2003-2004

DIRECTORY
of Prescription Drug Patient Assistance Programs

www.HelpingPatients.org

PhRMA

New Medicines. New Hope.

INTRODUCTION

We are proud to present this Directory of Patient Assistance Programs that PhRMA member companies offer to ensure that their medicines are made available to those who can't afford to purchase them. A number of our companies have pledged that no patient in need of their medicines will do without them.

In addition to this directory of patient assistance programs, PhRMA and its members have created a web-based program to further assist patients in getting the medicines they need. **HelpingPatients.org** is an interactive Web site that helps patients find assistance programs for which they may qualify. **HelpingPatients.org** includes our member company programs, non-PhRMA company programs, and federal and state-sponsored programs. The online service is free and completely confidential (we do not keep records of any personal identifiable information).

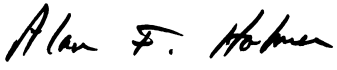
Our companies have long been worldwide leaders not only in pharmaceutical innovation, but also in philanthropic initiatives—and their long-standing patient assistance programs have been especially helpful. This Directory and **HelpingPatients.org** further their goal of helping to make needed medicines available to those who need it.

The patient assistance programs have become increasingly popular. In 2002, PhRMA members provided free prescription medicines to more than 5.5 million patients in the United States through these programs. That is up from 1.1 million in 1997.

While patient assistance programs are essential, they are not a substitute for expanded public access to life-saving, cost-effective medicines, particularly for seniors. That's why PhRMA and its member companies continue their strong support for prompt action by Congress to provide a prescription drug benefit for Medicare beneficiaries.

For the most current information on company patient assistance programs, please check the Web site **www.HelpingPatients.org**. For additional copies of this directory, please call (800) 762-4636.

Sincerely,



Alan F. Holmer
President and CEO
PhRMA

TABLE OF CONTENTS

3M PHARMACEUTICALS

Name Of Program

3M Pharmaceuticals Patient Assistance Program

Contact Information

3M Pharmaceuticals Patient Assistance Program
3M Center Bldg.
275-6W-13
St. Paul, MN 55144-1000
(800) 328-0255
(651) 733-6068 (fax)

Product(s) Covered By Program

Aldara, Maxair Autohaler, MetroGel-Vaginal, Minitran, Norflex, Norgesic, Norgesic Forte, Tambocor, Theolair

Eligibility

Patient must be a U.S. resident with a Social Security Number. Patient must not have private medical insurance for prescription drug coverage and must not qualify for any government (state or federal) assistance with his/her prescription medications. Patient's income is at or below 200% of the U.S. Federal Poverty Level. Medical and prescription expenses are taken into consideration when financially qualifying for our program. Consideration is on a case-by-case basis.

ABBOTT LABORATORIES

Name Of Program

Abbott Laboratories Patient Assistance Program

Contact Information

Abbott Laboratories Patient Assistance Program
200 Abbott Park Road, D-31C, J23
Abbott Park, IL 60064-6161
(800) 222-6885
(847) 937-9826 (fax)

Product(s) Covered By Program

Biaxin Filmtab, Calijex, Depakote, Depakote ER, Gengraf Capsules, HUMIRA, Kaletra, Kaletra Oral Solution, Mavik, Norvir Oral Solution, Norvir Soft Gelatin Capsules, Synthroid Tablets, Tarka, TriCor, Zemplar

Eligibility

The Abbott Laboratories Patient Assistance Program provides temporary assistance to low income individuals who do not have or qualify for prescription medication benefits through private insurance or government-funded programs, e.g. Medicaid or ADAP.

Other Program Information

A health care provider or patient may obtain an application by

contacting Abbott Laboratories or visiting www.HelpingPatients.org.

AGOURON PHARMACEUTICALS, INC.

Name Of Program

Agouron Patient Assistance Program

Contact Information

Agouron Patient Assistance Program
P.O. Box 230536
Centreville, VA 20120
(888) 777-6637

Product(s) Covered By Program

Rescriptor, Viracept

Eligibility

Eligibility is determined on a case-by-case basis and takes into consideration an individual's circumstances. Potential applicant or representative may contact the PAP at (888) 777-6637 between 9 a.m. and 6 p.m. EST. Applications are mailed to the physician's office.

Other Program Information

Once eligibility is determined, a monthly supply is sent to the physician's office. Enrollees must re-enroll every four months.

ALLERGAN, INC.

Name Of Program

Allergan Patient Assistance Program

Contact Information

Allergan Patient Assistance Program
P.O. Box 1003
Wayne, NJ 07474-9928
(800) 553-6783

Product(s) Covered By Program

Alphagan P, Betagen .25%, Betagen .5%, Celluvisc, Lumigan, Refresh Liquigel, Refresh Plus, Refresh PM, Refresh Tears, Restasis

Eligibility

The objective of the Patient Assistance Program is to provide assistance to patients who are without another form of drug coverage and cannot afford their medications. Patients must reside in the United States and be under the care of a U.S.-based physician and not be eligible for drug coverage by any private or public assistance program such as Medicare or Medicaid. Annual household income limits do apply but each case is reviewed on an individual basis.

Other Program Information

Patient request forms must be filled out completely and cannot be faxed. Patient SSN is required with the signed and dated original request form that includes prescriber name, address, professional designation, and state license number or Optometrist TPA certification.

• • •

Name Of Program

Botox Indigent Patient Assistance Program

Contact Information

Botox® Patient Assistance Program
(800) 530-6680

Product(s) Covered By Program

Botox

Eligibility

The objective of the Patient Assistance Program is to provide assistance to those patients who are without another form of drug coverage and cannot afford their medications. Patients must reside in the United States and be under the care of a U.S.-based physician and not be eligible for drug coverage by any private or public assistance program such as Medicare or Medicaid. Patients will be evaluated on a case-by-case basis; however the following criteria must be met to be considered for the Botox® Patient Assistance Program: Medically appropriate, accepted use of Botox®. Annual gross income limits. Submission of income documentation (most recent tax return, W-2 form, or pay stub). U.S. citizen or legal resident. Uninsured for Botox®.

AMGEN INC.

Name Of Program

Safety Net Program

Contact Information

(800) 272-9376
(888) 508-8090 (fax)

Product(s) Covered By Program

Aranesp, Epogen, Neulasta, Neupogen

Eligibility

Amgen's Safety Net Program is designed to assist those patients who are medically indigent (patients may be uninsured or underinsured). Eligibility is based on patient's insurance status and income level. To enroll a patient, providers should contact the Amgen Safety Net Program by calling (800) 272-9376.

• • •

Name Of Program

Safety Net Foundation

Contact Information

Amgen Safety Net Foundation
(866) KINERET (546-3738)
(866) 203-4926 (fax)

Product(s) Covered By Program

Kineret

Eligibility

Amgen's Safety Net Foundation is designed to assist those patients who are medically indigent (patients may be uninsured or underinsured). Eligibility is based on patient's insurance status and income level. To enroll a patient, providers should contact the Amgen Safety Net Foundation by calling (866) KINERET.

• • •

Name Of Program

Encourage Foundation

Contact Information

(888) 4-ENBREL (436-2735)
(888) 508-8083 (fax)

Product(s) Covered By Program

Enbrel

Eligibility

For more information, please contact the program using the information above.

ASTRAZENECA LP

Name Of Program

AstraZeneca Foundation Patient Assistance Program

Physician Requests

AstraZeneca Foundation Patient Assistance Program
P.O. Box 15197
Wilmington, DE 19850-5197
(800) 424-3727

Product(s) Covered By Program

Accolate, Arimidex, Atacand, Atacand HCT, Casodex, Entocort EC, Faslodex, Nexium, Nolvadex, Plendil, Prilosec, Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Rhinocort Aqua Nasal Spray, Rhinocort Nasal Inhaler, Seroquel, Toprol-XL, Zestoretic, Zestril, Zoladex, Zomig, Zomig ZMT

Eligibility

Patient applications are evaluated on a case-by-case basis by the AstraZeneca Foundation. Eligibility is based on income level/assets and absence of outpatient private insurance, third-party coverage, or participation in a public program. Income eligibility is based upon multiples of the U.S. poverty level adjusted for household size. Patients approved into the Patient Assistance Program should receive their shipment of product within 3-4 weeks. They will not receive an acceptance letter. However, patients and their physicians will receive a denial letter if the patient does not meet the financial guidelines of the Patient Assistance Program.

Other Program Information

If approved, a three-month supply of the medication is sent directly to the patient's home or other designated location with the exception of Seroquel, Faslodex, and Zoladex from the mail-order fulfillment pharmacy. Refills can be written by the physician. With the shipment, patient receives instructions on how to request next supply of medication. Patient/family members/physician can obtain application forms from the AstraZeneca Foundation by calling (800) 424-3727. Physicians also can obtain a packet of applications from their AstraZeneca sales representative. Application forms can also be obtained from the AstraZeneca website: http://www.astrazeneca-us.com/pap/. Reapplication is required every 12 months. A reapplication is automatically sent to enrolled patients. Enrollment in the program requires a valid Social Security number.

AVENTIS BEHRING

Name Of Program

Aventis Behring Patient Assistance Program

Contact Information

Aventis Behring Patient Assistance Program
1020 First Avenue
King of Prussia, PA 19406-1310
(800) 676-4266

Product(s) Covered By Program

Albuminar-25, Albuminar-5, Gammar-PIV 5 and 10g, Helexate FS, Humate-P, Monoclate-P, Mononine, Stimate, Streptase

Eligibility

Eligibility is determined on a case by case basis.

