

PRESCRIPTION DRUG PATIENT ASSISTANCE PROGRAMS FOR DIABETES MEDICATIONS*

Brand Name	Information Regarding Patient Assistance	
Amaryl (Glimepiride)	Company: Name of Program: Physician Requests to:	Hoechst Marion Roussel, Inc. Indigent Patient Program Indigent Patient Program Hoechst Marion Roussel, Inc. P.O. Box 9950 Kansas City, Missouri 64134-0950 (800) 221-4025
	Eligibility:	Determined by physician based on patient's income and lack of insurance. Restricted to indigent patients.
	Other information:	Necessary forms are provided by the company and are obtained by the physician for the patient.
Diabeta (Glyburide)	Company: Name of Program: Physician Requests to:	Hoechst Marion Roussel, Inc. Indigent Patient Program Indigent Patient Program Hoechst Marion Roussel, Inc. P.O. Box 9950 Kansas City, Missouri 64134-0950 (800) 221-4025
	Eligibility:	Determined by physician based on patient's income and lack of insurance. Restricted to indigent patients.
	Other information:	Necessary forms are provided by the company and are obtained by the physician for the patient.
Diabenese (Chlorpropamide)	Company: Name of Program: Physician Requests to:	Pfizer, Inc. Pfizer Prescription Assistance Pfizer Prescription Assistance P.O. Box 25457 Alexandria, Virginia 22313-5457 (800) 646-4455
	Eligibility:	Any patient that a physician is treating as an indigent is eligible. Patients must have incomes below \$12,000 (single) or \$15,000 (family). Must not be receiving or be eligible for third party or Medicaid reimbursements. No copayment or cost sharing is required by the patient.
	Other information:	Physician must write a letter on their letterhead to Pfizer stating the patient meets income criteria and is uninsured for pharmaceuticals and enclose a prescription for the desired product. The letter must be signed by the prescribing physician. Products are shipped to the physician and it may take up to 4 weeks to receive the products.

*As listed in the 1998 Directory of Prescription Drug Patient Assistance Programs.

Brand Name**Information Regarding Patient**

Glucagon for Injection	Company: Name of program: Physician Requests to:	Eli Lilly and Company Lilly Cares Lilly Cares Program Administrator Eli Lilly and Company P.O. Box 25768 Alexandria, Virginia 22313 (800) 545-6962
	Eligibility:	Patients must be US residents. Eligibility is determined on a case-by-case basis. Eligibility is based on the patient's inability to pay and lack of third-party drug payment assistance, including insurance, Medicaid, government-subsidized clinics, and other government, community, or private programs. Medications are provided directly to the physician. Quantity of supply is dependent upon type of product being prescribed.
	Other Information:	Forms to qualify will be provided to the physician. The physician is requested to provide prescription information, including signature and DEA number on the form, and to confirm the patient's ineligibility for other forms of outpatient drug coverage. The patient is requested to provide pertinent information and state financial need.
Glucophage (Metformin)	Company: Name of program: Physician Requests to:	Bristol-Meyers Squibb, Co. Patient Assistance Program Bristol-Meyers Squibb Patient Assistance Program P.O. Box 4500 Princeton, New Jersey 08543-4500 Mailcode P25-31 (800) 332-2056
	Eligibility:	This program is designed to provide temporary assistance to patients with a financial hardship who are not eligible for prescription drug coverage through Medicaid or any other public or private health program.
	Other Information:	Physicians and other health care professionals who are interested in enrolling a patient should call the toll-free number above to request an application form.

Brand Name**Information Regarding Patient Assistance**

Glucotrol (Glipizide)

Glucotrol XL (Glipizide)

Company:
Name of Program:
Physician Requests to:Pfizer, Inc.
Pfizer Prescription Assistance
Pfizer Prescription Assistance
P.O. Box 25457
Alexandria, Virginia 22313-5457
(800) 646-4455

Eligibility:

Any patient that a physician is treating as an indigent is eligible. Patients must have incomes below \$12,000 (single) or \$15,000 (family). Must not be receiving or be eligible for third party or Medicaid reimbursements. No copayment or cost sharing is required by the patient.

Other information:

Physician must write a letter on their letterhead to Pfizer stating the patient meets income criteria and is uninsured for pharmaceuticals and enclose a prescription for the desired product. The letter must be signed by the prescribing physician. Products are shipped to the physician and it may take up to 4 weeks to receive the products.

Glynase (Glyburide)

Company:
Name of Program:
Physician Requests to:Pharmacia & Upjohn, Inc.
RxMAP Prescription Medication Assistance Program
RxMAP
P.O. Box 29043
Phoenix, Arizona 85038
(800) 242-7014

Eligibility:

Based on federal poverty level and no prescription drug coverage.

Other Information:

All inquiries should go to RxMAP at (800) 242-7014.

Insulin (Lilly brand only)

Company:
Name of Program:
Physician Request to:Eli Lilly and Company
Lilly Cares
Lilly Cares Program Administrator
Eli Lilly and Company
P.O. Box 25768
Alexandria, Virginia 22313
(800) 545-6962

Eligibility:

Patients must be US residents. Eligibility is determined on a case-by-case basis. Eligibility is based on the patient's inability to pay and lack of third party drug payment assistance, including insurance, Medicaid, government subsidized clinics, and other government, community, or private programs. Medications are provided directly to the physician. Quantity of supply is dependent upon type of product being prescribed.

Other Information:

Forms to qualify will be provided to the physician. The physician is requested to provide prescription information, including signature and DEA number on the form, and to confirm the patient's ineligibility for other forms of outpatient drug coverage. The patient is requested to provide pertinent information and state financial need.

Brand Name**Information Regarding Patient Assistance**

Micronase (Glyburide)	Company: Name of Program: Physician Requests to:	Pharmacia & Upjohn, Inc. RxMAP Prescription Medication Assistance RxMAP P.O. Box 29043 Phoenix, Arizona 85038 (800) 242-7014
	Eligibility:	Based on federal poverty level and no prescription drug coverage.
	Other Information:	All inquiries should go to RxMap at (800) 242-7014.
Precose (Acarbose)	Company: Name of Program: Physician Requests to:	Bayer Corporation Pharmaceutical Division Bayer Indigent Patient Program Bayer Indigent Program P.O. Box 29209 Phoenix, Arizona 85038-9209 (800) 998-9180
	Eligibility:	Patient must be a US resident. Physician must certify patient is not eligible for, or covered by, government funded reimbursement or insurance program for medication; patient is not covered by private insurance; and patient's household income is below federal poverty level guidelines. Physician must indicate condition for which drug is to be prescribed and certify that drug will be used for indicated use only. Physician must agree to follow patient through therapy.
	Other Information:	Can qualify over phone by calling (800) 998-9180. If all information needed is obtained, approval or denial is given immediately. If approved, an application is generated and sent to the physician's office for signatures.
Rezulin (Troglitazone)	Company: Name of Program: Physician Requests to:	Parke-Davis Parke-Davis Patient Assistance Program The Parke-Davis Patient Assistance Program P.O. Box 1058 Somerville, New Jersey 08876 (908) 725-1247
	Eligibility:	Patients must not be eligible for other sources of drug coverage and must be deemed financially eligible based on company guidelines and physician certification.
	Other Information:	Physicians should request an application form from their Parke-Davis Sales Representative. The completed form, Accompanied by a signed and dated prescription, should be mailed to the address above. Up to a three month supply will be delivered to the physician for dispensing to the patient.