

## Patient Assistance Programs

- \*Free Medication Programs
- \*Discounted Medication
- \*Discount Drug Cards
- \*Reimbursement Programs
- \*Glaucoma Medication Programs

*Since all drugs can not be listed here that patients may require, the best way to find assistance for a specific prescription is to go to any of the following online databases. First check what company or program that has the patients prescription before applying to any of them. Any program offering free drugs requires proof of income (POI) and last for up to one year depending on the program.*

<p><b>www.NeedyMeds.org</b> → an online database used to look up assistance programs available for specific prescriptions; website finds programs that patients and/or doctors can access for specific needs</p>	<p>no registration needed, just look up programs by the drug name, brands name, program name, company, disease-based assistance, free/low cost clinics or discount drug cards available.</p>
<p><b>www.pparx.org</b> → an online database used to look up assistance programs available for specific prescriptions; website finds programs that patients and/or doctors can access for specific needs including Medicare info., a free/low-cost clinic finder, co-payment programs, and more</p>	<p>just enter age/zip code/annual income/insurance/Medicare/medications to get a list of programs that patient is eligible to apply for prescriptions that are free or discounted. Also look up programs by the drug name, company name or program name</p>
<p><b>www.patientassistance.com</b> → an online database (same as above)</p>	<p>uninsured patients can register into database to access all programs available.</p>
<p><b>www.RxAssist.org</b> → an online database that opens up links to access info. about patient assistance programs, insurance quotes, drug cards, discounts, generic drugs, etc.</p>	<p>patient can search database for assistance based on medication they need or by company name (will show drugs they offer in patient assistance program)</p>

**Free Prescription Medication Programs**

<p><b>NOTE: "POI to apply" = Proof of Income</b> required to apply (pay stubs, tax forms, pension, social security supplemental, disability, investment income, salary, unemployment compensation, other and etc.)</p>	<p><b>All below are based on income:</b> Patients should qualify for the income test at 200% (two times) the current year's poverty level under the number of persons living in a household unless indicated otherwise, the <u>Household Annual Income</u> is under: \$21,660(single person); \$29,140(2 people); \$36,620(3); \$44,100(4); \$51,580(5)</p>
<p><b><u>PROGRAM DESCRIPTION</u></b></p>	<p><b><u>ELIGIBILITY</u></b></p>
<p><b>Connection to Care</b> (for select Pfizer medicines only, see online list at <a href="http://www.pfizerhelpfulanswers.com">www.pfizerhelpfulanswers.com</a> or call 1-800-706-2400 to check if your medicine is offered)</p>	
<p>Patient and Dr. must fill out form with Pfizer prescription, shipped to Dr. office, 4-6 wks processing time</p>	<p>US resident with no prescription drug coverage (unless financial hardship section filled out) <u>POI to apply</u></p>
<p><b>Sharing the Care</b> (for select Pfizer meds only when patient is registered at a participating community health center) <a href="http://www.pfizerhelpfulanswers.com">www.pfizerhelpfulanswers.com</a></p>	<p>(same requirements as above as well as being at a community health center)</p>
<p><b>Pfizer Hospital Partnership Program</b> (for Pfizer meds when patient registered at a participating hospital)</p>	<p>(same requirements as above as well as being a registered outpatient at participating hospital)</p>
<p><b>Maintain</b> (for select Pfizer and Wyeth medicines only, see online list at <a href="http://www.pfizerhelpfulanswers.com">www.pfizerhelpfulanswers.com</a> or call 1-800-706-2400 to check if your medicine is offered)</p>	<p>person became unemployed after Jan. 1, 2009 and unable to pay for Pfizer medicine they had been taking at least 3 months prior to unemployment (enrollment ends 12/31/10)</p>
<p>Patient and Dr. must fill out form with Pfizer prescription, shipped to home, 2-3 wks processing time</p>	<p>US resident with no prescription drug coverage <u>unemployment proof</u></p>
<p><b>First Resource</b> (oral medicine*)</p>	<p>Eligibility for financial exceptions varies by product,</p>
<p><b>First Resource</b> (injectible medicine**)</p>	<p>(*/**see next page for list of available medicines)</p>
<p><a href="http://www.pfizerhelpfulanswers.com">www.pfizerhelpfulanswers.com</a></p>	<p>Patient and Dr. must fill out form, shipped to Dr. office or home, <u>POI to apply including tax return copies if filed</u></p>
<p><b>Bausch and Lomb Indigent Patient Program</b> --Dr. office must call for an application at 800-323-0000 -Meds sent to Dr. office in 4-6 weeks</p>	<p>US resident with no drug coverage for that prescription and have an income at or below \$19,600 for an individual or \$26,400 for a family.</p>
<p>Max of one bottle (10mL) of the following <i>ophthalmic suspensions</i> :</p>	<p>Alrex (loteprednol etabonate 0.2%), Lotemax (loteprednol etabonate 0.5%), Zylet (loteprednol etabonate 0.5% and tobramycin 0.3%), OptiPranolol (metipranolol 0.3%)</p>

