State Senator • 14th District

Gilda Z. Jacobs

Dear Friend:

During this time of economic uncertainty in Michigan, affordable and available prescription drugs continue to rank high on the list of concerns for many Michigan residents. Whether you are unemployed with no insurance or employed but unable to afford insurance, you do have options. There are a variety of drug assistance plans offered by various pharmaceutical companies and organizations throughout the state that can provide affordable coverage for you and your family.

One of my priorities is to ensure that you obtain the medications you and your family need to maintain your health and your quality of life. To that end, I am providing you with a comprehensive list of programs, agencies and organizations that offer prescription drug assistance.

I hope you will evaluate them carefully, relative to your needs, and that you can continue to have access to healthful alternatives. While this list is not exhaustive, I hope it can serve as a starting point for you. If you cannot locate your medication in this newsletter, please visit ***www.needymeds.com.*** *This online resource is helpful in finding patient assistance programs listed by drug, company or program.*

Your health and the health of your family is my most important concern. If there is anything else I can do to help you, please call, write or e-mail me at the numbers provided in this brochure.

Sincerely,

Gilda Z. Jacobs
State Senator • 14th District

How To Reach Me

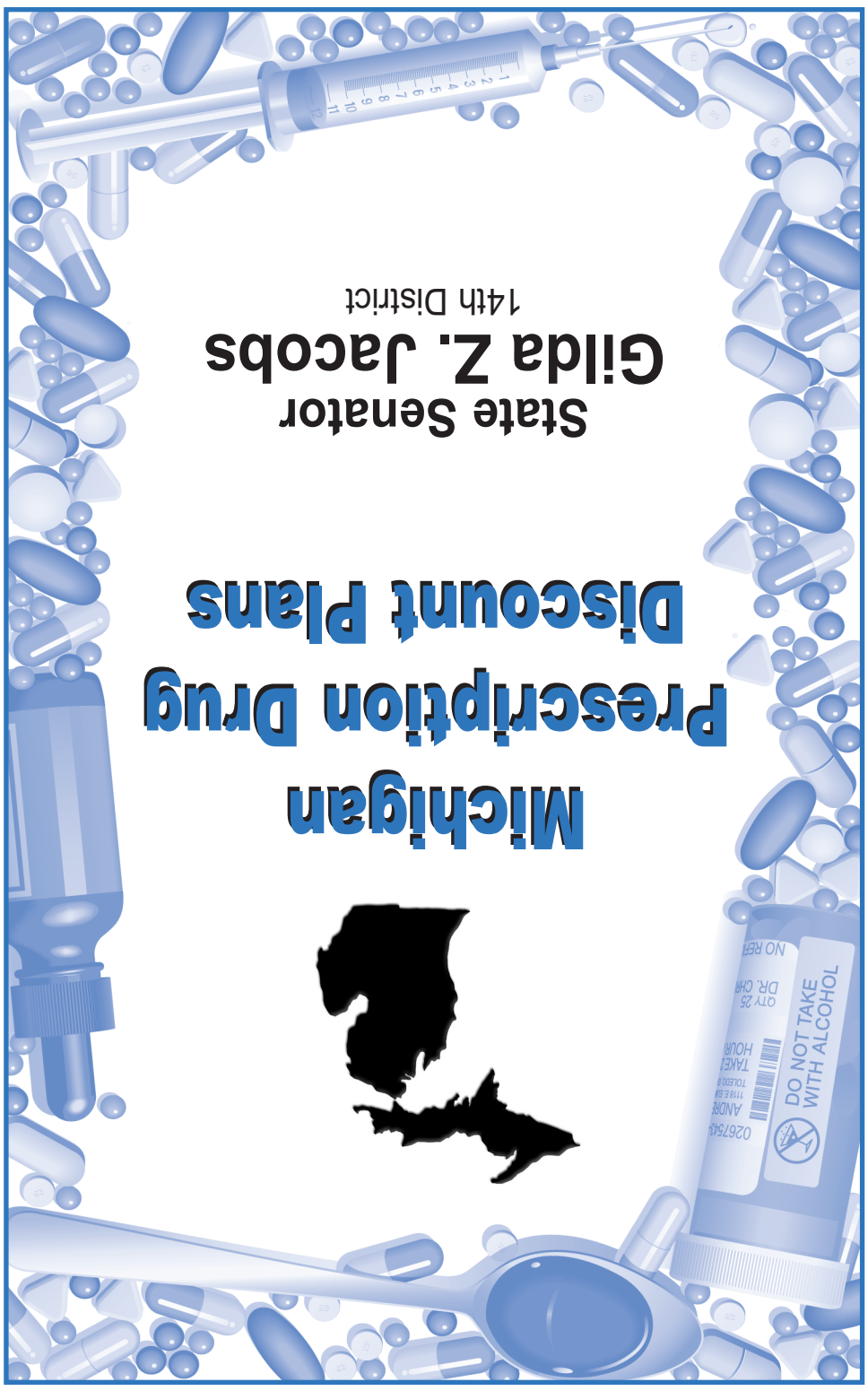
State Senator
Gilda Z. Jacobs

Lansing Office
P.O. Box 30036
Lansing, MI 48909-7536

Toll-Free: 1-888-937-4453
Phone: 517-373-7888
Fax: 517-373-2983

E-Mail
SenGJacobs@senate.michigan.gov

Website
www.senate.mi.gov/jacobs



State Senator
Gilda Z. Jacobs
P.O. Box 30036
Lansing, MI 48909-7536

Prescription Drug Assistance Programs

STATE OF MICHIGAN PROGRAMS

MiDeal Program

Extended Purchasing Program

- Purchasing program through authorized townships, counties, cities, village school districts, intermediate school districts, nonprofit hospitals, colleges, universities, or community colleges.
- Participate in the state's extended contract w/ Express Scrips Inc.
- Wide variety of state contracts available.
- Provides prescription drug benefits to state officials and employees.
- Does not provide any other health insurance benefits.
- Only townships may join the state's contract.
- Not available for individual purchase.

