

PATIENT MEDICATION ASSISTANCE GUIDE

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Introduction:

As our economy continues to struggle many consumers are faced with not being able to afford their medications. An individual's inability to obtain affordable medications may greatly impact symptom stability and impact his/her recovery process

In order to provide prescription assistance to those without prescription drug coverage, many Pharmaceutical Companies have developed Prescription Assistance Programs (PAP). These programs help patients who lack medication coverage and/or have limited financial means to obtain their medication at little or no cost.

The following is a comprehensive listing of the available PAP programs from drug companies throughout the United States. The companies and medications included in this list are not endorsed or supported by the Ohio Department of Mental Health; rather they have been compiled as a public service to assist those in the community to find needed and affordable medications in order to promote wellness and recovery.

The compiled information has been selected directly from the respective (pharmaceutical) company's websites and from needymeds.org. Our goal is to provide a resource that empowers consumers to manage their own recovery and wellness.

Abbott Pharmaceuticals Patient Assistance Foundation

800-222-6885

www.abbottpatientassistancefoundation.org

Eligibility:

Financial eligibility is based upon current Federal Poverty Guidelines (FPG) adjusted for household size. If a patient's medication cost is reimbursed by a private or public insurance program (including Medicaid and Medicare Part D plans), the patient will not routinely be accepted into the program. However, The Abbott Patient Assistance Foundation recognizes that extenuating circumstances may exist and encourages any patient to request special consideration if, despite existing prescription insurance coverage, he or she cannot pay for needed medication. All such requests will be considered or reconsidered on a case-by-case basis.

Available medications:

Advicor ER Tablets 20/100mg, 20/500mg (lovastatin/niacin)

Azmacort Inhaler (triamcinolone inhaled)

Cardizem LA Tablets 120mg, 180mg, 240mg, 300mg, 360mg, 420mg (diltiazem)

Depakene Liquid 250mg/5ml (valproic acid)

Depakene Tablets 250mg (valproic acid)

Depakote Sprinkle Capsules 125mg (divalproex sodium)

Depakote Tablets 125mg, 250mg, 500mg (divalproex sodium)

Depakote ER Tablets 250mg, 500mg (divalproex sodium)

Gengraf Capsules 25mg, 100mg (cyclosporine)

Gengraf Oral Solution 100mg/ml (cyclosporine injectable)

Niaspan ER Tablets 500mg, 750mg, 1000mg (niacin)

Simcor Tablet 500/20mg, 750/20mg, 1000/20mg (simvastatin/niacin extended release)

Synthroid Tablets 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg (levothyroxine)

Tarka Tablets 1mg/240mg, 2mg/180mg, 2mg/240mg, 4mg/240mg (trandolapril and verapamil)

Teveten Tablets 400mg, 600mg (eprosartan)

Teveten HCT Tablets 12.5mg, 25mg (eprosartan)

Tricor Tablets 48mg, 145mg (fenofibrate)

Trilipix Capsules 45mg, 135mg (fenofibric acid)

AstraZenica Pharmaceuticals AZ&Me

800-292-6363

www.astrazeneca-us.com

Eligibility:

- You have an annual household income* equal to or less than:
\$30,000 for a single person
\$40,000 for a family of two
\$50,000 for a family of three
\$60,000 for a family of four
\$70,000 for a family of five
* Current income limits are based on 2007 guidelines
- You do not receive drug coverage under any private insurance or any other coverage that provides assistance to help pay for medicines.

The AZ&Me™ Prescription Savings program for people with Medicare Part D

Eligibility:

If you are enrolled in Medicare Part D, you may be eligible for the program if you meet the following criteria:

- You are an individual with an annual income below \$30,000 or a couple earning less than \$40,000 per year
- You have spent at least 3% of your annual household income on prescription drugs this year

Savings program for people with Medicare Part D hotline at 1-800-AZandMe (1-800-292-6363) Monday through Friday, 8:00 a.m. to 8:00 p.m. EST, excluding holidays.

Available Medications:

Accolate Tablets 10mg, 20mg (zafirlukast)

Arimidex Tablets 1mg (anastrozole)

Atacand Tablets 4mg, 8mg, 16mg, 32mg (candesartan cilexetil)

Atacand HCT Tablets 16/12.5mg/ 32/12.5mg (candesartan cilexetil with hydrochlorothiazide)

Casodex Tablets 50mg (bicalutamide)

Crestor Tablets 5mg, 10mg, 20mg, 40mg (rosuvastatin)

Faslodex Injection 2.5ml, 5ml (fulvestrant)

Merrem Injection 15ml,30ml (meropenem)

Nexium Capsules 20mg, 40mg (esomeprazole)

Nexium IV 20mg, 40mg (esomeprazole sodium)

Nexium Oral Suspension 20mg, 40mg (esomeprazole)

Pulmicort Flexhaler Powder for Inhalation 90mcg, 180mcg (budesonide inhaled)

Pulmicort Respules Inhalation Suspension 0.25mg/ml, 0.5mg/2ml (budesonide inhaled)

Rhinocort Aqua Nasal Spray 32mcg (budesonide spray)

Seroquel Tablets 25mg,50mg,100mg,200mg,300mg,400mg (quetiapine)
Seroquel XR Tablets 50mg, 150mg, 200mg, 300mg, 400mg (quetiapine)
Symbicort Inhaler 80/4.5mcg, 160/4.5mcg (budesonide/formoterol)
Toprol XL Tablets 25mg, 50mg, 100mg, 200mg (metoprolol)
Zoladex 3.6 mg 1 month depot 3.6 mg depot (goserelin acetate implant)
Zoladex 10.8 Depot every three months (goserelin acetate implant)
Zomig Nasal Spray 5mg (zolmitriptan)
Zomig Tablets 2.5mg, 5.0 mg (zolmitriptan)
Zomig-Zmt Tablets 2.5mg, 5mg (zolmitriptan)

Biovail Pharmaceuticals Patient Assistance Program

1-866-268-7325

www.biovail.com

Eligibility:

The patient must have no prescription coverage for any medications and have an income at or below 250% of the Federal Poverty Level. Medical diagnosis necessary for this program is not specified. The patient must also be a US resident. If a patient enrolls in Medicare Part D, then s/he is no longer eligible for this program. With the patient's permission, anyone concerned can call for an application. The application will be faxed out. The completed application must be mailed back. If the patient is denied, both patient and doctor are notified. Allow 4 weeks for processing and delivery of medication. The doctor must fill out a section, sign the application and attach a prescription for 90 days. The patient must fill out a section, sign the application and attach proof of income. Up to a 90-day supply is sent to the doctor's office. A new application with new prescription is needed for refills. Once a year a new application with financial documentation is needed

Available Medications:

Vaseretic Tablets 10mg, 20mg (enalapril/hctz)

Vasotec Tablets 2.5mg, 5mg, 10mg (enalapril)

Wellbutrin XL Tablets 150mg, 300mg (bupropion)

Zovirax Cream 2gram (acyclovir)

Zovirax Ointment 1 (acyclovir)

Bristol-Myers Squibb Patient Assistance Foundation, Inc.

(800) 736-0003 Option 4 (phone)

<http://www.bmspaf.org>

Eligibility:

The patient must not have any private or public insurance and meet income guidelines. Medical diagnosis necessary for this program is not specified. The patient must also be a US resident or legal alien. Anyone requesting assistance can call to request a faxed application or download it from the website. The application will be faxed out. The completed application can be faxed or mailed back. Both the patient and doctor are notified in writing of acceptance or denial. The decision is usually made within 24-48 hours. The medication is shipped out within 5-7 business days. The doctor must fill out a section and sign the application. The patient must fill out a section, sign the application and attach proof of income and denial letter from Medicaid. Up to a 90-day supply is sent to the doctor's office. The doctor/doctor's office must contact the company to arrange refills. Every year a new application is needed.

Available Medications:

Abilify DISCMELT 10mg, 15mg (aripiprazole)

Abilify Oral Solution 150ml (aripiprazole)

Abilify Tablets 2mg, 5mg, 10mg, 15mg, 20mg, 30mg (aripiprazole)

Avalide Tablets 150mg/12.5mg, 300mg/12.5mg,

300mg/25mg (irbesartan/hydrochlorothiazide)

Avapro Tablets 75mg, 150mg, 300mg (irbesartan)

Coumadin Tablets 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg (warfarin)

Kenalog 10 Injection 5ml (10mg/ml) (triamcinolone injectable)

Kenalog 40 Injection 1ml (40mg/ml), 5ml (40mg/ml), 10ml (40mg/ml) (triamcinolone injectable)

Lodosyn Tablets 25mg (carbidopa)

Onglyza Tablet 2.5mg, 5mg (saxagliptin)

Plavix Tablets 75mg (clopidogrel)

Forest Pharmaceuticals, Inc. Patient Assistance Program

(1-866-PATIENT)

www.forestpharm.com

Eligibility:

The income guidelines are the maximum dollar amount a household can earn in order to qualify for FPI PAP medication assistance. FPI PAP does not disclose these dollar amounts to the public. An application must be completed by the patient and licensed practitioner and submitted by mail to FPI PAP. If the patient's application is approved, a 3-month supply of medication will be shipped to the licensed practitioner's office to dispense to the patient. The application must include: a prescription for a 3-month supply of the requested medication and a photocopy of the patient's Low-Income Subsidy (LIS) denial letter if he/she is a Medicare Part D enrollee.

Available Medications:

Aerobid Inhaler 7gm cannister (flunisolide inhaled)
Aerobid-M Inhaler 7gm cannister (flunisolide inhaled)
Aerochamber Inhaler (inhaler spacer)
Aerochamber with Mask Inhaler (inhaler spacer)
Armour Thyroid Tablets 0.25 grain, 0.5 grain, 1 grain, 1.5 grain, 2 grain, 3 grain, 4 grain, 5 grain (thyroid desiccated)
Bystolic Tablets 2.5mg, 5mg, 10mg (nebivolol)
Campral Tablets 333mg (acamprosate)
Celexa Tablets 10mg, 20mg, 40mg (citalopram)
Levothroid Tablets 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg (levothyroxine)
Lexapro Liquid (escitalopram)
Lexapro Tablets 5mg, 10mg, 20mg (escitalopram)
Namenda Tablets 5mg, 10mg (memantine)
Namenda Titration Pak (memantine)
Tessalon Perles 100mg, 200mg (benzonatate)
Theochron Tablets 100mg, 200mg, 300mg (theophylline)
Thyrolar 1 Tablets 12.5mcg/50mcg (liotrix)
Thyrolar 1/2 Tablets 6.5mcg/25mcg (liotrix)
Thyrolar 1/4 Tablets 3.1mcg/12.5mcg (liotrix)
Thyrolar 2 Tablets 25mcg/100mcg (liotrix)
Thyrolar 3 Tablets 37.5mcg/150mcg (liotrix)
Tiazac Capsules 120mg, 180mg, 240mg, 300mg, 360mg, 420mg (diltiazem)

GlaxoSmithKline

1-866-PATIENT

www.gsk.com

Bridges to Access

Bridges to Access provides out-patient medications to eligible low-income patients residing in the United States who do not have prescription drug benefits. Bridges to Access (1-866-PATIENT) is the program for non-oncology products.

Available Medications:

Advair Diskus Inhalation Powder 100/50, 250/50, 500/50 (fluticasone/salmeterol)
Advair HFA (fluticasone/salmeterol)
Albenza Tablets 200mg (albendazole)
Altabax Ointment 1% (retapamulin topical)
Amerge Tablets 1mg, 2.5mg (naratriptan)
Amoxil Capsules 500mg (amoxicillin)
Amoxil Oral Solution 250mg/5ml, 400mg/5ml (amoxicillin)
Amoxil Powder for Oral Suspension 50mg/ml, 125mg/5ml, 250mg/5ml (amoxicillin)
Amoxil Tablets 400mg, 500mg, 875mg (amoxicillin)
Amoxil Tablets-Chewable 200mg, 250mg (amoxicillin)
Arixtra Injection 5mg, 7.5mg, 10mg (fondaparinux)
Augmentin (amoxicillin/clavulanate)
Augmentin (amoxicillin/clavulanate)
Augmentin (amoxicillin/clavulanate)
Augmentin Oral Solution (amoxicillin/clavulanate)
Augmentin Powder for Oral Suspension 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml (amoxicillin/clavulanate)
Augmentin Tablets 250mg, 500mg (amoxicillin/clavulanate)
Augmentin Tablets-Chewable 125mg, 250mg, 400mg (amoxicillin/clavulanate)
Augmentin ES Tablets 600mg (amoxicillin/clavulanate)
Augmentin ES-600 Powder for Oral Suspension 600mg/5ml (amoxicillin/clavulanate)
Augmentin XR Tablets (amoxicillin/clavulanate)
Avandamet Tablets 2mg/500mg, 4mg/500mg, 2mg/1000mg, 4mg/1000mg (metformin/rosiglitazone)
Avandaryl Tablets 4mg/1mg, 4mg/2mg, 4mg/4mg (rosiglitazon/glimepiride)
Avandia Tablets 2mg, 4mg, 8mg (rosiglitazone maleate)
Avodart Soft Gelatin Tablets 0.5mg (dutasteride)
Axid Capsules 150mg, 300mg (nizatidine)
Bactroban Cream (mupirocin topical)
Bactroban Nasal Ointment (mupirocin topical)
Bactroban Ointment (mupirocin topical)
Beconase AQ Nasal Spray 0.042% (beclomethasone nasal)
Ceftin Oral Suspension 125mg/5ml, 250mg/5ml (cefuroxime axetil)
Ceftin Tablets 125mg, 250mg, 300mg, 500mg, 600mg (cefuroxime axetil)
Combivir Tablets 60mg (lamivudine/zidovudine)
Coreg Tablets 3.125mg, 6.25mg, 12.5mg, 25mg (carvedilol)

Coreg CR Tablets 10mg, 20mg, 40mg, 80mg (carvedilol)
 Daraprim Tablets 25mg (pyrimethamine)
 Dexedrine Spansule Capsules 5mg, 10mg, 15mg (dextroamphetamine)
 Dyazide Capsules 37.5mg/25mg (hydrochlorothiazide/triamterene)
 Dynacirc CR Tablets 5mg, 10mg (isradipine)
 Epivir Oral Solution (lamivudine)
 Epivir Tablets 150mg, 300mg (lamivudine)
 Epivir-HBV Oral Solution (lamivudine)
 Epivir-HBV Tablets (lamivudine)
 Epzicom Tablets (abacavir/lamivudine)
 Flonase Nasal Spray 50mcg (fluticasone nasal spray)
 Flovent Aerosol Spray 220mcg (fluticasone)
 Flovent Inhaler 44mcg, 110mcg (fluticasone)
 Flovent Rotadisk 50mcg, 100mcg, 250mcg (fluticasone inhalation powder)
 Fortaz Injection 1gm/vial, 2gm/vial, 6gm/vial, 500mg/vial (ceftazidime)
 Imitrex Injection (sumatriptan)
 Imitrex Nasal Spray 5mg/unit, 20mg/unit (sumatriptan nasal)
 Imitrex Tablets 25mg, 50mg, 100mg (sumatriptan)
 InnoPran XL Capsules 80mg, 120mg (propranolol)
 Lamictal Tablets 25mg, 100mg, 200mg (lamotrigine)
 Lamictal Tablets-Chewable 2mg, 5mg, 25mg, 150mg (lamotrigine)
 Lanoxicaps Capsules 50mcg, 100mcg, 200mcg (digoxin)
 Lanoxin Tablets 0.125mg, 0.25mg (digoxin)
 Lanoxin Pediatric Elixer 50mcg/50ml (digoxin)
 Lexiva Oral Suspension (fosamprenavir)
 Lexiva Tablets 700mg (fosamprenavir)
 Lovaza Capsules (omega-3-acid ethyl esters)
 Malarone Tablets 62.5mg/25mg, 250mg/100mg (atovaquone and proguanil hydrochloride)
 Malarone Pediatric Tablets (atovaquone and proguanil hydrochloride)
 Mepron Suspension (atovaquone)
 Parnate Tablets 10mg (tranylcypromine)
 Paxil Oral Suspension (paroxetine)
 Paxil Tablets 10mg, 20mg, 30mg, 40mg (paroxetine)
 Paxil CR Tablets 12.5mg, 25mg, 37.5mg (paroxetine)
 Relenza Powder for Inhalation (zanamivir)
 Requip Tablets 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg (ropinirole)
 Retrovir Capsules 100mg (zidovudine)
 Retrovir Syrup (zidovudine)
 Retrovir Tablets 300mg (zidovudine)
 Rythmol Tablets 150mg, 225mg, 300mg (propafenone)
 Rythmol SR Capsules 225mg, 325mg, 425mg (propafenone)
 Serevent Diskus Powder for Inhalation 50mcg (salmeterol inhaled)
 Timentin Injection (ticarcillin/clavulanate)
 Timentin IV (ticarcillin/clavulanate)
 Treximet Tablets (sumatriptan/naproxen sodium)

Trizivir Tablets 300mg/150mg/300mg (abacavir/lamivudine/zidovudine)
Valtrex Caplets (valacyclovir)
Ventolin HFA inhaler (albuterol sulfate)
Veramyst Nasal Spray (fluticasone nasal spray)
VESIcare Tablets 5mg, 10mg (solifenacin)
Wellbutrin Tablets 75mg, 100mg (bupropion)
Wellbutrin SR Tablets 100mg, 150mg, 200mg (bupropion)
Zantac Injection (ranitidine)
Zantac Injection Premixed (ranitidine)
Zantac Syrup (ranitidine)
Zantac Tablets 150mg, 300mg (ranitidine)
Zantac EFFERdose Tablets 150mg (ranitidine)
Ziagen Oral Solution (avacavir sulfate)
Ziagen Tablets (abacavir)
Zinacef Injection (cefuroxime for injection)
Zofran Tablets 4mg (ondansetron)
Zofran Tablets-Orally Disintegrating 4mg, 8mg (ondaon)
Zovirax Capsules (acyclovir) nsetr
Zovirax Suspension (acyclovir)
Zovi200mg (acyclovir)
Zyban Tablet rax Tablets s (bupropion)

GSK Access

Eligibility:

GSK Access is a program that provides GlaxoSmithKline prescription medications at no cost to Medicare Part D Prescription Drug Plan enrollees who meet the eligibility requirements. Eligibility is based on annual household income and proof that the applicant has spent \$600 or more for prescription medicines for the year. A [completed application](#) along with income documentation and proof of prescription expenses must be mailed to GSK Access for processing. Applicants will be notified if they qualify for the program and, if approved, a pharmacy card will be mailed to the applicant that may be used at any retail pharmacy to pick up GlaxoSmithKline medicines at no cost. Drugs received from this program do not count toward True Out-of-Pocket Spending (TrOOP).