Other Program Information

Extenuating circumstances are considered for approval.

AVENTIS ONCOLOGY

Name Of Program

PACT+ (Providing Access to Cancer Therapy)

Contact Information

PACT+ Program
100 Grandview Road, Suite 210
Braintree, MA 02184
(800) 996-6626
(800) 996-6627 (fax)

Product(s) Covered By Program

Anzemet, Nilandron, Taxotere

Eligibility

For more information, please contact the program using the information above.

AVENTIS PASTEUR

Name Of Program

Aventis Pasteur Indigent Patient Program

Contact Information

NORD – National Organization of Rare Disorders
(877) 798-8716

Product(s) Covered By Program

Imogam, Imovax Rabies IM, Menomune A/C/Y/W-135, Theracys BCG Live

Eligibility

Physician must call NORD to fill out application for patient. Patient must be U.S. resident, uninsured and ineligible for Medicare or Medicaid.

AVENTIS PHARMACEUTICALS

Name Of Program

Aventis Pharmaceuticals Patient Assistance Program

Contact Information

Aventis Pharmaceuticals Patient Assistance Program
P.O. Box 759
Somerville, NJ 08876
(800) 221-4025

Product(s) Covered By Program

Allegra, Allegra D, Amaryl, Arava, Azamcort, Bentyl, Cantil, Carafate, Claforan, DDAVP, Hiprex, Lantus, Nasacort AQ

Eligibility

Patient must be a legal resident of the United States. Patient cannot have or qualify for any government prescription coverage such as Medicare, Medicaid, Veterans Administration, or any state or local programs. Patient cannot have or qualify for any private coverage such as an MHO or PPO. Patient's total annual household must be below the Aventis Proverty Level.

• • •

Name Of Program

Lovenox Patient Assistance Program

Contact Information

Lovenox Patient Assistance Program
P.O. Box 8256
Somerville, NJ 08876
(888) 632-8607

Product(s) Covered By Program

Lovenox

Eligibility

This program is designed to identify if the patient is eligible for Lovenox through private insurance coverage, individual medication programs, and or government-funded sources. Aventis will provide Lovenox free of charge under the following qualifications. Participants must be U.S. residents, their annual household income must fall below the Aventis Poverty Guidelines, and they must have no insurance coverage for Lovenox. This program is available for outpatients only.

BAYER PHARMACEUTICALS CORPORATION

Name Of Program

Bayer Patient Assistance Program

Contact Information

Bayer Patient Assistance Program
P.O. Box 29209
Phoenix, AZ 85038-9209
(800) 998-9180

Product(s) Covered By Program

Adalat CC, Avelox, Avelox IV, Biltricide, Cipro, Cipro HC Otic, Cipro I.V., Cipro Oral Suspension, Domepaste Bandages, DTIC Dome, Nimotop, Precose

Eligibility

Patient must be a U.S. resident. Physician must certify patient is not eligible for, or covered by, a government-funded reimbursement or insurance program for medication; patient is not covered by private insurance; and patient's household income is below federal-poverty level guidelines. Physician must indicate condition for which drug is to be prescribed and certify that drug will be used for indicated use only. Physician must agree to follow patient through therapy. All applications are subject to a case-by-case evaluation by Bayer Pharmaceuticals Corporation.

Other Program Information

Patient/physician can qualify over the phone by calling (800) 998-9180. If all information needed is obtained over the phone, approval or denial is given immediately. If patient is approved, an application is generated and sent to the physician's office for signatures.

BERLEX LABORATORIES, INC.

Name Of Program

Berlex Laboratories Patient Assistance Program

Contact Information

Berlex Laboratories, Inc.
Patient Assistance Program
P.O. Box 1000, M2/1-5
Montville, NJ 07045
(888) 237-5394, Option 6, Option 1
(973) 305-3545 (fax)

Product(s) Covered By Program

Betapace, Betapace AF, Climara

Eligibility

To be accepted into the Berlex Patient Assistance Program, a patient must meet the following criteria: 1) must be a U.S. citizen; 2) must be ineligible for any public or private health insurance, including Medicare and Medicaid and any other state or private programs and have an annual gross family income of $20,000 or less. (Annual Gross Family Income includes salary, Social Security, disability payments, pension benefits, unemployment, etc. and must include spouse's income if married); or 3) be eligible for Medicare but ineligible for prescription coverage and must have an annual gross family income of $15,000 or less; and 4) must be under the care of a doctor/prescriber who has prescribed Betapace, Betapace AF, or Climara as medically appropriate for the patient applying for assistance.

Other Program Information

To apply, the doctor/prescriber's office should call the Berlex toll-free number: (888) 237-5394, option 6, option 1, between 9 a.m. and 5 p.m. EST. Completed applications will be reviewed and approved by the Berlex Patient Assistance Program. If the patient is eligible, the doctor/prescriber's office will receive up to a three-month supply of medication usually within a week to 10 days. For further information, please call the Berlex Patient Assistance Program.

• • •

Name Of Program

The Betaseron Foundation

Contact Information

The Betaseron Foundation
P.O. Box 221349
Charlotte, NC 28222-1349
(800) 948-5777
(877) 744-5615 (fax)

Product(s) Covered By Program

Betaseron

Eligibility

Patients must have a confirmed diagnosis of multiple sclerosis and be U.S. residents. Patients and their prescribing physicians must submit a completed application, and income verification is required.

Other Program Information

Patients or their physicians may initiate the application process. Patients should complete the Patient Information forms, and verification of annual household income is also required. (A copy of the most recent federal tax return is preferred, along with verification of any Social Security benefits received.) The physician who is responsible for the patient's ongoing care should complete the Physician Information form. Both patient and physician information must be returned to the Foundation. All applicants and their physicians will be notified in writing of the eligibility determination. Support begins once an application is approved; it is not retroactive. Program participants are required to pay a program participation fee for Betaseron provided through the Foundation. Eligibility for continuation in the program will be verified periodically, and all applications must be renewed annually.

• • •

Name Of Program

Berlex Oncology Camcare

Contact Information

(800) 473-5832

Product(s) Covered By Program

Campath, Fludara

Eligibility

For more information, please contact the program using the information above.

• • •

Name Of Program

Leukine Reimbursement Hotline

Contact Information

(800) 321-4669

Product(s) Covered By Program

Leukine

Eligibility

For more information, please contact the program using the information above.

BIOGEN, INC.

Name Of Program

Avonex Access Program

Contact Information

MS Active Source
14 Cambridge Center
Cambridge, MA 02142
(800) 456-2255
(617) 679-3100 (fax)

Product(s) Covered By Program

Avonex

Eligibility

Eligibility is based on patient's insurance status and income level.

BOEHRINGER INGELHEIM PHARMACEUTICALS, INC.

Name Of Program

Boehringer Ingelheim Cares Foundation, Inc.

Contact Information

Boehringer Ingelheim Cares Foundation, Inc.
c/o Express Scripts Specialty Distribution Services, Inc.
P.O. Box 66555
St. Louis, MO 63166-6555
(800) 556-8317

Product(s) Covered By Program

Aggrenox, Atrovent Inhalation Aerosol, Atrovent Nasal Spray, Catapres TTS, Combivent, Flomax, Micardis, Micardis HCT, Mobic, Viramune

Eligibility

Eligibility to be determined solely by BIPI. Patient must be a U.S. citizen or legal resident ineligible for prescription drug assistance through Medicaid or private insurance. Patient must meet established financial criteria.

Other Program Information

All requests are reviewed and approved on a case-by-case basis. Application form, prescription, and patient's income documentation are required. Maximum of three-month supply may be provided per request. Complete financial re-application is required annually. Renewal requests within the same year require only the application form and a prescription. Program is subject to change without notice. Current program specifics can be obtained by calling (800) 556-8317.

BRISTOL-MYERS SQUIBB COMPANY

Name Of Program

Bristol-Myers Squibb Patient Assistance Foundation, Inc.

Contact Information

Bristol-Myers Squibb Patient Assistance Foundation, Inc.
(800) 736-0003
(800) 736-1611 (fax)

Product(s) Covered By Program

Abilify, Avalide, Avapro, Buspar, Cefzil, Coumadin, Desyrel Dividose tablet, Dovonex ointment, Dovonex solution, Dovonex topical cream, Glucophage, Glucophage XR, Glucovance, K-lyte, K-lyte CL, K-lyte DS tablets, Kenalog, Kenalog aerosol topical, Kenalog cream, Kenalog lotion, Kenalog ointment, Kenalog orabase paste, Kenalog vial, Klotrix, Lac-Hydrin topical cream, Lodosyn tablet, Metaglip, Monopril, Monopril-HCT, Mycolog II cream, Mycolog II ointment, Mycostatin unit dose tablet, Naturetin, Plavix tablet, Pravachol, Prolixin elixir, Prolixin oral concentrate, Prolixin tablet, Pronestyl capsule, Pronestyl SR tablet, Pronestyl tablet, Pronestyl vial, Serzone, Sinemet, Tequin, Ultravate topical cream and ointment, Vasodilan tablet

Other Program Information

This program is designed to provide temporary assistance to patients with a financial hardship who are not eligible for prescription drug coverage through Medicaid or any other public or private health program. Patients who meet the program's eligibility criteria are provided BMS products free of charge.

