Prescription Assistant Programs

Below is a list of prescription assistant programs available for patients. Each different prescription assistant program has criteria that the consumer must meet in order to receive assistants.

1) **Together RX Access:** 1-800-444-4106 ([www.togetherrxaccessss.com](http://www.togetherrxaccessss.com))
   - no prescription drug coverage
   - not eligible for Medicare
   - legal resident of the U.S. or Puerto Rico
   - have household income equal to or less than:
     - $45,000 for a single family
     - $60,000 for a family of two
     - $75,000 for a family of three
     - $90,000 for a family of four
     - $105,000 for a family of five

2) **RXAssist:** 401-729-3284 ([www.rxassist.org](http://www.rxassist.org))
   - incomes under 200% of the Federal Poverty Level
   - no prescription coverage
   - U.S. Citizen

3) **SelectCare Benefits Network:** 1-877-331-0362 ([www.myrxadvocate.com](http://www.myrxadvocate.com))
   - U.S. resident
   - no insurance coverage
   - be at an income level that causes a hardship when you purchase your prescriptions at retail prices.

4) **Partnership for Prescription Assistance:** 1-888-477-2669 ([www.pparx.org](http://www.pparx.org))
   - lack prescription coverage
   - earn less than 200% of the Federal Poverty Level

5) **SCBN:** 1-888-331-1002 ([www.scbn.org](http://www.scbn.org))
   - U.S. resident
   - no insurance coverage for outpatient prescription coverage
   - be at an income level that causes a hardship when required to purchase the medication at retail prices.

6) **Bridges to Access:** 1-866-475-3678 ([www.gskforyou.com](http://www.gskforyou.com))
   - U.S. resident
   - meet program income guidelines
   - not have drug prescription coverage
   **BH Medications covered:**
   - DEXEDRINE
   - LAMICTAL
   - PAXIL CR
   - PAXIL
   - WELLBUTRIN SR
   - WELLBUTRIN XL

6/5/2009
7) **Lilly Cares**: 1-800-545-6962 ([www.lillycares.com](http://www.lillycares.com))
   - U.S. resident
   - Patients income must be below certain levels, based on the number of people in the household.
   - Patients must not have any other prescription drug coverage.
   - Patients must not be eligible for Medicare.
   
   **BH Medications Covered:**
   - Cymbalta
   - Prozac
   - Prozac Weekly
   - Stattera
   - Symbyax
   - Zyprexa
   - Zyprexa Zydis

8) **Pfizer Pfriends**: 1-866-776-3700 ([www.pfizer.com](http://www.pfizer.com))
   - No prescription coverage
   - Live in the U.S.
   
   **BH Medications Covered:**
   - Geodon
   - Halcion
   - Navane
   - Neurontin
   - Xanax XR
   - Xanax
   - Zoloft

9) **Janssen Ortho Patient Assistance Foundation Patient Assistance Program**
    1-800-652-6227 ([www.access2wellness.com](http://www.access2wellness.com))
    - Must not have private or public health insurance
    - Must meet specific financial criteria
    - Must live in the U.S. or a U.S. territory
    - Must be an outpatient (not in the hospital) and under the care of a valid licensed U.S. health care prescriber
    
    **BH Medications Covered:**
    - Concerta
    - Haldol Deconate Injection
    - Haldol Injection
    - Invega
    - Risperdal
    - Risperdal M
    - Risperdal Consta
    - Topamax

10) **Novartis**: 1-800-277-2254 ([www.pharma.us.novartis.com](http://www.pharma.us.novartis.com))
    - U.S. resident
    - Provide proof of income within program guidelines
    - Not have private or public prescription coverage
    
    **BH Medications Covered:**
    - Clozaril
    - Focalin XR
    - Ritalin LA
    - Tegretol
    - Tegretol XR
    - Trileptal

6/5/2009
11) **New Mexico Retiree Health Care Authority:** 1-800-233-2576  
(www.nmrhca.state.nm.us)  
-You receive a disability or normal retirement benefit from public service in New Mexico with an NMRHCA-participating employer, and you did one of the following:  
  -You retired with a pension before your employer’s effective date with the NMRHCA program, OR  
  -You and/or your employer (on your behalf) made contributions to the NMRHCA fund from your employer’s NMRHCA effective date until your date of retirement, OR  
  -You and/or your employer (on your behalf) made contributions to the NMRHCA fund for at least five years before your date of retirement.