**Free Prescription Medication Programs**

<p><b>Merck Patient Assistance Program</b>          Patient and Dr. must fill out form, <u>POI not required</u>, up to a 90-day supply with maximum of 3 refills. shipped home, 12 month application, 2-3 wks processing, (800)727-5400</p>	<p>US resident with no drug coverage and not eligible for Medicare with a household income at or below 4X FPL: 43,320 single, 58,280 two, 88,200 for four in house          --covers Merck brand drugs only          (see list: <a href="http://www.merck.com/merckhelps">www.merck.com/merckhelps</a> )</p>
<p><b>NOTE: "POI to apply" = Proof of Income</b> required to apply (pay stubs, tax forms, pension, social security supplemental, disability, investment income, salary, unemployment compensation, other and etc.)</p>	<p><b>All below are based on income:</b> Patients should qualify for the income test at 200% (two times) the current year's poverty level under the number of persons living in a household unless indicated otherwise, the <u>Household Annual Income</u> is under: \$21,660(single person); \$29,140(2 people); \$36,620(3); \$44,100(4); \$51,580(5)</p>
<p><b><u>PROGRAM DESCRIPTION</u></b></p>	<p><b><u>ELIGIBILITY</u></b></p>
<p><b>Allergan Patient Assistance Program</b>          Patient and Dr. must fill out form, <u>POI to apply</u>, 6-month supply max. is shipped to Dr. office, annual application (800) 533-6783 <a href="http://www.allergan.com/responsibility">www.allergan.com/responsibility</a></p>	<p>only select medications offered to a US patient unable to afford medications and does not qualify for private or public assistance program such as Medicare or Medicaid.</p>
<p><b>Johnson&amp;Johnson Patient Assistance Program</b> Patient and Dr. must fill out form, <u>POI to apply</u>, one year supply max./annual application (800) 652-6227 meds can be picked up with pharmacy card or shipped to Dr. office <a href="http://www.jjpaf.org">www.jjpaf.org</a></p>	<p>only select medications offered to a US patient unable to afford medications and does not qualify for private or public assistance program such as Medicare or Medicaid. For physician-administered products, must have a yearly gross income of: 43,320 (1) or 58,280 (2) but for self-administered products: 21,660 (1 person) or 29,140 (2).</p>
<p><b>Xubex Free Medication Program</b> -need to fill out form and send current prescription.          *** use-one-time-ever option that offers up to 30-day supply on select medications.          Shipped to home in 1-2wks after approval  <a href="http://www.xubex.com">www.xubex.com</a> 407-478-2663</p>	<p>***only select medications listed with separate application for each. anyone with a household income at or below: 32,490 single; 43,710 two; 54,930 three; 66,150 four in house (add 11,200/person) <u>No POI</u> requested          --First check online to see which free meds available before applying.</p>

