Brand Name	Generic Name	Manufacturer	Program Name	Website	Address	Phone Number	Fax Number	Covered Medications	Eligibility Requirements	Application Process	Program Details	Application	Treatment Uses
Abraxane	Paclitaxel Albumin-stabilized Nanoparticle Formulation	Abraxis Oncology	ARC of Support	http://abraxane.com/patient/helpful_resources/Resources_Insurance-Payment_Support.html	PO Box 220548 Charlotte, NC 28222	(800)564-0216, option 3	(866)242-4141	Abraxane injection 100mg (paclitaxel protein bound particles)	The patient must be a U.S. citizen that has no insurance and meets income guidelines.	The application can be downloaded from Abraxane.com or can be requested via telephone. The form must be completed by the patient and their doctor, and can be submitted to by fax or regular mail. The eligibility determination is usually made within 2-3 business days, and the patient's doctor is notified of the patient's eligibility. If the patient is deemed eligible, the medication is shipped within 3-5 business days.	Once a patient's eligibility has been determined, up to a 30-day supply is sent to the patient's doctor's office, with automatic refills. A new application is required every 6 months and a new application with full documentation is required every 12 months.	http://abraxane.com/professional/product_support/images/APAP_Enrollment%20Application_02-07.pdf	Metastatic and recurrent breast cancer.
Adagen	Pegademase	Enzon	Enzon Patient Assistance Program	http://www.enzon.com/	1620 Century Center Parkway, Suite 109, Memphis, TN 38134	(888)276-2217, option 5	(866)489-1898	Adagen injection, Oncaspar, Depocyt	The patient must: be a U.S. resident; have no prescription coverage (commercial, government or special services) for the medication; have an income at or below $25,000 if single ($40,000 for a family); provide proof of application and denial from the State Medicaid program; and have insufficient out-of-pocket financial resources. Patients who eligible for Medicare, Part D but did not enrolled may still be eligible for this program.	The patient or doctor can request the application by telephone. The form must be completed by the patient and their doctor and can be submitted by fax or regular mail. Eligibility notification will be sent to whomever submitted the application. The eligibility determination is usually made within 3-5 business days. Once the determination is made, the medication is shipped the next day.	Once a patient's eligibility has been determined, the medication will sent to either the doctor's office, or a specific site (clinic, hospital, infusion site etc.) in the amount requested. A new prescription is required for each refill, and a new application with full documentation is required every 12 months.	Enzon Patient Assistance Program	Replacement therapy for adenosine deaminase (ADA) deficiency in patients with severe combined immunodeficiency disease (SCID) who are not suitable candidates for or who have failed bone marrow transplantation.
Adrucil	Flouorouracil, 5-FU	TEVA Pharmaceuticals	TEVA Assistance Program	N/A	PO Box 52028 Phoenix, AZ 85072-9937	(877)254-1039	(888)782-6157	Adrucil injection 2.5gm Adrucil injection 500gm Adrucil Injection 500mg Daunorubicin injection 20mg Daunorubicin injection 50mg Dacarbazine Injection 200 mg Dacarbazine Injection 500 mg Leuprolide injection 142.8 Ifosfamide injection Leucovorin injection 100mg Leucovorin injection 350mg Leucovorin injection 500mg Zanosar injection Pamidronate Disodium injection	The patient must: be a US resident; have no prescription coverage for the medication; have an income at or below 200% of the Federal Poverty Level. For the purposes of eligibility, prescription discount cards are not considered insurance. If patient has reached their prescription coverage cap, they may still be eligible for participation in this program.	The patient's doctor must call to request the application, which will then be sent to the doctor's office. The form must be completed by the patient and their doctor and can be submitted by fax or regular mail. The doctor will be notified of the eligibility determination.	Once the eligibility determination has been made, the medication will be sent to the doctor's office. It is the doctor's responsibility to contact the program to request refills when they are needed. A new application is required every 6 months.	Teva Assistance Program	Palliative management of carcinoma of the colon, rectum, breast, stomach and pancreas.
Aldara	Imiquimod	Graceway Pharmaceuticals	Graceway Pharmaceuticals Patient Assistance Program	http://www.gracewaypharma.com (site is currently under construction)	PO Box 8202 Somerville, NJ 08876	(866) 628-6498	(866) 838-5820	Aldara Cream	The patient must: be a US resident; have no public or private prescription insurance; and have an income at or below 200% of the Federal Poverty Level.	The application can be requested by telephone and must be completed by the patient and their doctor. The completed application must be submitted by mail. Both the patient and doctor will be notified of the eligibility determination.	Upon eligibility determination, up to a 90-day supply will be sent to the doctor's office. A new application and prescription are required for refills. A new application with documentation is required every 12 months.	Graceway Pharmaceuticals Program	Superficial basal cell carcinoma (skin cancer)

Alimta	Pemetrexed Disodium	Eli Lilly & Company	Lilly Oncology: Gemzar & Alimta	http://www.lillyoncology.com/index.jsp	N/A	(888)443-2927, Option 1	(877)366-0585	Alimta IV Gemzar powder for injection	The patient must: be a US resident; be prescribed outpatient therapy; have no health insurance; be financially qualified (proof of income required); be receiving ongoing therapy.	The doctor can request the application by phone, and will receive it by fax. The application must be completed by the patient and their doctor and must be submitted by fax.	Once eligibility has been determined, the medication will be sent to the doctor's office. The doctor must fill out a replacement form to obtain refills. A new application is required every 12 months.	Lilly Oncology	Approved by the FDA to treat malignant pleural mesothelioma in some patients. It is also approved to treat non-small cell lung cancer that is advanced or has metastasized (spread) in patients who have already had other chemotherapy.
Aranesp	Darbepoetin Alfa	Amgen, Inc.	Safety Net Foundation		PO Box 13185 La Jolla, CA 92039	(888)726-6436	(877)727-2867	Aranesp injection 25 mcg/ml Aranesp injection 40 mcg/ml Aranesp injection 60 mcg Aranesp injection 100 mcg/ml Aranesp injection 200 mcg/ml Aranesp injection 200 mcg/ml Aranesp injection 300 mcg/ml Aranesp injection 4500mcg Epogen injection 2000 ml Epogen injection 3000 ml Epogen injection 4000 ml Epogen injection 10000 ml Epogen injection 20000 ml Kepivance injection 6.25mcg Neulasta 6mg Neupogen injection 480 mcg/0.8 ml Neupogen solution for injection 300 mcg/0.5 ml Neupogen solution for injection 300 mcg/1.0 ml Neupogen solution for injection 480 mcg/1.6 ml Vectibix injection 5ml Vectibix injection 10ml Vectibix injection 20ml	The eligibility requirements are not disclosed. This is a replacement program, so the Form C can only be sent in after the patient has used the medication. The patient's doctor must sponsor the patient for enrollment in the program. If the patient is eligible for Medicare Part D, they are is not eligible for this program.	The patient's doctor can request the application by telephone, and it will be sent to them by fax. The patient and their doctor must complete the application and submit it by fax or mail. The patient's doctor will be notified of the eligibility determination. The medication will be sent within 30 days of eligibility determination.	Upon eligibility determination, up to a 30-day supply is sent to the patient's doctor. A refill form is included with each shipment, and must be completed and returned to receive the next shipment. A new application with documentation is required every 12 months.	SafetyNet	Aranesp is indicated for the treatment of anemia associated with chronic renal failure, including patients on dialysis and patients not on dialysis and for the treatment of anemia in patients with non- myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy.
Aredia	Pamidronate	TEVA Pharmaceuticals (Generic)	TEVA Assistance Program	N/A	PO Box 52028 Phoenix, AZ 85072-9937	(877)254-1039	(888)782-6157	Adrucil injection 2.5gm Adrucil injection 500gm Adrucil Injection 500mg Daunorubicin injection 20mg Daunorubicin injection 50mg Dacarbazine Injection 200 mg Dacarbazine Injection 500 mg Leuprolide injection 142.8 Ifosfamide injection Leucovorin injection 100mg Leucovorin injection 350mg Leucovorin injection 500mg Zanosar injection Pamidronate Disodium injection	The patient must: be a US resident; have no prescription coverage for the medication; have an income at or below 200% of the Federal Poverty Level. For the purposes of eligibility, prescription discount cards are not considered insurance. If patient has reached their prescription coverage cap, they may still be eligible for participation in this program.	The patient's doctor must call to request the application, which will then be sent to the doctor's office. The form must be completed by the patient and their doctor and can be submitted by fax or regular mail. The doctor will be notified of the eligibility determination.	Once the eligibility determination has been made, the medication will be sent to the doctor's office. It is the doctor's responsibility to contact the program to request refills when they are needed. A new application is required every 6 months.	Teva Assistance Program	Approved for the treatment of moderate or severe hypercalcemia associated with malignancy, with or without bone metastases. Paget's Disease Aredia is indicated for the treatment of patients with moderate to severe Paget's disease of bone. Aredia therapy has also been effective in reducing these biochemical markers in patients with Paget's disease who failed to respond, or no longer responded to other treatments. Osteolytic Bone Metastases of Breast Cancer and Osteolytic Lesions of Multiple Myeloma Aredia is indicated, in conjunction with standard antineoplastic therapy, for the treatment of osteolytic bone metastases of breast cancer and osteolytic lesions of multiple

													myeloma.
Arimidex	Anastrozole	AstraZeneca Pharmaceuticals	AstraZeneca Cancer Support Network (AZ CSN)	http://www.astrazeneca-us.com/content/patientAssistance/patientAssistanceProgram/astrazeneca-how-to-apply.asp?id=	PO Box 66551 St. Louis, MO 63166-6551	(866)992-9276	N/A	Arimidex tablets 1mg Faslodex injection 2.5 ml Faslodex injection 5ml Zoladex depot 3.6 mg (monthly) Zoladex depot 10.8 mg (every 3 months)	The patient must: be a US Resident or have a valid visa; not have prescription insurance; be ineligible for any government programs; and have an income at or below 250% of the Federal Poverty Level. Patients who are eligible for Medicare Part D but have not enrolled may still eligible for this program.	The prescription may be downloaded from the website or requested by telephone. If requested by telephone, the requester will receive the application by fax. The patient and their doctor must complete the application and submit it by mail. If a patient is determined ineligible, both the patient and doctor will be notified. Delivery of medication may take 3-5 weeks.	Once eligibility has been determined, a 90-day supply will be sent to the doctor. The patient or their doctor must contact the program for refills. A new application with documentation is required every 12 months.	http://www.astrazeneca-us.com/content/patientAssistance/patientAssistanceProgram/pdf/243041%20PAP%20English%20Application.pdf	Approved by the FDA to be used alone or together with other treatments for breast cancer in postmenopausal women.
			AZ Medicine and Me	http://www.astrazeneca-us.com/content/patientAssistance/astrazeneca-medicine-and-me.asp?id=	N/A	(800)957-6285	N/a	Arimidex tablets 1mg	The patient must be enrolled in Medicare Part D, and have an income below $30,000 for an individual (below $40,000 for a couple.) The patient must have spent at least 3% of the annual household income on prescription drugs during the calendar year.	There is no application. The patient must call for a prescreening; during with eligibility determination will be made.	The patient will be issued a pharmacy card to be used once per month. This is a discount program with the patient paying no more that $25 for a one month supply. If the patient's income is at or below 150% of the Federal Poverty Level then they will pay $15 for a 30 day supply, $22.50 for a 60 day supply or $30 for a 90 day supply. For patients between 150% and 300%, the pay is $25 for a 30 day supply, $37.50 for a 60 day supply, and $50 for a 90 day supply. At the end of the calendar year, the patient must re-enroll to continue receiving benefits.	N/A	Approved by the FDA to be used alone or together with other treatments for breast cancer in postmenopausal women.

Aromasin	Exemestane	Pfizer, Inc.	Pfizer Pfriends	http://www.pfizerhelpfulanswers.com/PfizerPfriends.aspx	PO Box 10241 Trenton, NJ 08650-9634	(866)906-2800	N/A	Aromasin tablet 25mg Celebrex capsules 100 mg Celebrex capsules 200 mg Celebrex capsules 400 mg	The patient must: be a US resident; have no prescription coverage for the medication; and be financially unable to afford the medication. If the patient is eligible for Medicare Part D, but chooses not to enroll, then they are still eligible to be on this program.	The application can be downloaded from the program's website or can be requested by telephone. If request by telephone, the requester will receive the application by fax. The patient and their doctor must complete the form and must submit it by mail. Both the patient and their doctor will be notified of the Eligibility Determination in writing.	The patient is issued a pharmacy card to be used once per month. This is a discount program that ranges from 15%-50%off. A new application is required every 12 months.	http://www.pfizerhelpfulanswers.com/assets/images2/btn_download_other.gif	Approved by the Food and Drug Administration (FDA) to treat advanced breast cancer and to prevent recurrent breast cancer. It is used in postmenopausal women who already have been treated with tamoxifen.
			First Resource Program for Oral Medications	N/A	PO Box 2975 Phoenix, AZ 85062-8963	(877) 74-5675	N/A	Aromasin® (exemestane tablets), Camptosar® (irinotecan HCl injection), Ellence® (epirubicin hydrochloride injection), Emcyt® (estramustine phosphate sodium capsules), Idamycin® (Idarubicin HCl), Sutent® (sunitinib malate), Zinecard® (dexrazoxane for injection	The patient must: be a US resident; have no prescription coverage for the medication; and meet income guidelines. Patients who are eligible for Medicare Part D but have not enrolled may still be eligible for this program.	The doctor, patient, social worker or patient advocate must call for a prescreening. The application is sent to either the doctor or patient depending on the medication requested. The patient and their doctor must complete the application and can submit it by fax or mail. Both the patient and doctor are notified in writing of the eligibility determination. The determinations are usually made within 48 hours. If the patient is deemed eligible, the medication will be shipped out within 5-7 business days.	Upon eligibility determination, up to a 90-day supply will be sent to the patient's home. The program will contact the patient's doctor to arrange for refills. A new application with documentation must be submitted every 12 months.	N/A	Approved by the Food and Drug Administration (FDA) to treat advanced breast cancer and to prevent recurrent breast cancer. It is used in postmenopausal women who already have been treated with tamoxifen.
Arranon	Nelarabine	GlaxoSmithKline	GlaxoSmithKline Commitment to Access	http://www.commitmenttoaccess.com/	PO Box 29038 Phoenix, AZ 85038-9038	(866)265-6491	N/A	Arranon injection Bexxar injection 14mg/ml Hycamtin injection 4mg/5ml Leukeran tablets 2mg Myleran tablets 2mg	The patient must: be a US resident; have no prescription coverage for the medication; and have an income at or below 350% of the Federal Poverty Level. GlaxoSmithKline requests that an “Advocate” be the contact person for the patient throughout the entire process. The advocate can be any healthcare worker involved in the patient’s care (i.e., doctor, nurse, social worker, or someone in the healthcare office or facility). The application needs a total of 3 signatures; doctor, patient and advocate. If the patient chooses not to enroll in Medicare Part D, then they are eligible to be on this program. Each application must have a unique patient id number.	The application can be requested by telephone, or can be started online. If requested by telephone, the application will be faxed or mailed to the patient advocate or patient. The patient and their doctor must complete the application. Once completed, the patient advocate must call for a phone screening, and then they must submit the application by mail. Notification of eligibility determination is send to whomever started the application process.	Upon eligibility determination, a 30-day supply will be sent to the patient's doctor. It is the doctor's responsibility to contact the program to arrange for refills. A new application is required every 12 months.	N/A	Approved by the Food and Drug Administration (FDA) to treat T-cell acute lymphoblastic leukemia and T-cell lymphoblastic lymphoma in patients whose cancer has not gotten better with treatment or has recurred (come back) after earlier chemotherapy.

