

DROXIA (hydroxyurea)

This medication comes in 200mg, 300mg and 400mg.

Pharmaceutical Company Bristol-Myers Squibb

Program Name Oncology Patient Assistance Program

Program Address P.O. Box 991
Somerville, NJ 08876

Phone Number 800-736-0003

Fax Number 888-694-2545

Website <http://www.bmspaf.org/program4.html>

Eligibility Guidelines

1. Cannot be covered under any prescription drug plan including Medicare Part D.
2. Complete and have client sign the Patient Information page. The Health Care provider will need to complete the Provider Information page.
3. Attach a photocopy of the ANNUAL household income. (Federal tax form (1040), social security income (SSA 1099), pensions 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:

- \$32,490 for a family unit of 1
- \$43,710 for a family unit of 2
- \$54,930 for a family unit of 3

Fax completed Enrollment form (1 pages) and income documents to:

1-866-694-2545

Mail completed Enrollment form (1 pages) and income documents to:

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