**** Per MA & CA state laws, they have limited the use of copay cards when a generic medication is available ****

Drug	BIN#	PCN#	Patient Support Desk	How to Access Card	Program Details	Website	Additional Info
Abilify Maintena	015251	RX2000	888-591-9812	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a $10 copay with no max but can only be used 12 times then requires to re-enroll	https://www.abilifymaintena.com/bipolar-i/resources/financial-assistance?ceid=10675&utm_source=goo	
Abiraterone Acetate	610020	N/A	855-820-3230	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a $5 copay per month with a monthly benefit max of $500 (there is currently no annual benefit max)	https://www.abirateronesavings.com/patient-assistance/	
Actemra	014310	NOVARTIS	877-411-8641	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Bin # card, pays up to $4000 monthly and patient pays $5 monthly. Max benefits per year $10,000	https://racopay.com/actemra	Also offers a credit card to patients as an alternative to the Bin# Card
Adcirca	600471	7777	877-864-8437	PT must **CALL** program to enroll for savings card	Patient will have a $20 copay. Program pays the difference of any copay over $20 (up to $800 monthly)	http://www.adcirca.com/HCP/adcirca-copay-assistance-program.aspx	
Afinitor	601341	OHCP	877-577-7756	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $25 per fill with an annual benefit max of $15,000.	https://www.copay.novartisoncology.com/	
Aldurazyme	N/A	N/A	800-745-4447	PT must enroll with program and if approved, pharmacy claims will need to be submitted for	Eligible patients will have $0 copay up to the program maximum.	https://www.aldurazyme.com/patients/patient-services/sanofi-genzyme-co-pay-assistance-program.aspx	
Alecensa	610524	LOYALTY	855-692-6729	PT must **CALL** program to enroll for savings card	Eligible patients will have no more than a $25 copay per month. There is a max benefit per calendar year of $25,000	https://www.aldurazyme.com/patients/patient-services/sanofi-genzyme-co-pay-assistance-program.aspx	
Alunbrig	610020	N/A	844-817-6468 opt 2	Briova or Patient can activate savings card on Portal Site. If Briova activates card, patient	Eligible patients will pay no more than $10 per month with an annual benefit max of $25,000 (with some income restrictions).	https://www.takedaoncologycopay.com/	Briova or Patient can re-enroll into the program via the Portal to continue receiving benefits. Or call 844-817-
Ambrisentan	17290	55101202	844-728-3479	**Briova or Patient can activate** savings card on Portal Site. If Briova activates card, patient	Eligible patients will have a $5 copay with a $100 maximum every 30-day supply.	http://www.zydususa.com/ambrisentan/	
Amprya	006012	PDM	888-881-1918	PT must **CALL** program to enroll for savings card	As of June 1, 2018 - Patient must have a copay $10 for a 30 day supply and $30 for a 90 day supply. The program will pay up to	https://ampyra.com/	as of 9/1/2016 - card is no longer available for patients over the age of 65
Apokyn	610709		877-727-6596 Opt 3	Patient must enroll online for the Circle of Care Program	Eligible patients will have a ZERO copay	https://www.apokyn.com/patients/circle-of-care-program	
Aristada	610524	LOYALTY	866-274-7823	Prescriber must download an submit enrollment form and submit for review on behalf of the	Eligible patients will have as low as $10 per month with a monthly max of $500.	https://www.aristadacaresupport.com/enroll-a-patient-form	
Aromasin	610020	PDM	877-744-5675	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patients will have a zero copay as of 9/14/2017. Annual max benefit of $3600.00.	https://www.pfizerpro.com/product/aromasin/hcp	
Atripla	610524	LOYALTY	877-505-6986	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Commercially insured patients will have a ZERO copay monthly with an annual benefit max of $3600.00	https://www.gileadadvancingaccess.com/copay-coupon-card	As of Jan 1st 2018 Gilead changed their program and even though it's processed the same, you may get an
Aubagio	006012	01410000	855-676-6326	PT must **CALL** program to enroll for savings card	Bin# card, eligible pts pay no more than $35 copay for rest of calendar year with no maximum.	https://www.aubagio.com/	
Austedo	004682	CN	800-887-8100	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Commercially covered patients will have a ZERO copay	https://www.austedocardform.com/	Program also offers a free 30 day trial voucher for both Commercial and Medicare patients (same link)
Avastin	610524	LOYALTY	855-692-6729	PT must **CALL** program to enroll for savings card	Eligible patients will have no more than a $25 copay per month. There is a max benefit per calendar year of $25,000	www.avastin.come/hcp/overview/reimbursement/card/index.html	

Aveed	004682	CN	844-703-2273	Patient must **FILL OUT REBATE FORM** on website for consideration for reimbursement	Eligible patients will have a zero copay on the first 2 injections, then the program will pay up to a maximum of $175 on the next 2	http://www.msm-services.com/aveed/submitForm.php	Universal ID and Group# FOR ALL CARDS: ID# 08930144272
Avonex	600426	54	800-456-2255	PT must **CALL** program to enroll for savings card	Eligible patients will have a zero copay for up to 12 fills annualy for a maximum benefit of $10,000 per calendar year	http://www.avonex.com/	Group# for new members EC15602002. For coupon Group# is EC15602004
Baraclude	610524	LOYALTY	855-898-0267	PT must **CALL** program to enroll for savings card	Eligible patients receive up to $400 per copay	http://www.baraclude.com/all-in-one-access-program.aspx	
Benlysta	N/A	Credit Card	877-423-6597	Patient must download savings card application form from site, have provider complete front and	Credit card type - If eligible the program will pay 100% of your out-of-pocket costs for BENLYSTA up to a total of $9,000 annually	http://www.benlysta.com/financial/benlysta-gateway.ftl	Universal Group# 99991599
Berinert	016664	MEDMONK	877-236-4423	Patient must enroll on the website	Eligible patients will have ZERO copay with a maximum annual benefit max of $12,000.	http://www.berinert.com/professional/default.aspx	
Betaseron	004682	CN	866-247-8260	PT must **CALL** program to enroll for savings card	Pt will hava a $0 copay - if patient qualifies. Max up to $14,500.00 yearly.	http://www.betaseron.com/betaplus	
Biktarvy	610524	LOYALTY	877-505-6986	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay (not sure of the annual benefit max at this time will udpate when I find out more)	https://www.gileadadvancingaccess.com/financial-support/gilead-copay-card	
Bosentan	18844	3F		Universal Copay Card Card ID# BSNT5956955 Group# FCBSTNWB	Eligible patient can receive up to $1,200 a year, with a $100 per month max with a copay as little as $5 per month.	www.bosentantablets.com	
Bosulif	610020	PDM	877-744-5675	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patients will have a zero copay as of 9/14/2017. With a maximum savings of $25,000 per calendar year per patient.	https://www.pfizeroncologytogether.com/hcp/patient-financial-assistance#commercially-insured	
Botox	N/A	Debit Card	800-442-6869 Opt 4	Patient must submit online application for eligibility review for savings card.	le with Cervical Dystonia. The offer is valid for u	https://www.botoxsavingsprogram.com/	All claims must be submitted within 90 days of the date of EOB receipt.
Cabometyx	610524	LOYALTY	855-558-1631	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $10 per month with an annual benefit max of $25,000.	https://www.activatethecard.com/exelixis/#	
Cellcept	610524	LOYALTY	877-509-2235	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patient will pay the first $20 of the cost of their prescription. The CellCept Copay Card pays up to $125 or up to $300 per	http://www.cellcept.com/cellcept/copaycard.htm	
Cerdelga	006012	N/A	800-745-4447 Opt 3	Patient must complete an application and send to Sanofi Genzyme or call for details	Eligible patients will have a ZERO copay	http://cerdelga.com/co-pay.html	
Cerezyme	HANDBILL	HANDBILL	800-745-4447 Opt 3	Patient must complete application and send to Sanofi Genzyme for review	Eligible patients will have out of pocket expenses covered at 100%	https://www.cerezyme.com/patients/patient_services/cerezyme_co-pay_assistance_program.aspx	Non-adjudicating program where the patient enrolls and we submit a handbill on the back end for
Cimzia	004682	CN	844-277-6853 bin# 866-424-6942 copay card for buy and bill	**Patient Must Sign Up;** Patient can enroll by calling 866-424-6942 or by visiting	Eligible patients will have a ZERO copay. Program covers all Cimzia indications. There is no dollar amount cap. Program covers all	www.cimzia.com/signup	Copay card must be used within 21 days after activation or funds will be removed.
