



**U.S. Department of Justice**

*Federal Bureau of Prisons*

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# Re-Entry Medication Acquisition Guide

September 2021

## Purpose:

The purpose of this document is to provide a concise list of medication assistance programs and resources available to persons re-entering society post-incarceration. The programs/resources are listed in alphabetical order with the following information:

- Contact Information (if available)
- Mailing Address (if available)
- Website
- Brief description of the program or resource
- Application Process
- Special Program Requirements (if listed/available)

## Disclosure Statement:

The information provided through this document is intended for general knowledge only and not as a replacement for medical advice from your physician.

Additionally, none of the information or websites listed on this document are favored, endorsed, or financially supported by the Bureau of Prisons or any of its constituents.

## **AbbVie**

**Contact Number:** 1-800-222-6885

**Website:** <https://www.abbvie.com/patients/patient-assistance.html>

**Description:** The AbbVie Foundation provides AbbVie medicines at no cost to people experiencing financial difficulties.

**Application:** Application can be downloaded from the program's website or by calling the number listed above to have an application mailed or faxed to you.

### **Requirements:**

- Are being treated by a licensed U.S. healthcare provider on an outpatient basis and prescribed an AbbVie medicine that is included in the assistance program (qualifying list is on the website)
- Have limited or no health insurance coverage
- Demonstrate qualifying financial need

## **The ADAP Advocacy Association (AAA)**

**Contact Number:** Varies based on state

### **Mailing Address:**

Varies based on state

**Website:** <http://www.adapadvocacy.org/>

Directory of AIDS Drug Assistance Programs by state: <https://adap.directory/directory>

**Description:** The AIDS Drug Assistance Program (ADAP) provides HIV-related service and approved medications to more than half a million people in need annually working in cooperation with state, city and local organizations to help people with HIV/AIDS without sufficient healthcare coverage or financial resources.

**Application:** Varies based on state and program

**Requirements:** Each state and territory establishes its own eligibility criteria.

# **AZ&Me Prescription Savings Programs**

**Contact Number:** 1-800-AZandMe (292-6363)

## **Mailing Address for Application:**

AZ&Me Prescription Savings Program

PO Box 222178

Charlotte, NC 28222

**Website:** <https://www.astrazeneca-us.com/medicines/Affordability.html#pap>

**Description:** The program provides a restricted list of AstraZeneca medicines provided at no cost. A list of eligible medications can be found on the website. There is **no cost** to apply or enroll in this program. Enrollment is valid for up to one year; in order to continue receiving assistance after the year, the patient can reapply. Medications are mailed to the patient's home or physician's office.

**Application:** Can be submitted online, mailed, or faxed from your doctor's office.

## **Requirements:**

- You must not be currently receiving prescription drug coverage under a private insurance or government program (excluding Medicare), or receiving any other assistance to help pay for medicine.
- Your annual income must be at or below a certain level.
- If you are a Medicare Beneficiary: You must not be eligible for or enrolled in Low Income Subsidy (LIS) for Medicare Part D.
- If you have experienced a life changing event in the past year, and your financial documentation does not accurately reflect your current situation, we encourage you to apply for the AZ&Me Prescription Savings Program. You may still meet the criteria to enroll.

## **GSK for you**

**Contact Number:** 1-866-PATIENT (728-4368)

### **Mailing Address:**

The GSK Patient Assistance Program  
P.O. Box 220590  
Charlotte, NC 28222-0590

**Website:** <https://www.gskforyou.com/>

**Description:** As described on its website, GSK believes that access to medicines is important. Consequently, GSK created a patient assistance program that provides GSK prescription non-oncology medicines to qualified patients who need help paying for treatment.

**Application:** Applications can be completed online and mailed or faxed.

### **Requirements:**

- Have no prescription drug benefits through any insurer/payer/program
- Not be currently receiving prescription drug coverage through a government Program (excluding Medicare), which includes Medicaid, VA, DOD or TriCare benefits
- Not be eligible for Puerto Rico's Government Health Plan Mi Salud or have applied and been denied
- Meet certain income eligibility requirements

## **NeedyMeds**

**Contact Number:** 1-800-503-6897

**Email:** [info@needymeds.org](mailto:info@needymeds.org).

### **Mailing Address:**

NeedyMeds.org  
P.O. Box 219  
Gloucester, MA 01931

**Website:** <http://needymeds.org>

**Description:** NeedyMeds is a 501(c)(3) national nonprofit information resource dedicated to helping people locate assistance programs to help them afford their medications and other healthcare costs.

The website provides links to medication assistance based on your specific medicine. Click on the brand name or generic name drug to link to an available program. There is also an option to that provides information about assistance available based on diagnosis. Free/Low-Cost/Sliding Scale Clinics are also searchable by state.

**Application:** None.

**Requirements:** No registration or personal information is required.

## **Patient Advocate Foundation (PAF) Co-Pay Relief Program (CPR)**

**Contact Number:** (Toll-Free) 1-866-512-3861; (Local) 757-952-0118

**Website:** [www.copays.org/](http://www.copays.org/)

**Description:** The PAF CPR currently provides direct financial support to insured patients, including Medicare Part D beneficiaries, who are financially and medically qualified for pharmaceutical treatments and/or prescription medication co-payments, co-insurance, and deductibles relative to their diagnosis.

