

# PROZAC (fluoxetine hcl)

**Pharmaceutical Company** Eli Lilly

**Program Name** Lilly Cares

**Program Address** PO Box 230999  
Centerville, VA 20120

**Phone Number** 1-800-545-6962

**Fax Number** 703-310-2534

**Website** <http://www.needymeds.org>

## **Eligibility Guidelines**

1. Client must not have prescription drug coverage.
2. Must live in the United States, if they have no social security number please indicate no social on the line requesting a social security number.
3. Income eligibility criteria requirements are based on household size and income should be at or below 300% FPL.
4. Current proof of income is required of household. Proof of income includes copies one of the following:
  - a. First page of Federal Tax Return (Form 1040 or 1040 EZ) for the prior tax year
  - b. Other proof of income, including any source of income, SSI, SSDI, pension, unemployment, alimony, food stamps, etc.
  - c. If the client has no income please indicate zero income but note that all sources including food stamps and housing assistance should be noted since these count as income.

Indicate all Eli Lilly drugs needed on the first page under Medication Information of the enrollment form (this serves as prescription).

Failure to answer all questions will result in the application being returned to the health care practitioner's office.

There are no rush orders. It takes about 2 weeks to process the application and 2 weeks to deliver the medication to the health care practitioner's office.

**Completed Enrollment forms (2 pages) and income documents can be faxed to:  
703-310-2534**

**OR**

**Mail completed Enrollment forms (2 pages) and income documents to:**

Lilly Cares  
P.O. Box 230999  
Centerville, VA 20120