

Alternate Sources of Support for Accessing Drug Therapy

It is important to determine whether patients have alternate sources of support for accessing drug therapy for specific diseases. Secondary payers and alternate sources of financial support may include a spouse's health plan, employer- or union-sponsored post-retirement health benefits, and supplemental insurance policies such as Medi-Gap plans. Independent foundations and organizations provide support to qualifying patients regardless of what therapy they are prescribed. Examples of alternate resources include:

- **Chronic Disease Fund**
Phone: (877) 968-7233 / www.cdfund.org / Email: info@cdfund.org
- **The HealthWell Foundation®**
Phone: (800) 675-8416 / www.healthwellfoundation.org / Email: info@healthwellfoundation.org
- **Patient Access Network Foundation**
Phone: (866) 316-PANF (7263) / www.patientaccessnetwork.org / Email: contact@patientaccessnetwork.org
- **Patient Advocate Foundation**
Phone: (866) 512-3861 / www.copays.org
- **Patient Services, Inc.**
Phone: (877) 250-2350 / www.uneedpsi.org / Email: uneedpsi@uneedpsi.org

Disease Programs Supported by Patient Foundations	Rheumatoid Arthritis	Ankylosing Spondylitis	Crohn's Disease	Ulcerative Colitis	Psoriatic Arthritis	Psoriasis
Chronic Disease Fund	✓	✓			✓	✓
The HealthWell Foundation®	✓	✓			✓	✓
Patient Access Network Foundation	✓	✓	✓			✓
Patient Advocate Foundation	✓		✓	✓	✓	
Patient Services, Inc.	✓					

- **Patient Assistance Program** Centocor, Inc., supports a Patient Assistance Program for people who meet program criteria and lack insurance coverage for therapy. If a patient is found to meet program criteria, the product will be shipped to the healthcare provider at no cost. To determine if a patient qualifies for assistance, please call the Patient Assistance Program at (866) 489-5957. The program staff will try to determine if there are other programs to which patients can be referred for assistance (e.g., patients who have some insurance but cannot afford their out-of-pocket costs).
- **State Pharmacy Assistance Programs (PAP) for the Elderly and Disabled** State pharmacy assistance programs are designed to provide drug coverage for eligible patients. Most programs pay for medically necessary prescription and generic drugs. Most of these programs are funded through state revenues from tobacco and alcohol sales or come directly from state funds. The number of patients that may enroll and the amount of drug provided to each patient is dependent upon the program's overall budget. Please contact your State Pharmacy Assistance Subsidy and Discount Program to find out what current benefits are available.
- **State Children's Health Insurance Plans (SCHIP)** To view contact information on SCHIP programs in your state, visit the Centers for Medicare & Medicaid Services (CMS) website at www.cms.gov/schip.
- **Veterans Affairs (VA) Medical Benefits** Patients who have served in the armed forces and have been honorably discharged may be eligible for medical care provided through the Department of Veterans Affairs medical facilities. Depending upon discharge status, income, degree of disability, and the nature of military service, they may be able to receive care at a reduced cost or minimal cost. Patients can obtain information about VA benefits at www.va.gov.

Guide to Different Types of Alternate Sources of Support

	Manufacturer Patient Assistance Programs	Independent, Charitable Co-Pay Foundations
<i>Payer Type</i>		
Public (Medicare, TRICare, Medicaid)		✓
Private (Commercial Insurance)		✓
Lacks prescription drug coverage	✓	
<i>Requires income verification</i>	✓	✓

Manufacturers may also offer out-of-pocket support programs or patient rebate programs designed to facilitate access to treatment for appropriate patients.



1-888-ACCESS-1 (222-3771)
Monday–Friday, 8:00AM – 8:00PM E.T.

Patient insurance benefit investigation is provided as a service by The Lash Group, Inc., under contract for Centocor, Inc. In this regard, The Lash Group, Inc., assists healthcare professionals in the determination of whether treatment could be covered by the applicable third-party payer based on coverage guidelines provided by the payer and patient information provided by the healthcare provider under appropriate authorization following the provider's exclusive determination of medical necessity. This reimbursement support service has no independent value to providers apart from the product and is included within the cost of the product.

Importantly, insurance verification is the ultimate responsibility of the provider. Third-party reimbursement is affected by many factors. Therefore, the Lash Group, Inc., and Centocor make no representation or guarantee that full or partial insurance reimbursement or any other payment will be available. This information is provided as an information service only. While The Lash Group, Inc., tries to provide correct information, it and Centocor make no representations of warranties, expressed or implied, as to the accuracy of the information. In no event shall The Lash Group, Inc., or Centocor or its employees or agents be liable for any damages resulting from or relating to the services. All providers and other users of this information agree that they accept responsibility for the use of this service.



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