

UROLOGY

Updated 4-22-22

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
Abiraterone Acetate (Zytiga)	~500	Abiraterone Instant Savings Card <ul style="list-style-type: none"> • Eligible commercially insured • As little as \$5 per 30-day prescription • Maximum savings of \$500 per fill Yonsa Co-Pay Savings Program <ul style="list-style-type: none"> • Eligible commercially insured • As little as \$10 per prescription fill • Maximum savings of \$5,000 per fill; \$12,000 per calendar year Zytiga Janssen CarePath Savings Card <ul style="list-style-type: none"> • Eligible commercially insured • May pay no more than \$10 per month • Maximum savings of \$12,000 per year 	GoodRx.com	Call 1-800-652-6227 or visit Johnson & Johnson Patient Assistance Foundation " Who's Eligible " Tab <ul style="list-style-type: none"> • Must reside in U.S. or U.S. Territory • Uninsured or no prescription coverage for specified medication • Medicare part D patients eligible if spends 4% or more of total household income on prescription drugs 	Johnson & Johnson Patient Assistance Foundation " How to Apply " Tab
Dutasteride/tamsulosin (Jalyn)	\$10 - \$25	N/A	GoodRx.com	N/A	GSKForYou.com
Mirabegron (Myrbetriq)	~\$500	<ul style="list-style-type: none"> • Eligible commercially insured • 1st prescription FREE and as little as \$20 for each subsequent prescription • Maximum savings of \$840 for 12 uses 	GoodRx.com	Call 1-800-477-6472 or visit Astellas PAP > Myrbetriq Support Solutions > Benefits Verification <ul style="list-style-type: none"> • Must be U.S. resident • Uninsured or no prescription coverage for specified medication • At or below 250% of FPL 	Astellas PAP Myrbetriq Support Solutions
Tamsulosin (Flomax)	< \$10	N/A	GoodRx.com	N/A	

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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.