



MEDICATION INFORMATION

Pan Foundation

Diamox (AcetaZolamide)

PAP Phone: 866-316-7263 | **PAP Fax:** 866-316-7261 | **Website:** <https://www.panfoundation.org/>

Eligibility Requirements: *Insurance Status:* Patients must have health insurance and their insurance must cover the qualifying medication for which they seek assistance | *Part D Eligible:* Determined case by case | *Income:* Between 400-500% of FPL | *Diagnosis Medical Criteria:* FDA Approved Diagnosis | *Residency Required:* Must reside and receive treatment in US.

Ativan (Lorazepam)

Pan Foundation

PAP Phone: 866-316-7263 | **PAP Fax:** 866-316-7261 | **Website:** <https://www.panfoundation.org/>

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HealthWell

PAP Phone: 800-675-8416 | **Website:** <https://www.healthwellfoundation.org/>

Eligibility Requirements: *Insurance Status:* May have insurance | *Part D Eligible:* Yes | *Income:* Varies | *Diagnosis Medical Criteria:* FDA Approved Diagnosis | *US Residency Required:* Must reside in the US

Rx

PAP Phone: 314-222-0472 | **PAP Fax:** 800-875-6591 | **Website:** <https://rxoutreach.org/>

Eligibility Requirements: *Insurance Status:* May have insurance | *Part D Eligible:* Yes, but contact the program for details | *Income:* Determined case by case | *Diagnosis Medical Criteria:* Not required | *Residency Required:* Must reside in US.

Briviact (Brivaracetam)

Pan Foundation

PAP Phone: 866-316-7263 | **PAP Fax:** 866-316-7261 | **Website:** <https://www.panfoundation.org/>

Eligibility Requirements: *Insurance Status:* Patients must have health insurance and their insurance must cover the qualifying medication for which they seek assistance | *Part D Eligible:* Determined case by case | *Income:* Between 400-500% of FPL | *Diagnosis Medical Criteria:* FDA Approved Diagnosis | *Residency Required:* Must reside and receive treatment in US

UCB Cares Program

PAP Phone: 844-599-2273 | **Website:** ucb-usa.com

Eligibility Requirements: *Insurance Status:* Uninsured or Underinsured with no prescription coverage | *Part D Eligible:* Determined case by case | *Income:* At or below 500% of FPL | *Diagnosis Medical Criteria:* FDA-approved diagnosis | *US Residency Required:* Must be residing in the US or a US territory, and under the care of a US physician

Coupons

Briviact

Offer Type: Copay Card Sign-up | **Activate By:** Patient | **Coverage Requirements:** Commercial Insurance | **Pharmacy Support Number:** 888-786-5879 | **Patient Support Number:** 888-786-5879 | **Website:** <https://www.briviact.com/savings-card>

Carbatrol (Carbamazepine ER)**HealthWell**

PAP Phone: 800-675-8416 | **Website:** <https://www.healthwellfoundation.org/>
Eligibility Requirements: **Insurance Status:** May have insurance | **Part D Eligible:** Yes | **Income:** Varies | **Diagnosis Medical Criteria:** FDA Approved Diagnosis | **US Residency Required:** Must reside in the US

Pan Foundation

PAP Phone: 866-316-7263 | **PAP Fax:** 866-316-7261 | **Website:** <https://www.panfoundation.org/>
Eligibility Requirements: **Insurance Status:** Patients must have health insurance and their insurance must cover the qualifying medication for which they seek assistance | **Part D Eligible:** Determined case by case | **Income:** Between 400-500% of FPL | **Diagnosis Medical Criteria:** FDA Approved Diagnosis | **Residency Required:** Must reside and receive treatment in US.

Takeda

PAP Phone: 800-830-9159 | **PAP Fax:** 800-497-0928 | **Website:** <https://www.helpathandpap.com/>
Eligibility Requirements: **Insurance Status:** Uninsured or Underinsured with no prescription coverage for needed medication | **Part D Eligible:** Yes, but contact program for details | **Income:** At or below 500% of FPL | **Diagnosis Medical Criteria:** Not specified | **US Residency Required:** Must be residing in the US or a US territory, and under the care of a US physician

Depakote (Divalproex)**HealthWell**

PAP Phone: 800-675-8416 | **Website:** <https://www.healthwellfoundation.org/>
Eligibility Requirements: **Insurance Status:** May have insurance | **Part D Eligible:** Yes | **Income:** Varies | **Diagnosis Medical Criteria:** FDA Approved Diagnosis | **US Residency Required:** Must reside in the US