• **Contact Information**
- Phone: 517-335-4364
- Website: www.michigan.gov/localgov
- E-mail: DMB-purchweb@michigan.gov

Mi-Rx Card

- Established October 1, 2004
- Prescription Drug Discount Card Program
- Available to low-income working residents who are not enrolled in other government-sponsored prescription drug programs.
- Income level must be at or below state's median income level.
- Takes 20% off of the retail price of prescription drugs.
- Free application.
- Sponsored by the State of Michigan.

• **Contact Information**
- Phone: Mi-Rx enrollment hotline: 1-866-755-6479
- Website: www.michigan.gov/mdch
- Address: Mi-Rx Enrollment P.O. Box 30412, Lansing, MI 48909

AARP MedicareRx Plans

- Three prescription drug plans to choose from.
- Must be turning 65.
- Must be eligible for Medicare.

• **Contact Information**
- Phone:1-866-255-4835
- Website: www.aarpmedicarerx.com/benefits_at_a_glance.html

Abbott Laboratories

Abbott Laboratories Patient Assistance Program

- Temporary assistance to low-income individuals who are not eligible to receive prescription drugs through private or government-funded programs.

• **Contact Information**
- Phone: 1-800-222-6885
- Website: www.helpingpatients.org
- Address: Abbott Patient Assistance Program D-31C, AP52 200 Abbott Park Road Abbott Park, IL 60064-6214

Allergan, Inc.

Allergan Patient Assistance Program

- Available to patients with no prescription coverage for the medication and have an income at or below 165% of the federal poverty level.
- Must be a U.S. resident.
- Provides: Alphagan P Solution 0.1% and 0.15%, Lumigan Ophthalmic Solution 0.03%, Restasis Ophthalmic Ointment 0.05%, Tazorac Cream 0.05% and 0.1%, and Tazorac Gel 0.05% and 0.1%.

• **Contact Information**
- Phone: 1-800-553-6783
- Fax: 732-507-7636
- Website: www.needymeds.com
- Address: Allergan Patient Assistance Program P.O. Box 4015 Clinton, NJ 08809

Amgen Inc.

Safety Net Foundation

- For patients who are uninsured or underinsured.
- Eligibility is based on insurance status and income level.
- Provides: Aranesp, Epogen, Neulasta, Neupogen, and Sensipar.

• **Contact Information**
- Phone: 1-800-272-9376
- Fax: 1-888-508-8090

Safety Net Foundation for Kineret

- For patients who are uninsured or underinsured.
- Eligibility is based on insurance status and income level.
- Provides: Kineret.

• **Contact Information**
- Phone: 1-866-546-3738
- Fax: 1-866-203-4926

Encourage Foundation

- For patients who are uninsured or underinsured.
- Eligibility is based on insurance status and income level.
- Provides: Enbrel.

• **Contact Information**
- Phone: 1-888-436-2735
- Fax: 1-888-508-8083

Astellas

Prograf Patient Assistance Program for Financial Hardships

- For people with limited financial resources.
- Must meet residency, income and insurance criteria.
- Please contact the Prograf Patient Assistance Program for assistance in determining patient eligibility.
- Provides: Prograf.

• **Contact Information**
- Phone: 1-800-477-6472
- Address: Prograf Patient Assistance Program P.O. Box 221644 Chantilly, VA 20153-1644

Protopic Patient Assistance Program

- For people with limited financial resources.
- Must meet residency, income and insurance criteria.
- Please contact the Prograf Patient Assistance Program for assistance in determining patient eligibility.
- Provides: Protopic.

• **Contact Information**
- Phone: 1-800-477-6472
- Address: Same as above

AstraZeneca LP

AstraZeneca Patient Assistance Program

- Applicants are evaluated on a case-by-case basis.
- Eligibility is based on income level/assets and absence of out-patient program.
- Applicants will not receive acceptance letter, but will receive denial letter if the patient does not meet eligibility level.
- Must be a U.S. citizen with a social security number or have a green card.
- Provides: Atacand HCT, Atacand, Crestor, Plendil, Toprol-XL, Nexium, Seroquel, Zomig-ZMT, Zomig Nasal Spray, Zomig, Arimidex, Casodex, Faslodex, Zoladex, Accolate, Pulmicort Flexhaler, Pulmicort Respules, and Rhinocort Aqua Nasal Spray.

• **Contact Information**
- Phone: 1-800-424-3727
- Address: AstraZeneca Patient Assistance Program P.O. Box 66551 St. Louis, MO 63166-6551

Bayer Pharmaceutical

Bayer Patient Assistance Program for Nimotop & Precose

- Must be a legal U.S. resident.
- Must not be eligible for, or covered by, a government-funded program.
- Must not be covered by private insurance.
- Household income must be below federal poverty level guidelines (200%).
- Subject to case-by-case evaluation.
- Provides: Nimotop and Precose.