Avastin	Bevacizumab	Genentech, Inc.	Genentech Access to Care Foundation	https://www.spoconline.com/spoconline/avastin/channel.jsp	1 DNA Way, Mail Stop 210 South San Francisco, CA 94080	(800)530-3083	(650)225-1366	Avastin, Herceptin, Rituxan, Tarceva	The eligibility guidelines for this program are not disclosed. If the patient is eligible for Part D but does not enroll then s/he still may be eligible for this program.	The patient's doctor can request an application by telephone and must verify the patient's financial circumstances.	This is a drug replacement program. The medication will be sent to the patient's doctor.	N/A	Approved by the FDA to be used with other drugs to treat colorectal cancer that has spread to other parts of the body. Bevacizumab is also approved to be used with other drugs to treat non-small cell lung cancer that cannot be removed by surgery, has spread to other parts of the body, or has recurred.
Bexxar	Tositumomab/I-131 tositumomab	GlaxoSmithKline	GlaxoSmithKline Commitment to Access	http://www.commitmenttoaccess.com/	PO Box 29038 Phoenix, AZ 85038-9038	(866)265-6491	N/A	Arranon injection Bexxar injection 14mg/ml Hycamtin injection 4mg/5ml Leukeran tablets 2mg Myleran tablets 2mg	The patient must: be a US resident; have no prescription coverage for the medication; and have an income at or below 350% of the Federal Poverty Level. GlaxoSmithKline requests that an “Advocate” be the contact person for the patient throughout the entire process. The advocate can be any healthcare worker involved in the patient’s care (i.e., doctor, nurse, social worker, or someone in the healthcare office or facility). The application needs a total of 3 signatures; doctor, patient and advocate. If the patient chooses not to enroll in Medicare Part D, then they are eligible to be on this program. Each application must have a unique patient id number.	The application can be requested by telephone, or can be started online. If requested by telephone, the application will be faxed or mailed to the patient advocate or patient. The patient and their doctor must complete the application. Once completed, the patient advocate must call for a phone screening, and then they must submit the application by mail. Notification of eligibility determination is send to whomever started the application process.	Upon eligibility determination, a 30-day supply will be sent to the patient's doctor. It is the doctor's responsibility to contact the program to arrange for refills. A new application is required every 12 months.	N/A	Approved by the FDA for the treatment of patients with CD20 positive, follicular, non-Hodgkin's lymphoma, with and without transformation, whose disease is refractory to Rituximab and has relapsed following chemotherapy
BiCNU BCNU	Carmustine	Bristol-Myers Squibb Company	Bristol-Myers Squibb Access Program for Oncology/Virology	n/a	PO Box 991 Somerville, NJ 08876	(800)736-0003, option 2	(866)694-2545	Bicnu Injection 100mg Ceenu capsules 10 mg Ceenu capsules 40 mg Ceenu capsules 100 mg Etopophos injection 100 mg Lysodren tablets 500mg Vumon 500mg/ml	The patient must: be a US resident, have no prescription coverage for the medication, and meet undisclosed income guidelines. If the patient is eligible for Medicare Part D but has not enrolled, they may still be eligible for this program. Patients who are enrolled in Medicare, Part D who are in the 'Donut Hole' may still be eligible and should apply, but will need to submit additional information stating that are in the 'Donut Hole.'	The doctor can request an application by telephone, and the application will faxed to the doctor’s office. The patient and their doctor must complete the application and submit it by fax. The doctor is notified of the eligibility determination, which is usually made within 48 hours.	Once eligibility is determined, the medication will be sent to the doctor’s office. A refill request form is included with each shipment and must be completed and submitted to receive a refill. A new application is required every 6 months.	Bristol-Myers Squibb	Approved by the FDA for use as palliative therapy as a single agent or in established combination therapy with other approved chemotherapeutic agents in the following: 1. Brain tumors— glioblastoma, brainstem glioma, medulloblastoma, astrocytoma, ependymoma, and metastatic brain tumors. 2. Multiple myeloma— in combination with prednisone. 3. Hodgkin's Disease— as secondary therapy in combination with other approved drugs in patients who relapse while being treated with primary therapy, or who fail to respond to primary therapy. 4. Non-Hodgkin's

													lymphomas— as secondary therapy in combination with other approved drugs for patients who relapse while being treated with primary therapy, or who fail to respond to primary therapy.
Blenoxane	Bleomycine	Bedford Laboratories	Bedford Laboratories	http://www.bedfordlabs.com/index	300 Northfield Rd. Bedford, OH 44146	(800)562-4797, option 2	(440)232-6264	Bleomycin injection 5ml Daunorubicin injection 20mg/4ml Dacarbazine Injection 200 mg Cladribine injection 10mg Mesna injection 1g/10ml Methotrexate injection 1 gram Mitomycin injection 5mg Vinorelbine injection 10mg/ml Cisplatin injection 50mg/ml Doxorubicin injection mg	Decisions are made on a case-by-case basis.	The patient's doctor must submit a letter on letterhead stating their patient's need, lack of prescription coverage, and attach a prescription. Alternatively, they may provide their information to their drug representative.	N/A	N/A	Approved by the FDA as a palliative treatment. It has been shown to be useful in the management of the following neoplasms either as a single agent or in proven combinations with other approved chemotherapeutic agents: Squamous Cell Carcinoma Head and neck (including mouth, tongue, tonsil, nasopharynx, oropharynx, sinus, palate, lip, buccal mucosa, gingivae, epiglottis, skin, larynx), penis, cervix, and vulva. The response to this medication is poorer in patients with previously irradiated head and neck cancer, such as Lymphomas Hodgkin's Disease, non-Hodgkin's lymphoma, Testicular Carcinoma Embryonal cell, choriocarcinoma, and teratocarcinoma. This medication has also been shown to be useful in the management of: Malignant Pleural Effusion and prevention of Recurrent Pleural Effusions.
Campath	Alemtuzumab	Berlex Laboratories	Berlex Oncology Reimbursement Support Program	http://www.berlex.com/html/index.html	PO Box 221289 Charlotte, NC 28222-1289	(800)321-4669	(800)513-1824	Campath Injection 301ml Fludara injection 50 mg Leukine liquid 500 mcg Leukin lyphilized 250 mcg	The patient must: be a US citizen, have no insurance, and meet un-disclosed income guidelines. If the patient has insurance, but it does not cover these drugs, they must obtain proof of non-coverage and then they will be considered on a case-by-case basis.	The application may be requested by telephone and will be sent by fax to the patient's doctor's office. The patient and their doctor must complete the application and submit it by fax or regular mail. The patient's doctor will be notified of the eligibility determination.	Upon eligibility determination, the medication will be sent to the patient's doctor. The patient's doctor must contact the program to arrange for refills. A new application will be required every 6 months.	Berlex	Approved by the FDA for the treatment of B-cell chronic lymphocytic leukemia (B-CLL) in patients who have been treated with alkylating agents and who have failed fludarabine therapy.

Camptosar	Irinotecan	Pfizer, Inc.	First Resource Program for IV Medications	http://www.pfizerhelpfulanswers.com/ProgramList.aspx	PO Box 339 San Bruno, CA 94066-0339	(877)744-5675	(800)708-3430	Campostar injection 2ml Campostar injection 5ml Ellence injection 50 mg/25 ml Ellence solution for injection 200 mg/100 ml Idamycin injection Zinecard injection 500mg Zinecard powder for injection Zinecard powder for injection 250mg/vial	The patient must: be a US resident, have no prescription coverage for the medication, and meet undisclosed income guidelines. Patients who are eligible for Medicare Part D but who have not already enrolled may still be eligible for participation in this program.	The doctor, patient, social worker or patient advocate must call for a prescreening. The application is sent to either the doctor or patient depending on the medication requested. The patient and their doctor must complete the application and can submit by fax or mail.	Upon eligibility determination, up to a 30-day supply will be sent to the patient's doctor's office. The program will contact the doctor to arrange for refills. A new application with documentation is required every 12 months.	N/A	Approved by the FDA for the treatment of patients with metastatic carcinoma of the colon or rectum whose disease has recurred or progressed following 5-FU-based therapy.
CeeNU	CCNU, Lomustine	Bristol-Myers Squibb Company	Bristol-Myers Squibb Access Program for Oncology/Virology	n/a	PO Box 991 Somerville, NJ 08876	(800)736-0003, option 2	(866)694-2545	Bicnu Injection 100mg Ceenu capsules 10 mg Ceenu capsules 40 mg Ceenu capsules 100 mg Etopophos injection 100 mg Lysodren tablets 500mg Vumon 500mg/ml	The patient must: be a US resident, have no prescription coverage for the medication, and meet undisclosed income guidelines. If the patient is eligible for Medicare Part D but has not enrolled, they may still be eligible for this program. Patients who are enrolled in Medicare, Part D who are in the 'Donut Hole' may still be eligible and should apply, but will need to submit additional information stating that are in the 'Donut Hole.'	The doctor can request an application by telephone, and the application will faxed to the doctor's office. The patient and their doctor must complete the application and submit it by fax. The doctor is notified of the eligibility determination, which is usually made within 48 hours.	Once eligibility is determined, the medication will be sent to the doctor's office. A refill request form is included with each shipment and must be completed and submitted to receive a refill. A new application is required every 6 months.	Bristol-Myers Squibb	The FDA has approved this drug, and found it to be useful as a single agent in addition to other treatment modalities, or in established combination therapy with other approved chemotherapeutic agents in the following: Brain tumors: both primary and metastatic, in patients who have already received appropriate surgical and/or radiotherapeutic procedures. Hodgkin's Disease: secondary therapy in combination with other approved drugs in patients who relapse while being treated with primary therapy, or who fail to respond to primary therapy.
Celebrex	Celecoxib	Pfizer, Inc.	Pfizer Connection to Care	http://www.pfizerhelpfulanswers.com/ProgramList.aspx#2	PO Box 66585 St. Louis, MO 63166-6585	(800)707-8990	N/A	Celebrex capsules 100 mg Celebrex capsules 200 mg Celebrex capsules 400 mg	The patient must not have any private or public insurance and must earn an income at or below 200% of the Federal Poverty level. If the patient is eligible for Medicare Part D but did not enroll, they may still be eligible for the program. If a patient has insurance and a prescription to a medication on this program and cannot afford the co-pay, or is in extreme hardship, they could receive assistance, and should contact the program for more information.	The form may be downloaded for the website, or may be requested by telephone. If requested by telephone, it will be sent by fax. The patient and their doctor must complete the application and submit it by mail. Both the patient and their doctor will be notified of the eligibility determination in writing. Allow 4 weeks for application processing and medication delivery.	Upon determination of eligibility, up to a 90-day supply of medication will be send to the patient's doctor. The patient can send in a new application for a refill, or the patient's doctor call in a refill. A new application is required each year.	Pfizer Connection to Care	Approved by the FDA for the reduction of polyp number in patients with the rare genetic disorder of familial adenomatous polyposis.

		TEVA Pharmaceuticals	TEVA Assistance Program	N/A	PO Box 52028 Phoenix, AZ 85072-9937	(877)254-1039	(888)782-6157	Adrucil injection 2.5gm Adrucil injection 500gm Adrucil Injection 500mg Daunorubicin injection 20mg Daunorubicin injection 50mg Dacarbazine Injection 200 mg Dacarbazine Injection 500 mg Leuprolide injection 142.8 Ifosfamide injection Leucovorin injection 100mg Leucovorin injection 350mg Leucovorin injection 500mg Zanosar injection Pamidronate Disodium injection	The patient must: be a US resident; have no prescription coverage for the medication; have an income at or below 200% of the Federal Poverty Level. For the purposes of eligibility, prescription discount cards are not considered insurance. If patient has reached their prescription coverage cap, they may still be eligible for participation in this program.	The patient's doctor must call to request the application, which will then be sent to the doctor's office. The form must be completed by the patient and their doctor and can be submitted by fax or regular mail. The doctor will be notified of the eligibility determination.	Once the eligibility determination has been made, the medication will be sent to the doctor's office. It is the doctor's responsibility to contact the program to request refills when they are needed. A new application is required every 6 months.	TEVA Assistance Program	Approved by the FDA for the treatment of metastatic malignant melanoma, and is also indicated for Hodgkin's disease as a secondary-line therapy when used in combination with other effective agents.
Cosmegen	Dacitnomycin	Ovation Pharmaceuticals	Ovation Pharmaceuticals Patient Assistance Program	http://www.ovationpharma.com/prod_cust_reim.htm	4 Parkway North Deerfield, IL 60015	(866)209-7604	(866)209-7599	Cosmegen powder for injection Mustargen powder for injection	The program is based on undisclosed guidelines. This program also has a Reimbursement Support component to aid with insurance coverage issues and can refer patients for co-payment assistance.	The patient or their doctor must call for prescreening. The application will be sent to the patient or their doctor. The patient and their doctor must complete the application and submit by fax or mail. The eligibility determination will be sent to whomever initiated the application process.	Upon eligibility determination, up to a 90-day supply will be sent to the patient's doctor. A new application is required every 3 months.	N/A	Approved by the FDA as part of a combination chemotherapy and/or multi-modality treatment regimen, is indicated for the treatment of Wilms' tumor, childhood rhabdomyosarcoma, Ewing's sarcoma and metastatic, nonseminomatous testicular cancer. Used as a single agent, or as part of a combination chemotherapy regimen, for the treatment of gestational trophoblastic neoplasia. As a component of regional perfusion, is used for the palliative and/or adjunctive treatment of locally recurrent or locoregional solid malignancies
Dacogen	Decitabine	MGI Pharma, Inc.	Dacogen Reimbursement and Support Services	http://www.dacogen.com/	PO Box 235 San Bruno, CA 94066	(877)789-3226	(866)547-0644	Dacogen injection 50 mg	The patient must: be a US resident, have no prescription coverage for the medication and meet income guidelines that are not disclosed.	The doctor should contact the program by telephone to request an application, which will be faxed to the doctor. The patient and their doctor must complete the application and submit by fax or mail. Both the patient and their doctor will be notified of the eligibility determination.	Upon eligibility determination, up to a 30-day supply of medication will be sent to the patient's doctor. The patient's doctor must contact the program to arrange for refills. A new application is required every 12 months.	N/A	Approved by the FDA to treat myelodysplastic syndromes (MDS).
Daunorubicin	daunomycin	Bedford Laboratories	Bedford Laboratories	http://www.bedfordlabs.com/index	300 Northfield Rd. Bedford, OH 44146	(800)562-4797, option 2	(440)232-6264	Bleomycin injection 5ml Daunorubicin injection 20mg/4ml Dacarbazine Injection 200 mg Cladribine injection 10mg Mesna injection 1g/10ml Methotrexate injection 1 gram Mitomycin injection 5mg Vinorelbine injection 10mg/ml Cisplatin injection 50mg/ml Doxorubicin injection mg	Decisions are made on a case-by-case basis.	The patient's doctor must submit a letter on letterhead stating their patient's need, lack of prescription coverage, and attach a prescription. Alternatively, they may provide their information to their drug representative.	N/A	N/A	Approved by the FDA in combination with other approved anticancer drugs is indicated for remission induction in acute nonlymphocytic leukemia (myelogenous, monocytic, erythroid) of adults and for remission induction in acute lymphocytic leukemia of children and

													adults.
		TEVA Pharmaceuticals	TEVA Assistance Program	N/A	PO Box 52028 Phoenix, AZ 85072-9937	(877)254-1039	(888)782-6157	Adrucil injection 2.5gm Adrucil injection 500gm Adrucil Injection 500mg Daunorubicin injection 20mg Daunorubicin injection 50mg Dacarbazine Injection 200 mg Dacarbazine Injection 500 mg Leuprolide injection 142.8 Ifosfamide injection Leucovorin injection 100mg Leucovorin injection 350mg Leucovorin injection 500mg Zanosar injection Pamidronate Disodium injection	The patient must: be a US resident; have no prescription coverage for the medication; have an income at or below 200% of the Federal Poverty Level. For the purposes of eligibility, prescription discount cards are not considered insurance. If patient has reached their prescription coverage cap, they may still be eligible for participation in this program.	The patient's doctor must call to request the application, which will then be sent to the doctor's office. The form must be completed by the patient and their doctor and can be submitted by fax or regular mail. The doctor will be notified of the eligibility determination.	Once the eligibility determination has been made, the medication will be sent to the doctor's office. It is the doctor's responsibility to contact the program to request refills when they are needed. A new application is required every 6 months.	TEVA Assistance Program	Approved by the FDA in combination with other approved anticancer drugs is indicated for remission induction in acute nonlymphocytic leukemia (myelogenous, monocytic, erythroid) of adults and for remission induction in acute lymphocytic leukemia of children and adults.
Depocyt	Cytarabine liposomal	Enzon	Enzon Patient Assistance Program	http://www.enzon.com/	1620 Century Center Parkway, Suite 109, Memphis, TN 38134	(888)276-2217, option 5	(866)489-1898	Adagen injection, Oncaspar, Depocyt	The patient must: be a U.S. resident; have no prescription coverage (commercial, government or special services) for the medication; have an income at or below $25,000 if single ($40,000 for a family); provide proof of application and denial from the State Medicaid program; and have insufficient out-of-pocket financial resources. Patients who eligible for Medicare, Part D but did not enrolled may still be eligible for this program.	The patient or doctor can request the application by telephone. The form must be completed by the patient and their doctor and can be submitted by fax or regular mail. Eligibility notification will be sent to whomever submitted the application. The eligibility determination is usually made within 3-5 business days. Once the determination is made, the medication is shipped the next day.	Once a patient's eligibility has been determined, the medication will sent to either the doctor's office, or a specific site (clinic, hospital, infusion site etc.) in the amount requested. A new prescription is required for each refill, and a new application with full documentation is required every 12 months.	Enzon Patient Assistance Program	Approved by the FDA for intrathecal treatment of lymphomatous meningitis. This indication is based on demonstration of increased complete response rate compared to unencapsulated cytarabine. There are no controlled trials that demonstrate a clinical benefit resulting from this treatment, such as improvement in disease-related symptoms, or increased time to disease progression, or increased survival.
Doxil	Doxorubicin Liposomal	Ortho Biotech Products, L.P.	PROCRITline	http://www.doxiline.com./patientassist/intro.jsp	PO Box 1016 San Bruno, CA 94066	(800)553-3851	(800)987-5572	Doxil injection 10ml Doxil injection 30 ml	The patient must: have no prescription coverage or have reached their income cap and meet undisclosed guidelines.	The application can be downloaded or requested by telephone. If request by telephone, the application will be faxed to the recipient. The patient and their doctor must complete the application and submit by fax or mail. The patient's doctor will be notified of the eligibility determination.	Upon eligibility determination the medications will be sent to the doctor, or a pharmacy card will be sent to the patient. The program will contact the doctor to arrange refills. A new application with documentation is required every 12 months.	PROCRITLine	Approved by the FDA for the treatment of AIDS-related Kaposi's sarcoma in patients with disease that has progressed on prior combination chemotherapy or in patients who are intolerant to such therapy.

