

Pharmacy Services

Eligible reimbursement requests must be for out-of-pocket pharmacy expenses related to FDA-approved* medications prescribed or administered by a licensed mental health professional or primary care physician for mental health treatment as a result of abuse by former doctor Larry Nassar.

Pharmacy services must be prescribed by a licensed medical professional or primary care physician for management of a mental health diagnosis.

Medications eligible for reimbursement under the Fund must be:

- FDA-approved* oral or nasal medications prescribed for mental health treatment as a result of abuse OR ketamine infusion therapy administered by an eligible mental health professional or primary care physician;
- Submitted for reimbursement with the pharmacy receipt (not the cash register receipt);
- Received within 3 years of the date the prescription was filled or the ketamine infusion therapy was administered.

Ineligible expenses include, but are not limited to:

- Non-FDA-approved* medications;
- Over-the-counter medications.

* Non-FDA-approved medications or medicinal treatments (e.g., psilocybin) will be considered with written approval from a licensed mental health professional or primary care physician.

Requests previously submitted to and reimbursed by the former fund administrator are not eligible.

Instructions for reimbursement for out-of-pocket pharmacy expenses

Complete the reimbursement form in its entirety. Include a copy of receipt(s) for pharmacy-related services or ketamine infusion therapy. Receipts must include:

- Name of Survivor/Spouse/Parent/Legal Guardian;
- Pharmacy/Medical Facility name, address and phone number;
- Date prescription filled or date medication was administered;
- Medication name and dosage (oral/nasal/infusion);
- Total out-of-pocket expense.

Note: Cash register receipts do not contain sufficient documentation for reimbursement. The receipt(s) for pharmacy services or ketamine infusion therapy must contain the detailed information listed above.

For questions regarding prescription medication eligibility, contact JND Legal Administration at info@MSUHealingFund.com or call toll-free 1-877-250-6408, Monday-Friday between the hours of 8:30 a.m. and 5:00 p.m., Pacific.

ELIGIBLE FDA-APPROVED MEDICATIONS

Abilify (Aripiprazole)	Fluoxetine (Prozac)	Parnate (Tranlycypromine)
Alprazolam (Xanax)	Fluoxetine and Olanzapine (Symbyax)	Paroxetine (Paxil)
Ambien (Zolpidem)	Flurazepam (Dalmane)	Paxil (Paroxetine)



Amitriptyline (Elavil)	Fluvoxamine (Luvox)	Phenelzine (Nardil)
Anafranil (Clomipramine)	Geodon (Ziprasidone)	Prazosin
Aplenzin (Bupropion)	Halcion (Triazolam)	Pristiq (Desvenlafaxine ER)
Aripiprazole (Ablify)	Haldol (Haloperidol)	Pristiq (Desvenlafaxine)
Asenapine (Saphris)	Haloperidol (Haldol)	Prozac (Fluoxetine)
Atarax (Hydroxyzine)	Hydroxyzine (Atarax, Vistaril)	Quetiapine (Seroquel)
Ativan (Lorazepam)	Iloperidone (Fanapt)	Remeron (Mirtazapine)
Brexpiprazole (Rexulti)	Imipramine (Tofranil)	Restoril (Temazepam)
Bupropion (Aplenzin, Wellbutrin)	Invega (Paliperidone)	Rexulti (Brexpiprazole)
Bupropion and Naltrexone (Contrave)	Invega Sustenna (Paliperidone)	Risperdal (Risperidone)
Buspar (Buspirone)	Invega Trinza (Paliperidone)	Risperidone (Risperdal)
Buspirone (Buspar)	Isocarboxazid (Marplan)	Saphris (Asenapine)
Cariprazine (Vraylar)	Ketamine (infusion)	Selegiline transdermal system (Emsam)
Celexa (Citalopram)	Ketamine (oral)	Serax (Oxazepam)
Chlordiazepoxide (Librium)	Ketamine (Esketamine nasal spray/Spravato)	Seroquel (Quetiapine)
Chlorpromazine (Thorazine)	Khedezla (Desvenlafaxine ER)	Sertraline (Zoloft)
Citalopram (Celexa)	Khedezla (Desvenlafaxine)	Serzone (Nefazodone)
Clomipramine (Anafranil)	Klonopin (Clonazepam)	Sinequan (Doxepin)
Clonazepam (Klonopin)	Lamictal (Lamotrigine)	Spravato Nasal Spray (Esketamine)
Clorazepate (Tranxene)	Lamotrigine (Lamictal)	Symbyax (Fluoxetine & Olanzapine)
Clozapine (Clozaril)	Latuda (Lurasidone)	Temazepam (Restoril)
Clozaril (Clozapine)	Levomilnacipran (Fetzima)	Thioridazine (Mellaril)
Contrave (Bupropion and Naltrexone)	Lexapro (Escitalopram)	Thorazine (Chlorpromazine)
Cymbalta (Duloxetine)	Librium (Chlordiazepoxide)	Tofranil (Imipramine)
Dalmane (Flurazepam)	Lithium (Eskalith)	Tranxene (Clorazepate)
Desipramine (Norpramin)	Lithium carbonate (Lithobid)	Tranylcypromine (Parnate)
Desvenlafaxine (Khedezla)	Lithobid (Lithium carbonate)	Trazodone (Desyrel)
Desvenlafaxine (Pristiq)	Lorazepam (Ativan)	Triazolam (Halcion)
Desvenlafaxine ER (Khedezla, Pristiq)	Lunesta (Eszopiclone)	Trintellix (Vortiozetine)
Desyrel (Trazodone)	Lurasidone (Latuda)	Valium (Diazepam)
Diazepam (Valium)	Luvox (Fluvoxamine)	Venlafaxine (Effexor)
Doxepin (Sinequan)	Marplan (Isocarboxazid)	Viibryd (Vilazodone)
Duloxetine (Cymbalta)	Mellaril (Thioridazine)	Vilazodone (Viibryd)
Effexor (Venlafaxine)	Mirtazapine (Remeron)	Vistaril (Hydroxyzine)
Elavil (Amitriptyline)	Nardil (Phenelzine)	Vortiozetine (Trintellix)
Emsam (Selegiline transdermal system)	Nefazodone (Serzone)	Vraylar (Cariprazine)
Escitalopram (Lexapro)	Norpramin (Desipramine)	Wellbutrin (Bupropion)
Eskalith (Lithium)	Nortriptyline (Pamelor)	Xanax (Alprazolam)
Esketamine Nasal Spray (Spravato)	Olanzapine (Zyprexa)	Ziprasidone (Geodon)
Eszopiclone (Lunesta)	Oxazepam (Serax)	Zoloft (Sertraline)
Fanapt (Iloperidone)	Paliperidone (See Invega / Sustenna / Trinza)	Zolpidem (Ambien)
Fetzima (Levomilnacipran)	Pamelor (Nortriptyline)	Zyprexa (Olanzapine)