

**Important Steps for Patient and Physician/Prescriber:**

1. Complete ALL information on the application form.  
You may fill in the fields online and print it.  
**OR**  
You may print out the form and fill it out by hand using a black ballpoint pen.
2. Take the completed application to your physician/prescriber. **Both the physician/prescriber and the patient MUST sign the application.**
3. Have your physician/prescriber write your prescription(s) in Section 2 of the application.
  - A single application may include prescriptions for up to **3** Merck medicines.
  - Each prescription may not exceed a 90-day supply at a time, with a maximum of **3 refills**.
  - Each application is valid for up to 12 months; after **12 months** a new application will be required. Under certain circumstances, enrollment may be limited to a calendar year.
  - A separate Merck Patient Assistance Program application is **REQUIRED** for **each** patient.
4. Mail **completed** applications to:

**Merck Patient Assistance Program  
PO Box 690  
Horsham, PA 19044-9979**

**Please Note:**

- Incomplete or incorrectly completed applications will be returned.
- **Section 2 is your prescription. There is no need to write your prescription on a separate prescription form.**
- Patient's prescription will be sent to the patient's home address unless otherwise requested by the patient/prescriber in Section 1 of the application.
- For additional applications or assistance, please call 1-800-727-5400.