12) **Benefits Checkup:** (A service of the National Council of Aging)  
www.benefitscheckup.org  
-Application must be done online.

13) **Needy Meds:** www.needymeds.org  
-Application must be done online.

14) **Free Medicine Program:** www.freemedicineprogram.org  
-You do not currently have insurance coverage for outpatient prescription medicines.  
-Your income is at a level that causes hardship when prescription medicines are purchased at retail prices.  
-You do not qualify for a government or third party program that provides for prescription medicine coverage.

15) **New Mexico MedBank:** 1-800-432-2080 (476-4772 in Santa Fe)  
http://www.nmaging.state.nm.us/medbank.html  
-People of any age  
-A New Mexico resident  
-Patient be low to middle income  
-Need medications to treat long-term conditions  
-Have no insurance to pay for the drugs  
-Are not eligible for, nor enrolled in other types of assistance programs.  
-Need to cooperation of your doctor or other medical prescriber to sign forms, write prescriptions, and usually to receive drugs to give to you.

**Cost**  
-Free or, occasionally, a small co pay.

6/5/2009
**Prescription Assistant Programs**

**Medications Available**

- Only brand name prescription medications can be obtained through the drug companies’ assistance programs, but not all brand name medications are available.

- Patient assistance programs do not assist with generic medications, injectable drugs (except for insulin), test strips, needles, nicotine patches, some narcotics, or vitamins.

**$300 Voucher Emergency Drug Assistance for New Mexico MedBank Program Patients:**

It can take several weeks before a drug company approves an application for assistance and then ships the drug. An emergency fund is available for those individuals who have completed the MEDBANK application and are out of medication and are waiting for their medications to ship. A one time gift of up to $300 is given to the patient to purchase their medications.

**Eligibility:**

- Be a New Mexico resident
- Not have other prescription drug coverage such as prescription drug insurance, full Medicaid or Medicare Part D. (Applicants who have insurance but have reached a cap are not eligible for the voucher though they are eligible for MEDBANK assistance.)
- Have an income above the level that might qualify for prescription drugs through the state Medicaid program; or have Medicaid denial letter from HSD.
- Have income not more than $18,000/year for a single individual or $24,000/year for a married couple.
- Have submitted MEDBANK application with all required information including prescriber information and proof of income-ready for submission of drug applications to the doctor for signature.
- Need one or more prescribed drugs that are available through MEDBANK. If a client needs no drug that is available through MEDBANK, the client is not eligible for the voucher.

16) **MAINTAIN:** 1-866-706-2400 [www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com)
- Have been unemployed since January 1, 2009
- Were prescribed and taking a Pfizer medicine for at least 3 months prior to becoming unemployed and enrolling in the program.
- Lack prescription drug coverage
- Can attest to financial hardship

17) **RxHope:** 1-732-507-7400 [www.rxhope.com](http://www.rxhope.com)
- Application must be done online.

6/5/2009
18) **AZ&Me: [www.astrazeneca-us.com](http://www.astrazeneca-us.com)**
   - no insurance coverage
   - income of $30,000 or less or a family of four making $60,000 or less

19) **Wyeth: 1-800-568-9938 [www.wyeth.com](http://www.wyeth.com)**
   - unable to pay for medication
   - do not have private insurance or government insurance to pay for the requested Wyeth medication or have depleted all other insurance coverage options (such as Medicare, Medicaid, and other assistance from a government agency.)
   - earn less than 200% of the current Department of Health and Human Services (HHS) Poverty Guidelines.
   - 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 hardship.
   - are a resident of the United States or Puerto Rico.

**BH Medications Covered:**
- Effexor
- Effexor XR
- Pristiq