DTIC-Dome	Actinomycin D, Dacarbazine	Bedford Laboratories	Bedford Laboratories	http://www.bedfordlabs.com/index	300 Northfield Rd. Bedford, OH 44146	(800)562-4797, option 2	(440)232-6264	Bleomycin injection 5ml Daunorubicin injection 20mg/4ml Dacarbazine Injection 200 mg Cladribine injection 10mg Mesna injection 1g/10ml Methotrexate injection 1 gram Mitomycin injection 5mg Vinorelbine injection 10mg/ml Cisplatin injection 50mg/ml Doxorubicin injection mg	Decisions are made on a case-by-case basis.	The patient's doctor must submit a letter on letterhead stating their patient's need, lack of prescription coverage, and attach a prescription. Alternatively, they may provide their information to their drug representative.	N/A	N/A	Approved by the FDA for the treatment of metastatic malignant melanoma, and is also indicated for Hodgkin's disease as a secondary-line therapy when used in combination with other effective agents.
		TEVA Pharmaceuticals	TEVA Assistance Program	N/A	PO Box 52028 Phoenix, AZ 85072-9937	(877)254-1039	(888)782-6157	Adrucil injection 2.5gm Adrucil injection 500gm Adrucil Injection 500mg Daunorubicin injection 20mg Daunorubicin injection 50mg Dacarbazine Injection 200 mg Dacarbazine Injection 500 mg Leuprolide injection 142.8 Ifosfamide injection Leucovorin injection 100mg Leucovorin injection 350mg Leucovorin injection 500mg Zanosar injection Pamidronate Disodium injection	The patient must: be a US resident; have no prescription coverage for the medication; have an income at or below 200% of the Federal Poverty Level. For the purposes of eligibility, prescription discount cards are not considered insurance. If patient has reached their prescription coverage cap, they may still be eligible for participation in this program.	The patient's doctor must call to request the application, which will then be sent to the doctor's office. The form must be completed by the patient and their doctor and can be submitted by fax or regular mail. The doctor will be notified of the eligibility determination.	Once the eligibility determination has been made, the medication will be sent to the doctor's office. It is the doctor's responsibility to contact the program to request refills when they are needed. A new application is required every 6 months.	TEVA Assistance Program	Approved by the FDA for the treatment of metastatic malignant melanoma, and is also indicated for Hodgkin's disease as a secondary-line therapy when used in combination with other effective agents.
Eligard	Leuprolide Acetate	TEVA Pharmaceuticals	TEVA Assistance Program	N/A	PO Box 52028 Phoenix, AZ 85072-9937	(877)254-1039	(888)782-6157	Adrucil injection 2.5gm Adrucil injection 500gm Adrucil Injection 500mg Daunorubicin injection 20mg Daunorubicin injection 50mg Dacarbazine Injection 200 mg Dacarbazine Injection 500 mg Leuprolide injection 142.8 Ifosfamide injection Leucovorin injection 100mg Leucovorin injection 350mg Leucovorin injection 500mg Zanosar injection Pamidronate Disodium injection	The patient must: be a US resident; have no prescription coverage for the medication; have an income at or below 200% of the Federal Poverty Level. For the purposes of eligibility, prescription discount cards are not considered insurance. If patient has reached their prescription coverage cap, they may still be eligible for participation in this program.	The patient's doctor must call to request the application, which will then be sent to the doctor's office. The form must be completed by the patient and their doctor and can be submitted by fax or regular mail. The doctor will be notified of the eligibility determination.	Once the eligibility determination has been made, the medication will be sent to the doctor's office. It is the doctor's responsibility to contact the program to request refills when they are needed. A new application is required every 6 months.	TEVA Assistance Program	Approved by the FDA for the palliative treatment of advanced prostate cancer.
Elitek	Rasburicase	Sanofi-Aventis	PACT+ Program	http://oncology.sanofi-aventis.us/reimbursement.do	PO Box 1074 San Bruno, CA 94066	(800)996-6626, option 1	(800)996-6627	Elitek iv 1.5 ml/ml Eloxatin 50mg Eloxatin 100 mg Taxotere injection 20mg Taxotere injection 80mg	The patient must: be a US citizen or legal US resident, must have no prescription coverage or have reached their cap, and meet undisclosed income guidelines. If the patient is eligible for Medicare Part D but did not enroll they are no longer eligible for this program.	The application can be downloaded from the website or requested by telephone. If requested by telephone, the application will be sent by fax. The patient and their doctor must complete the application and submit by fax or mail. The patient's doctor will be notified of the eligibility determination, usually within 48 hours. Medication will be shipped the next day.	Upon eligibility determination, the medication is sent to the patient's doctor. A prescription is needed for each refill. Each eligibility determination is effective for one year, after which a new application will be required.	PACT+ Program	Approved by the FDA for the initial management of plasma uric acid levels in pediatric patients with leukemia, lymphoma, and solid tumor malignancies who are receiving anti-cancer therapy expected to result in tumor lysis and subsequent elevation of plasma uric acid.

Ellence	Epirubicin Hydrochloride	Pfizer, Inc.	First Resource Program for IV Medications	http://www.pfizerhelpfulanswers.com/ProgramList.aspx	PO Box 339 San Bruno, CA 94066-0339	(877)744-5675	(800)708-3430	Campostar injection 2ml Campostar injection 5ml Ellence injection 50 mg/25 ml Ellence solution for injection 200 mg/100 ml Idamycin injection Zinecard injection 500mg Zinecard powder for injection Zinecard powder for injection 250mg/vial	The patient must: be a US resident, have no prescription coverage for the medication, and meet undisclosed income guidelines. Patients who are eligible for Medicare Part D but who have not already enrolled may still be eligible for participation in this program.	The doctor, patient, social worker or patient advocate must call for a prescreening. The application is sent to either the doctor or patient depending on the medication requested. The patient and their doctor must complete the application and can submit by fax or mail.	Upon eligibility determination, up to a 30-day supply will be sent to the patient's doctor's office. The program will contact the doctor to arrange for refills. A new application with documentation is required every 12 months.	N/A	Approved by the FDA to treat early-stage breast cancer that has spread to the lymph nodes under the arm. It is used together with other chemotherapy after breast cancer surgery.
Eloxatin	Oxaliplatin	Sanofi-Aventis	PACT+ Program	http://oncology.sanofi-aventis.us/reimbursement.do	PO Box 1074 San Bruno, CA 94066	(800)996-6626, option 1	(800)996-6627	Elitek iv 1.5 ml/ml Eloxatin 50mg Eloxatin 100 mg Taxotere injection 20mg Taxotere injection 80mg	The patient must: be a US citizen or legal US resident, must have no prescription coverage or have reached their cap, and meet undisclosed income guidelines. If the patient is eligible for Medicare Part D but did not enroll they are no longer eligible for this program.	The application can be downloaded from the website or requested by telephone. If requested by telephone, the application will be sent by fax. The patient and their doctor must complete the application and submit by fax or mail. The patient's doctor will be notified of the eligibility determination, usually within 48 hours. Medication will be shipped the next day.	Upon eligibility determination, the medication is sent to the patient's doctor. A prescription is needed for each refill. Each eligibility determination is effective for one year, after which a new application will be required.	PACT+ Program	Approved by the FDA to be used together with other drugs as adjuvant treatment for stage III colon cancer in patients who have had surgery to remove the cancer. It is also approved to be used with other drugs to treat colorectal cancer that has advanced or recurred after earlier chemotherapy.
Emcyt	Estramustine	Pfizer, Inc.	First Resource Program for Oral Medications	N/A	PO Box 2975 Phoenix, AZ 85062-8963	(877) 74-5675	N/A	Aromasin® (exemestane tablets), Camptosar® (irinotecan HCl injection), Ellence® (epirubicin hydrochloride injection), Emcyt® (estramustine phosphate sodium capsules), Idamycin® (Idarubicin HCl), Sutent® (sunitinib malate), Zinecard® (dexrazoxane for injection	The patient must: be a US resident; have no prescription coverage for the medication; and meet income guidelines. Patients who are eligible for Medicare Part D but have not enrolled may still be eligible for this program.	The doctor, patient, social worker or patient advocate must call for a prescreening. The application is sent to either the doctor or patient depending on the medication requested. The patient and their doctor must complete the application and can submit it by fax or mail. Both the patient and doctor are notified in writing of the eligibility determination. The determinations are usually made within 48 hours. If the patient is deemed eligible, the medication will be shipped out within 5-7 business days.	Upon eligibility determination, up to a 90-day supply will be sent to the patient's home. The program will contact the patient's doctor to arrange for refills. A new application with documentation must be submitted every 12 months.	N/A	Approved by the FDA for palliative treatment of patients with metastatic and/or progressive carcinoma of the prostate.
Emend	Aprepitant	Merck & Company, Inc.	ACT Program for Emend	http://www.emend.com/aprepitant/emend/consumer/index.jsp	PO Box 18979 Louisville, KY 40261-0979	(866)363-6379	(866)363-6389	Emend tri-pack	The patient must: be under the treatment of a US doctor, be uninsured or underinsured, and meet undisclosed income requirements.	The application may be downloaded from the website or requested by telephone. The application will be faxed or mailed to the recipient. The patient and their doctor must complete the application and fax or email it with the original prescription. Both the patient and their doctor are notified of the eligibility determination,	Upon eligibility determination, the medication is sent the patient's home or the patient's doctor. The patient must contact the program to arrange for refills.	ACT for Emend	Approved by the FDA to be used together with other drugs to prevent and control nausea and vomiting caused by chemotherapy. It is also used by itself to prevent nausea and vomiting after surgery.

										which is usually made within 72 hours. The medication is shipped within 2 business days of the eligibility determination			
			Merck Prescription Discount Program	http://www.merck.com/merckhelps/uninsured/about.html	PO Box 369 Horsham, PA 19044-9945	(800)506-3725	N/A	Emend tri-pack	The patient must: be a US resident, have a prescription form a US doctor, and have no insurance.	The application can be downloaded from the website or requested by phone. If request by phone, the application will be faxed to the recipient. The application must be completed by the patient and their doctor and then submitted by mail. Enrollment can also be completed on line. If enrolled online or by telephone, the patient will be given a membership ID number to be used until the permanent discount card arrives in the mail.	The patient will receive a 15-40% discount on medications. The patient will receive a pharmacy card to be used once each month. A new application is required every 12 months.	Merck Prescription Discount Program	Approved by the FDA to be used together with other drugs to prevent and control nausea and vomiting caused by chemotherapy. It is also used by itself to prevent nausea and vomiting after surgery.
Epogen	Epoetin Alfa	Amgen, Inc.	Safety Net Foundation	http://wwwext.amgen.com/medpro/medical_reimbursement/reimbursement_connection.html	PO Box 13185 La Jolla, CA 92039	(888)726-6436	(877)727-2867	Aranesp injection 25 mcg/ml Aranesp injection 40 mcg/ml Aranesp injection 60 mcg Aranesp injection 100 mcg/ml Aranesp injection 200 mcg/ml Aranesp injection 200 mcg/ml Aranesp injection 300 mcg/ml Aranesp injection 4500mcg Epogen injection 2000 ml Epogen injection 3000 ml Epogen injection 4000 ml Epogen injection 10000 ml Epogen injection 20000 ml Kepivance injection 6.25mcg Neulasta 6mg Neupogen injection 480 mcg/0.8 ml Neupogen solution for injection 300 mcg/0.5 ml Neupogen solution for injection 300 mcg/1.0 ml Neupogen solution for injection 480 mcg/1.6 ml Vectibix injection 5ml Vectibix injection 10ml Vectibix injection 20ml	The eligibility requirements are not disclosed. This is a replacement program, so the Form C can only be sent in after the patient has used the medication. The patient's doctor must sponsor the patient for enrollment in the program. If the patient is eligible for Medicare Part D, they are is not eligible for this program.	The patient's doctor can request the application by telephone, and it will be sent to them by fax. The patient and their doctor must complete the application and submit it by fax or mail. The patient's doctor will be notified of the eligibility determination. The medication will be sent within 30 days of eligibility determination.	Upon eligibility determination, up to a 30-day supply is sent to the patient's doctor. A refill form is included with each shipment, and must be completed and returned to receive the next shipment. A new application with documentation is required every 12 months.	SafetyNet	Approved by the FDA for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy. Epogen is indicated to decrease the need for transfusions in patients who will be receiving concomitant chemotherapy for a minimum of 2 months. Epogen B is not indicated for the treatment of anemia in cancer patients due to other factors such as iron or folate deficiencies, hemolysis or gastrointestinal bleeding, which should be managed appropriately.
Erbitux	Cetuximab	Bristol-Myers Squibb Company	Bristol-Myers Squibb Patient Assistance Program for Erbitux	N/A	PO Box 991 Somerville, NJ 08876	(800)736-0003	(866)694-2545	Erbitux injection 50 ml	The patients must have no prescription coverage and must meet undisclosed income guidelines.	The application can be downloaded from the website or requested by phone. If requested by phone, the application will be faxed to the recipient. The patient and their doctor must complete the application and submit by fax or mail. The doctor	Upon eligibility determination, the medication will be sent to the patient's doctor. The patient's doctor must contact the program to arrange for refills. A new application is required every 12	Bristol-Myers Squibb Patient Assistance Program for Erbitux	Approved by the FDA to treat colorectal cancer that has spread to other areas of the body or has recurred (come back). Cetuximab is sometimes used together with another drug called irinotecan.

										will be notified of the eligibility determination.	months.		
Ethyol	Amifostine	Medimmune, Inc.	Ethyol Protect Program	N/A	PO Box 222197 Charlotte, NC 28222-2197	(800)877-2467; (651)832-0570	(877)675-6513.	Ethyol injection 10ml	The patient must: be a US resident, have no prescription coverage for the medication and meet income guidelines that are not disclosed. There are two applications for the same program. One is for patients who have insurance and the other is for uninsured patients. The program also helps with claims and checking benefits. If the patient is eligible for Medicare Part D but does not enroll, they are not eligible for participation in this program.	The patient's doctor can request an application by phone, and will receive it by fax. The patient and their doctor must complete the application and submit by fax or email. The patient's doctor will be notified of the eligibility determination. The eligibility determination timeline is 2-4 days, and the medication is shipped within 2 business days.	Upon eligibility determination, the medication is sent to the patient's doctor. The doctor must contact the program to arrange refills. A new application is required every 12 months.	Ethyol Protect Program	Approved by the FDA to reduce the cumulative renal toxicity associated with repeated administration of cisplatin in patients with advanced ovarian cancer or non-small cell lung cancer.
Etopophos	Estoposide Phosphate	Bristol-Myers Squibb Company	Bristol-Myers Squibb Access Program for Oncology/Virology	n/a	PO Box 991 Somerville, NJ 08876	(800)736-0003, option 2	(866)694-2545	Bicnu Injection 100mg Ceenu capsules 10 mg Ceenu capsules 40 mg Ceenu capsules 100 mg Etopophos injection 100 mg Lysodren tablets 500mg Vumon 500mg/ml	The patient must: be a US resident, have no prescription coverage for the medication, and meet undisclosed income guidelines. If the patient is eligible for Medicare Part D but has not enrolled, they may still be eligible for this program. Patients who are enrolled in Medicare, Part D who are in the 'Donut Hole' may still be eligible and should apply, but will need to submit additional information stating that are in the 'Donut Hole.'	The doctor can request an application by telephone, and the application will faxed to the doctor's office. The patient and their doctor must complete the application and submit it by fax. The doctor is notified of the eligibility determination, which is usually made within 48 hours.	Once eligibility is determined, the medication will be sent to the doctor's office. A refill request form is included with each shipment and must be completed and submitted to receive a refill. A new application is required every 6 months.	GTX Patient Assistance Program	FDA approved for the management of Refractory Testicular Tumors. Approved for combination therapy with other approved chemotherapeutic agents in patients with refractory testicular tumors who have already received appropriate surgical, chemotherapeutic, and radiotherapeutic therapy. Approved for combination therapy with other approved chemotherapeutic agents as first line treatment in patients with small cell lung cancer.
Fareston	Toremifene	GTX Inc.	GTX Patient Assistance Program	N/A	PO Box 8203 Somerville, NJ 08876	(866)325-8231	(866)694-2546	Fareston tablets 60mg	The patient must: be a USE resident, have not prescription insurance, not be eligible for any government programs, and have an income at or below 225% of the Federal Poverty Level.	Applications can be requested by telephone. The application will be faxed or mailed to the recipient. The patient and their doctor must complete the application and submit by mail or fax. If the patient is denied coverage, both the patient and their doctor are notified. If approved, the medication is normally shipped within 7-10 business days.	Upon eligibility determination, up to a 90-day supply will be sent to the patient's doctor. A copy of the application with new signatures and a new prescription is required for each refill. A new application with documentation is required every 12 months.	GTX Patient Assistance Program	Approved by the FDA for the treatment of metastatic breast cancer in postmenopausal women with estrogen-receptor positive or unknown tumors.