• **Contact Information**
- Phone: 1-800-998-9180
- Address: Bayer Patient Assistance Program P.O. Box 29209 Phoenix, AZ 85038-9209

Bayer Patient Assistance Program (Cardiovascular & Women's Healthcare)

- Must be a U.S. citizen.
- Cannot have prescription insurance.
- Must be ineligible for any government programs.
- Eligibility is determined on a case-by-case basis.
- Provides: Angeliq, Betapace, Betapace AF, and Climara.

• **Contact Information**
- Phone: 1-888-842-2937 option 7, option 3
- Address: Bayer Patient Assistance Program 6 West Belt, W66 Wayne, NJ 07470-6806

The Betaseron Patient Assistance Program

- Verification of annual income required.
- A copy of most recent federal tax return is preferred, along with verification of any social security benefits received.
- Must renew annually.
- Must pay program participation fee provided through the foundation.
- Provides: Betaseron.

• **Contact Information**
- Phone: 1-877-836-5724
- Fax: 1-877-744-5615
- Address: The Betaseron Patient Assistance Program P.O. Box 221349 Charlotte, NC 28222-1349

Oncology Camcare

- For more information, contact the program using the information below.
- Provides: Campath and Fludara.

• **Contact Information**
- Phone: 1-800-473-5832
- Fax: 1-800-513-1824
- Address: P.O. Box 221289 Charlotte, NC 28222

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Leukine Reimbursement Hotline
- Provides: Leukine.

• **Contact Information**
- Phone: 1-800-321-4669

Biogen, Inc.

Avonex Access Program
- Eligibility is based on patient's insurance status and income level.
- Provides: Avonex.

• **Contact Information**
- Phone: 1-800-456-2255
- Fax: 1-877-301-5140
- Address:
  Avonex Access Program
  P.O. Box 13919
  5000 Davis Drive
  Research Triangle Park, NC 27709

Boehringer Ingelheim Pharmaceuticals Inc.

Boehringer Ingelheim Cares Foundation Inc.
- Must be a U.S. resident.
- Must be ineligible for prescription drug assistance through Medicare, Medicaid or private insurance.
- Also, must meet established financial criteria.
- Three months' supply per renewal.
- Reviewed and approved on case-by-case basis.
- Provides: Aggrenox, Atrovent Inhalation Aerosol, Atrovent Nasal Spray, Catapres TTS, Combivent, Flomax, Micardis, Micardis HCT, and Viramune.

• **Contact Information**
- Phone: 1-800-556-8317
- Address: Boehringer Ingelhiem Patient Assistance Program
  P.O. Box 66555
  St. Louis, MO 63166-6555

Bristol-Myers Squibb Company

Bristol-Myers Squibb Patient Assistance Foundation
- Patient must not have any private or public insurance and meet income guidelines that are not disclosed.
- Must be a U.S. resident.
- Provides: Avalide, Avapro, Coumadin, EMSAM, Kenalog, Lodosyn, and Plavix.

• **Contact Information**
- Phone: 1-800-736-0003
- Fax: 1-800-736-1611
- Address: Bristol-Myers Squibb Patient Assistance Foundation
  P.O. Box 1058
  Somerville, NJ 08876

Bristol-Myers Squibb Access Program for Oncology/Virology
- Patient must have no prescription coverage for the medication and meet income guidelines that are not disclosed.
- Must be eligible for Medicare and have ESRD.
- Must be a U.S. resident.
- Provides: Baraclude, BiCNU, CeeNU, Droxia, Etopophos, Lysodren, Reyataz, Sustiva, Vumon, and Zerit.

• **Contact Information**
- Phone: 1-800-736-0003, option 2
- Fax: 1-866-694-2545
- Address: Bristol-Myers Squibb Access Program for Oncology/Virology
  P.O. Box 991
  Somerville, NJ 08876

Celgene Corporation

Patient Support Services
- Patient must have no prescription coverage for the medication and meet income guidelines that are not disclosed.
- Provides: Revlimid and Thalomid.

• **Contact Information**
- Phone: 1-888-423-5436
- Fax: 1-800-822-2496
- Address:
  6900 College Blvd., Suite 1000
  Overland Park, KS 66210

Centocor Inc.

Remicade Patient Assistance Program
- For low-income patients.
- For legal residents.
- Must meet financial needs qualifications.
- Can be provided with up to six months of the product at one time.
- Provides: Remicade.

• **Contact Information**
- Phone: 1-866-486-5957
- Fax: 1-866-489-5958
- Address: Remicade Patient Assistance Program
  P.O. Box 221709
  Charlotte, NC 28222-1709

Cephalon Inc.

Gabitril Patient Assistance Program
- Eligibility is based on income and insurance coverage.
- Provides: Gabitril.

• **Contact Information**
- Phone: 1-800-511-2120
- Address: Gabitril Patient Assistance Program
  c/o InTele Center
  P.O. Box 4280
  Gaithersburg, MD 20885-4280

Provigil Patient Assistance Program
- Prescreening for eligibility is done on initial call before application is sent.
- Provides: Provigil.