Pan Foundation

PAP Phone: 866-316-7263 | **PAP Fax:** 866-316-7261 | **Website:** <https://www.panfoundation.org/>
Eligibility Requirements: **Insurance Status:** Patients must have health insurance and their insurance must cover the qualifying medication for which they seek assistance | **Part D Eligible:** Determined case by case | **Income:** Between 400-500% of FPL | **Diagnosis Medical Criteria:** FDA Approved Diagnosis | **Residency Required:** Must reside and receive treatment in US

RX

PAP Phone: 314-222-0472 | **PAP Fax:** 800-875-6591 | **Website:** <https://rxoutreach.org/>
Eligibility Requirements: **Insurance Status:** May have insurance | **Part D Eligible:** Yes, but contact the program for details | **Income:** Determined case by case | **Diagnosis Medical Criteria:** Not required | **Residency Required:** Must reside in US.

myAbbVie

PAP Phone: 800-222-6885 | **PAP Fax:** 800-898-1473 | **Website:** <https://www.abbvie.com/patients/patient-support/patient-assistance/eligibility-criteria.html>

Eligibility Requirements: *Insurance Status:* Must be uninsured or underinsured *Part D Eligible:* Varies | *Income:* At or below 600% of FPL | *Diagnosis Medical Criteria:* Not applicable | *Residency Required:* Must be a US resident and treated by a US healthcare provider.

Coupons

Depakote tablet; delayed release

Offer Type: Mail-In Rebate | **Activate By:** Patient | **Coverage Requirements:** Commercial Insurance | **Pharmacy Support Number:** 800-364-4767 | **Patient Support Number:** 800-364-4767 | **Website:** <https://www.depakote.com/savings>

Depakote Savings Card: Eligible commercially insured patients may pay \$5 per month with savings of up to \$100 per fill; card can be used up to 2 uses per month | **Offer Type:** Copay Card Download | **Activate By:** No Form - Just Print | **Coverage Requirements:** Commercial Insurance | **Pharmacy Support Number:** 800-364-4767 | **Patient Support Number:** 800-364-4767 | **Website:** <https://www.depakote.com/savings>

Depakote Sprinkle DR

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Depakene (Valproic Acid)

Rx

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Eligibility Requirements: *Insurance Status:* May have insurance | *Part D Eligible:* Yes, but contact the program for details | *Income:* Determined case by case | *Diagnosis Medical Criteria:* Not required | *Residency Required:* Must reside in US.

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Eligibility Requirements: *Insurance Status:* Patients must have health insurance and their insurance must cover the qualifying medication for which they seek assistance | *Part D Eligible:* Determined case by case | *Income:* Between 400-500% of FPL | *Diagnosis Medical Criteria:* FDA Approved Diagnosis | *Residency Required:* Must reside and receive treatment in US.

Janssen Carepath

PAP Phone: 877-227-3728 | **PAP ALT Phone:** 833-742-0791 | **Website:** <https://www.myjanssencarepath.com/patient-assistance>
Eligibility Requirements: *Insurance Status:* Determined case by case | *Part D Eligible:* Varies | *Income:* Not applicable | *Diagnosis Medical Criteria:* Must be used for on-label diagnosis | *US Residency Required:* Must be citizen or legal resident.

Donnatal (Phenobarbital)

Rx

PAP Phone: 314-222-0472 | **PAP Fax:** 800-875-6591 | **Website:** <https://rxoutreach.org/>
Eligibility Requirements: **Insurance Status:** May have insurance | **Part D Eligible:** Yes, but contact the program for details | **Income:** Determined case by case | **Diagnosis Medical Criteria:** Not required
Residency Required: Must reside in US.

Dilantin (Phenytoin)

Pan Foundation

PAP Phone: 866-316-7263 | **PAP Fax:** 866-316-7261 | **Website:** <https://www.panfoundation.org/>
Eligibility Requirements: **Insurance Status:** Patients must have health insurance and their insurance must cover the qualifying medication for which they seek assistance | **Part D Eligible:** Determined case by case | **Income:** Between 400-500% of FPL | **Diagnosis Medical Criteria:** FDA Approved Diagnosis | **Residency Required:** Must reside and receive treatment in US.

Rx

PAP Phone: 314-222-0472 | **PAP Fax:** 800-875-6591 | **Website:** <https://rxoutreach.org/>
Eligibility Requirements: **Insurance Status:** May have insurance | **Part D Eligible:** Yes, but contact the program for details | **Income:** Determined case by case | **Diagnosis Medical Criteria:** Not required
Residency Required: Must reside in US.

