

Galderma Patient Assistance Program for Sculptra® Enrollment Application

The Galderma Patient Assistance Program for Sculptra® offers Sculptra® injectable poly-L-lactic acid at a reduced/no cost to patients depending upon their financial difficulties. All applications are reviewed and decisions are based on the Program Eligibility Guidelines.

Program Eligibility:

- Patient must be a legal resident of the United States.
- Patient must not have private insurance with a prescription benefit.
- Patients claiming to have prescription coverage but no Sculptra® coverage will be required to provide insurance information.
- Practitioner must acknowledge receipt of materials regarding product administration.
- Practitioner must confirm that Sculptra® will be used consistent with the FDA approved indication.
- Patient's income eligibility for full or partial assistance is based on annual income as reported on the patient's Federal Income Tax return.
- The amount of patient contribution, if any, will depend on income and household size.
- Once the patient qualifies for free or shared cost of Sculptra®, the initial enrollment cycle will be 18 months.
- After the initial enrollment cycle ends, (2) two years from last treatment date, the patient can reapply for (1) one kit for maintenance, and subsequently every (2) two years post the last treatment date.

How to Apply:

Patient Instructions:

- Complete - the **Patient Information** section on page 2, read the Authorization sections and acknowledge your agreement at the bottom of the page with your signature (stamped signatures will not be accepted).
- Attach copy of most recent Federal tax return.
 - If you do not file a Federal tax return, please attach other proof of yearly household income (such as W-2, 1099, unemployment award letter, social security, disability or pension statement) for every person residing in the home.
- Ask your doctor to follow the Practitioner Instructions below, including providing the information on page 3.
- Mail the enrollment application and a proof of income to the address provided below.

Practitioner Instructions:

- Complete and sign the **Practitioner Information** section on page 3 (stamped signatures will not be accepted).
 - Include a prescription for the medication(s) available on the Program. The prescription may be faxed from your office or the original may be mailed. Electronic prescriptions (E-Scripts) will not be accepted.
 - You must include their NPI number AND State License number or DEA.
 - All orders will be shipped to your office unless prohibited by state pharmacy guidelines.
 - **For Refills:** Page 3 of the application will need to be updated and faxed in from your office to 866-364-2016 or a prescription may be mailed in.

The completed enrollment form, supporting documentation and valid prescription must be submitted to the following address:

**Galderma Patient Assistance Program for Sculptra®
P.O. Box 430 Somerville, NJ 08876
Telephone: 866-310-7551; Fax: 866-364-2016**