• **Contact Information**
- Phone: 1-800-675-8415
- Address: NORD Provigil Patient Assistance Program
  P.O. Box 1968
  Danbury, CT 06813-1968

Daiichi Sankyo

Sankyo Pharma Open Care Program
- Must not have any private or public insurance.
- Must have an income at or below 180% of the federal poverty level.
- Patient must be a U.S. resident.
- Provides: Benicar and Welchol.

• **Contact Information**
- Phone: 1-866-268-7327, ext 1
- Address:
  Sankyo Open Care Program
  P.O. Box 8409
  Somerville, NJ 08876

Eisai Inc.

Eisai Oncology Reimbursement Assistance Program
- Financial guidelines do apply.
- Faxed applications are accepted but must be followed by original application and script.
- Must have no prescription coverage.
- Provides: Ontak, Panretin, and Targretin.

• **Contact Information**
- Phone: 1-866-613-4724
- Fax: 1-866-573-4724
- Address:
  Eisai Oncology Reimbursement Assistance Program
  P.O. Box 222197
  Charlotte, NC 28222-2197

Zonegran Patient Assistance Program
- No other prescription coverage.
- Income below 250% of federal poverty level.
- U.S. resident.
- Provides: Zonegran.

• **Contact Information**
- Phone: 1-866-694-2550
- Fax: 1-866-801-5631
- Address: Zonegran Patient Assistance Program
  P.O. Box 632
  Somerville, NJ 08876

Eli Lilly and Company

LillyMedicareAnswers Program
- Must be enrolled in Medicare Part D but not be eligible for both Medicare and Medicaid.
- Income at or below 200 percent of the federal poverty level.
- Proof of low-income subsidy denial.
- To help cover the administrative costs of running the program, the patient will be charged a $25 administrative fee per prescription for one month's supply of medication, which will be shipped directly to the patient's home.
- Provides: Forteo, Humatrope, and Zyprexa.

• **Contact Information**
- Phone: 1-877-795-4559
- Address:
  LillyMedicareAnswers Program
  P.O. Box 66977
  St. Louis, MS 63166-6977

Lilly Cares Foundation Patient Assistance Program
- Must be U.S. resident.
- Patient cannot have other prescription insurance, nor can they be eligible for government programs.
- Income guidelines apply. Contact for more details.
- Must be under 65 years of age.
- Provides: Cymbalta, Evista, Glucagon, Humalog, Humulin, Prozac, Quinidine Gluconate, ReoPro, Strattera, Symbyax, and Zyprexa.

• **Contact Information**
- Phone: 1-877-795-4559
- Address:
  LillyMedicareAnswers Program
  P.O. Box 66977
  St. Louis, MS 63166-6977
- Website: www.lillycares.com

Genetech Inc.

Genetech Access to Care Foundation
- Must not be eligible for public or private insurance reimbursement and must meet income restrictions and medical eligibility.

- Provides: Avastin, Herceptin, Pulmozyme, Tarceva, Activase, Cathflo, TNKase, and Rituxan.
- Phone: 1-800-530-3083

- Provides: Nutropin.
- Phone: 1-800-879-4747

- Provides: Lucentis and Raptiva
- Phone: 1-800-280-8938

• **Contact Information**
- Address: Genetech Inc.
  Access to Care Foundation
  1 DNA Way, MS-#13A
  South San Francisco, CA 94080

Genzyme Corporation

The Charitable Access Program (CAP Program)
- Based on financial and medical circumstances.
- Must be uninsured and lack financial means to purchase the drug.
- Expected to keep exploring alternative funding such as private insurance, government programs and/or charitable sources.

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- Provides: Aldurazyme, Ceredase, Ceresyme, Myozyme, and Fabrazyme.

• **Contact Information**
- Phone: 1-800-745-4447, option 0 or ext. 16634
- Fax: 1-617-768-9626
- Address: 500 Kendall Street Cambridge, MA 02142

Gilead Sciences Inc.

Gilead Advancing Access
- For more information, please contact the number provided.
- Provides: Emtriva Truvada, Hepsera, Viread, and Vistide.

• **Contact Information**
- Phone: 1-800-226-2056
- Address: Gilead Advancing Access P.O. Box 221887 Charlotte, NC 28222-1887

GlaxoSmithKline

Commitment to Access Program
- No other prescription coverage.
- At or below 350% of the federal poverty level.
- Must be a U.S. resident.
- Contact for more information.
- Provides: Arranon, Bexxar, Hycamtin, Leukeran, Myleran, Tabloid, Tykerb, and Zofran.

• **Contact Information**
- Phone: 1-866-265-6491
- Address: Commitment to Access Program P.O. Box 29038 Phoenix, AZ 85038-9038
- Website: www.commitmenttoaccess.com

Bridges to Access Program
- No prescription drug benefits through any insurer/payer/ program.
- At or below 250% of the federal poverty level.
- Must be a U.S. resident.
- Provides: Advair, Agenerase, Albenza, Altabax, Amerge, Amoxil, Arixtra, Augmentin, Avandamet, Avandaryl, Avandia, Avodart, Bactroban, Beconase, Ceftin, Combivir, Coreg, Daraprim, Dexedrine, Dyazide, Epivir, Epzicom, Flonase, Flovent, Fortaz, Imitrex, Lamictal, Lanoxicaps, Lanoxin, Lexiva, Lotronex, Malarone, Mepron, Parnate, Paxil, Relenza, Requip, Retrovir, Serevent, Timentin, Trizivir, Valtrex, Ventolin, Veramyst, VESIcare, Wellbutrin, Zantac, Ziagen, Zinacef, Zofran, Zovirax, and Zyban.

