

**CANCER ASSOCIATION OF GREATER NEW ORLEANS**

824 Elmwood Park Boulevard  
Room 240  
New Orleans, LA 70123-3342

(504) 733-5539 or (504) 529-2273,  
**WITHIN METRO NEW ORLEANS**

1-800-624-2039,  
**OUTSIDE METRO NEW ORLEANS**

**FAX: (504) 733-0252**

**PATIENT SERVICES PROGRAM**

The Cancer Association of Greater New Orleans, Inc. (CAGNO), a United Way agency, provides medications, colostomy supplies, and some comfort items for patients suffering from cancer for a period of twelve months. **The current period for which applications are being accepted is July 1, 2009 through June 30, 2010;** in order to receive assistance for the next fiscal period, a new application must be submitted. The Cancer Association of Greater New Orleans, Inc. (CAGNO) provides these services to residents of Jefferson Parish, Orleans Parish, Plaquemines Parish, St. Bernard Parish, and St. Tammany Parish. The Cancer Association of Greater New Orleans, Inc. (CAGNO) also subsidizes the rental of some items of equipment (pays a portion of the rental fee charged by a patient-selected vendor). **These services are available to cancer patients being cared for at home and who do not have a third party insurance coverage for outpatient medications such as a private insurance company, Medicaid, or Medicare Part D.**

The Cancer Association's services are provided as a last resort. The Cancer Association's services are provided to those cancer patients being cared for at home and who do not have any other resources, such as private insurance, Medicaid, or Medicare Part D, to obtain the requested assistance. If the patient has other resources of assistance, PLEASE USE THE OTHER SOURCE! This will free up our VERY LIMITED funding for those who really do not have any other means of assistance.

To become eligible to receive aid, please read the following Patient Requirements and Regulations.

**REQUIREMENTS**

1. Statement from the physician that gives a brief diagnosis of the patient's cancer site.
2. Statement from the physician that states the need for any equipment, medication(s), bed pads, or colostomy supplies that is requested.
3. A Patient Services Eligibility Form **must** be completed and in the Cancer Association's office before services can be provided.
4. Patients' needs are re-evaluated every six (6) months for those receiving aid with medications, and every three (3) months for those receiving aid with equipment. The Cancer Association may send a nurse to visit a patient on a one-time basis.

5. As a condition of service, the Cancer Association **requires** periodic updating of information – such as address, medications, Medicaid status, etc. By using the services of the Cancer Association's Patient Services Program for any type of assistance, **BOTH** the Referring Professional **AND** the Patient agree to participate in any updates that are conducted by the Cancer Association.

### Services Provided

**As a direct result for the treatment of the cancer**, the Cancer Association will provide no more than \$ 500.00 TOTAL of financial assistance in one or more of the following categories at the patient's discretion/choosing:

**Transportation** – one \$25 gas card will be provided for every 100 miles of travel to and from cancer treatments. The information to be supplied is patient's name, address, telephone number, physician's name, place of treatment, any and all appointment date(s), and number of miles one way from the patient's home. In order to qualify for this assistance, the patient must travel at least 25 miles one way to the treatment center. A list of the appointments must be provided by your doctor's or social worker.

**Nutritional Supplements** from a pharmacy with which we have an account and that is most convenient for the patient. Patient must provide a statement of need for the nutritional supplements signed by the physician. Because nutritional supplements are covered by Medicaid, we are unable to assist anyone who has Medicaid coverage with this service.

**Durable Medical Equipment (DMEs)** – this includes suction machine, oxygen, and related equipment.

**Living Expenses** - includes rent/mortgage, telephone, electric, gas, and water bills; cable and internet services are excluded – Cancer Association will assist cancer patients who are actively seeking treatment for cancer with existing utilities on a limited/one-time-only basis. Deposits for utilities are not eligible. **Copies of all bills for which assistance is being requested must accompany application.**

**Medical Expenses** – includes physicians' office co-pays and prescription medications or prescription co-pays – for those cancer patients being cared for at home and who do not have any other resources, such as private insurance, Medicaid, or Medicare Part D, and who still require assistance with their medications. **Copies of all bills for which assistance is being requested must accompany application.**

Any medications not listed on our formulary (begins on Page 5) is also subject to the \$500.00 limitation.

