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# Prescription Assistance Programs



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**THE LINK BETWEEN YOU AND MEDICARE**

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# Why Use Prescription Assistance Programs ?

FREE!!

**FREE Rx !!!!!**

FREE!!

FREE!!

FREE!!

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# Types of Assistance Programs

- Patient (Manufacturer) Assistance Programs (PAPs)
- Foundation Assistance Programs

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# Recommended Tools

- ◉ CLAIM website

  - ◉ List of PAP programs for common drugs, eligibility requirements and contact information

  - ◉ Included in volunteer resources under tip sheets

- ◉ Needymeds.org

- ◉ Rxassist.org

- ◉ Fundfinder.panfoundation.org

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# Patient Assistance Programs (PAPs)

- Many higher cost brand name drugs have PAPs from the manufacturer
- If eligible, medications are normally provided at **no cost**
- Some PAPs exclude Medicare beneficiaries
- Some PAPs consider Medicare beneficiaries on a case by case basis
- Prescribing doctor has to complete part of the application

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# Eligibility Requirements for PAPs

- Income limits – 200%-600% of FPL
  - 200% single \$2147/mo couple \$2903/mo
  - 600% single \$6440/mo couple \$8710/mo
- No asset/resource limit
- For **some** PAPs, beneficiary can't be eligible for LIS
- For **some** PAPs, CY OOP costs on meds have to exceed 2%-4% of annual household income
- For **some** PAPs, CY OOP costs on meds must exceed a fixed dollar amount

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# Program Lists on CLAIM Website

- Insulin and diabetes medications
- Inhalers
- Other common medications

# Insulin/Diabetes Assistance

## Reference for Insulin/Diabetes Assistance

May 2021

Program	Insulins (not all inclusive list)	Eligibility Requirements
Sanofi Patient Connection Program 1-888-847-4877	Lantus, <u>Toujeo</u> , <u>Apidra</u> , <u>Soliqua</u>	Income <400% of FPL Current year OOP on Rx >2% of annual household income Not eligible for Medicaid
Lilly Cares Patient Assistance Program 1-800-545-6962	Humalog, Humulin, Trulicity, <u>Basaglar</u>	Household income under 400% of FPL Not eligible for full LIS, <u>Medicaid</u> or VA Rx benefits
Novo Nordisk Patient Assistance Program 1-866-310-7549	Novolog, Levemir, <u>Xultophy</u> Novolin, Victoza, Tresiba	Income <400% of FPL Not eligible for LIS or VA Rx benefits
AstraZeneca Prescription Savings Program 800-292-6363	<u>Bydureon</u> , <u>Xigduo</u>	Income <300% of FPL Not eligible for LIS

### Federal Poverty Level 2021

200% Single \$2147/mo, Couple \$2903/mo  
 250% Single \$2683/mo, Couple \$3629/mo  
 300% Single \$3220/mo, Couple \$4355/mo  
 400% Single \$4293/mo, Couple \$5807/mo



# Inhaler Assistance

## Reference for Inhaler Assistance

May 2021

Program	Inhalers (not <u>all inclusive</u> list)	Eligibility Requirements
GSK Patient Assistance Program 1-866-728-4368	Advair HFA and <u>Diskus</u> , Flovent HFA and <u>Diskus</u> , Ventolin HFA, <u>Anoro Ellipta</u> , <u>Breo Ellipta</u> , <u>Incruse Ellipta</u> , <u>Trelegy Ellipta</u> , <u>Arnuity Ellipta</u>	Spent \$600 on Rx this calendar <u>year</u> Income <250% of FPL
Boehringer Ingelheim Cares Foundation 1-800-556-8317	Spiriva <u>Handihaler</u> and Respimat, Combivent Respimat, Atrovent HFA, <u>Stiolto</u> Respimat, Striverdi Respimat	Income <200% of FPL Copy of LIS denial letter if within 1 <u>year</u> LIS denial not a requirement
AstraZeneca Prescription Savings Program 1-800-292-6363	Symbicort, <u>Bevespi</u>	Income <300% of FPL Not eligible for LIS
Merck Patient Assistance Program 1-800-727-5400	Proventil HFA	Income <400% of FPL
PAN Foundation 1-866-316-7263 <u>Healthwell</u> Foundation 1-800-675-8416 See comment below	Selected inhalers listed <u>above</u> Maximum grant of \$1400/year for copays Maximum grant of \$4500/year for copays/premiums	Diagnosis <b>MUST</b> be <u>Asthma</u> COPD and Emphysema diagnosis are not <u>eligible</u> Income <400% of FPL