Cinqair	004682	CN	844-838-2211	PT must **CALL** program to enroll for savings card	Eligible patients will have a zero copay with an annual benefit max of $10,000.	http://tevasupportsolutions.com/patients-care-partners/financial-assistance.aspx	
Cinryze	006012	N/A	866-888-0660	PT must **CALL** program to enroll for savings card	Eligible patients will have a ZERO copay	https://www.onepath.com/personalized_product_support	
Complera	610524	LOYALTY	877-627-0415	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a $5 copay with an annual max benefit of $25,000	http://www.gileadcopay.com/	
Copaxone **20mg**	601341	OHCP	800-887-8100	PT must **CALL** program to enroll for savings card	Copaxone 20mg - PT has a ZERO copay program pays up to $2500.	https://www.copaxone.com/shared-solutions/copaxone-savings-and-benefits	If primary copay exceeds the program allowance (which can vary) we will need to call 877-624-2800 on the order
Copaxone **40mg** non-adjudicated	601341	OHCP	800-887-8100	PT must **CALL** program to enroll for savings card	This is an extended program for the 40mg dose if a patient exceeds the $2500 on the adjudicated copay card. Patient would need	https://www.copaxone.com/shared-solutions/copaxone-savings-and-benefits	If primary copay exceeds the program allowance (which can vary) we will need to call 877-624-2800 on the order

Copaxone **40mg** adjudicated	601341	OHCP	800-887-8100	PT must **CALL** program to enroll for savings card	Copaxone 40mg - PT has a ZERO copay program pays up to $2500.	https://www.copaxone.com/shared-solutions/copaxone-savings-and-benefits	If primary copay exceeds the program allowance (which can vary) we will need to call 877-624-2800 on the order
Cosentyx	610524	LOYALTY	855-823-2886	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Commercially insured patient's will have a ZERO copay with an annual benefit max of $16,000.	https://connect.cosentyx.com/cosentyxsignup/copay.html#	As of Jan 1st 2019 - Patient will be given a copay card 1st, if the card does not pay 100% of the copay, have them
Cotellic	610524	LOYALTY	888-249-4918	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay and the program pays up to $200 per month towards the out-of-pocket expenses.	https://www.cotellic.com/hcp/support-resources/cotellic-financial-assistance.html	
Crinone	004682	CN	855-875-0788	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay $15 and save up to $150.	https://activatemysavings.com/crinone/	
Daklinza	6100524	LOYALTY	844-442-6663	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	The program will cover the out-of-pocket costs for up to a maximum benefit of $5000 per 28 day supply for the 30MG or 60MG, or	https://bmsdm.secure.force.com/patientsupportconnect/patient	
Daurismo	610020	PDM	877-744-5675	**Briova or PT can activate** savings card on website, if Briova activates card, PT must give permission	Eligibile patients will pay a $0 co-pay per eligible monthly prescription, subject to a maximum amount og $25,000 per calender	https://www.pfizeroncologytogether.com/hcp/patient-financial-assistance#commercially-insured	
Deferasirox	600426	54	844-546-8639	**Briova or Patient can activate** savings card on website. If Briova activates card, patient permission	Eligible patients will have $0 copay with no maximum annual benefit.	https://www.tevagenerics.com/featured-products/deferasiroxOS-copay-card	
Descovy	610524	LOYALTY	800-226-2056	PT must **CALL** program to enroll for savings card		https://www.descovy.com/co-pay-assistance?sitelink=Cost%20Assistance&utm_medium=cpc&utm_campaign=Descovy+Bra	
Dovato	610524	LOYALTY	844-588-3288	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay up to $6250 per year with no monthly limit	https://www.myviivcard.com/	
Dupixent	004682	CN	844-387-4936	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligibile patients will pay a ZERO copay for each monthly fill with an annual max benefit of $13,000 per calendar year. Applicants	Universal ID# 28947721413 Universal Grp# EC13102003	
Edurant	610020	N/A	877-227-3728	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay with an annual benefit max of $7500	https://www.edurant.com/patients/assistance-and-support/janssen-carepath-savings-program.html	
Egrifta	610020	N/A	844-347-4382	PT must **CALL** program to enroll for savings card	Eligible patients can save up to $6000.00 per calendar year.	http://www.egrifta.com/Patients/EgriftaAssistSupport.aspx	
Elaprase	HANDBILL	HANDBILL	866-888-0660	Patient will need to submit an application to One Path	Eligible patients will have out of pocket expenses covered at 100%	https://www.onepath.com/personalized_product_support	Non-adjudicating program where the patient enrolls and we submit a handbill on the back end for
Emtriva	610524	LOYALTY	877-627-0415	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay and the program pays up to $200 per month towards the out-of-pocket expenses.	http://www.gileadcopay.com/	
Enbrel	N/A	N/A	866-362-7358	PT must **CALL** to enroll for copay assistance	Credit Card provided, first 6 months ZERO copay aftwards $10 or less. There is an annual benefit max of $12,000.	http://www.enbrel.com/ENBREL-support-card-program.jspx	No more Bin# Cards as of 2019. Enbrel provides credit cards only
Entyvio	610524	LOYALTY	855-368-9846	**Provider MUST submit both an Enrollment and Co-Pay Consent form on website provided**, then	If eligible, patient pays no more than $5 per infusion every 8 weeks, with an annual max benefit of $10,000	https://www.entyviohcp.com/connect/	
Envarsus	004682	CN	844-415-0673	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay and the program pays up to $200 per month towards the out-of-pocket expenses.	www.envarsusxr.com	
Epclusa	610524	LOYALTY	855-769-7284	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $5 per copay with an out of pocket max of $4,983.00, a Gilead rep will reach out to us if	https://www.epclusa.com/co-pay-coupon-registration	
Epivir	610524	LOYALTY	888-281-8981	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay with an annual benefit max of $7500.00	https://bmsdm.secure.force.com/bms3assist/copay	
Epzicom	610524	LOYALTY	877-505-6986	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patiens will have a ZERO copay with an annual benefit max of unknown at this time	https://www.gileadadvancingaccess.com/copay-coupon-card	

Erivedge	610524	LOYALTY	855-692-6729	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	If we run out of cards in-house, go to website to activate a card. Pt's responsible for 20% (no more than $100) of the out-of-pocket	https://www.activatethecard.com/bioonc/welcome.html?src=erivedge&usertype=hcp	
Erleada	610020	N/A	877-227-3728	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patients will have a $10 copay per month with an annual benefit max of $15,000	https://www.janssencarepathportal.com/express	
Esbriet	014310	NOVARTIS	877-780-4958	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patients will have a $5 copay with an annual benefit max of $24,000	https://esbrietcopay.com/	
Evotaz	610524	LOYALTY	888-281-8981	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay with an annual benefit max of $7500.00	https://bmsdm.secure.force.com/bms3assist/copay	
Exjade	601341	OHCP	877-577-7756	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $25 per fill with an annual benefit max of $15,000.	https://www.copay.novartisoncology.com/	
Extavia	610524	LOYALTY	866-398-2842	Patient must **CALL** or go online to enroll for copay savings card, the website walks them through all of	Eligible patients will be covered up to $9,300 per year with out of pocket costs varying.	http://www.extavia.com/info/Treatment/How-is-extavia-cost.jsp	
Eylea	006012	PDM	855-395-3248	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have as little as a ZERO copay per month with an annual benefit max of $15,000.	https://hcp.eylea.us/eylea4u/patient-support/co-pay-card-program	If claim rejects for non-matched cardholder try adding a zero (0) in front of the ID and if that does not
