

# FORMULARY: PATIENT ASSISTANCE PROGRAM

Patients who meet specific eligibility requirements may receive formulary medications through manufacturer-sponsored patient assistance programs (PAPs). Medications are available to eligible patients through manufacturer-sponsored PAPs. These medications may not be readily available and may require up to an 8-week processing period.

Patient must bring a **printed** prescription and meet with the LCHC Patient Assistance Program (PAP) Coordinator (919-956-3876). Residents are not eligible to write for PAP medications at LCHC.

Coordinator will review the application process with the patient, inform patient of required documents in order to apply and cover patient responsibilities for being enrolled. Only the LCHC Patient Assistance Program Coordinator may enroll patients to receive PAP formulary medications dispensed by LCHC Pharmacy. Requests not processed through the Coordinator and items not on the Patient Assistance Program Formulary will be returned to the manufacturer. Requests for additional medications should be submitted via the Formulary Management Change Request form located on the LCHC Intranet.

NC HIV Medication Assistance Program (NC HMAP) and Pre-Exposure Prophylaxis (PrEP) medications are handled through the Early Intervention Clinic and LCHC Durham County Human Services Family Med Clinic. These medications are delivered to the designated ADAP pharmacy, delivered to patient home or delivered to the Durham County Health Department Pharmacy. Pre-Exposure Prophylaxis (PrEP) medications may also be accessed by LCHC Clinics via the manufacturer's PAP Program with a prescription card being mailed to the patient's home.

Not all patients who apply will be approved.

Application process may take 4-8 weeks.

<b>Safety in Lactation</b>	Lactation safety data from American Academy of Pediatrics ( <a href="http://www.aap.org">www.aap.org</a> )
<b>Hazardous Drugs</b>	Hazardous Drugs (HD) identified by National Institute of Occupational Safety and Health as hazardous are labeled as " <b>HD</b> ". Use caution when handling. ( <a href="https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf?id=10.26616/NIOSH PUB2016161">https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf?id=10.26616/NIOSH PUB2016161</a> )

Medication	Brand Name	Therapeutic Category	Pharmacologic Category	Package Size	Preg Cat	Safety in Lactation	Crush/ Split	BEERS LIST	Dose Adjust K=Kidney L=Liver
<b>Adalimumab Injection 40mg</b>	Humira	RHEUMATOLOGY	Tumor Necrosis Factor Blocking Agent	90 day supply PAP	B	-	-		?
<b>Enoxaparin SQ Injection 30mg, 40mg, 60mg, 80mg, 100mg, 120mg, 150mg (Chronic use)</b>	Lovenox	CARDIOVASCULAR DRUGS	Anticoagulant		B	+		+	K
<b>Glecaprevir-pibrentasvir Tablet 100-40mg</b>	Mavyret	ANTI-INFECTIVES	Antihepaciviral NS3/4A Protease Inhibitor; Antihepaciviral NS5A Inhibitor	28 day supply PAP	C	?	-/+		L
<b>Insulin Glargine/ Lixisenatide 100units/33mcg/mL</b>	Soliqua	ENDOCRINE AND METABOLIC AGENTS	Antidiabetic, Insulin and GLP-1 Agonist Combination	90 day supply PAP, 3 mL pen	B/C	-			
<b>Pancreatic Enzymes Capsule Lipase/Protease/Amylase 6k/19k/30k, 12k/38k/60k, 24k/76k/120k</b>	Creon	GASTROINTESTINAL DRUGS	Pancreatic Enzymes	90 day supply PAP	C	?	- (can open and give w/ apple-sauce or pudding)		K
<b>Pneumococcal conjugate vaccine 20-valent (PCV20)</b>	Pprevnar 20	VACCINE	Vaccine, Inactivated (Bacterial)	0.5 mL	A	C			
<b>Sacubitril/Valsartan Tablet 24/26mg, 49/51mg, 97/103mg</b>	Entresto	CARDIOVASCULAR	Angiotensin Receptor Blocker/Nepriylsin inhibitor	Up to 90 day supply PAP	X	-	+		K/L

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<b>Sofosbuvir/ velpatasvir Tablet 400 mg/ 100 mg</b>	Epclusa	ANTI-INFECTIVES	Antihepaciviral, NS5A Inhibitor; Antihepaciviral, Polymerase Inhibitor	84 day supply PAP	B	?	- (taste)		
<b>Tenofovir alafenamide Tablet 25mg</b>	Vemlidy	ANTI-INFECTIVES	Nucleoside Reverse Transcriptase Inhibitor	#90	B	+	+		K/L
<b>Tenofovir alafenamide/ emtricitabine Tablet 200mg/25mg FOR PrEP ONLY</b>	Descovy	ANTI-INFECTIVES	Nucleoside Reverse Transcriptase Inhibitor	#30	C	+	+	Only if used for PrEP	K/L

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