**Application:** The CPR Program offers four points of entry:  
Patients may apply online at <https://copays.org/patients-family/>.  
Applications can also be made via phone at 866-512-3861.

**Requirements:**

- Must be currently insured and have coverage for medication seeking financial assistance
- Have a confirmed diagnosis and treatment plan
- Must reside and receive treatment in the United States
- Income must fall at or below 300% or 400% of the Federal Poverty Guideline (FPG) with consideration for the Cost of Living Index (COLI) and number in the household

## **Novartis Patient Assistance Foundation, Inc.**

**Contact Number:** 1-800-277-2254

**Mailing Address:**

Novartis Patient Assistance Program  
P.O. Box 52029  
Phoenix, AZ 85072-2029

**Website:** [www.PAP.Novartis.com](http://www.PAP.Novartis.com)

**Description:** The Novartis Patient Assistance Foundation, Inc. (NPAF) is committed to providing access to Novartis medications for those most in need. If you are experiencing financial hardship and have limited or no prescription coverage, then you may be eligible to receive Novartis medications for free. Check the website for a complete list of medications.

**Application:** Available online.

**Requirements:**

- Be a US resident
- Meet the income requirements
- Have limited or no private or public prescription coverage

## **Pfizer Rx Pathways**

**Contact Number:** 1-844-989-7284

**Website:** <https://www.pfizerxpathways.com/find-program>

**Description:** Pfizer RxPathways connects eligible patients to a range of assistance programs that offer insurance support, co-pay help, and medicines for free or at a savings. One of these programs is the Pfizer Patient Assistance Program, which provides eligible patients with their Pfizer medicines for free.

**Application:** Answer questions online to be linked with an appropriate program.

## **Rx Outreach**

**Contact Number:** 1-888-796-1234

**Website:** <http://rxoutreach.org/>

**Description:** This program provides both branded and generic medications for little to no cost to people in need. They also have a program specifically for releasing inmates (<https://rxoutreach.org/wp-content/uploads/2021/04/Healthy-Reentry-website-flyer-4.21.pdf>).

**Application:** Enroll online or download and print paper application.  
<https://rxoutreach.org/how-to-enroll-in-rx-outreach/>

### **Requirements:**

- Income less than 400% of the Federal Poverty Level

## **SCBN Prescription Advocacy**

**Contact Number:** 1-888-331-1002

**Website:** <https://www.scbn.org/>

**Description:** This program is for uninsured Americans who cannot afford their prescribed medications.

**Application:** Can be submitted online or via phone if assistance is needed.

### **Requirements:**

- U.S. resident,
- Not have Medicaid or health insurance to cover outpatient medications
- Income at a level that results in economic hardship when buying retail prescription drugs

## **Simplefill**

**Contact Number:** 1-877-386-0206

**Email:** [questions@simplefill.com](mailto:questions@simplefill.com)

**Website:** <http://simplefill.com>

**Description:** This program is intended for all Americans who have been prescribed medications they cannot afford. Simplefill is a full-service prescription assistance company that researches, qualifies, and maintains patients' enrollment in all sources of assistance available to them.

**Application:** Patients can start an application online at <https://secure.simplefill.com/>, or they can speak to a live person from the Simplefill team by calling the number listed above. There is no fee to apply.

**Requirements:** To determine if a patient is eligible for assistance, Simplefill conducts an in-depth interview over the phone with a trained specialist. If a patient is qualified for any type of assistance, the Simplefill team manages the entire process, gathering required signatures, monitoring refills, and updating enrollment with additional medication as required.



## Re-Entry Medication Acquisition Guide “Quick-Look” Chart

PROGRAM NAME	CONTACT NUMBER	APPLICATION	INSURANCE	MEDICARE PART D	INCOME REQUIREMENTS	ENROLLMENT
<b>AbbVie</b>	1-800-222-6885	Online, Mail, Fax	None	Limited Acceptance	Yes	None
<b>ADAP Advocacy Association</b>	N/A	Email	Varies by State	Varies by State	Yes	None
<b>AZ&amp;Me</b>	1-800-292-6363	Online, Mail, Fax	None	Accepted	Yes	None
<b>Bridges to Access</b>	1-866-728-4368	Mail, Fax	None	<b>NOT Accepted</b>	Yes	None
<b>Extra Resource</b>	PDF PAP Guide listed by pharmaceutical company					
<b>NeedyMeds</b>	1-800-503-6897	<b>NONE</b>	Program Dependent	Program Dependent	Program Dependent	None
<b>Patient Advocate Foundation</b>	(Toll-Free) 1-866-512-3861  (Local) 757-952-0118	Online, Phone	Required	Accepted	Yes	None
<b>Patient Assistance NOW</b>	1-800-245-5356	Phone	Program Dependent	Program Dependent	Program Dependent	None
<b>Rx Outreach</b>	1-800-769-3880	Online, Mail	None	Accepted	Yes	None
<b>RxSavingsPlus</b>	1-877-673-3688	Online, Phone	None	Accepted	<b>NO</b>	None
<b>SCBN Prescription Advocacy</b>	1-888-331-1002	Online, Phone	Varies. Call for details	<b>Varies. Call for details.</b>	Yes	<b>MONTHLY &amp; APP FEE. Call for details.</b>
<b>Simplefill</b>	1-877-386-0206	Online, Phone	None	Accepted	Interview Required	<b>MONTHLY FEE</b>
<b>PDF PAP Guide listed by pharmaceutical company</b>						