Fabrazyme	006012	N/A	800-745-4447	PT must **CALL** program to enroll for savings card	Eligible patients will have a ZERO copay	https://www.fabrazyme.com/patients/Patient-Services/co-pay-assistance-program.aspx	
Farydak	601341	OHCP	877-577-7756	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a $25 copay per month with an annual benefit max of $15,000	www.copay.novartisoncology.com	
Fasenra	600426	54	833-360-4357	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay with annual benefit max of $13,000	https://www.myaccess360.com/access-360-for-healthcare-professionals-and-patients.html	
Firazyr	N/A	N/A	866-888-0660	**Provider MUST submit both an Enrollment and Co-Pay Consent form on website provided**, then	Benefits will vary depending on what copay relief program patient qualifies for.	http://www.firazyr.com/hcp/resources	
Forteo	018844	3F	866-568-8942	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Commercially covered patients will have a $4 monthly copay. If the insurance doesn't cover this med, they can apply for the drug	http://www.forteo.com/Pages/forteo-co-pay-card.aspx	
Forteo **Medicare Patient's**	N/A	N/A	866-568-8942	Patient must **CALL** Lilly Direct to enroll for savings card, filling out an application is required with	If eligible after filling out an application, Lilly provides the Forteo directly	**NO WEBSITE - CALL ONLY**	
Gammagard	N/A	N/A	855-250-5111	Patient must **CALL** Lilly to enroll for savings card, filling out an application is required with	Eligible patients will receive up to $2500 over a 12 month period	www.myigsource.com	
Gamunex	016664	MEDMONK	866-234-3732	PT must **CALL** program to enroll for savings card	No income restrictions as long as patient is commercially covered by insurance. Program pays up to $2500 per calendar year	**NO WEBSITE - CALL ONLY**	
Genotropin	006012	PDM	800-645-1280	PT must **CALL** program to enroll for savings card	Patient needs to get an ID#. Program pays $125 per month for 12 fills	www.genotropin.com/support/pfizer-bridge-program.aspx	
Genvoya	610524	LOYALTY	877-627-0415	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay up to a 90 day supply with an annual benefit max of $9,000 every 12 months.	http://www.gileadcopay.com/	
Gilenya	610524	LOYALTY	855-823-2886	PT must **CALL** program to enroll for savings card	Bin# Card 610106 - If eligible patient will have $0 copay. Program will pay up to $12,000 each year	https://support.gilenya.com/gilenya-signup	Also offers a credit card to patients as an alternative to the Bin# Card
Glatiramer	014310	N/A	844-695-2667	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay per month with no finanancial qualification restrictions.	https://mylan.tmgcard.com/login	Username: Briova.rx.47130 Password: BR47130
Glatopa	006012	PDMI	855-452-8672	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay with an annual benefit max of $9,000.	https://glatopaconsentsp.iassist.com/patient/information	

Gleevec	004682	CN	866-453-3832	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients pay the first $10 per fill and Gleevec picks up remainder up to $30,000 per calendar year	https://www.gleevec.com/patient/patient-support-program/registration.jsp?site=437000096704	If primary copay is $1000 or more, we must call on the order side for a one time MasterCard 877-277-7266
Gonal-F	N/A	N/A	866-538-7879	**Co Pay Card Program Ended 12/31/2017**	Patient can call Serono and speak with someone to see if there is any financial program they offer.	https://fertilitylifelines.com/how-to-save/savings-for-insured-patients/	
Granix	004682	CN	888-587-3263	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will save up to $14,000 per calendar year and have a ZERO copay.	http://www.granixhcp.com/Support/Patient-savings-program.aspx	
H.P. Acthar Gel	004682	CN	800-248-2340	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a zero copay with a max annual benefit of $25,000.	http://www.actharrheumatologyhcp.com/reimbursement	
Haegarda	018364	N/A	844-423-4273	PT must **CALL** program to enroll for savings card	Eligible patients will have a ZERO copay	https://www.haegarda.com/	
Harvoni	610524	LOYALTY	855-769-7284	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $5 per copay with an out of pocket max of $6,299.00, a Gilead rep will reach out to us if	https://www.harvoni.com/support-and-savings/co-pay-coupon-registration	
Hecoria	610020	PDM	877-952-1000	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a zero copay monthly. No monthly cap and has a $7200 annual benefit max.	http://www.hecoria.com/index.jsp	
Hizentra	016664	MEDMONK	877-355-4447	PT must **CALL** program to enroll for savings card	No income restrictions as long as patient is commercially covered by insurance. Program pays up to $5000 per calendar year	www.Hizentra.com/copay	
Humira	601341	OHCP	800-448-6472	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a $5 copay with no monthly max, however there is a $16,000 annual benefit max.	http://www.drtms.net/HPPportal/Default.aspx	**When the program only picks up $500, view claim and it will tell you to call Opus for authorization of payment**
Ibrance	610020	PDM	855-612-1951	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patient will have a zero copay as of 9/14/2017 for commercial insurance for up to $25,000 per calendar year max benefit,	https://www.pfizeroncologytogether.com/hcp/patient-financial-assistance#commercially-insured	
Ilumya	610524	LOYALTY	855-445-8692	PT must complete enrollment form and submit or call Sun Pharma at 877-533-3872	Eligible patients will have a $5 copay with an annual benefit max of $16,000	https://www.ilumyapro.com/support/	
Imatinib **(TEVA NDC only)**	600426	54	844-546-8639	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay and receive up to $25 towards each 30 day supply with no max benefit at this time.	http://tevaimatinibsavings.com/	
Imatinib **(SUN NDC ONLY)**	610020	PDM	855-531-1077	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay and receive up to $250 towards each 30 day supply with no max benefit at this time.	www.imatinibrx.com/imatinib-zero-copay-savings-card/patient-assistance-program	
Imatinib **(APOTEX) BRIOVA NO LONGER DISPENSES**	610020	PDM	844-502-5950	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay and receive up to $300 towards each 30 day supply with no max benefit at this time.	http://www.imatinibzerocopay.com/patient-assistance.aspx	**BRIOVA NO LONGER DISPENSES**
Inbrija	600428	06780000	888-887-3447	Eligible patients are **automatically** enrolled in the copay card program	Eligible patients will have a $30 copay with a $2,000 monthly max and an annual benefit max of $6,000	https://inbrija.com/	
Inlyta	006012	PDM	855-612-1953	PT must **CALL** program to enroll for savings card	Pt has to demostrate finacial hardship and meet income requirements. Benefits not provided on website.	https://www.pfizeroncologytogether.com/hcp/patient-financial-assistance#commercially-insured	
Intelence	006012	PDM	866-961-7169	PT must **CALL** program to enroll for savings card	Bin # card, pt will pay $5 co-pay per month, the program will pay the remainder.	http://www.prezista.com/patients/assistance-and-support/patient-savings-program#	
Invega	610020	PDM	888-535-2850	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patient pays no more than $10 per fill with an annual benefit max of $6000.00	https://sservices.trialcard.com/Coupon/InvegaTrinza	
Isentress	610524	LOYALTY	800-727-5400	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay with an annual benefit max of $6800.00	https://www.activatethecard.com/7726/#	
Jadenu	601341	OHCP	877-577-7756	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $25 per fill with an annual benefit max of $15,000.	https://www.copay.novartisoncology.com/	If primary copay exceeds the program allowance (which can vary) we will need to call 877-277-7266 on the order