Available Medications:

Advair Diskus Inhalation Powder 100/50, 250/50, 500/50 (fluticasone/salmeterol)
Advair HFA (fluticasone propionate)
Albenza Tablets 200mg (albendazole)
Alkeran Injection (melphalan)
Alkeran Tablets (melphalan)
Altabax Ointment 1% (retapmulin topical)
Amerge Tablets 1mg, 2.5mg (naratriptan)
Amoxil Capsules 500mg (amoxicillin)
Amoxil Oral Solution 250mg/5ml, 400mg/5ml (amoxicillin)

Amoxil Powder for Oral Suspension 50mg/ml, 125mg/5ml, 250mg/5ml (amoxicillin)
 Amoxil Tablets 400mg, 500mg, 875mg (amoxicillin)
 Amoxil Tablets-Chewable 200mg, 250mg (amoxicillin)
 Arixtra Injection 5mg, 7.5mg, 10mg (fondaparinux)
 Arranon injection (nelarabine)
 Augmentin Oral Solution (amoxicillin/clavulanate)
 Augmentin Powder for Oral Suspension 125mg/5ml, 200mg/5ml, 250mg/5ml,
 400mg/5ml (amoxicillin/clavulanate)
 Augmentin Tablets 250mg, 500mg (amoxicillin/clavulanate)
 Augmentin Tablets-Chewable 200mg, 250mg, 400mg (amoxicillin/clavulanate)
 Augmentin ES-600 Powder for Oral Suspension 600mg/5ml (amoxicillin/clavulanate)
 Augmentin XR Tablets (amoxicillin/clavulanate)
 Avandamet Tablets 2mg/1000mg, 4mg/1000mg (metformin/rosiglitazone)
 Avandaryl Tablets 4mg/1mg, 4mg/2mg, 4mg/4mg (rosiglitazon/glimepiride)
 Avandia Tablets 2mg, 4mg, 8mg (rosiglitazone)
 Avodart Soft Gelatin Tablets 0.5mg (dutasteride)
 Axid Capsules 150mg, 300mg (nizatidine)
 Bactroban Cream (mupirocin topical)
 Bactroban Nasal Ointment (mupirocin topical)
 Bactroban Ointment (mupirocin topical)
 Beconase AQ Nasal Spray 0.042% (beclomethasone nasal)
 Bexxar (tositumomab)
 Ceftin Oral Suspension 125mg/5ml, 250mg/ml (cefuroxime axetil)
 Ceftin Tablets 125mg, 250mg, 300mg, 500mg, 600mg (cefuroxime axetil)
 Combivir Tablets 60mg (lamivudine/zidovudine)
 Coreg Tablets 3.125mg, 6.25mg, 12.5mg, 25mg (carvedilol)
 Coreg CR Tablets 10mg, 20mg, 40mg, 80mg (carvedilol)
 Daraprim Tablets 25mg (pyrimethamine)
 Dexedrine Spansule Capsules 5mg, 10mg, 25mg (dextroamphetamine)
 Dyazide Capsules 37.5mg/25mg (hydrochlorothiazide/triamterene)
 Dynacirc CR 5mg, 10mg 2 (isradipine)
 Epivir Oral Solution (lamivudine)
 Epivir Tablets 150mg, 300mg (lamivudine)
 Epivir-HBV Oral Solution (lamivudine)
 Epivir-HBV Tablets (lamivudine)
 Epzicom Tablets (abacavir/lamivudine)
 Flonase Nasal Spray 50mcg (fluticasone nasal spray)
 Flovent Inhalation Aerosol 44mcg, 110mcg, 220mcg (fluticasone)
 Flovent HFA Inhalation Aerosol 44mcg, 110mcg, 220mcg (fluticasone)
 Fortaz Injection 1gm/vial, 2gm/vial, 6gm/vial, 500mg/vial (ceftazidime)
 Hycamtin Capsules (topotecan)
 Hycamtin Injection (topotecan)
 Imitrex Injection (sumatriptan)
 Imitrex Nasal Spray 5mg/unit, 25mg/unit (sumatriptan nasal)
 Imitrex Tablets 25mg, 50mg, 100mg (sumatriptan)
 InnoPran XL Capsules 80mg (propranolol)

