Chron's & Colitis Drug Assistance Programs and Copay Information

The table below highlights assistance programs specifically for medications commonly prescribed to treat Crohn's disease and ulcerative colitis. It provides an overview of PAPs, copay resources, and links to further information where available. This guide is intended to make navigating financial support options simpler, empowering patients and caregivers to focus on health and well-being.

The information provided in this table is for informational purposes only and is not intended as medical, financial, or legal advice. Eligibility for assistance programs may vary based on individual circumstances, program requirements, and other factors. Patients and caregivers are encouraged to contact the listed programs directly to verify current details, application processes, and terms of assistance. This table does not guarantee approval for any program. Always consult with a healthcare professional for advice regarding treatment and medication options.

For additional assistance, please contact NeedyMeds by visiting our website at <u>NeedyMeds.org</u> or by calling our helpline at 800-503-6897.

| Drug Name | PAP (Patient Assistance Program) | Copay Assistance |
|--------------------------------------|-------------------------------------|-------------------------------------|
| Amjevita injection; subcutaneous | Amgen Safety Net Foundation | Amjevita Co-Pay Program |
| Apriso capsule; extended- release | PAN Foundation | N/A |
| Avsola injection; iv | Amgen Safety Net Foundation | Amgen SupportPlus Co-Pay Program |
| Azulfidine tablet | PAN Foundation | N/A |
| Canasa suppository; rectal | PAN Foundation | N/A |
| Colazal capsule | PAN Foundation | N/A |
| Cyltezo solution; | Boehringer Cares Patient | <u>Bi Solutions Plus</u> |
| subcutaneous injection | <u>Assistance Program</u> | |
| Deltasone tablet | <u>Rx Outreach</u> | N/A |
| Dipentum capsule | <u>Viatris Patient Assistance</u> | N/A |
| | <u>Program</u> | |
| Entocort EC | <u>Rx Outreach</u> | N/A |
| Gengraf capsule | myAbbVie Assist | N/A |
| Giazo tablet | <u>Rx Outreach</u> | N/A |
| Humira injection; | myAbbVie Assist | Humira Complete Savings Card |
| subcutaneous | | |
| Imuran | PAN Foundation | N/A |
| Inflectra injectable; injection | PAN Foundation | Pfizer encompass for INFLECTRA |

| Lialda tablet; delayed- | Takeda Help At Hand | N/A |
|-------------------------|---------------------------------------|---|
| release | - | , |
| Medrol | <u>HealthWell Foundation</u> | N/A |
| Pentasa capsule; | Takeda Help At Hand | N/A |
| extended-release | | |
| Prograf capsule | N/A | Prograf Copay Card |
| Purinethol tablet | <u>HealthWell Foundation</u> | N/A |
| Remicade iv; infusion | <u>Johnson & Johnson Patient</u> | Janssen CarePath Savings Program for |
| | Assistance Program | <u>REMICADE</u> |
| Renflexis injection; iv | Organon Access Program | The Organon Co-Pay Assistance |
| | | Program for RENFLEXIS |
| Rheumatrex tablet | <u>Rx Outreach</u> | N/A |
| Sandimmune | HealthWell Foundation | SANDIMMUNE Copay Assistance |
| | | <u>Program</u> |
| Simponi injection | <u> Johnson & Johnson Patient</u> | <u>Janssen CarePath Savings Program for</u> |
| | Assistance Program | <u>SIMPONI</u> |
| Stelara injection; iv; | <u> Johnson & Johnson Patient</u> | Stelara withMe Savings Program |
| subcutaneous | Assistance Program | |
| Uceris foam; rectal | Bausch Health Patient | N/A |
| | <u>Assistance Program</u> | |
| Xeljanz | <u>Pfizer RxPathways</u> | N/A |
| Xifaxan tablet | Bausch Health Patient | XIFAXAN Savings Card |
| | <u>Assistance Program</u> | |