Coupons

Dilantin

Offer Type: Mail-In Rebate | **Activate by:** Patient | **Coverage Requirements:** Commercial Insurance | **Pharmacy Support Number:** 866-590-9400 | **Patient Support Number:** 866-590-9400 | **Website:** <https://www.dilantin.com/savings-terms>

Offer Type: Copay Card Sign-up | **Activate by:** Patient | **Coverage Requirements:** Commercial Insurance | **Pharmacy Support Number:** 866-590-9400 | **Patient Support Number:** 866-590-9400 }
Website: <https://www.dilantin.com/savings>

Gabitril (Tiagabine)

Pan Foundation

PAP Phone: 866-316-7263 | **PAP Fax:** 866-316-7261 | **Website:** <https://www.panfoundation.org/>
Eligibility Requirements: **Insurance Status:** Patients must have health insurance and their insurance must cover the qualifying medication for which they seek assistance | **Part D Eligible:** Determined case by case | **Income:** Between 400-500% of FPL | **Diagnosis Medical Criteria:** FDA Approved Diagnosis | **Residency Required:** Must reside and receive treatment in US.

Kepra (Levetiracetam)

Pan Foundation

PAP Phone: 866-316-7263 | **PAP Fax:** 866-316-7261 | **Website:** <https://www.panfoundation.org/>
Eligibility Requirements: **Insurance Status:** Patients must have health insurance and their insurance must cover the qualifying medication for which they seek assistance | **Part D Eligible:** Determined case by case | **Income:** Between 400-500% of FPL | **Diagnosis Medical Criteria:** FDA Approved Diagnosis | **Residency Required:** Must reside and receive treatment in US.

Rx

PAP Phone: 314-222-0472 | **PAP Fax:** 800-875-6591 | **Website:** <https://rxoutreach.org/>
Eligibility Requirements: *Insurance Status:* May have insurance | *Part D Eligible:* Yes, but contact the program for details | *Income:* Determined case by case | *Diagnosis Medical Criteria:* Not required
Residency Required: Must reside in US.

Kepra XR Tablet ER

Rx
PAP Phone: 314-222-0472 | **PAP Fax:** 800-875-6591 | **Website:** <https://rxoutreach.org/>
Eligibility Requirements: *Insurance Status:* May have insurance | *Part D Eligible:* Yes, but contact the program for details | *Income:* Determined case by case | *Diagnosis Medical Criteria:* Not required
Residency Required: Must reside in US.

Pan Foundation
PAP Phone: 866-316-7263 | **PAP Fax:** 866-316-7261 | **Website:** <https://www.panfoundation.org/>
Eligibility Requirements: *Insurance Status:* Patients must have health insurance and their insurance must cover the qualifying medication for which they seek assistance | *Part D Eligible:* Determined case by case | *Income:* Between 400-500% of FPL | *Diagnosis Medical Criteria:* FDA Approved Diagnosis | *Residency Required:* Must reside and receive treatment in US.

Janssen Carepath
PAP Phone: 877-227-3728 | **PAP ALT Phone:** 833-742-0791 | **Website:** <https://www.myjanssencarepath.com/patient-assistance>
Eligibility Requirements: *Insurance Status:* Determined case by case | *Part D Eligible:* Varies | *Income:* Not applicable | *Diagnosis Medical Criteria:* Must be used for on-label diagnosis | **US Residency Required:** Must be citizen or legal resident.

Klonopin (Clonazepam)

HealthWell
PAP Phone: 800-675-8416 | **Website:** <https://www.healthwellfoundation.org/>
Eligibility Requirements: *Insurance Status:* May have insurance | *Part D Eligible:* Yes | *Income:* Varies | *Diagnosis Medical Criteria:* FDA Approved Diagnosis | **US Residency Required:** Must reside in the US

Pan Foundation
PAP Phone: 866-316-7263 | **PAP Fax:** 866-316-7261 | **Website:** <https://www.panfoundation.org/>
Eligibility Requirements: *Insurance Status:* Patients must have health insurance and their insurance must cover the qualifying medication for which they seek assistance | *Part D Eligible:* Determined case by case | *Income:* Between 400-500% of FPL | *Diagnosis Medical Criteria:* FDA Approved Diagnosis | *Residency Required:* Must reside and receive treatment in US.

RX
PAP Phone: 314-222-0472 | **PAP Fax:** 800-875-6591 | **Website:** <https://rxoutreach.org/>
Eligibility Requirements: *Insurance Status:* May have insurance | *Part D Eligible:* Yes, but contact the program for details | *Income:* Determined case by case | *Diagnosis Medical Criteria:* Not required
Residency Required: Must reside in US.

