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PRESCRIPTION DRUG PROGRAMS FOR OLDER AMERICANS

(INCLUDES A DIRECTORY OF PHARMACEUTICAL MANUFACTURER INDIGENT PATIENT PROGRAMS)

A STAFF REPORT

OF THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

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PREFACE

Taking prescription medications is often a matter of life and death for millions of older Americans. The unfortunate truth, however, is that many older Americans are unable to buy the drugs that they need to sustain life because they are simply just too expensive. For that reason, many older Americans do not take their medications correctly, or do not take them at all. The purpose of this report is to update the Congress and the American people about the impact of rising drug costs on older Americans, and analyze the extent to which public and private insurance programs meet the need of providing drugs to this population group.

Unfortunately, there is little encouraging news to report. Unlike hospital and physician services, there is little adequate public or private health insurance coverage for prescription drugs. Medicare—the primary health insurance program for older Americans—does not cover the cost of outpatient drugs. Medicaid, the health insurance program for the poor, provides some drug coverage for the poorest of the poor, but leaves too many other poor older Americans exposed to potentially catastrophic prescription drug costs. Medigap plans, which can be purchased to supplement Medicare's insurance protections, generally offer inadequate prescription drug coverage. This assumes that an elderly person can even afford to buy a Medigap policy.

The bottom line is that, because of the prescription drug insurance void, the overwhelming majority of older Americans' prescription drug costs are paid out-of-pocket. That is why almost 5 million older Americans in the United States today say that they make tough choices between paying for food or their medications.

The relative lack of prescription drug insurance for older Americans has been significantly compounded by 12 years of unrelenting pharmaceutical manufacturer prescription drug price increases. Year after year since 1980, drug price increases have added a profound

burden to millions of older Americans who are already staggering under the weight of paying for other necessities of life such as food, heat, and rent.

Although the drug industry contends that pharmaceutical price inflation is slowing down, recent data from the Bureau of Labor Statistics do not support this assertion. During the period between June 1991 and June 1992, while overall inflation at the manufacturers' level increased 1.5 percent, pharmaceutical price inflation at the manufacturers' level increased more than four times this rate—6.3 percent. These eye-opening data make it more important than ever to bring the cost of pharmaceuticals under control as soon as possible.

Unfortunately, the drug manufacturing industry in the United States has done little to make drugs more affordable and accessible to poor and indigent populations in particular. Drugs can be the most cost effective form of treatment for a particular illness, but if they are unaffordable, they cannot help.

Many drug companies have developed programs that make drugs free of charge to poor and other vulnerable populations of Americans that cannot afford them. However, these programs are currently being used by only a small number of Americans that could truly benefit from them. In addition, the programs often require long waiting times for indigent patients to receive their free medications from drug manufacturers.

This report contains a directory of the indigent patient programs that many pharmaceutical manufacturers currently have in operation. However, an analysis of these programs leads to the conclusion that substantial changes need to be made in order to make them more accessible and practical for use by indigent patients and their physicians.

During the current and upcoming debate on health care reform, it will be imperative for the Congress to address the very important issues of access to and costs of prescription medications. If these issues are not adequately addressed, many Americans of all ages—especially older Americans—will have to continue to choose

between life-saving medications and the many other vital necessities of life.

Sincerely,

DAVID PRYOR,
Chairman.

WILLIAM COHEN,
Ranking Republican Member.

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Pharmaceutical Manufacturer Indigent Patient Programs

A. OVERVIEW

To increase access to drugs for indigent patients, a number of pharmaceutical manufacturers have developed programs to help make medications more available free of charge. The programs are commonly referred to as "indigent patient programs." It is laudable that pharmaceutical manufacturers have, for several years, voluntarily offered programs to assist some of the poorest Americans obtain life-saving medications. However, the limited scope of these programs, the small number of recipients, the cumbersome distribution system, and the minimal level of awareness among indigent patients indicate that these drug company programs may not be fulfilling their mission. In the final analysis, these programs are certainly not substitutes for affordable prescription drugs or prescription drug insurance.

The level of awareness of these manufacturers' programs appears to be minimal among older Americans and the agencies that have been established to provide social services to this population group. That is because the programs are usually promoted to the physician through word-of-mouth by the local sales representative of the pharmaceutical manufacturer, and are rarely promoted to the indigent patients who need them the most. As a result, only a very small number of indigent patients are benefitting from the programs at this time.

To make older Americans and other indigent vulnerable populations more aware of these programs, the U.S. Senate Special Committee on Aging surveyed pharmaceutical manufacturers for information about their indigent patient programs. Information from each manufacturer that responded to the survey is included in the Directory which is part of this report. The manufacturers and their programs are listed in alphabetical order by manufacturer.

While the level of awareness of these programs certainly needs to be increased, it is encouraging to note that almost all major, brand name pharmaceutical manufacturers reported that they have programs that provide prescription drugs free of charge to indigent patients. Based on an analysis of the programs reported to the Committee by the manufacturers, recommendations on improvements that can be made to these programs are suggested at the end of this section.

B. GENERAL FINDINGS ABOUT THE INDIGENT PATIENT PROGRAMS

Many manufacturers provided prompt and detailed responses to the Committee's survey. However, there were a significant number of manufacturers that were very reluctant to provide detailed information to the Committee about their programs. The nature and structure of pharmaceutical manufacturer indigent patient programs differ from program to program. However, it is possible to make some generalizations about how these programs have been operating, and whether they are meeting their goal of providing indigent patient access to needed medications.

Drugs Covered Under the Programs

The drug companies that responded to the survey reported that they generally make all their prescription products available free of charge to indigent patients through these programs. In general, some drug manufacturers reported that they have well-defined, well-structured indigent patient programs, while other manufacturers reported that they have programs that make drugs available to indigent patients on an informal ad hoc basis through the request of the physician. The programs generally do not make controlled substances available, such as narcotic drugs. Some companies have established special programs for certain drugs that may be very expensive or that treat particular populations, such as cancer or AIDS patients. A special listing of AIDS drugs programs is provided in the Appendix.

Many of the companies reported that part of their efforts to serve indigent patients involve the distribution of free drug samples to physicians. Companies report that physicians, in turn, distribute some of these sam-

ples to indigent patients. Unfortunately, the use of pharmaceutical samples to treat indigent patients is not an acceptable substitute for an effective indigent patient program. Pharmaceutical samples are not always available in physicians' offices at the time of the indigent patient's visit. In addition, the samples of the drug distributed to the patient on the initial visit may not be available when the patient returns for subsequent visits. The patient may then have to be switched to a different drug.

Because many indigent patients see multiple physicians or pharmacists, or receive care in a busy clinic or emergency room, samples may not always be available, or the samples that were dispensed may not be properly recorded on the patient's chart. This makes it much more difficult to track a patient's drug therapy. In the final analysis, drug samples are primarily expensive marketing tools for pharmaceutical manufacturers, and are not a substitute for an indigent patient program that provides a full course of therapy for the patient's condition at the time of need.

Patient Eligibility

Many of the programs simply require that the physician determine that the patient is indigent and cannot afford the drugs prescribed. Some programs require the physician to write a letter to the company stating that the patient is indigent, and include a prescription for the products requested. Other programs, especially for those drugs that are expensive, require either the physician or patient to enroll in a program, or qualify for a program by meeting certain income and asset criteria. Some companies have established toll-free numbers that patients and physicians can call to enroll in these programs.

Many of the programs require that the patient be ineligible for private health insurance, third-party coverage, Medicaid or Medicare before they qualify for an indigent patient program. Unfortunately, as was described in the first section of this report, while some indigent patients—especially older and disabled Americans—may qualify for Medicare, outpatient prescription drugs are not covered under Medicare. Therefore, it would be unfair to deny indigent patients access to any

of these programs simply because they qualify for Medicare. Of course, because of their financial status, most indigent patients would be unlikely to purchase supplemental insurance coverage that would cover the cost of outpatient prescription drugs. However, if an indigent patient has some form of health care insurance that does not cover prescription drugs, that patient should be eligible to receive drugs under a drug manufacturer's indigent patient program.

A few programs require that the physician treat the patient as indigent before the drug manufacturer will provide the drugs free of charge to that patient. That is, the physician is also required to waive his or her fee for treating the indigent patient. These programs, however, indicate that they usually honor the physician's determination that the patient is indigent even if the physician does not waive his or her fee.

How the Indigent Patient Obtains the Drugs

Most of the programs require that the physician make initial contact with the company, either directly or through the local sales representative, to obtain the drugs for the indigent patient. The drugs are then delivered to the physicians' office, where they are distributed to the patient. In some cases, injectable drugs and hospital-only drugs are delivered to the hospital if they are administered in that setting to a patient that is uninsured.

Even if there is increased awareness of indigent patient programs among patients and health care professionals, the mechanism by which almost every company delivers drugs to the indigent patient is through the physician's office. Unfortunately, this does not allow patients to get their drugs in a timely manner. This distribution system significantly reduces the goal of providing access to drugs to indigent patients which the companies say that they are committed to doing. It may take several weeks to get the drugs to the patient through the physician. In addition, indigent patients may not have a regular physician if they are receiving care through clinics or emergency rooms. In these cases, patients may never receive their medications.

A better way to provide prescription drugs to an indigent patient is to have them dispensed to the patient by

a pharmacist. Such an approach would allow the patient to receive the drug in a timely fashion. It would also help the pharmacist monitor the patient's drug therapy if the indigent patient is seeing multiple physicians and taking multiple medications. Pharmaceutical manufacturers should then reimburse the pharmacist for the cost of the product and a dispensing fee, as at least two drug manufacturers do in their indigent patient programs.

Number of Patients Covered

In general, the data reported by the companies about the number of indigent Americans that are participating in these programs lead to the conclusion that only a small number of Americans that qualify for these programs are actually taking advantage of them. This may be the case for many reasons. First, indigent patients may often receive care in emergency rooms or other facilities in which they see multiple physicians. Thus, the fragmented care that they receive oftentimes does not allow them to establish a professional relationship with a health professional who can provide continuity of care. Many of the physicians may therefore be unaware of the patient's financial situation, or the patient's drug history.

Second, many indigent patients themselves are unaware that these programs exist, and do not ask physicians or pharmacists about them. Even if patients do know about these programs, many may feel uncomfortable asking for "free drugs," and may feel too "proud" to admit that they are unable to afford their drugs.

Finally, drug manufacturers need to do a much better job of promoting these programs to the public at large—including the medical and pharmacy profession—and improving the operation of these programs to make them more accessible and practical for patients. A primary target for publicizing these programs should be community-based health clinics, organizations such as Area Agencies on Aging, and other home-care agencies, that provide services to older Americans. Oftentimes, caregivers of older Americans are the first ones to recognize that drugs are not taken properly because older Americans do not know how to take them, or because they cannot afford to take the drugs as prescribed.

C. HOW TO USE THIS DIRECTORY

As noted, the various drug manufacturers that responded to the survey are listed in alphabetical order. If you know the manufacturer of the drug or drugs that are being taken, simply locate the manufacturer in this section for more information about that company's indigent patient program. If you do not know the name of the company that makes the drug, then check the listing that follows for the drug that you are taking, and the name of the company will be identified. This list identifies by BRAND NAME the major drugs of the manufacturers that responded to the survey.

NOTE TO PATIENTS

Most of the indigent patient programs listed in this booklet ask that the physician make initial contact with the company to obtain the drugs that the physician has determined necessary. In some cases, physicians are required to complete forms to enroll patients in the program. In other cases, the physician simply has to contact the local sales representative of the drug company to order the medications.

If you believe that you qualify for one of the programs listed in the directory, then speak with your physician. If you are eligible for the program, in most cases, the company will send the drugs to your physician, and you will have to then obtain them from the physician.

Please note that this directory includes programs of almost all the major brand name pharmaceutical manufacturers; however, some manufacturers may not be listed. If you are taking a drug which does not appear on this list, please talk to your physician about whether or not the drug is covered under an indigent patient program. Drug companies that did not respond to this survey may have indigent patient programs that will make your drugs available free of charge. The physician can contact that company's local sales representative to find out if the company has such a program.

NOTE TO PHYSICIANS

Most of the pharmaceutical companies' indigent patient programs allow the physician to determine whether a patient is eligible for the program. However, this varies from company to company. In most cases, it is up

to the physician to make initial contact with the company for a patient. This contact can be made either through the phone or FAX number provided for each company, or by contacting the company's local sales representative.

Many older Americans are often reluctant to tell physicians that they cannot afford the medications that have been prescribed for them, or the patient only realizes that they cannot afford the drug until after they try to have the prescription filled at the pharmacy. Physicians are encouraged to work with the local pharmacist to identify patients who cannot afford their drugs, and direct them to an indigent patient program. Physicians are also encouraged to remain as up-to-date as possible about the cost of the various drugs and course of comparative drug therapy within the same therapeutic class, and for the generic versions of these drugs. Pharmacists can serve as a source of information about prices for generic and brand name drugs.

Note to Pharmacists

Pharmacists are often in a unique position to identify patients who are unable to afford their medications. Often times, patients will be reluctant to tell physicians that they cannot afford their drugs, or they do not know how much they cost until they attempt to have the prescription filled at the pharmacy. Pharmacists should look for the "warning signs" that patients are unable to afford their medications, such as "splitting" the quantity ordered on the prescription, breaking tablets in half to stretch the quantity of the prescription, or not returning for refills on time.

Pharmacists should ask the local drug company sales representatives for more information about the programs, or ask for forms for each pharmaceutical manufacturers indigent patient program, and keep them on file. Pharmacists should also become proactive in informing physicians about which of their patients may be having trouble paying for medications. Local pharmacists are also a good source of information for physicians on the cost of various drugs in the same therapeutic categories, as well as the cost of their generic versions. Pharmacists should help sensitize physicians to

the cost of various medications, especially new drugs that are coming to market.

D. RECOMMENDATIONS TO IMPROVE PHARMACEUTICAL MANUFACTURER INDIGENT PATIENT PROGRAMS

Based on the information collected by the Senate Aging Committee on pharmaceutical manufacturers' current indigent patient programs, it is now clear that only a small percentage of indigent patients that qualify appear to be taking advantage of these programs.

