

# TrACER Study (S1415CD)

## Trial Assessing CSF prescribing Effectiveness and Risk

### Resources for Patients - Federal Patient Assistance Programs

Drug	Program Name	Eligibility	Income at or below	Links
Neulasta (pegfilgrastim)	The Safety Net Foundation	Must have lived in the US or its territories for 6 months or longer	Single: 500% FPL* Couple: 500% FPL*	<p><b>Amgen</b>  <a href="http://rxassist.org/search/prog-details?program_Id=5&amp;PD_Id=5&amp;Drug_Id=1334&amp;Company_Id=4&amp;search_type=2">http://rxassist.org/search/prog-details?program_Id=5&amp;PD_Id=5&amp;Drug_Id=1334&amp;Company_Id=4&amp;search_type=2</a></p> <p><b>The Safety Net Foundation</b>  <a href="http://www.amgensafetynetfoundation.com">http://www.amgensafetynetfoundation.com</a></p>
Neulasta (pegfilgrastim)	Amgen FIRST STEP Co-Pay Support	<ul style="list-style-type: none"> <li>• Must have private insurance and is not participating in any federal, state or government-funded healthcare program (Medicare, Medicare Advantage, Medicare Part D, Medicaid, etc.)</li> <li>• Must call for prescreening</li> </ul>	No income eligibility requirement	<p><b>The Amgen FIRST STEP Program</b>  <a href="https://amgenfirststep.com/">https://amgenfirststep.com/</a></p>
Neupogen (filgrastim)	The Safety Net Foundation	Must have lived in the US or its territories for 6 months or longer	Single: 500% FPL* Couple: 500% FPL*	<p><b>Amgen</b>  <a href="http://rxassist.org/search/prog-details?program_Id=5&amp;PD_Id=5&amp;Drug_Id=33&amp;Company_Id=4&amp;search_type=2">http://rxassist.org/search/prog-details?program_Id=5&amp;PD_Id=5&amp;Drug_Id=33&amp;Company_Id=4&amp;search_type=2</a></p> <p><b>The Safety Net Foundation</b>  <a href="http://www.amgensafetynetfoundation.com">http://www.amgensafetynetfoundation.com</a></p>
Neupogen (filgrastim)	Amgen FIRST STEP Co-Pay Support	<ul style="list-style-type: none"> <li>• Must have private insurance and is not participating in any federal, state or government-funded healthcare program (Medicare, Medicare Advantage, Medicare Part D, Medicaid, etc.)</li> <li>• Must call for prescreening</li> </ul>	No income eligibility requirement	<p><b>The Amgen FIRST STEP Program</b>  <a href="https://amgenfirststep.com/">https://amgenfirststep.com/</a></p>
All	Partnership for Prescription Assistance	N/A	N/A**	<p><b>PPA</b>  <a href="https://www.pparx.org/">https://www.pparx.org/</a></p>

\*FPL = Federal Poverty Level

\*\*N/A = Not Applicable

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Neulasta Neupogen Leukine	Healthwell Foundation Copay Program	<ul style="list-style-type: none"> <li>• Must have some form of health insurance (major medical or prescription drug) that covers part of the cost of your medication</li> <li>• Healthwell cannot consider Health Savings Accounts (HSA), Health Retirement Accounts (HRA), or drug discount cards to be insurance</li> <li>• Healthwell will refer patients without prescription insurance to other programs, such as drug company patient assistance programs and other copay foundations or support organizations</li> <li>• Families with incomes up to 400 percent of the Federal Poverty Level may qualify</li> <li>• Healthwell also considers the cost of living in a particular city or state</li> </ul>	Up to 400% FPL*	<p><b>Medicare</b>  <a href="https://www.medicare.gov/pharmaceutical-assistance-program/">https://www.medicare.gov/pharmaceutical-assistance-program/</a></p> <p><b>Healthwell</b>  <a href="https://www.healthwellfoundation.org/">https://www.healthwellfoundation.org/</a></p>
Neulasta Neupogen Leukine	Patient Access Network (PAN) Foundation	<ul style="list-style-type: none"> <li>• Must be insured and insurance covers the medication for which the patient seeks assistance</li> <li>• Medication must treat the disease directly</li> <li>• Income must be below a designated percentage of the Federal Poverty Level, depending on individual fund requirements</li> <li>• Must be prescribed a high cost drug for the disease, depending on individual fund requirements</li> <li>• Must reside and receive treatment in the US</li> <li>• Must have been diagnosed with a disease for which PAN has a program</li> </ul>	Does not specify	<p><b>Medicare</b>  <a href="https://www.medicare.gov/pharmaceutical-assistance-program/">https://www.medicare.gov/pharmaceutical-assistance-program/</a></p> <p><b>PAN Foundation</b>  <a href="https://panfoundation.org/index.php/en/patients/how-to-apply">https://panfoundation.org/index.php/en/patients/how-to-apply</a></p>

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Drug	Program Name	Eligibility	Income at or below	Links
Granix injection (tbo-filgrastim)	CORE Patient Assistance Program	Must not have prescription coverage for the requested medication and meet program income guidelines	Single: 500% FPL* Couple: 500% FPL*	<b>Rx Assist</b> <a href="http://www.rxassist.org/search/prog-details?program_Id=510&amp;PD_Id=510&amp;Drug_Id=3515&amp;Company_Id=78&amp;search_type=2">http://www.rxassist.org/search/prog-details?program_Id=510&amp;PD_Id=510&amp;Drug_Id=3515&amp;Company_Id=78&amp;search_type=2</a>  <b>CORE</b> <a href="http://www.tevacore.com/">http://www.tevacore.com/</a>
Leukine (sargramostim)	Sanofi	<ul style="list-style-type: none"> <li>• Must not have prescription coverage and must not be eligible for state or federal programs such as Medicare and Medicaid</li> <li>• For most medications (excluding Lovenox), patients with Medicare Part D might be considered if they are ineligible for Low Income Subsidy and have spent at least 5% of their annual household income (out of pocket) on medications.</li> <li>• Must be under the care of a licensed healthcare provider who is authorized to prescribe, dispense and administer medicine in the US</li> </ul>	Annual household income of <500% of FPL* for oncology products	<b>Rx Assist</b> <a href="http://www.rxassist.org/search/prog-details?program_Id=614&amp;PD_Id=614&amp;Drug_Id=1909&amp;Company_Id=49&amp;search_type=2">http://www.rxassist.org/search/prog-details?program_Id=614&amp;PD_Id=614&amp;Drug_Id=1909&amp;Company_Id=49&amp;search_type=2</a>  <b>Sanofi</b> <a href="http://www.sanofipatientconnection.com">http://www.sanofipatientconnection.com</a>
Zarxio (filgrastim-sndz)	Sandoz One Source Program	<ul style="list-style-type: none"> <li>• Must not have prescription coverage and meet program income guidelines which are not disclosed</li> <li>• Patients with Medicare Part D are not eligible</li> <li>• Co-pay assistance is also available</li> </ul>	Information not available	<b>Rx Assist</b> <a href="http://www.rxassist.org/search/prog-details?program_Id=863&amp;PD_Id=863&amp;Drug_Id=3702&amp;Company_Id=640&amp;search_type=2">http://www.rxassist.org/search/prog-details?program_Id=863&amp;PD_Id=863&amp;Drug_Id=3702&amp;Company_Id=640&amp;search_type=2</a>  <b>Sandoz</b> <a href="http://www.sandozsource.com/">http://www.sandozsource.com/</a>

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