Federal Poverty Level 2021

200% Single \$2147/mo, Couple \$2903/mo

250% Single \$2683/mo, Couple \$3629/mo

300% Single \$3220/mo, Couple \$4355/mo

400% Single \$4293/mo, Couple \$5807/mo

# Other Rx Assistance

## Reference for Prescription Assistance

May 2021

Program	Drug-Note 1	Eligibility Requirements
AbbVie Patient Assistance Foundation 800-222-6885	Creon, Synthroid	Income <500% of FPL LIS denial letter needed
Allergan Patient Assistance Program 844-424-6727	<u>Armour</u> Thyroid, <u>Linzess</u> , <u>Estrace</u> Cream, <u>Namenda</u> , <u>Restasis</u> , <u>Monurol</u> Powder, <u>Vraylar</u> <u>Combigan</u> /Lumigan	Income <400% of FPL Applied for and denied <u>LIS</u> Need to provide Rx copay amounts
Amgen Safety Net Foundation 888-762-6436	<u>Sensipar</u> , Prolia, Enbrel, Repatha	Income limit <500% of FPL If available, foundation disease funds must be used <u>first</u> Not eligible for LIS
Arbor Patient Assistance Program 844-884-8700	<u>Horizant</u> , <u>Edarbi</u>	Income limit <200% of FPL Applied for and denied LIS
AstraZeneca Prescription Savings Program 800-292-6363	<u>Farxiga</u> , <u>Dalisrep</u> (roflumilast), <u>Brilinta</u> , <u>Movantik</u>	Income <300% of FPL Not eligible for LIS
Boehringer Ingelheim Care Foundation 800-556-8317	<u>Pradaxa</u> , <u>Tradjenta</u> , <u>Jardiance</u> <u>Ofev</u> (500%)	Income limit <300% of FPL Copy of LIS denial letter if within 1 <u>year</u> LIS denial not a requirement
Bristol-Meyers Patient Assistance Foundation 800-736-0003	<u>Eliquis</u> , <u>Orencia</u>	Income limit <300% of FPL Current year OOP on Rx >3% of annual household income
GSK Patient Assistance Program 1-866-728-4368	<u>Lamictal</u> (lamotrigine)	Spent \$600 on Rx this calendar <u>year</u> Income <250% of FPL
Lilly Cares Patient Assistance Program 800-545-6962	<u>Cymbalta</u> , <u>Cialis</u> , <u>Prozac</u> , <u>Raloxifene</u> ( <u>Evista</u> ), <u>Olanzapine</u> ( <u>Symbyx</u> ), <u>Verzenio</u> , <u>Taltz</u>	Income <300% of FPL Not eligible for Medicaid, full <u>LIS</u> or VA Rx benefits Income <500% of FPL
Johnson & Johnson Patient Assistance 800-652-6227	<u>Xarelto</u> , <u>Invokana</u> , <u>Spravato</u> (300% of FPL) <u>Stelera</u> , <u>Remicade</u> , <u>Tremfya</u> , <u>Zytiga</u> (400% of FPL) <u>Imbruvica</u> (600% of FPL)	Current year OOP on Rx >4% of annual household income Income limit< % of FPL 4% CY OOP not a requirement for Imbruvica
Merck Patient Assistance Program 800-727-5400	<u>Januvia</u> , <u>Janumet</u>	Income limit <400% of FPL

<u>MyPraluent</u> Patient Assistance Program 844-772-5836	<u>Praluent</u>	Income limit <300% of FPL
Novartis Patient Assistance Foundation 800-277-2254	<u>Entresto</u> , <u>Travatan</u> ( <u>travoprost</u> ), <u>Xiidra</u>	Annual income limit Single \$75K, Couple \$100K
Otsuka Patient Assistance Foundation 855-727-6274	<u>Rexulti</u> , <u>Abilify</u>	Income limit <300% of FPL
Pfizer Patient Assistance Program 866-706-2400	<u>Lyrica</u> , <u>Celebrex</u> , <u>Depo Estradiol</u> , <u>Detrol LA</u> , <u>Premarin</u> , <u>Pristiq</u> , <u>Toviaz</u> , <u>Relpax</u> , <u>Chantix</u>	Income limit <400% of FPL
Sanofi Patient Connection Program 888-847-4877	<u>Multaq</u>	Income limit 400% of FPL Current year OOP on Rx >2% of annual household income Not eligible for Medicaid
Takeda Patient Assistance Program 800-830-9159	<u>Dexilant</u> <u>Rozerem</u> <u>Vyvance</u>	Income limit <500% of FPL No other source of funding

Federal Poverty Level 2021

200% Single \$2147/mo, Couple \$2903/mo      400% Single \$4293/mo, Couple \$5807/mo  
 250% Single \$2683/mo, Couple \$3629/mo      500% Single \$5366/mo, Couple \$7258/mo  
 300% Single \$3220/mo, Couple \$4355/mo      600% Single \$6440/mo, Couple \$8710/mo

**Note 1-This is not an all-inclusive list but does cover the PAPs for some of the more commonly prescribed higher cost Rx. There are dozens of additional higher cost Rx that are included in the PAPs listed here or may be in another PAP. Needymeds.org and rxassist.org are excellent sources to find a PAP for any Rx.**

Comment:

It is advisable for the beneficiary (or counselor) to call the program prior to beginning the application process to confirm the eligibility requirements and understand their process.