Drug manufacturers have developed these indigent patient programs to enhance and expand prescription drug access to indigent patients. In order to meet this commitment, drug manufacturers should take steps to publicize and restructure their programs. The following suggested changes could reduce administrative burdens on physicians and pharmacists, and enhance the ability of indigent patients to obtain their needed medications in a timely fashion.

RECOMMENDATION 1: In order to provide drugs to indigent patients in a timely fashion, the pharmaceutical industry should consider developing a standard prescribing form or "prescription blank" for indigent patients. These forms would be completed by the physician and then taken by the patient to the local pharmacy where the prescription can be filled by the patient's pharmacist. As an alternative, a physician's regular prescription blank could be stamped with some phrase or coding indicating that the patient is eligible for one of these programs. Either approach would:

(a) Reduce the waiting time for the patient to receive the full quantity of their prescription, and enhance patient compliance with the regimen prescribed.

(b) Reduce the burden on the physician to make contact with the company and complete unnecessary paperwork.

(c) Provide the indigent patient with the benefit of talking to the pharmacist about medications.

RECOMMENDATION 2: The pharmaceutical industry should assemble a panel of representatives from the medical and pharmacy communities and elderly advocacy groups to identify ways to reform current indigent

patient programs, and explore mechanisms to disseminate information about these programs. This panel should then publish—on an annual basis—a directory of those companies that have indigent patient programs, and the specifics about each company's program.

RECOMMENDATION 3: The pharmaceutical industry has stated that it will develop a toll-free number that physicians can call for information about each individual company's indigent patient programs. It has also stated that it will notify major physician groups about the availability of this number. In addition to physician groups, notification of this number should be made to other health care professions, such as pharmacy and nursing. Also, access to this toll-free number should be provided to organizations and agencies that are involved in providing social services to indigent older Americans, such as Area Agencies on Aging, and advocacy groups representing older Americans.

E. PMA RESPONSE TO PRESCRIPTION DRUG ACCESS AND AFFORDABILITY CRISIS

In a press statement dated May 12, 1992, the Pharmaceutical Manufacturer's Association (PMA) indicated its support for various approaches that would make prescription drugs more available to indigent populations. In its press release, the PMA stated that it had decided to establish a "pilot program to make it simpler for physicians to obtain information on existing and planned company programs to provide prescription medicines to indigent patients." The release also indicated that the PMA would be developing a directory of drug manufacturer indigent patient programs and would be establishing a toll-free hotline that physicians can call to obtain up-to-date information about drug company indigent patient programs.

PMA made its Directory of Prescription Drug Indigent Programs available shortly before the release of this report. PMA indicated that physicians can obtain up-to-date information about individual manufacturers' indigent patient programs by calling the following toll-free hotline:

1-800-PMA-INFO

The number for calls made within the Washington, DC area is 202-393-5200. Unlike this directory however, the PMA directory does not always identify the drugs manufactured by individual companies. This critical omission makes it difficult for patients to know whether a drug that they are taking is covered under an indigent patient program.

The press release also indicated that the PMA recently sent a letter to Senator Lloyd Bentsen (D-TX), Chairman of the Senate Finance Committee. The letter endorsed the inclusion of a prescription drug benefit in one or more insurance plans which private insurers would be required to provide under Senator Bentsen's health care reform bill S. 1872, "The Better Access to Affordable Health Care Act of 1992". While such an endorsement is worth noting, this position of the PMA falls far short of what is required to insure affordable access to prescription drugs for all Americans. The Association has not yet said publicly whether it would support the inclusion of a prescription drug benefit in an expanded publicly funded health care program for the poor and uninsured, or in the Medicare program. (The PMA ultimately endorsed the inclusion of an outpatient prescription drug benefit in the Medicare Catastrophic Coverage Act (MCCA) of 1988.) Furthermore, the PMA has yet to detail its own plans for containing the cost of pharmaceuticals under either public or private insurance programs that cover prescription drugs.

It is difficult to envision how meaningful access to prescription drugs can be achieved without insuring that both privately insured and publicly insured Americans have access to affordable and reasonably priced prescription drug products. The PMA should work closely with the Congress to develop meaningful and practical cost containment approaches for pharmaceuticals to assure that any publicly funded drug benefit is financially sound.

ALPHABETICAL LISTING OF DRUG

This section identifies the name of medications frequently prescribed for older Americans and the manufacturers of the drugs which are covered under an indigent patient program listed in this report. If a drug that you take is NOT listed here, it still may be provided under an indigent patient program; it is suggested that your physician call the company to determine if it is covered under a program. If the manufacturer of a particular drug is not listed in this directory, it is suggested that the patient or physician call the company directly to determine if the company has an indigent patient program. Drug Manufacturer telephone numbers can be found in the *Physician's Desk Reference.*

Drug	Manufacturer
A	
Aci-Jel	Ortho
Activase	Genentech
Actimmune	Genentech
Adriamycin PFS	Adria
Adrucil	Adria
Aldactazide	Searle
Aldactone	Searle
Aldomet	Merck
Alupent	Boehringer
Anaprox	Syntex
Ansaid	Upjohn
Antivert	Pfizer #1
Anusol HC	Parke-Davis
Apresoline	Ciba-Geigy
Aralen	Sanofi-Winthrop
Artane	Lederle
Atrovent	Boehringer
Axid	Eli Lilly
Augmentin	SmithKline
AZT (Retrovir)	Burroughs-Wellcome

Drug	Manufacturer
B	
Bactrim	Hoffman-LaRoche
Bactrim DS	Hoffman-LaRoche
Bactroban	SmithKline
Beconase	Glaxo
Beconase AQ	Glaxo
Betagan	Allergan
BICNU	Bristol-Myers #3
Blenoxane	Bristol-Myers #3
Bleph-10	Allergan
Blephamide	Allergan
Bucladin-S	ICI/Stuart
BuSpar	Bristol-Myers #1
C	
Calan	Searle
Calan SR	Searle
Capoten	Bristol-Myers #2
Capozide	Bristol-Myers #2
Carafate	Marion Merrell Dow
Cardene	Syntex
Cardizem	Marion Merrell Dow
Cardizem CD	Marion Merrell Dow
Cardizem SR	Marion Merrell Dow
Cardura	Pfizer
Catapres	Boehringer
Ceclor	Eli Lilly
CEENU	Bristol-Myers #3
Ceftin	Glaxo
Cefzil	Bristol-Myers #1
Ceredase	Genzyme
Cipro	Miles
Clinoril	Merck
Clozaril	Sandoz
Cogentin	Merck
Compazine	SmithKline
Cordarone	Wyeth-Ayerst
Corgard	Bristol-Myers #2
Corzide	Bristol-Myers #3
Coumadin	DuPont-Merck
Cyclospasmol	Wyeth-Ayerst
Cytotec	Searle
Cytovene	Syntex
Cytoxan	Bristol-Myers #3

Drug	Manufacturer
D	
Dalmane	Hoffman-LaRoche
Danocrine	Sanofi-Winthrop
Dantrium	Norwich-Eaton
Desyrel	Bristol-Myers #1
Diabinese	Pfizer #1
Diamox	Lederle
Dienestrol	Ortho
Diflucan	Pfizer #2
Dilantin	Parke-Davis
Diprolene	Schering-Plough
Diprosone	Schering-Plough
Dolobid	Merck
Duricef	Bristol-Myers #1
Dyazide	SmithKline #1
Dymelor	Eli Lilly
E	
E-Mycin	Upjohn
Efudex (Fluorouracil Injection)	Hoffman-LaRoche
Eldepryl	Sandoz
Eminase	SmithKline #2
Epogen	Amgen
Ergamisol	Janssen #2
Erycette	Ortho
Estrace	Bristol-Myers #1
Eulexin	Schering-Plough
F	
Flexeril	Merck
Floxin	Ortho
FML	Allergan
Folex	Adria
Fulvicin	Schering-Plough
G	
Gastrocrom	Fisons
Glucotrol	Pfizer #1
H	
Halcion	Upjohn
Haldol	McNeil
Hismanal	Janssen #1
HMS	Allergan

Drug	Manufacturer
I	
Idamycin	Adria
Ifex	Bristol-Myers #3
Imuran	Burroughs-Wellcome
Indocin	Merck
Insulin Products	Eli Lilly
Interferon-A Recombinant	Hoffman-LaRoche
Intron-A	Schering-Plough
Isoptin	Knoll
Isordil	Wyeth-Ayerst
K	
K-Lyte	Bristol-Myers #1
Keflex	Eli Lilly
Kerlone	Searle
Kinesed	ICI/Stuart
Klonopin	Hoffman-LaRoche
Klotrix	Bristol-Myers #1
L	
Lanoxin	Burroughs-Wellcome
Leucovorin Calcium	Lederle
Leukine	Immunex
Librium	Hoffman-LaRoche
Limbritol	Hoffman-LaRoche
Lindane Lotion/Shampoo	Reed and Carnick
Lioresal	Ciba-Geigy
Lithobid	Ciba-Geigy
Lo/Ovral	Wyeth-Ayerst
Lopid	Parke Davis
Lopressor	Ciba-Geigy
Lotrimin	Schering-Plough
Lotrisone	Schering-Plough
Loxapine	Lederle
Lyophilized Cytoxan	Bristol-Myers #3
Lysodren	Bristol-Myers #3
M	
Macrodantin	Norwich-Eaton
Maxzide	Lederle
Meclan	Ortho
Medrol	Upjohn
Megace	Bristol-Myers #3
Mesnex	Bristol-Myers #3
Metrodin	Ares-Serono
Micronase	Upjohn

Drug	Manufacturer
Minipress	Pfizer #1
Minizide	Pfizer #1
Minocin	Lederle
Monistat	Ortho
Monistat Derm	Ortho
Monopril	Bristol-Myers #3
Motrin	Upjohn
Myambutol	Lederle
Mycostatin	Bristol-Myers #1
N	
Naphcon-A	Allergan
Naprosyn	Syntex
Nasalide	Syntex
Natalins RX	Bristol-Myers #1
Nebupent	Fujisawa
Neosar	Adria
Neupogen	Amgen
Nicorette	Marion Merrell Dow
Nimotop	Miles
Nitrodisc	Searle
Nizoral	Janssen #1
Nolvadex	ICI/Stuart
Nordette	Wyeth-Ayerst
Normodyne	Schering-Plough
Norpace	Searle
Norpace CR	Searle
Noroxin	Merck
Norplant System	Wyeth-Ayerst
O	
Oculinium	Allergan
Optimine	Schering-Plough
Orinase	Upjohn
Ortho-Dienestrol	Ortho
Orudis	Wyeth-Ayerst
Ovcon	Bristol-Myers #1
P	
Pancrease	McNeil
Parafon Forte	McNeil
Paraplatin	Bristol-Myers #3
Parlodel	Sandoz
Pavabid	Marion Merrell Dow
Pepcid	Merck
Periactin	Merck

Drug	Manufacturer
Persa-Gel	Ortho
Persantine	Boehringer
Pilogan	Allergan
Platinol	Bristol-Myers #3
Plendil	Merck
Ponstel	Parke-Davis
Pravochol	Bristol-Myers #2
Premarin	Wyeth-Ayerst
Prilosec	Merck
Prinivil	Merck
Procan	Parke-Davis
Procan SR	Parke-Davis
Procardia	Pfizer #1
Procardia XL	Pfizer #1
Procrit	Ortho-Biotechnology
Prokine	Hoechst-Roussel
Pronestyl SR	Bristol-Myers #2
Propine	Allergan
Prostat	Ortho
Protropin	Genentech
Proventil	Schering-Plough
Provera	Upjohn
Prozac	Eli Lilly
Pyridium	Parke-Davis
Q	
Questran	Bristol-Myers #2
Quinamm	Marion Merrell Dow
R	
Relafen	SmithKline
Rheumatrex	Lederle
Rocaltrol	Hoffman-LaRoche
Rocephin	Hoffman-LaRoche
Rythmol	Knoll
S	
Sandimmune	Sandoz
Sandoglobulin	Sandoz
Sandostatin	Sandoz
Santyl	Knoll
Sectral	Wyeth-Ayerst
Septra DS	Burroughs-Wellcome
Seldane	Marion Merrell Dow
Seldane D	Marion Merrell Dow
Sinemet	Du Pont-Merck

Drug	Manufacturer
Sinemet CR	Du Pont-Merck
Sorbitrate	ICI/Stuart
Spectazole	Ortho
Sporanox	Janssen #1
Sultrin	Ortho
Survanta	Abbott
Symmetrel	Du Pont-Merck
Synalar	Syntex
Synemol	Syntex
Synthroid	Boots
T	
Tagamet	SmithKline
Tarabine	Adria
Tenormin	ICI/Stuart
Tenoretic	ICI/Stuart
Terazol	Ortho
TheraCys	Connaught Labs
Timolol	Merck
Timoptic	Merck
Tofranil	Ciba-Geigy
Tolectin	McNeil
Trandate	Glaxo
Tridesilon Cream	Miles
Triostat	SmithKline
Triphasil	Wyeth-Ayerst
X	
Xanax	Upjohn
V	
Vagistat	Bristol-Myers #1
Valium	Hoffman-LaRoche
Vasocar	McNeil
Vasodilan	Bristol-Myers #2
Vasoretic	Merck
Vasotec	Merck
Vepesid	Bristol-Myers #3
Verelan	Lederle
Videx	Bristol-Myers #4
Vincasar	Adria
Voltaren	Ciba-Geigy
W	
Wellcovorin	Burroughs-Wellcome
Winstrol	Sanofi-Winthrop

Drug	Manufacturer
Wytensin	Wyeth-Ayerst
Z	
Zantac	Glaxo
Zarontin	Parke-Davis
Zestril	ICI/Stuart
Zestoretic	ICI/Stuart
Zithromax	Pfizer #1
Zoloft	Pfizer #1
Zostrix	Knoll
Zovirax	Burroughs-Wellcome
Zyloprim	Burroughs-Wellcome

APPENDIX

Directory of Pharmaceutical Manufacturer Indigent Patient Programs

ABBOTT LABORATORIES/ROSS LABORATORIES

(Pharmaceutical Products Division)

CONTACT FOR THE PROGRAM:

Survanta Lifeline
Medical Technology Hotlines
555 13th Street NW Suite 7E
Washington, DC 20004-1109
1-800-922-3255
202-637-6690 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The product covered under this program is Survanta. Abbott has other pharmaceutical products, but did not indicate whether these are covered under an indigent patient program.