• • •

Name Of Program

Bristol-Myers Squibb—AmeriCares Oncology/Virology Access Program

Contact Information

Bristol-Myers Squibb—AmeriCares Oncology/Virology Access Program
6900 College Blvd., Suite 1000
Overland Park, KS 66211-1536
(800) 272-4878

Product(s) Covered By Program

BiCNU, Blenoxane, CeeNU, Cytoxan, Droxia, Etopophos, Hydrea, Ifex, Lysodren, Megace Oral Suspension, Mesnex

Injection, Mutamycin, Mycostatin Pastilles, Paraplatin, Platinol-AQ, Sustiva, Taxol, Teslac, VePesid, Videx, Videx EC, Vumon, Zerit

Eligibility

This program is designed to provide assistance to patients with a financial hardship who are not eligible for prescription drug assistance through Medicaid, ADAP, or any other public or private health program. Patients who meet the program's eligibility criteria are provided BMS oncology and virology products free of charge.

CELGENE CORPORATION

Name Of Program

Thalomid® (thalidomide) Therapy Assistance Program

Contact Information

Thalomid Therapy Assistance Program
(888) 423-5436
(888-4-CELGEN) Option 3
(800) 822-2496 (fax)

Product(s) Covered By Program

Thalomid

CENTOCOR, INC.

Name Of Program

Remicade Patient Assistance Program

Contact Information

Remicade Patient Assistance Program
P.O. Box 221709
Charlotte, NC 28222-1709
(866) 489-5957
(866) 489-5958 (fax)

Product(s) Covered By Program

Remicade

Eligibility

The Remicade Patient Assistance Program is a service to provide the product to low-income patients legally residing in the United States when patients meet certain financial need qualifications. When patients qualify, they may be provided with up to six months of the product at a time.

Other Program Information

Health care providers, patients, patients' guardians, and social workers may submit applications for the product. All applications will require the signature of the patient or guardian as well as the health care provider. The program only provides the product for eligible patients. If the patient meets the eligibility criteria, the product is shipped directly to the provider's office or to the site of care.

• • •

Name Of Program

Retavase Solutions

Contact Information

Retavase Solutions
P.O. Box 220807
Charlotte, NC 28222
(866) RETAVAS (738-2827)
(866) 279-0712 (fax)

Product(s) Covered By Program

Retavase

Eligibility

Centocor Solutions Program will replace Retavase used to treat patients who meet specific medical and financial criteria and lack third-party insurance.

Other Program Information

Upon request, an application with a cover letter will be sent to the provider of service to be completed and returned with required documentation. If the patient meets the eligibility requirements, the product will then be shipped directly to the pharmacy of the hospital where the patient was treated.

CEPHALON, INC.

Name Of Program

Actiq Patient Assistance Program

Contact Information

Actiq Patient Assistance Program
5870 Trinity Parkway, Suite 600
Centreville, VA 20120
(877) 229-1241
(800) 777-7562 (fax)

Product(s) Covered By Program

Actiq

Eligibility

Must be diagnosed with cancer and be on adjunct opiate therapy.

• • •

Name Of Program

Gabitril Patient Assistance Program

Contact Information

Gabitril Patient Assistance Program
P.O. Box 430
Hackettstown, NJ 07840
(800) 511-2120

Product(s) Covered By Program

Gabitril

Eligibility

Eligibility is based on income and insurance coverage.

• • •

Name Of Program

Provigil Patient Assistance Program

Contact Information

NORD
Provigil Patient Assistance Program
P.O. Box 1968
Danbury, CT 06813-1968
(800) 675-8415

Product(s) Covered By Program

Provigil

Eligibility

Prescreening for eligibility is done on initial call, then application is sent.

EISAI INC.

Name Of Program

Aciphex Patient Assistance Program

Contact Information

Aciphex Patient Assistance Program
P.O. Box 220458
Charlotte, NC 28222-0458
(800) 523-5870
(800) 526-6651 (fax)

Product(s) Covered By Program

Aciphex

Eligibility

Eisai Inc. and Janssen Pharmaceutica, Inc. have developed the Aciphex® Patient Assistance Program for those U.S. residents who lack access to prescription drug coverage and meet specific financial criteria.

Other Program Information

If necessary, patient may reapply after initial supply.

• • •

Name Of Program

Aricept Patient Assistance Program

Contact Information

Aricept Patient Assistance Program
1878 Arena Drive
Hamilton, NJ 08610
(800) 226-2072
(800) 226-2059 (fax)

Product(s) Covered By Program

Aricept

Eligibility

Eisai Inc. and Pfizer Inc. have developed the Aricept Patient Assistance Program for those U.S. residents without prescription drug coverage through either public or private insurance. Aricept will be provided free of charge to patients who meet the following criteria: Patient has no insurance or other third-party payer prescription drug coverage, including Medicaid coverage or Medicare managed care coverage. Patient's annual income must fall within a predetermined range. Patient must be diagnosed by a physician as having mild to moderate dementia of the Alzheimer's type.

Other Program Information

Patient must requalify after 90-day initial supply. Patients participating in the Aricept Patient Assistance Program are required to have a Qualification Form completed and reviewed for eligibility on an annual basis.

ELAN PHARMACEUTICALS, INC.

Name Of Program

Elan Pharmaceuticals Prescription Assistance Program

Contact Information

(866) 347-3185

Product(s) Covered By Program

Zonegran®

Eligibility

Low income patients who are U.S. residents, denied Medicaid, and do not currently have prescription coverage.

Other Program Information

For more information regarding Elan's Medical Needs Program call (866) 347-3185. A customer service representative is available between the hours of 9:00 a.m. and 6:00 p.m. Eastern Time, Monday through Friday.

ELI LILLY AND COMPANY

Name Of Program

Lilly Cares and Zyprexa PAP

Contact Information

Lilly Cares
P.O. Box 230999
Centreville, VA 20120
(800) 545-6962

Product(s) Covered By Program

Evista, Glucagon Emergency Kit, Humalog, Humulin, Ilentin, Keflex, Mandol, Prozac, Prozac Weekly, Quinidine Gluconate, Reopro, Strattera, Vancocin HCl Pulvules, Zyprexa

Eligibility

Patients must be U.S. residents. Eligibility is determined on a case-by-case basis in consultation with each prescribing physician. Eligibility is based on the patient's inability to pay and lack

of third-party drug payment assistance, including insurance, Medicaid, government-subsidized clinics, and other government, community, or private programs. Inpatients and those who can obtain drug reimbursement from any source are not eligible. Requests for replacement drugs cannot be honored. Medications are provided directly to the physician for dispensing to the patient. Quantity of supply is dependent upon type of product being prescribed. All Lilly medications must be used as recommended in product labeling.

Other Program Information

Forms to qualify a patient for the program will be provided to the physician. On this form, the physician is requested to provide prescription information, including signature and DEA number, and to confirm the patient's ineligibility for other forms of outpatient drug coverage. Additionally, the patient is requested to provide pertinent information and state financial need. Subsequent request for same patient requires another prescription and restatement of medical and financial need. Program guidelines may be subject to change.

• • •

Name Of Program

LillyAnswers Card

Contact Information

1-877-RX-LILLY

Product(s) Covered By Program

Aventyl HCl, Ceclor 250 mg, Evista, Forteo, Glucagon for Injection, Humalog, Humalog Mix 75/25, Humulin, Iletin, Keflex, Mandol, Prozac, Prozac Weekly, Quinidine Gluconate, Strattera, Vancocin HCl Pulvules, Zyprexa

Eligibility

Medicare eligible. Annual income below $18,000 single/$24,000 households (approximately 200% of poverty). Must not have public or private insurance coverage for prescription medicines.

Other Program Information

Patients pay $12 for a 30-day supply of any Lilly prescription medication at participating pharmacies.

FUJISAWA HEALTHCARE, INC.

Name Of Program

Prograf Patient Assistance Program

Contact Information

Prograf Patient Assistance Program
c/o Quorum Consulting
P.O. Box 221644
Chantilly, VA 20153-1644
(800) 477-6472

Product(s) Covered By Program

Prograf

Eligibility

The Prograf Patient Assistance Program is designed to assist patients who have no health insurance and limited financial resources. To be eligible for the program, patients must meet income, residency and insurance criteria. Please call the Prograf Patient Assistance Program for assistance in determining patient eligibility. If the patient meets the criteria, hotline staff will send a pre-filled application to the physician.

Other Program Information

If approved, the patient will receive two 90-day shipments during the enrollment period. If continued therapy is needed beyond six months, the patient must reapply to the program.

• • •

Name Of Program

Protopic Patient Assistance Program

Contact Information

Protopic Patient Assistance Program
c/o Quorum Consulting, Inc.
P.O. Box 221644
Chantilly, VA 20153-1644
(800) 477-6472

Product(s) Covered By Program

Protopic

Eligibility

The Protopic Patient Assistance Program is designed to assist patients who have no health insurance and limited financial resources. To be eligible for the program, patients must meet income, residency, and insurance criteria. Please contact the Protopic Patient Assistance Program for assistance in determining patient eligibility. If the patient meets the criteria, hotline staff will send a pre-filled application to the patient or physician.

Other Program Information

If approved, the patient will receive two shipments during the enrollment period. If continued therapy is needed beyond 12 months, the patient must reapply to the program.

GENENTECH INC.

Name Of Program

Genentech Access to Care Foundation

Contact Information

Genentech Inc.
Access to Care Foundation
1 DNA Way, MS-#13A
South San Francisco,
CA 94080
(800) 530-3083
(650) 225-1366 (fax)

Product(s) Covered By Program

Activase, Cathflo Activase, Herceptin, Nutropin, Nutropin AQ, Nutropin AQ Pen, Nutropin Depot, Protropin, Rituxan, TNKase, Xolair

Eligibility

For consideration of eligibility for the Genentech Assistance Program, the patient must not be eligible for public or private insurance reimbursement and must meet income restrictions and medical eligibility.

