

## Prescription Assistance

Age Requirements

No Age Requirement

Available 24/7

No

Other Eligibility Criteria

Call for eligibility

Family

Yes

Intake Contact Email

PAP@forestpharm.com

Intake Process

Call for eligibility; complete patient assistance application forms; submit prescriptions

Forest Pharmaceuticals

<https://www.forestpharm.com>

Main

(800) 851-0758

Toll-Free

(800) 678-1605

13645 Shoreline Drive

63045 MO

United States

Additional Availability Comments

CST

Fee Structure

No Fee

Languages Spoken

English

Forest has a Patient Assistance Program that provides medication for qualifying patients at no charge. If the patient qualifies, a 3 month supply of the requested drug will be shipped to the patient's licensed practitioner for dispensing to the

patient. Call for a list of drugs available.

The patient and the physician must complete and sign the Patient Assistance application form and a prescription for a 3-month supply should be attached for each drug being requested.

Controlled substances are not available on the Patient Assistance Program.

[Download Application](#)

Service Area(s)

Nationwide