

COMMERCIAL										FEDERA				
Drug	Program Name	Yearly Limits	Patient Drug Copay	Enrollment/ Renewal Time	Admin fees incl	Copay Options			Website	Phone	Fax	Program Name	Program Description	Enrollment/ Renewal Time
						Copay	EFT	Check						
Skyrizi	Complete by Abbvie	No Set Amount <i>(will be customized for each patient based on payer limitations)</i>	\$5.00	Calendar year	n/a	X			www.skyrizi.com	PHONE: 866-759-7494 (1-866-SKYRIZI)	Complete Pro 866-250-2803	MyAbbvieAssist	free drug for underinsured or uninsured.	
Prolia	Prolia Copay Program	\$1,500.00	\$25.00	Calendar Year 180 day retro lookback	NO	X	X	X	https://www.proliahcp.com/support-and-access/osteoporosis-resources	PHONE: 877-776-5421	844-369-9961	Amgen Safety Net Foundation	available for Medicare Part D, Medicare Advantage, Medicaid, or patients with no insurance.	annual renewal
Evenity	Evenity Copay Card	\$8,000.00	\$25.00	Calendar Year 180 day retro lookback	NO	X	X	X	www.evenityhcp.com/access	PHONE: 877-776-5421	844-369-9961	Amgen Safety Net Foundation	available for Medicare Part D, Medicare Advantage, Medicaid, or patients with no insurance.	annual renewal
Kystexxa	KRYSTEXXAConnect	\$20,000.00	\$0.00	Calendar Year	Yes - admin & lab monitoring	X			https://www.krystexxahcp.com/reimbursement-center/	PHONE: 1-877-633-9521	1-877-633-9522	NONE	Foundations: The Assistance Fund, Healthwell, Infusion Access	annual
Remicade and Infiximab	Janssen Carepath Savings Program	\$9,450.00	\$5.00	Calendar Year	N/A	X	X	X	www.janssencarepath.com/hcp/remicade	PHONE: (877) 227-3728	FAX: (877) 224-5072	J&J Patient Assistance Program	Uninsured or underinsured patients may be eligible to receive free medication, evaluated every year.	Annual
Simponi Aria IV	Janssen Carepath Savings Program	\$9,450.00	\$5.00	Calendar Year	YES - \$2,000 max per year	X	X	X	www.janssencarepath.com/hcp/simponi-aria	PHONE: (877) 227-3728	FAX: (877) 224-5072	J&J Patient Assistance Program	Uninsured or underinsured patients may be eligible to receive free medication, evaluated every year.	Annual
Simponi SC	Janssen Carepath Savings Program	\$9,450.00	\$5.00	Calendar Year	N/A	X		X	www.janssencarepath.com/hcp/simponi	PHONE: (877) 227-3728	FAX: (877) 224-5072	J&J Patient Assistance Program	Uninsured or underinsured patients may be eligible to receive free medication, evaluated every year.	Annual
Stelara IV/SC	Janssen Carepath Savings Program	\$9,450.00	\$5.00	Calendar Year	N/A	X		X	www.janssencarepath.com/hcp/stelara	PHONE: (877) 227-3728	FAX: (866) 769-3903	J&J Patient Assistance Program	Uninsured or underinsured patients may be eligible to receive free medication, evaluated every year.	Annual
Tremfya IV (GI Only)/SC	Janssen Carepath Savings Program	\$9,450.00	\$0.00	Calendar Year	YES - \$2,000 max/ year (IV Only)	X		X	www.janssencarepath.com/hcp/tremfya	PHONE: (877) 227-3728	FAX: (844) 322-9402	J&J Patient Assistance Program	Uninsured or underinsured patients may be eligible to receive free medication, evaluated every year.	Annual
Actemra IV	Genentech Rheumatology Copay Card Program	\$15,000.00	\$5.00	Calendar Year	no	X	X	X	www.racopay.com	PHONE: 855-722-6729	800-334-3030	Genentech Patient Foundation	available for uninsured or underinsured patients	
Orencia IV	BMS Rheumatology IV CoPay Assistance Program	\$15,000.00	\$5.00	Calendar Year		X	X	X	https://www.bmsaccesssupport.bmscustomerconnect.com/orencia/co-pay-financial-assistance	PHONE: 800-861-0048	866-268-5385	NONE	will need to use patient assistance foundations	
Cimzia Starter Kit Prefilled Syringes, CIMZIA Prefilled Syringe	CIMplicity (PHARMACY)This is for Commerical Insured Patients filling prescriptions in a pharmacy	\$9,150.00	\$0.00	Calendar year (starting in January)	n/a	X			https://www.cimzia.com/co-pay-program	HCP PHONE: 877-705-4119	908-809-6248	Patient Assistance Program	available for patients with no nsurance and meet certain income thresholds. Dispenses prefilled syringes directly to patient.	