• • •

Name Of Program

Genentech Endowment for Cystic Fibrosis

Contact Information

Genentech Endowment for Cystic Fibrosis
P.O. Box 222157
Charlotte, NC 28222-2157
(800) 297-5557
www.genentechcfendowment.org

Product(s) Covered By Program

Pulmozyme

GENZYME CORPORATION

Name Of Program

The Charitable Access Program (CAP Program)

Contact Information

Cindy Ochs, R.N., B.S.N., CCM
Senior Case Management Specialist/CAP Program Manager
Genzyme Corporation
One Kendall Square, Building 700
Cambridge, MA 02139-1562
(800) 745-4447, ext. 17634

Wytske Kingma, M.D.
Medical Affairs
(800) 745-4447, ext. 17808

Product(s) Covered By Program

Aldurazyme, Ceredase, Cerezyme, Fabrazyme

Eligibility

Based on financial and medical need. Must be uninsured and lack the financial means to purchase the drug. In order to maintain eligibility, patients and their families are expected to continue exploring alternative funding options with the Genzyme Case Management Specialist. These options include private insurance, government programs and/or charitable sources.

Other Program Information

The CAP Program is considered a temporary funding program for patients who have lysosomal storage disorders.

GILEAD SCIENCES INC.

Name Of Program

Gilead Reimbursement Support and Assistance Program

Contact Information

(800) 226-2056

Product(s) Covered By Program

Daunoxome, Hepsera, Viread, Vistide

Eligibility

For more information, please contact the program using the information above.

GLAXOSMITHKLINE

Name Of Program

Bridges to Access

Contact Information

(866) PATIENT (728-4368)

Product(s) Covered By Program

Aclovate, Advair Diskus, Agenerase, Albenza, Amerge, Amoxil, Augmentin, Augmentin ES, Augmentin XR, Avandamet, Avandia, Avodart, Bactroban Cream, Bactroban Ointment, Beconase AQ, Ceftin, Combivir, Compazine, Compazine Spansule, Coreg, Cutivate, Daraprim, Dexedrine, Dyazide, Emgel, Epivir, Epivir-HBV, Eskalith CR, Flonase, Flovent, Flovent Rotadisk, Fortaz, Imitrex, Lamictal, Lanoxicaps, Lanoxin, Lanoxin Elixir Pediatric, Lotronex, Malarone, Malarone Suspension, Oxistat, Parnate, Paxil, Paxil CR, Relafen, Relenza, Requip, Retrovir, Serevent Diskus, Stelazine, Tagamet, Temovate, Timentin, Trizivir, Valtrex, Ventolin, Ventolin HFA, Wellbutrin, Wellbutrin SR, Zantac, Zantac Efferdose, Ziagen, Zinacef, Zofran, Zofran ODT, Zovarix, Zyban

Eligibility

Program is Advocate-based. All contact for the Patient is through an Advocate. Please visit website (BridgesToAccess.gsk.com) for more information.

• • •

Name Of Program

Commitment to Access

Contact Information

(866) 265-6491
(8-ONCOLOGY-1)

Product(s) Covered By Program

Hycamtin, Leukeran, Myleran, Navelbine, Purinethol, Tabloid, Zofran, Zofran ODT

Eligibility

Program is Advocate-based. All contact for the Patient is through an Advocate. Please visit our website (CommitmentToAccess.gsk.com) for more information.

• • •

Name Of Program

Orange Card

Contact Information

(888) ORANGE6 (672-6436)

Product(s) Covered By Program

Aclovate, Advair, Agenerase, Amerge, Amoxil, Augmentin, Avandamet, Avandia, Avodart, Bactroban, Beconase, Beconase AQ, Ceftin, Combivir, Compazine, Coreg, Cultivate Cream, Daraprim, Dexedrine, Dyazide, Ellipse Compact Spacer, Emgel, Epivir, Epivir-HBV, Eskalithn CR, Flonase, Flovent, Fortaz, Hycamtin, Imitrex, Lamictal, Lanoxin, Leukeran, Lotronex, Malarone, Mepron, Myleran, Navelbine, Oxistat, Parnate, Paxil, Paxil CR, Purinethol, Relafen, Relenza, Requip, Retrovir, Serevent, Stelazine, Tabloid, Tagamet, Temovate, Timentin, Trizivir, Valtrex, Ventolin HFA, Wellbutrin HFA, Wellbutrin SR, Zantac, Ziagen, Zinacef, Zofran, Zovirax, Zyban

Eligibility

Seniors age 65 and older and the disabled enrolled in Medicare. Annual income below $30,000 single/$40,000 couple (approximately 300% of poverty). Must not have public or private insurance coverage for prescription medicines.

Other Program Information

Discounts are 25% off the wholesale list price of GlaxoSmithKline outpatient drugs. Participating pharmacies charge card holders no more than a negotiated price. GlaxoSmithKline expects card holders to realize average savings of 30-40% off retail prices.

JANSSEN PHARMACEUTICA, INC.

Name Of Program

Janssen Patient Assistance Program

Contact Information

Janssen Patient Assistance Program
P.O. Box 221857
Charlotte, NC 28222-1857
(800) 652-6227
(888) 526-5168 (fax)

Product(s) Covered By Program

Duragesic, Nizoral Tablets, Reminyl, Sporanox

Eligibility

Program will ensure that Janssen's prescription products Duragesic® (fentanyl transdermal system) CII; Nizoral® (ketaconazole) Tablets; Reminyl® (galantamine HBr) Tablets and Oral Solution; Sporanox® (itraconazole) Capsules & Oral Solution will be provided free of charge to those U.S. residents who lack access to prescription drug coverage and meet specific financial criteria.

Other Program Information

If necessary, patient may reapply after initial supply.

• • •

Name Of Program

Aciphex Patient Assistance Program

Contact Information

Aciphex Patient Assistance Program
P.O. Box 220458
Charlotte, NC 28222-0458
(800) 523-5870
(800) 526-6651 (fax)

Product(s) Covered By Program

Aciphex

Eligibility

Eisai Inc. and Janssen Pharmaceutica, Inc. have developed the Aciphex® Patient Assistance Program for those U.S. residents who lack access to prescription drug coverage and meet spacific financial criteria.

Other Program Information

If necessary, patient may reapply after initial supply.

• • •

Name Of Program

Risperdal Patient Assistance & Reimbursement Support Program

Contact Information

The Risperdal® Patient Assistance and Reimbursement Support Program
P.O. Box 222098
Charlotte, NC 28222-2098
(800) 652-6227
(888) 526-5170 (fax)

Product(s) Covered By Program

Risperdal, Risperdal M-TAB

Eligibility

Program will ensure that all RISPERDAL (risperidone) is made available free of charge to U.S. residents who lack access to prescription drug coverage and meet specific financial criteria.

Other Program Information

If necessary, patient may reapply after initial supply.

• • •

Name Of Program

Senior Patient Assistance Program

Contact Information

Senior Patient Assistance Program
P.O. Box 221009
Charlotte, NC 28222-1009
(888) 294-2400
(888) 770-7266 (fax)

Product(s) Covered By Program

Aciphex, Duragesic CII, Nizoral Tablets, Reminyl, Risperdal, Risperdal M-TAB, Sporanox

Eligibility

Program will ensure that Janssen's prescription products Aciphex® (rabeprazole sodium) Tablets; Duragesic® (fentanyl transdermal system) CII; Nizoral® (ketaconazole) Tablets, Reminyl® (galantamine HBr) Tablets & Oral Solution; Risperdal® Tablets & Oral Solution; Risperdal® M-TAB; Sporanox® (itraconazole) Capsules & Oral Solution will be provided free of charge to those U.S. residents who are both Medicare and Together Rx enrollees and lack access to prescription drug coverage and meet specific financial criteria.

Other Program Information

Patient self enrolls over the telephone. Patient must have Together Rx ID # in order to enroll.

LIGAND PHARMACEUTICALS INC.

Name Of Program

Ligand Assistance Program

Contact Information

Ligand Assistance Program
P.O. Box 222197
Charlotte, NC 28222-2197
(877) 654-4263
(877) 654-6760 (fax)

Product(s) Covered By Program

Ontak, Panretin, Targretin

Eligibility

Financial guidelines do apply.

Other Program Information

Faxed applications are accepted but must be followed by original application and script.

MCNEIL CONSUMER & SPECIALTY PHARMACEUTICALS

Name Of Program

McNeil Consumer & Specialty Pharmaceuticals Patient Assistance Program

Contact Information

McNeil Consumer & Specialty Pharmaceuticals Patient Assistance Program
1250 Bayhill Drive, Suite 300
San Bruno, CA 94066
(866) PAP-4MCN (727-4626)

Product(s) Covered By Program

Concerta®(methylphenidate HCl) 18, 27, 36 and 54 mgs, Flexeril®(cyclobenzaprine) 10 mg

Eligibility

The McNeil Consumer & Specialty Pharmaceuticals Patient Assistance Program will ensure that Concerta® and Flexeril® will be made available free of charge to any person who lacks financial resources and third-party insurance to obtain treatment. Program specialists will determine eligibility for each patient using standardized criteria.

Other Program Information

Due to the special requirements for dispensing Concerta®, patients may be certified for a 90-day period, however, only a 30-day supply may be dispensed at one time.

MERCK & CO., INC.

