



## **Viatrix Patient Assistance Program (PAP) Application**

| Phone: 888-417-5782 | Fax: 866-792-7945 | M-F, 8AM to 5PM CST |

**Please complete application in full, sign and date, then fax to:  
866-792-7945**

**Or email to: [ViatrixPAP@Cardinalhealth.com](mailto:ViatrixPAP@Cardinalhealth.com)**

The PAP Application must be complete

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I certify that the information provided in this Patient Assistance Program Application is complete and accurate to the best of my knowledge, that the Viatrix product I have prescribed to the applicant within this application is based on my professional judgment of medical necessity for a Food and Drug Administration (FDA) approved indication, and that I will supervise the patient's medical treatment. I will notify Viatrix PAP immediately if the Viatrix product is no longer medically necessary for this patient's treatment. I certify that I have obtained from my patient all required written authorizations for the release of my patient's personal