(b) The quantity of the product which can be obtained at any one time:

A complete course of therapy is covered (usually 1 to 4 vials), which depends on the patient's condition.

(c) The patient eligibility criteria that have to be met:

The patient cannot have public or private insurance coverage, or HMO coverage.

(d) To whom the products are sent for distribution to the patient:

The hospitals are reimbursed for product used for qualifying patients.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Hospitals are sent the enrollment form after calling the Survanta Lifeline, 1-800-922-3255.

(f) How refills for the products are obtained:

The product is an acute-use hospital product; therefore, refills are extremely unlikely.

(g) Restrictions on the use of the program:

Must be used on qualifying patients, consistent with approved labeling.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

Immediately following FDA approval of the drug, 13 hospitals enrolled in the program. Abbott did not provide data concerning the number of patients that benefited from the program.

ADDITIONAL COMMENTS

The company indicated that it is in the process of developing an indigent patient program for Biaxin (Clarithromycin). However, at the time of publication of this directory, the program was not yet in effect. The company had established the Clarithromycin Information Line, 1-800-688-9118.

Under the proposed program, the drug would be available for an initial supply of 90 days of treatment. Additional quantities would be available upon completion by a physician of a case report form and financial requalification form. In order to qualify, the program would require that the patient have an annual income of less than $25,000, be a single person, have no dependents, have no insurance coverage, be ineligible for Med-

icaid, or have applied, but not yet enrolled in the State Medicaid program.

ADRIA LABORATORIES, INC.

CONTACT FOR THE PROGRAM:

Adria Laboratories Patient Assistance Program
P.O. Box 16529
Columbus, OH 43215–6529
614–764–8100
614–764–8102 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company reported that the following products are covered by this program: Adriamycin PFS, Adrucil, Folex, Idamycin, Neosar, Tarabine, and Vincasar.

(b) The quantity of the product which can be obtained at any one time:

Two months' supply.

(c) The patient eligibility criteria that have to be met:

Physician must certify that patient is unable to afford the cost of the drug, and is unable to obtain assistance elsewhere.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

An initial request letter must be received from the treating physician containing the following information: patient's name, drug requested, intended dose and treatment schedule, primary diagnosis, and a statement that the patient cannot afford drug requested and cannot obtain reimbursement elsewhere. A serial-numbered one-page application form is sent to the physician.

(f) How refills for the products are obtained:

Submission of certificate form.

(g) Restrictions on the use of the program:

1. Program is available to patients of physicians who purchase Adria oncology products; 2. Intended use of the product must be within the scope of the package insert; 3. Drugs are to be used only within the United States.

(h) Any copayments or cost-sharing that the company requires from the patient:

None required of the patient. However, Adria requests that the treating physician provide his or her services for administration of the drug at no charge to the patient.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company estimates that the program serves about 700 people each year, but could not provide any additional data.

ALLERGAN PRESCRIPTION PHARMACEUTICALS

CONTACT FOR THE PROGRAM:

Judy McGee
1-800-347-4500 Ext. 6219
714-955-6976 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

All Allergan prescription products are covered, which include Naphcon A, Propine, FML, HMS, Pilogan, Betagun, Bleph-10, and Blephamide

(b) The quantity of the product which can be obtained at any one time:

Course of therapy, up to a maximum of 6 months' supply.

(c) The patient eligibility criteria that have to be met:

Eligibility criteria is at the physician's discretion.

(d) To whom the products are sent for distribution to the patient:

Products are distributed to prescribing physician via prescription request.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

No formal enrollment is required.

(f) How refills for the products are obtained:

Refills can be obtained from the prescribing physician's office.

(g) Restrictions on the use of the program:

Eligibility criteria is at the physician's request.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company does not require any formal enrollment, and could not supply any information about the number of patients enrolled in its program.

ADDITIONAL COMMENTS SUPPLIED BY THE PROGRAM

Allergan also has a program that supplies Oculinum (Botulinum Toxin Type A) free of charge to patients that meet certain eligibility criteria. Eligibility forms are to be completed by the physician and patient (1 page each) and are obtained by contacting Lloyd Glenn or Brian Visconti at the Allergan office in Irvine, CA (714-752-4500, FAX: 714-752-4214). To be eligible, the patient must have income of $12,000 or less for a one or two person household, $19,000 or less for three or more person household, and no insurance of any type. The product is sent to the physician for distribution to the patient.

AMGEN, INC.

CONTACT FOR THE PROGRAM:

Amgen Safety Net Programs
Medical Technology Hotlines
1-800-272-9376
(637-6688: Washington, DC)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

Both of the company's currently marketed products are covered under this program: Epogen and Neupogen.

(b) Amgen has two programs:

An Uninsured Patient Program and a Variable Cap Program.

Uninsured Patient Program

1. Covers anemic patients on dialysis receiving Epogen who:
   - Have an annual gross family income of less than $25,000; and
   - Have no, and are ineligible for, health insurance for dialysis or for Epogen (except for State kidney programs, county or charitable funds).

Amgen provides free replacement product.

2. Covers patients receiving Neupogen for a medically appropriate application who:
   - Have an annual gross family income of less than $25,000; and
   - Have no, and are ineligible for, medical insurance.

Amgen provides free replacement product.

Variable Cap Program

1. Covers anemic patients on dialysis receiving Epogen who:
   - Have an annual gross family income of less than $50,000;
   - May have medical insurance; and
   - Incur significant financial liabilities for Epogen relative to income.

   After the patient's documented financial liabilities for Epogen exceed a percentage of the patient's gross family income, Amgen provides free replacement product.

   Patient's financial liabilities for Epogen are capped at a level which varies with patients' annual gross family income.

2. Covers patients receiving Neupogen for a medically appropriate application who:

- Have an annual gross family income of less than $50,000;
- May have medical insurance; and
- Incur significant financial liabilities for Neupogen relative to income.

After the patient's documented financial liabilities for Neupogen exceed a percentage of the patient's gross family income, Amgen provides free replacement product.

Patients' financial liabilities for Neupogen are capped at a level which varies with patients' annual gross family income.

Quantities Provided: Generally, 1 month's supply of Epogen and one treatment cycle of Neupogen are provided per shipment at the health care provider's request.

Additional Requirements of the Safety Net Program: Patients must receive Epogen or Neupogen from qualified health care providers who purchase Epogen or Neupogen and who enroll in the Safety Net Program by providing the required information. Eligibility is determined on a calendar-year basis, and patients must reapply each year if they require treatment in consecutive years. Special consideration may be given families facing extraordinary circumstances.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company stated that since June 1989, the Epogen program has helped over 530 patients, and in the first 10 months since approval, the Neupogen program has helped over 100 patients.

ARES-SERONO, INC.

CONTACT FOR THE PROGRAM:

Gina Cella
Manager, Corporate Communications
Ares-Serono, Inc.
100 Longwater Circle
Norwell, MA 02061
1-617-982-9000
1-617-982-1269 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

Metrodin (follicle stimulating hormone, urofollitropin).

(b) The quantity of the product which can be obtained at any one time:

Not indicated.

(c) The patient eligibility criteria that have to be met:

Patients cannot be covered for outpatient prescription drugs under private insurance or a public program. Patient may or may not be poor, but retail drug purchase would cause hardship. Eligibility is determined by physician based on company guidelines. No documentation is required.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

As indicated above.

(f) How refills for the products are obtained:

Not indicated.

(g) Restrictions on the use of the program:

Referral must be made by the physician. The company will be allowed follow-up survey of patients and physicians participating in the program.

(h) Any copayments or cost-sharing that the company requires from the patient:

None indicated.

Source: PMA 1992 Directory of Prescription Drug Indigent Programs.

ASTRA PHARMACEUTICALS, INC.

CONTACT FOR THE PROGRAM:

Linda Braun, Research Coordinator
FAIR Program (Foscavir Assistance and Information on Reimbursement)
State and Federal Associates
1-800-488-3247
703-683-2239 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The pharmaceutical product covered under this program is Foscavir (Foscarnet Sodium). The company did not indicate whether its other pharmaceutical products are covered under an indigent patient program.

(b) The quantity of the product which can be obtained at any one time:

One month's supply of Foscavir.

(c) The patient eligibility criteria that have to be met:

Patient's income must be below $27,500 if there are no dependents; income must be below $45,000 with dependents.

(d) To whom the products are sent for distribution to the patient:

The physician's office, hospital pharmacy, or home health agency.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Forms (called the "Foscavir Patient Assistance Program Qualification Form") are obtained from the FAIR program analyst.

(f) How refills for the products are obtained:

Physician must contact FAIR program analyst at number above.

(g) Restrictions on the use of the program:

Contact FAIR analyst for any specifics at number listed above.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The program began in October 1991. Through the end of 1991, 17 patients were covered under the program.

BOEHRINGER INGLEHEIM PHARMACEUTICALS, INC.

CONTACT FOR THE PROGRAM:

Sam Quy
203-798-4131

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

All Boehringer Ingleheim pharmaceutical products are covered, which include Persantine, Atrovent, Alupent, and Catapres. Prelu-2 is a controlled substance and not covered under an indigent patient program.

(b) The quantity of the product which can be obtained at any one time:

One or 2 months' supply.

(c) The patient eligibility criteria that have to be met:

Patient must be on a fixed income.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

A letter from the patient's physician, indicating the reason and attesting to the fact that they are indigent. (Must indicate that the patient has a fixed income and/or no insurance coverage.) The company indicated that it preferred to have a social services recommendation.

(f) How refills for the products are obtained:

A written prescription must be made for each request.

(g) Restrictions on the use of the program:

The company indicated that it will discontinue providing the service if the physician does not ask for each shipment, or if the patient's situation improves.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company was unable to provide data on the number of patients served by the program.

BOOTS PHARMACEUTICALS

CONTACT FOR THE PROGRAM:

T.N. Thurman
Public Affairs
Boots Pharmaceuticals
300 TriState International Office Center
Suite 200
Lincolnshire, IL 60069-4415
1-800-323-1817
1-708-405-7400

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

Synthroid Tablets.

(b) The quantity of the product which can be obtained at any one time:

Not indicated.

(c) The patient eligibility criteria that have to be met:

Physician must submit appropriate documentation proving patient indigence to company.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

None indicated.

(f) How refills for the products are obtained:

Not indicated.

(g) Restrictions on the use of the program:

Decisions are made by the company on a case-by-case basis.

(h) Any copayments or cost-sharing that the company requires from the patient:

None indicated.

Source: PMA 1992 Directory of Prescription Drug Indigent Programs.

BRISTOL-MYERS SQUIBB #1

(General Indigent Patient Program)

CONTACT FOR THE PROGRAM:

Bristol-Myers Squibb
Indigent Patient Program
P.O. Box 9445
McLean, VA 22102-9998
1-800-736-0003
703-760-0049 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company indicated that the following pharmaceutical products are covered under this program: Duricef, Cefzil, BuSpar, Desyrel, Estrace, Ovcon-35, Ovcon-50, Natalins, Natalins RX, Vagistat-1, Mycostatin.

(b) The quantity of the product which can be obtained at any one time:

Three months' supply.

(c) The patient eligibility criteria that have to be met:

Physician's request.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Forms available from the company sales representative.

(f) How refills for the products are obtained:

By physician prescription every 3 months.

(g) Restrictions on the use of the program:

The program is not designed to reimburse hospitals for uncompensated inpatient care. However, any physician that is willing to follow a patient on an ongoing basis in the outpatient setting may enroll in the program.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company indicates that the program served about 1,440 patients in 1989, 1,760 patients in 1990, and 2,836 patients in 1991.

BRISTOL-MYERS SQUIBB #2

(Cardiovascular Access Program)

CONTACT FOR THE PROGRAM:

Cardiovascular Access Program
P.O. Box 9445
McLean, VA 22102-9998
1-800-736-0003
703-760-0049 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

This program provides access to the company's cardiovascular products, which include Capoten, Capozide, Corgard, Klotrix, K-Lyte, Monopril, Naturetin, Pravochol, Pronestyl-SR, Questran Light, Rauzide, Saluron, Salutensin, Vasodilan, and Betapen-VK.

(b) The quantity of the product which can be obtained at any one time:

Three months' supply.

(c) The patient eligibility criteria that have to be met:

First, the patient must work through an enrolled physician. Second, the patient must not be eligible for other sources of drug coverage. Third, the patient must be deemed financially eligible, as determined by a "means" and "liquid assets" test.

(d) To whom the products are sent for distribution to the patient:

Product is shipped to enrolled physicians.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Physician enrollment forms can be obtained from the company's sales representatives. An application form must be completed for each individual patient. This is sent to the physician after the patient calls 1-800-763-0003 and is screened for third-party coverage eligibility.

(f) How refills for the products are obtained:

When the 90-day supply of product is near an end, the program will send a letter to the physician asking the physician to sign a renewal card if the patient requires the drug for an additional 90 days. The physician must return the renewal card with a valid prescription. Upon receipt of a renewal prescription, the company sends the product refill to the physician. Patients must re-apply to the program every 6 months.

(g) Restrictions on the use of the program:

The program is not designed to reimburse hospitals for uncompensated inpatient care. However, any physician that is willing to follow a patient on an ongoing basis in the outpatient setting may enroll in the program.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company indicates that the program, which began in March 1992, has enrolled 6,600 physicians. The company did not provide any information on the number of patients that have been served.

BRISTOL-MYERS SQUIBB #3

(Cancer Patient Access Program)

CONTACT FOR THE PROGRAM:

Bristol-Myers Squibb
Cancer Patient Access Program
P.O. Box 9445
McLean, VA 22102-9998
1-800-736-0003
703-760-0049 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company indicated that the following cancer drugs are covered under this program: BICNU, CEENU, Lysodren, Mutamycin, Mycostatin Pastilles, Paraplatin, Platinol, Platinol-AQ, VePesid, Blenoxance, Cytoxan, Lyophilized Cytoxan, Ifex, Mesnex, and Megace.

