

BTA Patient Assistance Program
P.O. Box 836
Somerville, NJ 08876
Phone: (866) 268-7325
Fax: (866) 217-7164



BTA Patient Assistance Program Application

Products Available:

Zovirax cream: 2 gram tube
 Zovirax ointment: 15 gram tube

Initial Enrollment Instructions:

- Patient Section must be completed and signed.
- Practitioner Section must be completed and signed (NO SIGNATURE STAMPS).
- The practitioner must complete the Prescription Information section, or include an original prescription written for a 6 month supply of the name brand medication.
- Attach a copy of the patient’s most recent Federal tax return.
 - o **If the patient does not file a Federal tax return, please attach other proof of annual household income (ie: W-2, 1099, social security, disability or pension statement, unemployment award letter, etc. for everyone living in the home). If the patient has \$0 household income, please attach a letter signed by the doctor or patient advocate verifying their claim.**
- Fax application, prescription (if not using the Prescription Information section on the application) and the patient’s proof of income to **(866) 217-7164** or mail to: **BTA Patient Assistance Program P.O. Box 836 Somerville, NJ 08876.**
- Please allow 2 to 4 weeks to approve your application and receive product at your practitioner’s office.
- Both the patient and practitioner will be advised in writing of any denied requests.
- Incomplete applications will be returned to either the patient or practitioner for completion.

Refill Instructions:

- If the original application contains a completed Prescription Information section, the practitioner may request one three month refill by phone.
- A new application is required every 6 months; proof of household income is required annually upon re-enrollment.
- Patient section must be completed and signed by the patient.
- Practitioner section must be completed and signed by the practitioner (no signature stamps).
- Fax application and prescription (if not using the Prescription Information section on the application) to **(866) 217-7164** or mail to: **BTA Patient Assistance Program P.O. Box 836 Somerville, NJ 08876.**
- Both the patient and practitioner will be advised in writing of any denied requests.
- Incomplete applications will be returned to either the patient or practitioner for completion.

Program Eligibility:

- Patient must be a legal resident of the United States.
- Patient cannot have any government prescription coverage such as Medicaid, Veteran’s Administration or any state or local programs.
- Patient cannot have any private prescription coverage such as an HMO or PPO plan.
- Patient cannot be enrolled in Medicare Part D.
- Patient’s total annual household income must be at or below the program income maximum based on household size. (See chart below)

Household Size	Total Annual Household Income *
1	\$27,075
2	\$36,425
3	\$45,775
4	\$55,125
5	\$64,475
6+	\$73,825

***Income totals are approximate and are subject to change.**

Please note: BTA Pharmaceuticals, Inc. will make every effort to grant aid when needed. This program is limited to available resources and may be revised or discontinued at any time.