• **Contact Information**
- Phone: 1-866-728-4368
- Address: Bridges to Access Program P.O. Box 29038 Phoenix, AZ 85038-9038
- Website: www.bridgestoaccess.com

Graceway Pharmaceuticals

Graceway Pharmaceuticals Patient Assistance Program
- Must be a U.S. citizen with social security number.
- Must not have private medical insurance for prescription drug coverage and cannot qualify for any government program.
- Patient's income is at or below 200% of the U.S. federal poverty level.
- Cannot have Medicare Part D.

• **Contact Information**
- Phone: 1-800-328-0255
- Address: Graceway Pharmaceuticals P.O. Box 8202 Somerville, NJ 08876

Johnson & Johnson Health Care Systems, Inc.

Patient Assistance Program
- Patient must have no prescription coverage for the medication.
- At or below 200% of the federal poverty level.
- Must be a U.S. resident.
- Provides: Axert, Biafine, Bicitra, Centany, Concerta, Ditropan, Duragesic Elmiron, Ertaczo, Flexeril, Floxin, Grifulvin, Haldol, Invega, Levaquin, Mycelex Troche, Neutra-Phos, Nizoral, Pancrease, Parafon Forte, PolyCitra, Razadyne, Regranex, Retin-A, Risperdal, Spectazole, Sporanox, Terazol 3, Topamax, Ultracet, Ultram, and Urispas.

• **Contact Information**
- Phone: 1-800-652-6227, option 1
- Fax: 1-888-526-5168
- Address: Patient Assistance Program P.O. Box 221857 Charlotte, NC 28222-1857

Aciphex Patient Assistance Program
- Must be a U.S. resident.
- Lacks access to prescription drug coverage and meets specific financial criteria.
- Provides: Aciphex.

• **Contact Information**
- Phone: 1-800-523-5870
- Fax: 1-800-526-6651
- Address: Aciphex Patient Assistance Program P.O. Box 220458 Charlotte, NC 28222-0458
- Web: www.access2wellness.com

Merck & Company, Inc.

Merck Prescription Discount Program
- Patient must have no prescription insurance.
- Eligible patient will receive a 15%-20% discount on medications.
- Must be a U.S. resident.
- Contact for enrollment.
- Provides: Cosopt, Cozaar, Emend, Fosamax, Hyzaar, Janumet, Januvia, Maxalt, Singulair, and Trusopt.

• **Contact Information**
- Phone: 1-800-506-3725
- Address: Merck Prescription Discount Program P.O. Box 369 Horsham, PA 19044-9945

Merck Patient Assistance Program
- Patient must have no prescription coverage for the medication.
- Must have an income at or below 200% of the federal poverty level.
- Must be a U.S. resident.
- Exceptions may apply; contact if truly in need.
- Provides: Cosopt, Cozaar, Fosamax, Hyzaar, Indocin, Janumet, Januvia, Maxalt, Singulair, Timoptic, and Trusopt.

• **Contact Information**
- Phone: 1-800-727-5400
- Address: Merck Patient Assistance Program P.O. Box 690 Horsham, PA 19044-9979

MGI Pharma Inc.

MGI Pharma Patient Assistance Program
- Eligibility is determined on financial need and lack of insurance.
- Up to four bottles of Aloxi is sent out in one month; up to eight bottles of Hexalen are sent out every two months.
- Provides: Aloxi and Hexalan.

• **Contact Information**
- Phone: 1-877-644-6270
- Fax: 1-888-644-7236
- Address: MGI Pharma Patient Assistance Program P.O. Box 4133 Gaithersburg, MD 20885-4133

Millennium Pharmaceuticals Inc.

Millennium Patient Assistance for Velcade
- Patient must have no insurance and meet income guidelines. Contact for details.
- Must be a U.S. resident.
- Provides: Velcade Injection.

• **Contact Information**
- Phone: 1-866-835-2233
- Fax: 1-800-891-9843
- Address: Millennium Patient Assistance for Velcade P.O. Box 22087 Charlotte, NC 28202-1087

Novartis Pharmaceuticals

Novartis Patient Assistance Program
- Must have no prescription coverage for any medications and meet income guidelines that are not disclosed.
- Must be U.S. resident.
- Provides: Comtan, Diovan, Elidel, Enablex, Exelon, Exforge, Famvir, Focalin, Lescol, Miacalcin, Ritalin, Stalevo, Starlix, Tegretol, Tekturna, Trileptal, and Voltaren.

• **Contact Information**
- Phone: 1-800-277-2254, option 3
- Address: Novartis Patient Assistance Program P.O. Box 66556 St. Louis, MO 63166-6556

Novartis Oncology Patient Assistance Program
- Must not have prescription drug coverage.
- Must meet income eligibility.
- Must be U.S. resident.
- Applications are evaluated on a case-by-case basis.
- Provides: Femara and Zometa.

