

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

MIA PROGRAM

[Updated April, 2007]

ABILIFY

(Bristol-Myers Squibb)

TO OBTAIN APPLICATION & INFO 1-800-736-0003

MAIL or FAX the application to: 1-866-598-5561

Abilify Patient Assistance Program

P.O. Box 8309

Somerville, NJ 08876

Fax: (866) 598-5561

The eligibility period for each application is **12 months**.

Notes: In addition to the application, a copy of the most recent year's federal tax return or other financial documentation is required (if the patient is working, and is paid biweekly, the last 2 pay stubs may be sent as proof of income; if the patient is paid weekly, the last 3 pay stubs may be sent). A Medicaid denial letter should also be attached, if applicable. For zero income patients a letter on the doctor's official letter head stating the patient name, SS# and the fact that the patient has zero income will suffice.

Approximately 60 days after an application is approved, an "attestation form," which needs to be signed by both the patient and the psychiatrist before another 3-month supply can be shipped out, will be automatically mailed to the doctor's office by BMS. This process may be repeated 3 more times. A whole new application with renewed proof of income data needs to be sent only every **12 months**.

CLOZAPINE

(Ivax)

Obtain forms: www.clozapineregistry.com

FAX COMPLETED FORMS TO: 1-305-575-4545

TO OBTAIN INFORMATION: 1-800-507-8334

The total eligibility period for each application is **12 months**.

The patient must first be registered with IVAX Pharmaceuticals Clozapine Patient Registry by calling 1-800-507-8334. Next the patient assistance program form and disclosure of information form must be filled out and faxed to 1-305-575-4545. The PAP form can be completed on the telephone after registering the patient with IVAX by asking to be transferred to the Clozapine PAP program manager, the disclosure of information form must still be completed and faxed in, and you must have the initials of the patient, the average daily dose, social security number, and IVAX eligibility code. Please allow two weeks for processing, clozapine will then be shipped, prefilled via an intermediate pharmacy, to the clinic at the address specified by the physician. If authorized, refills can be obtained by calling 1-800-507-8334 between 9:00 a.m. and 6:00 p.m. Eastern Standard Time.

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DEPAKOTE
(Abbott)

TO OBTAIN APPLICATION 1-800-222-6885 (PRESS 3,0)
FAX APPLICATION TO: 1-866-898-1473

The total eligibility period for each application is **12 months**.

Notes: After the application is accepted, a three (3) month supply will be in the initial shipment. Approximately 2 weeks prior to the client's supply running out, the number listed above should be *called* to request the next 3 month supply. This process can be repeated at the end of each interval for requesting two more shipments. After that, a new application will have to be submitted in order for the client to continue receiving Depakote. A new application will be included with the final shipment of the eligibility period.

Please also complete and send the BHCS financial statement, as well as a Medicaid denial or pending letter (either in the initial package or before the first refill).

EFFEXOR
(Wyeth-Ayerst)

TO OBTAIN APPLICATION or INFORMATION 1-800-568-9938

MAIL (FAXes are not accepted) application with ORIGINAL signatures to:
Wyeth Pharmaceutical Assistance Foundation
P.O. Box 66762
St. Louis, MO 63166-6762

The eligibility period for each application is **12 months**.

Notes: Prescriptions should be written for a 3-month supply with 3 extra refills. After the application/prescription is accepted, a full 3-month supply will be shipped directly to the physician's address. A refill request envelope will be sent with each shipment, and can be used to order refills. Refills may also be ordered over the telephone, if refills remain from the original prescription. Processing time is approximately 2-3 weeks.

GEODON
(Pfizer)

TO OBTAIN INFORMATION 1-800-707-8990

MAIL (do not FAX) completed application, proof of income and prescription:
Pfizer Connection to Care Program
P.O. Box 66585
St. Louis, MO 63166-6585

The eligibility period for each application is **12 months**.

Notes: After the application is accepted, an initial 90-day supply will be shipped directly to the physician's office. The Doctor's office should call every 45 days to place refill order. This process may be repeated up to the end of the 1-year eligibility period, at which time a new application needs to be submitted.

Patient's that currently have Medicare D can still apply only if Geodon is covered by their particular plan. Once the patient applies for medication a "hardship request form" will be mailed back to the patient, this then needs to be signed and mailed to Pfizer for a case by case evaluation.

For zero income, have the patient sign the IRS verification (on application), and include a letter on the doctor's stationary with signature stating the zero income.