(b) The quantity of the product which can be obtained at any one time:

Three months' supply.

(c) The patient eligibility criteria that have to be met:

Physician's assessment of patient's financial need and confirmation by local sales representative.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Form available from company sales representative.

(f) How refills for the products are obtained:

By physician prescription every 3 months.

(g) Restrictions on the use of the program:

The program is not designed to reimburse hospitals for uncompensated inpatient care. However, any physician that is willing to follow a patient on an ongoing basis in the outpatient setting may enroll in the program.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company indicated that the program served about 3,000 patients in 1989, 3,152 patients in 1990, and 3,432 patients in 1991.

BRISTOL-MYERS SQUIBB #4

(Videx Assistance Program)

CONTACT FOR THE PROGRAM:

Videx Temporary Assistance Program
1-800-788-0123
703-760-0049 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

Videx (Didanosine).

(b) The quantity of the product which can be obtained at any one time:

One month's supply.

(c) The patient eligibility criteria that have to be met:

The patient must not be eligible for other sources of drug coverage and deemed financially eligible, as determined by a "means" and "liquid assets" test.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

The physician must complete a patient/physician enrollment form, which is then sent to the physician after the physician or patient calls the toll-free number (1–800–788–1023) and is screened for third-party drug coverage eligibility.

(f) How refills for the products are obtained:

Each month after the initial shipment, renewal cards are mailed to the physician. In response, the physician must return a valid prescription. Upon receipt of the renewal prescription, the company sends the next month's supply of Videx to the physician. The patient and the physician must reapply to the program every 3 months.

(g) Restrictions on the use of the program:

The program is not designed to reimburse hospitals for uncompensated inpatient care. However, any physician that is willing to follow a patient on an ongoing basis in the outpatient setting may enroll in the program.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

Videx was approved by the FDA in October 1991, and through the end of 1991, the company indicated that 75 patients were served by this program.

BURROUGHS-WELLCOME

CONTACT FOR THE PROGRAM:

Jonas B. Daugherty
Manager, Professional Information Services
Burroughs-Wellcome Co.
3030 Cornwallis Road
Research Triangle Park, NC 27709
919-248-4418
919-248-0421 (FAX)
1-800-722-9294 (Program Enrollment)
or
Bernard Streed
Supervisor, Special Projects
Burroughs-Wellcome Co.
Patient Assistance Program
P.O. Box 52035
Phoenix, AZ 85072-9349
602-494-8725
602-996-7731, 7732 (FAX)
1-800-722-9294 (Program Enrollment)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

All Burroughs-Wellcome products are covered by the program, which include Septra, Septra DS, Lanoxin, AZT (Retrovir), Zovirax, Zyloprim, Imuran, and Wellcovorin.

(b) The quantity of the product which can be obtained at any one time:

The products are available in a 30-day supply, with a maximum of 90 days therapy.

(c) The patient eligibility criteria that have to be met:

1. Gross monthly income must be less than 200 percent of Federal poverty guidelines.
2. All applications will be reviewed within established criteria and on a case-by-case basis.
3. Patients must be residents of the United States.
4. All alternative funding sources must be investigated.
5. All required information must be provided for consideration of eligibility.

6. Patients may be approved (occasionally) by exception if extreme extenuating circumstances exist.

(d) To whom the products are sent for distribution to the patient:

Products are provided to the patients by local pharmacist.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

No forms are necessary for the original prescription; however, physicians are required to provide a completed, signed application form from an enrollment package. Subsequent refills are not available until the completed package is received.

(f) How refills for the products are obtained:

Physician request.

(g) Restrictions on the use of the program:

The company has placed a $10 million annual cap on available benefits.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

According to the company, over 10,000 patients have received free drugs through a variety of programs, including Investigational New Drug (IND) programs. The company could not provide more specific data about the number of patients currently served by the program.

CIBA-GEIGY CORPORATION, PHARMACEUTICALS DIVISION

CONTACT FOR THE PROGRAM:

Jackie Laguardia
Senior Information Assistant
Ciba-Geigy Corporation
556 Morris Avenue
Summit, NJ 07901
908-277-5849

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

According to the company, through its Patient Support Program, Ciba-Geigy's policy is that any patients who are unable to afford their products can receive a free supply of the drug. The company's products include Lopressor, Lioresal, Lithobid, Voltaren, Brethine, Tofranil, and Apresoline. Ritalin and Rimactane are controlled substances and not available under this program.

(b) The quantity of the product which can be obtained at any one time:

Up to 3 months' supply.

(c) The patient eligibility criteria that have to be met:

To become eligible for the Ciba-Geigy Patient Support Program, the company requires the following:

1. The physician must attest to the patient's lack of third-party reimbursement and the financial inability to purchase the product.
2. The physician must complete an application form and include a completed prescription.
3. The completed prescription must include the patient's name and an indication that the medication will be accepted without a safety closure.
4. The medication is sent to the physician's office.
5. To continue receiving the medication, the company requires a new prescription and application every 3 months. There are no automatic refills.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

The form can be obtained by contacting the person listed above or the company's sales representative.

(f) How refills for the products are obtained:

After completing an application form, the physician can obtain an initial 3 months' supply for the patient. Physician must reapply every 3 months by submitting a new application and prescription.

(g) Restrictions on the use of the program:

As indicated above.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

According to the company, between January 1991 and March 1992, it had provided 1,100 patients with approximately 2,300 prescriptions free of charge.

CONNAUGHT LABORATORIES, INC.

CONTACT FOR THE PROGRAM:

David Hunt
Product Manager
Connaught Laboratories, Inc.
Route 611, P.O. Box 187
Swiftwater, PA 18370-0187
717-839-4617

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company reports that the only product covered under an indigent patient program is TheraCys (BCG live intravesical for the treatment of carcinoma in situ of the urinary bladder).

(b) The quantity of the product which can be obtained at any one time:

At the physician's discretion, the company provides for a full course of therapy—the induction and maintenance doses—which may be as many as 11 doses (6 for induction and 5 for maintenance).

(c) The patient eligibility criteria that have to be met:

Patient cannot be insured, be ineligible for Medicare or Medicaid, and in the physician's best judgment, is unable to afford the treatment.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

The company must receive a note on physician's letterhead confirming that the patient is unable to afford treatment, is uninsured, and is ineligible for Medicare or Medicaid. The patient must also be diagnosed with CIS, the only approved indication for the drug.

(f) How refills for the products are obtained:

Not applicable.

(g) Restrictions on the use of the program:

In addition to the patient's meeting the above criteria, the physician must agree that the drug will not be sold, traded, or used for any other purpose than to treat the patient.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

Since January 1992, the company reports that 5 patients have received the drug under the program.

ADDITIONAL COMMENTS PROVIDED BY THE COMPANY

The company does not have an indigent patient program for its flu vaccine because it stated virtually all

State and many county and city health departments offer the vaccine to high-risk patients free of charge.

DU PONT MERCK

CONTACT FOR THE PROGRAM:

Du Pont Merck Pharmaceuticals
Barley Mill Plaza
P.O. Box 80027
Wilmington, DE 19880–0027

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company reports that all Du Pont Merck retail oral solid pharmaceutical products are covered under this program. These include Coumadin, Sinemet, Sinemet CR, and Symmetrel. The program does not cover the company's controlled substances, which includes Percodan and Percocet.

(b) The quantity of the product which can be obtained at any one time:

Thirty days' supply.

(c) The patient eligibility criteria that have to be met:

The patient must be indigent and cannot be eligible for a Federal or State Government pharmaceutical assistance program.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Physicians can request free medications by written request accompanied by a signed and dated prescription and a letter stating the financial status and need of the patient. Form letters and multiple requests are not honored. Samples are given to the patient at the discretion of the physician.

(f) How refills for the products are obtained:

Does not provide for automatic refills, but will permit refills with appropriate documentation from the patient's physician.

(g) Restrictions on the use of the program:

As stated above.

(h) Any copayments or cost sharing that the company requires from the patient:

None indicated by the company.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company just began its program in 1991, and was unable to determine the number of patients that had been served by the program.

FISONS PHARMACEUTICALS

CONTACT FOR THE PROGRAM

Gastrocrom Patient Assistance Program
Fisons Pharmaceuticals
P.O. Box 1766
Rochester, NY 24603
1-800-234-5535
1-716-475-9000

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

Gastrocrom (cromolyn sodium capsules).

(b) The quantity of the product which can be obtained at any one time:

Two months' supply of medication.

(c) The patient eligibility criteria that have to be met:

Patient must have a diagnosis of mastocytosis, an annual household income of not more than $9,000 for one or two people. An additional allowance of $1,000 per dependent child may be made up to $12,000 total annual household income. Patient may not qualify for prescription assistance or reimbursement through private insurance or public assistance.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Contact company or local sales representative for forms that have to be completed.

(f) How refills for the products are obtained:

New application forms are required for participation in the program.

(g) Restrictions on the use of the above program:

As indicated above.

(h) Any copayments or cost-sharing that the company requires from the patient:

None indicated.

Source: 1992 PMA Directory of Prescription Drug Indigent Programs.

FUJISAWA PHARMACEUTICAL COMPANY

CONTACT FOR THE PROGRAM:

Richard G. White
NebuPent Patient Assistance Program
Fujisawa Pharmaceutical Company
Parkway North Center
3 Parkway North
Deerfield, IL 60015
708-317-8638
708-317-5941 (FAX)
1-800-366-6323 (Reimbursement Hotline)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

NebuPent (pentamidine isethionate)

(b) The quantity of the product which can be obtained at any one time:

NebuPent is made available to nonprofit clinics who administer the drug, rather than directly to users. The

quantity of NebuPent that is provided to eligible organizations is based upon the number of HIV-infected individuals that the organization cares for that require assistance.

(c) The patient eligibility criteria that have to be met:

The NebuPent Patient Assistance Program provides the drug based on organization-specific criteria, for administration to persons who are indigent. The health care organization, once it receives a donation, is responsible for determining which of its patients qualify for assistance. Fujisawa does not set income or asset criteria.

(d) To whom the products are sent for distribution to the patient:

All product is sent directly to the health care organization; no product is sent directly to the patient.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

A nonprofit organization interested in participating in the program should contact Richard G. White at the number and address provided above. Once the company receives a written letter of inquiry from an organization on the program, a questionnaire is sent to the organization. Upon receipt of the complete questionnaire, the company supplies a contract that:

1. Specifies the number of vials to be donated;
2. States that the product will be administered as per labeling;
3. States that the product will be stored appropriately; and
4. Contains other provisions.

Once the contract is returned, the drug is shipped.

(f) How refills for the products are obtained:

Users of the drug would deal directly with the participating clinics on the mechanisms of how subsequent administrations would be scheduled. Additional donations of NebuPent to organizations that have previously received product under the program are reviewed by Fujisawa on a case-by-case basis.

(g) Restrictions on the use of the program:

The agreement with the providing organizations contains various restrictions to assure that they are tax-exempt organizations and will utilize the drug properly. The program has no restrictions applicable to patients other than broad eligibility requirement of indigency.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

According to the company, because the program is not "patient-specific," the company does not know how many patients have used the 14,150 vials donated to the program to date.

ADDITIONAL COMMENTS PROVIDED BY THE COMPANY

Fujisawa operates a Reimbursement Hotline (1-800-366-6323) that informs third-party payers, physicians, patients, and other interested persons about current reimbursement policies related to NebuPent.

GENENTECH, INC.

CONTACT FOR THE PROGRAM:

Genentech Reimbursement Information Program
Mailstop #99
c/o Genentech, Inc.
460 Point San Bruno Blvd
S. San Francisco, CA 94080
1-800-879-4747

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company reports that its three currently marketed products are covered under the program: Protropin (Human Growth Hormone), Activase (TPA, Tissue Plasminogen Activator), and Actimmune (Interferon Gamma-1b).

(b) The quantity of the product which can be obtained at any one time:

Company reports that quantity provided is variable.

(c) The patient eligibility criteria that have to be met:

The company reports that its eligibility criteria are variable. Generally, patients are asked to provide sufficiently detailed information to assure the company that they are uninsured and cannot afford the required payments. (For Activase: If an uninsured patient has gross family income of $25,000 or less, the company provides replacement product to the hospital.)

(d) To whom the products are sent for distribution to the patient:

The distribution point depends upon the product. The distribution of Activase is to hospital pharmacies. The other two products are sent directly to the patient.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

The company does have a form for its uninsured patient program, which can be obtained directly from Genentech. Initial contact should be made with the company by the treating physician.

(f) How refills for the products are obtained:

Refills are not applicable for Activase. The procedure for obtaining continued coverage for the company's other drugs varies with the nature of the patient's financial situation.

(g) Restrictions on the use of the program:

None.

(h) Any copayments or cost-sharing that the company requires from the patient:

Depends upon the individual patient situation.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

From 1986 through 1991, the company reports that 3,257 patients participated in the Human Growth Hormone program and 2,505 patients participated in the TPA program.

GENZYME CORPORATION

CONTACT FOR THE PROGRAM:

William Aliski
Director of Reimbursement
Genzyme Corporation
1 Kendall Square
Cambridge, MA 02139
617-252-7871
617-252-7600 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

Ceredase.

(b) The quantity of the product which can be obtained at any one time:

One month's supply.

(c) The patient eligibility criteria that have to be met:

Individual review of each patient's application.

(d) To whom the products are sent for distribution to the patient:

The product is sent directly to the physician because this is not a self-administered drug.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

An application form, verification of income, and a waiver of liability form.

(f) How refills for the products are obtained:

The treating physician must reorder the drug.

(g) Restrictions on the use of the program:

The patient must be uninsured and ineligible for public insurance programs.

(h) Any copayments or cost-sharing that the company requires from the patient:

Copayments and cost-sharing depend on the income and assets of the patient.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

Because the program began in 1991, the company reported that it could not provide specific figures on the number of individuals using the program.

GLAXO, INC.

