

# 3M Pharmaceuticals

## Patient Assistance Program

**Purpose:** To provide 3M Pharmaceuticals prescription medications to those individuals who are not covered by a third-party prescription insurance plan, do not qualify for government assistance, and whose income and medical expenses meet the qualifications of the 3M program.

### **Program Address:**

3M Pharmaceuticals  
3M Center, Bldg. 275-6W-13  
St. Paul, MN 55144

### **Program Telephone Numbers:**

Main telephone number: 800/328-0255  
Fax number: 651/733-6068

### **Products Covered:**

**Aldara**<sup>™</sup> (imiquimod) Cream 5%, box of 12 packets

**MetroGel-Vaginal**<sup>®</sup> (metronidazole vaginal gel), 0.75% Vaginal Gel

**Minitran**<sup>™</sup> (nitroglycerin) Transdermal Delivery System – (0.1mg/hr, 0.2mg/hr, 0.4mg/hr, & 0.6mg/hr)

**Tambocor**<sup>™</sup> (flecainide acetate) Tablets

### **Qualifications:**

Patient must meet all qualifications listed below and complete a new application for each request for medication.

- Patient must not have private medical insurance for prescription drug coverage and must not qualify for any government (state or federal) assistance with his/her prescription medications.
- Patient's income is at or below 200% of the U.S. Federal Poverty Level. Medical and prescription expenses are taken into consideration when financially qualifying for our program.
- Extenuating circumstances beyond the patient's control must exist in which purchase of needed medicines imposes unreasonable hardship.
- Patient must be a United States Resident with a Social Security Number.

All applications **must have a prescription** attached and are reviewed and considered on a case-by-case basis. If you have questions regarding the program qualifications, please call us at 1-800-328-0255.

**Applications:**

Applications may be requested by calling our Customer Service Center at 1-800-328-0255; select option 1. **The information required at the time of application is as follows:**

- Licensed prescriber's first and last name
- Prescriber's degree
- Prescriber's shipping address (cannot be a P.O. Box)
- Prescriber's phone number and fax number
- Patient's first and last name
- Patient's date of birth
- Medication requested
- Strength of the medication needed

To get additional medication for a patient who has already received medication from our company, another application must be requested and completed (**do not photocopy a previously requested application**). If a reproduction of an application is received, a new application will be sent to the practitioner, adding more time to the process.

Applications will be sent to the practitioner for his/her signature and State License Number. The patient is required to fill in all patient information and sign the application for all requests. **Each application is patient specific and should not be altered for other patients' use. A 3M Pharmaceuticals application must be completed by the patient and practitioner each time a patient needs additional medication. This is necessary to provide a unique order number for every application prior to shipping the requested medications. Photocopies of previously submitted applications will not be processed.**

Once the **signed application and prescription** are received by fax or mail and approved by our company, the order of medication will be shipped to the practitioner's office for dispensing to the patient.

**Amount dispensed for new patients:**

Aldara:	Two boxes (12 packets per box)
MetroGel-Vaginal:	One 70 gram tube with applicators
Minitran:	Four boxes (30 patches per box)
Tambocor:	Three bottles (100 tablets per bottle)

**Amount dispensed for renewal patients:**

Aldara:	One box (12 packets per box)
MetroGel-Vaginal:	One 70 gram tube with applicators
Minitran:	Eight boxes (30 patches per box)
Tambocor:	Six bottles (100 tablets per bottle)