Jakafi	610020	PDM	855-452-5234	PT must **CALL** program to enroll for savings card	Eligible patients will have no more than a $25 copay per month with an annual max benefit of up to $25.000.	http://www.jakafi.com/support-and-resources.aspx	
Jivi	004682	CN	800-288-8374	PT must **CALL** program to enroll for savings card	Eligible patients will have a ZERO copay with an annual benefit max of $12,000.	https://www.jivi.com/en/copay-support/	
Juluca	610524	LOYALTY	844-588-3288	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay up to $6250 per year with no monthly limit	https://www.myviivcard.com/	
Kalbitor	006012	N/A	866-888-0660	Patient will need to call One Path to enroll	Eligible patients will have a ZERO copay	https://www.kalbitor.com/copay-assistance	
Kaletra	610020	PDM	800-441-4987 Opt 5	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Bin # card, pays up to $200 off the monthly out-of-pocket expense.	https://www.cutyourcopay.com/Default.aspx	
Kalydeco	006012	PDM	888-752-5933	In order for patient to be eligible for a copay card, the provider MUST fill out an enrollment form	Benefits will always vary depending on a patients income status and primary insurance benefits. The max benefits per	https://www.vertexgps.com/	
Kanuma	HANDBILL	HANDBILL	888-765-4747	Patient will need to submit an application to Alexion Program	Eligible patients will have a $5 copay	http://www.kanuma.com/	Non-adjudicating program where the patient enrolls and we submit a handbill on the back end for
Kevzara	004682	CN	844-538-9272	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a zero copay on their monthly fill with a maximum annual benefit of $15,000. Patient must be over 18	https://www.kevzara.com/kevzara-copay-card	**Briova can activate** the Universal Copay Card. If Briova activates card, patient permission is required
Kisqali	601341	OHCP	877-577-7756	PT must **CALL** program to enroll for savings card	Eligible patients will pay no more than $25 monthly with an annual max benefit of $15,000 per year.	https://www.hcp.novartis.com/Access	If primary copay exceeds the program allowance (which can vary) we will need to call 877-277-7266 on the order
Kitabis	005377	10000019	800-687-0707	PT must **CALL** program to enroll for savings card	Eligible patients will have up to $500 savings per fill leaving them with a zero copay. Program does not cover deductible	**NO WEBSITE - CALL ONLY**	
Kogenate	004682	CN	800-288-8374	PT must **CALL** program to enroll for savings card	Eligible patients will have a ZERO copay with an annual benefit max of $12,000.	https://www.jivi.com/en/copay-support/	**Universal Group# EC58031001**
Kovaltry	004682	CN	800-288-8374	PT must **CALL** program to enroll for savings card	Eligible patients will have a ZERO copay with an annual benefit max of $12,000.	https://www.kovaltry-us.com/bayer-access-solutions	
Kuvan	004682	CN	877-695-8826	Patient will need to call BioMarin Rare Connections to enroll	Eligible patients will have a copay of $50 or less	https://www.kuvan.com/support-resources/biomarin-rareconnections/	
Ledipasvir/Sofosbuvir	600428	06780000	855-830-9259	PT or PHARMACY must **CALL** program to enroll for savings card	Eligible patients will pays as little as $5 per copay with a maximum of 25% of the catalog price of 3 bottles/packages of the product	https://www.mysupportpath.com/pharmacies	
Lemtrada	006012	N/A	855-676-6326	PT must **CALL** program to enroll for savings card	Eligible patients will have a ZERO copay	https://www.lemtrada.com/resources-and-support/financial-support	
Letairis	061052	LOYALTY	877-505-6986	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a zero copay with no annual max per year.	https://www.gileadadvancingaccess.com/copay-coupon-card	
Lexiva	610524	LOYALTY	Patient: 877-844-8872 Pharmacy:	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Bin # card, pays up to $200 off the monthly out-of-pocket expense. Offer limited to 1 coupon per person	www.mysupportcard.com	
Lorbrena	610020	PDM	877-744-5675	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay per month with an annual max benefit of $25,000	https://www.pfizeroncologytogether.com/hcp/patient-financial-assistance#commercially-insured	
Lucentis	014310	N/A	855-218-5307	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a $5 copay with an annual benefit max of $10,000.	https://lucentiscopayprogram.com/hcp	Briova has an account to log in to activate a copay card and see our patient's details like balance left, etc.
Lumizyme	HANDBILL	HANDBILL	800-745-4447	Patient will need to submit an application to Sanofi Genzyme Copay Assistance Program	Eligible patients will have a ZERO copay	https://www.lumizyme.com/patients/patient_services/lumizyme_co-pay_assistance_program.aspx	Non-adjudicating program where the patient enrolls and we submit a handbill on the back end for

Lupaneta Pack	610020	PDM	877-318-9540	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Bin # card, $10 per dose, up to $125 for 1-month dose, up to $250 for 3-month dose.	http://lupanetapack.com/savings-and-support	
Lupron Depot - **ADULT**	610020	PDM	877-318-9540	Patient must **CALL** Get Back Program to enroll for copay savings card OR obtain card from	Bin # card, $10 per dose, up to $125 for 1-month dose, up to $250 for 3-month dose. Card can be used along with Norethindrone	http://www.endofacts.com/get-back-program.aspx	
Lupron Depot- **PEDIATRIC**	610020	PDM	877-832-9755	Patient must **CALL** Abbott to enroll for copay savings card OR obtain card from provider	Bin # card, 1-Month dosing: program pays up to $150 off each prescription (after a $10 co-pay expense). 3-Month dosing: Program pays	https://www.lupronped.com/support-savings/savings.aspx	
Makena **Plan ID# 2MAKENA** **MUST be sent to MBI**	610106	PBMCOB	800-847-3418	Patient must CALL Makena Connect to enroll (income based)	Eligible patients will be approved based on income, which entail their max benefit amount (case by case basis). For the state of	http://www.makenahcp.com/makena-care-connection/financial-assistance	Must document in Ctrl-A: JCODE J1725 ICD10 O60.0 Needed info: CSN#,
Mavyret	004682	CN	877-628-9738	**Universal Copay Card Card ID# 09145485040 Group# EC97015028**	Eligible patients will have a $5 copay per month. The card will pay $6000 on the first claim, then $3000 towards all remaining	https://www.mavyret.com/copay-savings-card	**Universal Copay Card Card ID# 09145485040 Group# EC97015028**
Mekinist	601341	OHCP	877-577-7756	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $25 per fill with an annual benefit max of $15,000.	https://www.copay.novartisoncology.com/	If primary copay exceeds the program allowance (which can vary) we will need to call 877-277-7266 on the order
Moderiba	004682	CN	844-663-3742	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	$5 copay card with a $150 max	http://www.moderiba.com/patient-support/financial	
Myfortic	610020	PDM	877-952-1000	PT must **CALL** program to enroll for savings card	If we run out of cards in-house, go to website to activate a card. Bin # card, pays $600 per prescription for the entire year.	www.ntx.macgroupcard.com	
Myobloc	014310	PROCARE	877-268-7697	Patient or Prescriber must **CALL** 877-268-7697 to enroll for savings card (no financial requirement)	Eligible patients save up to $4,000 per year with a ZERO copay per fill	http://www.myobloc.com/files/MYOBLOC_Patient_Copay_Brochure.pdf	
Neoral	610020	PDM	877-952-1000	PT must **CALL** program to enroll for savings card	Bin # card, pays $600 per prescription for the entire year.	**NO WEBSITE - CALL ONLY**	
Neulasta	014310	N/A - do not use the one with a	888-657-8371	PT must **CALL** program to enroll for savings card	No income restrictions, Zero out-of-pocket for first dose or cycle, $25 out-of-pocket for subsequent doses or cycles up to program	https://www.amgenfirststep.com/	