CONTACT FOR THE PROGRAM:

Laura J. Newberry
Supervisor, Trade Communications
Glaxo, Inc.
P.O. Box 13438
Research Triangle Park, NC 27709
1-800-GLAXO77
919-248-7932 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

According to the company, all Glaxo pharmaceutical products are covered, which include Zantac, Ceftin, Ventolin, Beconase, Beconase AQ, and Trandate.

(b) The quantity of the product which can be obtained at any one time:

Maximum 3 months' supply.

(c) The patient eligibility criteria that have to be met:

Patient must be a private outpatient who the physician considers medically indigent and is not eligible for any other third-party reimbursement. Physician must waive fees for the patient.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Glaxo Indigent Patient Program applications can be obtained by contacting 1-800-GLAXO77.

(f) How refills for the products are obtained:

Repeat requests can be accommodated upon receipt of a signed note on the physician's letterhead or prescription blank specifying the patient's identification and the drug required.

(g) Restrictions on the use of the program:

As stated above.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

According to the company, approximately 2,000 new and refill prescription requests were filled in 1991. Approximately 500 new and refill requests were filled in the first quarter of 1992.

HOECHST-ROUSSEL PHARMACEUTICALS, INC.

CONTACT FOR THE PROGRAM:

Jannalee Smithey
Technology Assessment Group
1-800-PROKINE

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

Prokine (sargramostim) is covered under the program described here.

The company indicated that it provides other products to indigent patients upon receipt of a prescription and a physician's letter certifying that the patient is indigent. Eligibility is on a case-by-case basis. This policy covers patients who are ineligible for a third-party payer or Medicaid. The company's other products include Lasix, Trental, and Diabeta.

(b) The quantity of the product which can be obtained at any one time:

One course of therapy (usually 2–3 weeks).

(c) The patient eligibility criteria that have to be met:

Lack of insurance or ability to pay.

(d) To whom the products are sent for distribution to the patient:

Usually the hospital.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

There are no forms to enroll in the program; the Reimbursement Service number must be contacted.

(f) How refills for the product are obtained:

Refills are not applicable to this product.

(g) Restrictions on the use of the program:

Only two patients per physician at a single time.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company reported that about 30 patients were enrolled in the Prokine program in 1991.

HOFFMAN-LaROCHE, INC.

CONTACT FOR THE PROGRAM:

Inge Shanahan
Medical Communications Associate
Roche Laboratories
340 Kingsland Street
Nutley, NJ 07110
1-800-526-6367 Teleprompter #2
201-235-5624 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

All Roche pharmaceutical products are covered by this program, which include Valium, Librium, Limbritol, Dalmane, Bactrim, Bactrim DS, Klonopin, Efudex (Fluorouracil Injectable), Gantrisin, Gantanol, Interferon 2A Recombinant, Rocephin Injectable, and Rocaltrol.

(b) The quantity of the product which can be obtained at any one time:

Three months' supply.

(c) The patient eligibility criteria that have to be met:

Eligibility limited to private practice outpatients who are considered by the physician to be medically indigent and who are not eligible to receive Roche drugs through any other third-party reimbursement program. Inpatients and those that can obtain drug reimbursement from other sources are not eligible. The physician's signature and DEA number are required for all applications, whether or not the request is for a controlled substance.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Roche Indigent Patient Program Forms are required, and are available from the Professional Services Department.

(f) How refills for the products are obtained:

Repeat requests require an additional application, but that application need only specify the patient identification by initials, or other identifier, the drug, and the amount required.

(g) Restrictions on the use of the program:

The program is only available to private patients, not covered by third-party insurance programs.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company reports that approximately 2,000 patients were enrolled in 1989, 3,000 patients in 1990, and 5,000 patients in 1991.

ICI/STUART PHARMACEUTICALS

CONTACT FOR THE PROGRAM:

Yvonne A. Graham
Manager, Professional Services
ICI Pharmaceuticals Group
P.O. Box 15197
Wilmington, DE 19850-5197
302-886-2231

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company reported that the following pharmaceutical products are covered under this program: Nolvadex, Zestoretic, Bucladin-S, Kinesed, Sorbitrate, Tenormin, Tenoretic, and Zestril.

(b) The quantity of the product which can be obtained at any one time:

One to 3 months' supply.

(c) The patient eligibility criteria that have to be met:

None indicated on the survey.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Forms are obtained from the ICI Pharmaceuticals Group Professional Services Representatives.

(f) How refills for the products are obtained:

Refills are automatically given for 1 year. Reapplication has to be made every 12 months.

(g) Restrictions on the use of the program:

Eligibility for all available alternative programs must first be considered.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

According to the company, about 5,000 patients were served in 1989, 6,000 in 1990, and 8,000 in 1991.

IMMUNEX CORPORATION

CONTACT FOR THE PROGRAM:

Michael L. Kleinberg
Director of Professional Services
Immunex Corporation
206-587-0430
206-343-8926 (FAX)
1-800-321-4669

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The pharmaceutical product covered under this program is Leukine 250 mcg. and Leukine 500 mcg.

(b) The quantity of the product which can be obtained at any one time:

One cycle.

(c) The patient eligibility criteria that have to be met:

Physician must attest that the patient requires the drug and that all the reimbursement options for the patient have been tried.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

A patient assistance program enrollment form is obtained by the physician from the company's medical service representative.

(f) How refills for the products are obtained:

Up to two refills may be requested by the physician with the initial request. Refills are sent based on cycle time. Further refills may be requested on an as needed basis.

(g) Restrictions on the use of the program:

The patient must not be entitled to any other governmental program or other reimbursement.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company reported that, since March 1991, 168 patients have been served by the program.

JANSSEN PHARMACEUTICA INC. #1

CONTACT FOR THE PROGRAM:

Professional Services Department
Janssen Pharmaceutica Inc.
1125 Trenton-Harbourton Road
P.O. Box 200 Office A32000
Titusville, NJ 08560-0200
1-800-253-3682

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

Hismanal, Nizoral, Duragesic, Sporanox capsules, Alfenta, Sufenta, and Sublimaze.

(b) The quantity of the product which can be obtained at any one time:

Varies by product, patient condition.

(c) The patient eligibility criteria that have to be met:

Physician determines that patient is indigent and not eligible for health insurance.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Physicians may request free medications by written or telephone request, accompanied by a signed and

dated prescription and letter stating financial status and need of patient.

(f) How refills for the product are obtained:

Through the individual's physician.

(g) Restrictions on the use of the program:

Varies by product and patient condition.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company reported that thousands of requests from physicians had been honored over the past decade. It could not provide specific data on the number of patients that had been served each year.

JANSSEN PHARMACEUTICA INC. #2

CONTACT FOR THE PROGRAM:

Ellen McDonald
Assistant Product Manager
Janssen Pharmaceutica Inc.
40 Kingsbridge Rd
Piscataway, NJ 08854
908-524-9409
908-524-9118 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The pharmaceutical product covered under this program is Ergamisol (Levamisole HCL).

(b) The quantity of the product which can be obtained at any one time:

Two months' supply.

(c) The patient eligibility criteria that have to be met:

1. Less than $25,000 total annual household income.
2. Can have Medicare or private insurance, but cannot have prescription coverage.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Physician may obtain forms from company sales representatives or by contacting the company's headquarters.

(f) How refills for the products are obtained:

Refills are obtained from the patient's physician every 2 months. The patient must be requalified for the program every 6 months.

(g) Restrictions on the use of the program:

Diagnosis must be for Duke C Colon Cancer.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company reported that the program served 140 patients in 1990 and 411 in 1991.

KNOLL PHARMACEUTICALS

CONTACT FOR THE PROGRAM:

Knoll Pharmaceuticals
Indigent Patient Program
30 N. Jefferson Rd.
Whippany, NJ 07981
1-800-526-0710

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

Isoptin, Rythmol, Santyl, and Zostrix.

(b) The quantity of the product which can be obtained at any one time:

Not indicated.

(c) The patient eligibility criteria that have to be met:

Patients can enroll in the Heart-in-harmony program to receive educational information. Contact the local company sales representative, or call the patient help line at 1-800-526-0710.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

The request must be forwarded by the physician to the company at the address above, or given to the local company sales representative.

(f) How refills for the products are obtained:

Not indicated.

(g) Restrictions on the use of the program:

Not indicated.

(h) Any copayments or cost-sharing that the company requires from the patient:

None indicated.

Source: PMA 1992 Directory of Prescription Drug Indigent Programs.

LEDERLE LABORATORIES

CONTACT FOR THE PROGRAM:

Jerry Johnson, Pharm.D.
Director, Industry Affairs
American Cyanamid, Inc.
One Cyanamid Plaza
Wayne, NJ 07470
1-800-526-7870
1-201-831-4484 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

All Lederle pharmaceutical products are covered under the program, which include: Diamox, Artane, Minocin, Leucovorin Calcium, Loxapine, Verelan, Rheumatrex, Maxzide, and Myambutol.

(b) The quantity of the product which can be obtained at any one time:

Three months' supply.

(c) The patient eligibility criteria that have to be met:

Physician has to make the request. Patients have to be financially indigent, and not eligible for coverage under third party insurance or Medicaid reimbursement.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to completed, if any, to be enrolled in the program, and from whom the forms are obtained:

A form can be obtained from the company's sales representatives.

(f) How refills for the products are obtained:

A new request must be made by the physician.

(g) Restrictions on the use of the program:

The program is not designed to reimburse hospitals for uncompensated care. However, any physician that is willing to follow a patient on an ongoing basis in the outpatient setting may enroll in the program.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company reports that 300–400 patients per month are served through the programs, plus 240,000 through community health centers.

ADDITIONAL COMMENTS PROVIDED BY THE COMPANY

Lederle also have a program to distribute its antibiotic Suprax to indigent patients seen at community-based clinics through the Lederle Family Health Fund. Requests for the product should be made to Lederle or Advantus sales representatives. Physicians should be on staff at the community health center, which should also be a member of the National Association of Community Health Centers.

ELI LILLY AND COMPANY

CONTACT FOR THE PROGRAM:

Indigent Patient Program Administrator
Eli Lilly and Company
Lilly Corporate Center
Drop Code 1844
Indianapolis, IN 46285
317-276-2950
317-276-9288 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company reported that all Eli Lilly prescription products are covered, which include Ceclor, Keflex, Prozac, Dymelor, and Axid. The company also indicated that it makes its insulin products available through its indigent patient program. These insulin products include NPH insulin, Regular insulin, Lente insulin, and Humulin insulin. The program does not cover controlled substances, which include Darvon and Darvocet products.

(b) The quantity of the product which can be obtained at any one time:

Quantities are dependent upon the product, the diagnosis, and the physician's instructions. Generally, one course of therapy is supplied for acute care products. Quantities of chronic care products are determined on a case-by-case basis in consultation with the prescribing physician.

(c) The patient eligibility criteria that have to be met:

Patient eligibility is determined on a case-by-case basis in consultation with the prescribing physician. The intent is to provide products to individuals with limited resources and lacking third-party assistance.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Access to this program is qualified through consultation with the prescribing physician. Patients are not required to complete enrollee forms.

(f) How refills for the products are obtained:

Requests for refills are evaluated in a manner similar to original requests.

(g) Restrictions on the use of the program:

Controlled substances are not provided. No product is provided for indications not approved by FDA.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

The company would not provide data on the number of patient's that had been served by the program.

McNEIL PHARMACEUTICAL

CONTACT FOR THE PROGRAM:

Laura Litzenberger
Senior Medical Information Specialist
Scientific Affairs
McNeil Pharmaceutical
Spring House, PA 19477
215-540-7803

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

Pancrease, Parafon Forte DSC, Haldol, Vascor, and Tolectin.

(b) The quantity of the product which can be obtained at any one time:

Varies by product, patient condition.

(c) The patient eligibility criteria that have to be met:

The physician determines that patient is indigent and not eligible for health insurance.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Physicians may request free medications by written or telephone request, accompanied by a signed and dated prescription and letter stating financial status and need of patient.

(f) How refills for the products are obtained:

Through the individual's physician.

(g) Restrictions on the use of the program:

Varies by product and patient condition.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company reported that thousands of requests from physicians had been honored over the past decade. It could not provide specific data on the number of patients that had been served each year.

MARION MERRELL DOW, INC.

CONTACT FOR THE PROGRAM:

Bill Lawrence
Supervisor of Product Contributions
P.O. Box 8480
Kansas City, MO 64114
816-966-4250

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company reported that all Marion Merrell Dow pharmaceutical products are covered under this program, which include Cardizem, Cardizem CD, Cardizem SR, Carafate, Pavabid, Seldane, Seldane D, Nicorette, Rifadin, Quinamm, and Lorelco.

(b) The quantity of the product which can be obtained at any one time:

Three months' supply.

(c) The patient eligibility criteria that have to be met:

The physician determines whether the patient is eligible for the program. The intent of the program is to assure access to drug products for patients that fall below the Federal poverty level and have no other means of health care coverage.

(d) To whom the products are sent for distribution to the patient:

Historically, the products have been sent to the physician; however, the company reports that a revised program will include the pharmacist.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Physicians can obtain program certificates from the company.

(f) How refills for the products are obtained:

Physician request.

(g) Restrictions on the use of the program:

Indigent patients.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company reported that 15,000 requests were received and honored in 1989, 52,000 in 1990, and 105,000 in 1991.

MERCK SHARP AND DOHME (HUMAN HEALTH DIVISION, U.S.)

CONTACT FOR THE PROGRAM:

Professional Information Department
Merck Human Health Division, U.S.
West Point, PA 19486
215-540-8627

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

According to the company, generally all Merck pharmaceutical products are covered by this program, with the exception of injectable medicines. Merck products include Mevacor, Plendil, Pepcid, Prilosec, Prinivil, Timoptic, Timolol, Clinoril, Flexeril, Periactin, Noroxin, Cogentin, Indocin, Aldomet, Dolobid, Vasoretic, and Vasotec.

(b) The quantity of the product which can be obtained at any one time:

Requests for 3 months' supply are generally honored.

(c) The patient eligibility criteria that have to be met:

The patient's physician must: provide a written statement of medical need; indicate the existence of financial hardship; indicate the lack of patient eligibility for prescription coverage from insurance or government assistance programs.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

No specific forms have to be completed; requests should be made to the contact listed above.

