



Making Prescription
Medication Accessible and
Affordable



Rx for New Jersey



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1 Search for Prescription Drug Assistance

Which best describes you.

Please Select one

None

2 For what prescription medicine are you searching?

Please type in the first few letters of the **brand name** of the medicine you are searching for.

Medicine Results:

To select a medicine, click on the medicine's name and then add it to your list.

Please enter first few letters of the medicine name in the text box above.

Add to the list

Powered by PPARx

Next

Supporter Spotlight



American Academy of Pediatrics

The mission of the American Academy of Pediatrics is to attain optimal physical, mental, and social health and well being for all infants, children, adolescents and young adults.

Sign Up for E-mail Updates

Enter

About This Site

This site was designed to help you find patient assistance programs for which you may qualify.

Rx4NJ.org is a service brought to you by a collaboration of concerned individuals and organizations joining America's pharmaceutical companies to improve health care access for the citizens of New Jersey.



Tell Your Friends

Click Here to Send Your Friends this Website.



A Good Idea

- Prescription assistance programs have existed as long as 50 years
 - Last year, an estimated 6.2 million patients received almost 18 million prescriptions worth over \$3.3 billion dollars from pharmaceutical companies alone.
 - In 2002, over 29,000 consumers in New Jersey received assistance from pharmaceutical companies.
 - Several other government entities, private foundations and interested corporations have started coverage, philanthropic or discount programs.
-



A Better Idea

- Rx4NJ.org and 1-888 Rx For NJ
(1-888-793-6765)
 - Central point that screens program eligibility for patients, caregivers and healthcare providers
 - Includes about 300 programs covering over 1,800 prescription drugs
-



How It Works: website

www.Rx4NJ.org

1 ▶ Search for Prescription Drug Assistance

Which best describes you.

Family Member or Caregiver ▼

Other Family ▼

2 ▶ For what prescription medicine are you searching?

Please type in the first few letters of the **brand name** of the medicine you are searching for.

syn

Medicine Results:

To select a medicine, click on the medicine's name and then add it to your list.

SYNAGIS(palivizumab) ▲
SYNTHROID® TABLETS(levothyroxine) ▾

Add to the list

Powered by HelpingPatients.org

Next



How It Works (cont.)

Powered by **PPARx**

Eligibility Wizard - Step Two

What is your age?

[Help](#)

What is your state of residence?

[Help](#)

What is your zip code?

[Help](#)

What is your yearly gross household income?

[Help](#)

What is your household size?

[Help](#)

Are you pregnant?

Yes [Help](#)

No



How It Works (cont.)

Powered by **PPARx**

Eligibility Wizard - Step Three

You are almost done. Please continue to fill in the rest of the questions to help us direct you to the right patient assistance program.

Are you eligible for any of the following?
(Please check all that apply.)

- Medicare [Help](#)
- Medicaid
- Veteran's Assistance
- HMO/PPO
- State insurance
- Private insurance (Blue Cross, etc.)
- I don't know

Are you eligible for prescription drug coverage for the medicine entered previously?

- Yes [Help](#)
- No

What is your residency status?

- U.S. Citizen [Help](#)
- U.S. Legal Resident
- Other

Next



How It Works (cont.)

Powered by **PPARx**

YOUR RESULTS

Select continue to fill out the program applications online or stop to print the program applications and fill them out by hand.

CONTINUE

Fill Out Applications Online

STOP

Print and/or email applications.

[Would you like to search for a patient assistance program for a different person?](#)

Q HELP



How It Works (cont.)

phone number and contact information.

Orange Card

[[more information](#)]

Together Rx (Abbott Laboratories, AstraZeneca, Aventis, Bristol-Myers Squibb, GlaxoSmithKline, Johnson & Johnson and Novartis)

[[more information](#)]

Bridges to Access (Paxil)

[[more information](#)]

Connection to Care (Lipitor)

[[more information](#)]

Medicare \$600 Credit

[[more information](#)]



How It Works (cont.)

Powered by **PPARx**

Application Wizard

1 PATIENTS 2 FINANCIAL 3 INSURANCE 4 PHYSICIAN 5 PRINT & EMAIL

PATIENT INFORMATION (Page 1 of 5)

Please fill out the following information to the best of your ability. Please note: This information is confidential and will not be used for any other purpose besides applying for pharmaceutical assistance. Your privacy is important to us, please [click here](#) to read our policy.

What is the Patient's first name?	<input type="text"/>
What is the Patient's middle initial?	<input type="text"/>
What is the Patient's last name?	<input type="text"/>
What is the Patient's Social Security Number?	<input type="text"/> - <input type="text"/> - <input type="text"/>
What is the Patient's date of birth?	<input type="text"/> / <input type="text"/> / <input type="text"/> (MM/DD/YYYY)
What is the Patient's Gender?	<input type="radio"/> Male <input type="radio"/> Female
What is the Patient's marital status?	<input type="radio"/> Married <input type="radio"/> Single
Is the Patient a legal U.S. resident?	<input type="radio"/> Yes <input type="radio"/> No



How It Works (cont.)

Application Wizard

1	2	3	4	5
PATIENTS	FINANCIAL	INSURANCE	PHYSICIAN	PRINT & EMAIL

You filled out applications for the following programs:

Bridges to Access

Attach proof of income and prescription to the form. Attach copy (FRONT and BACK) of prescription drug card and health insurance card (if different) if patient is insured through any of the following: Medicare Supplemental Plan, Medicare + Choice, Private insurance, Medicaid, or SCHIP.

Lilly Cares and Zyprexa PAP

Please remember to sign your forms.