Neupogen	006012	PDM	888-657-8371	PT must **CALL** program to enroll for savings card	No income restrictions, Zero out-of-pocket for first dose or cycle, $25 out-of-pocket for subsequent doses or cycles up to program	https://www.amgenfirststep.com/	
Nexavar	004682	CN	647-245-5622	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	**2018 Alert - Patient will have to be re-enrolled" in the program, they are not automatically transferred over to the new**	http://hcp.nexavar-us.com/Resources/Patient-Co-Pay-Assistance/?utm_source=google&utm_m	
Ninlaro	610524	LOYALTY	844-817-6468 opt 2	Briova or Patient can activate savings card on Portal Site. If Briova activates card, patient	Eligible patients will pay no more than $10 per month with an annual benefit max of $25,000 (with some income restrictions).	https://www.takedaoncologycopay.com/	Briova or Patient can re-enroll into the program via the Portal to continue receiving benefits. Or call 844-817-
Norditropin	004682	CN	888-668-6444	PT must **CALL** program to enroll for savings card	Patient will need to be screened and there are 2 programs available: #1 savings card that covers up to $250 copay for a 30 day	https://www.norditropin.com/how-we-can-help/financial-support	**#1 PROGRAM UNIV GROUP# EC20002005 #2 PROGRAM UNIV GROUP#**
Norvir	601341	OHCP	800-441-4987 Opt 5	PT must **CALL** program to enroll for savings card	Program covers the first $100 per month up to 24 refills total.	**NO WEBSITE - CALL ONLY**	
Nplate	014310	N/A	888-657-8371	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patient will have a ZERO copay first order only, thereafter they will have a $25 monthly copay and the program pays up to $10,000	http://www.nplate.com/patient/nplate-financial-support/nplate-first-step.html	
Nucala	006012	N/A	844-468-2252	Provider and Patient must reach out to Nucala HUB to speak with a representative who will fax the	Eligibile patients will have a zero copay with a benefit max of $9000 per calendar year.	www.GSKSource.com	
Nutropin	N/A	DOCTOR PROVIDES	866-688-7674	Patient must **CALL** Genentech to enroll for savings card or download the copay card	Program pays up to $500 per month with an annual benefit max of $5,000.	http://www.nutropin.com/nutropin-copay-card-program#	ADD "000" AT BEGINNING OF ID # AND "01" TO THE END OF ID #'S IN ORDER TO PROCESS CORRECTLY
Ocrevus	001430	N/A	844-627-3887	**Patient must enroll** online or call to apply directly with the program.	Eligible patients will have a $5 copay for both drug copays and infusion copays. **DRUG** Program pays annual max benefit of $20,000	https://www.ocrevuscopay.com/	

Odefsey	610524	LOYALTY	800-226-2056	Patient must **CALL** Gilead to enroll for savings card (or download application)	Program is based on income and you must be 18 years or older to be eligible.	https://www.gileadadvancingaccess.com/	
Odomzo	610524	LOYALTY	844-563-6696	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a $10 copay with an annual benefit max of 15,000	https://www.activatethecard.com/7436/	
Ofev	610524	LOYALTY	866-673-6366	Patient must **CALL** Open Doors to enroll for savings card	Commercially insured patients will receive a ZERO copay per month with an annual benefit max of $10,000.	https://www.ofev.com/prescription-savings	
Olumiant	018844	3F	844-658-6426	Patient must activate the savings card online because they need to do an electronic patient signature	Eligible patients will have a $5 copay per 30 day supply with an annual benefit max of $12,000 per calendar year.	https://www.olumiant.com/savings?utm_campaign=olusem&utm_source=ggl&utm_medium=ppc&utm_content=%7cbr%7cbr-dtcbranduunspot	
Olysio	610020	PDM	800-767-4226	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patients pay more than $25 per fill with a $25,000 annual benefit maximum or 3 fills (whichever comes first)	https://webrebate.trialcard.com/coupon/olysioportal/Survey.aspx?sopid=0ac87057-9612-4f42-94c9-b569dec0ca3c	
Omnitrope	610020	PDM	877-456-6794	PT must **CALL** program to enroll for savings card	Eligible patients may pay as little as ZERO copays with an annual benefit max of $5,000.	https://qv.trialcard.com/omnitrope#/app/layout/home	
Opsumit	610020	N/A	866-228-3546	Patients will need to call ACTELION to enroll	Eiligible patients will have a $5 copay with a benefit annual max of $20,000	https://opsumit.com/patient/opsumit-patient-prescription-assistance	
Oralair	004682	CN	855-752-5046	PT must **CALL** program to enroll for savings card	Commercial insured patients will have a copay of no more than $25 valid on 30 day supply only with an annual benefit max of	http://www.oralair.com/programenrollment/	
Orencia **(Infusion)**	610020	PDM	800-861-0048	PT must **CALL** program to enroll for savings card	Not printable, card is mailed to patient, or they can get one from their doctor's office. The program pays $4000 towards 1st fill,	**NO WEBSITE - CALL ONLY**	
Orencia **(Self Injection)**	610020	PDM	800-673-6242	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Not printable, card is mailed to patient or they can get one from their doctor's office. The program pays $4000 towards 1st fill,	https://www.orencia.com/savings-support/financial-support	
Orkambi	006012	PDMI	888-752-5933	In order for patient to be eligible for a copay card, the provider MUST fill out an enrollment form	Benefits will always vary depending on a patients income status and primary insurance benefits. The max benefits per	https://www.vertexgps.com/	
Otezla	610524	LOYALTY	844-468-3952	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a zero copay for up to 12 fills. A benefit max of $3500 for a 30 day supply and $7000 for a 90 day supply	https://www.activatethecard.com/otezla/	**You must be 18 yrs or older to qualify for the program because it's not FDA Approved for minors**
Otrexup	610020	PDM	855-687-3987	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients may pay as low as zero copay and up to $125 per month and the card is good for 13 fills with a benefit max of	https://webrebate.trialcard.com/coupon/OtrexupPortal/	
Ozurdex	600428	00000054	855-454-6369	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Program helps patients pay as little as $50 with a max benefit per treatment of $1,000 per eye	https://www.uveitissavings.com/	**You must be 18 yrs or older to qualify for the program**
Peg-Intron	610524	LOYALTY	866-939-4372	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Bin # card (McKesson). Program covers up to a max benefit of 20% up to 12 fills assistance for BOTH Victrelis and PegIntron.	https://www.activatethecard.com/merck/welcome.html?grp=6643#	
Peg-Intron	N/A	Nurse Support Line	888-437-2608	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Program will save the patient up to $200 off on each of up to 12 prescriptions.	https://www.activatethecard.com/6460/welcome.html?src=MCARES&ret_url=https://www.merck-cares.com	
Pifeltro	610524	LOYALTY	800-727-5400	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay with an annual benefit max of $6800.00	https://www.activatethecard.com/7726/#	
Plegridy	600426	54	800-456-2255	PT must **CALL** program to enroll for savings card	Eligible patients will have a zero copay. There is no set amount given and no annual max.	https://www.plegridy.com/help/ms-support	Group# for new members EC15603002. For coupon Group# is EC15603004
Pomalyst	610524	LOYALTY	800-931-8691	PT must **CALL** program to enroll for savings card	Must not be a participant in a federal or state-funded healthcare program, including, but not limited to Medicare (Parts B, C and	https://www.celgenepatientsupport.com/pomalyst-patient/	
Praluent	004682	CN	844-240-3655	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Commercially insured patient's will have a ZERO copay with an annual benefit max of $5500.00	https://www.praluent.com/copay-card-registration	