CIMZIA Lyophilized Powder for Reconstitution	CIMplicity (In-Office Injection) NOTE: This is for HCPs only	\$9,150.00	\$0.00	Calendar year (starting in January)	no		X	X	https://cimziasavingsprogram.com	HCP PHONE: 877-705-4119	908-809-6248	Patient Assistance Program	PAP or Bridge Program will provide prefilled syringe for self injection.	
Cosentyx	Cosentyx Connect	\$16,000.00	\$0.00	Calendar Year	n/a	X	X	X	www.cosentyx.com	PHONE: 888-NOW-NOVA	844-666-1366	Cosentyx Connect	available for uninsured/underinsured patients for up to 2 years	
Cosentyx IV	Cosentyx Connect	\$16,000.00	\$0.00	Calendar Year	Up to \$150 per infusion	X	X	X	www.ReadysetCosentyx.com	PHONE: 888-NOW-NOVA	844-666-1366	Cosentyx Connect	available for uninsured/underinsured patients for up to 2 years	
Benlysta	Benlysta Gateway	\$5000 for maximizer plans \$9450 for most plans \$15000 for HDP	\$0.00	Enrollment Year	up to \$100 per visit	X	X		www.benlystagatewayonline.com https://www.benlystacopayprogram.com/	PHONE: 877-423-6597 or 877-4-BENLYSTA	800-514-9187	Benlysta Patient Assistance Program	available for uninsured, Medicare, and commercial plans with no coverage for Benlysta	
Saphnelo	Access 360	\$16,500.00	\$0	Calendar Year	\$150 admin	X	X		www.SAPHNELOsavings.com	PHONE: 1-866-727-4635	1-866-511-2360	AZ & Me	Provides free medication to those who qualify (low income, Medicare, loss of coverage)	annual
Tepezza	Amgen by your side	\$20,000.00	\$0	Calendar Year	96413 and 96415	X	X		https://www.amgenbyyourside.com/tepezza/hcp/authorization/financial-co-pay-assistance	PHONE: (833) 583-7399	(833) 469-8333 or Email Tepezzahbys@horizontherapeutics.com	Amgen by your side	Provides free medication to those who qualify (low income, Medicare, loss of coverage, uninsured or underinsured)	annual
Ruxience	rituximab	Pfizer enCompass	\$10,000 to \$25,000	\$0.00	Calendar Year	no	X	X		www.pfizerencompass.com	1-877-744-5675	844-482-4482	NONE	no free drug for uninsured or federally

Renflexis	infiximab	Organon Access Program	\$20,000.00	\$5.00	Calendar Year	no	X	X	X	<a href="https://www.organonaccessprogram-
renflexis.com/hcp/">https://www.organonaccessprogram- renflexis.com/hcp/	866-847-3539	800-376-2580	Organon Patient Assistance Program	Availalbe for low income, uninsured
Tofidence	tocilizumab	Biogen Biosimilar Support Services	\$10,000	\$0	Calendar Year	no	X	X		https://www.tofidencehcp.com/support-services.html	1-877-422-8360	1-240-752-6958	Biogen Free Drug Program	Availalbe for low income, uninsured
Tyenne	tocilizumab	Kabicare	\$3,054	\$0	Calendar Year	No		X	X	https://www.biospecialized.com/wp-content/uploads/2022/04/BLA-761055-Adalimumab.pdf	1-833-KABICARE (1-833-522-4227)	833-903-0051	KabiCare Patient Assistance Program	Availalbe for low income, uninsured

Website	Phone/Fax	Additional Service	Accumulator Options
https://completepro.com/	PHONE: 800-222-6885	For Cost Accumulator Plans, model of assistance may vary to provide best patient benefit (i.e. debit card, rebate support, etc). Enroll patient into Complete program to start the process. Nurse Ambassadors available when enrolling in Humira Complete program.	
https://www.amgensafetynetfoundation.com/	PHONE: (888) 762-6436	Alternative funding: PAN Foundation (http://www.panfoundation.org/disease-funds-main-page) and Healthwell Foundation (http://www.healthwellfoundation.org/)	
https://www.amgensafetynetfoundation.com/	PHONE: (888) 762-6436	Alternative funding: PAN Foundation (http://www.panfoundation.org/disease-funds-main-page) and Healthwell Foundation (http://www.healthwellfoundation.org/)	
https://www.horizonbyyourside.com/krystexa/patient/insurance/cost-assistance		Travel reimbursement helps eligible patients with any travel costs for infusion or sUA test appointments. There is a bridge program for patients currently on therapy who lose coverage or are denied re-auth by insurance. Submit for program thru local Patient Access Liasion @ Horizon. Drug dispensed thru AllCare Specialty Pharm.	