Lamictal Tablets 25mg, 100mg, 200mg (lamotrigine)
Lamictal Tablets-Chewable 2mg, 5mg, 25mg, 150mg (lamotrigine)
Lanoxin Tablets 0.25mg, 0.125mg (digoxin)
Leukeran Tablets 2mg (chlorambucil)
Lexiva Oral Suspension (fosamprenavir)
Lexiva Tablets 700mg (fosamprenavir)
Lovaza Capsules (omega-3-acid ethyl esters)
Malarone Tablets 62.5mg/25mg, 250mg/100mg (atovaquone and proguanil hydrochloride)
Malarone Pediatric Tablets (atovaquone and proguanil hydrochloride)
Mepron Suspension (atovaquone)
Myleran Tablets 2mg (busulfan)
Parnate Tablets 10mg (tranylcypromine)
Paxil Tablets 10mg, 20mg, 30mg, 40mg (paroxetine)
Paxil CR Tablets 12.5mg, 25mg, 37.5mg (paroxetine)
Promacta Tablets (eltrombopaq)
Relenza Powder for Inhalation (zanamivir)
Requip Tablets 0.5mg, 0.25mg, 1mg, 2mg, 3mg, 4mg, 5mg (ropinirole)
Requip XL Tablets (ropinirole extended release)
Retrovir Capsules (zidovudine)
Retrovir Syrup (zidovudine)
Retrovir Tablets (zidovudine)
Rythmol Tablets 150mg, 225mg, 300mg (propafenone)
Rythmol SR Capsules 225mg, 325mg, 425mg (propafenone)
Serevent Diskus Powder for Inhalation 50mcg (salmeterol inhaled)
Tabloid Tablets 40mg (thioguanine)
Timentin Injection (ticarcillin/clavulanate)
Treximet Tablets (sumatriptan/naproxen sodium)
Trizivir Tablets 300mg/150mg/300mg (abacavir/lamivudine/zidovudine)
Tykerb Tablets (lapatinib)
Valtrex Caplets (valacyclovir)
Ventolin HFA Inhaler (albuterol inhalers)
Veramyst Nasal Spray (fluticasone nasal spray)
VESicare Tablets 5mg, 10mg (solifenacin)
Wellbutrin Tablets 100mg (bupropion)
Wellbutrin SR Tablets 300mg (bupropion)
Wellbutrin XL Tablets 300mg (bupropion)
Zantac Injection (ranitidine)
Zantac Injection Premixed (ranitidine)
Zantac Syrup (ranitidine)
Zantac Tablets 150mg, 300mg (ranitidine)
Zantac EFFERdose Tablets 150mg (ranitidine)
Ziagen Oral Solution (avacavir sulfate)
Ziagen Tablets (avacavir sulfate)
Zinacef Injection (cefuroxime for injection)
Zofran Tablets 4mg, 8mg (ondansetron)

Zofran ODT Tablets-Orally Disintegrating 4mg, 8mg (ondansetron)
Zovirax Capsules (acyclovir)
Zovirax Suspension (acyclovir)
Zovirax Tablets 400mg (acyclovir)
Zyban Tablets (bupropion)

Janssen Ortho Pharmaceuticals Patient Assistance Foundation
800-652-6227, opt 1

Eligibility:

The patient must have no prescription coverage for the requested medication and meet income guidelines that are not disclosed. The patient must be a US resident. Medicare LIS (Low Income Subsidy) eligible patients are not eligible to receive assistance through this program. Patients receiving benefits under a Medicare Part D prescription drug plan are not eligible to receive assistance through this program, however program eligibility exceptions for Medicare Part D enrollees based on significant financial or medical need will be considered. Patients who qualify will receive their free prescription medications for a period of up to one year, after which they need to reapply in order to continue receiving their medications

Available Medications:

Aciphex tablets (rabeprazole sodium)
Alamast Ophthalmic Solution 0.1% (pemirolast potassium)
Axert Tablets 6.25mg, 12.5mg (almotriptan)
Betimol Ophthalmic Solution 0.25%, 0.5% (timolol)
Biafine Topical Emulsion 45gram tube, 90gram tube (biafine)
Concerta Extended Release Tablets 18mg, 27mg, 36mg, 54mg (methylphenidate)
Ditropan XL Tablets 5mg, 10mg, 15mg (oxybutynin)
Doxil Injection (doxorubicin hcl liposome)
Duragesic CII Patch (fentanyl patch)
Elmiron Capsules (pentosan polysulfate sodium)
Ertaczo Cream 2% (sertaconazole topical)
Flexeril Tablets 5mg, 10mg (cyclobenzaprine)
Grifulvin V Tablets (griseofulvin)
Haldol Decanoate Injection (haloperidol)
Haldol Injection (haloperidol)
Intelligence Tablets (etravirine)
Invega Extended-Release Tablets 3mg, 6mg, 9mg (paliperidone)
Iquix Ophthalmic Solution (levofloxacin)
Leustatin Injection (cladribine)
Levaquin Oral Solution (levofloxacin)
Levaquin Tablets 250mg, 500mg, 750mg (levofloxacin)
Natrecor Injection 1.5mg (nesiritide)
Nucynta Tablets CII 1 (tapentadol)
Orthovisc (high molecular weight hyaluronan)
Pancrease MT 20 Capsules 20000units/56000units/44000units (lipase/amylase/protease)
Pancrease MT 4 Capsules 4000units/12000units/12000units (lipase/amylase/protease)
Pancrease MT16 Capsules 16000units/48000units/48000units (lipase/amylase/protease)
Parafon Forte DSC (chlorzoxazone)
Prezista Tablets (darunavir)
Procrit Injection (epoetin alfa)
Quixin Ophthalmic Solution 0.5% (levofloxacin)
Razadyne Oral Solution 4mg/ml (galantamine)

Razadyne Tablets 4mg, 8mg, 12mg (galantamine)
Razadyne ER Capsules 8mg, 16mg, 24mg (galantamine)
Remicade IV Injection (infliximab)
Retin-A Cream (tretinoin topical)
Retin-A Gel (tretinoin topical)
Retin-A Micro (tretinoin topical)
Risperdal Oral Solution 1mg/1ml (risperidone)
Risperdal Tablets 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg (risperidone)
Risperdal Consta Long Acting Injection 25mg, 37.5mg, 50mg (risperidone)
Risperdal M Tablets 5mg (risperidone)
Simponi Injection (golimumab)
Sporanox Capsules (itraconazole)
Sporanox Oral Solution (itraconazole)
Terazol 3 Suppository (terconazole vaginal)
Terazol 3 Vaginal Cream (terconazole vaginal)
Terazol 7 Vaginal Cream (terconazole vaginal)
Topamax Sprinkle Capsules 15mg (topiramate)
Topamax Tablets 25mg, 50mg, 100mg, 200mg (topiramate)
Ultracet Tablets 37.5mg (acetaminophen/tramadol)
Ultram Tablets 50mg (tramadol)
Ultram ER Tablets (tramadol hcl)
Uvadex Sterile Solution 1 (methoxsalen)

Eli Lilly and Company Lilly Cares Program
800-545-6962.

www.lilly.com

Eligibility:

Lilly Cares assists patients who are uninsured and whose income is less than 200 percent of the federal poverty level. Individuals eligible for Medicare are not eligible to receive medications through Lilly Cares. The Lilly Cares program has a 12-month enrollment period for eligible patients. Lilly Cares generally ships a 4-month supply of medication and all medications are shipped to the prescriber's office.