Name Of Program

The Merck Patient Assistance Program

Contact Information

The Merck Patient Assistance Program
P.O. Box 690
Horsham, PA 19044-9979
(800) 727-5400
(800) 994-2111

Product(s) Covered By Program

Blocaden Tablets, Clinoril Tablets, Cosmegen Injection, Cosopt Opthalmic Solution, Cozaar Tablets, Cuprimine Capsules, Demser Capsules, Diuril Oral Suspension, Dolobid Tablets, Elspar, Fosamax Tablets, Hyzaar Tablets, Indocin Oral Suspension, Lacrisert Ophthalmic Insert, Maxalt, Mephyton Tablets, Mevacor Tablets, Midamor Tablets, Moduretic Tablets, Mustargen, Noroxin, Pepcid RPD, Pepcid Tablets and Oral Suspension, Prinivil Tablets, Prinzide Tablets, Propecia Tablets, Proscar Tablets, Singulair Tablets and Chewable Tablets, Stromectol Tablets, Syprine Tablets, Timolide Tablets, Timoptic-XE Ophthalmic Gel Forming Solution, Timoptic in OCCUDOSE Preservation-Free Ophthalmic Solution, Timoptic Ophthalmic Solution and Preservation-Free Ophthalmic Solution, Trusopt Ophthalmic Solution, Vioxx Tablets and Oral Suspension, Zocor Tablets

Eligibility

For more information, please contact the program using the information above.

• • •

Name Of Program

The Merck Patient Assistance Program for Aggrastat

Contact Information

The Merck Patient Assistance Program for Aggrastat
P.O. Box 222137
Charlotte, NC 28222-2137
(800) 810-0595

Product(s) Covered By Program

Aggrastat

Eligibility

Financially disadvantaged patients may be eligible for assistance through the Merck Patient Assistance Program for Aggrastat. This program is designed to help cover the cost of Aggrastat for eligible patients who meet the following criteria: must demonstrate financial need, must not have coverage through an insurance provider, and must not be eligible for any third-party insurance or government-sponsored programs, including Medicare and Medicaid. Alternative sources of coverage must be explored before applying to the Merck Patient Assistance Program for Aggrastat.

Other Program Information

Hospital administrators can call the Merck Patient Assistance Program for Aggrastat at (877) 810-0595. Patient assistance experts will assist with the application process to determine eligibility. Health care professionals who participate in this program are under no obligation to prescribe Aggrastat or any other product manufactured by Merck & Co., Inc. For payer specific questions regarding reimbursement issues (i.e., coverage requirements, claims assistance, claims appeals, prior authorization or coding assistance) please contact the specific payer. The Merck Patient Assistance Program for Aggrastat may be discontinued or modified at any time, without notice.

• • •

Name Of Program

The SUPPORT Program for Crixivan—Reimbursement Support and Patient Assistance Services for Crixivan

Contact Information

The Support Program for Crixivan
P.O. Box 222137
Charlotte, NC 28222-2137
(800) 850-3430

Product(s) Covered By Program

Crixivan

Eligibility

The Support program assists patients who are prescribed Crixivan and are uncertain of their insurance coverage, or in locating payment sources for Crixivan. Free product is provided to those uninsured patients who qualify, and for whom no alternative source of coverage can be identified. Patients must also reside in the United States and have a U.S. treating physician. All applications are reviewed on a case-by-case basis. Product is shipped to the prescriber's office for distribution to the patient. Medicine is labeled for the patient.

MERCK/SCHERING-PLOUGH PHARMACEUTICALS

Name Of Program

Merck/Schering-Plough Patient Assistance Program

Contact Information

(800) 347-7503

Product(s) Covered By Program

Zetia

MGI PHARMA, INC

Name Of Program

MGI Pharma Patient Assistance Program

Contact Information

MGI Pharma Patient Assistance Program
P.O. Box 235
San Bruno, CA 94066
(866) 30-ALOXI (for Aloxi)
(888) 743-5711 (for Hexalen and Salagen)
(866) 547-0644 (fax)

Product(s) Covered By Program

Aloxi, Hexalen, Salagen

Eligibility

Eligibility is determined on financial need and lack of insurance.

Other Program Information

Refills may be ordered with a phone call.

MILLENNIUM PHARMACEUTICALS, INC.

Name Of Program

Integrilin Patient Assistance Program

Contact Information

Integrilin Patient Assistance Program
Millennium Pharmaceuticals, Inc.
640 Memorial Drive
Cambridge, MA 02139

Product(s) Covered By Program

Integrilin injection

Eligibility

For more information, please contact the program using the information above.

NOVARTIS PHARMACEUTICALS CORPORATION

Name Of Program

Novartis Pharmaceuticals Corporation Patient Assistance Program

Contact Information

Novartis Pharmaceuticals Corporation Patient Assistance Program
P.O. Box 66556
St. Louis, MO 63166-6556
(800) 277-2254

Product(s) Covered By Program

Clozaril, Comtan, Desferal, Diovan, Diovan HCT, Elidel, Exelon, Famvir, Femara, Focalin, Gleevec, Lamisil, Lescol, Lescol XL, Lotensin, Lotensin HCT, Lotrel, Miacalcin Injection, Miacalcin Nasal Spray, Neoral, Ritalin LA, Sandimmune, Sandostatin, Sandostatin LAR Depot, Starlix, Tegretol, Tegretol-XR, Trileptal, Zelnorm, Zometa

Eligibility

The Novartis Pharmaceuticals Corporation Patient Assistance Program provides assistance to patients experiencing financial hardship who have no third-party insurance coverage for their medicines. Patient must be a U.S. Resident. Patient must not have prescription drug coverage (public or private). Patient must meet income eligibility criteria. Income eligibility varies by household size and product.

Other Program Information

Patient applications are evaluated on a case-by-case basis.

NOVO NORDISK PHARMACEUTICALS, INC.

Name Of Program

Novo Nordisk Patient Assistance Program

Contact Information

Novo Nordisk Patient Assistance Program
P.O. Box 1096
Somerville, NJ 08876
(800) 727-6500, Prompt 3
(908) 429-8764 (fax)

Product(s) Covered By Program

NovoFine 30, NovoFine 31, NovoPen 3, Novolin R, Novolin L, Novolin N, Novolin 70/30, Novolin R InnoLet, Novolin N InnoLet, Novolin 70/30 InnoLet, Novolin R PenFill, Novolin N PenFill, Novolin 70/30 PenFill, NovoLog, NovoLog PenFill, NovoLog FlexPen, NovoLog Mix 70/30, NovoLog Mix 70/30 PenFill, NovoLog Mix 70/30 FlexPen, Prandin, Velosulin BR

Note: A prescription is required for NovoLog, NovoLog Mix 70/30 and Prandin.

Eligibility

Patient cannot have or qualify for any government prescription coverage such as Medicare, Medicaid, Veteran's Administration or any state or local programs. Patient cannot have or qualify for any private prescription coverage such as an HMO or PPO. Patient's total household income must be at or below 200% of the Federal Poverty Level.

Other Program Information

Approved patients will receive a 90-day supply of medication. A new application must be submitted with each request. A maximum of 4 requests will be granted to approved patients.

ORGANON USA INC.

Name Of Program

Organon Patient Assistance Program

Contact Information

Customer Service Department
375 Mount Pleasant Avenue
West Orange, NJ 07052
(800) 241-8812
(973) 325-5273 (Physicians only)

Product(s) Covered By Program

Remeron SolTab

Eligibility

For more information, please contact the program using the information above.

Other Program Information

Applications can only be obtained by a physician from their Organon sales representative.

• • •

Name Of Program

The Arixtra Reimbursement Hotline

Contact Information

Lash Group
Corporate Center Five
3735 Glen Lake Drive
Charlotte, NC 28208
(866) 274-9872, Option 5

Product(s) Covered By Program

Arixtra

Eligibility

For more information, please contact the program using the information above.

ORTHO BIOTECH PRODUCTS, L.P.

Name Of Program

Reimbursement Solutions

Contact Information

Ortho Oncology Specialty Therapeutics
Reimbursement Solutions
P.O. Box 1016
San Bruno, CA 94066
(800) 609-1083
(800) 987-5572 (fax)

Product(s) Covered By Program

DOXIL® (doxorubicin HCL liposome injection)

Eligibility

Program will ensure that DOXIL is made available to any person who meets specific medical criteria and lacks financial resources and third-party coverage necessary to obtain treatment. A reimbursement specialist determines eligibility.

Other Program Information

Patient eligibility application forms are available by accessing (800) 609-1083 or on PROCRITline.com (http://www.procritline.com). This call can help determine if a patient is eligible to enroll in the program or is eligible for an alternative program if other sources of funding are identified.

• • •

Name Of Program

PROCRITline™

Contact Information

PROCRITline™
P.O. Box 1016
San Bruno, CA 94066
(800) 553-3851
(800) 987-5572 (fax)

Product(s) Covered By Program

LEUSTATIN® (cladribine) injection, PROCRIT® (Epoetin alfa)

Eligibility

Program will ensure that PROCRIT and/or LEUSTATIN is made available to any persons who meet specific medical criteria and lack financial resources and third-party coverage necessary to obtain treatment. A reimbursement specialist determines eligibility.

Other Program Information

Patient eligibility application forms are available by accessing (800) 553-3851, or on PROCRITline.com (http://www.procritline.com). This call can help determine if a patient is eligible to enroll in the program or is eligible for an alternative program if other sources of funding are identified. Patients may also submit their application forms online by accessing

PROCRITline.com (http://www.procritline.com) under Online Registration/Application.