• **Contact Information**
- Phone: 1-866-884-5906
- Address: Novartis Patient Assistance Program P.O. Box 66556 St. Louis, MO 63166-6556

Novartis Patient Assistance Program for Myfortic, Neoral, and Sandimmune
- Must have no prescription coverage for the medication.
- Must be U.S. resident.
- Provides: Myfortic, Neoral, and Sandimmune.

• **Contact Information**
- Phone: 1-800-277-2254
- Fax: 1-866-470-1750
- Address: Novartis Patient Assistance Program P.O. Box 66531 St. Louis, MO 63166

Novo Nordisk Pharmaceuticals Inc.

Novo Nordisk Patient Assistance Program
- Patient must not have any private or public insurance.
- Must have an income at or below 200% of the federal poverty level.
- Provides: GlucaGen, Levemir, NovoFine Needles, Novolin, NovoLog, and Prandin.

• **Contact Information**
- Phone: 1-866-310-7549 or 1-609-987-5800
- Fax: 1-866-441-4190
- Address: Novo Nordisk Patient Assistance Program P.O. Box 181640 Louisville, KY 40261

Continued on page 4

Novo Nordisk Hormone Therapy Patient Assistance Program
- Patient must have no prescription coverage for any medications.
- Must have an income at or below 200% of the federal poverty level.
- Patient must also be a U.S. resident or legal alien.
- Provides: Activella and Vagifem.

• **Contact Information**
- Phone: 1-866-668-6336, ext. 1
- Fax: 1-866-441-4190
- Address: Novo Nordisk Hormone Therapy Patient Assistance Program P.O. Box 181640 Louisville, KY 40261

Ortho Biotech Products, L.P.

Doxil Reimbursement Solutions
- Must have no insurance and meet income guidelines that are not disclosed.
- A reimbursement specialist determines eligibility.
- Provides: Doxil Injection.

• **Contact Information**
- Phone: 1-800-609-1083, option 1
- Fax: 1-800-987-5572
- Address: Doxil Reimbursement Solutions P.O. Box 1016 San Bruno, CA 94066

PROCRITline
- Patient must have no prescription coverage or have reached his/her cap and meet income guidelines that are not disclosed.
- Provides: Doxil, Leustatin, Orthovisc, and Procrit.

• **Contact Information**
- Phone: 1-800-553-3851
- Fax: 1-800-987-5572
- Address: PROCRITline P.O. Box 1016 San Bruno, CA 94066
- Websites: www.procritline.com or www.doxiline.com or www.orthoviscline.com

Partnership for Prescription Assistance (PPA)
- Access to 2,500 brand name and generic medicines for free or close to free.
- Helps qualifying patients who lack prescription coverage find the correct program for them.
- 475 patient assistant programs available, both public and private.
- Qualifications vary by program.

• **Contact Information**
- Phone: 1-888-477-2669
- Website: www.pparx.org

Patient Services Incorporated
- PSI covers part of co-pays for insured patients that have disease-specific medications.
- The patient's health care covers the remainder of the co-pay.
- Committed to assisting people with chronic medical illness.
- Assistance is granted for max of two years; after that period, you must re-apply for re-assistance.

• **Contact Information**
- Phone: 1-800-366-7741
- Website: www.uneedpsi.org
- E-mail: uneedpsi@uneedpsi.org
- Address: Patient Services Incorporated P.O. Box 1602 Midlouthian, VA 23113

PDL BioPharma

Retavase Patient Assistance Program
- Helps patients who meet specific medical and financial criteria and lack third-party insurance.
- Upon request, an application with a cover letter will be sent to the provider of service to be completed and returned with required documentation.
- Product then shipped directly to where the patient is being treated.
- Provides: Retavase.

• **Contact Information**
- Phone: 1-866-437-7742
- Fax: 1-301-869-3585
- Address: Retavase Solutions P.O. Box 83177 Gaithersburg, MD 20883

Pfizer, Inc.

Pfizer Connection to Care
- Patient must not have any private or public insurance.
- Must have an income at or below 200% of the federal poverty level, adjusted for family size.
- Provides: Accupril, Accuretic, Aldactazide, Aldactone, Antivert, Arthrotec, Azulfidine, Caduet, Calan, Cardura, Caverject, Celebrex, Celontin, Chantix, Cleocin, Colestid, Cortef, Covera, Cytotec, Daypro, Depo-Estradiol, Depo-Medrol, Depo-Provera, Detrol, Diabinese, Diflucan, Dilantin, Dostinex, Estring Vaginal Ring, Exubera, Feldene, Flagyl, Geodon, Glucotrol, Glynase, Glyset, Inspra, Licocin, Lipitor, Lopid, Lyrica, Medrol, Micronase, Minipress, Nardil, Neurontin, Nicotrol, Norpace, Norvasc, Ogen, Procardia, Provera, Relpax, Synarel, Tikosyn, Vantin, Viagra, Vibra-Tabs, Vibramycin, Vistaril, Xalatan, Zarontin, Zithromax, Zoloft, and Zyrtec.

• **Contact Information**
- Phone: 1-800-707-8990
- Address: Pfizer Connection to Care P.O. Box 66585 St. Louis, MO 63166-6585

Pfizer Bridge Program
- Must have no insurance.
- Must meet income guidelines that are not disclosed.
- Must be a U.S. resident.
- Provides: Genotropin and Somavert.

