



Partnership for
Prescription Assistance

Because millions of people need help aying for medicine

PRMA



Partnership for
Prescription Assistance

Help for those in need

- In 2003, more than 29 million people in the United States earned less than 200% of the federal poverty level and had no health insurance*

...That's why the Partnership for Prescription Assistance was developed. To make it easier for qualified patients to get help paying for their medicines.

*\$19,000 for an individual and \$31,000 for a family of three.

Who We Are

- The Partnership for Prescription Assistance is a collaboration among:
 - America's Pharmaceutical Research Companies
 - Doctors
 - Pharmacists
 - Health Care Providers
 - Community Groups



What We Do

- Help patients without prescription coverage get the medicines they need.
 - Access to more than 475 public and private patient assistance programs
 - More than 180 programs offered by pharmaceutical companies
 - Programs provide assistance for more than 2,500 brand name medicines and a wide range of generics





How We Do It

- By providing a single point of access to existing patient assistance programs
- By making it easy to find out about programs that provide prescription medicines for free or nearly free
- By making the process easier for health care providers
- By partnering with 1,300 of the most effective grassroots organizations around the country to raise visibility of the program



The Web Site

[Español](#) | [About PPA.org](#) | [Media Center](#) | [Help](#) | [Privacy Policy](#)

1-888-4PPA-NOW (477-2669)

[View a list of participating programs.](#)

<p>Patients Click Here to Start</p> <p>Patients can determine which programs they may be eligible for by answering questions and using the online application wizard.</p>	<p>Caregivers Click Here to Start</p> <p>Caregivers can help patients determine which programs may be available and assist patients in answering questions and filling out forms with the online applications wizard.</p>	<p>Prescribers Click Here to Start</p> <p>Doctors can research available patient assistance programs, print forms for your practice, and fill out forms for your patients with the online application wizard.</p>
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What is the Partnership for Prescription Assistance?
 The Partnership for Prescription Assistance brings together America's pharmaceutical companies, doctors, other health care providers, patient advocacy organizations and community groups to help qualifying patients who lack prescription coverage get the medicines they need through the public or private program that's right for them. Many will get them free or nearly-free. Its mission is to increase awareness of patient assistance programs and boost enrollment of those who are eligible. Through this site, the Partnership for Prescription Assistance offers a single point of access to more than 275 public and private patient assistance programs, including more than 150 programs offered by pharmaceutical companies. To access the Partnership for Prescription Assistance by phone, you can call toll-free, 1-888-4PPA-NOW (1-888-477-2669).

[More about this program](#)

Finding Programs
 In order to find out what patient assistance programs you may qualify for, all you have to do is answer a few short eligibility questions. This site will help supply you with the information you need to get involved in a program and even allow you to download applications online. You can then follow the instructions on the application to apply.

Featured State Site
 Illinois: [Rx4Illinois.org](#)

Find Your State:
 - Select a State -

Some state sites have not yet launched. If your state is not listed, select from the categories above to begin using our national site.

Partner Spotlight:
 The National Coalition for Women and Heart Disease is the nation's only patient advocacy organization serving the 8,000,000 American women living with heart disease. It aims to improve their quality of life and healthcare through support, information and advocacy. Visit online [www.womenheart.org](#).

[View more partners.](#)

Select your medications

Medication Selection
Step 2 of 5

! Please select the medications that you want to add to your medication list.

Select a Letter: **A B C D E F G H I J K L M N O P Q R S T U V W X Y Z**

OR

Type Brand Name:

Name / Active Ingredient

Nexium® (esomeprazole magnesium 20 mg and 40 mg)	<input type="button" value="Select"/>
Nix (permethrin)	<input type="button" value="Select"/>

Add medications


Selected Medication

Nexium®	<input type="button" value="Remove"/>
Lipitor®	<input type="button" value="Remove"/>
Synthroid® Tablets	<input type="button" value="Remove"/>
Paxil CR®	<input type="button" value="Remove"/>

Help

Help Topics

[Need help selecting a medication?](#)



Medication Selection
Step 2 of 5

! Please select the medications that you want to add to your medication list.

