalglutide) Tablets</a> <a href="#">Trulicity® (Dulaglutide) Injection</a>
GLP-1 insulin combo	<a href="#">Soliqua® 100/33 (Insulin Glargine &amp; Lixisenatide) Injection 100 Units/mL And 33 Mcg/mL</a>
	<b>Insulin</b>
Rapid acting	<a href="#">Admelog® (Insulin Lispro Injection) 100 Units/mL</a> <a href="#">Apidra® (Insulin Glulisine Injection) 100 Units/mL</a> <a href="#">Fiasp FlexTouch (Insulin Aspart)</a> <a href="#">Humalog® U-100 (Insulin Lispro Injection)</a> <a href="#">Humalog® U-200 (Insulin Lispro Injection)</a> <a href="#">Lyumjev™ (Insulin Lispro-Aabc) Injection</a> <a href="#">Novolog (Insulin Aspart) FlexPen</a>
Long acting	<a href="#">Basaglar® (Insulin Glargine Injection)</a> <a href="#">Lantus® (Insulin Glargine Injection) 100 Units/mL</a> <a href="#">Levemir (Insulin Detemir) FlexTouch</a> <a href="#">Semglee (Insulin Glargine)</a> <a href="#">Toujeo® (insulin glargine injection) 300 Units/mL (1.5 mL or 3.0 mL pens)</a> <a href="#">Tresiba (Insulin Degludec) FlexTouch</a>
	<b>Oral</b>
DPP4 inhibitor	<a href="#">Januvia® (Sitagliptin) Tablets</a> <a href="#">Onglyza (Saxagliptin)</a> <a href="#">Tradjenta (Linagliptin)</a>
SGLT-2 inhibitor	<a href="#">Farxiga (Dapagliflozin)</a> <a href="#">Invokana (Canagliflozin)</a> <a href="#">Jardiance (Empagliflozin)</a>
	<b>Combination oral</b>
SGLT2/metformin	<a href="#">Glyxambi (Empagliflozin/Metformin)</a> <a href="#">Invokamet (Canagliflozin/Metformin)</a>

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

## Blood thinner Copay Cards for Commercially Insured Patients

Medication class	Medication name
Anticoagulant	<a href="#">Eliquis® (Apixaban)</a> <a href="#">Xarelto (Rivaroxaban) Tablets Or Oral Solution</a>
Antiplatelet	<a href="#">Brilinta (Ticagrelor)</a>

- Brilinta also available generically (ticagrelor) through [GoodRx](#) and [Cost Plus Drugs](#)

## CARDIOVASCULAR Copay Cards (commercial insurance)

### Medications available for assistance

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

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

### Inhaler Copay Cards (commercial insurance)

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

### Blood thinner Free Trial Cards for Initial 30-day fill

Medication class	Medication name
Anticoagulant	<a href="#"><u>Eliquis® (Apixaban)</u></a>
	<a href="#"><u>Xarelto (Rivaroxaban) Tablets Or Oral Solution</u></a>

### Cardiac Free Trial Cards for Initial 30-day fill

Medication name	Medication name
	<a href="#"><u>Farxiga (dapagliflozin)</u></a>
	<a href="#"><u>Entresto™ (Sacubitril/Valsartan)</u></a>

- As of July 2025, free trial card for Entresto no longer available
- As of October 2025, free trial card for Farxiga no longer available

# \$35 inhalers (commercial insurance/uninsured)

Medication class	Medication name
ICS <sup>+</sup>	<a href="#">Arnuity Ellipta (Fluticasone)</a>
LAMA/LABA	<a href="#">Anoro Ellipta (Umeclidinium/Vilanterol)</a>
	<a href="#">Bevespi Aerosphere (Glycopyrrolate/Formoterol)</a>
	<a href="#">Stiolto Respimat (Tiotropium/Olodaterol)</a>
LABA/ICS	<a href="#">Advair (Diskus Or Hfa) (Fluticasone/Salmeterol)</a>
	<a href="#">Breo Ellipta (Fluticasone/Vilanterol)</a>
	<a href="#">Symbicort (Budesonide/Formoterol)</a>
LABA*	<a href="#">Serevent (Diskus) (Salmeterol)</a>
	<a href="#">Striverdi Respimat (Oladaterol)</a>
LAMA	<a href="#">Incruse Ellipta (Umeclidinium)</a>
	<a href="#">Spiriva Respimat (Tiotropium)</a>
LAMA/LABA/ICS	<a href="#">Breztri Aerosphere (Budesonide/Glycopyrrolate/Formoterol)</a>
	<a href="#">TRELEGY ELLIPTA (fluticasone furoate, umeclidinium, vilanterol)</a>
SABA/SAMA	<a href="#">Combivent Respimat (Ipratropium/Albuterol)</a>
SABA	<a href="#">Ventolin (Albuterol Sulfate) Inhalation Aerosol</a>
SABA/ICS	<a href="#">Airsupra (albuterol/budesonide)</a>
SAMA	<a href="#">Atrovent Hfa (Ipratropium)</a>

+ Not to be prescribed as monotherapy in COPD

\* Not to be prescribed as monotherapy in Asthma

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

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