

# MerckHelps™



## Merck Patient Assistance Program

WE'RE WORKING TO KEEP MEDICINE WITHIN YOUR REACH

Applying to the Merck Patient Assistance Program is FREE.

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 an exception, 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 health care provider (HCP) 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 that meets certain financial eligibility requirements. For details, call 800-727-5400 or visit [merckhelps.com](http://merckhelps.com).

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 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 (PAP) and you have received a prescription for a Merck medicine covered by the program, follow these 4 steps to submit your enrollment form for your free Merck medicine:

## **Step 1. Download and print the enrollment form (available at [merckhelps.com](https://merckhelps.com)), and fill out Section 1 of the form.**

The enrollment form must be completely filled out, signed, and dated in ALL designated areas by both you and your health care provider (HCP).

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. Verify household income.**

Allow the Merck Patient Assistance Program (PAP) to verify your current gross annual household income (household income before taxes are withdrawn) by either:

**a.** Authorizing PAP and other individuals involved in administering the PAP to obtain your consumer report and/or other information related to your credit report to determine your eligibility to participate in the program. This verification will not affect your credit rating.

**OR**

**b.** Completing your application and including any ONE of the documents listed on the cover page of the application form.

Please remember to sign and date Sections 2 and 3 in ALL designated areas.

## **Step 3. Have your HCP fill out Section 4 and Section 5 of the enclosed enrollment form.**

- For your HCP's convenience, Section 4 is your prescription. There is no need for a separate prescription form.\*
- Up to 3 different prescriptions may be listed on the same enrollment form. If you need more than 3 prescriptions for Merck medicines, you and your HCP will need to fill out an additional enrollment form.
- Your HCP must also fill out, sign, and date Section 5 of the enrollment form and include his or her National Provider Identifier (NPI) number.

For each Merck medicine available through the Merck PAP, your HCP may order up to a 3-month supply plus 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 HCP.

## **Step 4. Mail the completed enrollment form.**

Once you are sure the form is complete, simply mail your enrollment form in a sealed envelope, to this address (please do not staple):

**Merck Patient Assistance Program  
PO Box 690  
Horsham, PA 19044**

If you qualify, your medicine(s) will be sent directly to your home, unless you and your HCP want your prescription sent to your HCP's office for pickup. It takes about 2 weeks to fully process each enrollment form.

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

\*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 health care provider.

<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 available Merck medicines, please call the Merck PAP at 800-727-5400 or visit [merckhelps.com](http://merckhelps.com).\*

## Delivery and Refills

- The Merck PAP provides the convenience of home delivery for certain Merck medications.
- The Merck PAP provides you 3 easy ways to order your refills.
  - By calling 888-727-1618 to use an automated system
  - By calling 888-727-1618, option 5, to talk directly to a Merck PAP Representative
  - By logging onto the online portal at [www.fillmyrefills.com](http://www.fillmyrefills.com). Enrollment in the portal can be started by calling 888-727-1618

## Medicine Assistance Tool

The Merck PAP 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 PAP are free of charge to all eligible patients.
- **Applying to the Merck PAP is FREE.**
- The Merck PAP 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 PAP and do not have Merck PAP's consent.
- Merck PAP 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



If you have received a prescription for a Merck medicine and meet the guidelines for the program, please download, print, and fill out the enrollment form.

Remember to do the following:

- Completely fill out Section 1 and sign and date Sections 2 and 3 in ALL designated areas.
- Have your health care provider (HCP) fill out, sign, and date Sections 4 and 5.
- Send the original enrollment form—copies will not be processed.
- Fold the completed, signed, and dated form, enclose it in a sealed envelope, and place it in the mail to this address:

**Merck Patient Assistance Program**  
**PO Box 690**  
**Horsham, PA 19044**



- Questions? See FAQs on [merckhelps.com](https://www.merckhelps.com) or call 800-727-5400.
- **For urgent needs, please call the Merck PAP at 800-727-5400 to talk with a PAP Representative.**

The Merck PAP is not insurance.

## 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.

The Merck Vaccine Patient Assistance Program provides vaccines free of charge to eligible adults, ages 19 or older. 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).



Scan to learn more about Merck's Patient Assistance Programs at [merckhelps.com](http://merckhelps.com).