Faslodex	Fulvestrant	AstraZeneca Pharmaceuticals	AstraZeneca Cancer Support Network (AZ CSN)	http://www.astrazeneca-us.com/content/patientAssistance/patientAssistanceProgram/astrazeneca-how-to-apply.asp?id=	PO Box 66551 St. Louis, MO 63166-6551	(866)992-9276	N/A	Arimidex tablets 1mg Faslodex injection 2.5 ml Faslodex injection 5ml Zoladex depot 3.6 mg (monthly) Zoladex depot 10.8 mg (every 3 months)	The patient must: be a US Resident or have a valid visa; not have prescription insurance; be ineligible for any government programs; and have an income at or below 250% of the Federal Poverty Level. Patients who are eligible for Medicare Part D but have not enrolled may still eligible for this program.	The prescription may be downloaded from the website or requested by telephone. If requested by telephone, the requester will receive the application by fax. The patient and their doctor must complete the application and submit it by mail. If a patient is determined ineligible, both the patient and doctor will be notified. Delivery of medication may take 3-5 weeks.	Once eligibility has been determined, a 90-day supply will be sent to the doctor. The patient or their doctor must contact the program for refills. A new application with documentation is required every 12 months.	http://www.astrazeneca-us.com/content/patientAssistance/patientAssistanceProgram/pdf/243041%20PAP%20English%20Application.pdf	Approved by the FDA to treat breast cancer in postmenopausal women. It is used for breast cancer that is estrogen receptor positive and has spread to other areas of the body, after treatment with other antiestrogens.
Femera	Letrozole	Novartis Pharmaceuticals	Novartis Oncology Reimbursement Hotline	N/A	http://www.pharma.us.novartis.com/novartis/pap/pap_oncology_enroll.jsp	(800)277-2254, option 2	(888)891-4924	Femara tablets 2.5mg Gleevec capsules 100 mg Gleevec tablets 100mg Proleukin Zometa injection 2 mg Zometa injection 4 mg Zometa injection 8 mg Zometa injection 16 mg	The patient must have no prescription coverage for the medication and must meet undisclosed income guidelines. Medicare Part D is considered prescription coverage, so if a patient qualifies for Medicare Part D, they cannot obtain assistance from this program.	The application can be requested by telephone and will be faxed to the recipient. The application is a two-part process. The first application contains basic information and does not require signatures. The patient and their doctor must complete the second application, which requires signatures and the patient's proof of insurance. The completed application must be submitted by fax. Both the patient and their doctor are notified of the eligibility determination. The determination is made within 5-7 business days.	Upon eligibility determination, the medication will be sent to either the patient's home or their doctor. The program will contact the patient's doctor to arrange for refills. A new application is required every 12 months.	Novartis Oncology Reimbursement Hotline	Approved by the FDA to treat certain types of breast cancer in postmenopausal women.
Fentora	Fentanyl Citrate	Cephalon, Inc.	Fentora Reimbursement Program	N/A	PO Box 4280 Gaithersburg, MD 20885	(877)433-6867	(866)495-0657	Fentora tablet 100 mcg Fentora tablet 200 mcg Fentora tablet 400 mcg Fentora tablet 600 mcg Fentora tablet 800 mcg Trisenox injection 1010ml	The patient must: be a US citizen or legal US resident, must have no prescription coverage, and must be at or below Federal Poverty Guidelines. If the patient is eligible for Medicare Part D but did not enroll, or is enrolled in Medicare Part D and is in the 'Donut Hole' then they are not eligible for the program. If the patient calls for the prescreening and qualifies for the program, their doctor will have to then contact the program.	The patient or their doctor must call for prescreening, and then the application will be sent to the patient's doctor. The patient and their doctor must complete the application and submit by fax or mail. The eligibility determination will be sent to the patient's doctor.	Upon eligibility determination, up to a 90-day supply of the medication will be sent to the patient's home. The program will automatically send out refills and requires a new application every 12 months.	N/A	Approved by the FDA for the management of breakthrough pain in patients with cancer who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain.
Fludara	Fludarabine	Berlex Laboratories	Berlex Oncology Reimbursement Support Program	http://www.berlex.com/html/index.html	PO Box 221289 Charlotte, NC 28222-1289	(800)321-4669	(800)513-1824	Campath Injection 301ml Fludara injection 50 mg Leukine liquid 500 mcg Leukin lyphilized 250 mcg	The patient must: be a US citizen, have no insurance, and meet un-disclosed income guidelines. If the patient has insurance, but it does not cover these drugs, they must obtain proof of non-coverage and then they will be considered on a case-by-case basis.	The application may be requested by telephone and will be sent by fax to the patient's doctor's office. The patient and their doctor must complete the application and submit it by fax or regular mail. The patient's doctor will be notified of the eligibility determination.	Upon eligibility determination, the medication will be sent to the patient's doctor. The patient's doctor must contact the program to arrange for refills. A new application will be required every 6 months.	Berlex Oncology Reimbursement Support Program	Approved by the FDA for the treatment of patients with B-cell chronic lymphocytic leukemia (CLL) who have not responded to or whose disease has progressed during treatment with at least one standard alkylating-agent containing regimen.

Gemzar	Gemcitabine Hydrocloride	Eli Lilly & Company	Lilly Oncology: Gemzar & Alimta	http://www.lillyoncology.com/index.jsp	N/A	(888)443-2927, Option 1	(877)366-0585	Alimta IV Gemzar powder for injection	The patient must: be a US resident; be prescribed outpatient therapy; have no health insurance; be financially qualified (proof of income required); be receiving ongoing therapy.	The doctor can request the application by phone, and will receive it by fax. The application must be completed by the patient and their doctor and must be submitted by fax.	Once eligibility has been determined, the medication will be sent to the doctor's office. The doctor must fill out a replacement form to obtain refills. A new application is required every 12 months.	Lilly Oncology: Gemzar & Alimta	Approved by the FDA to treat cancer of the breast, pancreas, ovary, and lung.
Gleevec	Imatinib Mesylate	Novartis Pharmaceuticals	Novartis Oncology Reimbursement Hotline	N/A	http://www.pharma.us.novartis.com/novartis/pap/pap_oncology_enroll.jsp	(800)277-2254, option 2	(888)891-4924	Femara tablets 2.5mg Gleevec capsules 100 mg Gleevec tablets 100mg Proleukin Zometa injection 2 mg Zometa injection 4 mg Zometa injection 8 mg Zometa injection 16 mg	The patient must have no prescription coverage for the medication and must meet undisclosed income guidelines. Medicare Part D is considered prescription coverage, so if a patient qualifies for Medicare Part D, they cannot obtain assistance from this program.	The application can be requested by telephone and will be faxed to the recipient. The application is a two-part process. The first application contains basic information and does not require signatures. The patient and their doctor must complete the second application, which requires signatures and the patient's proof of insurance. The completed application must be submitted by fax. Both the patient and their doctor are notified of the eligibility determination. The determination is made within 5-7 business days.	Upon eligibility determination, the medication will be sent to either the patient's home or their doctor. The program will contact the patient's doctor to arrange for refills. A new application is required every 12 months.	Novartis Oncology Reimbursement Hotline	Approved by the FDA to treat leukemia (Philadelphia chromosome positive chronic myelogenous leukemia, hypereosinophilic syndrome or chronic eosinophilic leukemia, relapsed or refractory Philadelphia chromosome positive acute lymphoblastic leukemia), gastrointestinal stromal tumor, dermatofibrosarcoma protuberans, myelodysplastic/myeloproliferative disorders, systemic mastocytosis.
Glidel Wafer	Carmustine with Polifeprosan 20 implant	MGI Pharma, Inc.	Gliadel Wafer Patient Assistance Link	http://gliadel.com/paying.asp	6611 Tributary Street Baltimore, MD 21224	(877)909-2337	(800)711-0809	Gliadel wafer 7.7 mg	The patient must not have any private or public insurance and must have an income at or below the Federal Poverty Guidelines.	The application may be requested by telephone and will be sent out by fax or mail. The patient and their doctor must complete the application and submit by fax. The eligibility determination will be made during the phone screening process and the medication will be shipped out within 2 business days of the determination.	The requested amount is sent to the hospital.	Gliadel Wafer Patient Assistance Link	Approved by the FDA for use in addition to surgery to prolong survival in patients with recurrent glioblastoma multiforme who qualify for surgery.
Herceptin	Trastuzumab	Genentech, Inc.	Genentech Access to Care Foundation	https://www.spoconline.com/spoconline/avastin/channel.jsp	1 DNA Way, Mail Stop 210 South San Francisco, CA 94080	(800)530-3083	(650)225-1366	Avastin, Herceptin, Rituxan, Tarceva	The eligibility guidelines for this program are not disclosed. If the patient is eligible for Part D but does not enroll then s/he still may be eligible for this program.	The patient's doctor can request an application by telephone and must verify the patient's financial circumstances.	This is a drug replacement program. The medication will be sent to the patient's doctor.	N/A	Approved by the FDA to treat breast cancer that is HER2-positive and has metastasized (spread to other areas of the body) after treatment with other anticancer drugs. Trastuzumab is also approved to be used with other drugs to treat HER2-positive breast cancer after surgery.

Hexalen	Altretamine	MGI Pharma, Inc.	MGI Pharma Patient Assistance Program	n/a	PO Box 6235 San Bruno, CA 94066	(877)644-6270	(888_644-7236	Hexalen capsules 50 mg	The patient must not have any insurance and must meet undisclosed income guidelines.	The patient's doctor must call for a prescreening, and then the application will be sent to the doctor. The patient and their doctor must complete the application and submit by fax or email. Both the patient and their doctor will be notified of the eligibility determination and the medication will be shipped within 2 business days.	The medication is sent to the patient's doctor. The doctor must arrange for refills. A new application is required every 12 months.	N/A	Approved by the FDA for use as a single agent in the palliative treatment of patients with persistent or recurrent ovarian cancer following first-line therapy with a cisplatin and/or alkylating agent-based combination.
Hycamtin	Topotecan Hydrochloride	GlaxoSmithKline	GlaxoSmithKline Commitment to Access	http://www.commitmenttoaccess.com/	PO Box 29038 Phoenix, AZ 85038-9038	(866)265-6491	N/A	Arranon injection Bexxar injection 14mg/ml Hycamtin injection 4mg/5ml Leukeran tablets 2mg Myleran tablets 2mg	The patient must: be a US resident; have no prescription coverage for the medication; and have an income at or below 350% of the Federal Poverty Level. GlaxoSmithKline requests that an “Advocate” be the contact person for the patient throughout the entire process. The advocate can be any healthcare worker involved in the patient’s care (i.e., doctor, nurse, social worker, or someone in the healthcare office or facility). The application needs a total of 3 signatures; doctor, patient and advocate. If the patient chooses not to enroll in Medicare Part D, then they are eligible to be on this program. Each application must have a unique patient id number.	The application can be requested by telephone, or can be started online. If requested by telephone, the application will be faxed or mailed to the patient advocate or patient. The patient and their doctor must complete the application. Once completed, the patient advocate must call for a phone screening, and then they must submit the application by mail. Notification of eligibility determination is send to whomever started the application process.	Upon eligibility determination, a 30-day supply will be sent to the patient's doctor. It is the doctor's responsibility to contact the program to arrange for refills. A new application is required every 12 months.	N/A	Approved by the FDA to treat ovarian cancer and small cell lung cancer in patients whose cancer has not gotten better with earlier chemotherapy. It is also approved to be used together with another medicine, called cisplatin, to treat cervical cancer in some women whose cancer has not gotten better or has recurred (come back).
Idamycin	Idarubicin	Pfizer, Inc.	First Resource Program for IV Medications	http://www.pfizerhelpfulanswers.com/ProgramList.aspx	PO Box 339 San Bruno, CA 94066-0339	(877)744-5675	(800)708-3430	Campostar injection 2ml Campostar injection 5ml Ellence injection 50 mg/25 ml Ellence solution for injection 200 mg/100 ml Idamycin injection Zinecard injection 500mg Zinecard powder for injection Zinecard powder for injection 250mg/vial	The patient must: be a US resident, have no prescription coverage for the medication, and meet undisclosed income guidelines. Patients who are eligible for Medicare Part D but who have not already enrolled may still be eligible for participation in this program.	The doctor, patient, social worker or patient advocate must call for a prescreening. The application is sent to either the doctor or patient depending on the medication requested. The patient and their doctor must complete the application and can submit by fax or mail.	Upon eligibility determination, up to a 30-day supply will be sent to the patient's doctor's office. The program will contact the doctor to arrange for refills. A new application with documentation is required every 12 months.	N/A	Approved by the FDA to treat early-stage breast cancer that has spread to the lymph nodes under the arm. It is used together with other chemotherapy after breast cancer surgery.

IFEX	Ifosfamide	TEVA Pharmaceuticals	TEVA Assistance Program	N/A	PO Box 52028 Phoenix, AZ 85072-9937	(877)254-1039	(888)782-6157	Adrucil injection 2.5gm Adrucil injection 500gm Adrucil Injection 500mg Daunorubicin injection 20mg Daunorubicin injection 50mg Dacarbazine Injection 200 mg Dacarbazine Injection 500 mg Leuprolide injection 142.8 Ifosfamide injection Leucovorin injection 100mg Leucovorin injection 350mg Leucovorin injection 500mg Zanosar injection Pamidronate Disodium injection	The patient must: be a US resident; have no prescription coverage for the medication; have an income at or below 200% of the Federal Poverty Level. For the purposes of eligibility, prescription discount cards are not considered insurance. If patient has reached their prescription coverage cap, they may still be eligible for participation in this program.	The patient's doctor must call to request the application, which will then be sent to the doctor's office. The form must be completed by the patient and their doctor and can be submitted by fax or regular mail. The doctor will be notified of the eligibility determination.	Once the eligibility determination has been made, the medication will be sent to the doctor's office. It is the doctor's responsibility to contact the program to request refills when they are needed. A new application is required every 6 months.	TEVA Assistance Program	Approved by the FDA for use in combination with certain other approved antineoplastic agents, is indicated for third line chemotherapy of germ cell testicular cancer. It should ordinarily be used in combination with a prophylactic agent for hemorrhagic cystitis, such as mesna.
Intron A	Interferon Alfa-2B	Schering Plough Corporation	Commitment to Care for Oncology Medications	http://www.schering-plough.com/schering_plough/pc/commitment_care.jsp	6900 College Blvd. Suite 1000 Overland Park, KS 66211	(800)521-7157, option 1	(866)277-9328	Intron-A powder for injection Intron-a solution for injection Temodar capsules 5mg Temodar capsules 20mg Temodar capsules 100mg Temodar capsules 250mg	The patient cannot have prescription insurance, be eligible for any government programs, and must meet undisclosed income guidelines. If the patient is eligible for Medicare Part D, they are not eligible for this program. Patients with insurance who still cannot afford the medication should still apply, because the program does insurance investigation and each applicant will be reviewed on a case-by-case basis.	The application may be requested by telephone, and will be faxed or mailed to the person requesting it. The patient and their doctor must complete the application and submit by fax or mail. Both the patient and their doctor are notified of the eligibility determination, which is usually made within 24-48 hours. Once the determination has been made, the medication is shipped the next day.	Upon eligibility determination, up to a 30-day supply will be sent to the patient's home or their doctor. The patient or their doctor must contact the program to request refills. The company will contact the patient when they require a new application.	Commitment to Care for Oncology Medications	Approved by the FDA for the treatment of patients 18 years of age or older with hairy cell leukemia.
Iressa	Gefitnib	AstraZeneca Pharmaceuticals	Cancer Support Network for Iressa	http://www.iressa-access.com/	N/A	(800)601-8933	(866)332-4029	Iressa tablets 250mg	The program is based on undisclosed guidelines. The program is not taking any new patients who have not been prescribed the medication before September 15, 2005.	The application may be downloaded from the website or requested by telephone. The application will be faxed. The patient and their doctor must complete the application and submit by fax or mail. Both the patient and their doctor are notified of the eligibility determination, and the medication is shipped the next day.	Upon eligibility determination, up to a 30-day supply is sent to the patient's home or their doctor. The patient must contact the program to arrange for refills, and a new application with documentation is required once every 12 months.	Cancer Support Network for Iressa	Approved by the FDA to treat non-small cell lung cancer (NSCLC).

