

## **Prescription Assistance, OpenGATE MedAssist**

Age Requirements

No Age Requirement

Available 24/7

No

Other Eligibility Criteria

Guidelines available upon request.

Intake Process

Physician must apply for assistance for patients.

Teva Pharmaceuticals USA

<http://www.tevausa.com/>

Main

(800) 292-4283

1090 Horsham Road

PO Box 1090

19454 PA

United States

Languages Spoken

English

Teva Pharmaceuticals (formerly Gate Pharmaceuticals) has a patient assistance program for the following two products: ORAP (pimozide) and GALZIN (zinc acetate). Guidelines available upon request. Financial documentation required for acceptance. Forms must be complete for approval. Physician must mail completed forms and prescription with original signature (no e-mail or fax documentation accepted).

Prescriptions sent to physician for three month period for the patient. Prescriptions may be written for up to one year. Every effort will be made to grant aid to a patient in need. However, program is limited by available resources and may be discontinued at any time.

Service Area(s)

Nationwide