

Frequently Ordered Medications

- Advair Diskus
- Accupril
- Actos
- Avandia
- Coreg
- Coumadin
- Cozaar
- Crestor
- Diovan
- Glucotrol XL
- Humulin
- Hyzaar
- Lantus
- Lipitor
- Nexium
- Norvasc
- Plavix
- Proventil
- Singulair
- Toprol XL
- Tricor
- Wellbutrin
- Xalatan
- Zetia
- Zolof



Contact Us

If you have questions please
call

212-342-1617

or visit us at:

http://www.nyp.org/services/acn_outreach_pap.html



 **NewYork-Presbyterian**
Ambulatory Care Network



Pharmacy Assistance Program

CONNECTING LIVES, ORGANIZATIONS AND SERVICES

 **NewYork-Presbyterian**
Ambulatory Care Network

*Copyright New York Presbyterian Hospital 2005.
All rights reserved*

**622 West 168th St.
VC-10, Area C, Room 3
New York, NY 10032
Phone 212- 342-1617
Fax 212-342-1792**

Who Do We Serve?

- NewYork-Presbyterian Hospital Cornell & Columbia Communities
- Community Safety-net providers
- Patients with no prescription benefits
- Community & Faith based organizations



What Does It Cost?

- Low administrative fee per prescription worth 3 months of medication for patients

Program Description

- Provide technical assistance to health care providers.
- Advocate for patients in need of medications.
- Facilitate in obtaining medications.

Program Features

ACN-PAP can track all prescriptions ordered, report on retail costs, and serve as PAP information center. If medications are not available, we collaborate with providers to identify an alternative.

Who Is Eligible?

- Uninsured and underinsured
- No Prescription Benefit
- Low income (Below 200% of poverty level; See provider for details)
- Not enrolled in any state programs that cover prescription medications
- Have been on the same medication for more than 6 months



How To Apply

It's as easy as 1-2-3

1. Visit your physician's office & match medications with those on the formulary. (Brand Name Rx)
2. Fill out an application at the physician's office (within our network)
3. Have your documents mailed to us (application, proof of income, & original prescriptions)

Required Documentation

- **VALID** Prescription(s) from NewYork-Presbyterian or affiliated provider.
- Patient is **REQUIRED** to complete & sign the Patient's Enrollment Form
- Patient **MUST** include proof of income with the Patient Enrollment Form.
- Acceptable Proof of Income:
 - Copy of Federal Income Tax Or
 - Copy of pay stub Or
 - Copy of Social Security Benefits Statement or Check Or
 - Letter from person providing resources to patient and copy of pay stub from the person verifying income.