The Merck Patient Assistance Program

1. Complete ALL information on this application form using a black ballpoint pen. 2. Physician/prescriber and patient signatures are REQUIRED. 3. Prescriptions may not exceed a 90-day supply at a time (maximum of 3 refills). 4. A separate Merck Patient Assistance Program application is REQUIRED for each patient. 5. Mail completed application to the Merck Patient Assistance Program, PO Box 690, Horsham, PA 19044-9979.



ATTENTION: YOUR PASSWORD IS YOUR LAST NAME & LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER.

Password

'http://dev.helpingpatients.org/...s/1071592965.pdf' is protected.

Password:

OK Cancel



If you are at a computer with printer access, please select this option to print your completed forms.



If you are not at a computer with printer access, you can select this option to save your forms to a disk.



If you are not at a computer with printer access, you can select this option to email yourself a copy of your forms.

Would you like to search for a patient assistance program for a different person?



How It Works (cont.)

http://www.helpingpatients.org/resources/2003-11-18.143.pdf - Microsoft Internet Explorer provided by Department of Health and

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media

Address http://www.helpingpatients.org/resources/2003-11-18.143.pdf Go Links >>

Google Search Web 1587 blocked AutoFill e Options

157%

Pfizer Rx
CONNECTION TO CARE™
 PATIENT ASSISTANCE PROGRAM

CONNECTION TO CARE Application
 P.O. Box 66585 • St. Louis, MO 63166-6585 • (800) 707-8990

Please Read: Be sure the healthcare provider and patient sections are completed. Mail this form, along with your original signed prescription, a copy of your last year's tax return, and all supporting income documentation to avoid a delay.

1 Healthcare Provider *(This section must be completed and signed by the provider.)*

Name/Professional Designation:	DEA#:	Expiration Date:
Office Contact Person (Name and Title):	If you do not have a DEA#, include your state license# & Exp. Date:	
Mailing Address (No P.O. Box) Hospital or Clinic name (if applicable):	Shipping Address (No P.O. Box) Hospital or Clinic name (if applicable):	
Suite:	Suite:	
City:	City:	
State/Zip:	State/Zip:	
Phone: ()	Fax: ()	

Signature

Healthcare Provider Certification: My signature attests that medications received from Pfizer for patient assistance are only for the use of the patient named on this form. These medications will not be offered for sale, trade, or barter. Additionally, they will not be submitted for Medicare, Medicaid, or any third party reimbursement, nor returned for credit. By signing, I also agree that Pfizer has the right to contact

Done Internet

How It Works: Toll Free Number



1-888- Rx For NJ or 1-888-793-6765

- Every caller will be connected to a trained specialist
 - The caller will be asked a short series of questions to help identify the right programs for them
 - The call center's trained specialists will help callers who are matched with a program begin the application process
 - Personalized applications and additional information will then be sent via regular mail to matched callers
 - The call center can accept calls in English and Spanish
 - Call Center is open from 8 am- 10 pm EST Monday-Friday
-



Outreach

- Rx for New Jersey is working closely with the health care community to make as many health care professionals and patients aware of this new service through briefings in hospitals and clinics as possible
 - A serious education effort has already begun to reach people by television, radio, on buses, billboards, and in their mailboxes
 - More than 40 partner organizations are working to educate their membership on the services available through Rx4NJ
-



Proud Partners

- **Action CF***
- **AIDS Resource Foundation for Children***
- **Alzheimer's Association, Greater New Jersey Chapter**
- **American Academy of Pediatrics, New Jersey Chapter**
- **American Cancer Society, Eastern Division***
- **American Heart Association, New Jersey Chapter***
- **American Lung Association of New Jersey***
- **Arthritis Foundation, NJ Chapter**
- **The ARC of New Jersey**
- **Autism Family Services of New Jersey**
- **Biotechnology Council of New Jersey**
- **Brain Injury Association of New Jersey**
- **Cancer Institute of New Jersey***
- **CARES Foundation**



Proud Partners (Continued)

- o Community Health Charities of New Jersey
 - o Community Health Law Project*
 - o Epilepsy Foundation of New Jersey
 - o Family Resource Network
 - o Gateway Maternal and Health Consortium
 - o Garden State Pharmacy Owners Association
 - o HealthCare Institute of New Jersey
 - o Home Care Association of New Jersey
 - o Huntington's Disease Society of America
 - o Hyacinth AIDS Foundation
 - o Leukemia and Lymphoma Society, Southern New Jersey/Shore Region
 - o March of Dimes
 - o Medical Society of New Jersey
-



Proud Partners (Continued)

- o Mental Health Association of New Jersey
 - o National Kidney Foundation of Delaware Valley*
 - o New Jersey Academy of Family Physicians
 - o New Jersey Association of Mental Health Agencies
 - o New Jersey Association of Osteopathic Physicians & Surgeons*
 - o New Jersey Council of Teaching Hospitals
 - o New Jersey Foundation for Aging*
 - o New Jersey Health Care Quality Institute*
 - o New Jersey Hospice and Palliative Care Organization
 - o New Jersey Hospital Alliance
 - o New Jersey Hospital Association
 - o New Jersey State Nurses Association
 - o New Jersey State School Nurses Association*
 - o New Jersey Pharmacists Association
-



Proud Partners (Continued)

- New Jersey Primary Care Association
- Pharmaceutical Research and Manufacturers of America (PhRMA)
- Prevent Blindness Tri-State Region
- Spina Bifida Association
- Tourette Syndrome Association of New Jersey*
- Visiting Nurse Association of Somerset Hills

* Joined After 1/4/05
