



# FOREST PHARMACEUTICALS, INC.

Patient Assistance Program

13645 Shoreline Drive • Earth City, MO 63045-1241 • (800) 851-0758

## **FPI PATIENT ASSISTANCE PROGRAM**

The Forest Pharmaceuticals, Inc. (FPI), Patient Assistance Program provides medication for qualifying patients at no charge. If the patient qualifies under FPI guidelines, a three-month supply of the requested drug(s) or device(s) will be shipped to the patient's licensed practitioner for dispensing to the patient. The latest version of this application has a revision date of 1/06. Please discard all unused copies of earlier versions of the application.

### **Applying for the Program**

To apply for the program:

- The patient and licensed practitioner must complete and sign the Patient Assistance Program application form, and the licensed practitioner must attach a prescription (Rx), for a three-month supply, for each drug or device being requested.

Note: If the delivery address on the Rx does not match the delivery or mailing address on the Patient Assistance Program application form, then the licensed practitioner must also attach letterhead or a business card to verify the delivery or mailing address.

### **Submittal Information**

Completed Patient Assistance Program application forms, along with the required prescriptions must be sent to the address at the top of the page.

Note: Copies of a blank Patient Assistance Program application form may be made for future use. However, FPI WILL NOT ACCEPT faxes, emails, or copies of a completed application form.

### **Application Processing**

Please allow 4 weeks for application processing and delivery of medication.

- If the patient is approved, a three-month supply of the drug(s) or device(s) requested will be sent to the licensed practitioner's office for dispensing.
- If the patient is denied, the licensed practitioner and patient will be notified by mail.
- Unless stated otherwise, incomplete applications will be returned to the licensed practitioner or the patient with instructions for completion.
- If you would like notification of the ship date for the requested medication, please write your e-mail address in the space provided.

### **Applying for Refills**

Each time a qualifying patient's prescription needs refilled, a new Patient Assistance Program application form and Rx must be submitted to FPI.

**NO FEES APPLY TO THIS PROGRAM.**

# **NEW** *Namenda* memantine HCl

## **Dosing and Administration**

**Recommended maintenance dose is 10 mg BID after titration<sup>1</sup>**

☀ Can be administered with or without food<sup>1</sup>

### **Titration Schedule<sup>1</sup>**

Week 1	5 mg once daily
Week 2	10 mg/day (5 mg BID)
Week 3	15 mg/day (10 mg in the morning and 5 mg in the evening)
Week 4 Maintenance Dose	20 mg/day (10 mg BID)

**NAMENDA is offered in a convenient Titration Pak, for the first 4 weeks of therapy, to reach the recommended dose<sup>1</sup>**

**Reference:** 1. NAMENDA<sup>®</sup> (memantine HCl) Prescribing Information. Forest Laboratories, Inc., St. Louis, Mo.



**Forest Pharmaceuticals, Inc. • NAMENDA® PATIENT ASSISTANCE PROGRAM**  
 13645 Shoreline Drive • Earth City MO 63045-1241 • (800) 851-0758 • [www.forestpharm.com/pap](http://www.forestpharm.com/pap)  
 For Namenda® Product Information: (800) 678-1605 or [www.namenda.com](http://www.namenda.com)

**PART I: PATIENT INFORMATION**

**New Applicant:**  Yes  No

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
First MI Last

**Mailing Address:** \_\_\_\_\_  
Address P.O. Box City St. Zip

**Date of Birth:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_ **Number in Household:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

What is your gross monthly household income? \$ \_\_\_\_\_ Do you have Medicare Part D?  Yes  No

Do you have any other prescription coverage/reimbursement at any time during the year?  Yes  No

If yes, please provide your carrier's name & any benefits received for the requested medication:  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing below, I authorize my physician to provide Protected Health Information ("PHI") (as such term is defined in the Health Insurance Portability and Accountability Act and regulations thereunder, "HIPAA") to Forest Pharmaceuticals, Inc. ("FPI") or third parties engaged to assist FPI in administering the FPI Patient Assistance Program ("PAP"). I understand that my PHI will consist of my name, address, income, prescription coverage, and prescription for medication and will be used for purposes of determining my eligibility to participate in the PAP and to ship appropriate medication(s) as prescribed by my licensed medical practitioner. I further understand that if my PHI is incomplete or completed PHI does not allow me to participate in PAP that I may be notified of such by FPI PAP. I understand that upon the furnishing of my PHI to FPI, my PHI may not be subject to all of the protections and safeguards provided by HIPAA. I may revoke this authorization at any time by providing written notice to FPI at the address set forth above. This authorization will extend for as long as I participate in the PAP and will thereafter expire. I certify that I do not have the ability to pay for the medication(s) submitted on this application by my licensed medical practitioner and the information I have provided in PART I is correct and I understand that FPI is entitled at any time to request verification of any of such information which I agree to provide. I consent that FPI may contact me for verification of my application status and receipt of the indicated medication(s). I understand eligibility under the PAP is subject to FPI's discretion and that FPI reserves the right to modify or terminate the PAP at any time.

