Pennsylvania Department of Health	**Special Pharmaceutical Benefits Program Express Application**

The Special Pharmaceutical Benefits Program (SPBP) is administered by the Pennsylvania Department of Health. For more information regarding program eligibility requirements, income limits, or covered services, go to www.health.pa.gov/spbp.

SPBP clients are required to complete the eligibility determination process every 12 months. During this 12 month cycle your eligibility for SPBP will be determined using this one page express application. At the next 12 month recertification period, a complete application and supporting documents will be required. Please provide a yes or no answer to the four questions below as attestation of your current residency status, individual\household income, family members in your household, and insurance status. Remember to provide your name, date of birth, SPBP identification (ID) number, phone number, signature, and date on the application.

In the past 12 months have you had any changes to:

Residency?	Yes	No
Individual\Household Income?	Yes	No
Family Members?	Yes	No
Insurance?	Yes	No

If reporting any changes, documentation of the changes must be attached for continued eligibility for the SPBP. Please refer to your cover letter for examples of documents that can be used as proof of information.

Client name (Print)   Date of birth

SPBP ID number   Primary phone number

Client signature   Date

To ensure there is no interruption in your SPBP benefits, please complete this express application in its entirety and return it along with photocopies of proof of any information **that has changed**. A pre-addressed envelope is enclosed for your convenience. For questions about this express application, benefits, or enrolling please call 1-800-922-9384 or email your questions to SPBP@pa.gov

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Return the completed express application to:

Pennsylvania Department of Health

Special Pharmaceutical Benefits Program
P.O. Box 8808
Harrisburg, PA 17105-8808
Or email to: SPBP@primetherapeutics.com
Or fax to: 888-656-0372

This form, DOH ID number HD01582F(B) Rev. 10/24, is an official DOH data collection instrument.