

EpiPen	
Medication name	<i>Epinephrine</i>
Medication classification	alpha- and beta-adrenergic agonists
Prescription assistance program	Mylan EpiPen® (epinephrine injection, USP) Auto-Injector Patient Assistance Program
Contact information and website	Phone: (800) 395-3376 Mailing Address: 781 Chestnut Ridge Rd Morgantown, WV 26505 Fax: (304) 554-4713 https://www.epipen.com/-/media/EpipenCom/assets/pdf/PAP%20Form.pdf
Eligibility criteria	<ul style="list-style-type: none"> • The patient must be a U.S. citizen or a legal resident living in the United States • The patient's gross yearly household income must fall below 400% of the current Federal Poverty Guidelines, based upon family size. Verification documents will be required. • The patient must meet one of the following: <ul style="list-style-type: none"> a) The patient must not have prescription insurance coverage through Medicaid, Medicare Part D, TriCare, a qualified health plan purchased on a state-based, partnership, or federally-facilitated Exchange, or any other public or private program or insurer. Verification documents will be required. b) The patient has commercial prescription drug coverage only for generic products and the patient must not have prescription insurance coverage through any state or federally funded program including, without limitation, to Medicare, Medicaid, TriCare, or Medicare Part D. Verification documents will be required.
Cost and enrollment	<ul style="list-style-type: none"> • Check eligibility and complete the application found on the link provided above • Mail your completed application and required documentation to: 781 Chestnut Ridge Rd Morgantown, WV 26505 Phone: (800) 796-9526 Fax: (877) 427-7290 Email: MylanPAP@mylan.com • Enrolled patients will receive medication mailed to the physician's office

	<ul style="list-style-type: none">• Once approved, the applicant will be eligible to receive replenishment medication (as prescribed by the patient's physician) for up to one year• Applicants must re-apply annually
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