

INFECTIOUS DISEASE

Updated 3-31-22

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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ANTIBIOTICS

Amoxicillin (Amoxil)	< \$10	N/A	GoodRx.com	N/A	
Amoxicillin and Clavulanate (Augmentin)	\$10 - \$30	N/A	GoodRx.com	N/A	
Ampicillin (Omnipen)	\$15 - \$30	N/A	GoodRx.com	N/A	
Cefixime (Suprax)	\$20 - \$30	N/A	GoodRx.com	N/A	
Cephalexin (Keflex)	\$5 - \$15	N/A	GoodRx.com	N/A	
Ciprofloxacin (Cipro)	\$5 - \$15	N/A	GoodRx.com	N/A	
Fidaxomicin (Dificid)	~\$4,000	<ul style="list-style-type: none"> • Eligible commercially insured • Up to \$3,400 off out-of-pocket cost on each of up to 4 qualifying prescriptions • Patient responsible for first \$50 out-of-pocket cost 		N/A	Dificid.com Savings Coupon
Linezolid (Zyvox)	~\$50	N/A	GoodRx.com	<ul style="list-style-type: none"> • 400% FPL income requirement • Must reside in U.S. • No prescription coverage, or not enough coverage to pay for medication 	Pfizer (PAP) Learn About Programs
Nitrofurantoin	\$5 - \$20	N/A	GoodRx.com	N/A	
Penicillin VK (Pen-Vee K)	< \$10	N/A	GoodRx.com	N/A	

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Sulfamethoxazole/Trimethoprim DS or SS (Bactrim)	< \$10	N/A	GoodRx.com	N/A	
Vancomycin	~\$80	N/A	GoodRx.com	N/A	
ANTIFUNGALS					
Fluconazole (Diflucan)	\$5 - \$15	N/A	GoodRx.com	<ul style="list-style-type: none"> • 400% FPL income requirement • Must reside in U.S. • No prescription coverage, or not enough coverage to pay for medication 	Pfizer (PAP) Learn About Programs
Isavuconazonium (Cresemba)	~\$6,000	<ul style="list-style-type: none"> • Eligible commercially insured • As little as \$25 per prescription • Maximum \$4000 savings annually 	GoodRx.com	Income requirement (see Astellas Pharma Support Solutions for details) <ul style="list-style-type: none"> • Must have U.S. mailing address • Must be uninsured or have insurance that excludes coverage of medication 	Astellas Pharma Support Solutions Cresemba > Patient Assistance > Astellas Patient Assistance Program Cresemba.com Access & Support > Cresemba Support Solutions
Itraconazole (Sporanox)	\$20 - \$40	N/A	GoodRx.com	<ul style="list-style-type: none"> • 300% FPL income requirement • Must reside in U.S. • Medicare part D patients eligible if patient spends 4% or more of gross annual income on prescription drugs 	Johnson & Johnson Patient Assistance Foundation How to Apply

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Posaconazole (Noxafil)	~\$1,750	N/A	GoodRx.com	<ul style="list-style-type: none"> Income requirement (see MerckHelps.com for details) Must be U.S. resident No insurance or other prescription medicine coverage If patient does not meet specified criteria but there are special circumstances of financial or medical hardship, a request for exception can be made 	MerckHelps.com “Products” tab PrescriptionHope.com Scroll to page footer > Medication List
Voriconazole (Vfend)	~\$100	N/A	GoodRx.com	<ul style="list-style-type: none"> 400% FPL income requirement Must reside in U.S. No prescription coverage, or not enough coverage to pay for medication 	Pfizer (PAP) Learn About Programs
ANTIPARASITIC					
Atovaquone and Proguanil (Malarone)	\$40 - \$60	N/A	GoodRx.com	<ul style="list-style-type: none"> Specific income requirements (see GSKForYou.com) Must reside in U.S. Medicare part D patients eligible if at least \$600 spent on prescription medicines through Part D plan this calendar year 	GSKForYou.com
Atovaquone susp (Mepron)	~\$350	N/A	GoodRx.com	<ul style="list-style-type: none"> Specific income requirements (see GSKForYou.com) Must reside in U.S. Medicare part D patients eligible if at least \$600 spent on prescription medicines through Part D plan this calendar year 	GSKForYou.com