Available Medications:

Cialis Tablet 5mg, 10mg, 20mg (tadalafil)
Cymbalta Capsules 20mg, 30mg, 60mg (duloxetine)
Evista Tablets 60mg (raloxifene)
Glucagon Emergency Kit Injection (glucagon)
Humalog Injection 1000vial (insulin lispro)
Humalog 50/50 Injection (insulin lispro)
Humalog 75/25 Injection 300pen (insulin lispro)
Humalog 75/25 Injection 1000vial (insulin lispro)
Humulin (all types) Injection (insulin human)
Prozac Oral Solution 20mg/5ml (fluoxetine)
Prozac Tablets 10mg, 20mg, 40mg (fluoxetine)
Prozac Weekly Capsules 90mg (fluoxetine)
Quinidine Gluconate Injection 80mg (quinidine glucomate)
ReoPro Injection 10mg/iv (abciximab)
Strattera Capsules 10mg, 18mg, 25mg, 40mg, 60mg (atomoxetine)
Symbyax Capsules 3/25mg, 6/25mg, 6/50mg, 12/25mg, 12/50mg (olanzapine/fluoxetine)
Zyprexa Injection (olanzapine)
Zyprexa Tablets 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg (olanzapine)
Zyprexa Zydis Orally Disintegrating Tablets (olanzapine)

Novartis Pharmaceuticals Patient Assistance Foundation

800.277.2254

Eligibility:

- Must be a U.S. resident
- Provide proof of income within program guidelines (not available)
- Not have private or public prescription coverage

Available Medications:

Clozaril Tablets 25mg, 100mg (clozapine)
Comtan Tablets 200mg (entacapone)
Diovan Tablets 40mg, 80mg, 160mg, 320mg (valsartan)
Diovan HCT Tablets 12.5mg/160mg (valsartan/hydrochlorothiazide)
Diovan HCT Tablets 80mg, 12.5mg (valsartan/hydrochlorothiazide)
Elidel Cream 1% (pimecrolimus topical)
Enblex Tablets 7.5mg, 15mg (darifenacin)
Exelon Capsules 1.5mg, 3mg, 4.5mg, 6mg (rivastigmine)
Exelon Patch 4.6mg, 9.5mg (rivastigmine)
Exforge Tablets 5/160mg, 5/320mg, 10/160mg, 10/320mg (amlodipine/valsartan)
Exforge HCT Tablets 5/160/12.5mg, 5/160/25mg, 10/160/12.5mg, 10/160/25mg,
10/320/25mg (amlodipine, valsartan, hydrochlorothiazide)
Focalin XR Tablets 5mg, 10mg, 20mg (dexmethylphenidate)
Lamisil Oral Granules 125mg/packet, 187.5mg/packet (terbinafine hydrochloride)
Lescol Capsules 20mg, 40mg (fluvastatin)
Lescol XL Tablets 80mg (fluvastatin)
Ritalin LA 10mg (methylphenidate)
Ritalin LA Capsules 20mg, 30mg, 40mg (methylphenidate)
Stalevo Tablets 50mg, 100mg, 150mg (carbidopa/levodopa/entacapone)
Starlix Tablets 50mg, 120mg (nateglinide)
Tegretol Chewable Tablets 100mg (carbamazepine)
Tegretol Suspension 450ml (carbamazepine)
Tegretol Tablets 200mg (carbamazepine)
Tegretol XR Tablets 200mg (carbamazepine)
Tekturna Tablets 150mg, 300mg (aliskiren)
Tekturna HCT Tablets 150/12.5mg, 150/25mg, 300/12.5mg,
300/25mg (aliskiren/hydrochlorothiazide)
Trileptal (oxcarbazepine)

Noven Pharmaceuticals JDS Patient Care Program

800-233-9141

www.noven.com

Eligibility:

The patient can have no public or private prescription insurance and have an income at or below 200% of the Federal Poverty Level, adjusted for family size. Medical diagnosis necessary for this program is not specified. The patient must also be a US resident or legal alien. There is a \$10 charge for each prescription dispensed. Anyone requesting assistance can call to request a faxed application or download it from the website. The application can be either faxed or mailed out upon request. The completed application can be faxed or mailed back. The doctor must fill out a section and sign the application. The patient must fill out a section, sign the application and attach proof of income.

Available Medications:

Lithobid Tablets 300mg (lithium)

Pexeva Tablets 10mg, 20mg, 30mg, 40mg (paroxetine)

Pfizer Medication Assistance Programs:

866-706-2400

Connection to Care

Eligibility:

The patient must have no prescription coverage or be eligible for the hardship exception. They must also meet the household income guidelines and be a resident of the US, Puerto Rico, or the US Virgin Islands

Total Number of People in Household	1	2	3	4	5
Annual Income (2009)	\$21,660	\$29,140	\$36,620	\$44,100	\$51,580

Patients in the program pick up a 90-day supply of medicine from the doctor's office. Refills are available during the 1-year enrollment period. You and your doctor must complete a 1-page application. You must mail the completed application, proof of income along with copies of one of the following documents that show your total gross annual household income: Current paycheck stub Federal tax return (Form 1040 or 1040EZ) for the prior tax year, Wage and tax statements (W-2 forms,) Social security, pension, or railroad retirement statements (SSA-1099 or similar), Statements of interest, dividends, or other income (1099-INT, 1099, 1099-DIV or other forms) If you do not have any proof of income, please call us at 1-866-706-2400. All medicines will be sent to your doctor's office for you to pick up, except Lyrica®, which will be shipped directly to your home. Once accepted into Connection to Care, you will remain enrolled for up to 1 year. To continue receiving program benefits, you must reapply yearly.