Prevymis	610524	LOYALTY	855-404-5278	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a $15 copay and can be used a max of 4 times per year. There is an annual benefit max of $2,500.	https://www.activatethecard.com/7495/#	
Prezcobix	601341	OHCP	866-961-7169	PT must **CALL** program to enroll for savings card	Eligible patients will have a ZERO copay with a benefit max of $7,500 per calendar year.	http://www.jtsavings.com/	
Prezista	006012	PDM	866-961-7169	PT must **CALL** program to enroll for savings card	Bin # card, pt will pay $5 co-pay per month, the program will pay the remainder.	http://www.prezista.com/patients/assistance-and-support/patient-savings-program#	
Prograf	610524	LOYALTY	866-790-7659	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	McKesson Card, they dont have copay cards to order in for Briova, but Pt/Briova can enroll online. Once the card is activated, the	https://www.activatethecard.com/prograf2/welcome.html	
Prolia	006012	PDM	877-776-5421	PT must **CALL** program to enroll for savings card	Bin # card, covers out-of pocket up to $1500 per patient per 6-month calendar period. Pt will have a $25 copay	https://www.amgenfirststep.com/	
Promacta	601341	OHCP	877-577-7756	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $25 per fill with an annual benefit max of $15,000.	https://www.copay.novartisoncology.com/	If primary copay exceeds the program allowance (which can vary) we will need to call 877-277-7266 on the order
Pulmozyme	610524	LOYALTY	877-794-8723	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients pay the first $30 of their monthly copay AND the remaining cost after your card benefit has been applied. The	http://www.pulmozyme.com/pulmozyme-copay-patient-financial-support	
Ragwitek	610524	LOYALTY	800-727-5400	PT must **CALL** program to enroll for savings card	Eligible patients will have a zero copay for up to 12 months. Each prescription may need exceed 90 day supply per fill.	http://www.merckhelps.com/RAGWITEK	
Rasuvo	610106	PBMCOB	855-336-3322	Patient must **CALL** to enroll for copay savings card because you MUST have FireFox in order to	Patient will have between zero - $125 per month fill and card is good for 12 months. There is no annual benefit max	http://rasuvo.pbmplus.com/	
Rebif	610106	PBMCOB	877-447-3243	Patient must **CALL** MS Lifelines to enroll for savings card	Elible patients will have a zero copay. There is no set amount given, it depends on each case so patient needs to call for details.	http://www.rebif.com/pages/affordable-access/ms_lifelines_access_made_simple	
Relistor	610020	PDM	855-298-6939	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a zero copay with a monthly coverage max of $200	http://www.relistor.com/patient-resources/savings-program	
Remicade **(Medically Billed on HCFA 1500)**	N/A	N/A	877-227-3728	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Program provides a credit/debit card. Once the medical insurance pays for the claim, the EOB (explanation of benefits) must be faxed	https://remistart-patient-uat.trialcard.com/#/app/home	
Remicade **(Adjudicated Plan)**	610020	PDM	877-227-3728	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Based on the pt's eligibility, the program. Benefits exhaust after 12 months, $5 copay per infusion and a max annual benefit of	https://remistart-patient-uat.trialcard.com/#/app/home	Also offers a credit card to patients as an alternative to the Bin# Card
Renflexis	610524	LOYALTY	866-847-3539	Pt must **CALL** program to enroll for savings card or fill out enrollment form on merck access program	Eligile patients can receive up to $20,000 per calendar year.	https://www.merckaccessprogram-renflexis.com/hcc/infusion-copay-cost-assistance/	
Repatha	004682	CN	844-737-2842	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients pay no more than $5 for each prescription and applies to deductible, coinsurance and copay.	https://www.repatha.com/patient-services-and-copay-registration/	
Rescriptor	610524	LOYALTY	Patient: 877-844-8872 Pharmacy:	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Bin # card, pays up to $200 off the monthly out-of-pocket expense. Offer limited to 1 coupon per person.	www.mysupportcard.com	
Retrovir	610524	LOYALTY	Patient: 877-844-8872 Pharmacy:	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Bin # card, pays up to $200 off the monthly out-of-pocket expense. Offer limited to 1 coupon per person.	www.mysupportcard.com	
Revatio	610020	PDM	800-501-4404 or 800-382-7060	PT must **CALL** program to enroll for savings card	Eligible patients will have a ZERO copay	https://www.revatio.com/copay-card-activate	
Revlimid	610524	LOYALTY	800-822-2496	PT must **CALL** program to enroll for savings card	Must not be a participant in a federal or state-funded healthcare program, including, but not limited to Medicare (Parts B, C and	https://www.celgenepatientsupport.com/revlimid-patient/	
Reyataz	610524	LOYALTY	888-281-8981	PT must **CALL** program to enroll for savings card	Program pays up to $400 per month. If the cost is over $400, pt will be responsible for the oustanding balance.	www.bms.com	

Ribavirin	004682	CN	800-364-4767	**ONLY ELIGIBLE TO USE COPAY CARD IF TAKING WITH VIEKIRA - Briova or PT can activate** savings	Program has no benefit max and the PT will have a zero copay	**ONLY ELIGIBLE TO USE A SAVINGS CARD IF TAKING ALONG WITH VIEKIRA !!**	**Universal Copay Card ID# 48749452729 GROUP# EC97011010**
Rituxan	610524	LOYALTY	855-722-6729	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	If we run out of cards in-house, go to website to activate a card. "credit card" type. The card comes with $4000 to help for **RA, GPA,**	http://rituxan.tmgcard.com.	
Saizen	610020	PDM	800-582-7989	PT must **CALL** program to enroll for savings card	Program is good for **NEW TO THERAPY**. Pt can save up to $125 per month on monthly copay costs for up to 12 months (max $1500	http://www.saizenus.com/rpc/easySavingsProgram.aspx	
Samsca	011917	N/A	855-242-7787	Patients will need to call Assure Copay Assistance to enroll	Eligible patients will have a $10 copay with an annual benefit max of $5,400	https://www.assure.com/hcp/samsca/access-support/copay-assistance	
Sandimmune	610020	PDM	877-952-1000	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	If we run out of cards in-house, go to website to activate a card. Bin # card, pays $600 per prescription for the entire year.	www.ntx.macgroupcard.com	
Sandostatin LAR Depot	601341	OHCP	877-577-7756	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $25 per fill with an annual benefit max of $15,000.	https://www.copay.novartisoncology.com/	If primary copay exceeds the program allowance (which can vary) we will need to call 877-277-7266 on the order
Selzentry	610524	LOYALTY	Patient: 877-844-8872 Pharmacy:	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Bin # card, pays up to $200 off the monthly out-of-pocket expense. Offer limited to 1 coupon per person.	www.mysupportcard.com	
Sensipar	610020	PDMI	866-711-4162	PT must **CALL** program to enroll for savings card	Bin # card, pays up to $1500 per monthly copay leaving the patient with a $5 copay with a maximum benefit allowance of $6000	http://www.drtms.net/AMGSensipar/PatientSupport/	
Serostim	N/A	DOCTOR PROVIDES	877-714-2947	Provider supplies the patient savings cards at office	Program can decrease or eliminate out-of-pocket cost for eligible patients. Not sure the amount.	http://www.serostim.com/about-serostim/pharmacy-info-and-assistance.aspx	
Siliq	014310	N/A	855-797-4547	Patient will need to go online and submit an application, or call with any questions	Patients will have a $5 copay with an annual benefit max of $20,000	https://www.siliq.com/hcp/siliq-solutions	Please be advised that SILIQ copay cards can be run as primary in some instances. See website for details.
