

Please Note: It is important that your loved one receive quality care. The information is based on the provider's description of their own services. We cannot guarantee, endorse, or recommend any provider listed and the information may change without notice. This is an informational list only and we update it regularly. Through our 24-hour Helpline and Care Consultation program, we have the skills to coach you on how to use these resources and how to make them successful for your situation. We can help you know when it's relevant and how to be a good consumer of the resource. Call one of our experts today. Furthermore, if you notice any resource listed with inaccurate information, please let us know.

Medication Assistance Programs

Name / Address / Phone	Eligibility Criteria	Application Process	Assistance Amount	Special Notes
Canada Discount Rx (Internet discount pharmacy) (800) 841-8598 www.canadadiscountrx.com	Anyone is eligible. Do not accept Medicare or insurance	Call them directly	Provides individuals with savings up to 70% off the average U.S. price for prescription medications. \$6.95 shipping and handling fee if order is under \$99.00 over \$99.00 S&H is free	Does not accept foreign insurance.
Catholic Charities-LDI Pharmacy (Pharmacy Benefit Management) 680 Craig Road, Suite 200 Creve Coeur, MO 63141- (314) 652-3121 or (866) 516-3121 www.ldirx.com	Prescription program designed to benefit individuals in need of assistance with their prescription costs. Can have prescriptions mailed home or have the prescription filled at a local pharmacy. Some charges may apply if not mailed. Delivery charge applied	Call 1-866-516-2121 for application	Discount prescription plan with an annual enrollment fee of \$15.00. Only available for those who are not eligible for Medicare Part D.	
CLAIM (Community Leaders Assisting the Insured of Missouri) 200 North Keene Street Columbia, MO 65201- (573) 817-8300 or (800) 390-3330 www.missouricclaim.org	Medicare Beneficiaries	CLAIM aids the patient/caretaker with applying for assistance with medication cost through drug manufacturers. CLAIM counselors can make the application process faster and easier for the individual.	Unlimited; Can answer information about: Medicare eligibility, enrollment, and claim forms; Medicare Advantage (Choice) options; Medicare Part D; Long-term care planning; Public benefit programs	

Medication Assistance Programs

Name / Address / Phone	Eligibility Criteria	Application Process	Assistance Amount	Special Notes
<p>Forest Laboratories, Inc. (Namenda (Memantine) Patient Assistance</p> <p>13600 Shoreline Drive Saint Louis, MO 63045- (314) 493-7000 or (800) 678-1605 www.frx.com</p>	<p>The patient may at certain times have public/private prescription coverage. Must apply to see if applicant meets the income guideline. Eligibility done on a case by case basis.</p>	<p>The applicant must call for application or download from the website. Completed patient assistance application forms along with required prescriptions must be mailed to Shoreline address (no faxes permitted). Please allow 4-6 weeks for application processing and delivery of medication.</p>	<p>A three months supply of the prescription is given. Requires application for each refill, sent six weeks before refill is needed (to allow for application processing).</p>	<p>Medication is shipped to the patient's doctor. Each time a qualifying patient's prescription needs refilling, a new Patient Assistance Program application form and prescription must be submitted to FPI.</p>
<p>Free Medicine Foundation</p> <p>PO Box 125 Doniphan, MO 63935-0125 (573) 996-3333 or (573) 996-7300 www.freemedicinefoundation.com</p>	<p>Applicants must not qualify for governmental programs providing prescription medications and must be low income. Income levels and other requirements are determined by the particular sponsor for each medication.</p>	<p>Call for an application, download the application from the website, or fill out an application online. Will be sent a customized packet containing assistance programs for each medication requested. Each applicant will receive a customized packet to assist in applying to the appropriate manufacturer for help with his/her particular medications.</p>	<p>Foundation assists in finding programs which will provide patients with free prescription medications or low cost programs. Must pay a \$10 processing fee for each medication requested, which will be refunded if the medication cannot be acquired.</p>	<p>Offered nationwide through a variety of private healthcare and government social service offices.</p>
<p>Illinois Cares Rx (Basic & Plus)</p> <p>Pharmaceutical Assistance IL Dept. Springfield, IL 62794-9021 (800) 624-2459 or (800) 252-8966 www.illinoiscaresrx.com</p>	<p>For Rx Basic: Must be 65 years or older or someone who is 16 or older with a disability. Must be a U.S. citizen. Income must be at or below \$22,218 for an individual and \$29,480 for a couple.</p> <p>For Rx Plus: Must be 65 years or older, a U.S. citizen, and enrolled in a Medicare Prescription Drug Plan. Income must be at or below \$23,225 for an individual and \$31,264 for a couple.</p>	<p>Application online. Previous Circuit Breaker and Senior Care members were automatically enrolled in Illinois Cares Rx. If you have Medicare, you must apply for "Extra Help" to qualify for the Illinois Cares Rx program. If denied, must send a copy of the denial letter to Illinois Cares Rx. You do not need to have Medicare to participate in Illinois Cares Rx. You will need to reapply every year.</p>		

