

# **ZITHROMAX (azithromycin)**

**Pharmaceutical Company** Pfizer

**Program Name** Pfizer Connection to Care

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

**Phone Number** 1-866-706-2400

**Website** <http://www.pfizerhelpfulanswers.com>

## **Eligibility Guidelines**

The application is comprised of three parts. The first section list the instructions for the application including mailing address and eligibility. The second section is the Patient Application and the last section is the Healthcare Provider section which must be completed by the physician.

1. In order to qualify the patient must reside in the United States, Puerto Rico or the U.S. Virgin Islands.
2. Total Gross Annual Household Income is at or below 200% FPL. Proof of income includes copies one of the following:
  - a. Current pay check stub
  - b. Federal Tax Return (Form 1040 or 1040 EZ) for the prior tax year
  - c. Wages and tax statement (W-2 forms)
  - d. Social Security, Pension, or Railroad Retirement statements (SSA-1099 or similar)
  - e. Statements of interest, dividends, or other income (1099-IND, 1099, 1099-DIV or other forms)
  - f. If the client has no income the doctor must submit on his letterhead a letter stating the client has no income.
3. The patient must be uninsured.

**Forms can ONLY be mailed and there is no rush orders.**

### **Mail completed Enrollment forms and documents to:**

Pfizer Connection to Care Program  
P.O. Box 66585  
St. Louis, MO 63166-6585

Once received and approved the medications should be mailed to the doctor's office within 2-3 weeks after receipt.