• **Contact Information**
- Phone: 1-800-645-1280
- Fax: 1-800-479-2562
- Address: Pfizer Bridge Program 3168 Riverport Tech Center Drive Maryland Heights, MO 63043

FirstRESOURCE
- Patient must have no prescription coverage.
- Must meet income guidelines that are not disclosed.
- Patient must be a U.S. resident.
- Patient must also be taking the medication for cancer or cancer-related problems.
- Provides: Aromasin, Camptosar, Ellence, Emcyt, Idamycin, Sutent, and Zinecard.

• **Contact Information**
- Phone: 1-877-744-5675
- Fax: 1-800-708-3430
- Address: FirstRESOURCE P.O. Box 339 San Bruno, CA 94066-0339

Pfizer RSVP Program
- Patient must be uninsured or underinsured and have no coverage.
- Patient must be a U.S. resident.
- Must meet household income guidelines.
- Medication must be used for outpatient use only.
- Provides: Rescriptor, Revatio, Selzentry, VFEND, Viracept, and Zyvox.

• **Contact Information**
- Phone: 1-888-327-7787
- Address: Pfizer RSVP Program P.O. Box 230518 Centreville, VA 20120-9903

Pfizer, Inc. & Eisai, Inc.

Aricept Patient Assistance Program
- Must not have prescription drug coverage through either public or private agencies.
- Free of charge to those who meet criteria.
- Must not have insurance or other third-party payer prescription drug coverage, including Medicare and Medicaid.
- Annual income must fall within predetermined range.
- Patients must be diagnosed by a physician as having mild to moderate dementia of the Alzheimer's type.
- Must re-qualify after 90-day initial supply.
- Provides: Aricept.

• **Contact Information**
- Phone: 1-800-226-2072
- Fax: 1-800-226-2059
- Address: Aricept Patient Assistance Program P.O. Box 679 Somerville, NJ 08876

Procter and Gamble Pharmaceuticals Inc.

Procter & Gamble Patient Assistance Program
- To qualify, patient must have exhausted all options for drug coverage through both private and public venues.
- Each patient's case is handled individually.
- Eligibility is based on income and medical expenses.
- Application forms are provided by the company for the physician/patient to complete.
- An original prescription dually signed by the attending physician for one of the company's products is required.
- Three-month supply is given and reapplication is necessary for renewal.
- Provides: Actonel, Asacol, Dantrium, Didronel, Macrobid, and Macrodantin.

• **Contact Information**
- Phone: 1-800-830-9049
- Fax: 1-866-277-9329
- Address: Procter & Gamble Patient Assistance Program c/o Express Scripts P.O. Box 66553 St. Louis, MO 63166-6553

Regional Information and Referral Service
- Financial qualifications may apply.
- Case-by-case consideration.
- Co-pay and coverage varies by drug.

• **Contact Information**
- Phone: 211

Roche Pharmaceuticals

Roche Reimbursement and Patient Assistance Program for HCV, HIV, and Transplants
- Each application is reviewed on a case-by-case basis.
- Must be U.S. resident.
- Provides: Cellcept, Copegus, Invirase, Pegasys, Valcyte, and Zenapax.

• **Contact Information**
- Phone: 1-866-247-5084 or 1-877-757-6243
- Fax: 1-800-305-1830
- Address: Roche Reimbursement and Patient Assistance Program for HCV, HIV, and Transplants P.O. Box 66763 St. Louis, MO 63166-6763

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Roche Oncoline Patient Assistance Program
- Patient must have no prescription coverage.
- Must meet income guidelines that are not disclosed. Contact the program for more information.
- Provides: Kytril, Roferon-A, Vesanoid, and Xeloda.

• **Contact Information**
- Phone: 1-888-587-9438, option 3
- Fax: 1-866-496-8702
- Address: Roche Oncoline Patient Assistance Program P.O. Box 18647 Louisville, KY 40261

Boniva Patient Assistance Program
- Patient must have no prescription coverage.
- Must meet income guidelines that are not disclosed. Contact the program for more information.
- Must be U.S. resident.
- Provides: Boniva.

• **Contact Information**
- Phone: 1-888-587-9438
- Address: Boniva Patient Assistance Program P.O. Box 18647 Louisville, KY 40261

Fuzeon Reimbursment Assistance Program
- Medication must be used for outpatient use only.
- Program is based on guidelines that are not disclosed.
- Each application is reviewed on a case-by-case basis.
- Must be U.S. resident.
- Provides: Fuzeon T-20 Injection.

• **Contact Information**
- Phone: 1-877-438-9366 or 1-866-487-8591
- Fax: 1-866-804-7966
- Address: P.O. Box 66763 St. Louis, MO 63166

Sanofi Aventis

PACT+ Program
- For more information, please contact the program using the information below.
- Provides: Anzemet, Eloxatin, Elitek, Nilandron, and Taxotere.

• **Contact Information**
- Phone: 1-800-996-6626
- Fax: 1-800-996-6627
- Website: www.pactplusonline.com

Sanofi-Aventis Patient Assistance Program
- Patient cannot have prescription insurance.
- Must be U.S. resident.
- Must have an income at or below 200% of the federal poverty level.
- Provides: Allegra, Amaryl, Apidra, Aralen, Arava, Cantil, DDAVP, Drisdol, Hiprex, Kayexalate, Kerlone, Lantus, Mytelase, Nasacort, PHisoHex, Plaquenil, Primaquine Phosphate, Skelid, UroXatral, and Zephiran.