Available Medications:

Accupril Tablets 5mg, 10mg, 20mg, 40mg (quinapril)
Accuretic Tablets 12.5mg/10mg, 12.5mg/20mg, 25mg/20mg (hydrochlorothiazide/quinapril)
Aldactazide Tablets 25mg/25mg (hydrochlorothiazide/spironolactone)
Aldactone Tablets-Film Coated 25mg, 50mg, 100mg (spironolactone)
Antivert Tablets 12.5mg, 50mg (meclizine)
Arthrotec Tablets 50mg/200mcg, 75mg/200mcg (diclofenac/nisoprostol)
Azulfidine EN-Tabs Delayed Release (sulfasalazine)
Azulfidine Tablets 500mg (sulfasalazine)
Caduet Tablets 5mg/10mg, 5mg/20mg, 5mg/40mg, 5mg/80mg, 10mg/10mg, 10mg/20mg, 10mg/40mg, 10mg/80mg (amlodipine/atorvastatin)
Calan Tablets 40mg, 80mg, 120mg (verapamil)
Calan SR Tablets 240mg (verapamil)
Cardura Tablets 1mg, 2mg, 4mg, 8mg (doxazosin)
Caverject Injection (alprostadil injection- aqueous)
Celebrex Capsules 100mg, 200mg, 400mg (celcoxib)
Celontin Capsules (methsuximide)
Chantix Tablets 0.5mg, 1mg (varenicline)
Cleocin Capsules 2% (clindamycin)

Cleocin Capsules 75mg, 150mg, 300mg (clindamycin)
 Cleocin Vaginal Cream (clindamycin)
 Cleocin T Capsules 10mg/ml (clindamycin)
 Cleocin T Lotion (clindamycin)
 Colestid Granules 5gm (colestipol)
 Colestid Oral Suspension 7.5gm (colestipol)
 Cortef Tablets 5mg, 10mg, 20mg (hydrocortisone)
 Covera HS Tablets 180mg, 240mg (varapamil)
 Cytotec Tablets (misoprostol)
 Daypro Capsules 600mg (oxaprozin)
 Depo SubQ Provera Injection (medroxyprogesterone acetate)
 Depo-Estradiol Injection 5mg/ml (estradiol cypionate)
 Depo-Medrol Injection 20mg/ml, 40mg/ml, 80mg/ml (methylprednisolone acetate)
 Depo-Provera Injection 150mg/ml (medroxyprogesterone acetate)
 Detrol Tablets 1mg (tolterodine)
 Detrol LA Capsules 2mg, 4mg (tolterodine)
 Diflucan Injection (fluconazole)
 Diflucan Oral Suspension (fluconazole)
 Diflucan Tablets 100mg, 200mg (fluconazole)
 Dilantin Capsules 30mg, 50mg, 100mg (phenytoin)
 Estring Vaginal Ring 2mg (estradiol vaginal ring)
 Feldene Capsules 10mg, 20mg (piroxicam)
 Flagyl Capsules 375mg (metronidazole)
 Geodon Capsules 20mg, 40mg, 60mg, 80mg (ziprasidone)
 Glucotrol Tablets 5mg, 10mg (glipizide)
 Glucotrol XL Tablets 5mg (glipizide)
 Glynase PresTab (micronized glyburide)
 Glyset Tablets 25mg, 50mg, 100mg (miglitol)
 Inspra Tablets 25mg (eplerenone)
 Lincocin 300mg/ml (lincomycin)
 Lipitor Tablets 10mg, 20mg, 40mg, 80mg (atorvastatin)
 Lopid Tablets 600mg (gemfibrozil)
 Lyrica Capsules 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg,
 300mg (pregabalin)
 Medrol Tablets 2mg, 4mg, 8mg, 16mg, 32mg (methylprednisolone)
 Mycobutin Tablets (rifabutin)
 Nardil Tablets 15mg (phenelzine)
 Navane Capsules (thiothixene)
 Neurontin Capsules 100mg, 300mg, 400mg (gabapentin)
 Neurontin Oral Solution 250mg/ml (gabapentin)
 Neurontin Tablets 600mg, 800mg (gabapentin)
 Nicotrol Inhaler (nicotine inhaled)
 Nicotrol NS Nasal Spray (nicotine nasal)
 Nitrostat Sublingual (nitroglycerin)
 Norpace Capsules 100mg, 150mg (disopyramide)
 Norpace CR (disopyramide)

Norvasc Tablets 2.5mg, 5mg, 10mg (amlodipine)
Procardia Capsules 10mg (nifedipine)
Procardia XL Capsules 30mg, 60mg, 90mg (nifedipine)
Provera Tablets 2.5mg, 5mg, 10mg (medroxyprogesterone acetate)
Relpax Tablets 20mg, 40mg (eletriptan)
Synarel Nasal Spray 2mg/ml (nafarelin nasal spray)
Tikosyn Tablets 125mcg, 250mcg, 500mcg (dofetilide)
Toviaz 1 (fesoterodine fumarate)
Viagra Tablets 25mg, 50mg, 100mg (sildenafil)
Vistaril Capsules 25mg, 100mg (hydroxyzine)
Xalatan (latanoprost)
Zarontin (ethosuximide)
Zithromax Tablets 250mg, 600mg (azithromycin)
Zoloft Oral Concentrate (sertraline)
Zoloft Tablets 25mg, 50mg, 100mg (sertraline)

Maintain Program

Eligibility:

The patient must have become unemployed since January 1, 2009 and have no prescription coverage. In addition they must have been prescribed and have been taking a Pfizer medicine for at least 3 months prior to becoming unemployed and enrolling in the program. They also have to prove financial hardship. Enrolled patients will receive a 90-day supply of medicine, sent directly to their home, and will continue to do so for up to one year, or until they become insured, whichever comes first. Refills are available during the 1-year enrollment period. Patients can call 866-578-4995 to order their refills. Applications for enrollment into the Pfizer MAINTAIN Program will be accepted through December 31, 2009. Program participants will receive their Pfizer medicines for free for up to one year, or until they become insured again, whichever comes first.

Available Medications:

Please see above

TEVA Patient Assistance Program

877-254-1039

www.teva.com

Eligibility:

The patient must have no prescription coverage for any medications and meet income guidelines that are not disclosed. Medical diagnosis necessary for this program is not specified. US residency requirements are not specified. Current lab results are required with initial application. Doctor/Doctor's Office must register once. The physician registration form should be faxed to 800-507-8339. Those in the donut hole may be considered under an appeal process. The doctor must fill out a section and sign the application. The patient must fill out a section and sign the application.