https://www.mvjanssencarepath.com/patient-assistance	PHONE: (833-742-0791 FAX (833) 512-0497		
https://www.mvjanssencarepath.com/patient-assistance	PHONE: (833-742-0791 FAX (833) 512-0497	Eligible patients using commercial or private insurance can save on out-of-pocket treatment administration cost for Simponi Aria using JCP Treatment Administration Rebate Program. Eligible patients pay \$0 after rebate for administration of each infusion with a \$2,000 maximum program benefit program benefit per calendar year.	
https://www.mvjanssencarepath.com/patient-assistance	PHONE: (833-742-0791 FAX (833) 512-0497	Nurse Navigator is available to provide support to patients at home (injection training, safe returns, soft-hand off to specialty pharmacies regarding dispensing issues, etc.).	Alternate cards are provided with a two step process for claims processing at the pharmacy. Maximum copay assistance may be reduced based on the type of copay accumulator, maximizer, or optimizer program.
https://www.mvjanssencarepath.com/patient-assistance	PHONE: (833-742-0791 FAX (833) 512-0497	Nurse Navigator is available to provide support to patients at home (injection training, safe returns, soft-hand off to specialty pharmacies regarding dispensing issues, etc.).	
https://www.mvjanssencarepath.com/patient-assistance	PHONE: (833-742-0791 FAX (833) 512-0497	Nurse Navigator is available to provide support to patients at home (injection training, safe returns, soft-hand off to specialty pharmacies regarding dispensing issues, etc.).	Alternate cards are provided with a two step process for claims processing at the pharmacy. Maximum copay assistance may be reduced based on the type of copay accumulator, maximizer, or optimizer program.
https://www.gene.com/patients/patient-foundation	PHONE: (888) 941-3331 FAX (833) 999-4363	Patient initially enrolls in program and program will automatically reenroll on anniversary date, provided copay program can verify insurance eligibility - ADMIN not covered by copay card	
		IV - new customers have options of EFT or check only (old customers have option to remain on copay cards.	
https://www.cimzia.com/co-pay-program	PHONE 844-599-2273	Nurse service will call new copay patients to help with drug, disease activity, and lifestyle management at no cost. Available online or from nursing. Sharps disposal service. Text / Email reminders. There is no separate process for copay accumulator patients. As of right now, there is no process for reimbursement of accumulator plans.	Patient can initiate call for help with accumulator plan debit card. 1-844-277-6853
ucb.com	PHONE 844-599-2273	Nursing: HCP's can enroll patients for help with drug, disease, activity, and lifestyle management at no cost by calling 1-844-UCBNurse (1-844-822-6877) PAP assists with any diagnosis but Bridge Program is only for patients with NRAS and commercial insurance that denies auth for this med. Requires appeal for auth every 60 days. No coverage for federal plans such as Medicare or Advantage plans.	** No option for free Cimzia drug for Medicare patients
www.cosentyx.com	PHONE: 844-267-3689	2 year Bridge program. PAP for uninsured/underinsured patients, Welcome Kit, Sharps Container, Phone App	Copay Plus is available is they exceed the \$16K max benefit
www.cosentyx.com	PHONE: 844-267-3689		Copay Plus is available is they exceed the \$16K max benefit
https://www.gskforyou.com/	PHONE: 1-877-4-BENLYSTA FAX: 877-850-9901	Patient enroll at www.BenlystaCoPayProgram.com Copay Cards also count for commercial insured on self-injectible. Free drug requires Enrollment Form completed & faxed.	None
https://azandmeapp.com/	PHONE: 1-800-292-6363 FAX: 1-877-239-0867	Commercial insurance only. Payments will be made to the office using a virtual debit card -Saphnelo Supports Program: Patient access navigator helps to answer questions the pt may have to get started w/ treatment -Saphnelo Co-pay Savings Program: Financial assistance for copay and admin costs -AZ&Me: Free drug for pt's federally, under and uninsured. To qualify for free drug, must have been denied by 2 foundations (PAN, Good Days Fund, PAF	
https://www.amgenbyyourside.com/tepezza/hcp/authorization/financial-co-pay-assistance	PHONE: (833) 583-7399		
		Eligibility criteria found here: https://www.ofizeroncolovetoeether.com/oaq-eligibility-criteria	

	https://www.organonaccessprogram-reflexis.com/hcp/financial-assistance/	PHONE: 866-847-3539		
	https://www.tohidencehcp.com/support-services.html	PHONE: 1-877-422-8360		
	https://www.kabicare.us/	PHONE: 1-833-522-4227		