Kepivance	Palifermin	Amgen, Inc.	Safety Net Foundation	http://wwwext.amgen.com/medpro/medical_reimbursement/reimbursement_connection.html	PO Box 13185 La Jolla, CA 92039	(888)726-6436	(877)727-2867	Aranesp injection 25 mcg/ml Aranesp injection 40 mcg/ml Aranesp injection 60 mcg Aranesp injection 100 mcg/ml Aranesp injection 200 mcg/ml Aranesp injection 200 mcg/ml Aranesp injection 300 mcg/ml Aranesp injection 4500mcg Epogen injection 2000 ml Epogen injection 3000 ml Epogen injection 4000 ml Epogen injection 10000 ml Epogen injection 20000 ml Kepivance injection 6.25mcg Neulasta 6mg Neupogen injection 480 mcg/0.8 ml Neupogen solution for injection 300 mcg/0.5 ml Neupogen solution for injection 300 mcg/1.0 ml Neupogen solution for injection 480 mcg/1.6 ml Vectibix injection 5ml Vectibix injection 10ml Vectibix injection 20ml	The eligibility requirements are not disclosed. This is a replacement program, so the Form C can only be sent in after the patient has used the medication. The patient's doctor must sponsor the patient for enrollment in the program. If the patient is eligible for Medicare Part D, they are is not eligible for this program.	The patient's doctor can request the application by telephone, and it will be sent to them by fax. The patient and their doctor must complete the application and submit it by fax or mail. The patient's doctor will be notified of the eligibility determination. The medication will be sent within 30 days of eligibility determination.	Upon eligibility determination, up to a 30-day supply is sent to the patient's doctor. A refill form is included with each shipment, and must be completed and returned to receive the next shipment. A new application with documentation is required every 12 months.	SafetyNet	Approved by the FDA to help prevent and treat severe oral mucositis in patients with leukemia or lymphoma who receive high doses of chemotherapy and radiation therapy.
Leucovorin	Leucovorin	TEVA Pharmaceuticals	TEVA Assistance Program	N/A	PO Box 52028 Phoenix, AZ 85072-9937	(877)254-1039	(888)782-6157	Adrucil injection 2.5gm Adrucil injection 500gm Adrucil Injection 500mg Daunorubicin injection 20mg Daunorubicin injection 50mg Dacarbazine Injection 200 mg Dacarbazine Injection 500 mg Leuprolide injection 142.8 Ifosfamide injection Leucovorin injection 100mg Leucovorin injection 350mg Leucovorin injection 500mg Zanosar injection Pamidronate Disodium injection	The patient must: be a US resident; have no prescription coverage for the medication; have an income at or below 200% of the Federal Poverty Level. For the purposes of eligibility, prescription discount cards are not considered insurance. If patient has reached their prescription coverage cap, they may still be eligible for participation in this program.	The patient's doctor must call to request the application, which will then be sent to the doctor's office. The form must be completed by the patient and their doctor and can be submitted by fax or regular mail. The doctor will be notified of the eligibility determination.	Once the eligibility determination has been made, the medication will be sent to the doctor's office. It is the doctor's responsibility to contact the program to request refills when they are needed. A new application is required every 6 months.	TEVA Assistance Program	Approved by the FDA for use in combination with fluorouracil to prolong survival in the palliative treatment of patients with advanced colorectal cancer.

Leukeran	Chlorambucil	GlaxoSmithKline	GlaxoSmithKline Commitment to Access	http://www.commitmenttoaccess.com/	PO Box 29038 Phoenix, AZ 85038-9038	(866)265-6491	N/A	Arranon injection Bexxar injection 14mg/ml Hycamtin injection 4mg/5ml Leukeran tablets 2mg Myleran tablets 2mg	The patient must: be a US resident; have no prescription coverage for the medication; and have an income at or below 350% of the Federal Poverty Level. GlaxoSmithKline requests that an “Advocate” be the contact person for the patient throughout the entire process. The advocate can be any healthcare worker involved in the patient’s care (i.e., doctor, nurse, social worker, or someone in the healthcare office or facility). The application needs a total of 3 signatures; doctor, patient and advocate. If the patient chooses not to enroll in Medicare Part D, then they are eligible to be on this program. Each application must have a unique patient id number.	The application can be requested by telephone, or can be started online. If requested by telephone, the application will be faxed or mailed to the patient advocate or patient. The patient and their doctor must complete the application. Once completed, the patient advocate must call for a phone screening, and then they must submit the application by mail. Notification of eligibility determination is send to whomever started the application process.	Upon eligibility determination, a 30-day supply will be sent to the patient's doctor. It is the doctor's responsibility to contact the program to arrange for refills. A new application is required every 12 months.	N/A	Approved by the FDA for the treatment of chronic lymphatic (lymphocytic) leukemia, malignant lymphomas including lymphosarcoma, giant follicular lymphoma, and Hodgkin’s disease. It is not curative in any of these disorders but may produce clinically useful palliation.
Leukine	Sargramostim	Berlex Laboratories	Berlex Oncology Reimbrusement Support Program	http://www.berlex.com/html/index.html	PO Box 221289 Charlotte, NC 28222-1289	(800)321-4669	(800)513-1824	Campath Injection 301ml Fludara injection 50 mg Leukine liquid 500 mcg Leukin lyphilized 250 mcg	The patient must: be a US citizen, have no insurance, and meet un-disclosed income guidelines. If the patient has insurance, but it does not cover these drugs, they must obtain proof of non-coverage and then they will be considered on a case-by-case basis.	The application may be requested by telephone and will be sent by fax to the patient's doctor's office. The patient and their doctor must complete the application and submit it by fax or regular mail. The patient's doctor will be notified of the eligibility determination.	Upon eligibility determination, the medication will be sent to the patient's doctor. The patient's doctor must contact the program to arrange for refills. A new application will be required every 6 months.	Berlex Oncology Reimbrusement Support Program	Approved by the FDA for use following induction chemotherapy in older adult patients with acute myelogenous leukemia (AML) to shorten time to neutrophil recovery and to reduce the incidence of severe and life-threatening infections and infections resulting in death.
Leustatin	Cladribine	Bedford Laboratories	Bedford Laboratories	http://www.bedfordlabs.com/index	300 Northfield Rd. Bedford, OH 44146	(800)562-4797, option 2	(440)232-6264	Bleomycin injection 5ml Daunorubicin injection 20mg/4ml Dacarbazine Injection 200 mg Cladribine injection 10mg Mesna injection 1g/10ml Methotrexate injection 1 gram Mitomycin injection 5mg Vinorelbine injection 10mg/ml Cisplatin injection 50mg/ml Doxorubicin injection mg	Decisions are made on a case-by-case basis.	The patient's doctor must submit a letter on letterhead stating their patient's need, lack of prescription coverage, and attach a prescription. Alternatively, they may provide their information to their drug representative.	N/A	N/A	Approved by the FDA for the treatment of active Hairy Cell Leukemia as defined by clinically significant anemia, neutropenia, thrombocytopenia or disease-related symptoms.

Lysodren	Mitotane	Bristol-Myers Squibb Company	Bristol-Myers Squibb Access Program for Oncology/Virology	n/a	PO Box 991 Somerville, NJ 08876	(800)736-0003, option 2	(866)694-2545	Bicnu Injection 100mg Ceenu capsules 10 mg Ceenu capsules 40 mg Ceenu capsules 100 mg Etopophos injection 100 mg Lysodren tablets 500mg Vumon 500mg/ml	The patient must: be a US resident, have no prescription coverage for the medication, and meet undisclosed income guidelines. If the patient is eligible for Medicare Part D but has not enrolled, they may still be eligible for this program. Patients who are enrolled in Medicare, Part D who are in the 'Donut Hole' may still be eligible and should apply, but will need to submit additional information stating that are in the 'Donut Hole.'	The doctor can request an application by telephone, and the application will faxed to the doctor's office. The patient and their doctor must complete the application and submit it by fax. The doctor is notified of the eligibility determination, which is usually made within 48 hours.	Once eligibility is determined, the medication will be sent to the doctor's office. A refill request form is included with each shipment and must be completed and submitted to receive a refill. A new application is required every 6 months.	Bristol-Myers Squibb Access Program for Oncology/Virology	Approved by the FDA for the treatment of inoperable adrenal cortical carcinoma of both functional and nonfunctional types.
Matulane	Procarbazine	Sigma-tau Pharmaceuticals, Inc.	Matulane Patient Assistance Program	http://www.rarediseases.org/programs/medication	C/O NORD PO Box 1968 Danbury, CT 06813-198	(800)999-6673	(203)798-2964	Matulane capsules	The patient must: be a US resident, have no prescription coverage for the medication and meet undisclosed income guidelines. The patient must have a diagnosis of Stage III or IV Hodgkin's Disease or have another lymphoma the doctor feels a response is possible.	The application may be requested by telephone and will be mailed to the patient, doctor or the patient's social worker. The patient and their doctor must complete the application and submit by mail.	Upon eligibility determination, up to a 90-day supply is sent to the patient's doctor. The doctor must contact the program to arrange for refills.	n/a	Approved by the FDA for use in combination with other anticancer drugs for the treatment of Stage III and IV Hodgkin's disease. Matulane is used as party of the MOPP (nitrogen mustard, vincristine, procarbazine, prednisone) regimen.
Mesnex, Mesnex Tabs	Mesna	Bedford Laboratories	Bedford Laboratories	http://www.bedfordlabs.com/index	300 Northfield Rd. Bedford, OH 44146	(800)562-4797, option 2	(440)232-6264	Bleomycin injection 5ml Daunorubicin injection 20mg/4ml Dacarbazine Injection 200 mg Cladribine injection 10mg Mesna injection 1g/10ml Methotrexate injection 1 gram Mitomycin injection 5mg Vinorelbine injection 10mg/ml Cisplatin injection 50mg/ml Doxorubicin injection mg	Decisions are made on a case-by-case basis.	The patient's doctor must submit a letter on letterhead stating their patient's need, lack of prescription coverage, and attach a prescription. Alternatively, they may provide their information to their drug representative.	N/A	N/A	Approved by the FDA as a prophylactic agent in reducing the incidence of ifosfamide-induced hemorrhagic cystitis.

Methotrexate	Methotrexate	Bedford Laboratories	Bedford Laboratories	http://www.bedfordlabs.com/index	300 Northfield Rd. Bedford, OH 44146	(800)562-4797, option 2	(440)232-6264	Bleomycin injection 5ml Daunorubicin injection 20mg/4ml Dacarbazine Injection 200 mg Cladribine injection 10mg Mesna injection 1g/10ml Methotrexate injection 1 gram Mitomycin injection 5mg Vinorelbine injection 10mg/ml Cisplatin injection 50mg/ml Doxorubicin injection mg	Decisions are made on a case-by-case basis.	The patient's doctor must submit a letter on letterhead stating their patient's need, lack of prescription coverage, and attach a prescription. Alternatively, they may provide their information to their drug representative.	N/A	N/A	Approved by the FDA for the treatment of gestational choriocarcinoma, chorioadenoma destruens and hydatidiform mole. In acute lymphocytic leukemia, methotrexate is indicated in the prophylaxis of meningeal leukemia and is used in maintenance therapy in combination with other chemotherapeutic agents. Methotrexate is also indicated in the treatment of meningeal leukemia. Methotrexate is used alone or in combination with other anticancer agents in the treatment of breast cancer, epidermoid cancers of the head and neck, advanced mycosis fungoides, and lung cancer, particularly squamous cell and small cell types. Methotrexate is also used in combination with other chemotherapeutic agents in the treatment of advanced stage non-Hodgkin's lymphomas. Methotrexate in high doses followed by leucovorin rescue in combination with other chemotherapeutic agents is effective in prolonging relapse-free survival in patients with non-metastatic osteosarcoma who have undergone surgical resection or amputation for the primary tumor. Psoriasis Methotrexate is indicated in the symptomatic control of severe, recalcitrant, disabling psoriasis that is not adequately responsive to other forms of therapy, but only when the diagnosis has been established, as by biopsy and/or after dermatologic consultation. It is important to ensure that a psoriasis "flare" is not due to an undiagnosed concomitant disease affecting immune responses. Rheumatoid Arthritis Methotrexate is indicated in the

													management of selected adults with severe, active, classical or definite rheumatoid arthritis (ARA criteria) who have had an insufficient therapeutic response to, or are intolerant of, an adequate trial of first-line therapy including full dose NSAIDs and usually a trial of at least one or more disease-modifying antirheumatic drugs. Aspirin, nonsteroidal anti-inflammatory agents, and/or low dose steroids may be continued, although the possibility of increased toxicity with concomitant use of NSAIDs including salicylates has not been fully explored. (See PRECAUTIONS, Drug Interactions.) Steroids may be reduced gradually in patients who respond to methotrexate. Combined use of methotrexate with gold, penicillamine, hydroxychloroquine, sulfasalazine, or cytotoxic agents, has not been studied and may increase the incidence of adverse effects. Rest and physiotherapy as indicated should be continued.
Mitozytrex	Mitomycin C	Bedford Laboratories	Bedford Laboratories	http://www.bedfordlabs.com/index	300 Northfield Rd. Bedford, OH 44146	(800)562-4797, option 2	(440)232-6264	Bleomycin injection 5ml Daunorubicin injection 20mg/4ml Dacarbazine Injection 200 mg Cladribine injection 10mg Mesna injection 1g/10ml Methotrexate injection 1 gram Mitomycin injection 5mg Vinorelbine injection 10mg/ml Cisplatin injection 50mg/ml Doxorubicin injection mg	Decisions are made on a case-by-case basis.	The patient's doctor must submit a letter on letterhead stating their patient's need, lack of prescription coverage, and attach a prescription. Alternatively, they may provide their information to their drug representative.	N/A	N/A	Approved by the FDA in the therapy of disseminated adenocarcinoma of the stomach or pancreas in proven combinations with other approved chemotherapeutic agents and as palliative treatment when other modalities have failed.
Mustargen	Meclorethamine, Nitrogen Mustard	Ovation Pharmaceuticals	Ovation Pharmaceuticals Patient Assistance Program	http://www.ovationpharma.com/prod_cust_reim.htm	4 Parkway North Deerfield, IL 60015	(866)209-7604	(866)209-7599	Cosmegen powder for injection Mustargen powder for injection	The program is based on undisclosed guidelines. This program also has a Reimbursement Support component to aid with insurance coverage issues and can refer patients for co-payment assistance.	The patient or their doctor must call for prescreening. The application will be sent to the patient or their doctor. The patient and their doctor must complete the application and submit by fax or mail. The eligibility determination will be sent to whomever initiated the application process.	Upon eligibility determination, up to a 90-day supply will be sent to the patient's doctor. A new application is required every 3 months.	N/A	Approved by the FDA for the palliative treatment of Hodgkin's disease (Stages III and IV), lymphosarcoma, chronic myelocytic or chronic lymphocytic leukemia, polycythemia vera, mycosis fungoides, and bronchogenic carcinoma. MUSTARGEN, administered intrapleurally, intraperitoneally, or intrapericardially, is indicated for the palliative

													treatment of metastatic carcinoma resulting in effusion.
Myleran	Busulfan oral	GlaxoSmithKline	GlaxoSmithKline Commitment to Access	http://www.commitmenttoaccess.com/	PO Box 29038 Phoenix, AZ 85038-9038	(866)265-6491	N/A	Arranon injection Bexxar injection 14mg/ml Hycamtin injection 4mg/5ml Leukeran tablets 2mg Myleran tablets 2mg	The patient must: be a US resident; have no prescription coverage for the medication; and have an income at or below 350% of the Federal Poverty Level. GlaxoSmithKline requests that an “Advocate” be the contact person for the patient throughout the entire process. The advocate can be any healthcare worker involved in the patient’s care (i.e., doctor, nurse, social worker, or someone in the healthcare office or facility). The application needs a total of 3 signatures; doctor, patient and advocate. If the patient chooses not to enroll in Medicare Part D, then they are eligible to be on this program. Each application must have a unique patient id number.	The application can be requested by telephone, or can be started online. If requested by telephone, the application will be faxed or mailed to the patient advocate or patient. The patient and their doctor must complete the application. Once completed, the patient advocate must call for a phone screening, and then they must submit the application by mail. Notification of eligibility determination is send to whomever started the application process.	Upon eligibility determination, a 30-day supply will be sent to the patient's doctor. It is the doctor's responsibility to contact the program to arrange for refills. A new application is required every 12 months.	N/A	Approved by the FDA for palliative therapy for Chronic Myelogenous Leukemia.
Mylotarg	Gemtuzumab Ozogamicin	Wyeth Pharmaceuticals	Wyeth Oncology Reimbursement Program	http://www.wyeth.com/contact?rid=/wyeth_html/home/shared/footer/Patient/contact_patient_assist.html	Lash Group PO Box 1285 San Bruno, CA 94066	(888)638-6342	(866) 836-0819	Mylotarg Neumega	The patient must: be under the treatment of a US doctor, have no prescription coverage for the medication and have an income at or below 325% of the Federal Poverty Level. The program also provides drug replacement if the insurance is denied and it is for an FDA-approved diagnosis.	The doctor may request the application by phone, and it will be faxed to the doctor. The patient and their doctor must complete the application and submit by mail. Both the patient and their doctor will be notified in writing of the eligibility determination. The medication will be shipped within 10 business days.	Upon eligibility determination, up to a 90-day supply will be sent to the patient's doctor. The doctor must contact the program to request refills. A new application with documentation is required every 12 months.	Wyeth Oncology Reimbursement Program	Approved by the FDA to treat acute myeloid leukemia in patients 60 years or older whose cancer has relapsed or who are not able to receive other chemotherapy.