### EQUIPMENT REGULATIONS

Patients qualifying for assistance from the Cancer Association with the rental of equipment **MUST**:

1. Make arrangements with the vendor of the patient's choice.
2. Properly fill out Medicare or Medicaid forms, when applicable. You may receive assistance for

applying for either of these services from either your social worker or by calling the Office of Family Support for your parish for Medicaid or by calling Social Security Administration for Medicare.

3. Be responsible for payment of rental bill sent by the vendor each month, as the contract is between the vendor and the patient.
4. **The Cancer Association will make payment directly to the vendor of the patient's choice. It is against the Cancer Association's policy to reimburse the patient for any costs.**

EQUIPMENT RENTAL COST SCALE

	<u>CA</u>	<u>PATIENT</u>
Standard Hospital Bed	\$12.00	BALANCE, IF ANY, <b>PLUS TAX</b>
Bed Rails (Hospital)	\$ 4.00	BALANCE, IF ANY, <b>PLUS TAX</b>
Standard Wheelchair	\$12.00	BALANCE, IF ANY, <b>PLUS TAX</b>

Upon approval of a completed eligibility form, the Cancer Association may also purchase a Standard Walker for an individual patient, our cost not to exceed \$25.00@@.

The Cancer Association will also purchase a Regular Bedside Commode for an individual patient; our cost is not to exceed \$25.00@@. The Patient, or the Patient's family, is responsible for the balance, if any.

**@@ The Cancer Association pays up to \$25.00 toward equipment items. If the Patient, or the Patient's family can find a lower purchase price, the Patient, or family members may submit that lower price to the Cancer Association for approval.**

SPECIAL EQUIPMENT@@

**@@** Provided only if needed as a result of a diagnosis of cancer. A statement of a cancer diagnosis and need for this service is required from your physician is required before services can be rendered.

1. Bard Disposable Colostomy Appliances (bags), Extra # 2, odor proof rustle-free, catalog number

960102, will be provided for a one-year basis only. A patient must reapply for aid at the end of one year. **A patient may receive a MAXIMUM OF 30 BAGS PER MONTH.** Patients **MUST** request their supply each month. **BAGS WILL NOT BE SENT AUTOMATICALLY.**

2. Disposable Needles, # 21 or # 23@@
3. Syringes for Insulin (Diabetes)@@
4. Asepto-Syringes for feeding tube installation or suction or nasal pharynx
5. Heplox-Syringes
6. Bed pads, 50 per month.

### MEDICATIONS REGULATIONS

@@ Provided only if needed as a result of a diagnosis of cancer. A statement of a cancer diagnosis and need for this service is required from your physician is required before services can be rendered.

1. **No more than ONE REFILL** of a prescription will be permitted. The patient **MUST** then obtain a new prescription.
2. **NO MORE THAN** a 30-day supply of medication will be provided **AT A TIME**.
3. The pharmacy **MUST** call each month to verify payment of a prescription. Authorizations are for a one-time-only basis; a purchase order will then be issued for that particular authorization. The purchase order must be indicated on the invoice in order for the invoice to be honored.
4. Because the Cancer Association will pay for **the lowest price available only** - such as the generic equivalent, if one is available through ANY pharmaceutical company - of any medication(s) on this list for each patient **upon approval of an eligibility form** for each individual patient, the patient's physician must agree to prescribe the least expensive drug available for the patient's treatment. **The Cancer Association MUST approve changes in the medications of patients with the assigned pharmacy IN ADVANCE.**
5. Many of the medications are also available to the patient through the Indigent Program of the drug's manufacturer. As a result, assistance provided by the Cancer Association for these medications is available for **A MAXIMUM** of three (3) months. *The patient must apply for continued assistance of these medications from the drug's manufacturer through his or her physician.* An application for those medications that are available through an Indigent Program is available upon request. You may also obtain a copy of the application by going to [www.needymeds.com](http://www.needymeds.com) or through the pharmaceutical company.

