

Thank you for downloading this patient assistance document from NeedyMeds. We hope this program will help you get the medicine you need.

REMEMBER - Send your completed application to address on the form, NOT to NeedyMeds.

Did you know that NeedyMeds has thousands of other free resources?

Here's a look at more ways we can help you save money on medicine and healthcare costs. Each one can be found under the "**Patient Savings**" tab on our website:

- **Diagnosis-Based Assistance** — NeedyMeds lists thousands of assistance programs for almost any health condition. If you are going through chemo treatment for cancer, there are programs that can help with wig costs and scalp-cooling products. We also list resources for free diabetes testing supplies, caregiver lodging support, and much more.
- **Free, Low Cost, and Sliding Scale Clinics** — This popular collection contains information on 18,000+ free, low cost, and sliding scale medical and dental clinics across the U.S. It's a great resource if you need affordable medical treatment and don't know where to go.
- **Coupons, Rebates & More** — You can use the NeedyMeds website to find nearly 2,000 cost-saving opportunities for both prescription and over-the-counter drugs and medical supplies.
- **Medical Transportation** — Need help getting to the doctor's office or medical facility? You may be eligible for financial assistance if you meet certain requirements.

Finally, I want to tell you about the NeedyMeds Drug Discount Card. Thousands of people use this free, anonymous, and easy-to-use tool to get the best price on their medications. To date, our drug discount card has saved patients over \$244,000,000. Check out the next page to learn more.



Feel free to call our toll-free helpline if you have any questions. You can reach us at 1-800-503-6897 Monday-Friday, 9am-5pm Eastern Time.

Thanks for using NeedyMeds! Please let us know if we can do anything else to help you afford the costs of your healthcare.



Richard J. Sagall, MD
President, NeedyMeds

Clip the card and save



DRUG DISCOUNT CARD

BIN: 020750
RX PCN: NMeds
RX GRP: PDFPDF
ID: NMNA019309901930

Customer Care
1-888-602-2978

This is a drug discount program, not an insurance plan.

NeedyMeds Drug Discount Card
www.needymeds.org

Patient: You may use this card at any of over 65,000 participating pharmacies to save on all prescription medicines. You cannot use this card with Medicare including part D, Medicaid, or any other state or federal programs unless you choose not to use your government-sponsored program. In addition, you cannot use this card with any health insurance program, but you can use it in place of your insurance if the card offers a better price. For questions call 1-888-602-2978 or visit www.drugdiscountcardinfo.com.

Pharmacist: Administered by Medical Security Company, LLC, Tucson, AZ.

Pharmacy Help Desk: 1-800-404-1031.



- Save up to 80% on medications*
- Use at over 65,000 pharmacies nationwide including all major chains
- Share the card with friends and family

- Use the card as often as needed
- Free, no fees or registration
- Never expires

What will receive a discount?

All prescription medications are eligible for savings, including over-the-counter medicines and medical supplies written as a prescription, as well as human-equivalent pet medications with a prescription by a veterinarian.

You can also save up to 40% off durable medical equipment, including canes, crutches, splints, incontinence supplies and more. You can also save on diabetic supplies such as glucose meters, test strips, lancets and diabetic shoes. Visit www.needymeds.org/dme to learn more.

What if I have insurance?

Anyone can use the card, but it can't be combined with state or federal insurance. You can use the card instead of insurance if:

- A drug isn't covered by your insurance
- Your insurance has no drug coverage
- You have a high drug deductible
- You have met a low medicine cap
- The card offers a better price than your copay
- You are in the Medicare Part D donut hole

To obtain a plastic drug discount card, send a self-addressed, stamped envelope to:

NeedyMeds Drug Discount Card
PO Box 219
Gloucester, MA 01931

The card is not valid in combination with insurance plans, including Medicare, Medicaid or any state or federal prescription insurance. The card can be used only if you decide not to use your government-sponsored drug plan for your purchases.

* Average savings of 60%, with potential savings of up to 80% or more (based on 2018 national program savings data). All prescription medications are eligible for savings.

This is a drug discount program, not an insurance plan. Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This program does not make payments directly to pharmacies. Users are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may call 1-888-602-2978 with questions or concerns or to obtain further information.



GSK Patient Assistance Program Vaccine Dose Authorization Request Form
Complete and fax this form to 1-855-474-3063

The GSK Patient Assistance Program was established to provide GSK vaccines to qualified patients. This form is to be used for patients already enrolled in the Program and who need subsequent doses of vaccine. Healthcare prescribers that purchase and administer these vaccines are eligible to register for the program. Please be aware, this program does not constitute health insurance. For additional information about eligibility requirements, program enrollment, and how to complete this form call 1-866-728-4368 M-F, 8:00 am – 8:00 pm ET. **Remember:** An incomplete Dosage Authorization Request form will delay processing. Call 1-866-728-4368 with questions about the form.

- Complete and sign this form.**
- Applicants: Must be ages 19 or older.**
- Fax this completed form to 1-855-474-3063.**

Section 1: Applicant Information Required

Name (First): _____ (Last): _____ (M.I.): _____ Birth Date: ____/____/____
MM DD YYYY

Section 2: Prescriber Shipping Address for Vaccine Replenishment Required

Prescriber Registration ID #: _____
Prescriber Name: _____ SLN #: _____ Expiration Date: _____
Shipping Street Address: _____ City: _____ State: _____ Zip: _____
Phone Number: (____) ____-____ Fax Number: (____) ____-____ Preferred Delivery Day: Tues Wed Thu Fri

Section 3: Dose Release Required

58160-819-12 -Shingrix®
Herpes Zoster Recombinant Subunit Vaccine Dose 1 Dose 2

Section 4: Prescriber Certification Required

My signature certifies that I am a licensed practitioner eligible under state law to prescribe, receive, and administer the requested medication(s) listed on this program enrollment form, shipped from the GSK Patient Assistance Program (GSK PAP). I attest that the vaccine requested is indicated medically for the identified patient. I certify to the best of my knowledge, that the information on this Dosage Authorization Request Form is correct and complete. I attest that the product I receive is a replacement of a previously purchased GSK vaccine. I also understand that eligibility under the program is subject to GSK's discretion and GSK reserves the right to modify or terminate the GSK PAP at any time. I represent that I have obtained all necessary authorizations from my patient to allow me to release information to GSK and its contracted third parties. My signature confirms that the vaccine product will be provided at no cost to the patient listed on this form and I understand that I am not eligible to seek reimbursement from any source for any medication provided by the GSK PAP. I understand that I will not receive reimbursement from GSK for the administration of this vaccine and further agree that I will not seek reimbursement for administration of the vaccine from any public payer.

 **Prescriber Signature:** _____ Date: _____

(Original signature required. Stamped signature not accepted.)