Medication Assistance Programs

Name / Address / Phone	Eligibility Criteria	Application Process	Assistance Amount	Special Notes
<p>I-Save Rx</p> <p>PO Box 44650 Detroit, MI 48244-0650 (866) 472-8333 www.i-saverx.net</p>	<p>All Illinois, Wisconsin, Kansas, Missouri, and Vermont residents are eligible.</p>	<p>Call to receive enrollment packet or download forms from the website. Send forms and prescriptions to I-Save Rx. If faxed, must be faxed from the doctor's office. Forms will be reviewed. Expect to receive medication approximately 20 days after the enrollment form is processed.</p>	<p>Can save 25%-80% off U.S. retail prices.</p>	<p>An I-Save representative will contact the patient 30 days before the next refill is due to update the health and medication profile and help patients stay current with their prescriptions. Prescriptions must be written in 90-day supply with three refills. New-to-you medications must be tried for at least 30 days before using I-Save Rx.</p>
<p>Lutheran Senior Services Benevolent Assistance (Benevolent)</p> <p>1150 Hanley Industrial Court Saint Louis, MO 63144- (314) 446-2475 http://lssliving.org</p>	<p>Provides financial assistance for individuals that are 60 or above or 50 with a disability and have assets less than \$5,000 -- not including one home and other items. One's income must be consumed by everyday needs.</p>	<p>Application must be filled out by a professional or by a LSS staff member. Call to talk with one of the outreach staff.</p>	<p>Average grant is \$200-300 for medication. Anyone is eligible to apply, though not all applications are accepted.</p>	<p>Must live in St. Louis City, St. Louis County, St. Charles County, or Jefferson County</p>
<p>MedWise</p> <p>4402 Broadway, Suite 11 Garland, TX 75043- (888) 331-1566 or (417) 207-1863 www.medwisepap.com</p>	<p>You cannot have prescription drug coverage. Individuals or families with financial and medical hardship. Individuals that do not qualify for a state or federal programs that provide prescription drug coverage. Eligibility criteria varies per program, depending on income, prescription medicines, resident state, age, and current prescription drug coverage. Must be a U.S. citizen.</p>	<p>Call and give information about your prescription medications and your financial situation (all information confidential). MedWise will check with Patient Assistance Programs of U.S. manufacturers for qualifications and availability. They will assist with all paperwork.</p>	<p>One time application fee of \$100, which covers an entire family. \$15 processing fee per prescription, per month. If applicant is denied all medications by manufacturers, application fee will be refunded.</p>	<p>Process takes 4-6 weeks. Usually includes 2-3 phone calls.</p>

