



# PRESCRIPTION ASSISTANCE PROGRAMS

“**MATCHMAKER**” organizations that connect individuals with resources for low cost or free medications. These organizations do not directly provide any medication programs. Questions about a specific program must be answered by the individual company directly providing that program.

## ❑ **RxAssist**

An on-line resource center with a comprehensive database of pharmaceutical companies that offer patient assistance programs to provide free and/or low cost medications, as well as information on Medicare Part D and other issues related to pharmaceutical access. Eligibility varies by individual program requirements.

**[www.rxassist.org](http://www.rxassist.org)**

## ❑ **Rx Outreach**

A mail order pharmacy offering more than 150 medications at \$20 for a 180 day supply. You can use Rx Outreach regardless of your age or if you have insurance, use another discount medicine program or patient assistance program. Eligibility depends **ONLY** on your income, which differs depending on the number of financially dependent people in your household.

**[www.rxoutreach.org](http://www.rxoutreach.org)** ✦ **(800) 769-3880**

## ❑ **Rx4NJ ✦ Partnership for Prescription Assistance**

Connects qualified, low-income people with discount prescription drugs from private pharmaceutical manufacturer's patient assistance programs and government programs such as Medicaid or Medicare. Eligibility varies by individual program requirements.

**[www.rx4nj.org](http://www.rx4nj.org)** ✦ **[www.pparx.org](http://www.pparx.org)** (English/Español)  
**(888) 793-6765** ✦ **(888) 477-2669** (English/Español)

## **Pharmaceutical Assistance for Aged & Disabled (PAAD)**

A state funded program that helps eligible New Jersey residents with the cost of prescribed medication. The PAAD co-payment is \$6 for each covered generic drug and \$7 for each covered brand name drug. Eligibility requirements: (1) New Jersey resident (2) age 65 years or older OR at least 18 years of age and receiving Social Security Disability benefits; (3) meets income guidelines; (4) enrollment in Medicare Part D, unless prohibited from doing so.

**[www.njpaad.gov](http://www.njpaad.gov)** ✦ **(800) 792-9745**

## **Mercer County Prescription Savings Program**

A discount savings card which provides special discounted pricing (up to 10% to 50% off regular retail prescription prices) on prescription medications for all family members (dependents) living in your household. It is **NOT** a managed care or supplemental insurance program, and can not be used in combination with other programs for the same prescription purchase. Only eligibility requirement is proof of Mercer County residency. Fee: \$20.00 per household for one year (\$40.00 for 3 years)

**[www.gspops.com](http://www.gspops.com)** ✦ **(800) 633-0037**

**This resource list was compiled by the Hightstown Health Department, and is not medical advice. Talk with your health care provider if you have any questions about your medication. (3/09)**

# GENERIC PRESCRIPTION DRUG PROGRAMS

These stores/pharmacies fill prescriptions for generic medications at a reduced price. Call your local store/pharmacy or visit their website to see if your medication is covered under their plan.



## NO ENROLLMENT FEE

### **RITE AID** (free, but must sign up for Rx Savings Card)

\$8.99 for 30 days ✧ \$15.99 for 90 days

[www.riteaid.com/pharmacy/rx\\_savings.jsf](http://www.riteaid.com/pharmacy/rx_savings.jsf)

### **SHOPRITE**

\$9.99 for 90 days

[www.shoprite.com/Cnt/RX\\_GDP.html](http://www.shoprite.com/Cnt/RX_GDP.html)

### **STOP & SHOP**

\$9.99 for 90 days

[www.stopandshop.com/shop\\_online/pharmacy/generic.htm](http://www.stopandshop.com/shop_online/pharmacy/generic.htm)

### **TARGET**

\$4 for 30 days ✧ \$10 for 90 days

<http://sites.target.com/site/en/health/page.jsp?contentId=PRD03-004319>

### **WALMART**

\$4 for 30 days ✧ \$10 for 90 days

[www.walmart.com/pharmacy](http://www.walmart.com/pharmacy)

### **WEGMANS**

\$4 for 30 days ✧ \$10 for 90 days

[www.wegmans.com](http://www.wegmans.com)

## ANNUAL ENROLLMENT FEE

### **CVS Health Savings Pass**

Annual Enrollment Fee: \$10 per person

\$9.99 for 90 days

[www.cvs.com](http://www.cvs.com)

### **DRUG FAIR Prescription Savings Club**

Annual Enrollment Fee: \$5 per person

\$9.99 for 90 days

[www.drugfair.com/rxsavingsclub.shtml](http://www.drugfair.com/rxsavingsclub.shtml)

### **WALGREENS Prescription Savings Club**

Annual Enrollment Fee: \$20 per individual or \$35 for entire family (includes spouse, dependents under the age of 23, and pets)

\$12 for 90 days

[www.walgreens.com/pharmacy](http://www.walgreens.com/pharmacy)