## Discounted Medicine Program

<u>Description</u>	<u>Eligibility</u>
<p><b>Rx Outreach</b> -need to fill out form and send current prescription of meds ordering with the payment for that lower priced medication, price includes the shipping cost to home in 10-14 days, 90-day and/or 180-day supplies depending on meds. Phone call to get refills if paying by credit card. (see list: <a href="http://www.RxOutreach.com">www.RxOutreach.com</a> ). Must apply every year since prescriptions are only valid for 6 months 800-769-3880</p>	<p>anyone insured or uninsured with a household income at or below: 32,490 single; 43,710 two; 54,930 three; 66,150 four in house (add 11,200/person) No POI requested First check to see if your meds are listed before applying.</p>
<p><b>Xubex Pharmaceutical Services</b> -need to fill out form and send current prescription of meds ordering with the payment for that lower priced medication, shipped to home in 5-10 days, 90-day, 180-day or 360-day supplies depending on prescription. Must apply every year 407-478-2663 or <a href="http://www.xubex.com">www.xubex.com</a></p>	<p>anyone with a household income at or below: 32,490 single; 43,710 two; 54,930 three; 66,150 four in house (add 11,200/person) No POI requested First check to see if your meds are listed before applying.</p>
<p><b>Kmart Pharmacy</b> - With SAVINGS card: save up to 35% off all generics not in regular program, and save up to 20% off all name brand prescriptions; 90-day Generics for \$15 or 30-day for \$5</p>	<p>see drug list at <a href="http://www.kmart.com">www.kmart.com</a> -available to any patient, \$10 fee each year to enroll in savings club to get a \$10 coupon later in program</p>
<p><b>Rite Aid Pharmacy</b> - In SAVINGS Program: save up to 20% off all generics not in regular program, and save up to 15% off all name brand prescriptions; 90-day Generics for \$15.99 or 30-day for \$8.99</p>	<p>see drug list at <a href="http://www.riteaid.com">www.riteaid.com</a> -available to any patient, only processing fee</p>
<p><b>Target Pharmacy</b> - \$4 for 30-day supply of generics or \$10 for 90-day supply.</p>	<p>see drug list at <a href="http://www.target.com">www.target.com</a> -available to any patient</p>
<p><b>Walmart Pharmacy</b> - OTC drugs and prescriptions for \$4 for 30-day supply or \$10 for 90-day supply.</p>	<p>see drug list at <a href="http://www.walmart.com">www.walmart.com</a> -available to any patient</p>

## Reimbursed Medication Programs

<u>Program Description</u>	<u>Eligibility</u>
First Resource (oral Pfizer Oncology medicine*)	*Sutent ( <i>sunitinib malate</i> ) capsules, Emcyt ( <i>estramustine phosphate sodium</i> ) capsules, or Aromasin ( <i>exemestane</i> ) tablets
First Resource (injectible Pfizer Oncology medicine**)	**Torisel (temsirolimus), Camptosar (irinotecan hydrochloride) Ellence (epirubicin hydrochloride), Idamycin (idarubicin hydrochloride), Mylotarg (gemtuzumab ozogamicin), Neumega (oprelvekin), Zinecard (dexrazoxane)
Patient and Dr. must fill out form with Pfizer prescription, shipped to Dr. office or home, <u>POI to apply including tax return copy if filed</u>	*/** income requirements for both programs (must be 2X FPL like the free programs) available to underinsured to provide co-pay assistance for certain meds. or to uninsured.
<b>Pfizer Bridge Program</b> --provides patient support services and reimbursement assistance for US residents with no prescription drug coverage for *** <a href="http://www.pfizerhelpfulanswers.com">www.pfizerhelpfulanswers.com</a>	call 1-800-645-1280 to apply if income requirements met (must be 2X FPL like the free programs) ***Genotropin® (somatropin [rDNA origin] for injection) and Somavert® (pegvisomant for injection)
<b>Reimbursement Solutions, Verification, and Payment HELPLine (RSVP)</b> --offers reimbursement support services and patient assistance to help patient gain access to select Pfizer medicines-->  Patient and Dr. must fill out form, <u>POI to apply</u>	BeneFIX® Coagulation Factor IX (Recombinant); Zyvox® (linezolid); Xyntha® Antihemophilic Factor (Recombinant), Plasma/Albumin-Free; Vfend® (voriconazole); Tygacil® (tigecycline IV); Revatio® (sildenafil); Rapamune® (sirolimus); 1-888-327-7787 to get income requirements