\_\_\_\_\_  
 Patient's **ORIGINAL** signature

\_\_\_\_\_  
 Date

**PART II: LICENSED PRACTITIONER INFORMATION**

**Practitioner Name:** \_\_\_\_\_ **Professional Designation:** \_\_\_\_\_

**St. License #:** \_\_\_\_\_ **DEA #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Office Contact:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Address Suite # City St. Zip

**Delivery Address:** \_\_\_\_\_

Address Suite # City St. Zip

**Medication Information for Namenda® (memantine HCl)**

**If your patient has not already been titrated on Namenda® choose option 1.**

- 1. ( ) Namenda® Titraton Pak + Namenda® 10 mg Tablets, #2 (60 ct.) bottles

**If your patient has already been titrated on Namenda® choose option 2 or 3.**

- 2. ( ) Namenda® 5 mg Tablets, #3 (60 ct.) bottles
- 3. ( ) Namenda® 10 mg Tablets, #3 (60 ct.) bottles

**Attach a prescription(s) to this application.**

By signing below, I certify that the information I have provided in PART II is correct and agree to submit appropriate verification of such information upon FPI's reasonable request. I agree that medication(s) provided to me by FPI pursuant to prescriptions provided by me for an eligible participant in the PAP will be provided by me to such eligible participant for his or her own use without charge and I will not otherwise use any of such medications or prescribe, provide or dispense all or any portion thereof for the use of any other person. I further consent that FPI may contact the patient listed in PART I for verification of patient status and receipt of the indicated medication(s). I understand that eligibility under the PAP is subject to FPI's discretion and that FPI reserves the right to modify or terminate the PAP at any time.

\_\_\_\_\_  
 Licensed Practitioner's **ORIGINAL** signature

\_\_\_\_\_  
 Date

**FOR FPI OFFICE USE ONLY**

Status: A or D  
 By/Date:

Entered  
 By/Date:

PAP  
 Number:

**Faxed Applications will not be accepted.**

STAPLE RX to BACK of application. Additional information BEHIND RX

STAPLE RX to BACK of application. Additional information BEHIND RX

*FOLD HERE*



**FOREST PHARMACEUTICALS, INC.**

Subsidiary of Forest Laboratories, Inc.

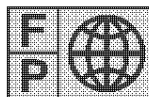
13600 SHORELINE DRIVE • ST. LOUIS, MISSOURI 63045

Place  
Postage  
Here

FOREST PHARMACEUTICALS INC  
SUBSIDIARY OF FOREST LABORATORIES INC  
PATIENT ASSISTANCE PROGRAM  
13645 SHORELINE DR  
EARTH CITY MO 63045-1241

*FOLD HERE*

*STAPLE OR TAPE CLOSED*



# FOREST PHARMACEUTICALS, INC.

Subsidiary of Forest Laboratories, Inc.

13600 Shoreline Drive • St. Louis, MO 63045 • (314) 493-7000 • Fax (314) 493-7450

## Forest Pharmaceuticals Patient Assistance Program & Medicare Part D

Dear Licensed Practitioner and Patient:

Forest Pharmaceuticals, Inc. would like to make you aware of important information regarding our Patient Assistance Program and the new Medicare prescription drug benefit, known as Medicare Part D. Forest Pharmaceuticals Patient Assistant Program (FPI-PAP) has received many phone calls regarding the future of FPI-PAP due to Medicare Part D. Further, current FPI-PAP applicants have asked how their enrollment in Medicare Part D will affect their future participation in FPI-PAP.

Most importantly, FPI-PAP will continue to provide medication assistance to qualifying applicants who have no medical insurance or applicants who have medical insurance without prescription drug benefits. Be assured for these individuals, the FPI-PAP application process will not change. The patient and licensed practitioner will continue to complete and submit an application each time a three-month supply of FPI prescription drug product is needed.

FPI-PAP will not provide FPI prescription drug product to those individuals who have a prescription drug benefit, including Medicare Part D enrollees. Further, Medicare Part D enrollees will not be eligible to participate in FPI-PAP even after the Medicare Part D enrollee has reached their maximum prescription benefit for the calendar year and/or the FPI-PAP prescription drug product is not covered under the Medicare Part D enrollee's prescription drug formulary. New application forms reflecting these rules will be distributed; upon receipt of the new forms all unused copies of current application forms must be discarded.

We strongly encourage Medicare Part D enrollees needing additional assistance to find other sources that will supply medications and/or supplement Medicare Part D prescription coverage. Charitable programs or state funded programs may be of assistance to these individuals.

We at Forest understand the transition from our FPI-PAP to a Medicare Part D prescription coverage plan or other supplemental programs may result in undue hardship to some individuals. Therefore, in such situations, limited assistance through FPI-PAP may be allowed to current FPI-PAP participants on a case-by-case basis during the transition period of calendar year 2006. However, all Medicare Part D enrollees currently participating in our FPI-PAP should prepare to transition to other assistance programs at this time. Continued participation after the patient's current supply of medication is exhausted cannot be assured.

In addition, FPI-PAP representatives cannot answer questions regarding Medicare Part D or other charity or state funded programs. For further information regarding Medicare Part D, please contact the Centers for Medicare & Medicaid Services at 1-800 MEDICARE (1-800-633-4227 or hearing impaired TTY: 1-877-486-2048).

Thank you,  
Forest Pharmaceuticals, Inc.  
Patient Assistance Program  
(800) 851-0758  
[PAP@forestpharm.com](mailto:PAP@forestpharm.com)