Available Medications:

Adrucil Injection 2.5gm, 500gm, 500mg (fluorouracil)
Bleomycin Injection 15iu, 30iu (bleomycin)
Carboplatin Injection (carboplatin)
Clozapine Tablets 25mg, 50mg, 100mg, 200mg (clozapine)
Cyclosporine Capsules 1 (cyclosporine)
Cyclosporine Oral Solution 1 (cyclosporine)
Dacarbazine Injection 200mg, 500mg (dacarbazine)
Daunorubicin Injection 20mg, 50mg (daunorubicin)
Epirubicin Injection 50mg/25ml (epirubicin)
Fludarabine Injection 500mg (fludarabine)
Galzin Capsules 25mg, 50mg (zinc salts)
Idarubicin Injection 5mg, 10mg, 20mg (idarubicin)
Ifosfamide Injection (ifosfamide)
Irinotecan Injection 1 (irinotecan)
Leuprolide Injection 142.8ml or 14/2.8ml (leuprolide)
Mesna Injection 100mg/ml (mesna)
ORAP Tablets 1mg, 2mg (pimozide)
Paclitaxel Injection 30mg/5ml, 150mg/25ml, 300mg/50ml (paclitaxel)
Pamidronate Disodium Injection (pamidronate disodium)
Proair HFA Inhaler (albuterol)
Proglycem Oral Suspension (diazoxide)
Purinethol Tablets 50mg (mercaptopurine)
QVAR inhalation aerosol 40mcg, 80mcg (beclomethasone inhaled)
Toposar Injection (etoposide)
Vincasar PFS Injection (vincristine)
Vinorelbine Injection 10mg, 50mg (vinorelbine)
Vivactil Tablets 1 (protriptyline)
Zanosar Injection (streptozocin)

Wyeth Patient Assistance Program

(800) 568-9938.

www.wyeth.com

Eligibility:

To receive medication through the Wyeth Pharmaceutical Assistance Foundation, patients must certify all of the following:

- They are unable to pay for their medication.
- They do not have private insurance or government insurance or have depleted all other insurance coverage options.
- They earn less than 200% of the current Department of Health and Human Poverty Guidelines.
- They do not have other sufficient financial resources or assets to pay for the medication requested or that paying for the medication from their own resources or assets would cause severe hardship.
- They are residents of the United States or Puerto Rico.

Available Medications:

Effexor XR Capsules 37.5mg, 75mg, 150mg (venlafaxine)

Phospholine Iodide Solution 6.25mg per 5ml (echothiophate)

Premarin Tablets 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg (estrogens conjugated)

Premarin Cream Vaginal Cream 0.625mg (estrogens conjugated)

Premphase Tablets 0.625mg/5mg (estrogens conjugated/medroxyprogesterone acetate)

Prempro Tablets 0.3mg/1.5mg, 0.45mg/1.5mg, 0.625mg/2.5mg, 0.625mg/5mg (estrogens conjugated/medroxyprogesterone)

Pristiq Extended-Release Tablets 50mg, 100mg (desvenlafaxine)

Protonix Tablets 40mg (pantoprazole)

Treacator Tablets 250mg (ethionamide)

****** The following are pharmaceutical programs that do not include psychotropic medications, but do offer physical health medications to consumers at no or low cost.**

Bayer Patient Assistance Program

866-575-5002

www.bayer.com

Eligibility:

- You must be a citizen of the United States or its Territories.
- You must not be eligible for or covered by any private, public, or Medicare –Part D prescription coverage
- You must be financially unable to pay for programs
- The medication must be sent to a physicians office

Available Medications:

Angeliq Tablets 0.05/0.1mg, 0.5/1.0 mg 28 (drospirenone/estradiol)

Betapace Tablets 80mg, 120mg, 160mg (sotalol)

Betapace AF Tablets 80mg, 120mg, 160mg (sotalol af)

Climara Transdermal 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg, 0.1mg (estradiol transdermal system)

Climara Pro Transdermal 0.045mg/0.015mg (estradiol transdermal system)

Merck Patient Assistance Program

800-727-5400,

www.merck.com

Eligibility (all 3 of the following conditions apply):

- You are a US resident and have a prescription for a Merck medicine from a doctor licensed in the United States.*
- You do not have insurance or other coverage for your prescription medicine. Some examples of other insurance coverage include private insurance, HMOs, Medicaid, Medicare, state pharmacy assistance programs, veterans assistance, or any other social service agency support.
- You cannot afford to pay for your medicine.

Available Medications:

Cosopt Ophthalmic Solution 5ml, 10ml (dorzolamide/timolol)

Cozaar Tablets 25mg, 50mg, 100mg (losartan)

Hyzaar Tablets 50-12.5mg, 100-12.54mg, 100-25mg (losartan/hydrochlorothiazide)

Janumet Tablets 50/500mg, 50/1000mg (sitagliptin/metformin)

Januvia Tablets 25mg, 50mg, 100mg (sitagliptin)

Maxalt Tablets 5mg, 10mg (rizatriptan)

Maxalt MLT Tablets 5mg, 10mg (rizatriptan)

Noroxin Tablets 400mg (norfloxacin)

Singulair Tablets 10mg (montelukast)

Singulair Tablets-Chewable 4mg, 5mg (montelukast sodium)

Stromectol Tablets (ivermectin)

Trusopt Ophthalmic Solution (dorzolamide)

Other useful medication assistance information:

Patient Assistance Program Web Addresses

www.PPARx.org

www.needymed.org

www.access2wellness.com

www.rxforohio.org

www.rxhope.com

Pharmacies in Ohio with Generic Medication Prescription Discount Programs

Giant Eagle

www.gianteagle.com

Kroger

www.kroger.com

WALMART

www.walmart.com

Walgreens

www.walgreens.com

Urgent Care Centers in Local Pharmacies

(Please note there are costs associated with each Urgent Care visit. Please check the webpage or the location nearest you to obtain their costs)

CVS Pharmacy – Minute Clinic

www.minuteclinic.com

Free Medical Clinic Information

www.freemedicalcamps.com/vcity.php?stateid=OH