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LEXAPRO
(Forest)

TO OBTAIN INFORMATION 1-800-851-0758 (press 4 to check app status)

MAIL (do not FAX) completed application attached with prescription to:
Patient Assistance Program
Forest Pharmaceuticals, Inc.
13645 Shoreline Drive
Earth City, MO 63045

The total eligibility period for each application is **3 months**.

Notes: If the original prescription was written with refills, another one does not have to be sent in until all refills have been dispensed. Processing time is ≤ 6 weeks. If the delivery address on the Rx does not match the delivery or mailing address on the PAP application form, then the licensed practitioner must also attach letterhead or a business card to verify the delivery or mailing address. Enter a valid e-mail address for notification of medication shipment.

RISPERDAL
(Janssen)

INFORMATION # 1-800-652-6227

FAX APPLICATION TO: 1-888-526-5168

The eligibility period for each application is **12 months**.

RISPERDAL® Patient Assistance Program
P.O. Box 221857
Charlotte, NC 28222-1857

Once the application is approved the patient will receive a pharmacy benefit card so they may take the card to a pharmacy to have the prescription filled on a monthly basis free of charge, or the medication can be shipped directly to the physician (mark appropriate box on application) as it has been done in the past.

Notes: Remember to send the signed Authorization Form for Release of Health Information (included with application). Applications must be resubmitted every year. At the end of the one year, financial status must again be verified by sending in the appropriate tax forms. Form 4506-T is NOT acceptable. If patient does not file taxes please check appropriate box on application. Processing time is approximately 2 weeks. Also of note, there are now two places for the patient to sign.

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SEROQUEL
(AstraZeneca)

INFORMATION # 1-800-783-8576

To check on status of shipped medication for an *approved* application:
1-800-698-0085
(This is the number for Express Scripts)

MAIL (**DO NOT FAX**) APPLICATION TO: (Please note new address)
AstraZeneca Patient Assistance Program
P.O. Box 309
San Bruno, CA 94066

The total eligibility period for each application is **1 year**.
While application is in process, a 90 day supply will be sent out (turn around time 5 days). Refills are automatically sent out (as long as original rx has valid refills). Clinic will be notified prior to the 1 year mark to initiate new application.

Notes: A copy of proof of income for the patient and all dependent persons in the household must be sent. If no proof of income is available please submit tax form 4506-T. If the patient is over the age of 65, a copy of the Medicare card must be sent. Non-US citizens must provide US Green Card #.

STRATTERA
(Lilly)

INFORMATION # 1-800-545-6962

MAIL or FAX completed application to: 1-703-310-2534
Lilly Cares Foundation, Inc.
P.O. Box 230999
Centreville, VA 20120

The eligibility period for each application is **12 months**.
If the patient has no proof of income or does not file taxes, Place a \$0 in the income field. A letter from the doctor and tax form 4506-T are not “necessary” per Lilly but have been proven beneficial in the past.

TOPAMAX
(Ortho-McNeil)

INFORMATION # 1-800-577-3788

MAIL or FAX completed application to: 1-888-526-5168
Ortho-McNeil Patient Assistance Program
P.O. Box 959
San Bruno, CA 94066

The eligibility period for each application is **12 months**.

Once the application is approved the patient will receive a pharmacy benefit card so they may take the card to a pharmacy to have the prescription filled on a monthly basis free of charge.

Notes: Remember to send the signed Authorization Form for Release of Health Information (included with application). Applications must be resubmitted every year. At the end of the one year, financial status must again be verified by sending in the appropriate tax forms. Form 4506-T is NOT acceptable. If patient does not file taxes please check appropriate box on application. Processing time is approximately 2 weeks.

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TRILEPTAL
(Novartis)

INFORMATION #: 1-800-277-2254

MAIL application and supporting documents to:
Novartis Patient Assistance Program
P.O. Box 66556
St. Louis, MO 63166-6556

The eligibility period for each application is **12 months**.

Notes: In addition to the application, an original prescription and a copy of the most recent year's federal tax return or other financial documentation is required. If the pt does not file taxes, please write a letter on letterhead stating patient's non-filing status, and the need for assistance through the Patient Assistance Program. Medicare D donut whole patients are eligible.

ZYPREXA
(Lilly)

INFORMATION # 1-800-488-2133

Mail of FAX completed application to: 1-703-310-2534
Lilly Cares
P.O. Box 231000
Centreville, VA 20120

The eligibility period for each application is **12 months**.

If the patient has no proof of income or does not file taxes, Place a \$0 in the income field. A letter from the doctor and tax form 4506-T are not "necessary" per Lilly but have been proven beneficial in the past.