

GUIDE TO PRESCRIPTION ASSISTANCE PROGRAMS

This guide is divided into four sections:

- A. **Oregon's Senior Prescription Drug Assistance Program**
- B. **Discount and Discount Card Programs**
- C. **Patient Assistance Programs**
- D. **Other Resources**

A. Oregon's Senior Prescription Drug Assistance Program

Oregon's Senior Prescription Drug Assistance Program

- Qualifiers:
1. Must be 65 years of age or older.
 2. Must be a resident of Oregon.
 3. Must have income* that does not exceed 185% of the federal poverty level. As of Feb. 1, 2002, this income limit is \$1,366 per month.
 4. Must have less than \$2,000 in liquid resources* (your primary residence and car do not count as resources).
 5. Must not have been covered by any public or private drug benefit program in the last six months (this does not include discount programs).
 6. Must pay an annual fee of \$50.

* Income and resources are based on *your individual* income and resources, not those of your household, even if you are married.

Benefits: Once you are found eligible, you will be eligible for 12 months, unless you move out of Oregon or acquire other drug benefit coverage. Your membership card will show the dates your coverage begins and ends.

Members purchase prescription drugs at Medicaid's reduced rate. The amount members pay will vary from drug to drug. "Prescription drugs" means drugs that must legally be prescribed by a person authorized to prescribe drugs, such as your family doctor. It does not include prescribed over-the-counter drugs. Medical supplies and medical equipment are not covered

Contact: 1-800-359-9517 or TTY 1-800-325-0778
or http://www.dhs.state.or.us/healthplan/app_benefits/spdapinfo.html

B. Discount and Discount Card Programs

Drug Discount Cards/Programs usually offer a “membership” for a monthly or annual fee. There are a number of different discount programs being offered, so it’s a good idea to shop around. Programs are offered by drug companies, pharmacies and other groups.

Before you choose a card or program, compare the following features:

- ž Membership fees.
- ž Income, resource and age requirements.
- ž Medicines covered by the program—can you get any medicine or only certain ones?
- ž Benefits you will receive.
- ž Method of purchasing prescriptions—is it mail-order only or can you still shop at your local pharmacy?

Be sure to ask your pharmacy if they accept the discount card/program you’re interested in **before you sign up.**

Below is a listing of the discount card programs available from drug companies. All require that applicants be Medicare recipients and have no other prescription coverage. These drug discount cards have no enrollment or annual fees.

1. GlaxoSmithKline ORANGE CARD

- Qualifiers:
1. Must be Medicare-enrolled.
 2. Must have no other prescription drug coverage.
 3. Your annual income must be at or below \$30,000 for an individual and \$40,000 for a couple.
- Benefits: Allows you a 25-40% discount on certain GlaxoSmithKline medications at participating pharmacies.
- Contact: 1-888-672-6436 or <http://us.gsk.com/card/>

2. LILLYANSWERS (Eli Lilly & Company)

- Qualifiers:
1. Must be Medicare-enrolled.
 2. Must have no other prescription drug coverage.
 3. Individual income must be below \$18,000 or household income below \$24,000.
- Benefits: At participating pharmacies, pay \$12.00 per prescription for a 30-day supply of any Lilly drug except controlled substances.

Contact: 1-877-795-4559 or <http://www.lillyanswers.com>

3. NOVARTIS CARE CARD

Qualifiers:

1. Must be Medicare-enrolled.
2. Must have no other prescription drug coverage.
3. Be one of the two income levels listed below:
 - A. Annual income level must be \$18,000 or below for an individual, \$24,000 or below for a couple; or
 - B. Annual income level must be 28,000 or below for an individual, \$38,000 or below for a couple.

Benefits: At participating pharmacies:

Income Level A. Pay \$12.00/month per qualifying Novartis prescription.

Income Level B. Receive a 25% to 40% discount per qualifying Novartis prescription.

