

# Merck Helps™



## Merck Patient Assistance Program

WE'RE WORKING TO KEEP MEDICINE WITHIN YOUR REACH

Offered through the Merck Patient Assistance Program, Inc.

# Welcome to the Merck Patient Assistance Program

Sometimes, affording prescription medicines can be difficult. That's why at Merck, we have created the Patient Assistance Program (PAP)—to keep medicines affordable and within your reach. This private and confidential program provides medicine free of charge for up to 1 year to eligible individuals, mostly the uninsured, who, without our assistance, could not afford needed Merck medicines.

If you do not meet the prescription drug coverage criteria, and there are special circumstances of financial and medical hardship that apply to your situation, you can request that an exception be made for you, provided that your income meets the enrollment criteria.



This booklet will help you understand the program material. If you have any questions, please call 800-727-5400, 8 AM to 8 PM ET, Monday through Friday, and a live operator will be available to help you.

# You May Qualify

If you have received a prescription for a Merck medicine that is covered under the program, you may be eligible if all of the following conditions apply:

1. You are a US resident and have a prescription for a Merck medicine from a doctor or prescriber licensed in the United States.\*  
**and**
2. You do not have insurance or other coverage for your prescription medicine.

You must have tried all other insurance options for coverage. Some examples of other insurance coverage include private insurance, HMOs, Medicaid, Medicare, state pharmacy assistance programs, veterans assistance, and any other social service agency support.

**and**

3. You cannot afford to pay for your medicine.

You may qualify for the program if you have a household income at certain financial eligibility requirements. For details, call 800-727-5400.

If you do not meet the prescription drug coverage criteria, and there are special circumstances of financial and medical hardship that apply to your situation, you can request that an exception be made for you, provided that your income meets the enrollment criteria.



\*You do not have to be a US citizen.

# What You Need to Do

If you meet the eligibility criteria for the Merck Patient Assistance Program and you have received a prescription for a Merck medicine covered by the program, follow these 3 steps to submit your enrollment form for your free Merck medicine:

## **Step 1. Fill out and sign the enrollment form (found on [merckhelps.com](https://merckhelps.com)).**

The enrollment form must be completely filled out and signed by both you and your doctor or licensed prescriber.

Please understand that incomplete or incorrectly completed enrollment forms will be returned. This will slow down the processing of your request. Enrollment forms should not be copied—only original enrollment forms will be processed. No stamped signatures will be accepted.

## **Step 2. Have your doctor or licensed prescriber fill out Section 2 and Section 3 of the enrollment form.**

Your doctor or licensed prescriber must fill out, sign, and date Section 2 of the enrollment form and include his or her state license number. For your doctor's or licensed prescriber's convenience, Section 2 is your prescription. There is no need to write your prescription on a separate prescription form.\* Your doctor or licensed prescriber also must fill out and complete Section 3. Up to 5 different prescriptions may be listed on the same enrollment form. If you need

\*All controlled substance prescriptions must be written separately from the enrollment form in accordance with state dispensing laws. Prescriptions must be signed by the medical doctor or nurse practitioner.



more than 5 prescriptions for Merck medicines, you and your doctor or licensed prescriber will need to fill out an additional enrollment form.

For each Merck medicine available through the Merck Patient Assistance Program, your doctor may order up to a 3-month supply with up to 3 refills, for a total of up to 1 year of medication.<sup>†</sup> When you receive your first ordered prescription medicine, you will be given a toll-free number to call for refills requested by your doctor.

## **Step 3. Mail the completed enrollment form.**

Once you have made sure that the enrollment form is complete, simply put it in an envelope addressed to: MERCK PATIENT ASSISTANCE PROGRAM, PO BOX 690, HORSHAM, PA 19044-9926. Then, place it in the mail (please do not staple). If you qualify, your medicine(s) will be sent directly to your home unless you and your doctor want your prescription sent to your doctor's office for pickup. It takes about 2 weeks to review each enrollment form.

For urgent needs, please call the Merck Patient Assistance Program at 800-727-5400.

<sup>†</sup>Under certain circumstances, enrollment may be limited to a calendar year.

# Merck Medicines Available Through the Merck Patient Assistance Program

Many Merck medicines are included in this program. For the most current list of Merck medicines available, please call the Merck Patient Assistance Program at 800-727-5400 or visit [merckhelps.com](http://merckhelps.com).\*

## Delivery and Refills

- The Program provides the convenience of home delivery for certain Merck medications.
- The Program provides you 3 easy ways to order your refills.
  - By calling 800-496-1365 to use an automated system
  - By calling 800-727-5400 to talk directly to a Program Representative
  - By logging onto the online portal at [www.merckhelps-patientportal.com](http://www.merckhelps-patientportal.com). Enrollment in the portal can be started by calling 800-496-1365

## Medicine Assistance Tool

Merck is a proud participant in PhRMA's Medicine Assistance Tool (MAT). MAT helps eligible patients get free or nearly free brand name medicines through a single website. Visit MAT at [www.medicineassistancetool.org](http://www.medicineassistancetool.org)



## Other Important Information

- Medicines distributed through the Merck Patient Assistance Program are free of charge to all eligible patients.
- Merck is not associated with any individuals or organizations that may charge patients a fee to assist them in completing enrollment forms for our program. These individuals or organizations are acting independently of Merck and do not have Merck's consent.
- Merck reserves the right to change or discontinue the program at any time.

**\*Enrollment for certain products can be FAXED. Please call 800-727-5400 for eligible products and fax number.**

# Important Reminders

## Important Reminders

If you have received a prescription for a Merck medicine and meet the guidelines for the program, please fill out the enrollment form. Remember to do the following:

- Completely fill out and sign Section 1.
- Have your doctor complete and sign Sections 2 and 3.
- Include the original enrollment form—copies will not be processed.
- Fold the completed enrollment form, seal it in an envelope and mail it to: MERCK PATIENT ASSISTANCE PROGRAM, PO BOX 690, HORSHAM, PA 19044-9926.
- Questions? See FAQs on [merckhelps.com](https://www.merckhelps.com) or call 800-727-5400.
- **For urgent needs, please call the Merck Patient Assistance Program at 800-727-5400 to talk with a Program Representative.**

This is not insurance.



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## Other Ways Merck Puts Patients First

Please visit [www.merckhelps.com](http://www.merckhelps.com) for information on other programs, including the Merck Vaccine Patient Assistance Program.

Merck Vaccine Patient Assistance Program provides vaccines to eligible adults ages 19 or older free of charge. For more information, please call 800-293-3881.

Merck is a proud participant in the Medicine Assistance Tool that helps qualifying patients without prescription drug coverage get the medicines they need through the program that is right for them. For more information on the Medicine Assistance Tool, please visit [www.medicineassistancetool.org](http://www.medicineassistancetool.org).

