

Pharmaceutical Company Bridges to Access

Program Name Bridges to Access

Program Address PO Box 29038
Phoenix, AZ 85038-9038

Phone Number 1-866-PATIENT (1-866-728-4368)

Website <http://www.bridgestoaccess.com>

Eligibility Guidelines

The patient must have no prescription coverage for medication and have an income at or below **250% of FPL**. The company requests that an “Advocate” be the contact person for the patient, throughout the entire process. The advocate can be any healthcare worker involved in the patient’s care. After the application is filled out the advocate must call the company to start the enrollment process. The completed application must be mailed in (**Note – applications cannot be faxed in**). Medication can be sent to the patient’s home, or sent to the doctor’s office. Up to a three- month supply of medication can be dispensed at one time. The patient must contact the company 3 weeks before running out to arrange for refills.

Acceptable Income:

- Income tax return
- Pay stub with year-to -date
- Notarized statement from employer
- If client has zero income, zero income letter from physician
- Zero income letter from Bridges to Access (will fax to MCM)

By Phone: 1-866-PATIENT (1-866-728-4368)

If a rush is needed, the advocate can enroll the patient by phone. The patient can use the voucher at the bottom of the application and pick up a 30 day supply of medication that same day at any pharmacy. A copy of the prescription and \$10 co-pay must be presented at the pharmacy.

Mail the application, income documents and a prescription to:

Bridges to Access
PO Box 29038
Phoenix, AZ 85038-9038

Bridges to Access will process your application and if eligible your medicine will automatically be sent to the address provided on the application.

Please print applicant’s name and date of birth on all documents.

ZIAGEN (abacavir)

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By Mail:

Complete the entire form. An incomplete application will delay processing. Call 1.866.PATIENT (1-(866)728-4368 or visit www.BridgesToAccess.com with any questions about how to complete the enrollment form.

Mail the following:

1. Completed and signed application.
2. Proof of income
3. Signed original prescription(s) for medication written for a 90-day supply with refills if medically appropriate.
4. Keep a copy of the application and all documents for your records.

Please print applicant's name and date of birth on all documents.

Mail to:

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