Contact: 1-866-974-2273 or <http://www.careplan.novartis.com>

4. PFIZER SHARE CARD PROGRAM

Qualifiers:

1. Must be enrolled in Medicare
2. Cannot have any other prescription drug coverage
3. Annual income less than \$18,000 single, \$24,000 couple (Verified with **either** SSB verification 1099 **or** tax form 1040).

Benefit: If you qualify, you will receive a card that allows you to pay only \$15.00 for up to a 30-day supply of each Pfizer medicine (limitations on which medicines qualify, see Pfizer brochure).

Contact: 1-800-717-6005 or <http://www.pfizerforliving.com>

5. TOGETHER Rx CARD

Qualifiers:

1. Must be enrolled in Medicare.
2. Annual household income for singles must be less than \$28,000 and \$38,000 for couples.
3. You must not have any other prescription medication drug coverage.

Benefits: Allows for 20-40% discount at participating pharmacies on select medications manufactured by the following drug companies; Novartis, Abbott Laboratories, AstraZeneca, Aventis, Ortho-McNeil, Bristol-Myers Squibb Company, GlaxoSmithKline and Janssen.

C. Patient Assistance Programs

Many drug companies have patient (prescription) assistance programs. These programs give away small amounts of a company's drugs to people who need them and cannot afford them.

Each drug company has different requirements and applications for the patient assistance programs they offer.

Application forms are free. Your application may require information about your insurance coverage and financial status. It will probably require the signature of your doctor. Most programs will also require that you reapply every 3 to 6 months.

Once your application is processed and you are accepted, most programs will send the medication to your doctor's office for you to pick up there. This process may take eight weeks (sometimes longer).

How to Find a Patient Assistance Program:

You will need to research currently available patient assistance programs to see if there are programs for the medications you take. Be sure you have the following information before you begin your search:

- the brand name for each medication you take;
- the name of the company that makes each medication; and
- the name and address of the doctor who prescribes each medication.

The easiest way to research patient assistance programs is on the internet. There are a number of web sites offering searchable directories—letting you search by drug brand name and/or drug manufacturer name. Some of these web sites also have downloadable applications for some of the assistance programs.

You should be able to locate information on patient assistance programs at any of the following sites:

<http://www.needymeds.com>

<http://www.rxassist.org>

<http://www.healthyoregon.org>

<http://www.rxhope.com>

<http://www.medicare.gov/Prescription/Home.asp>

<http://www.phrma.org> (You can also contact PhRMA at 1-800-762-4636 and ask for a free copy of their *Directory of Prescription Drug Patient Assistance Programs*.)

If you would prefer to have someone help you find the patient assistance programs you may qualify for, the following organizations can help you do that:

1. MEDASSIST (For low-income residents of Marion or Polk counties only)

Qualifiers:

1. Must be within 150% of the Federal poverty level = annual income \$13,284 for single person and \$17,910 for couple (4/02, figures change annually).
2. Do not qualify for Medicaid or the Oregon Health Plan prescription coverage or any private or public coverage.
3. Must reside in Marion/Polk county.

Benefits: Free program to assist low income patients of Marion/Polk county physicians in accessing needed prescription drugs that they are unable to afford, by introducing them to various prescription programs. Only available in Marion & Polk County.

Contact: 1-503-561-6043

2. THE MEDICINE PROGRAM

Qualifiers:

1. Cannot have insurance coverage for outpatient prescription drugs.
2. Income has to be at a level which causes a hardship when the patient is required to purchase the medication at retail.
3. Applicant cannot qualify for government or third party program which provides for prescription medication.

Benefits: Medication free of charge if you are approved. There is a \$5.00 fee per medication applied for which is fully refundable upon request if you are not approved for the program.

Contact: 1-573-996-7300 or <http://www.themedicineprogram.com>

D. Other Resources

- 1. The Governor's Advocacy Office (Oregon)**
1-800-442-5238
- 2. For veterans of the U.S. Armed Forces, their spouse, widow or child,**
contact: **Oregon Department of Veterans Affairs**
1-800-692-9666 /in Salem, 503-373-2085
TTY 503-373-2217