

LOPID (gemfibrozil)

Pharmaceutical Company Pfizer, Inc.

Program Name Pfizer Connection to Care

Program Address PO Box 66585
St. Louis, MO 63166-6585

Phone Number 866-706-2400

Fax Number N/A

Website <http://www.needymeds.org/papforms/pficon0133.pdf>

<http://www.needymeds.com>

Eligibility Guidelines

The patient must have no prescription coverage for any medications and have an income at or below 200% of the Federal Poverty Level, adjusted for family size. If a patient has insurance, including Medicare Part D, meets the income guidelines and has a prescription to a medication on this program and cannot afford the co-pay due to extreme medical or financial hardship, s/he may qualify to get assistance and should call the program. A 90 day supply of medication will be sent to physician's office.

The following are acceptable proofs of income and must be attached to the application:

- a. Current Pay check stub
- b. Tax return (1040, 1040EZ or W2 form)
- c. Social Security pension
- d. SSI/SSDI
- e. If client does not have proof of income, a zero income letter from physician or the 4506T form

Completed Enrollment form and proof of income must be mailed to:

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