

## ASTELLAS ACCESS PROGRAM<sup>SM</sup> (AAP)

Contact Astellas Reimbursement Services<sup>SM</sup> toll free. **Phone: 1-800-477-6472 Fax: 1-866-317-6235**



Astellas Reimbursement Services<sup>SM</sup> (ARS) offers an assistance program to provide stock replacement of injectable medications that have been administered to eligible, uninsured patients who meet program qualifications.

Medication	Setting of Care	Program Design	Program Details	Eligibility Criteria
<b>Lexiscan</b>	<ul style="list-style-type: none"> <li>▶ Inpatient hospital</li> <li>▶ Outpatient hospital</li> <li>▶ Physician office</li> </ul>	Stock replacement program ▶ Application is patient-specific, retrospective, and must be filed within 180 days of the last date of service	Product replacement to dispensing entity ▶ Single-use pre-filled syringe: Injection solution containing regadenoson 0.4 mg/5 mL (0.08 mg/mL)	<ul style="list-style-type: none"> <li>▶ Treatment provided by an institution in the US</li> <li>▶ FDA-approved indication or authorized compendia listing</li> <li>▶ Household income less than 3X the Federal Poverty Level (FPL)</li> <li>▶ Be uninsured</li> </ul>
<b>Adenoscan</b>			Product replacement to dispensing entity ▶ 60 mg/20 mL single-dose flip-top glass vial ▶ 90 mg/30 mL single-dose flip-top glass vial	
<b>Vaprisol</b>	<ul style="list-style-type: none"> <li>▶ Inpatient hospital</li> </ul>		Product replacement to dispensing entity ▶ 100 ml pre-mixed container/20 mg Vaprisol (conivaptan hydrochloride injection)	
<b>Mycamine</b>	<ul style="list-style-type: none"> <li>▶ Inpatient hospital</li> <li>▶ Outpatient hospital</li> <li>▶ Physician office</li> <li>▶ Infusion clinic</li> <li>▶ Home Health</li> </ul>		Product replacement to dispensing entity ▶ 50 mg vials Mycamine (micafungin sodium) for injection ▶ 100 mg vials Mycamine (micafungin sodium) for injection	
<b>AmBisome</b>			Product replacement to dispensing entity ▶ 20 ml single-use 50 mg vial AmBisome (amphotericin B) liposome for injection	
<b>VIBATIV</b>			Product replacement to dispensing entity ▶ 250 mg vials VIBATIV (telavancin) for injection ▶ 750 mg vials VIBATIV (telavancin) for injection	

Astellas Pharma US, Inc. reserves the right to change or terminate this program at any time.

**NeedyMeds.com**  
 Find Programs to Help  
 with the Cost of Medicine

**NeedyMeds** is a 501(c)(3) non-profit founded in 1997 as a web-based information resource for patients who need assistance paying for healthcare. Contact NeedyMeds at [www.needymeds.com](http://www.needymeds.com).

**The Partnership for Prescription Assistance (PPA)** brings together America's pharmaceutical companies, doctors, other healthcare providers, patient advocacy organizations, and community groups to help qualifying patients who lack prescription coverage get the medicines they need through the public or private program that's right for them. Contact PPA at [www.pparx.org](http://www.pparx.org) or **1-888-4PPA-NOW**.



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