Medication Assistance Programs

Name / Address / Phone	Eligibility Criteria	Application Process	Assistance Amount	Special Notes
<p>Merck Prescription Discount Card</p> <p>One Merck Drive, PO Box 100 Whitehouse Station, NJ 08889-0100 (800) 727-5400 or (800) 506-3725 www.merckhelps.com</p>	<p>Must live in the U.S. and be under the care of a U.S. physician. Must not have any private or public prescription coverage, which includes Medicaid, Medicare, and Veterans Assistance programs. No age or income restraints.</p>	<p>Call 1-800-506-3725 to receive program material or download application-www.merckunisured.com</p>	<p>Can save a percentage on Merck products based on level of need. No enrollment fees, no monthly fees. May reapply as many times as needed.</p>	
<p>Missouri Rx Plan (formerly Missouri Senior Rx Program)</p> <p>PO Box 6500, 205 Jefferson Street Jefferson City, MO 65102-6500 (800) 375-1406 http://www.morx.mo.gov</p>	<p>Low income Medicare beneficiaries. Previous Senior Rx members who are Missouri residents and have Medicare; all individuals who are eligible for both Medicare and Medicaid; Medicare beneficiaries with incomes at or below 200% federal poverty level. Members must be enrolled in a Medicare Prescription Drug Plan.</p>	<p>See website www. MORX.mo.gov for application. All dual eligibles whose prescription drug coverage changed from Medicaid to Medicare were automatically enrolled in the MoRx Plan. All 2005 Senior Rx Program members were auto-enrolled in the MoRx Plan.</p>	<p>Nothing. Program is free no enrollment, free deductible, or monthly premium. Pays for 50% of member's out of pocket costs remaining after their Medicare Prescription Drug Plan pays. Drugs denied by the PDP will not be covered by MoRx.</p>	<p>Not available for mail order prescription service and covers a maximum of a 31-day supply. www.MissouriRxPlan.com</p>
<p>National Council on Aging, The (Benefits CheckUp, Benefits)</p> <p>300 D Street, South West, Suite 801 Washington, DC 20024-</p> <p>www.benefitscheckup.org</p>	<p>Is free, but requires confidential surveys to be completed. The comprehensive Benefits CheckUp survey takes 20-30 minutes to complete and the Benefits CheckUpRx survey takes 10-15 minutes to complete. The Benefits CheckUpRx Extra Help survey takes about 10-15 minutes to complete and specifically looks at if the applicant is eligible for "extra help" through Medicare Part D. Must meet income eligibility requirements.</p>	<p>www.benefitscheckup.org</p>	<p>Qualified individuals will have low or no deductible, low or no premiums, no coverage gap</p>	<p>Helps find programs for people ages 55 and over that may pay for some of their costs of prescription drugs, health care, utilities, and other items or services.</p>

Medication Assistance Programs

Name / Address / Phone	Eligibility Criteria	Application Process	Assistance Amount	Special Notes
<p>Novartis Pharmaceuticals Corporation (Novartis Patient)</p> <p>Saint Louis, MO 63166-6556 (800) 277-2254 or (888) 669-6682 www.pharma.us.novartis.com/novartis/pap/pap.jsp</p>	<p>The patient must be a U.S. resident and cannot have public/private prescription coverage. They must also meet income guidelines: 200% poverty guideline – single: earn less than \$20,800 a yr., household size 2 earn less than \$28,000 a yr., household size 3 \$35,200, household size 4 \$42,400.</p>	<p>The physician or patient must call and go through a pre-screening process for the income requirement. The applicant must call for an application or download from the website and mail prescription. The provider completes lower portion of application. The patient must send proof of income (tax form, W2, check stubs, bank statement). The physician and patient will be notified of patient's eligibility. Prescription of medication also needed.</p>	<p>A 90-day supply of the prescription is given. Limit is indefinite.</p>	<p>Appeal process available for those denied. 2-3 weeks to process application. Meds are delivered to Doctor. Patient can reapply for continued assistance. New application needed annually.</p>
<p>Ortho-McNeil Neurologics, Inc. (Johnson & Johnson Patient)</p> <p>PO Box 221857 Charlotte, NC 28222-1857 (800) 652-6227 www.razadyne.com/www.access2wellness.com</p>	<p>Program will ensure that all Razadyne is made available free of charge to any persons who meet specific medical criteria and lack financial resources and third-party insurance necessary to obtain treatment. Reimbursement specialist determines eligibility for each patient. Based on financial criteria and insurance guidelines.</p>	<p>Call for application to be mailed or visit the website to download an application. Physician fills out and signs application. Takes 3 to 5 days for processing. Copy of taxes must be mailed or faxed and processed by program (most current tax form, only the first page).</p>	<p>One-month supply at a time for one year. Renewal is possible during the last month. A letter will be sent to the physician and patient during this time reminding them of renewal. The patient is sent a card to use at the pharmacy to acquire their prescription.</p>	<p>After one year, fax renewal form to provider and the prescription will automatically be refilled.</p>