Neulasta	Pegfilgrastim	Amgen, Inc.	Safety Net Foundation	http://wwwext.amgen.com/medpro/medical_reimbursement/reimbursement_connection.html	PO Box 13185 La Jolla, CA 92039	(888)726-6436	(877)727-2867	Aranesp injection 25 mcg/ml Aranesp injection 40 mcg/ml Aranesp injection 60 mcg Aranesp injection 100 mcg/ml Aranesp injection 200 mcg/ml Aranesp injection 200 mcg/ml Aranesp injection 300 mcg/ml Aranesp injection 4500mcg Epogen injection 2000 ml Epogen injection 3000 ml Epogen injection 4000 ml Epogen injection 10000 ml Epogen injection 20000 ml Kepivance injection 6.25mcg Neulasta 6mg Neupogen injection 480 mcg/0.8 ml Neupogen solution for injection 300 mcg/0.5 ml Neupogen solution for injection 300 mcg/1.0 ml Neupogen solution for injection 480 mcg/1.6 ml Vectibix injection 5ml Vectibix injection 10ml Vectibix injection 20ml	The eligibility requirements are not disclosed. This is a replacement program, so the Form C can only be sent in after the patient has used the medication. The patient's doctor must sponsor the patient for enrollment in the program. If the patient is eligible for Medicare Part D, they are is not eligible for this program.	The patient's doctor can request the application by telephone, and it will be sent to them by fax. The patient and their doctor must complete the application and submit it by fax or mail. The patient's doctor will be notified of the eligibility determination. The medication will be sent within 30 days of eligibility determination.	Upon eligibility determination, up to a 30-day supply is sent to the patient's doctor. A refill form is included with each shipment, and must be completed and returned to receive the next shipment. A new application with documentation is required every 12 months.	SafetyNet	Approved by the FDA to decrease the incidence of infection, as manifested by febrileneutropenia, in patients with non-myeloid malignancies receiving myelosuppressiveanti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.
Neumega	Oprelvekin	Wyeth Pharmaceuticals	Wyeth Oncology Reimbursement Program	http://www.wyeth.com/contact?rid=/wyeth_html/home/shared/footer/Patient/contact_patient_assist.html	Lash Group PO Box 1285 San Bruno, CA 94066	(888)638-6342	(866) 836-0819	Mylotarg Neumega	The patient must: be under the treatment of a US doctor, have no prescription coverage for the medication and have an income at or below 325% of the Federal Poverty Level. The program also provides drug replacement if the insurance is denied and it is for an FDA-approved diagnosis.	The doctor may request the application by phone, and it will be faxed to the doctor. The patient and their doctor must complete the application and submit by mail. Both the patient and their doctor will be notified in writing of the eligibility determination. The medication will be shipped within 10 business days.	Upon eligibility determination, up to a 90-day supply will be sent to the patient's doctor. The doctor must contact the program to request refills. A new application with documentation is required every 12 months.	Wyeth Oncology Reimbursement Program	Approved by the FDA for the prevention of severe thrombocytopenia and the reduction of the need for platelet transfusions following myelosuppressive chemotherapy in adult patients with nonmyeloid malignancies who are at high risk of severe thrombocytopenia.
Neupogen	Filgrastim	Amgen, Inc.	Safety Net Foundation	http://wwwext.amgen.com/medpro/medical_reimbursement/reimbursement_connection.html	PO Box 13185 La Jolla, CA 92039	(888)726-6436	(877)727-2867	Aranesp injection 25 mcg/ml Aranesp injection 40 mcg/ml Aranesp injection 60 mcg Aranesp injection 100 mcg/ml Aranesp injection 200 mcg/ml Aranesp injection 200 mcg/ml Aranesp injection 300 mcg/ml Aranesp injection 4500mcg Epogen injection 2000 ml Epogen injection 3000 ml Epogen injection 4000 ml Epogen injection 10000 ml Epogen injection 20000 ml Kepivance injection 6.25mcg Neulasta 6mg Neupogen injection 480 mcg/0.8 ml Neupogen solution for injection 300 mcg/0.5 ml Neupogen solution for injection 300 mcg/1.0 ml Neupogen solution for injection 480 mcg/1.6 ml Vectibix injection 5ml Vectibix injection 10ml Vectibix injection 20ml	The eligibility requirements are not disclosed. This is a replacement program, so the Form C can only be sent in after the patient has used the medication. The patient's doctor must sponsor the patient for enrollment in the program. If the patient is eligible for Medicare Part D, they are is not eligible for this program.	The patient's doctor can request the application by telephone, and it will be sent to them by fax. The patient and their doctor must complete the application and submit it by fax or mail. The patient's doctor will be notified of the eligibility determination. The medication will be sent within 30 days of eligibility determination.	Upon eligibility determination, up to a 30-day supply is sent to the patient's doctor. A refill form is included with each shipment, and must be completed and returned to receive the next shipment. A new application with documentation is required every 12 months.	SafetyNet	Approved by the FDA to decrease the incidence of infection, as manifested by febrileneutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anticancer drugs associated with a significant incidence of severe neutropenia with fever.

Nevelbine	Vinorelbine	Bedford Laboratories	Bedford Laboratories	http://www.bedfordlabs.com/index	300 Northfield Rd. Bedford, OH 44146	(800)562-4797, option 2	(440)232-6264	Bleomycin injection 5ml Daunorubicin injection 20mg/4ml Dacarbazine Injection 200 mg Cladribine injection 10mg Mesna injection 1g/10ml Methotrexate injection 1 gram Mitomycin injection 5mg Vinorelbine injection 10mg/ml Cisplatin injection 50mg/ml Doxorubicin injection mg	Decisions are made on a case-by-case basis.	The patient's doctor must submit a letter on letterhead stating their patient's need, lack of prescription coverage, and attach a prescription. Alternatively, they may provide their information to their drug representative.	N/A	N/A	Approved by the FDA as a single-agent or in combination with cisplatin for the first-line treatment of ambulatory patients with unresectable, advanced nonsmall cell lung cancer NSCLC. In patients with Stage IV NSCLC, NAVELBINE is indicated as a single-agent or in combination with cisplatin. In Stage III NSCLC, NAVELBINE is indicated in combination with cisplatin.
Nexavar	Sorafenib Tosylate	Bayer Pharmaceuticals Program	Nexavar REACH Program	http://www.nexavar.com/wt/page/patient_reach	PO Box 220765 Charlotte, NC 28222-0765	(866)639-2827	(866)639-5181	Nexavar tablets 200mg	The patient must meet undisclosed financial and insurance guidelines. The program will help find other assistance programs before enrolling them into this one.	The patient and their doctor must complete and submit the application.	The medication will be sent to the patient's home. The program will contact the patient to arrange for refills.	Nexavar REACH Program	Approved by the FDA to treat advanced renal cell cancer (kidney cancer) in adults.
Nipent	Petostatin	Mayne Pharma	Mayne Patient Assistance Program	N/A	PO Box 220368 Charlotte, NC 28211-0368	(800)340-8667	(800)948-7628	Nipent 10mg/vial	The patient must be a US resident, have no prescription coverage and meet undisclosed income guidelines.	The application may be requested by phone and will be sent to the patient's doctor. The patient and their doctor must complete the application and submit by fax or mail. Eligibility determination will be made within 24-48 hours and the medication will be shipped within 2 business days.	Upon eligibility determination, up to a 30-day supply is sent to the patient's doctor. The program will contact the doctor to arrange refills. A new application is required every 12 months.	Mayne Patient Assistance Program	Approved by the FDA as a single agent treatment for adult patients with alpha interferon refractory hairy cell leukemia.
Nolvadex	Tamoxifen Citrate	Express Scripts Specialty Distribution Services	Rx Outreach Medications	http://www.rxoutreach.com/	PO Box 66536 St. Louis, MO 63166-6536	(800)769-3880	N/A	Tamoxifen citrate tablets 10 mg Tamoxifen citrate tablets 20 mg allopurinol tablets 100 mg allopurinol tablets 300 mg	The patient must have an income at or below 250% of the Federal Poverty Level. This program is for generic medications only. The medications will be available for an administrative fee of $20 or $30 for each 90-day supply.	Applications can be requested by phone or downloaded from the website, and will be sent out by fax or mail. The patient and their doctor must complete the application and submit by mail. The patient will be notified of the eligibility determination.	Upon eligibility determination, up to a 90-day supply will be sent to the patient's home or doctor. The patient must contact the program to arrange for refills. A new application is required every 12 months.	Rx Outreach Medications	Approved by the FDA to treat breast cancer in women and men. Tamoxifen is also approved to decrease the chance of developing breast cancer in women who are at high risk for this disease.
Novantrone	Mitoxantrone	Bedford Laboratories	Bedford Laboratories	http://www.bedfordlabs.com/index	300 Northfield Rd. Bedford, OH 44146	(800)562-4797, option 2	(440)232-6264	Bleomycin injection 5ml Daunorubicin injection 20mg/4ml Dacarbazine Injection 200 mg Cladribine injection 10mg Mesna injection 1g/10ml Methotrexate injection 1 gram Mitomycin injection 5mg Vinorelbine injection 10mg/ml Cisplatin injection 50mg/ml Doxorubicin injection mg	Decisions are made on a case-by-case basis.	The patient's doctor must submit a letter on letterhead stating their patient's need, lack of prescription coverage, and attach a prescription. Alternatively, they may provide their information to their drug representative.	N/A	N/A	Approved by the FDA to be used in combination with corticosteroids is indicated as initial chemotherapy for the treatment of patients with pain related to advanced hormone-refractory prostate cancer. NOVANTRONE in combination with other approved drug(s) is indicated in the initial therapy of acute nonlymphocytic leukemia (ANLL) in adults. This category includes myelogenous,

													promyelocytic, monocytic, and erythroid acute leukemias.
Oncaspar	Pegaspargase	Enzon	Enzon Patient Assistance Program	http://www.enzon.com/	1620 Century Center Parkway, Suite 109, Memphis, TN 38134	(888)276-2217, option 5	(866)489-1898	Adagen injection, Oncaspar, Depocyt	The patient must: be a U.S. resident; have no prescription coverage (commercial, government or special services) for the medication; have an income at or below $25,000 if single ($40,000 for a family); provide proof of application and denial from the State Medicaid program; and have insufficient out-of-pocket financial resources. Patients who eligible for Medicare, Part D but did not enrolled may still be eligible for this program.	The patient or doctor can request the application by telephone. The form must be completed by the patient and their doctor and can be submitted by fax or regular mail. Eligibility notification will be sent to whomever submitted the application. The eligibility determination is usually made within 3-5 business days. Once the determination is made, the medication is shipped the next day.	Once a patient's eligibility has been determined, the medication will sent to either the doctor's office, or a specific site (clinic, hospital, infusion site etc.) in the amount requested. A new prescription is required for each refill, and a new application with full documentation is required every 12 months.	Enzon Patient Assistance Program	Approved by the FDA to be used together with other drugs to treat acute lymphoblastic leukemia (ALL).
Ontak	Denileukin, Denileukin difitx	Eisai Inc.	Eisai Oncology Reimbursement Assistance	N/A	PO Box 222197 Charlotte, NC 28222-2197	(877)654-4263	(877)654-6760	Ontak 2 ml vial	The patient must have no prescription coverage or have reached their cap and meet undisclosed income guidelines. This program is handled on a case-by-case basis and patients in need should contact them. Patients who are eligible for Medicare Part D, but did not enroll are no longer eligible.	The application may be requested by phone and will be faxed or mailed to the recipient. The patient and their doctor must complete the application and submit by fax or mail. Both the patient and their doctor will be notified of the eligibility determination in writing. The determination is usually made within 48 hours.	Upon eligibility determination, the medication is sent to the patient's doctor. The company contacts the patient's doctor to arrange for refills.	Eisai Oncology Reimbursement Assistance	Approved by the FDA for the treatment of patients with persistent or recurrent cutaneous T-cell lymphoma whose malignant cells express the CD25 component of the IL-2 receptor (See PRECAUTIONS, Laboratory Tests, for CD25 expression testing).
Panretin	Alitretinoin	Eisai Inc.	Eisai Oncology Reimbursement Assistance	N/A	PO Box 222197 Charlotte, NC 28222-2197	(877)654-4263	(877)654-6760	Panretin gel 60 gm Targretin capsules 75 mg Targretin gel 60 gram tube	The patient must have no prescription coverage or have reached their cap and meet undisclosed income guidelines. This program is handled on a case-by-case basis and patients in need should contact them. Patients who are eligible for Medicare Part D, but did not enroll are no longer eligible.	The application may be requested by phone and will be faxed or mailed to the recipient. The patient and their doctor must complete the application and submit by fax or mail. Both the patient and their doctor will be notified of the eligibility determination in writing. The determination is usually made within 48 hours.	Upon eligibility determination, the medication is sent to the patient's doctor. The company contacts the patient's doctor to arrange for refills.	Eisai Oncology Reimbursement Assistance	Panretin gel is approved by the FDA for topical treatment of cutaneous lesions in patients with AIDS- related Kaposi's sarcoma. Panretin gel is not indicated when systemic anti-KS therapy is required (e.g., more than 10 new KS lesions in the prior month, symptomatic lymphedema, symptomatic pulmonary KS, or symptomatic visceral involvement). There is no experience to date using Panretin gel with systemic anti-KS treatment.

Platinol	Cisplatin	Bedford Laboratories	Bedford Laboratories	http://www.bedfordlabs.com/index	300 Northfield Rd. Bedford, OH 44146	(800)562-4797, option 2	(440)232-6264	Bleomycin injection 5ml Daunorubicin injection 20mg/4ml Dacarbazine Injection 200 mg Cladribine injection 10mg Mesna injection 1g/10ml Methotrexate injection 1 gram Mitomycin injection 5mg Vinorelbine injection 10mg/ml Cisplatin injection 50mg/ml Doxorubicin injection mg	Decisions are made on a case-by-case basis.	The patient's doctor must submit a letter on letterhead stating their patient's need, lack of prescription coverage, and attach a prescription. Alternatively, they may provide their information to their drug representative.	N/A	N/A	Cisplatin is approved by the Food and Drug Administration (FDA) to be used by itself to treat the following conditions: Bladder cancer that cannot be treated with surgery or radiotherapy; and Ovarian cancer that has metastasized (spread to other parts of the body) and has not gotten better with other drugs. Cisplatin is also approved to be used together with other drugs to treat the following conditions: Advanced ovarian cancer in patients who have already had surgery; Metastatic ovarian cancer in patients who have already had surgery or radiotherapy; Testicular cancer in patients who have already had surgery or radiotherapy; Locally advanced squamous cell carcinoma of the head and neck (SCCHN) that cannot be treated with surgery; Late-stage cervical cancer that cannot be treated with surgery or radiotherapy; Malignant mesothelioma that cannot be treated with surgery; and locally advanced, advanced, or metastatic non-small cell lung cancer (NSCLC) that cannot be treated with surgery.
Proleukin	Aldesleukin	Novartis Pharmaceuticals	Proleukin Reimbursement Program	n/a	PO Box 221644 Chantilly, VA 20153-1644	(866)385-4729	(703)968-2909	Femara tablets 2.5mg Gleevec capsules 100 mg Gleevec tablets 100mg Proleukin Zometa injection 2 mg Zometa injection 4 mg Zometa injection 8 mg Zometa injection 16 mg	The patient must have no prescription coverage for the medication and must meet undisclosed income guidelines. The patient must be a US resident and must be enrolled in this program prior to starting therapy.	The patient's doctor must call for a prescreening, and then the application will be sent to the doctor. The patient and their doctor must complete the application and submit by fax or email. The patient's doctor will be notified of the eligibility determination.	Upon eligibility determination, the medication will be sent to the patient's doctor. The patient's doctor must contact the program to arrange for refills. A new application is required every 12 months.	N/A	Approved by the FDA for the treatment of adults with metastatic renal cell carcinoma (metastatic RCC), and for the treatment of adults with metastatic melanoma.