(f) How refills for the products are obtained:

The patient's physician can make subsequent requests for additional medications.

(g) Restrictions on the use of the program:

Multiple, simultaneous requests from one physician cannot be considered.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company reported that thousands of requests from physicians had been honored over the past decade. It could not provide specific data on the number of patients that had been served each year.

MILES PHARMACEUTICALS

CONTACT FOR THE PROGRAM:

Professional Services
Attention: Miles Indigent Patient Program
400 Morgan Ave
West Haven, CT 06516
1-203-937-2000

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

All Miles prescription products are covered under the program, which include: Cipro, Nimotop, and Tridesilon Cream.

(b) The quantity of the product which can be obtained at any one time:

Medication quantities and duration of support is determined on a case-by-case basis.

(c) The patient eligibility criteria that have to be met:

Physician must certify that the patient is not eligible for or covered by government funded reimbursement or insurance programs for medication. Patient's income is below Federal poverty guidelines.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Physician must indicate condition for which the drug is to be prescribed and certify that the drug will be used for indicated use only. Physician must follow patient through course of therapy. A signed and dated prescription with professional designation, State license, or DEA number must be included with the application form from Miles.

(f) How refills for the products are obtained:

As above.

(g) Restrictions on the use of the program:

As indicated above.

(h) Any copayments or cost-sharing that the company requires from the patient:

None indicated.

Source: 1992 PMA Directory of Prescription Drug Indigent Programs.

NORWICH-EATON PHARMACEUTICALS (PROCTOR AND GAMBLE)

CONTACT FOR THE PROGRAM:

R.M. Brandt, Manager
Coverage and Reimbursement
607-335-2079
607-335-2020 (FAX)
1-800-448-4878

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company reported that all Norwich-Eaton pharmaceutical products are covered under this program, which include Macrodantin and Dantrium.

(b) The quantity of the product which can be obtained at any one time:

The quantity varies depending upon the situation, but at least a 1 month's supply can be obtained upon receipt of a physician's prescription.

(c) The patient eligibility criteria that have to be met:

The company relies on the physician's appraisal of the patient's need. The company also helps the patient identify other sources of financial help to pay for the patient's medications.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

None.

(f) How refills for the products are obtained:

The physician must send another prescription to the company.

(g) Restrictions on the use of the program:

Determination of patient eligibility is made on a case-by-case basis, based on the physician's assessment of the patient's need.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company indicated that it has not tracked requests, and could not provide specific information to respond to this question.

ORTHO BIOTECHNOLOGY

CONTACT FOR THE PROGRAM:

Carol Webb, Executive Director
Hematopoietic Products
908-704-5232
908-526-4997 (FAX)
The Ortho Financial Assistance Program
1800 Robert Fulton Drive
Reston, VA 22091
1-800-447-3437 (Financial Assistance)
1-800-441-1366 (Cost Sharing Program)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The pharmaceutical product covered under this program is Procrit (Epoetin-alfa).

(b) The quantity of the product which can be obtained at any one time:

Determined by physician, normally 4-8 weeks.

(c) The patient eligibility criteria that have to be met:

1. Financial Assistance Program—Less than $35,000 annual total household income, and no other prescription drug coverage.
2. Cost-Sharing Program—The program is activated when Procrit expenditures for a patient exceed $8,500 for a calendar year, regardless of third-party coverage.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

A Financial Assistance Program form must be completed, which can be obtained from the company's sales representative or by contacting the company directly.

(f) How refills for the products are obtained:

Through the patient's physician, by requalifying every 60 days.

(g) Restrictions on the use of the program:

None indicated.

(h) Any copayments or cost-sharing that the company requires from the patient:

None, except for cost sharing program mentioned above.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company reported that 200 patients were served by the program in 1991.

ORTHO PHARMACEUTICALS

CONTACT FOR THE PROGRAM:

Jerald Holleman
Director, Government Affairs
ICOM Development Group
Johnson & Johnson
P.O. Box 300, Route 202 South
Raritan, NJ 08869-0602
908-218-6466

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

Floxin, Aci-Jel, Ortho Dienestrol Cream, Monistat Vaginal Suppositories, Protostat tablets, Sultrin Triple Sulfa Cream, Sultrin Triple Sulfa Vaginal Tablets, Terazol 3 Suppositories, Terazol 7 Cream, Spectazole Cream, Monistat-Derm Cream, Grifulvin V Suppositories, Meclan Cream, Persa-Gel, Persa-Gel W, and Erycette.

(b) The quantity of the product which can be obtained at any one time:

Varies by product, patient condition.

(c) The patient eligibility criteria that have to be met:

The physician determines that patient is indigent and not eligible for health insurance.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Physicians may request free medications by written or telephone request, accompanied by a signed and dated prescription and letter stating financial status and need of patient.

(f) How refills for the products are obtained:

Through the individual's physician.

(g) Restrictions on the use of the program:

Varies by product and patient condition.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company reported that thousands of requests from physicians had been honored over the past decade. It could not provide specific data on the number of patients that had been served each year.

PARKE-DAVIS

CONTACT FOR THE PROGRAM:

Parke-Davis
201 Tabor Road
Morris Plains, NJ 07950
201-540-2000

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company indicated that all pharmaceutical products except controlled substances (Centrax) are made available to patients on an informal, ad hoc basis through their physicians.

The company's pharmaceutical products include Dilantin, Mandelamine, Accupril, Pyridium, Lopid, Nitrostat Sublingual, Tabron, Ponstel, Procan, Anusol HC, and Zarontin.

(b) The quantity of the product which can be obtained at any one time:

There are no formal limits. The quantity of the product to be distributed to indigent patients is governed by both relevant Federal, State, and local law and the physician's determination of the indigent patient's medical need.

(c) The patient eligibility criteria that have to be met:

The program is managed on an informal, ad hoc basis, and thus no formal criteria exist. The physician's good-faith determination of need is the chief restriction on the use of the program.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

None required.

(f) How refills for the products are obtained:

See (b) above.

(g) Restrictions on the use of the program:

See (c) above.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company indicated that it did not keep statistics on enrollment in the program, and did not respond in more detail to this question.

PFIZER PHARMACEUTICALS, INC. PROGRAM #1:

PFIZER LABS, ROERIG DIVISION, PRATT PHARMACEUTICALS

CONTACT FOR THE PROGRAM:

Richard Vastola
Manager, Professional and Consumer Programs
Pfizer, Inc.
235 East 42nd Street
New York, NY 10017
212-573-3954

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

All Pfizer outpatient pharmaceutical products are covered by this program, which include Antivert, Marax, Diabinese, Cardura, Minizide, Navane, Sinequan, Zithromax, Feldene, Procardia, Procardia XL, Vibramycin, Vistaril, Zoloft, Minipress, Minizide, and Glucotrol. (Diflucan is covered by another program described separately.)

(b) The quantity of the product which can be obtained at any one time:

Up to 3 months' supply, as prescribed by the physician.

(c) The patient eligibility criteria that have to be met:

Any patient that a physician is treating as indigent is eligible. Patients must not be covered by third-party insurance or Medicaid.

(d) To whom the products are sent for distribution to the patient:

Physician receives products for distribution to patient.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Forms are not necessary. The patient's physician must write a letter to Pfizer stating the need, and include the written prescription for the drug.

(f) How refills for the products are obtained:

Through the request of the physician.

(g) Restrictions on the use of the program:

The physician must be treating the patient as indigent, and in a letter must indicate financial need and inability to pay on part of the patient.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

According to the company, about 2,000 free courses of therapy were provided to indigent patients from 1989 through 1991. The company did not report on the number of patients that have been served.

ADDITIONAL COMMENTS

Pfizer also participates in the Arkansas Health Care Access Program and the Kentucky Health Care Access Program. These programs make all Pfizer prescription drugs available free of charge to patients that each respective State certifies as being below the Federal poverty level, without health insurance benefits, and ineligible for any government entitlement program. More information about the programs is available from:

Arkansas

Pat Keller
Program Director
Arkansas Health Care Access Foundation
P.O. Box 56248
Little Rock, AR 72215
501-221-3033
1-800-950-8233

Kentucky

Arch Manious, Jr.
Executive Vice President
Kentucky Health Care Access Foundation
147 Market Street, Suite 200
Lexington, KY 40507
606-255-7442
606-254-5846 (FAX)

PFIZER INC. PROGRAM #2: ROERIG DIVISION

CONTACT FOR THE PROGRAM:

Diflucan Patient Assistance Program
1-800-869-9979

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

Diflucan (Fluconazole).

(b) The quantity of the product which can be obtained at any one time:

Up to 3 months' supply.

(c) The patient eligibility criteria that have to be met:

Patient must not have insurance or other third-party coverage, including Medicaid.

Patient must not be eligible for a State AIDS drug assistance program.

Patient must have an income of less than $25,000 a year without dependents; or less than $40,000 a year with dependents.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

A one-page qualification form completed and submitted by the physician is required for enrollment. The form can be obtained by contacting the 1-800 number listed above.

(f) How refills for the products are obtained:

Refills are obtained by the physician resubmitting a one-page qualification form.

(g) Restrictions on the use of the program:

None, beyond income and coverage limitations.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

Information provided by the company indicate that 1,217 patients were enrolled in the program in 1991. In 1990, the year for which records were most readily available, 440 courses of therapy were provided through the program. The number of patients served in 1990 was not reported by the company.

REED AND CARNRICK/BLOCK DRUG COMPANY

CONTACT FOR THE PROGRAM:

Conrad Erdt
Customer Service Associate
Reed and Carnrick Pharmaceutical Company
One New England Ave
Piscataway, NJ 08854
908-981-0070
908-981-1391 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company indicated that all its prescription products are covered by the program (when accompanied by a prescription form signed by a physician), which include Lindane Shampoo and Lindane Lotion. The com-

pany's nonprescription products are also covered under the program.

(b) The quantity of the product which can be obtained at any one time:

One month's supply.

(c) The patient eligibility criteria that have to be met:

The company makes a determination of eligibility based on income information provided by the physician.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Written request from physician to company representative or direct to company headquarters, accompanied by signed physician prescription form.

(f) How refills for the products are obtained:

Written request by the physician, accompanied by signed physician prescription form.

(g) Restrictions on the use of the program:

As above.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

According to the company, only one patient was enrolled in the program in 1991.

SANDOZ PHARMACEUTICALS

CONTACT FOR THE PROGRAM:

Gilbert Honigfeld, Ph.D.
Director of Scientific Affairs
59 Route 10
East Hanover, NJ 07936-1951
201-503-8341
201-503-7185 (FAX)

Maria Hardin, Director
Sandoz Drug Cost Sharing Program (DCSP)
P.O. Box 8923
New Fairfield, CT 06812
203-746-6518
1-800-447-6673
203-746-6481 (FAX)

Carol Lee-Kantor
Director, Clozaril Assistance Program
P.O. Box 8923
New Fairfield, CT 06812-1783
1-800-937-6673
203-746-6481 (FAX)

PROGRAM CHARACTERISTICS

The National Organization for Rare Diseases (NORD)/Sandoz Drug Cost Share Program (DCSP) is solely administered by NORD.

(a) The pharmaceutical products which are covered:

The company reported that Sandimmune, Sandoglobulin, Sandostatin, Parlodel, and Eldepryl are covered under one program. Clozaril is covered under a different program, as described below. The company did not indicate if it had a program for its other pharmaceutical products, which include Restoril and Mellaril.

(b) The quantity of the product which can be obtained at any one time:

Patient is awarded up to 1-year's worth of drug, which is shipped in 3-month supplies via the mail-order pharmacy utilized by the program.

Clozaril—Patient is eligible to receive up to 1-year's supply of the drug, dispensed only 1 week at a time, per dispensing requirements of package label.

(c) The patient eligibility criteria that have to be met:

NORD determines eligibility by medical and financial criteria, and applies a cost share formula. The patient/applicant must demonstrate financial need above and beyond the availability of Federal and State funds, private insurance or family resources. NORD also makes determination of patient eligibility for Clozaril program.

(d) To whom the products are sent for distribution to the patient:

Products are sent directly to the patient via a mail order pharmacy. For Clozaril, the drug is supplied by local pharmacists, and NORD reimburses the pharmacist for the drug plus a dispensing fee. NORD also may reimburse laboratories for weekly blood tests.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

An application packet which also includes a separate physician form is available from NORD for both the general program and the Clozaril program.

(f) How refills for the products are obtained:

Patient's physician must complete DCSP dosage quarterly updates. A new prescription must accompany physician's up-date when a dosage change has occurred.

Clozaril—dispensed 1 week at a time at local pharmacy, after laboratory check of patient's white blood cell (WBC) count, per physician's prescription.

(g) Restrictions on the use of the program:

All applicants must be citizens or permanent residents of the United States. There is no income ceiling. For Clozaril, patients must apply each year to requalify.

(h) Any copayments or cost-sharing that the company requires from the patient:

A percentage of the costs, up to 100 percent, of an eligible applicant's drug therapy, is subsidized according to financial need. Patient is responsible for shipping and handling costs of the drug. For Clozaril, patients must pay for the percentage of the medication costs that they can afford.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

According to the company, the general Sandoz indigent patient program served 79 patients in 1989, 504 in 1990, and 1,005 in 1991. The Clozaril program served 1,249 patients in 1990 and the same number in 1991.

SANOFI WINTHROP PHARMACEUTICALS

CONTACT FOR THE PROGRAM:

Sanofi Winthrop
Product Information Department
90 Park Avenue
New York, NY 10016
212-907-2000

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company indicated that all Sanofi Winthrop pharmaceutical products are available under this program, which include Aralen, Danocrine, and Winstrol.

(b) The quantity of the product which can be obtained at any one time:

One unit or 1 month's supply, as required.

(c) The patient eligibility criteria that have to be met:

Subject to acceptance by the company, patients can obtain medications by having their physician contact the company to request the product, provide a written order for the product, and confirm the patient's need.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Pharmaceuticals can be obtained by contacting the local sales representative or calling the product information department, and providing a written prescription.