ORTHO DERMATOLOGICAL

Name Of Program

Ortho Dermatological Patient Assistance Program

Contact Information

Ortho-McNeil Patient Assistance Program
1250 Bayhill Drive, Suite 300
San Bruno, CA 94066
(800) 577-3788

Product(s) Covered By Program

Prescription products prescribed according to approved labeled indications and dosage regimens

Eligibility

Patients should not have insurance coverage for prescription medication. Patients should not be eligible for other sources of drug coverage; they need to have applied to public sector programs and been denied. Must meet program financial criteria.

Other Program Information

Health care practitioner should request an application form. The completed form must be accompanied by a signed and dated prescription. Medication will be sent to the health care practitioner for dispensing to the patient.

ORTHO-MCNEIL PHARMACEUTICAL, INC.

Name Of Program

Ortho-McNeil Patient Assistance Program

Contact Information

Ortho-McNeil Patient Assistance Program
1250 Bayhill Drive, Suite 300
San Bruno, CA 94066
(800) 577-3788

Product(s) Covered By Program

ACI-JEL® Therapeutic Vaginal Jelly, AXERT® (almotriptan malate) Tablets, BICTRA® (sodium citrate and citrus acid oral solution), DITROPAN® Tablets and Syrup (oxybutynin chloride), DITROPAN XL® Extended Release Tablets (oxybutynin chloride extended release tablets), ELMIRON® Capsules (pentosan polyusulfate sodium capsules), FLOXIN® Tablets (ofloxacin tablets), GRIFULVIN V® Tablets griseofulvin tablets), GRIFULVIN V® Suspension (griseofulvin oral suspension), HALDOL® Deconoate Injection (haloperidol decanoate injection), HALDOL® Injection (haloperidol injection), LEVAQUIN Tablets (levofloxacin tablets), MONISTAT®-DERM (miconazole nitrate *2%* cream), NEUTRA-PHOS® (oral sodium and potassium phosphate mixture), NEUTRA-PHOS-K® (oral potassium phosphate mixture), PANCREASE® (pancrelipase) Capsules, PANCREASE MT® (pancrelipase) Capsules, POLYCITRA® Syrup (tricitrates oral solution), POLYCITRA®-K Oral Solution (potassium citrate and citric acid oral solution), POLYCITRA® LC Syrup (tricitrates oral solution), REGRANEX® Gel 0.01% (becaplermin gel), RENOVA® (tretincin cream), SPECTAZOLE® (econazole nitrate) Cream, TERAZOL® Cream (terconazole cream), TERAZOL® 3 Suppositories (terconazole suppositories), TESTODERM® 4mg and 6mg (testosterone transdermal system), TOLECTIN® Capsules (tolmetin sodium capsules), TOPAMAX® Tablets (topiramate tablets), TOPAMAX® Sprinkle Capsules (topiramate capsules), ULTRACET® Tablets(tramadol hydrochloride/acetaminophen tablets), ULTRAM® Tablets (tramadol hydrochloride tablets), URISPAS® Tablets (flavoxate HCl tablets), VASCOR® Tablets (bepridil hydrochloride tablets)

Eligibility

Patients should not have insurance coverage for prescription medication. Patients should not be eligible for other sources of drug coverage; they need to have applied to public sector programs and been denied. Patients income falls below poverty level and retail purchase would cause hardship.

• • •

Name Of Program

Regranex Gel Patient Assistance Program

Contact Information

Regranex Gel Patient Assistance Program
1250 Bayhill Drive, Suite 300
San Bruno, CA 94066
(800) 577-3788

Product(s) Covered By Program

Regranex

Eligibility

Patients should not have insurance coverage for prescription medication. Patients should not be eligible for other sources of drug coverage; they need to have applied to public sector programs and been denied. Patients

income falls below poverty level and retail purchase would cause hardship.

PFIZER INC

Name Of Program

Connection to Care

Contact Information

Pfizer Inc
Connection to Care™ Patient Assistance Program
P.O. Box 66585
St. Louis, MO 63166-6585
(800) 707-8990

Product(s) Covered By Program

Accupril, Accuretic, Antivert, Atarax, Cardura, Diabinese, Dilantin, Feldene, Glucotrol, Glucotrol XL, Lipitor, Minipress, Minizide, Navane, Neurontin, Norvasc, Procardia, Procardia XL, Relpax, Sinequan, Viagra, Vibramycin, Vistaril, Zarontin, Zoloft, Zyrtec

Eligibility

$16,000 for a single household and $25,000 for a family household. To be enrolled in the program, patients are required to submit their tax return and supporting financial documentation annually. Applicants can not have any prescription coverage through either a private insurance plan or a public assistance program, including Medicaid or state drug assistance programs. Additionally, patients must submit the following documents: 1) a copy of the tax return and other supporting financial documentation to validate their income, 2) a completed program application, and 3) an original signed prescription from their physician.

• • •

Name Of Program

Share Card

Contact Information

(800) 717-6005

Product(s) Covered By Program

Accupril, Accuretic, Activella, Antivert, Aricept, Arthrotec, Atarax, Axert, Bextra, Cardura, Celebrex, Celontin, Cleocin Vaginal Ovules, Covera-HS, Cytotec, Detrol, Detrol LA, Diabinese, Diflucan, Dilantin, Dostinex, Estring, Feldene, Geocillin, Geodon, Glucotrol, Glucotrol XL, Glyset, Lipitor, Lopid, Minipress, Minizide, Mirapex, Mycobutin, Nardil, Navane, Neurontin, Nitrostat, Norvasc, Pletal, Procardia, Procardia XL, Relpax, Renese, Rescriptor, Sinequan, TAO, Terramycin Ophthalmic Ointment, Tikosyn, Vagifem, Vfend, Viagra, Vibramycin, Viracept, Vistaril, Xalantan, Zarontin, Zithromax, Zoloft, Zyrtec, Zyrtec-D 12 Hour, Zyvox

Other Program Information

Patients pay a $15 fee for each 30-day supply of a Pfizer prescription medicine at participating pharmacies.

• • •

Name Of Program

Aricept® Patient Assistance Program

(Please see Eisai Inc. on page 14 for complete program information)

• • •

Name Of Program

Patients in Need (PIN)

Contact Information

Pharmacia, a Pfizer Company
Patients in Need Foundation
P.O. Box 52059
Phoenix, AZ 85072
(800) 242-7014
(480) 314-7163 (fax)

Product(s) Covered By Program

Activella, Arthrotec, Bextra, Celebrex, Cleocin Vaginal Ovules, Covera-HS, Cytotec, Depo-Provera CI, Detrol, Detrol LA, Dostinex, Estring, Fragmin, Glyset, Lunelle, Mirapex, Mycobutin, Pletal, Vagifem, Xalatan, Zyvox

Eligibility

Patient does not qualify for outpatient prescription drugs under private insurance, a public program, or other assistance that pays in whole or in part for prescription drugs; patient's income falls below a percentage of the Federal Poverty Level (FPL)

Other Program Information

Enrollment begins with the physician, patient, or patient advocate calling the program at (800) 242-7014, between 9 a.m. and 8 p.m. EST, Monday through Friday. Have the application with the attached certificate in hand (if available). Program specialists will collect specific information about the patient, the drug therapy prescribed, and will ask for the certificate number. If approved, a 30 day supply of the prescribed drug will be authorized. The patient completes section one of the application. The physician completes section two of the application and returns it to the program, including the patient's income documentation. Both the patient (or legal guardian) and the physician are required to sign the application. The application documents the patient's eligibility for the pro-

gram. Approval of the patient's enrollment will be based on current program criteria. Program eligibility secures an additional five (5) months of assistance for the patient.

• • •

Name Of Program

FirstRESOURCE

Contact Information

FirstRESOURCE
(877) 744-5675
(877) 744-5473 (fax)

Product(s) Covered By Program

Aromasin, Camptosar, Celebrex, Ellence, Emcyt, Idamycin, Trelstar, Zinecard

Eligibility

Patient does not have insurance coverage for products included in FirstRESOURCE and patient's income falls below a percentage of the Federal Poverty Level (FPL).

Other Program Information

The physician or patient can call FirstRESOURCE at (877) 744-5675 to initiate the application process. A Reimbursement Counselor will conduct a preliminary assessment of eligibility over the phone. If the patient appears to qualify, a 30-day supply of the prescribed drug will be authorized. For physician administered products, a prescription must be faxed to FirstRESOURCE to initiate product shipment. For oral products, patients can obtain the product at a retail pharmacy. The physician will be asked to complete the Physician Information portion of the application. Patients will need to complete the Patient portion of the application (including financial and insurance information). Proof of income is required. Both the patient (or legal guardian) and the physician are required to sign the application. The application documents the patient's eligibility for the program. Approval of the patient's enrollment will be based on current program criteria. Program eligibility secures an additional five (5) months of assistance for the patient.

• • •

Name Of Program

Pfizer Bridge Program

Contact Information

Pfizer Bridge Program
3168 Riverport Tech Center Dr.
Maryland Heights, MO 63043
(800) 645-1280
(800) 479-2562 (fax)

Product(s) Covered By Program

Genotropin, Somavert

Eligibility

For Genotropin a patient may qualify for this program if a patient is underinsured or does not have any insurance coverage. In addition, a patient must meet medical necessity criteria, along with financial guidelines (Lower Living Standard Income Level Guidelines—LLSIL). For Somavert, a patient may qualify for assistance if they meet certain financial guidelines (200% of Federal Poverty Level sliding scale charts indigenous to the various 50 U.S. standard of living statistics—based upon household size).

Other Program Information

The physician or a patient can call The Bridge Program at (800) 645-1280 to initiate the reimbursement counseling and/or patient assistance process.