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# Types of Assistance Programs

- Patient (Manufacturer) Assistance Programs (PAPs)
- **Foundation Assistance Programs**

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# Foundation Assistance Programs

- Individual funds for specific diseases
- Dependent on funding
- Each fund may close, reopen or limit it to renewals at any time
- Most income limits are 400%-500% of FPL
  - 400% single \$4293/mo couple \$5807/mo
  - 500% single \$5366/mo couple \$7258/mo

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# Foundation Assistance Programs

- No asset/resource limits
- Most operate with fixed amount of a grant that pays copays of a Medicare plan
- Some funds also give assistance for premiums or medical costs

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# Common Foundation Programs

- Patient Assistance Network ([panfoundation.org](http://panfoundation.org))
- Healthwell ([healthwellfoundation.org](http://healthwellfoundation.org))
- My Good Days ([mygooddays.org](http://mygooddays.org))
- The Assistance Fund ([tafcares.org](http://tafcares.org))
- Leukemia & Lymphoma Society ([lls.org](http://lls.org))
- Cancer Cares ([cancercare.org](http://cancercare.org))
- Patient Advocate ([copays.org](http://copays.org))
- Patient Services Inc ([patientservicesinc.org](http://patientservicesinc.org))

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# Some Current Open Funds as of 5/1/21

○ Cystic Fibrosis	\$15000
○ Cervical Cancer	\$2500
○ Gout	\$12000
○ Melanoma	\$8500
○ Multiple Myeloma	\$11000
○ Pancreatic Cancer	\$4500

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# Fundfinder

- One website to find or follow disease funds
- Includes nine foundation assistance programs
- Includes over 200 diseases/conditions
- Identifies open and closed disease funds with links to foundations
- Will send an email when a closed fund opens again
- [Fundfinder.panfoundation.org](http://Fundfinder.panfoundation.org) (Bookmark it!)



# Fund Finder

Fund Finder | PAN Foundation - Personal - Microsoft Edge

https://fundfinder.panfoundation.org/Home/Index

Home Help Supporters

## fund finder

FundFinder helps you quickly find financial assistance from charitable foundations.

Please log in below, or click [sign up](#).

Email Address

Password

[Forgot my password](#)

Log In

Sign Up

## PAN Foundation

# Fund Finder

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	R	S	T	U	V	W	Z
My Funds																						
✓ Ankylosing Spondylitis																						🔒
✓ Arrhythmia in Patients with Atrial Fibrillation or Atrial Flutter																						🔒
✓ Asthma																						🔓
✓ Atopic Dermatitis																						🔒
✓ Atypical Hemolytic Uremic Syndrome																						🔓
✓ Autoimmune																						🔒
B																						
✓ Basal Cell Carcinoma																						🔓
✓ B-Cell Lymphoma																						🔒
✓ B-Cell Prolymphocytic Leukemia																						🔓
✓ Bile Acid Synthesis Disorders																						🔓
✓ Bladder Cancer																						🔓
✓ Blastic Plasmacytoid Dendritic Cell Neoplasm																						🔓
✓ Bleeding Disorders																						🔒
✓ Bone Metastases																						🔓
✓ Breast Cancer																						🔓
✓ Breast Cancer Screening																						🔓
C																						

# Fund Finder

[← Back to Funds List](#)

## Breast Cancer

The following foundations currently have assistance programs.

Last Updated: 08/09/2019 00:10 AM

[HealthWell Foundation](#)

Breast Cancer - Medicare Access - Copay



[HealthWell Foundation](#)

Breast Cancer - Medicare Access - Premium



[Patient Advocate Foundation Co-Pay Relief](#)

Breast Cancer - Copay



[The Assistance Fund](#)

Breast Cancer Copay Assistance Program - Copay



Follow

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# Other Counseling Tips for Rx Costs

- Generics/Samples/Alternative Rx
- Formulary and tier exceptions
- Preferred network pharmacies
- 90 day supply/mail order
- Good Rx/Singlecare
- Other discount programs
- Missouri Rx

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# Thank You!

# Questions?