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ANTIRETROVIRAL THERAPY (ART)

Bictegravir, Emtricitabine and Tenofovir Alafenamide (Biktarvy)	~\$3,500	<ul style="list-style-type: none"> As little as \$0 copay No monthly limit Up to \$7,200 in copays per year 	GoodRx.com	<ul style="list-style-type: none"> 400-500% FPL income requirement Must reside in U.S. 	GileadAdvancingAccess.com
Darunavir (Prezista)	~\$2,000	N/A	GoodRx.com	<ul style="list-style-type: none"> 300% FPL income requirement Must reside in U.S. Medicare part D patients eligible if patient spends 4% or more of gross annual income on prescription drugs 	Johnson & Johnson Patient Assistance Foundation How to Apply
Darunavir, Cobicistat (Prezcobix)	~\$2,250	<ul style="list-style-type: none"> Eligible commercially insured \$0 per prescription fill \$7,500 maximum per calendar year 	GoodRx.com	<ul style="list-style-type: none"> 300% FPL income requirement Must reside in U.S. Medicare part D patients eligible if patient spends 4% or more of gross annual income on prescription drugs 	Johnson & Johnson Patient Assistance Foundation How to Apply JanssenCarePath.com Paying for Prezcobix
Darunavir, Cobicistat, Emtricitabine and Tenofovir Alafenamide (Symtuza)	~\$4,000	<ul style="list-style-type: none"> Eligible commercially insured \$0 per prescription fill \$12,500 maximum per calendar year 	GoodRx.com	<ul style="list-style-type: none"> 300% FPL income requirement Must reside in U.S. Medicare part D patients eligible if patient spends 4% or more of gross annual income on prescription drugs 	Johnson & Johnson Patient Assistance Foundation How to Apply JanssenCarePath.com Paying for Symtuza
Efavirenz, Emtricitabine and Tenofovir Disoproxil Fumerate (Atripla)	\$200 - \$1,000	<ul style="list-style-type: none"> As little as \$0 copay No monthly limit Up to \$6,000 in copays per year 	GoodRx.com	<ul style="list-style-type: none"> 400-500% FPL income requirement Must reside in U.S. 	GileadAdvancingAccess.com

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Elvitegravir, Emtricitabine, Cobicistat and Tenofovir Alafenamide (Genvoya)	~\$3,500	<ul style="list-style-type: none"> As little as \$0 copay No monthly limit Up to \$7,200 in copays per year 	GoodRx.com	<ul style="list-style-type: none"> 400-500% FPL income requirement Must reside in U.S. 	GileadAdvancingAccess.com
Elvitegravir, Emtricitabine, Cobicistat and Tenofovir Disoproxil Fumerate (Stribild)	~\$3,750	<ul style="list-style-type: none"> As little as \$0 copay No monthly limit Up to \$6,000 in copays per year 	GoodRx.com	<ul style="list-style-type: none"> 400-500% FPL income requirement Must reside in U.S. 	GileadAdvancingAccess.com
Emtricitabine and Tenofovir Alafenamide (Descovy)	~\$2,000	<ul style="list-style-type: none"> As little as \$0 copay No monthly limit Up to \$7,200 in copays per year 	GoodRx.com	<ul style="list-style-type: none"> 400-500% FPL income requirement Must reside in U.S. 	GileadAdvancingAccess.com
Emtricitabine and Tenofovir Disoproxil Fumerate (Truvada)	~\$40	<ul style="list-style-type: none"> As little as \$0 copay No monthly limit Up to \$7,200 in copays per year 	GoodRx.com	<ul style="list-style-type: none"> 400-500% FPL income requirement Must reside in U.S. 	GileadAdvancingAccess.com
Etravirine (Intelence)	\$500 - \$1,000	<ul style="list-style-type: none"> Eligible commercially insured \$0 per prescription fill \$7,500 maximum per calendar year 	GoodRx.com	<ul style="list-style-type: none"> 300% FPL income requirement Must reside in U.S. Medicare part D patients eligible if patient spends 4% or more of gross annual income on prescription drugs 	Johnson & Johnson Patient Assistance Foundation How to Apply JanssenCarePath.com Paying for Intelence