Purinethol	6-MP, Mercaptopurine	TEVA Pharmaceuticals	TEVA Assistance Program	N/A	PO Box 52028 Phoenix, AZ 85072-9937	(877)254-1039	(888)782-6157	Adrucil injection 2.5gm Adrucil injection 500gm Adrucil Injection 500mg Daunorubicin injection 20mg Daunorubicin injection 50mg Dacarbazine Injection 200 mg Dacarbazine Injection 500 mg Leuprolide injection 142.8 Ifosfamide injection Leucovorin injection 100mg Leucovorin injection 350mg Leucovorin injection 500mg Zanosar injection Pamidronate Disodium injection	The patient must: be a US resident; have no prescription coverage for the medication; have an income at or below 200% of the Federal Poverty Level. For the purposes of eligibility, prescription discount cards are not considered insurance. If patient has reached their prescription coverage cap, they may still be eligible for participation in this program.	The patient's doctor must call to request the application, which will then be sent to the doctor's office. The form must be completed by the patient and their doctor and can be submitted by fax or regular mail. The doctor will be notified of the eligibility determination.	Once the eligibility determination has been made, the medication will be sent to the doctor's office. It is the doctor's responsibility to contact the program to request refills when they are needed. A new application is required every 6 months.	TEVA Assistance Program	Approved by the FDA for remission induction and maintenance therapy of acute lymphatic leukemia.
Revlimid	Lenalidomide	Celgene Corporation	Patient Support Services	http://www.celgene.com/About.aspx?S=7	6900 College Blvd. Suite 1000 Overland Park, KS 66211	(888)423-5436, option 3	(800)822-2496	Revlimid capsules 5mg Revlimid capsules 10mg Thalomid capsules 50mg Thalomid capsules 100mg Thalomid capsules 200mg	The patient must have no prescription coverage for the medication and meet undisclosed income guidelines. Patients who are eligible for Medicaid Part D but have not enrolled and could still be eligible for this program should apply.	The application can be downloaded from the website or requested by telephone. If requested by telephone, the application will be faxed to the recipient. The patient and their doctor must complete the application and submit by fax or email. Both the patient and their doctor are notified of the eligibility determination, which is usually made within 48 hours.	Upon eligibility determination, the medication is sent to the patient's doctor. The doctor's office must contact the program to arrange for refills. A new application is required every six months.	Celgene Patient Support Services	Approved by the FDA to treat anemia caused by a certain type of myelodysplastic syndrome (MDS). It is only available as part of a special program called RevAssist. Lenalidomide is also approved to treat multiple myeloma.
Rituxan	Rituximab	Genentech, Inc.	Genentech Access to Care Foundation	https://www.spoconline.com/spoconline/avastin/channel.jsp	1 DNA Way, Mail Stop 210 South San Francisco, CA 94080	(800)530-3083	(650)225-1366	Avastin, Herceptin, Rituxan, Tarceva	The eligibility guidelines for this program are not disclosed. If the patient is eligible for Part D but does not enroll then s/he still may be eligible for this program.	The patient's doctor can request an application by telephone and must verify the patient's financial circumstances.	This is a drug replacement program. The medication will be sent to the patient's doctor.	N/A	Approved by the FDA to be used together with other drugs to treat certain types of non-Hodgkin's lymphoma. It is also approved to be used together with methotrexate to treat rheumatoid arthritis.
Roferon A	Interferon Alfa 2A	Roche Pharmaceuticals	Roche Oncoline Patient Assistance Program	n/a	PO Box 18647 Louisville, KY 40261	(888)587-9438	(866)496-8702	Roferon-a injection 3 miu Roferon-a injection 6 miu Roferon-a injection 9 miu Vesanoid tablets 10mg Xeloda tablets 150 mg Xeloda tablets 500 mg	The patient must have no prescription coverage, have reached their cap, or cannot afford the co-payments and must meet undisclosed income requirements. If the patient has any type of insurance, the program will first verify non-coverage prior to faxing an application.	The patient, or their doctor or social worker must call for a prescreening. The application will then be faxed to the patient's doctor. The patient and their doctor must complete the application and submit by fax or mail. The patient's doctor will be notified of the eligibility determination.	Upon eligibility determination, up to a 90-day supply of the medication will be sent to the patient's home or doctor. The program will contact the doctor to arrange for refills. A new application is required every 12 months.	N/A	Approved by the FDA for the treatment of hairy cell leukemia and AIDS-related Kaposi's sarcoma in patients 18 years of age or older. In addition, it is approved for chronic phase, Philadelphia chromosome (Ph) positive chronic myelogenous leukemia (CML) patients who are minimally pretreated (within 1 year of diagnosis).

Rubex	Doxorubicin	Bedford Laboratories	Bedford Laboratories	http://www.bedfordlabs.com/index	300 Northfield Rd. Bedford, OH 44146	(800)562-4797, option 2	(440)232-6264	Bleomycin injection 5ml Daunorubicin injection 20mg/4ml Dacarbazine Injection 200 mg Cladribine injection 10mg Mesna injection 1g/10ml Methotrexate injection 1 gram Mitomycin injection 5mg Vinorelbine injection 10mg/ml Cisplatin injection 50mg/ml Doxorubicin injection mg	Decisions are made on a case-by-case basis.	The patient's doctor must submit a letter on letterhead stating their patient's need, lack of prescription coverage, and attach a prescription. Alternatively, they may provide their information to their drug representative.	N/A	N/A	Approved by the FDA for the treatment of metastatic carcinoma of the ovary in patients with disease that is refractory to both paclitaxel- and platinum-based chemotherapy regimens. Refractory disease is defined as disease that has progressed while on treatment, or within 6 months of completing treatment. The treatment of AIDS-related Kaposi's sarcoma in patients with disease that has progressed on prior combination chemotherapy or in patients who are intolerant to such therapy.
Sprycel	Dasatinib	Bristol-Myers Squibb Company	Bristol-Myers Squibb Patient Assistance Program for Sprycel	www.bmspaf.org	PO Box 991 Somerville, NJ 08876	(800)736-0003	(866)694-2545	Sprycel tablet 20mg Sprycel tablet 50mg Sprycel tablet 70mg	The patient must have no prescription coverage for any medications and must meet undisclosed income guidelines.	The application can be downloaded from the website or requested by telephone. If requested by telephone, the application will be faxed to the recipient. The patient and their doctor must complete the application and submit by fax or email. Both the patient and the doctor are notified of the eligibility determination.	Upon eligibility determination the medication is sent to the patient's doctor. The doctor must contact the program to request refills. A new application is required every 12 months.	Bristol-Myers Squibb Patient Assistance Program for Sprycel	Approved by the FDA to treat chronic myeloid leukemia (CML) and acute lymphoblastic leukemia (ALL) in patients who were not able to use other drugs.
Sutent	Sunitinib Malate	Pfizer, Inc.	First Resource Program for Oral Medications	N/A	PO Box 2975 Phoenix, AZ 85062-8963	(877) 74-5675	N/A	Aromasin® (exemestane tablets), Camptosar® (irinotecan HCl injection), Ellence® (epirubicin hydrochloride injection), Emcyt® (estramustine phosphate sodium capsules), Idamycin® (Idarubicin HCl), Sutent® (sunitinib malate), Zinecard® (dexrazoxane for injection	The patient must: be a US resident; have no prescription coverage for the medication; and meet income guidelines. Patients who are eligible for Medicare Part D but have not enrolled may still be eligible for this program.	The doctor, patient, social worker or patient advocate must call for a prescreening. The application is sent to either the doctor or patient depending on the medication requested. The patient and their doctor must complete the application and can submit it by fax or mail. Both the patient and doctor are notified in writing of the eligibility determination. The determinations are usually made within 48 hours. If the patient is deemed eligible, the medication will be shipped out within 5-7 business days.	Upon eligibility determination, up to a 90-day supply will be sent to the patient's home. The program will contact the patient's doctor to arrange for refills. A new application with documentation must be submitted every 12 months.	N/A	Approved by the FDA to treat a type of stomach cancer called gastrointestinal stromal tumor (GIST). It is used in patients whose condition has become worse while taking another drug called imatinib mesylate or who are not able to take imatinib mesylate.

Tarceva	Erlotinib	Genentech, Inc.	Genentech Access to Care Foundation	https://www.spoconline.com/spoconline/avastin/channel.jsp	1 DNA Way, Mail Stop 210 South San Francisco, CA 94080	(800)530-3083	(650)225-1366	Avastin, Herceptin, Rituxan, Tarceva	The eligibility guidelines for this program are not disclosed. If the patient is eligible for Part D but does not enroll then s/he still may be eligible for this program.	The patient's doctor can request an application by telephone and must verify the patient's financial circumstances.	This is a drug replacement program. The medication will be sent to the patient's doctor.	N/A	Approved by the FDA to treat non-small cell lung cancer that has metastasized (spread) and that has not gotten better with chemotherapy. Also approved to be used together with a drug called gemcitabine to treat pancreatic cancer that cannot be removed by surgery or has metastasized (spread).
Targretin	Bexarotene, Bexarotene Capsules, Bexarotene Gel	Eisai Inc.	Eisai Oncology Reimbursement Assistance	N/A	PO Box 222197 Charlotte, NC 28222-2197	(877)654-4263	(877)654-6760	Panretin gel 60 gm Targretin capsules 75 mg Targretin gel 60 gram tube	The patient must have no prescription coverage or have reached their cap and meet undisclosed income guidelines. This program is handled on a case-by-case basis and patients in need should contact them. Patients who are eligible for Medicare Part D, but did not enroll are no longer eligible.	The application may be requested by phone and will be faxed or mailed to the recipient. The patient and their doctor must complete the application and submit by fax or mail. Both the patient and their doctor will be notified of the eligibility determination in writing. The determination is usually made within 48 hours.	Upon eligibility determination, the medication is sent to the patient's doctor. The company contacts the patient's doctor to arrange for refills.	Eisai Oncology Reimbursement Assistance	Approved by the FDA to treat skin problems caused by cutaneous T-cell lymphoma that have not gotten better with other treatment.
Taxotere	Docetaxel	Sanofi-Aventis	PACT+ Program	http://oncology.sanofi-aventis.us/reimbursement.do	PO Box 1074 San Bruno, CA 94066	(800)996-6626, option 1	(800)996-6627	Elitek iv 1.5 ml/ml Eloxatin 50mg Eloxatin 100 mg Taxotere injection 20mg Taxotere injection 80mg	The patient must: be a US citizen or legal US resident, must have no prescription coverage or have reached their cap, and meet undisclosed income guidelines. If the patient is eligible for Medicare Part D but did not enroll they are no longer eligible for this program.	The application can be downloaded from the website or requested by telephone. If requested by telephone, the application will be sent by fax. The patient and their doctor must complete the application and submit by fax or mail. The patient's doctor will be notified of the eligibility determination, usually within 48 hours. Medication will be shipped the next day.	Upon eligibility determination, the medication is sent to the patient's doctor. A prescription is needed for each refill. Each eligibility determination is effective for one year, after which a new application will be required.	PACT+ Program	Approved by the FDA to be used with other drugs to treat certain types of breast cancer, gastric cancer, and prostate cancer. Docetaxel is also approved to be used with other drugs to treat advanced squamous cell carcinoma of the head and neck (SCCHN) that cannot be removed by surgery.
Temodar	Temozolomide	Schering Plough Corporation	Commitment to Care for Oncology Medications	http://www.schering-plough.com/schering_plough/pc/commitment_care.jsp	6900 College Blvd. Suite 1000 Overland Park, KS 66211	(800)521-7157, option 1	(866)277-9328	Intron-A powder for injection Intron-a solution for injection Temodar capsules 5mg Temodar capsules 20mg Temodar capsules 100mg Temodar capsules 250mg	The patient cannot have prescription insurance, be eligible for any government programs, and must meet undisclosed income guidelines. If the patient is eligible for Medicare Part D, they are not eligible for this program. Patients with insurance who still cannot afford the medication should still apply, because the program does insurance investigation and each applicant will be reviewed on a case-by-case basis.	The application may be requested by telephone, and will be faxed or mailed to the person requesting it. The patient and their doctor must complete the application and submit by fax or mail. Both the patient and their doctor are notified of the eligibility determination, which is usually made within 24-48 hours. Once the determination has been made, the medication is shipped the next day.	Upon eligibility determination, up to a 30-day supply will be sent to the patient's home or their doctor. The patient or their doctor must contact the program to request refills. The company will contact the patient when they require a new application.	Commitment to Care for Oncology Medications	Approved by the FDA to treat two different types of brain tumor in adults: anaplastic astrocytoma and glioblastoma multiforme (GBM).

Thalomid	Thalidomide	Celgene Corporation	Patient Support Services	http://www.celgene.com/About.aspx?S=7	6900 College Blvd. Suite 1000 Overland Park, KS 66211	(888)423-5436, option 3	(800)822-2496	Revlimid capsules 5mg Revlimid capsules 10mg Thalomid capsules 50mg Thalomid capsules 100mg Thalomid capsules 200mg	The patient must have no prescription coverage for the medication and meet undisclosed income guidelines. Patients who are eligible for Medicaid Part D but have not enrolled and could still be eligible for this program should apply.	The application can be downloaded from the website or requested by telephone. If requested by telephone, the application will be faxed to the recipient. The patient and their doctor must complete the application and submit by fax or email. Both the patient and their doctor are notified of the eligibility determination, which is usually made within 48 hours.	Upon eligibility determination, the medication is sent to the patient's doctor. The doctor's office must contact the program to arrange for refills. A new application is required every six months.	Celgene Patient Support Services	Approved by the FDA to treat a painful skin disease related to leprosy. It is also approved to treat multiple myeloma in patients who have just been diagnosed with the disease. It is only available as part of a special program called S.T.E.P.S. Thalidomide is used together with another drug called dexamethasone.
Trisenox	Arsenic Trioxide	Cephalon, Inc.	Trisenox Drug Replacement Program	N/A	N/A	(866)261-7730	(888)891-4924	Fentora tablet 100 mcg Fentora tablet 200 mcg Fentora tablet 400 mcg Fentora tablet 600 mcg Fentora tablet 800 mcg Trisenox injection 1010ml	The patient must be: a US citizen being treated by a US doctor, have no prescription coverage for the medication and meet undisclosed guidelines.	The patient's doctor can request an application by telephone, and will receive the application by fax. The patient and their doctor must complete the application and submit by fax.	Upon eligibility determination, the medication will be sent to the patient's doctor. A new application will be required every 12 months.	N/A	Approved by the FDA to treat acute promyelocytic leukemia (APL) in patients whose disease has not gotten better with other chemotherapy or has recurred (come back).
Uvadex	Methoxsalen	Valent Pharmaceuticals International	Valent Pharmaceuticals International Patient Assistance Program	http://www.valeant.com/index.jspf	PO Box 4008 Clinton, NJ 08809	(800)511-2120	(732)507-7610	Oxsoralen lotion 1 oz. Oxsoralen-ultra capsules 10mg	The patient must have applied to Medicaid, been denied, have no prescription insurance and have an income at or below 200% of the Federal Poverty Level.	The application can be downloaded from the website or requested by telephone. The application will be mailed out to the recipient within two weeks. The patient and their doctor must complete the application and submit by mail. The patient will be notified of the eligibility determination, usually within 48 hours. Allow four weeks for delivery of the medication.	Upon eligibility determination up to a 90-day supply is sent to the patient's doctor. A refill request form is included with each shipment and must be filled out and returned to receive the next shipment. A new application with documentation is required each year.	Valent Pharmaceuticals International Patient Assistance Program	Approved by the FDA for extracorporeal administration with the UVAR Photopheresis System in the palliative treatment of the skin manifestations of cutaneous T-cell lymphoma (CTCL) that is unresponsive to other forms of treatment.
Vectibix	Panitumumab	Amgen, Inc.	Safety Net Foundation	http://wwwext.amgen.com/medpro/medical_reimbursement/reimbursement_connection.html	PO Box 13185 La Jolla, CA 92039	(888)726-6436	(877)727-2867	Aranesp injection 25 mcg/ml Aranesp injection 40 mcg/ml Aranesp injection 60 mcg Aranesp injection 100 mcg/ml Aranesp injection 200 mcg/ml Aranesp injection 200 mcg/ml Aranesp injection 300 mcg/ml Aranesp injection 4500mcg Epogen injection 2000 ml Epogen injection 3000 ml Epogen injection 4000 ml Epogen injection 10000 ml Epogen injection 20000 ml Kepivance injection 6.25mcg Neulasta 6mg Neupogen injection 480 mcg/0.8 ml Neupogen solution for injection 300 mcg/0.5 ml Neupogen solution for injection 300 mcg/1.0 ml Neupogen solution for injection 480 mcg/1.6 ml Vectibix injection 5ml Vectibix injection 10ml Vectibix injection 20ml	The eligibility requirements are not disclosed. This is a replacement program, so the Form C can only be sent in after the patient has used the medication. The patient's doctor must sponsor the patient for enrollment in the program. If the patient is eligible for Medicare Part D, they are is not eligible for this program.	The patient's doctor can request the application by telephone, and it will be sent to them by fax. The patient and their doctor must complete the application and submit it by fax or mail. The patient's doctor will be notified of the eligibility determination. The medication will be sent within 30 days of eligibility determination.	Upon eligibility determination, up to a 30-day supply is sent to the patient's doctor. A refill form is included with each shipment, and must be completed and returned to receive the next shipment. A new application with documentation is required every 12 months.	SafetyNet	Approved by the FDA to treat metastatic colorectal cancer in patients whose disease has not gotten better during or after treatment with other drugs.