In order for a patient to receive continued assistance for one of those medications that are on a three-month time limit for assistance from the Cancer Association, the Cancer Association **REQUIRES** a Letter of Decline **from the pharmaceutical company**. The patient will have to reapply for assistance with a copy of the Letter of Decline attached.

6. If your medication is not listed in our formulary, it is subject to the \$500 limit regulation for the fiscal

period.

### THE MEDICATIONS LIST

The Cancer Association has listed the medications covered by its generic, or chemical, name. Look to the right of each medication on the list where the more commonly used drug, or brand, names are indicated. **It is the medication listed in the LEFT-hand column that is covered.**

The Cancer Association will pay for **the lowest price available only** - such as the generic equivalent, if one is available through ANY pharmaceutical company - of any medication(s) on this list for each patient **upon approval of an eligibility form** for each individual patient. **The Cancer Association MUST approve changes in the medications of patients with the assigned pharmacy IN ADVANCE.**

#### GENERIC / CHEMICAL NAME

#### BRAND NAME

#### A. NARCOTIC

##### HYPODERMIC

- |    |  |          |
|----|--|----------|
| 1. | Morphine@@, 1/6 or 1/2 grain tubex vial(?) |          |
| 2. | Hydromorphone Hydrochloride                | Dilaudid |
| 3. | Meperidine Hydrochloride                   | Demerol  |

##### ORAL

- |    |                                      |                  |
|----|--------------------------------------|------------------|
| 1. | Meperidine Hydrochloride             | Demerol          |
| 2. | Aspirin and Oxycodone                | Percodan/Endodan |
| 3. | Aspirin with Codeine, 1/2 or 1 grain |                  |
| 4. | Hydromorphone Hydrochloride          | Dilaudid         |
| 5. | Acetaminophen with Codeine, 30mg.    | Tylenol # 3      |
| 6. | Acetaminophen with Codeine, 60mg.    | Tylenol # 4      |
| 7. | Brompton's Cocktail, 100cc each      |                  |

	Diphenhydramine Hydrochloride (Benadryl)	
	Maalox	
	Lidocaine Viscous	
8.	Magic Mouthwash, 160cc each	:
	Xylocaine Viscous, 2mg.	
	Mylanta	
	Nystatin	
	Diphenhydramine Hydrochloride (Benadryl) Elixir (12.5/5mL)	
9.	Methadone Hydrochloride	Dolophine/Methadose
10.	Morphine Sulfate	Morphine
11.	Morphine Sulfate Elixir	Roxanol
12.	Morphine Sulfate (time release capsule)	M. S. Contin/Oramorph
13.	Levorphanol tartrate, 2 mg. tabs	Levo Dromoran
14.	Oxycodone, 5mg. and Acetaminophen, 325mg.	Percocet/Roxicet/Tylox/Roxilox/Endocet
15.	Hydrocodone with Acetaminophen	Vicodin/Lortab/Lorcet/Zydone/Norco
16.	Oxycodone Hydrochloride Controlled-Release	OxyContin
17.	Morphine Sulfate Immediate Release (MSIR)	

**B. ANALGESICS**

1.	Propoxyphene napsylate with Acetaminophen	Darvocet N/Parmed/Propacet 100
2.	Propoxyphene with Aspirin	Darvon
	<b><u>GENERIC/CHEMICAL NAME</u></b>	<b><u>BRAND NAME</u></b>

**C. ANTI-COAGULANT**

1.	Warfarin Sodium, up to 5 mg.	Coumadin
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**D. TRANQUILIZERS, ANTI-DEPRESSANTS, ANTI-NAUSEA**

HYPODERMIC

1.	Hydroxyzine pamoate	Vistaril
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ORAL

1.	Hydroxyzine pamoate	Vistaril
2.	Meprobamate	Equanil/Miltown
3.	Chlordiazepoxide	Librium
4.	Phenobarbital	
5.	Diazepam	Valium
6.	Prochlorperazine	Compazine
7.	Amitriptyline	Elavil
8.	Diphenhydramine Hydrochloride	Benadryl
9.	Chlorpromazine	Thorazine