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Lamivudine (Epivir-HBV)	\$60 - \$150	N/A	GoodRx.com	<ul style="list-style-type: none"> • Specific income requirements (see GSKForYou.com) • Must reside in U.S. • Medicare part D patients eligible if at least \$600 spent on prescription medicines through Part D plan this calendar year 	GSKForYou.com
Rilpivirine (Edurant)	~\$1,250	<ul style="list-style-type: none"> • Eligible commercially insured • \$0 per prescription fill • \$7,500 maximum per calendar year 	GoodRx.com	<ul style="list-style-type: none"> • 300% FPL income requirement • Must reside in U.S. • Medicare part D patients eligible if patient spends 4% or more of gross annual income on prescription drugs 	Johnson & Johnson Patient Assistance Foundation How to Apply JanssenCarePath.com Paying for Edurant
Rilpivirine, Emtricitabine and Tenofovir Alafenamide (Odefsey)	~\$3,150	<ul style="list-style-type: none"> • As little as \$0 copay • No monthly limit • Up to \$6,000 in copays per year 	GoodRx.com	<ul style="list-style-type: none"> • 400-500% FPL income requirement • Must reside in U.S. 	GileadAdvancingAccess.com
Rilpivirine, Emtricitabine and Tenofovir Disoproxil Fumerate (Complera)	~\$3,250	<ul style="list-style-type: none"> • As little as \$0 copay • No monthly limit • Up to \$6,000 in copays per year 	GoodRx.com	<ul style="list-style-type: none"> • 400-500% FPL income requirement • Must reside in U.S. 	GileadAdvancingAccess.com
ANTIVIRAL THERAPY					
Valacyclovir (Valtrex)	\$20 - \$50	N/A	GoodRx.com	N/A	
Valgancyclovir (Valcyte)	\$20 - \$50	N/A	GoodRx.com	N/A	

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IMMUNOSUPPRESSION

Cyclosporine (Neoral)	\$30 - \$60	<ul style="list-style-type: none"> • Eligible patients • Maximum \$7,200 per brand annually • Free trial card for one 30-day supply (insured or uninsured) 	GoodRx.com NeedyMeds.org	N/A	SaveOnMyPrescription.com <ul style="list-style-type: none"> • Savings Cards • 30-Day Trial Vouchers
Everolimus (Zortress)	\$500 - \$1,000	<ul style="list-style-type: none"> • Eligible patients • Maximum \$7,200 per brand annually • Free trial card for one 30-day supply (insured or uninsured) 	GoodRx.com	<ul style="list-style-type: none"> • Income requirement (see program website for details) • Must reside in U.S. • Limited or no private or public prescription coverage 	SaveOnMyPrescription.com <ul style="list-style-type: none"> • Savings Cards • 30-Day Trial Vouchers
Methylprednisolone (Medrol)	\$10 - \$15	N/A	GoodRx.com NeedyMeds.org	<ul style="list-style-type: none"> • 400% FPL income requirement • Must reside in U.S. • No prescription coverage, or not enough coverage to pay for medication 	Pfizer (PAP) Learn About Programs
Mycophenolate (Myfortic)	\$50 - \$150	<ul style="list-style-type: none"> • Eligible patients • Maximum \$7,200 per brand annually • Free trial card for one 30-day supply (insured or uninsured) 	GoodRx.com NeedyMeds.org	N/A	SaveOnMyPrescription.com <ul style="list-style-type: none"> • Savings Cards • 30-Day Trial Vouchers
Prednisone (Deltasone)	< \$10	N/A	GoodRx.com	N/A	
Sirolimus (Rapamune)	\$100 - \$200	N/A	GoodRx.com NeedyMeds.org	<ul style="list-style-type: none"> • 400% FPL income requirement • Must reside in U.S. • No prescription coverage, or not enough coverage to pay for medication 	Pfizer (PAP) Learn About Programs

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Tacrolimus (Prograf)	\$50 - \$200	N/A	GoodRx.com	N/A	
Tacrolimus XR (Envarsus)	~\$500	• Eligible patients • Maximum \$8,550 annually • Free trial card for one 30-day supply (insured or uninsured)	GoodRx.com	N/A	Envarsusxr.com Savings & Support

* 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.