

# **NEUPOGEN (filgrastim)**

**Pharmaceutical Company** Amgen

**Program Name** Safety Net Foundation

**Program Address** PO Box 13185  
La Jolla, CA 92039-3185

**Phone Number** 1-888-762-6436

**Fax Number** 1-888-549-7239

**Website** [http://wwwext.amgen.com/citizenship/healthcare\\_providers.html](http://wwwext.amgen.com/citizenship/healthcare_providers.html)

## **Eligibility Guidelines**

The patient must have no insurance and have an income at or below 350% of FPL.

1. **The Patient must complete application form (4 pages) and attach any of the following proofs of income:**
  - a. Latest federal return
  - b. Latest W-2 statement
  - c. SSDI/SSI award letter
  - d. Bank statements (last 3 months showing income deposits)
  - e. Pay stubs (last 2 pay stubs) or
  - f. State program acceptance letter or card
  - g. If no proof of income, you may complete one of the following forms:
    - Notarized income statement (form attached)
    - Attestation statement with two signatures (form attached)

**Fax or Mail completed Enrollment form and documents to:**

**Safety Net Foundation**  
PO Box 13185  
La Jolla, CA 92039-3185  
Fax: 1-866-549-7239

2. **The patient must present an original prescription and facility application form (3 pages) to a participating pharmacy (Walgreen's, Target or Wal-Mart)**