

The Leukemia & Lymphoma Society's Co-Pay Assistance Program Drug Category Quick Reference List

LLS covers all products prescribed by the patient's physician to treat his/her primary cancer diagnosis classified as a chemotherapy or prescription related to their covered diagnosis. All products must be covered by the patient's primary insurance provider. The following list contains drug categories that are commonly prescribed by physicians for blood cancer patients and therefore covered by the LLS Co-Pay Assistance program.

To receive assistance, patients must maintain insurance coverage at all times and the requested assistance must be covered by the patient's insurance carrier. The program cannot provide financial assistance for drugs or treatments that are not included on the patient's insurance plan or drug formulary.

Drug Categories

<i>Anti-anxiety</i>	<i>Blood Thinners</i>
<i>Antibiotics</i>	<i>Chemotherapy</i>
<i>Anti-coagulants</i>	<i>Muscle Relaxers</i>
<i>Anti-depressants</i>	<i>Pain Medication</i>
<i>Anti-fungals</i>	<i>Psychostimulants</i>
<i>Anti-nausea</i>	<i>Sleep Aids</i>
<i>Anti-seizure</i>	<i>Steroids</i>
<i>Anti-virals</i>	
<i>Appetite Stimulants</i>	

Drugs Not Listed Above:

It is impossible to list every drug category, if you are not sure if your medication is covered, please contact our co-pay program. However, if your doctor has prescribed a medication related to your treatment that **does not** fall into one of the drug categories above, please submit a doctor's note including the name of the drug and its supporting medical necessity for your treatment plan. If you do not submit supporting documents for a drug that does not fit into a category above, your claim will be denied.

If you believe your claim for a cancer related prescription has been denied in error, or if you have any questions, please contact the Co-Pay department, Monday through Friday between the hours of 9AM and 5PM ET, at 1-877-LLS-COPAY or 1-877-557-2672.

Patients have complete freedom to choose doctors, providers, suppliers, insurance companies and treatment-related medications. Patients can make changes to these at any time without affecting your continued eligibility.