• **Contact Information**
- Phone: 1-800-221-4025, option 2 or 212-551-4000
- Fax: 1-866-734-7372
- Address: Sanofi-Aventis Patient Assistance Program P.O. Box 759 Somerville, NJ 08876

Lovenox Reimbursement Services and Patient Assistance Program
- Patient cannot have prescription insurance.
- Must be U.S. resident.
- Must have an income at or below 200% of the federal poverty level.
- Provides: Lovenox.

• **Contact Information**
- Phone: 1-888-632-8607, option 2
- Fax: 1-888-875-9951
- Address: Lovenox Patient Assistance Program P.O. Box 8256 Somerville, NJ 08876

Serono Laboratories, Inc.

Serono Compassionate Care Program for Infertility
- Patient must have no insurance and meet income guidelines that are not disclosed.
- Must be U.S. resident.
- For more information, contact the program from the information below.
- Provides: Cetrotide, Gonal-F, and Ovidrel.

• **Contact Information**
- Phone: 1-866-538-7879

MS LifeLines
- For more information, contact the program from the information below.
- Provides: Rebif.

• **Contact Information**
- Phone: 1-877-477-3243
- Fax: 1-866-227-3243

Serostim Patient Assistance Program
- For more information, contact the program from the information below.
- Provides: Serostim.

• **Contact Information**
- Phone: 1-800-714-2437
- Fax: 1-800-214-8698

Saizen Patient Assistance Program
- For more information, contact the program from the information below.
- Provides Saizen.

• **Contact Information**
- Phone: 1-800-582-7989
- Fax: 1-877-408-4288

Sigma-Tau Pharmaceuticals Inc.

Matulane Patient Assistance Program
- Must have a diagnosis of Stage III or IV Hodgkin's Disease or have another lymphoma where a physician feels a response is possible.
- Must be a U.S. resident.
- Patient must have no insurance and meet income guidelines.
- Contact for details.
- Patient is given 25%-100% assistance for one year.
- Provides Matulane.

• **Contact Information**
- Phone: 1-800-999-6673 or 1-203-744-0100
- Fax: 1-203-798-2964
- Address: Matulane Patient Assistance Program c/o NORD P.O. Box 1968 Danbury, CT 06813-1968

Carnitor Drug Assistance (CDA) Program
- Patient must be a U.S. resident.
- Must have no prescription coverage for the medication and meet income guidelines that are not disclosed.
- Patient is given 25%-100% assistance for one year.
- Provides: Carnitor.

• **Contact Information**
- Phone: 1-800-999-6673 or 1-203-744-0100
- Fax: 1-203-792-2291
- Address: Carnitor Drug Assistance Program c/o NORD P.O. Box 1968 Danbury, CT 06813-1968

Solvay Pharmaceuticals Inc.

Solvay Pharmaceuticals Inc. Patient Assistance Program
- Patient must have no insurance and meet income guidelines that are not disclosed.
- Patient must be a U.S. resident.
- Provides: Aceon, Anadrol, Androgel, Creon, Estratest, Marinol, and Prometrium.

• **Contact Information**
- Phone: 1-800-256-8918
- Fax: 1-800-276-9901
- Address: c/o Express Scripts Speciality Distribution Svc. P.O. Box 66550 St. Louis, MO 63166-6550

Takeda Pharmaceuticals North America Inc.

Takeda Patient Assistance Program
- Patient must have no prescription coverage for any medications and meet income guidelines that are not disclosed.
- Must be a U.S. resident.
- Provides: ACTOplus, Actos, Amitiza, Duetact, and Rozerem.

• **Contact Information**
- Phone: 1-800-830-9159
- Fax: 1-800-497-0928
- Address: Takeda Patient Assistance Program P.O. Box 66552 St. Louis, MO 63166

Together Rx Access: Prescription Savings Program

- The patient must have no prescription insurance and have an income at or below $30,000 for an individual ($60,000 for a family of four).
- Must not be eligible for Medicare.
- Must be a U.S. resident.
- Patients can save 25-40% on medications.

• **Contact Information**
- Phone: 1-800-444-4106
- Website: www.togetherrx.access.com

Wyeth Pharmaceuticals

Wyeth Pharmaceutical Patient Assistance Foundation
- The patient must not have any private or public insurance and have an income at or below 200% of the federal poverty level.
- Patient must be a U.S. resident.
- Provides: Effexor, Effexor XR, Inderal LA, Inderide, Phospholine Iodide, Premarin, Premphase, Prempro, Protonix, and Trecator.

• **Contact Information**
- Phone: 1-800-568-9938
- Address: Wyeth Pharmaceuticals Patient Assistance Foundation P.O. Box 66762 St. Louis, MO 63166-6762

Wyeth Factor Resource Program
- Promotes temporary assistance.
- Must be uninsured at the time of request.
- Provides: BeneFIX and ReFracto.

• **Contact Information**
- Phone: 1-888-999-2349

Encourage Foundation
- For more information, please contact the program using the information below.
- Patient must be a U.S. resident.
- Provides: Enbrel.

• **Contact Information**
- Phone: 1-800-282-7752
- Fax: 1-888-508-8083
- Address: c/o Intele Center Foundation P.O. Box 4133 Gaithersburg, MD 20885-4133