(f) How refills for the products are obtained:

Specific requests must be made for additional product.

(g) Restrictions on the use of the program:

Each request is handled on a case-by-case basis.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

According to the company, patients are handled on a case-by-case basis, and are not enrolled in a formal program. Therefore, the company did not provide any data on the number of patients that the program served.

SCHERING-PLOUGH

CONTACT FOR THE PROGRAM:

For Intron/Eulexin Products:
Roger D. Graham, Jr.
Marketing Manager, Oncology/Biotech
Service Programs
Schering Laboratories
2000 Galloping Hill Road
Building K-5-2 B2
Kenilworth, NJ 07033

For Other Schering Products:
Drug Information Services
Indigent Program
Schering Laboratories/Key Pharmaceuticals
2000 Galloping Hill Road
Building K-5-1 C6
Kenilworth, NJ 07033
908-298-4000
1-800-822-7000

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

Intron A—Initial supply is for 2 months; renewals available for 4 months at a time.

Eulexin—Initial supply is for 6 months; renewals available for 6 months at a time.

Other Schering products, which include Trinalin, Lotrimin, Lotrisone, Diprosone, Diprolene, Fulvicin, Proventil, Vancenase, Normodyne, and Optimine, are provided for an initial 3 months' supply, with renewals available for up to 3 months at a time.

(b) The quantity of the product which can be obtained at any one time:

As indicated above.

(c) The patient eligibility criteria that have to be met:

Patient eligibility is determined on a case-by-case basis, based on the internal criteria (economic status) as well as through consultation with the prescribing physician. The consultation includes a review of the specific case as well as the availability of other means of health care assistance.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

The physician either completes a request form in the case if Intron A and Eulexin or submits a formal written request for assistance for other Schering drugs.

(f) How refills for the products are obtained:

Refills are sent directly to the physician.

(g) Restrictions on the use of the program:

According to the company, the program is designed to assist those patients who are indigent and ineligible for public or private insurance reimbursement, and cannot afford treatment.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

According to the company, 2,100 patients were enrolled in the program in 1991. Data were not provided for earlier years.

G.D. SEARLE AND CO.

CONTACT FOR THE PROGRAM:

For health care professionals:
Michael Isaacson
Vice President, "Patients in Need" Foundation
Searle Co.
5200 Old Orchard Rd.
Skokie, IL 60077
1-800-542-2526
708-470-3831
708-470-6633 (FAX)

For general information about the program:
Laura Leber
Associate Director, Public Affairs
708-470-6280
708-470-6719 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company indicated that the following pharmaceutical products were covered under the program: Aldactazide, Aldactone, Calan, Calan SR, Cytotec, Kerlone, Nitrodisc, Norpace, Norpace CR.

(b) The quantity of the product which can be obtained at any one time:

Supply is based on the physician's assessment of the needs of the patient.

(c) The patient eligibility criteria that have to be met:

The program is conducted through the physician, who determines the patient's eligibility based on medical and economic need. Searle provides suggested guidelines to the physician to consider when determining patient eligibility.

(d) To whom the products are sent for distribution to the patient:

"Patients in Need" program certificates for new and refill prescriptions are made available to the physician. The physician gives the completed certificate to the patient, who takes it to the pharmacy with a prescription for the Searle product. The pharmacist submits the certificate to Searle, and the pharmacist is reimbursed by

the company at the pharmacy's usual and customary charge.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

The physician enrolls the patient in the program through the "Patients in Need" certificate. The patient does not have to complete any forms. Certificates are available from Searle medical representatives or by calling the toll-free number.

(f) How refills for the products are obtained:

Refills can be obtained through the physician by utilizing "Patients in Need" program certificates. There is no limit to the number of refills under the program, so a patient could receive a lifetime supply of medication through the program.

(g) Restrictions on the use of the program:

There are no time or monetary limitations on patients using the program.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

Since 1987, the company reports that nearly 5 million certificates worth $150 million have been distributed to physicians around the country. However, the company did not provide data on the number of patients that have been served by the program.

SIGMA-TAU PHARMACEUTICALS

CONTACT FOR THE PROGRAM:

Michele McCourt
Carnitor Drug Assistance Program
Administrator
National Organization for Rare Diseases
P.O. Box 8923
New Fairfield, CT 06812-1783
1-800-999-6673
203-746-6518
203-746-6481 (FAX)

Barbara J. Bacon
Manager, Marketing Operations
Sigma-Tau Pharmaceuticals
200 Orchard Ridge Drive
Gaithersburg, MD 20878
1-800-447-0169
301-948-1041
301-948-1862 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical product which is covered:

Carnitor (Levocarnitine).

(b) The quantity of the product which can be obtained at any one time:

Three months' supply, up to 1 year.

(c) The patient eligibility criteria that have to be met:

The patient must have no other means for obtaining the drug through insurance or State or Federal assistance, or liquid assets, and cannot afford to purchase the drug. Must be a U.S. citizen or permanent resident.

(d) To whom the products are sent for distribution to the patient:

Product is sent directly to the patient.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Applications are obtained through the NORD/Sigma-Tau Carnitor Drug Assistance program.

(f) How refills for the products are obtained:

Physician sends new quarterly prescription. Voucher for free drug is sent out quarterly.

(g) Restrictions on the use of the program:

Program limited to patients who cannot afford to purchase the prescribed drug and have no other means of obtaining it.

(h) Any copayments or cost-sharing that the company requires from the patient:

Patient must pay for the shipping and handling of the drug.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company reported that the program served 10 patients in 1989, 13 patients in 1990, and 18 patients in 1991.

SMITHKLINE BEECHAM: PROGRAM #1

CONTACT FOR THE PROGRAM:

Jan Stilley
SmithKline Beecham
One Franklin Plaza FP1320
Philadelphia, PA 10101
215-751-5760

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

All SmithKline Beecham pharmaceutical products are covered under this program, which include Tagamet, Augmentin, Relafen, Dyazide, Ridaura, Bactroban, and Compazine. Eminase and Triostat are covered under different programs, described in the next section.

(b) The quantity of the product which can be obtained at any one time:

Up to 3 months' supply.

(c) The patient eligibility criteria that have to be met:

Physicians determine which patients are eligible.

(d) To whom the products are sent for distribution to the patient:

The physician makes the request of the local company sales representative. The requesting physician signs a form acknowledging receipt of the product.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Patients do not have to be enrolled in the program. Requesting physicians are asked to forward to a letter to the company confirming patient need and eligibility.

(f) How refills for the products are obtained:

Physicians can obtain refills from the local company sales representative, and, upon delivery, sign an acknowledgement of receipt for another 3 months' supply.

(g) Restrictions on the use of the program:

None indicated by the company.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company indicated that it could not report this because it does not collect aggregate data about the program.

SMITHKLINE BEECHAM: PROGRAM #2

CONTACT FOR THE PROGRAM:

Eminase and Triostat Programs
Helene Kennedy
Program Specialist
555 13th Street NW Suite 700 East
Washington, DC 20004
202-508-6512
202-637-6690 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

Eminase (Antistreplase) and Triostat (Liothyronine Sodium Injection) are covered under the programs described below.

(b) The quantity of the product which can be obtained at any one time:

All Eminase and Triostat vials that the hospital uses to treat patients who meet the program requirements will be replaced by the company free of charge.

(c) The patient eligibility criteria that have to be met:

To be eligible for this program, patients must (1) demonstrate that they do not have private or public insurance coverage; (2) meet the program income requirements (single patients with annual incomes of $18,000 or less and married patients or those with one dependent are eligible if their income is $25,000 or less).

(d) To whom the products are sent for distribution to the patient:

After a hospital submits a request, Eminase and Triostat replacement vials will be shipped directly to the hospital within 30 days after the application has been approved.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

For each eligible patient, hospitals must submit a Hospital Consent Form and an Application Form with any one of the following documents: a copy of the patient's medical record, a copy of the patient's pharmacy

record, a copy of the patient's bill. Forms can be obtained from the company's sales representative or by contacting the following:

For Eminase:

Compassionate Care Program
c/o Medical Technology Hotlines
555 13th Street NW Suite 7E
Washington, DC 20004
1-800-866-6273
202-637-6695

For Triostat:

Medical Technology Hotlines
P.O. Box 7710
Washington, DC 20004-7710
1-800-866-6273
202-637-6695

(f) How refills for the products are obtained:

Given the method of administration and treatment for these drugs, refills are not applicable.

(g) Restrictions on the use of the program:

None.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

Since its development in 1990, 110 patients have been enrolled in the Eminase program. The Triostat program was just developed in 1992.

SYNTEX LABORATORIES, INC.

CONTACT FOR THE PROGRAM:

Cytovene Medical Information Line:
1-800-444-4200 (Syntex Provisional Assistance Program for Cytovene)
General Telephone Number to Inquire About Indigent Patient Programs:
1-800-822-8255

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The only product covered under this program is Cytovene (ganciclovir sodium) 500mg sterile powder.

The company indicated that it makes its other products available to indigent patients on an ad hoc basis through their physicians. The company's other products include Naprosyn, Anaprox, Cardene, Synalar, Synemol, and Nasalide.

(b) The quantity of the product (Cytovene) which can be obtained at any one time:

25 vials (dose depends on maintenance-vs-induction therapy, adjusted for patient's weight).

(c) The patient eligibility criteria that have to be met:

Syntex provides Cytovene free of charge when it is prescribed for an immunocompromised patient who has been diagnosed as having cytomegalovirus (CMV) retinitis, if that patient does not have the means to purchase the drug and that patient is not eligible for any form of third-party reimbursement to otherwise pay for the drug.

Specifically, the eligibility criteria for the Syntex Provisional Assistance Program for Cytovene are as follows:

If the physician indicates that the patient has CMV retinitis and cannot afford the cost of treatment, the patient is considered prequalified and an initial 25 vials are shipped directly to the physician. In addition, a Patient Eligibility Form is sent, and the treating physician or social worker completes the necessary information to indicate that the patient has no known source of reimbursement for Cytovene, including private or government insurance, or eligibility for other charitable

means of assistance. If the treating physician and social worker determine the patient is "indigent" and all requirements for eligibility are duly documented, the patient's forms are retained on file and the patient is allowed to continue to receive assistance. Patients, once enrolled, will continue to receive drug unless financial or medical conditions change.

(d) To whom are the products sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

Program structure is as outlined:

(1) The physician contacts the Cytovene Information Line and identifies a patient who has CMV retinitis but cannot afford Cytovene; patient is prequalified, and Syntex Order Department is instructed to drop ship 25 vials of Cytovene immediately to the physician, along with Eligibility Form and Request for Additional Product Form.

(2) When forms are completed and returned, they are reviewed as detailed above. If the patient meets the criteria for financial eligibility, the patient is considered qualified and further drug may be shipped to the physician as requested. The frequency of requests for additional supply varies, depending on the dosage regimen, but usually it is on a monthly basis.

(f) How refills for the products are obtained:

Once patients are deemed eligible and are enrolled in the program, physicians complete a Request for Additional Product Form. The physician's signature and DEA number are required on all forms.

(g) Restrictions on the use of the program:

Patients must have a diagnosis of cytomegalovirus (CMV) retinitis and have documentation by their physician or social worker indicating that the patient does not have the means to purchase the drug and is not eligible for any form of third-party reimbursement to otherwise pay for the drug.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company reports that 81 patients have enrolled in the Cytovene Provisional Assistance Program, and 10 patients are pending eligibility approval to date.

ADDITIONAL COMMENT PROVIDED BY THE COMPANY

The company indicated that it is in the process of developing an indigent patient program for Synarel, recently approved by the FDA for the treatment of Central Idiopathic Precocious Puberty.

UPJOHN COMPANY

CONTACT FOR THE PROGRAM:

Wendell Pierce
National Professional Services Manager
Upjohn Company
7000 Portage Rd
Kalamazoo, MI 49001
616-323-6004
616-323-6332 (FAX)

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company reports that any Upjohn product may be considered for the patient, which includes Ansaid, Motrin, Provera, E-Mycin, Halcion, Xanax, Medrol, Cleocin, Lincocin, Loniten, Micronase, Orinase, and Tolinase.

(b) The quantity of the product which can be obtained at any one time:

Generally, a 3-months' supply is provided. However, a physician can request a supply for a longer period of time.

(c) The patient eligibility criteria that have to be met:

The physician determines the patient's needs, and if there are available insurance or other social programs to help provide medications.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

There are no forms involved in making the request.

(f) How refills for the products are obtained:

Through follow-up requests by the physician to the Upjohn sales representative.

(g) Restrictions on the use of the program:

None indicated.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company indicated that this data was not available.

WYETH-AYERST LABORATORIES

CONTACT FOR THE PROGRAM:

Roger Eurbin
Associate Director, Professional Services
Wyeth-Ayerst
P.O. Box 8299
Philadelphia, PA 19101
215-971-5604

PROGRAM CHARACTERISTICS

(a) The pharmaceutical products which are covered:

The company indicated that various products are covered under its program. The company's products include Sectral, Cyclospasmol, Premarin, Isordil, Phenergan, Dimetapp, Orudis, Wytensin, and Cordarone. The company also makes three oral contraceptives: Triphasil, Lo/Ovral, and Nordette, which are primarily provided by family planning clinics. The program to provide the

Norplant System is described in the "Comments" section.

(b) The quantity of the product which can be obtained at any one time:

In general, 1-2 months' supply or the closet trade package size available is provided. For Cordarone, 1 months' supply or up to two bottles of 60 tablets is provided.

The number of cycles of oral contraceptives given to the patient is determined by a health care provider or the family planning clinic.

(c) The patient eligibility criteria that have to be met:

The patient must be medically indigent, with no form of coverage for pharmaceutical products. The family planning clinic determines eligibility for new and refill oral contraceptive cycles.

(d) To whom the products are sent for distribution to the patient:

Physician.

(e) The specific forms that have to be completed, if any, to be enrolled in the program, and from whom the forms are obtained:

No specific forms are needed; just a signed and dated prescription that includes the physician's professional designation, the State license or Federal DEA number, and a brief statement affirming that the patient is medically indigent and has no form of coverage for pharmaceutical products.

