

ABILIFY (aripiprazole)

Pharmaceutical Company Bristol-Myers Squibb

Program Name Bristol-Myers Squibb Patient Assistance Foundation Program

Program Address PO Box 8309
Sommerville, NJ 08876

Phone Number 800-736-0003

Fax Number 866-598-5561

Website <http://www.bmspaf.org/program2.html>

Eligibility Guidelines

1. Clients must live the U.S., Puerto Rico or the U.S. Virgin Islands and cannot have any form of public or private prescription drug coverage such as Medicaid or Medicare Part D.
2. Complete and have the client sign the Patient Eligibility section. The Health Care provider will need to complete the Prescribing Practitioner section. Please note the medication is shipped to the health care provider's office.
3. 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 eligibility criteria requirements (based on 2010) household size (income at or below) as follows:

- \$27,075 for a family unit of 1
- \$36,425 for a family unit of 2
- \$45,775 for a family unit of 3
- \$55,125 for a family unit of 4
- \$64,475 for a family unit of 5
- For each additional person, add \$9,350

Fax completed Enrollment form (1 page) and income documents to:
1-866-598-5561 **(Please DO NOT fax multiple submissions of the application)**

OR

Mail completed Enrollment form (1 page) and income documents to:
Abilify Patient Assistance Program
PO Box 8309
Somerville, NJ 08876