Lyrica (Pregabalin)

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Rx

PAP Phone: 314-222-0472 | **PAP Fax:** 800-875-6591 | **Website:** <https://rxoutreach.org/>
Eligibility Requirements: *Insurance Status:* May have insurance | *Part D Eligible:* Yes, but contact the program for details | *Income:* Determined case by case | *Diagnosis Medical Criteria:* Not required | *Residency Required:* Must reside in US.

Coupons

Lyrica

Offer Type: Mail-In Rebate | **Activate by:** Patient | **Coverage Requirements:** Commercial Insurance | **Pharmacy Support Number:** 866-954-1475 | **Patient Support Number:** 866-954-1475 | **Website:** <https://www.lyrica.com/co-pay-savings-card>

Offer Type: Copay Card Sign-up | **Activate by:** Patient sign form | **Coverage Requirements:** Commercial Insurance | **Pharmacy Support Number:** 866-954-1475 | **Patient Support Number:** 866-954-1475 | **Website:** <https://www.lyrica.com/co-pay-savings-card>

Lamictal Tablet (Lamotrigine)

HealthWell

PAP Phone: 800-675-8416 | **Website:** <https://www.healthwellfoundation.org/>
Eligibility Requirements: *Insurance Status:* May have insurance | *Part D Eligible:* Yes | *Income:* Varies | *Diagnosis Medical Criteria:* FDA Approved Diagnosis | *US Residency Required:* Must reside in the US

Rx

PAP Phone: 314-222-0472 | **PAP Fax:** 800-875-6591 | **Website:** <https://rxoutreach.org/>
Eligibility Requirements: *Insurance Status:* May have insurance | *Part D Eligible:* Yes, but contact the program for details | *Income:* Determined case by case | *Diagnosis Medical Criteria:* Not required | *Residency Required:* Must reside in US.

GSK

PAP Phone: 800-745-2967 | **PAP Fax:** 866-216-5292 | **Website:** <https://www.gskforyou.com/programs/reimbursement-support/>
Eligibility Requirements: *Insurance Status:* May have insurance | *Part D Eligible:* Determined by case | *Income:* Not disclosed | *Diagnosis Medical Criteria:* Medically appropriate condition/diagnosis | *Residency Required:* Yes

Mysoline (Primidone)

Pan Foundation

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Rx

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Eligibility Requirements: **Insurance Status:** May have insurance | **Part D Eligible:** Yes, but contact the program for details | **Income:** Determined case by case | **Diagnosis Medical Criteria:** Not required
Residency Required: Must reside in US.

Neurontin (Gabapentin)

Pan Foundation

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RX

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Eligibility Requirements: **Insurance Status:** May have insurance | **Part D Eligible:** Yes, but contact the program for details | **Income:** Determined case by case | **Diagnosis Medical Criteria:** Not required
Residency Required: Must reside in US.

Onfi (Clobazam)

Pan Foundation

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Trilapal (oxcarbazepine)

Pan Foundation

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Rx

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Residency Required: Must reside in US.

Topiragen (Topiramate)

Rx

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Topax (Topiramate)

Pan Foundation

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Rx

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Eligibility Requirements: *Insurance Status:* May have insurance | *Part D Eligible:* Yes, but contact the program for details | *Income:* Determined case by case | *Diagnosis Medical Criteria:* Not required | *Residency Required:* Must reside in US.

Vimpat (Lacosamide)

Pan Foundation

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Zonegran (Zoniasmid)

Pan Foundation

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Rx

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Zarotin (Ethosuximide)

Pan Foundation

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Pfizer PAP Connect

PAP Phone: 866-706-2400 | **PAP ALT Phone:** 833-463-0005 | **Website:** https://www.pfizerpapconnect.com/s/?language=en_US
Eligibility Requirements: **Insurance Status:** Be uninsured or government insured and unable to afford their copayment. Commercially insured patients are not eligible | **Part D Eligible:** Yes, but contact program for details | **Income:** At or below 300% of FPL | **Diagnosis Medical Criteria:** FDA Approved Diagnosis | **Residency Required:** Must be residing in the US or US territory.

Pfizer RxPathways

PAP Phone: 844-989-7284 | **Website:** <https://www.pfizerRxPathways.com/>
Eligibility Requirements: **Insurance Status:** Be uninsured or government insured and unable to afford their copayment. Commercially insured patients are not eligible | **Part D Eligible:** Yes, but contact program for details | **Income:** At or below 300% of FPL | **Diagnosis Medical Criteria:** FDA Approved Diagnosis | **Residency Required:** Must be residing in the US or US territory.

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