

Special Pharmacy Benefits Program for Mental Health (SPBP MH)

Atypical Antipsychotic Medications

Abilify Clozaril Clozapine Invega Geodon Risperdal Seroquel Zyprexa

Available to You Free or at A Reduced Amount if You Qualify,
Read On....

Provides Payment
for your
Schizophrenia
Meds



Medication Pickup
Available
within 1 WEEK
of Applying*

Did You Know?

The Special Pharmaceutical Benefits Program is administered by the Pennsylvania Department of Public Welfare and provides payment for atypical antipsychotic medications for eligible participants with a schizophrenia diagnosis as defined in the Diagnostic and Statistical Manual (DSM)/ICD-9 Code book; any variation of **295**.

For Application and More Info Visit:

Office of Mental Health and Substance Abuse Services (OMHSAS) Programs website at
www.dpw.state.pa.us/ServicesPrograms/;
go to Mental Health; click More;
select [Special Pharmaceutical Benefits Program MH](#).

***ELIGIBILITY CRITERIA – With Application, SUBMIT COPIES OF**

- ❖ Proof of Pennsylvania Residence (phone/utility bill, letter from family member, head of household or caseworker will verify)
- ❖ Social Security Card
- ❖ Income Pay stub or Benefit Award Letter (Limit: \$35,000 gross, add \$2,893 for each family member, including spouse)
- ❖ Your prescription(s) for Schizophrenia including DSM/ICD-9-CM code number, any 295. variation.

IF YOU NEED HELP COMPLETING APPLICATION, CALL: 1.877.356.5355

For Fast Processing, Fax Application to: ATTN SPBP MH 717.772.7964