PROCTER & GAMBLE PHARMACEUTICALS, INC.

Name Of Program

Procter & Gamble Pharmaceuticals Patient Assistance Program

Contact Information

Procter & Gamble Pharmaceuticals
c/o Express Scripts
P.O. Box 66553
St. Louis, MO 63166-6553
(800) 830-9049
(866) 277-9329 (fax)

Product(s) Covered By Program

Actonel, Asacol, Dantrium, Didronel, Macrobid, Macrodantin

Eligibility

Procter & Gamble Pharmaceuticals has always tried to ensure that all patients have full access to its products. To qualify, the patient must have exhausted all sources of prescription coverage through private or public insurance. Each patient's case is handled on an individual basis. Eligibility is based on income and medical expenses. Application forms are provided by the company for the physician/patient to complete. An original prescription duly signed by the attending physician for one of the company's products is required.

Other Program Information

The quantity of product supplied depends on diagnosis and need, but generally a three-month

supply is provided for a chronic medication. Refills require a new prescription and application form from the physician. Medications may be sent to the patient or the provider. Applications are good for one year. Afterwards, patients must be re-screened to ensure continued eligibility.

ROCHE LABORATORIES, INC.

Name Of Program

Roche Laboratories Patient Assistance Foundation

Contact Information

Roche Laboratories Patient Assistant Foundation
Roche Laboratories, Inc.
340 Kingsland Street
Nutley, NJ 07110
(800) 285-4484
(877) 75-ROCHE (757-6243)

Product(s) Covered By Program

Accutane, Anaprox, Anaprox DS, Bumex, Cardene, Cardene SR, Demadex, EC Naprosyn, Klonopinn, Lariam, Naprosyn, Rocaltrol, Rocephin, Soriatane, Tamiflu, Tamiflu Oral Suspension, Tasmar, Ticlid, Valium

Eligibility

The Roche Laboratories Patient Assistant Program is designed as an interim solution for patients who lack third-party outpatient prescription drug coverage under private insurance, government-funded programs (e.g., Medicaid, Medicare, Veterans Affairs, etc.) or private/community sources and are unable to afford to purchase our products on their own. Roche offers the Patient Assistance Program as a philanthropic endeavor to assure access to Roche products for needy patients at no charge until alternative funding can be found. The Roche Patient Assistance Program is part of Roche's commitment to assure access to our products and is not intended to supplant or replace prescription drug coverage provided by third-party public or private payers. This program is for individual outpatients who meet the Patient Assistance Program criteria and is offered through licensed practitioners. The program is not intended for clinics, hospitals, and/or other institutions.

• • •

Name Of Program

ONCOLINE Patient Assistance Program

Contact Information

(800) 443-6676, Option *2*

Product(s) Covered By Program

Kytril, Roferon-A, Vesanoid, Xeloda

Eligibility

For more information, please contact the program using the information above.

Other Program Information

For information on other Roche product programs, please contact the Roche Patient Assistance Foundation at (877) 75-ROCHE.

• • •

Name Of Program

Pegassist Patient Assistance Program

Contact Information

(877) PEGASYS (734-2797)

Product(s) Covered By Program

Copegus, Pegasys

Eligibility

For more information, please contact the program using the information above.

Other Program Information

For information on other Roche product programs, please contact the Roche Patient Assistance Foundation at (877) 75-ROCHE.

• • •

Name Of Program

Roche HIV Therapy Assistance Program

Contact Information

(800) 282-7780

Product(s) Covered By Program

Cytovene, Fortovase, HIVID, Invirase, Valcyte

Eligibility

For more information, please contact the program using the information above.

Other Program Information

For information on other Roche product programs, please contact the Roche Patient Assistance Foundation at (877) 75-ROCHE.

• • •

Name Of Program

CellCept Patient Assistance Program

Contact Information

(800) 772-5790

Product(s) Covered By Program

CellCept

Eligibility

For more information, please contact the program using the information above.

Other Program Information

For information on other Roche product programs, please contact the Roche Patient Assistance Foundation (877) 75-ROCHE.

• • •

Name Of Program

XeniCare Patient Assistance Program

Contact Information

(877) 75-ROCHE (757-6243)

Product(s) Covered By Program

Xenical

Eligibility

For more information, please contact the program using the information above.

SANKYO PHARMA INC.

Name Of Program

Sankyo Pharma Open Care Program

Contact Information

Sankyo Open Care Program
P.O. Box 8409
Somerville, NJ 08876
(866) 268-7327

Product(s) Covered By Program

Benicar Tablets, Welchol Tablets

Eligibility

The Sankyo Pharma Open Care Program is available to qualified patients with demonstrated medical and financial need. The program assists patients who are prescribed Sankyo products and are uncertain of their insurance coverage, and in locating alternative payment sources. Free product is provided to uninsured patients who qualify and for whom no alternative source of reimbursement can be identified. Patients must reside in the United States and have a U.S. treating physician.

Other Program Information

The physician's office must apply on behalf of a patient. Applications are available from Sankyo Pharma representatives or from Sankyo Pharma Open Care Program hotline—(866) 268-7327. Upon receipt and approval of a completed application, all patients will receive a supply (the amount depends on the product) of medication, which will be shipped to the physician's office on the patient's behalf. Patients who remain on therapy will complete reimbursement counseling to identify alternative sources of insurance. Patients without alternative sources of insurance will continue to receive free product. Periodic reviews of applications will be conducted to ensure continued eligibility.

SANOFI-SYNTHELABO INC.

Name Of Program

Needy Patient Program (NPP)

Contact Information

Physician Requests

Sanofi-Synthelabo Needy Patient Program
Product Information Department
90 Park Avenue
New York, NY 10016
(800) 446-6267, Option 2

Product(s) Covered By Program

Aralen, Danocrine, Drisdol, Mytelase, Phisohex, Plaquenil, Primequine, Skelid

Eligibility

The physician's office should contact the Sanofi-Synthelabo Product Information Department to apply on behalf of a patient. An application is sent to the physician's office for completion and signature, in addition to a signed prescription. Upon receipt of completed application and prescription from physician, and upon approval of application, medication will be shipped directly to the physician's office from the distribution center. Each physician is allowed to enroll six patients per year. Each patient can receive a 3-month supply of medication, with an option of one refill for an additional three months supply for a total of six months' medication for one year. The physician must contact Sanofi-Synthelabo's office for the refill.

SAVIENT PHARMACEUTICALS

(formerly BTG Pharmaceuticals)

Name Of Program

Oxandrin Reimbursement and Patient Assistance Program

Contact Information

Oxandrin Reimbursement and Patient Assistance Program
P.O. Box 221887
Charlotte, NC 28222-1887
(866) 692-6374, Option 2
(866) 692-6375 (fax)

Product(s) Covered By Program

Oxandrin

Eligibility

Income guidelines apply. Patient must be uninsured.

Other Program Information

Oxandrin program will prompt physician by mail when re-enrollment is due.

SCHERING-PLOUGH CORPORATION

Name Of Program

Schering Laboratories Patient Assistance Program

Contact Information

Schering Laboratories Patient Assistance Program
P.O. Box 52122
Phoenix, AZ 85072
(800) 656-9485

Product(s) Covered By Program

Clarinex tablets, Diprolene AF Cream, Diprolene gel, Diprolene lotion, Diprolene ointment, Elocon cream, Elocon ointment, Foradil Aerolizer, Imdur tablets, K-Dur tablets, Lotrisone Cream, Lotrisone Lotion, Nasonex, Nitro-Dur Patches, Proventil Aerosol Inhaler, Proventil HFA Inhaler, Proventil Inhalation Solution

Eligibility

The program is designed to assist those patients who are truly in need, who are not eligible for private or public insurance reimbursement and who cannot afford treatment. Patient eligibility is determined on a case-by-case basis based upon economic and insurance criteria. Eligibility criteria are subject to change at any time.

Other Program Information

Physician and patient complete an application form. Qualified patients are approved for up to twelve months of assistance. The approved medication will be sent in a 3-month supply to the physician's office (with the exception of Foradil, which will be sent in 1-month supplies). The physician may reorder additional 3-month supplies during the twelve-month eligibility period. At the end of the twelve months, a new application form must be completed.

• • •

Name Of Program

Commitment to Care

Contact Information

(800) 521-7157

Product(s) Covered By Program

Eulexin, Intron A, Peg Intron, Rebetol, Rebetron, Temodar

Eligibility

The program is designed to assist those patients who are truly in need, and who are not eligible for private or public insurance reimbursement. Patient eligibility is determined on a case-by-case basis based upon economic and insurance criteria. Eligibility criteria are subject to change at any time.

Other Program Information

All requests for assistance are processed through calling (800) 521-7157. Reimbursement specialists provide eligible patients with all aspects of reimbursement and payment assistance at no cost, including insurance verification, pre-authorization or pre-certification, denial appeals, referrals to state and local assistance programs and product support.

SERONO, INC.

Name Of Program

Serono Compassionate Care

Contact Information

Serono Compassionate Care
(800) 275-7376
(781) 681-2940 (fax)

Product(s) Covered By Program

Cetrotide, Crinone, Gonal-F, Ovidrel, Pergonal

Eligibility

For more information, please contact the program using the information above.

• • •

Name Of Program

MS LifeLines Patient Assistance Program

Contact Information

MS LifeLines Patient Assistance Program
(877) 447-3243
(866) 227-3243 (fax)

Product(s) Covered By Program

Rebif

Eligibility

For more information, please contact the program using the information above.