Select a Letter: **A B C D E F G H I J K L M N O P Q R S T U V W X Y Z**

OR

Type Brand Name:

Name / Active Ingredient

Paxil CR® (paroxetine hydrochloride)	<input type="button" value="Select"/>
Paxil® (paroxetine hydrochloride)	<input type="button" value="Select"/>
PAS (para aminosalicylic acid)	<input type="button" value="Select"/>
Pegassys (peginterferon alfa-2a)	<input type="button" value="Select"/>
PZA (pyrazinamide)	<input type="button" value="Select"/>

! Don't Forget, you can add multiple medications to your list.

Select a Letter: **A B C D E F G H I J K L M N O P Q R S T U V W X Y Z**

OR

Type Brand Name:

If you are finished adding medications click here to proceed to the next step. [>](#)



Answer a few questions

1 Please answer these short questions so we can best determine the Patient Assistance Programs for which you are qualified. All of these questions are ***required**

* What is your age?

* What is your state of residence?

* What is your zip code?

* What is your yearly household income? (up to \$12,500)

* How many people are in your household?

* Are you pregnant? Yes No

* Are you eligible for any of the following?
(Please check all that apply.)

- Medicare
- Medicaid
- Veteran's Assistance
- HMO/EPO
- State Insurance
- Private Insurance
- None
- I do not know

* Are you eligible for prescription drug coverage for the medicine entered previously?
 Yes No

* What is your current residency status?

- U.S. Citizen
- Legal Resident of the U.S.
- Other

How did you hear about PPA.org?

[Proceed to the next step](#) >



Get results!

Application Questions
Step **4** of 5

! According to the information you entered, you may be eligible for the following programs.

The Programs that are not a match are also listed (and indicated as non-matching). Many of our companies have pledged that no patient in need should go without coverage and evaluated needs on a case-by-case basis.

Programs		
Abbott Laboratories Patient Assistance Program <small>More Information</small>	Company	Synthroid® Tablets <input type="button" value="Select"/>
AstraZeneca Foundation Patient Assistance Program <small>More Information</small>	Company	Nexium® <input type="button" value="Select"/>
Bridges to Access <small>More Information</small>	Company	Paxil CR® <input type="button" value="Select"/>
Connection to Care <small>More Information</small>	Company	Lipitor® <input type="button" value="Select"/>
Orange Card <small>Non-matching More Information</small>	Discount Card	Paxil CR® <input type="button" value="Select"/>

If you are finished adding programs click here to proceed to the next step. >



Pick your programs

Review Results

! Here are the assistance programs that you have selected. Some of the applications require that you contact the company, others need to be filled out and signed by your doctor. You can print the applications and details sheets for those programs that don't have applications available now or you can use our online application wizard to fill out all of the 'online available' applications at once. You can then print them and deliver them to your doctor.

Program Name	For Medication	Application Type
Abbott Laboratories Patient Assistance Program View Details	Synthroid® Tablets	Form Available Remove Wizard Available
AstraZeneca Foundation Patient Assistance Program View Details	Nexium®	Form Available Remove Wizard Available
Connection to Care View Details	Lipitor®	Form Available Remove
Bridges to Access View Details	Paxil CR®	Wizard Available Remove

OR



Use online forms

Application Steps

1. Patients | 2. Financial | 3. Insurance | 4. Physician | 5. Print

Patient's Personal Information

* What is the Patient's first name?

What is the Patient's middle initial?

* What is the Patient's last name?

* What is the Patient's Social Security Number? - -

Patient green card number

* What is the Patient's date of birth? / /

What is the Patient's Gender? Male Female

Is the patient pregnant? Yes No

What is the Patient's marital status? Single Married Divorced Widowed


* Is the Patient a legal U.S. resident? Yes No

What is the Patient's race? (Optional) Caucasian Black Hispanic Asian Other



Partnership for Prescription Assistance

Get your applications

		<p>* Please type or print legibly</p> <p>* Do not send checks, cash or money orders with application. There is no charge for your medication.</p> <p>* Be sure to complete all information.</p> <p>Questions? Call 1-800-424-3727</p>
<p>***** FOUNDATION *****</p> <p>Patient Assistance Program</p>		
<p>Patient Information</p>		
<p>First Name: <u>Christian</u> MI _____ Last Name: <u>Clymer</u></p>		
<p>SSN or Green Card #: <u>111 11 1111</u> DOB: <u>12 02 1970</u> Phone: _____</p>		
<p>Address: <u>8006 Vaden Drive</u> Apt #: _____</p>		
<p>City: <u>Brentwood</u> State: <u>TN</u> Zip: <u>37027</u></p>		
<p>U.S. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Number of dependents in household (including self) 1 2 3 4 5 6 7 (circle one) <input type="checkbox"/> Male <input type="checkbox"/> Female</p>		
<p>Are you allergic to any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list:</p> <p>_____</p> <p>_____</p>	<p>Please list any medications you are currently taking:</p> <p>_____</p> <p>_____</p>	