Simponi	610020	PDM	877-227-3728	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients pay just $5 per injection with a $20,000 maximum program benefit per calendar year	https://www.janssencarepathportal.com/express	
Simponi ARIA	N/A	Debit Card	877-227-3728	Patient will need to go online and fill out questionnaire for the copay card and create a password.	Commercially insured patients will pay just $5 per infusion with an annual benefit max of $20,000.	https://www.myjanssencarepath.com/s/login/SelfRegister?regBy=Self	Also offers a credit card to patients as an alternative to the Bin# Card
Skyrizi	601341	OHCP	866-759-7494	**Briova or PT can activate** savings card on website.	Patients will have a $5 copay with an annual max benefit of $16,000	https://svc.opushealth.com/RCSC/SPP/	
Sofosbuvir/Velpatasvir	600428	06780000	855-830-9259	PT or PHARMACY must **CALL** program to enroll for savings card	Eligible patients will pays as little as $5 per copay with a maximum of 25% of the catalog price of 3 bottles/packages of the product	https://www.mysupportpath.com/pharmacies	
Soliris	HANDBILL	HANDBILL	888-765-4747	Patient will need to submit an application to Once Source Copay Assistance Program	Eligible patients will have a ZERO copay	http://soliris.net/pnh-physician/one-source-treatment-support/	Non-adjudicating program where the patient enrolls and we submit a handbill on the back end for
Somatuline	610020	PDM	888-669-6682	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients pay no more than $25 per month and Novartis pays the remaining copay up to $15.000 per calendar year.	https://www.us.sandostatin.com/carcinoid-syndrome/patient-support/financial-resources/?site=43700028878667349&so	
Sovaldi	610524	LOYALTY	855-769-7284	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $5 per copay with an out of pocket max of $5,599.00, a Gilead rep will reach out to us if	http://www.mysupportpath.com/	
Sprycel	610524	LOYALTY	877-526-7334	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	For eligible commercially insured patients, the program covers a maximum of $15,000 in co-pays per calendar year (excluding certain	https://www.sprycel.com/sprycel/registration1?siteid=805&type=requestcopay&formtype=reqcopay	
Stelara	610020	PDM	877-227-3728	Patient will need to go online and enroll, or call with any questions	Eligible patients will have a $30 copay with an annual benefit max of $20,000	https://www.myjanssencarepath.com/s/login/SelfRegister	
Stivarga	004682	CN	647-245-5622	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	**2018 Alert - All patients will have to be "re-enrolled" in the new program, they are not automatically transferred over to the new**	https://www.zerocopaysupport.com/Stivarga/patients	

Stribild	600471	7777	877-505-6986	PT must **CALL** program to enroll for savings card	Patients will have a ZERO copay with an annual benefit max of $6000.00 and up to 13 fills per calendar year.	http://www.gilead.copay.com/	
Sublocade	610524	LOYALTY	844-467-7778	PT must **CALL** program to enroll for savings card	Eligible patients will have a $5 copay with an annual max benefit of $32,000	https://www.insupport.com/specialty-product/patient/access-coverage	
Supprelin	004682	CN	855-270-0123	**Patient and/or Caregiver can go online** and submit both an SRE and PAF Form to the Support	Eligible patients can save up to $2,000 after a $10 copay.	http://www.supprelinla.com/support-center-and-savings.aspx	
Sustiva	610524	LOYALTY	888-281-8981	PT must **CALL** program to enroll for savings card	Program pays up to $400 per month. If the cost is over $400, pt will be responsible for the oustanding balance.	www.bms.com	
Sutent	610020	PDM	855-612-1951	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patient will have a zero copay as of 9/14/2017 for commercial insurance for up to $25,000 per calendar year max benefit.	https://www.pfizeroncologytogether.com/hcp/patient-financial-assistance#commercially-insured	
Symdeko	610524	LOYALTY	877-752-5933	In order for patient to be eligible for a copay card, the provider MUST fill out an enrollment form	Benefits will always vary depending on a patients income status and primary insurance benefits. The max benefits per	https://www.vertexgps.com/	
Symfi	610524	LOYALTY	800-657-7613	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will receive out of pocket expenses on prescriptions up to $6,000 per calendar year.	https://www.activatethecard.com/symfi/#	
Symtuza	610020	N/A	866-836-0114	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay with an annual benefit max of $10,500	https://www.janssencarepath.com/sites/www.janssencarepath.com/files/id-savings-program-overview.pdf	
Synagis	N/A	Credit Card	877-858-5452	**Briova should go on website to activate copay savings card with: User Name: Ascend**	Program requires that patient meets criteria and then will pay up to $2000 per season. Once approved patient pays the first $30	http://synagiscopaysavings.com/	
Tadalafil **BRIOVA NO LONGER DISPENSES**	610524	LOYALTY	800-657-7613	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay $10 per month on the 20mg tablets with a monthly max of $800 and an annual benefit max of $9,600	https://www.activatethecard.com/tadalafil/#	**BRIOVA NO LONGER DISPENSES**
Tafinlar	601341	OHCP	877-577-7756	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $25 per fill with an annual benefit max of $15,000.	https://www.copay.novartisoncology.com/	
Taltz	601341	OHCP	844-825-8966	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patient will have a $5 copay with an annual benefit max of $16,000.	https://www.taltz.com/	
Talzenna	610020	N/A	877-744-5675	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay with an annual benefit max of $25,000	https://www.pfizeroncologytogether.com/hcp/patient-financial-assistance#commercially-insured	
Tarceva	610524	LOYALTY	855-692-6729	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patient pays $25 co-pay per prescription with an annual benefit max of $25,000. There are no income requirements.	https://www.copayassistancenow.com/#/	When you enter the Policy # (ID#) on site, it allows 10 digits max, you may have to take off the last 2 digit person
Tasigna	601341	OHCP	877-577-7756	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $25 per fill with an annual benefit max of $15,000.	https://www.copay.novartisoncology.com/	If primary copay exceeds the program allowance (which can vary) we will need to call 877-277-7266 on the
Tecfidera	600426	54	800-456-2255	PT must **CALL** program to enroll for savings card	Patient will have a zero copay. No income requirements. The program allows $12,000 per year only, once maxed out you must wait	**NO WEBSITE - CALL ONLY**	Group# for new members EC15604002. For coupon Group# is EC15604004
Technivie	004682	CN	844-865-8725	PT must **CALL** program to enroll for savings card	Eligible patients will have an out of pocket cost as little as $5 per month$100 copay	**NO WEBSITE - CALL ONLY**	
Tenofovir (PROGRAM ENDED)	610524	LOYALTY	877-505-6986	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a zero copay (not sure annual benefit max yet) TBD	https://www.gileadadvancingaccess.com/copay-coupon-card	Program ended
Tetrabenazine	004682	CN	888-882-6013 PT 800-433-4893 CLAIMS	PT must **CALL** program to enroll for savings card	Program covers up to $150 per month, patient would be anything greater than the $150 monthly.	**NO WEBSITE - CALL ONLY**	**Universal Copay Card ID# 45794837491 GROUP# WCTET4143**
Thalomid	610524	LOYALTY	800-931-8691	PT must **CALL** program to enroll for savings card	Must not be a participant in a federal or state-funded healthcare program, including, but not limited to Medicare (Parts B, C and	https://www.celgenepatientsupport.com/thalomid-patient/	

Thyrogen	006012	N/A	888-497-6436	PT must **CALL** program to enroll for savings card	Eligible patients will have a zero copay with an annual benefit max of $1,000	**NO WEBSITE - CALL ONLY**	
Tikosyn	004682	EMDEON	877-845-6796	PT must **CALL** program to enroll for savings card	Pt's out-of-pocket must be greater than $10 per prescription. Max up to $1200 per calendar year.	https://www.tikosyn.com/copay_registration?qt-signup=4	
Tivicay	610524	1016	844-588-3288	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients save up to $5000 per year with no monthly limit	https://www.viivconnect.com	
Tobi	004682	CN	866-598-8624	PT must **CALL** program to enroll for savings card	Patient will have a $4 copay on monthly or 90 day supply supplies for a max annual benefit of $14,000 includes annual	**NO WEBSITE - CALL ONLY**	
Tracleer	610020	N/A	866-228-3546	patient will need to call ACTELION to enroll	Eligible patients will have a $5 copay with an annual benefit max of $20,000	https://www.actelionpathways.com/hcp/tracleer-patient-assistance/tracleer-financial-assistance	
Tremfya	610020	N/A	877-227-3728	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a $5 copay with an annual max benefit of $20,000	https://www.janssencarepathportal.com/express	
Triumeq	610524	LOYALTY	866-747-1170	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay with an annual max benefit of $7500.00 with no monthly limit	http://www.mysupportcard.com/?cc=triumeq:patientsavings	
Trizivir	610524	LOYALTY	844-588-3288	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay with an annual benefit max of $5000.00	https://www.myviivcard.com/	