Medication Assistance Programs

Name / Address / Phone	Eligibility Criteria	Application Process	Assistance Amount	Special Notes
<p>Partnership for Prescription Assistance</p> <p>(888) 477-2669 www.pparx.org</p>	<p>Call or visit the website to learn which programs are best suited for them. Patients should be ready to provide: age, state of residence, ZIP code, estimated income, brand name of the prescription medicines they are currently taking or have been prescribed, and, if applicable, any type of health insurance and/or prescription coverage. All responses are confidential. All applicable information and programs will be sent to the applicant through the mail.</p>	<p>Download application-www.pparx.org</p>	<p>The organization brings together over 475 different public and private patient assistance programs. The organization allows uninsured or underinsured patients access programs which will allow them to get the prescription drugs they need. Can also assist seniors with understanding their Medicare benefits.</p>	
<p>Rx Outreach (Fully-licensed mail order pharmacy)</p> <p>PO Box 66536 Saint Louis, MO 63166-6536 (800) 769-3880 or (888) 408-1079 www.rxoutreach.org</p>	<p>Annual household income is: \$32,670 or less for a single person, \$44,130 or less for a family of two, Add \$11,460 for each additional person (\$55,590 or less for a family of three, \$67,050 or less for a family of four)</p>	<p>Get a prescription from your doctor. If your medicine is in Tier 1 or Tier 2, ask your doctor about a 180-day supply with one refill. If your medicine is in Tier 3, ask your doctor about a 90-day supply with three refills. Mail the completed application, prescription(s) and payment to the address listed.</p>	<p>More than 400 medications on the list. \$20 for a 180-day supply for more than 150 medications. Aricept® (Donepezil) in 5mg and 10mg is \$25 (90 day supply).</p>	<p>Rx Outreach is an independent, non-profit charitable organization. Their mission is: "providing medications to make a difference for people in need." Hours are 7:00AM-5:30PM CST M-F</p>
<p>Together RX Access</p> <p>PO Box 9426 Wilmington, DE 19809-9944 (800) 444-4106 www.togetherrxaccess.com</p>	<p>Must be a U.S. resident. Must not be eligible for Medicare and can have no private/public prescription coverage. Income must be less than \$30,000 for an individual, \$40,000 for a couple, \$50,000 for a household of three, and \$60,000 for a household of four. For more than four in a household, call for income levels.</p>	<p>Can enroll online or mail in form or call 1-800-444-4106 Will be contacted by mail if eligible.</p>	<p>Save 25%-40% on brand-name prescription drugs. No enrollment fees, no monthly fees.</p>	

Medication Assistance Programs

Name / Address / Phone	Eligibility Criteria	Application Process	Assistance Amount	Special Notes
<p>Tricare Military Health Plan (Tricare Pharmacy Program)</p> <p>Skyline 5, Suite 810, 5111 Leesburg</p> <p>(877) 363-6337 or (866) 773-0404 www.tricare.osd.mil</p>	<p>Must be retired from military service and be eligible for Medicare Part A, enrolled in Part B and registered in the Defense Enrollment Eligibility Reporting System to receive benefits. To have prescription filled beneficiaries need a written prescription and a valid uniformed services ID card. TFL is for all TRICARE beneficiaries who are entitled to Medicare because of disability, end stage renal disease, or age.</p>		<p>The percentage or fixed amount that the beneficiary pays toward the cost of the medication is based on whether a prescription medication is a generic, formulary, or non-formulary pharmaceutical. Copay is \$3.00 for generics and \$9.00 for brand-name drugs</p>	
<p>VA Health Benefits</p> <p>VA Medical Center, 1 Jefferson Saint Louis, MO 63125- (877) 222-8387 or (314) 652-4100 www.va.gov/healtheligibility</p>	<p>Must be enrolled in VA healthcare program. Not available to a National Guard and Reservist who have not had active duty.</p>	<p>Complete packet through John Cochran/ Jefferson Barracks. May download a 10-10EZ form-website www.va.gov/vaforms. Must have a copy of DD214 discharge from the military.</p>	<p>Prescriptions for veterans are available at \$24.00 for generic or branded drugs for a 90 day supply, and \$8 for a 30 day supply.</p>	