

CANCER ASSOCIATION

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, a United Way agency, provides medications for patients suffering from cancer for a period of twelve months. The Cancer Association provides these services to residents of Assumption Parish, Jefferson Parish, Lafourche Parish, Orleans Parish, Plaquemines Parish, St. Bernard Parish, St. Charles Parish, St. John the Baptist Parish, St. Mary Parish, St. Tammany Parish, Tangipahoa Parish, Terrebonne Parish, and Washington Parish.

The current period for which applications are being accepted is July 1, 2010 through June 30, 2011; **all current authorizations for the current funding period expire June 30, 2011, NO EXCEPTIONS.** 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. In order to receive assistance for the July 1, 2011 through June 30, 2012 fiscal period, you must submit an application. Please contact CAGNO for an application for the July 1, 2011 through June 30, 2012 fiscal period.

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.

If you are a breast cancer patient, please read Page Seven for additional possible 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 medication(s) for which assistance is requested.
3. A Patient Services Eligibility Form **must** be completed and in the Cancer Association's office before services can be provided.
4. **PHYSICIANS MUST USE THE LEAST EXPENSIVE DRUGS AVAILABLE** - such as the generic equivalent, if one is available through ANY pharmaceutical company - **WHENEVER POSSIBLE.** (The more commonly used name of each drug is listed in the right-hand column.)

REGULATIONS

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 CANCER ASSOCIATION WILL PAY ONLY FOR THE LOWEST PRICE AVAILABLE** - such as the generic equivalent, if one is available through ANY pharmaceutical company - **OF ANY MEDICATION(S) ON THIS LIST**.
4. Many of the medications covered by the Cancer Association 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.* Those medications that have a known indigent program are indicated in the List of Approved List of Medications ***are in bold and in italics***. An application for those medications that are available through an Indigent Program is available upon request.

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.

5. Patients' needs are re-evaluated every fiscal period for those receiving aid with medications. The Cancer Association may send a nurse to visit a patient on a one-time basis.
6. 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.

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) | |

GENERIC/CHEMICAL NAME**BRAND NAME****B. ANALGESICS**

- | | | |
|----|---|--------------------------------|
| 1. | Propoxyphene napsylate with Acetaminophen | Darvocet N/Parmed/Propacet 100 |
| 2. | Propoxyphene with Aspirin | Darvon |

C. ANTI-COAGULANT

- | | | |
|----|------------------------------|----------|
| 1. | Warfarin Sodium, up to 5 mg. | Coumadin |
|----|------------------------------|----------|

D. TRANQUILIZERS, ANTI-DEPRESSANTS, ANTI-NAUSEA**HYPODERMIC**

- | | | |
|----|---------------------|----------|
| 1. | Hydroxyzine pamoate | Vistaril |
|----|---------------------|----------|

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 |
| 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 |

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
Ciel/Chlor-Con/Klorvess/Klotrix |
|-----------------------|---|

H. ANTI-CONVULSANT@@

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

HYPODERMIC AND ORAL

- | | |
|---------------------|----------|
| 1. Phenytoin Sodium | Dilantin |
|---------------------|----------|

I. DIURETICS

- | | |
|---|-------------------------------|
| 1. Furosemide | Lasix |
| 2. Spironolactone 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) | Cytoxan |
| 4. | Methotrexate (MTX) | |
| 5. | Chlorambucil | Leukeran |
| 6. | Busulfan | Myleran |
| 7. | Lomustine | CeeNU |
| 8. | Estramustine Phosphate Sodium | Emcyt |

K. DIABETES MEDICATION@@

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

1. Insulin for Injection

L. SPECIAL EQUIPMENT@@

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

1. Disposable Needles, # 21 or # 23@@
2. Syringes for Insulin (Diabetes)@@
3. Asepto-Syringes for feeding tube installation or suction or nasal pharynx
4. Heplox-Syringes
5. Bed pads, 50 per month, **NO EXCEPTIONS !!!!!**

IT IS THE POLICY OF THE CANCER ASSOCIATION TO PROVIDE ONLY THE MEDICATIONS ON THIS LIST. IF A MEDICATION IS NOT ON THIS LIST, THE CANCER ASSOCIATION IS NOT ABLE TO PAY FOR IT.

THERE WILL BE NO EXCEPTIONS!!

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FOR BREAST CANCER PATIENTS ONLY!

April 1, 2010 through March 31, 2011

For breast cancer patients residing in the parishes of Orleans, Jefferson, Plaquemines, St. Bernard, St. Tammany, St. Charles, and St. John the Baptist, additional assistance up to a maximum of \$1,000.00 may be available for the following:

- **Medical insurance premiums or COBRA payments**
- **Medical bills, co-pays, or medical supplies**
- **Post treatment follow-ups, such as mammograms, tests, doctors' visits, etc.**
- **Prescription medications or medications co-pays.**

ALL EXPENSES MUST BE RELATED TO THE BREAST CANCER TREATMENT.

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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.

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2. Patient Advocate Foundation, 1-800-532-5274
3. CancerCare, www.cancercares.org, 1-800-813-HOPE
4. www.needymeds.com

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5. Leukemia & Lymphoma Society, 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
7. Medline Plus, www.medlineplus.gov, 1-888-346-3656.