

GASTROENTEROLOGY

Last reviewed 3-2-22

Drug Name • Brand bolded if generic not available	Cost	Copay Card • Commercial insurance or cash payers • Government insurance not eligible, i.e. Medicaid, Medicare, VA, Tricare (exclusions apply)	Alternative Access • Cost savings through alternative pharmacy	Patient Assistance Program (PAP) * ** • Fill out patient and provider sections and submit • Patient may need assistance in determining financial information needed • Brand name medications ONLY	Manufacturer Website • Coupons
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ANTIEMETICS

Meclizine (Bonine)	< \$10	N/A	<ul style="list-style-type: none"> <li>• <a href="http://GoodRx.com">GoodRx.com</a></li> <li>• <a href="http://Walmart.com">Walmart.com</a></li> </ul> \$9 for 30-day supply \$24 for 90-day supply	N/A	
Metoclopramide (Reglan)	< \$10	N/A	<a href="http://Walmart.com">Walmart.com</a> \$4 for 30-day supply \$10 for 90-day supply	N/A	
Ondansetron (Zofran)	< \$10	N/A	<a href="http://GoodRx.com">GoodRx.com</a>	N/A	
Ondansetron ODT (Zofran ODT)	\$10 - \$25	N/A	<a href="http://GoodRx.com">GoodRx.com</a>	N/A	
Prochlorperazine (Compazine)	\$10 - \$25	N/A	<a href="http://GoodRx.com">GoodRx.com</a>	N/A	

PROTON PUMP INHIBITORS (PPI)

Omeprazole (Prilosec)	\$10 - \$40	N/A	<a href="http://Walmart.com">Walmart.com</a> \$15 for 30-day supply \$38 for 90-day supply	N/A	
Pantoprazole (Protonix)	< \$10 *preferred if filled at NM Walgreens	N/A	<a href="http://GoodRx.com">GoodRx.com</a>	<ul style="list-style-type: none"> <li>• 400% FPL income requirement</li> <li>• Must reside in U.S.</li> <li>• No prescription coverage, or not enough coverage to pay for medication</li> </ul>	Pfizer (PAP) <a href="#">Learn About Programs</a>

STOOL SOFTENERS

Docusate (Colace)	< \$10	N/A	<a href="http://GoodRx.com">GoodRx.com</a>	N/A	
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Sennosides (Senna-S)	< \$10	N/A	<a href="http://GoodRx.com">GoodRx.com</a>	N/A	

MISCELLANEOUS

Rifaximin ( <b>Xifaxan</b> )	~\$2,200 - \$2,400	<ul style="list-style-type: none"> <li>• Eligible commercially insured</li> <li>• As little as \$0 copay</li> <li>• As little as \$50 out-of-pocket cost for patients without Xifaxan coverage</li> <li>• Maximum benefits apply</li> </ul>	<a href="http://GoodRx.com">GoodRx.com</a>	<ul style="list-style-type: none"> <li>• Income requirements (see <a href="http://BauschHealthPAP.com">BauschHealthPAP.com</a> for details)</li> <li>• Must legally reside in U.S.</li> <li>• No prescription coverage for specified medication</li> </ul>	<a href="http://BauschHealthPAP.com">BauschHealthPAP.com</a> "Are You Eligible" Tab  <a href="#">Xifaxan Copay Savings Program</a> Instant Savings Card
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\* Most patient assistance programs require income verification by submission of W2 (1040 or 1040Z) federal tax forms, pay stubs or social security  
 \*\* Medication received through patient assistance programs may be sent to patient's home or physician's office depending on program requirements  
 If patient's income or household income is \$0, many patient assistance programs require letter explaining the financial situation and that the patient does not have income.