SLEEPING PILLS

1.	Flurazepam Hydrochloride	Dalmane
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2.	Secobarbital	
3.	Temazepam	Restoril
4.	Triazolam	Halcion
5.	Lorazepam	Ativan

SUPPOSITORIES

1.	Prochlorperazine	Compazine
2.	Trimethobenzamide	Tigan/Triban
3.	Hydromorphone, 3mg.	Dilaudid
4.	Morphine Sulfate, 5mg.	
5.	Morphine Sulfate, 10mg.	
6.	Belladonna Alkaloids and Opium	B & O Suppettes

GENERIC/CHEMICAL NAME

BRAND NAME

**E. ANTIBIOTICS**

ORAL

1.	Penicillin	
2.	Tetracycline	
3.	Ampicillin	
4.	Erythromycin	
5.	Nystatin	Mycostatin
6.	Cephalexin Hydrochloride	Keflex/Keftab
7.	Sulfisoxazole	Gantrisin
8.	Sulfamethoxazole and Trimethoprim	Bactrim/Bactrim DS/Septra/Cotrim/Bathaprim

**F. HORMONES (ORAL ONLY)**

1.	Chlorotrianisene	TACE
2.	Stilbesterol	
3.	Fluoxymesterone	Halotestin
4.	Prednisone	Deltasone/Orasone
5.	Dexamethasone	Decadron/Hexadrol
6.	Megastrol Acetate	Megace

**G. ELECTROLYTE REPLACEMENT**

1.	Potassium Chloride	K-Lor/Micro-K/K-Dur/K-Tabs/Kato/K-Lyte/CL/Slow-K/
		Ten-K/K-K-Norm/Kaochlor/Kaon-CL/Kay

**H. ANTI-CONVULSANT@@**

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**HYPODERMIC AND ORAL**

1.	Phenytoin Sodium	Dilantin
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**I. DIURETICS**

1.	Furosemide	Lasix
2.	Spirolactone and Hydrochlorothiazide	Aldactazide
3.	Chlorothiazide	Diuril
4.	Hydrochlorothiazide	HydroDIURIL/Esidrix/Microzide

**GENERIC/CHEMICAL NAME****BRAND NAME****J. CHEMO-THERAPEUTIC AGENTS**

1.	5 Fluorouracil (5 FU) (IV ONLY)	
2.	Thio-tepa	
3.	Cyclophosphamide (ORAL ONLY)	Cytosan
4.	Methotrexate (MTX)	
5.	Chlorambucil	Leukeran
6.	Busulfan	Myleran
7.	Melphalan	Alkeran
8.	Lomustine	CeeNU
9.	Estramustine Phosphate Sodium	Emcyt

**K. DIABETES MEDICATION@@**

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1.	Insulin for Injection	
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**CANCER ASSOCIATION**  
**ATTN: Trisha**  
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824 Elmwood Park Boulevard  
Room 240  
New Orleans, LA 70123-3342

**WITHIN** Metro New Orleans:  
733-5539 or 529-2273

**OUTSIDE** Metro New Orleans:  
1-800-624-2039

**FAX NUMBER:**  
(504) 733-0252

Other Resources:

1. For information on other possible programs operated by pharmaceutical companies, call 1-800-762-4636. Tell them the medication or pharmaceutical company and they will tell you whether or not there is an indigent program for that medication or pharmaceutical company and the telephone number to reach the indigent program.
2. Patient Advocate Foundation, 1-800-532-5274
3. CancerCare, [www.cancercare.org](http://www.cancercare.org), 1-800-813-HOPE
4. [www.needymeds.com](http://www.needymeds.com)
5. Leukemia & Lymphoma Society, [www.leukemia-lymphoma.org](http://www.leukemia-lymphoma.org), 1-800-955-4572 (nationally) or (504) 837-0945 or 1-888-290-0945 (locally)
6. Partnership for Prescription Assistance, 1-888-477-2669 or [www.pparx.org](http://www.pparx.org)
7. Medline Plus, [www.medlineplus.gov](http://www.medlineplus.gov), 1-888-346-3656