(f) How refills for the products are obtained:

Same as request for original prescription.

(g) Restrictions on the use of the program:

Subject to case-by-case approval.

(h) Any copayments or cost-sharing that the company requires from the patient:

None.

NUMBER OF PATIENTS SERVED BY THE PROGRAM

The company indicates that data about the program is not captured by a single source and is therefore not available.

COMMENTS

The company established a foundation in 1991 to provide the Norplant contraceptive system. Up to 5 years of use can be provided. The Norplant Foundation determines whether the patient is eligible to receive the system free of charge. Contact: The Norplant Foundation, P.O. Box 25223, Alexandria, VA 22314, 703-706-5933.

TABLE 1—PRICE INCREASES FOR MAJOR PRESCRIPTION DRUGS TAKEN BY OLDER AMERICANS, 1986–91

Drug, Manufacturer and Use	Annual Average Price Increase	Generic Name	Generic Available
Coumadin (Du Pont Merck) anticoagulant.	21.4%	Warfarin	NO *
Tylenol #3 (McNeil) painkiller.	17.0%	Acetaminophen with codeine.	YES
Premarin (Wyeth-Ayerst) estrogen.	17.0%	Conjugated estrogens.	NO *
Halcion (Upjohn) sleeping pill.	15.0%	Triazolam	NO—1993
Xanax (Upjohn) antianxiety.	15.0%	Alprazolam	NO—1993
Dilantin (Parke-Davis) antiepilepsy.	14.4%	Phenytoin	NO *
Inderal (Wyeth-Ayerst) hypertension/angina.	14.4%	Propranolol	YES
Nitrostat (Parke-Davis) angina.	14.1%	Sublingual nitroglycerin.	NO
Feldene (Pfizer) antiarthritic.	14.0%	Piroxicam	NO—1992
Capoten (Bristol-Myers) hypertension.	13.2%	Captopril	NO—1995
Lopressor (Ciba-Geigy) hypertension.	12.8%	Metoprolol	NO—1993
Procardia (Pfizer) hypertension/angina.	12.0%	Nifedepine	YES
Tagamet (SmithKline) antiulcer.	11.6%	Cimetidine	NO—1994

* Generic versions of these products are no longer available because of manufacturing problems, but are eventually expected to return to market.

Source: PRIME Institute. Minneapolis, Minnesota.

TABLE 2—MAJOR BRAND NAME PRESCRIPTION DRUGS COMING OFF PATENT, 1992-95

Brand Name, Manufacturer and Use	Generic Name	Month of Patent Expiry	1991 U.S. Sales (Estimated) [In Millions]
	1992		
Dolobid (Merck) [antiarthritic].	Diflunisal	January	$40
Feldene (Pfizer) [antiarthritic].	Piroxicam	April	$295
Procardia XL (Pfizer) [heart medication].	Nifedepine	September	$808
Cardizem SR (Marion) [heart medication].	Diltiazem	November	$350
Ceclor (Eli Lilly) [antibiotic].	Cefaclor	December	$550
	1993		
Voltaren (Ciba-Geigy) [antiarthritic].	Diclofenac	January	$355
Lopid (Parke-Davis) [cholesterol].	Gemfibrozil	January	$350
Ansaid (Upjohn) [antiarthritic].	Flubiprofen	February	$140
Corgard (Bristol-Myers) [heart medication].	Naldolol	September	$130
Xanax (Upjohn) [antianxiety].	Alprazolam	October	$465
Halcion (Upjohn) [antianxiety].	Triazolam	October	$100
Lopressor (Ciba-Geigy) [heart medication].	Metoprolol	December	$250
Naprosyn (Syntex) [antiarthritic].	Naproxen	December	$480
Anaprox (Syntex) [antiarthritic].	Naproxen sodium.	December	$185

TABLE 2—MAJOR BRAND NAME PRESCRIPTION DRUGS COMING OFF PATENT, 1992–95—Continued

Brand Name, Manufacturer and Use	Generic Name	Month of Patent Expiry	1991 U.S. Sales (Estimated) [In Millions]
	1994		
Diabeta (Hoechst) [antidiabetic].	Glyburide	January	$135
Seldane (Marion) [antihistamine].	Terfenadine	March	$530
Tagamet (SmithKline) [antiulcer].	Cimetidine	May	$640
Micronase (Upjohn) [antidiabetic].	Glyburide	May	$215
Vancenase (Schering) [antiasthma].	Beclomethasone.	August	$110
Vanceril (Schering) [antiasthma].	Beclomethasone.	August	$50
Clozaril (Sandoz) [schizophrenia].	Clozapine	September	$40
	1995		
Capoten (Bristol-Myers) [heart medication].	Captopril	August	$580
Zantac (Glaxo) [antiulcer].	Ranitidine	December	$1,530
Sandimmune (Sandoz) [transplant rejection].	Cyclosporin	September	$250

Source: Generic Pharmaceutical Industry Association and C.J. Lawrence, March 23, 1992, Number 92–3.

TABLE 3—COST OF NEW DRUGS SKYROCKETING

Drug/Manufacturer	Use	FDA Approval	Cost
Centoxin CENTOCOR.	Antibiotic.....	Pending..	$3,000–$4,000/dose
Interleukin-2 CETUS.	Renal cancer...	Pending..	$4,000–$5,000/dose
Foscavir ASTRA.....	AIDS/eye infection	9/91.....	$21,000/year
Proscar MERCK.....	Prostate cancer	6/92.....	$730–$1,095/year
Sumatriptan GLAXO.	Migraine headaches	Pending..	$65–$100/dose (subcutaneous)
Pergamid NOVA.....	Leukemia.....	Pending..	$1,100/dose
Aredia GEIGY	Cancer.....	10/91.....	$900–$1,400/3 day therapy
Ticlid SYNTEX.....	Stroke.....	11/91.....	$2.02/day

Source: American Journal of Hospital Pharmacy, January 1992.

EXPANDED DRUG COVERAGE

This manual primarily focuses on prescription drug benefits under Medicaid, Title XIX of the Social Security Act, for persons with low incomes and dependant children. In response to a growing need for prescription drug coverage to the elderly, who consume

	New Jersey	Maine	Maryland	Delaware[1]
Year Enacted:	1977	1977	1979	1982
Eligibility Criteria: Age	65+	65+	None	65+
Means test	$15,700 s $19,250 c under age 65 w/SS disability	$8,400 s $10,500 c 55+ with exceptions	$7,750 s to $14,950 Fam. of 10	$11,000 s $15,100 c
Program Characteristics: Copay	$5.00	$3.00—5.00	$5.00	10% AAC[4]
Rxs covered	All legend Rx, insulin & diabetic test materials, No DESI drugs	Most chronic illnesses	Anti-Infectious Maintenance Chronic Conditions	Rx drugs, formulary + insulin/quinine
Rx fee to Pharmacy	$3.63 to 3.97[3]	$3.35[3]	$4.94[3] to $6.17	
Fiscal Impact: Funding	33.5% General fund 66.5% Casino Revenue Fund	General fund	General fund	The Nemours Foundation
# recipients	214,152	14,378	17,000	17,000 (enrolled) 1991
Cost per year[2]	$177	$4.3	$10	$3.3
Pop. over age 65:	1,069,000	164,385	560,901	80,000
Comparable Medicaid Rx Data 1990:				
Tot. Recipients	614,073	150,623	380,255	50,580
Rx Recipients	506,804	118,241	286,270	38,026
Rx Expend.	$186.3	$38.3	$85.8	$9.7
Net State Cost	$93.1 (50%)	$14.1 (37%)	$42.9 (50%)	$4.8 (50%)
Mfg. Rebates: % of AMP[5]:	Recent enactment	Tied to OBRA '90 Started 6/92	Not yet implemented	

[1] Not a vendor drug program. All Rx's dispensed through Nemours Memorial Health Clinic, Wilmington, DE
[2] Millions
[3] Medicaid

Table 4

FOR THE ELDERLY

considerably more drugs than the average American, state health planners and legislators in nine states have developed state-funded programs for their elderly citizens. Each of these programs differ somewhat and their characteristics are listed below.

Pennsylvania	Illinois	Rhode Island	Connecticut	New York	Vermont
1984	1985	1985	1986	1987	1990
65+	65+	65+	65+	65+	65+
less than $13,000 s $16,200 m	$14,000 household 16 & totally disabled	$13,116 s $16,395 c	less than $13,800 s $16,600 c disabled 18-64 Title II & XVI	$9,000-15,000 s $12,000-20,000 c (low-moderate income)	$11,600 s $15,500 c disabled
$6.00	$25 per month	40% of cost	$10.00	up to $23 depending on cost	80%
All Rx, 30-day supply or 100 units No DESI or Exp.	Cardiovascular Rx, antiarthritic, insulin needles & syr.	Rx (selected diagnostic categories)	All "State" Rx insulin, needles & syringes - No DESI or cosmetics	All Rx - No DESI or OTC	All legend Rx, insulin, syringes, needles
$2.75[3]	$3.60	$1 brand $5 generic	$4 10[3] ($.50 generic incentive fee)	$2.75 to $3.00	AWP-10% + $4.25
Lottery funds	General fund	General fund	General fund	General fund + premiums pd/rebates	General fund
369,919 $230.9	102,792 $62.8	19,000 $4.7	53,567 $28.4	90,600 $38.8	3,300 eligibles
1,829,106	1,429,000	150,547	444,000	2,340,000	66,163
1,277,428	1,144,272	163,704	271,903	2,461,537	70,699
859,875	896,686	102,095	198,852	1,714,055	54,399
$293.4	$203.3	$26.5	$75.1	$524.7	$17.2
$126.1 (43%)	$101.6 (50%)	$12.1 (46%)	$37.5 (50%)	$262.3 (50%)	$6.6 (38.6%)
$28 12.5%/10%[c]	None	Not yet implemented	$1.8[2] 11%	$4.5 12.5%/10%[6]	None

[4] Actual Acquisition Cost
[5] Average Manufacturer Cost
[6] 12.5% generic/10% brand

Table 4

TABLE 5—CONTACTS FOR STATE PHARMACEUTICAL ASSISTANCE PROGRAMS FOR OLDER AMERICANS

CONNECTICUT

Marcia Maine
Supervisor, Program Development CONNPACE
Connecticut Department on Aging
175 Main Street
Hartford, CT 06106-1861
203-566-8840
203-566-8843 (FAX)

DELAWARE

W. Frank Morris, R.Ph.
Director of Pharmacy
The Nemours Clinic
1801 Rockland Road
Wilmington, DE 19803
302-429-9400
302-429-8499 (FAX)

ILLINOIS

Susan M. Coombe
Manager of Pharmaceuticals
Illinois Department of Revenue
P.O. Box 19021
Springfield, IL 62794-9021
217-782-3336
217-782-4217 (FAX)
1-800-624-2459 (in Illinois only)

MAINE

Diane Hopper
Medical Care Coordinator
Professional Claims Review
Maine Department of Human Services
249 Western Avenue
Augusta, ME 04333
207-289-3081
207-289-2675 (FAX)

MARYLAND

Leone W. Marks, R.Ph.
Staff Specialist for Pharmacy Services
Maryland Medical Care Policy Administration
201 West Preston Street
Baltimore, MD 21201
410-225-1459
410-333-5409 (FAX)

NEW JERSEY

Wade Epps
Principal Standards & Procedures Technician
New Jersey Division of Medical Assistance & Health Services
Pharmaceutical Assistance to Aged & Disabled
CN 715
Trenton, NJ 08625
609-588-7032
609-588-7037 (FAX)

PENNSYLVANIA

Theresa V. Brown
Chief, Research & Development, PACE Program
Pennsylvania Department of Aging
231 State Street
Harrisburg, PA 17101
717-787-7313
717-772-2730 (FAX)

RHODE ISLAND

Susan L. Sweet
Associate Director of Community Services
Rhode Island Department of Elderly Affairs
160 Pine Street
Providence, RI 02903
401-277-6553
401-277-2130 (FAX)

NEW YORK

Marilyn Desmond
Deputy Director, EPIC
New York State Department of Health
401 Corning Tower, Empire State Plaza
Albany, NY 12237-0769
518-474-3672
518-474-3292 (FAX)

VERMONT

Marghi Barton
Vscript Program Manager
Division of Medicaid
Vermont Department of Social Welfare
103 S. Main Street
Waterbury, VT 05676
802-241-2886
802-241-2974 (FAX)

TABLE 6—PATIENT ASSISTANCE PROGRAMS FOR HIV-RELATED THERAPIES

Epoetin Alpha (EPO, Procrit)
MFGR: Ortho Biotechnology
Cost Sharing Program
Ortho Biotech
1-800-441-1366
Ortho Financial Assistance Program
1-800-447-3437
Procrit Line
1-800-553-3851

Filgrastim (GCSF, Neupogen)
MFGR: Amgen, Inc.
Amgen Safety Net Program
1-800-272-9376

Fluconazole (Diflucan)
MFGR: Pfizer Pharmaceuticals, Roerig Division
Diflucan Reimbursement Hotline
1-800-869-9979

Ganciclovir (Cytovene)
MFGR: Syntex Laboratories
Provisional Assistance Program
1-800-444-4200

Interferon Alpha 2A (Roferon)
MFGR: Roche Laboratories
Roferon-A Cost Assistance Program
1-800-227-7448
ONCOLINE
1-800-443-6676

Interferon Alpha 2B (Intron A)
MFGR: Schering-Plough Corp.
Interactive Reimbursement Information Services
1-800-521-7157
ICON Information Network
1-800-446-8766

Pentamidine (Pentam)
MFGR: Fujisawa Pharmaceutical Co.
Rick White
708-317-8638

Sargramostim (GMCSF Leukine)
MFGR: Immunex
Immunex Reimbursement Service
1-800-321-4669
Leukine Product Information & Professional Service Hotline
1-800-33-GMCSF

Sargramostim (GMCSF Prokine)
MFGR: Hoechst-Roussel Pharmaceuticals
1-800-Prokine

Zidovudine (Retrovir)
MFGR: Burroughs Wellcome
Patient Assistance Program
1-800-722-9294

Source: Drug Topics, September 1991.

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