

TESTOSTERONE-ANDROGEL (testosterone gel 1%)

Pharmaceutical Company Unimed (A Solvay Company-now part of Abbott)

Program Name Solvay Pharmaceuticals, Inc. Patient Assistance Program

Program Address PO Box 66550
Sommerville, NJ 63166-6550

Phone Number 800-256-8918

Website <http://www.abbottgrowth-us.com/patients/patientassistanceprogram>

Eligibility Guidelines

1. Patient must be a legal U.S. resident
2. Cannot be covered under any prescription drug plan including Medicare Part D.
3. Complete and have patient sign the Patient Enrollment Application. The Health Care provider will need to complete the Prescription and Order Form (this serves as prescription).
4. Attach photocopy of client driver's license
5. Attach a photocopy of the ANNUAL household income. (Federal tax form (1040), social security income (SSA 1099), pension interest, retirement, child support. If they have no (zero) income, please provide a letter verifying income status from the health care provider, shelter or patient advocate. Income limit to 200% FPL which for a household of a one is at or below \$21,660.

Mail completed Enrollment form (1 page), Prescription form (1 page), copy of driver's license and income documents to:

Solvay Pharmaceuticals, Inc. Patient Assistance Program
PO Box 66550
St. Louis, MO 63166-6550