• • •

Name Of Program

National Organization for Rare Disorders (NORD)

Contact Information

National Organization of Rare Diseases
(888) 628-6673
(203) 746-6896 (fax)

Product(s) Covered By Program

Serostim

Eligibility

For more information, please contact the program using the information above.

• • •

Name Of Program

Saizen Patient Assistance Program

Contact Information

(800) 582-7989
(877) 408-4288 (fax)

Product(s) Covered By Program

Saizen Growth Hormone

Eligibility

For more information, please contact the program using the information above.

SIGMA-TAU PHARMACEUTICALS, INC.

Name Of Program

Carnitor Drug Assistance (CDA) Program

Contact Information

NORD
P.O. Box 1968
Danbury, CT 06813-1968
(800) 999-6673
(203) 798-2291 (fax)

Product(s) Covered By Program

Carnitor

Eligibility

All applicants must be citizens or permanent residents of the United States. Eligibility is determined by medical and financial criteria and applied to a cost-share formula. A patient applying for eligibility under the CDA Program must first demonstrate having a legal prescription for Carnitor. Second, the applicant must prove financial need above and beyond the availability of federal and state funds, private insurance or family resources. If an applicant is a minor or an adult dependent, NORD may request financial information of family members or guardians before determining the applicant's eligibility. Applications must be submitted annually to determine continued medical and financial eligibility. Acceptance into the program at any time does not guarantee ongoing eligibility, nor does it mean that applicants are entitled to or will be granted benefits at a later time.

Other Program Information

Generally, a patient over 18 years of age may submit his or her own application. If the patient is an adult under the guardianship of another adult, or is a minor, the patient and his/her guardian or parents must jointly submit an application. Applications are reviewed throughout the year. One application per patient, per year, will be accepted. In the event of a significant change in a patient's circumstances, a second application may be considered.

• • •

Name Of Program

Matulane Patient Assistance Program

Contact Information

NORD
P.O. Box 1968
Danbury, CT 06813-1968
(800) 999-6673
(203) 798-2291 (fax)

Product(s) Covered By Program

Matulane

Eligibility

All applicants must be medically eligible for Matulane by having a diagnosis of Stage III or IV Hodgkin's disease documented by the treating physician, or any other lymphomas where a physician feels a response is possible. All applicants must be a U.S. citizen or a permanent U.S. resident. All applicants must sign waivers and release of liability forms. The patient is responsible for shipping and handling costs incurred. Applicants must prove financial need above and beyond the availability of federal and state funds, private insurance or family resources.

Other Program Information

One application will cover the duration of the therapy regimen that is prescribed by the treating physician. This therapy is used in conjunction with other anti-cancer drugs for the treatment of Stage III and IV Hodgkin's disease.

SOLVAY PHARMACEUTICALS, INC.

Name Of Program

Solvay Pharmaceuticals, Inc. Patient Assistance Program

Contact Information

Solvay Pharmaceuticals, Inc.
Patient Assistance Program
P.O. Box 66550
St. Louis, MO 63166-6650
(800) 256-8918
(800) 276-9901 (fax)

Product(s) Covered By Program

ACEON (2/4/8 mg), ANADROL-50, AndroGel 1%, CREON Minimicrospheres Delayed Release Capsules (5/10/20 units), Estratest, Estratest HS, MARINOL, Rowasa Rectal Suspension Enema 4g/16ml

A patient assistance program is available for KLONIPIN® WAFERS (clonazepam orally disintegrating tablets) for those patients who qualify. For more information about this program or to obtain an application, please contact Roche Pharmaceuticals at (800) 285-4484. Please note that program rules and guidelines may differ from those in place for the Solvay Pharmaceuticals, Inc. Patient Assistance Program.

Eligibility

The patient must be a legal U.S. resident. The patient's household income must fit within certain financial criteria. This is determined by comparing an equation of the patient's annual household income minus out-of-pocket medical expenses to poverty guidelines established by the federal government.

Other Program Information

Physicians apply on behalf of the patient by submitting a written request on an application form. Blank forms may be obtained by calling (800) 256-8918. Ongoing patient participation is available based on continued medical and financial need.

TAKEDA PHARMACEUTICALS NORTH AMERICA INC.

Name Of Program

Takeda Patient Assistance Program

Contact Information

Takeda Patient Assistance Program
P.O. Box 66552
St. Louis, MO 63166
(800) 830-9159 (automated fax response or phone requests)
(877) 582-5332 (phone requests)
(800) 497-0928 (fax requests)

Product(s) Covered By Program

Actos

Eligibility

For more information, please contact the program using the information above.

TOGETHER RX

Name Of Program

Together Rx (Abbott, AstraZeneca, Aventis, Bristol-Myers Squibb, GlaxoSmithKline, Johnson & Johnson and Novartis)

Contact Information

(800) 865-7211

Product(s) Covered By Program

Accolate, Aciphex, Albenza, Alkeran, Allegra, Allegra D, Amaryl, Anzemet, Arava Tablets, Arimidex, Atacand, Atacand HCT, Azmacort, Biaxin Filmtab, Biaxin Granules, Biaxin XL Filmtab, Bicitra, Buspar, Carafate, Casodex, Cefzil, Clozaril, CombiPatch, Comtan, Concerta, Coumadin, Depakote, Depakote ER, Depakote Sprinkle Capsules, DiaBeta, Diovan, Diovan HCT, Ditropan, Duragesic, Elidel, Elmiron, Emla Anesthetic Disc, Emla Cream, Entocort EC, Erycette, Estraderm, Exelon, Famvir, Femara, Flexeril, Floxin, Focalin, Glucophage, Glucophage XR, Glucovance, Grifulvin V, Kaletra, Lamisil, Lanoxicaps, Lantus, Lasix, Lescol, Lescol XL, Leukeran, Levaquin, Lotensin, Lotensin HCT, Lotrel, Mavik, Metaglip, Miacalcin Injection, Miacalcin Nasal Spray, Monistat-Derm, Monopril, Monopril-HCT, Mycelex, Nasacort, Nasacort AQ, Neutra-Phos, Nexium, Nolvadex, Norvir, Omnicef Capsules, Omnicef Oral Suspension, Pancrease, Parafon Forte DSC, Parlodel, Plendil, Polycitra, Pravachol, Prevacid, PrevPac, Prilosec, Pulmicort Turbuhaler, Regranex, Reminyl, Renova, Rescula, Retin-A, Rhinocort Aqua Nasal Spray, Risperdal, Ritalin hydrochloride, Ritalin LA, Seroquel, Serzone, Sinemet, Sinemet CR, Spectazole, Sporanox, Starlix, Synthroid Injection, Tarka, Tegretol, Tegretol-XR, Tequin, Terazol, Thorazine, Tolectin, Topamax, Toprol-XL, Trental, TriCor, Trileptal, Tylenol with Codeine, Tylox, Ultracet, Ultram, Urispas, Vascor, Ventolin, Vermox, Vivelle, Vivelle-Dot, Voltaren Ophthalmic, Zaditor, Zelnorm, Zomig, Zomig ZMT

Eligibility

Medicare enrollees. Annual income below $28,000 single/ $38,000 couple (approximately 310% of poverty). Must not have

public or private insurance coverage for prescription medicines.

Other Program Information

Anticipated savings are approximately 20-40% off retail prices. Each company sets its own level of savings independently with a minimum discount of 15% off its list price to wholesalers. Actual consumer savings will vary depending on the pharmacy's customary pricing for the specific drug.

WYETH PHARMACEUTICALS

Name Of Program

Wyeth Patient Assistance Program

Contact Information

Wyeth Pharmaceuticals
Assistance Foundation
P.O. Box 13806
Philadelphia, PA 19101-9649
(800) 568-9938

Product(s) Covered By Program

Cordarone Tablets, Declomycin Tablets, Effexor Tablets, Effexor XR Extended-Release Capsules, Inderal LA Long-Acting Capsules, Inderal Tablets, Inderide Tablets, Lodine Capsules, Lodine Tablets, Lodine XL Tablets, Minocin Capsules, Oruvail Capsules, Oruvail Capsules ER, Phenergan Suppositories, Phenergan Tablets, Phospholine Iodine, Premarin Tablets, Premarin Vaginal Cream, Premphase Tablets, Prempro Tablets, Protonix Tablets, Trecator-SC Tablets

Eligibility

Patients must attest that they are a U.S. resident, do not have the ability to pay for their medication, have no government or private insurance to pay for the medication requested, and earn less than 200 percent of the current HHS Poverty Guidelines. Eligibility criteria are subject to change without notice.

Other Program Information

The program is accessed by physicians whose patients meet the eligibility requirements. A three-month supply of specific products is provided directly to the physician for dispensing to the patient. The signatures of both patient and physician are required on the application form.

• • •

Name Of Program

BeneFIX and ReFracto Patient Assistance Program

Contact Information

(888) 999-2349, Option 1

Product(s) Covered By Program

BeneFIX, ReFracto

Eligibility

The program is designed to provide temporary assistance to patients who meet the predetermined eligibility criteria. Eligible patients must be uninsured at the time of request to participate in the program. Insurance eligibility is verified through a third party vendor.

Other Program Information

A new application is required after 90 days.

• • •

Name Of Program

Encourage Foundation

Contact Information

(888) 4-ENBREL (436-2735)
(888) 508-8083 (fax)

Product(s) Covered By Program

Enbrel

Eligibility

For more information, please contact the program using the information above.

PhRMA

Pharmaceutical Research and Manufacturers of America
1100 Fifteenth Street, N.W.
Washington, DC 20005