



SculptraTM Patient Access Program sanofi-aventis Patient Assistance Foundation Program P.O. Box 430 Somerville, NJ 08876 (866) 310-7551P / (866) 364-2016F

Information about the SculptraTM Patient Access Program

- Sculptra is subject to specific criteria for diagnosis and dispensing, acceptance into the program may include a share of the cost. Once you qualify, for free or shared cost of SculptraTM your enrollment cycle will be 18 months, with a maximum of 8 kits allowed within this cycle.
- Both the patient and practitioner will be advised in writing of any denied requests.
- Incomplete applications will be returned for completion.
- Please allow 2-3 weeks for processing and delivery to the practitioner's office for approved patients.
- Please note that assistance obtaining SculptraTM through the SculptraTM Patient Access Program does not include the practitioner fees.

Instructions for completing the application

- 1. Fill out all of the information in the application and sign on the line that says "Patient's signature".
- 2. Take the application to your physician. Have your physician sign on the line that says "Original Signature of Licensed Practitioner (No stamped signatures)".
- 3. Attach a copy of your Federal Tax Return. If you do not file taxes please include another proof of yearly income such as paystubs, a bank statement of deposit, or an attested letter describing your yearly income.
- 4. Have the physician fill out the Prescription Section below or include an original prescription.
- 5. Finally, mail or fax the application, prescription (if not using Prescription Section on the application), and photocopy of Federal income tax return (or other proof of income) to the address or fax number above.

Program Eligibility

- Patient must be a legal resident of the United States.
- Patient cannot have or qualify for state or federal reimbursement for SculptraTM.
- Patient cannot have private insurance reimbursement for SculptraTM.
- Patient claiming to have prescription coverage but no SculptraTM coverage will be required to provide insurance information.
- Practitioner must acknowledge receipt of materials regarding product administration.
 - o TO OBTAIN MATERIALS ON PRODUCT ADMINISTRATION, PLEASE CALL 888-728-5782 (888-SCULPTRA).
- Practitioner must confirm that SculptraTM will be used consistent with the FDA approved indication.
- Patient's income eligibility for full or partial assistance extends up to \$80,000 annual household 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.







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Sculptra TM N	Number	of Kits (2	vials pe	er kit)	for above nar	ned Patie	nt:	1	Kit	□ 2 Kits	
					th the following					a TM is intended for resta	oration

To the best of my knowledge the information contained in this application is complete and accurate and this patient has no prescription insurance coverage either private or public (e.g. Medicaid), and meets the required income limits for participation in this Program. If I become aware of a change in income or insurance status that may effect Program participation of this patient, I will alert Program Sponsor. I understand that sanofi-aventis U.S. and the sanofi-aventis Foundation for Patient Assistance reserve the right to modify or terminate this program at any time without notice. I attest that I am not on the HHS/OIG list of Excluded Individuals. My signature certifies that prescription products received from this Program will be used for the above named patient only and will not be resold nor offered for sale, trade or barter and will not be returned for credit. I agree to participate in any recall of the product initiated by the manufacturer.