## Programs for glaucoma patients

<u>Program Description</u>	<u>Eligibility</u>
<p><b>Alcon Cares, Inc.</b> provides medication to qualified individuals at <i>no charge</i> . Each request is subject to approval and fulfillment is based upon current available resources; 800-222-8103  <a href="http://www.alcon.com/en/corporate-responsibility/patient-clinic-inst-assistance.asp">www.alcon.com/en/corporate-responsibility/patient-clinic-inst-assistance.asp</a>            Patient and Dr. must fill out form, <u>POI to apply, including tax return copy if filed</u>, 6-month supply max. is shipped to Dr. office, annual application</p>	<p>US patient unable to afford drug coverage, does not qualify for local, state or federal prescription programs unless such programs are documented to cause a financial hardship for the patient (must be at the 2X FPL like the free programs).            glaucoma meds, prescriptions, and over the counter products used with chronic eye conditions are available in this program</p>
<p><b>Allergan Patient Assistance Program--no charge</b>            Patient and Dr. must fill out form, <u>POI to apply</u>, annual application (800) 533-6783.            6-month supply max. is shipped to Dr. office,  <a href="http://www.allergan.com/responsibility">www.allergan.com/responsibility</a></p>	<p>only select medications (see below) offered to a US patient unable to afford medications and does not qualify for private or public assistance program such as Medicare or Medicaid.</p> <p>Alphagan (brimonidine tartrate 15mL, 3 bottles),            Combigan 0.2% (brimonidine tartrate/timolol maleate 10mL, 3 bottles), Lumigan (bimatoprost 7.5mL, 2 bottles)</p>
<p><b>Johnson&amp;Johnson Patient Assistance Program</b>  <i>is no charge</i>            Patient and Dr. must fill out form, <u>POI to apply</u>, one year supply max./annual application (800) 652-6227 meds can be picked up with pharmacy card or shipped to Dr. office  <a href="http://www.jjpaf.org">www.jjpaf.org</a></p>	<p>only select medications offered to a US patient unable to afford medications and does not qualify for private or public assistance program such as Medicare or Medicaid. For physician-administered products, must have a yearly gross income of: 43,320 (1) or 58,280 (2) but for self-administered products: 21,660 (1 person) or 29,140 (2).            --Betimol (timolol) in 0.05%, 0.5% or 0.25% solution</p>
<p><b>Bausch and Lomb Indigent Patient Program --</b>  <i>is no charge</i>            Dr. office must call 800-323-0000 for application            -Meds sent to Dr. office in 4-6 weeks            Maximum of one bottle (10mL)of the following <i>ophthalmic suspensions</i> :</p>	<p>US resident with no drug coverage for that prescription and have an income at or below \$19,600 for an individual or \$26,400 for a family.</p> <p>Alrex (loteprednol etabonate 0.2%), Lotemax (loteprednol etabonate 0.5%), Zylet (loteprednol etabonate 0.5% and tobramycin 0.3%), OptiPranolol (metipranolol 0.3%)</p>
<p><b>Eye Care America Diabetes Glaucoma Program--</b>            program that supports <u>free</u> dilated exams for those at risk for glaucoma. Also, patients 65 or older with out eyecare in 3+ years may be eligible for a medical eye exam and up to one year of care at no out-of-pocket cost for any disease diagnosed during the initial exam.</p>	<p>uninsured US resident with out an eye exam in 12 months or more; are at increased risk for glaucoma (family history, race, age) which can be checked online at:  <a href="http://www.eyecareamerica.org">www.eyecareamerica.org</a>            800-272-EYES (3937)</p>

## Discount Drug Cards

<u>Description</u>	<u>Eligibility</u>
<p><b>NeedyMeds Drug Discount Card</b> → a FREE discount drug card will entitle patient to save on meds at participating pharmacies such as Sam's Club/Wal-mart, K-mart, Target, Walgreens, Publix, CVS, Winn-Dixie, and Rite Aid</p>	<p>No application or requirements necessary, just print FREE discount card online from: <a href="http://www.needymeds.org">www.needymeds.org</a> and patient will save right away (cannot be used with insurance or Medicare)</p>
<p><b>RxHope Savings Card</b> → a FREE discount drug card will entitle patient, family, and PETS to savings at over 60,000 participating pharmacies such as Sam's Club/Wal-mart, K-mart, Target, Walgreens, Publix, CVS, Winn-Dixie, and Rite Aid</p>	<p>No application or requirements necessary, just print FREE discount card online from: <a href="http://www.rxhopesavings.com">http://www.rxhopesavings.com</a> and get substantial savings no matter what your insurance situation.</p>
<p><b>Free Prescription Savings Card</b> → a FREE drug card used at pharmacies. Go online to compare savings at different pharmacies so patient can get the best deal! Print one card for each family member</p>	<p>No application or requirements necessary, just enter name and print the FREE discount card online from <a href="http://rxassist.com">rxassist.com</a> and patient will save right away (similar card is also at <a href="http://rxassist.org">rxassist.org</a> and at <a href="http://www.patientassistance.com">www.patientassistance.com</a>)</p>
<p><b>Together Rx Access Card</b> → a discount drug card enroll online: <a href="http://www.togetherrxaccess.com">www.togetherrxaccess.com</a>                      POI may be requested, but not initially                      -savings start 2 hours after getting member ID                       savings vary from 25-40% on brand names, depending on the pharmacy and meds needed</p>	<p>US resident with no drug coverage and not eligible for Medicare with a household income at or below: 45,000 single; 60,000 two; 75,000 three; 90,000 four; 105,000 five in house.                      no POI required online</p>