Velcade	Bortezomib	Millenium Pharmaceuticals, Inc.	Millenium Patient Assistance for Velcade	N/A	PO Box 22087 Charlotte, NC 28202-1087	(866)835-2233	(800)891-9843	Velcade Injection	The patient must be a US resident, have no insurance and meet undisclosed income guidelines. The patient must be taking the medication for a FDA-approved diagnosis and have failed at lease two prior therapies. This program will also help with research to find other sources of payment if the co-pay of Medicare is too high.	The patient's doctor can request an application by telephone. The application will be sent to the patient's doctor and should be complete by the patient and their doctor. The application should be submitted by fax or email and the eligibility determination will be sent to the patient's doctor. The eligibility determination is usually made within 48 hours and the medication is shipped within 48 hours of the eligibility determination.	Upon eligibility determination, up to a 30-day supply will be sent to the patient's doctor. The program will contact the doctor to arrange for refills. A new application is required every 12 months.	Millenium Patient Assistance for Velcade	Approved by the FDA to treat multiple myeloma that has gotten worse during treatment with other drugs. Bortezomib is also approved to treat mantle cell lymphoma in patients who have already received at least one other type of treatment.
Vesanoid	ATRA, Tretinoin	Roche Pharmaceuticals	Roche Oncoline Patient Assistance Program	n/a	PO Box 18647 Louisville, KY 40261	(888)587-9438	(866)496-8702	Roferon-a injection 3 miu Roferon-a injection 6 miu Roferon-a injection 9 miu Vesanoid tablets 10mg Xeloda tablets 150 mg Xeloda tablets 500 mg	The patient must have no prescription coverage, have reached their cap, or cannot afford the co-payments and must meet undisclosed income requirements. If the patient has any type of insurance, the program will first verify non-coverage prior to faxing an application.	The patient, or their doctor or social worker must call for a prescreening. The application will then be faxed to the patient's doctor. The patient and their doctor must complete the application and submit by fax or mail. The patient's doctor will be notified of the eligibility determination.	Upon eligibility determination, up to a 90-day supply of the medication will be sent to the patient's home or doctor. The program will contact the doctor to arrange for refills. A new application is required every 12 months.	N/A	Approved by the FDA for the induction of remission in patients with acute promyelocytic leukemia (APL), French-American-British (FAB) classification M3 (including the M3 variant), characterized by the presence of the t(15;17) translocation and/or the presence of the PML/RARalpha gene who are refractory to, or who have relapsed from, anthracycline chemotherapy, or for whom anthracycline-based chemotherapy is contraindicated. VESANOID is for the induction of remission only.
Vidaza	Azacitidine	Pharmion Corporation	Vidaza Patient Assistance Program	http://www.vidaza.com/corporateweb/vidazaus/homeB.nsf/Content/PatientAssistance	N/A	(866)742-7646, option 4	(866)369-4343	Vidaza powder for solution 100mg	The patient must: be a US resident, no have prescription insurance, be ineligible for any government programs and meet undisclosed income guidelines.	The application can be downloaded from the website or requested by telephone. If requested by phone, the application will be faxed to the recipient. The patient and their doctor must complete the application and submit by fax. Both patient and doctor are notified in writing of the eligibility determination.	Upon eligibility determination, the requested amount is sent to the patient's doctor. The program will contact the doctor to arrange for refills. A new application is required every six months.	Vidaza Patient Assistance Program	Approved by the FDA to treat myelodysplastic syndromes (MDS).

Vumon	Teniposide	Bristol-Myers Squibb Company	Bristol-Myers Squibb Access Program for Oncology/Virology	n/a	PO Box 991 Somerville, NJ 08876	(800)736-0003, option 2	(866)694-2545	Bicnu Injection 100mg Ceenu capsules 10 mg Ceenu capsules 40 mg Ceenu capsules 100 mg Etopophos injection 100 mg Lysodren tablets 500mg Vumon 500mg/ml	The patient must: be a US resident, have no prescription coverage for the medication, and meet undisclosed income guidelines. If the patient is eligible for Medicare Part D but has not enrolled, they may still be eligible for this program. Patients who are enrolled in Medicare, Part D who are in the 'Donut Hole' may still be eligible and should apply, but will need to submit additional information stating that are in the 'Donut Hole.'	The doctor can request an application by telephone, and the application will faxed to the doctor's office. The patient and their doctor must complete the application and submit it by fax. The doctor is notified of the eligibility determination, which is usually made within 48 hours.	Once eligibility is determined, the medication will be sent to the doctor's office. A refill request form is included with each shipment and must be completed and submitted to receive a refill. A new application is required every 6 months.	Bristol-Myers Squibb Access Program for Oncology/Virology	Approved by the FDA for induction therapy in patients with refractory childhood acute lymphoblastic leukemia.
Wellcovorin	Leucovorin	TEVA Pharmaceuticals	TEVA Assistance Program	N/A	PO Box 52028 Phoenix, AZ 85072-9937	(877)254-1039	(888)782-6157	Adrucil injection 2.5gm Adrucil injection 500gm Adrucil Injection 500mg Daunorubicin injection 20mg Daunorubicin injection 50mg Dacarbazine Injection 200 mg Dacarbazine Injection 500 mg Leuprolide injection 142.8 Ifosfamide injection Leucovorin injection 100mg Leucovorin injection 350mg Leucovorin injection 500mg Zanosar injection Pamidronate Disodium injection	The patient must: be a US resident; have no prescription coverage for the medication; have an income at or below 200% of the Federal Poverty Level. For the purposes of eligibility, prescription discount cards are not considered insurance. If patient has reached their prescription coverage cap, they may still be eligible for participation in this program.	The patient's doctor must call to request the application, which will then be sent to the doctor's office. The form must be completed by the patient and their doctor and can be submitted by fax or regular mail. The doctor will be notified of the eligibility determination.	Once the eligibility determination has been made, the medication will be sent to the doctor's office. It is the doctor's responsibility to contact the program to request refills when they are needed. A new application is required every 6 months.	TEVA Assistance Program	Approved by the FDA for use after high-dose methotrexate therapy in osteosarcoma. Leucovorin is also indicated to diminish the toxicity and counteract the effects of impaired methotrexate elimination and of inadvertent over dosages of folic acid antagonists.
Xeloda	Capecitabine	Roche Pharmaceuticals	Roche Oncoline Patient Assistance Program	n/a	PO Box 18647 Louisville, KY 40261	(888)587-9438	(866)496-8702	Roferon-a injection 3 miu Roferon-a injection 6 miu Roferon-a injection 9 miu Vesanoid tablets 10mg Xeloda tablets 150 mg Xeloda tablets 500 mg	The patient must have no prescription coverage, have reached their cap, or cannot afford the co-payments and must meet undisclosed income requirements. If the patient has any type of insurance, the program will first verify non-coverage prior to faxing an application.	The patient, or their doctor or social worker must call for a prescreening. The application will then be faxed to the patient's doctor. The patient and their doctor must complete the application and submit by fax or mail. The patient's doctor will be notified of the eligibility determination.	Upon eligibility determination, up to a 90-day supply of the medication will be sent to the patient's home or doctor. The program will contact the doctor to arrange for refills. A new application is required every 12 months.	N/A	Approved by the FDA as adjuvant treatment for stage III colon cancer in patients who have had surgery to remove the cancer.
Zanosar	Streptozocin	TEVA Pharmaceuticals	TEVA Assistance Program	N/A	PO Box 52028 Phoenix, AZ 85072-9937	(877)254-1039	(888)782-6157	Adrucil injection 2.5gm Adrucil injection 500gm Adrucil Injection 500mg Daunorubicin injection 20mg Daunorubicin injection 50mg Dacarbazine Injection 200 mg Dacarbazine Injection 500 mg Leuprolide injection 142.8 Ifosfamide injection Leucovorin injection 100mg Leucovorin injection 350mg Leucovorin injection 500mg Zanosar injection Pamidronate Disodium injection	The patient must: be a US resident; have no prescription coverage for the medication; have an income at or below 200% of the Federal Poverty Level. For the purposes of eligibility, prescription discount cards are not considered insurance. If patient has reached their prescription coverage cap, they may still be eligible for participation in this program.	The patient's doctor must call to request the application, which will then be sent to the doctor's office. The form must be completed by the patient and their doctor and can be submitted by fax or regular mail. The doctor will be notified of the eligibility determination.	Once the eligibility determination has been made, the medication will be sent to the doctor's office. It is the doctor's responsibility to contact the program to request refills when they are needed. A new application is required every 6 months.	TEVA Assistance Program	Approved by the FDA for the treatment of metastatic islet cell carcinoma of the pancreas. Responses have been obtained with both functional and nonfunctional carcinomas. Because of its inherent renal toxicity, therapy with this drug should be limited to patients with symptomatic or progressive metastatic disease.

Zevalin	Ibritumomab Tiuxetan	Biogen Idec	Zevalin Results	N/A	PO Box 222007 Charlotte, NC 28222-2007	(800)386-9997	(800)513-8095	Zevalin Kit-indium-111	The patient must be a US resident. The program is based on undisclosed guidelines.	The application can be requested by phone and will be faxed to the recipient. The patient and their doctor must complete the application and submit by fax or mail. The patient's doctor will be notified of the eligibility determination, which is normally made within 48 hours.	Upon eligibility determination, the medication is sent in one treatment cycle at a time to the patient's doctor. This is a one-time program.	Zevalin Results	Approved by the FDA for the treatment of patients with relapsed or refractory low-grade, follicular, or transformed B-cell non-Hodgkin's lymphoma, including patients with Rituximab refractory follicular non-Hodgkin's lymphoma.
Zinecard	Dexrazoxane	Pfizer, Inc.	First Resource Program for IV Medications	http://www.pfizerhelpfulanswers.com/ProgramList.aspx	PO Box 339 San Bruno, CA 94066-0339	(877)744-5675	(800)708-3430	Campostar injection 2ml Campostar injection 5ml Ellence injection 50 mg/25 ml Ellence solution for injection 200 mg/100 ml Idamycin injection Zinecard injection 500mg Zinecard powder for injection Zinecard powder for injection 250mg/vial	The patient must: be a US resident, have no prescription coverage for the medication, and meet undisclosed income guidelines. Patients who are eligible for Medicare Part D but who have not already enrolled may still be eligible for participation in this program.	The doctor, patient, social worker or patient advocate must call for a prescreening. The application is sent to either the doctor or patient depending on the medication requested. The patient and their doctor must complete the application and can submit by fax or mail.	Upon eligibility determination, up to a 30-day supply will be sent to the patient's doctor's office. The program will contact the doctor to arrange for refills. A new application with documentation is required every 12 months.	N/A	Approved by the FDA for reducing the incidence and severity of cardiomyopathy associated with doxorubicin administration in women with metastatic breast cancer who have received a cumulative doxorubicin dose of 300 mg/m 2 and who, in their physician's opinion, would benefit from continuing therapy with doxorubicin. It is not recommended for use with the initiation of doxorubicin therapy
Zoladex Implant	Goserelin Acetate	AstraZeneca Pharmaceuticals	AstraZeneca Cancer Support Network (AZ CSN)	http://www.astrazeneca-us.com/content/patientAssistance/patientAssistanceProgram/astrazeneca-how-to-apply.asp?id=	PO Box 66551 St. Louis, MO 63166-6551	(866)992-9276	N/A	Arimidex tablets 1mg Faslodex injection 2.5 ml Faslodex injection 5ml Zoladex depot 3.6 mg (monthly) Zoladex depot 10.8 mg (every 3 months)	The patient must: be a US Resident or have a valid visa; not have prescription insurance; be ineligible for any government programs; and have an income at or below 250% of the Federal Poverty Level. Patients who are eligible for Medicare Part D but have not enrolled may still eligible for this program.	The prescription may be downloaded from the website or requested by telephone. If requested by telephone, the requester will receive the application by fax. The patient and their doctor must complete the application and submit it by mail. If a patient is determined ineligible, both the patient and doctor will be notified. Delivery of medication may take 3-5 weeks.	Once eligibility has been determined, a 90-day supply will be sent to the doctor. The patient or their doctor must contact the program for refills. A new application with documentation is required every 12 months.	http://www.astrazeneca-us.com/content/patientAssistance/patientAssistanceProgram/pdf/243041%20PAP%20English%20Application.pdf	Approved by the FDA for the palliative treatment of advanced carcinoma of the prostate. Stage B2-C Prostatic Carcinoma: ZOLADEX is indicated for use in combination with flutamide for the management of locally confined Stage T2b-T4 (Stage B2-C) carcinoma of the prostate.
Zometa	Zoledronic Acid	Novartis Pharmaceuticals	Novartis Oncology Reimbursement Hotline	N/A	http://www.pharma.us.novartis.com/novartis/pap/pap_oncology_enroll.jsp	(800)277-2254, option 2	(888)891-4924	Femara tablets 2.5mg Gleevec capsules 100 mg Gleevec tablets 100mg Proleukin Zometa injection 2 mg Zometa injection 4 mg Zometa injection 8 mg Zometa injection 16 mg	The patient must have no prescription coverage for the medication and must meet undisclosed income guidelines. Medicare Part D is considered prescription coverage, so if a patient qualifies for Medicare Part D, they cannot obtain assistance from this program.	The application can be requested by telephone and will be faxed to the recipient. The application is a two-part process. The first application contains basic information and does not require signatures. The patient and their doctor must complete the second application, which requires signatures and the patient's proof of insurance. The completed application must be submitted by fax. Both the patient and their doctor are notified of the eligibility determination. The determination is	Upon eligibility determination, the medication will be sent to either the patient's home or their doctor. The program will contact the patient's doctor to arrange for refills. A new application is required every 12 months.	Novartis Oncology Reimbursement Hotline	Approved by the FDA to treat patients with hypercalcemia (high blood levels of calcium) caused by malignant tumors. It is also approved to be used together with other drugs to treat multiple myeloma and cancers that have spread to the bone.

										made within 5-7 business days.			
Zyloprim	Allopurinol	Express Scripts Specialty Distribution Services	Rx Outreach Medications	http://www.rxoutreach.com/	PO Box 66536 St. Louis, MO 63166-6536	(800)769-3880	N/A	Tamoxifen citrate tablets 10 mg Tamoxifen citrate tablets 20 mg allopurinol tablets 100 mg allopurinol tablets 300 mg	The patient must have an income at or below 250% of the Federal Poverty Level. This program is for generic medications only. The medications will be available for an administrative fee of $20 or $30 for each 90-day supply.	Applications can be requested by phone or downloaded from the website, and will be sent out by fax or mail. The patient and their doctor must complete the application and submit by mail. The patient will be notified of the eligibility determination.	Upon eligibility determination, up to a 90-day supply will be sent to the patient's home or doctor. The patient must contact the program to arrange for refills. A new application is required every 12 months.	Rx Outreach Medications	Approved by the FDA for the management of patients with leukemia, lymphoma, and solid tumor malignancies who are receiving cancer therapy which causes elevations of serum and urinary uric acid levels and who cannot tolerate oral therapy.