Truvada	610524	LOYALTY	877-505-6986	PT must **CALL** program to enroll for savings card	Bin # card, Gilead pays up to $200/mo off 30 d/s, max 12 fills or 360 d/s per calender	http://www.truvada.com/truvada-patient-assistance	
Tybost	610524	LOYALTY	877-627-0415	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay and the program pays up to $200 per month towards the out-of-pocket expenses.	http://www.gileadcopay.com/	
Tykerb	601341	OHCP	877-577-7756	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $25 per fill with an annual benefit max of $15,000.	https://www.copay.novartisoncology.com/	
Tymlos	601341	OHCP	866-896-5674	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay as low as $4 per month with max monthly savings of $500. Max 18 fills in lifetime (no max $ amt)	https://www.tymlos.com/savings-support	
Tysabri	600426	54	800-456-2255	Patient will need to call AboveMS to enroll	Eligible patients will have a ZERO copay	https://www.tysabri.com/en_us/home/join-biogen-support/financial-support.html?cid=PPC-BNG-	Group# for new members EC15605002. For coupon Group# is EC15605004
Uptravi	HANDBILL	HANDBILL	866-228-3546	Patient would **CALL** - When you are prescribed UPTRAVI, your healthcare provider can help you	Eligible patients will pay no more than $5 per fill with a maximum annual benefit of $10,000.	https://www.uptravi.com/uptravi-patient-resources/	Non-adjudicating program where the patient enrolls and we submit a handbill on the back end for
Valcyte	610524	LOYALTY	877-698-2549	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patient pays as little as 20% of the out-of-pocket costs for Valcyte prescriptions and refills. The card covers up to 80% with a limit	https://www.activatethecard.com/valcyte5675/validateCard.html	
Vemlidy	610524	LOYALTY	877-627-0415	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients can have a little as a ZERO copay with a monthly max of $300 and an annual benefit max of $3600.00	https://www.vemlidy.com/savings	
Vertex	610524	LOYALTY	877-264-2440	In order for patient to be eligible for a copay card, the provider MUST fill out an enrollment form	Benefits will always vary depending on a patients income status and primary insurance benefits. The max benefits per	http://www.vrtx.com/our-medicines/financial-assistance-and-patient-support-program	Universal Group# 50777501
Verzenio	018844	3F	844-837-9364	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Commercially insured patients will have a ZERO copay the first 3 months, then $10 monthly copay afterwards with an annual	https://www.verzenio.com/savings-support	
Viracept	610524	LOYALTY	Patient: 877-844-8872 Pharmacy:	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Bin # card, pays up to $200 off the monthly out-of-pocket expense. Offer limited to 1 coupon per person.	www.mysupportcard.com	
Viramune	014310	NOVARTIS	877-505-6986	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay card and annual benefit max unknown at this time	https://www.gileadadvancingaccess.com/copay-coupon-card	

Viread	610524	LOYALTY	877-627-0415	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients can have a little as a ZERO copay with a monthly max of $300 and an annual benefit max of $3600.00	https://www.vemlidy.com/savings	
Vitekta	610524	LOYALTY	877-627-0415	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a ZERO copay and the program pays up to $200 per month towards the out-of-pocket expenses.	http://www.gileadcopay.com/	
Vivitrol	601341	OHCP	800-848-4876	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	If we run out of cards in-house, go to website to activate a card. BIN # card, plan pays up to $500/mo. No income restrictions.	http://www.vivitrol.com/SupportResources/GettingStarted	
Vizimpro	610020	PDM	877-744-5675	**Briova or PT can activate** savings card on website, If Briova activates card, PT must give permission	Eligible patients will pay a $0 copay per eligible monthly prescription, subject to a max. amount of $25,00 per calender year.	https://www.pfizeroncologytogether.com/hcp/patient-financial-assistance#commercially-insured	
Vosevi	610524	LOYALTY	855-769-7284	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $5 per copay with an out of pocket max of $4,983.00, a Gilead rep will reach out to us if	http://www.mysupportpath.com/	
Votrient	601341	OHCP	877-577-7756	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $25 per fill with an annual benefit max of $15,000.	https://www.copay.novartisoncology.com/	If primary copay exceeds the program allowance (which can vary) we will need to call 877-277-7266 on the order
Vpriv	HANDBILL	HANDBILL	866-888-0660	Patient will need to submit application to One Path Copay Assistance Program	Eligible patients will have a ZERO copay	https://www.vpriv.com/patient-support/onepath-product-support	Non-adjudicating program where the patient enrolls and we submit a handbill on the back end for
Vyndaqel	601341	OHCP	888-222-8475	Patient can received card from provider's office of by calling Vyndalynk.	Eligible patients get as little as $0 up to $60,000 per year		Income based. 500% of FPL based on household size and income.
Xalkori	610020	PDM	855-612-1951	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patient will have a zero copay as of 9/14/2017 for commercial insurance for up to $25,000 per calendar year max benefit.	https://www.pfizeroncologytogether.com/hcp/patient-financial-assistance#commercially-insured	
Xeljanz	610020	PDM	844-935-5269	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required . Pt	Patient will have a zero copay with an annual benefit max of $15,000.	www.XELJANZpharmacycopay.com	If a PA or an Appeal is pending, the MDO can reach out to Xelsource 844-935-5269 and request a one-time
Xeomin	N/A	N/A	888-493-6646	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Program pays an annual max of $3500.00 and To be eligible, you must: Be a clinically appropriate patient for therapeutic	https://specialtypharmacy.xeominpatientsavings.com/	
Xgeva	014310	N/A	888-657-8371	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Patient will have a $25 co-pay with an annual benefit max of $10,000.	http://www.xgeva.com/xgeva-cost.html	
Xiaflex	004682	CN	877-942-9539	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will receive up to $1200.00 for their out-of-pocket costs for each vial with a zero copay	https://www.xiaflex.com/_assets/pdf/Xiaflex-Co-Pay-Card.pdf	
Xifaxan	600428	00678000	866-943-2926	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Insured patients receive benefits based on qty of pills. 1-20 pills - $300 off out of pocket cost, 21-41 pills - $500 off out of pocket cost,	http://www.xifaxan.com/copay-card	
Xolair	014310	NOVARTIS	855-965-2472	PT must **CALL** program to enroll for savings card	Eligible patients can receive up to $10,000 per year. Patient's will be responsible for a $5 copay and card limit DOES NOT depend	https://xolaircopay.com/	
Xtandi	610524	LOYALTY	855-898-2634	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Bin # card. Program covers pt's cost-sharing obligation beyond $20 per month, up to a max of $12,000/yr	https://www.activatethecard.com/xtandi/welcome.html?src=BRIOVARX	
Zarxio	006012	N/A	844-726-3691	PT must **CALL** program to enroll for savings card	Patient will have a ZERO copay for the 1st dose, thereafter the patient will have a $10 montly copay with an annual benefit max of	http://www.zarxio.com/info/pharmacy-director/reimbursement-information.jsp?usertrack.filter_applied=true	as of 9/1/2016 - card is no longer available for patients over the age of 65
Zelboraf	610524	LOYALTY	888-249-4918	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	If we run out of cards in-house, go to website to activate a card. Pt's responsible for 20% (no more than $100) of the out-of-pocket	https://www.cotellic.com/hcp/support-resources/cotellic-financial-assistance.html	
Zepatier	610524	LOYALTY	844-937-2843	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will have a $5 co-pay per 28 day supply fills (does not cover 90 day supplies) with a benefit annual max of 25% of	https://www.merckhelps.com/ZEPATIER	
Ziagen	610524	LOYALTY	Patient: 877-844-8872 Pharmacy:	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Bin # card, pays up to $200 off the monthly out-of-pocket expense. Offer limited to 1 coupon per person.	www.mysupportcard.com	

Zoladex	610524	LOYALTY	844-864-3014	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required.	Eligible patients can receive up to $2,000 in a 12 month calendar year. Patient will pay as little as $0 copay. Eligible cash paying patient	https://www.activatethecard.com/7526/?#	
Zortress	610020	PDM	877-952-1000	PT must **CALL** program to enroll for savings card	If we run out of cards in-house, go to website to activate a card. Bin # card, pays $600 per prescription for the entire year.	http://www.saveonmyprescription.com/info/zortress/about.jsp	
Zykadia	004682	CN	877-577-7756	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients will pay no more than $25 per fill with an annual benefit max of $15,000.	https://www.us.zykadia.com/patient-support/financial-resources/	
Zytiga	610020	PDM	877-227-3728	**Briova or PT can activate** savings card on website. If Briova activates card, PT permission is required	Eligible patients can receive up to $12,000 in a 12 month calendar year. Patient's will be responsible for a $10 monthly copay	https://www.janssencarepathportal.com/express	