Partnership for Prescription Assistance

Patients call a toll-free number



**1-888-4PPA-NOW
(1-888-477-2669)**

Trained specialists help patients through the application process



Application forms are mailed to the caller

<p>Printable Application</p> <p>1. Complete and return to: Partnership for Prescription Assistance, 1000 North 17th Street, Suite 100, Tampa, FL 33605. PLEASE PRINT ALL INFO.</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____</p> <p>Phone at school: (____) _____</p> <p>Emergency Address (if different from above): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Signature: _____</p> <p>Special Needs: _____</p> <p>Signature: _____</p> <p>Before signing this Agreement, please read all terms and conditions on the reverse side.</p>	<p>Return Signature and Sponsor to One Day PPAID</p> <p>Signature of Sponsor: _____</p> <p>Signature of Patient: _____</p> <p>Return to: Partnership for Prescription Assistance, 1000 North 17th Street, Suite 100, Tampa, FL 33605.</p> <p>Important Information:</p> <p>1. This Agreement is valid only for the duration of the PPAID program.</p> <p>2. The PPAID program is subject to change without notice.</p> <p>3. The PPAID program is not available in all states.</p> <p>4. The PPAID program is not available for all medications.</p> <p>5. The PPAID program is not available for all patients.</p> <p>6. The PPAID program is not available for all sponsors.</p> <p>7. The PPAID program is not available for all pharmacies.</p> <p>8. The PPAID program is not available for all prescribers.</p> <p>9. The PPAID program is not available for all patients who are currently receiving PPAID assistance.</p> <p>10. The PPAID program is not available for all patients who are currently receiving PPAID assistance from another sponsor.</p> <p>11. The PPAID program is not available for all patients who are currently receiving PPAID assistance from another sponsor.</p> <p>12. The PPAID program is not available for all patients who are currently receiving PPAID assistance from another sponsor.</p> <p>13. The PPAID program is not available for all patients who are currently receiving PPAID assistance from another sponsor.</p> <p>14. The PPAID program is not available for all patients who are currently receiving PPAID assistance from another sponsor.</p> <p>15. The PPAID program is not available for all patients who are currently receiving PPAID assistance from another sponsor.</p>
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**Patients bring the forms
to their health care provider**



Patients receive their medicines



PPA Accomplishments



- Largest private-sector effort to help uninsured and underinsured pay for their prescription medicines
- More than 2.5 million Americans matched with programs in the first year
- More than 7,000 people per day contact the PPA
- PPA has helped patients who did not know help was available
 - 90% of those contacting the PPA have never before enrolled in a patient assistance program, even if they may have qualified for quite some time
- Patients are satisfied
 - More than 70% of patients surveyed are satisfied with the services offered through the PPA
- Montel Williams and Mayte Prida signed-on as National Spokespeople to promote the program nationwide

It's about **time**

Less **time** for health care providers and caseworkers:

- One toll-free call or one visit to the Web site accesses more than 475 patient assistance programs
- 10 minutes: the average time it takes to apply by phone
- Application forms -- with partial information already filled-in -- are mailed to patients. Online visitors simply print out the forms.
- Trained specialists answer patients' questions, tell them immediately if they may qualify for one or more programs, and help them apply. Assistance is available in English, Spanish and more than 150 different languages.



Testimonials*

“This program is so good. I'm going to save so much money on my prescriptions. You have no idea how much this helps.”

“You know, I couldn't even afford to pay my bills after going on these expensive medicines—my family even had to pay my rent. But thanks to your program, I can pay my own way again.”

“This is the only hope I have to help me with my medicines. Thank goodness for this program. It's too good to be true!”

*Actual quotes to call center.



Spread the word about this initiative!

- Tell patients about the Partnership for Prescription Assistance
- Direct patients to the toll-free number (1-888.4PPA.NOW)
- Help patients find a program on www.pparx.org
- Make patient education materials available
 - Brochures (English and Spanish available)
 - Posters (English and Spanish available)



For more information:

www.pparx.org
1-888-4PPA-NOW
(1-888-477-2669)

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