



Testim® Patient Assistance Program

The Testim Patient Assistance Program provides qualified applicants with medication free of charge. To apply for the Testim PAP, please read the following instructions carefully. Complete and sign the application and mail it to the address at the bottom of this page or fax it to 866-837-7293. An **incomplete and/or unsigned application will cause a delay in processing**. If you need assistance filling out this application, please contact the Testim PAP at 877-663-0412.

TO QUALIFY:

To be eligible for the Testim PAP, you must meet the following criteria:

- ▶ **Male**
- ▶ Already prescribed Testim
- ▶ Reside in the United States
- ▶ Have no prescription drug coverage through a government program or private insurance
- ▶ Total Household Income is at or below:

No. of Dependents Including yourself	Annual Income (2012)
1 yourself	\$ 27,925
2	\$ 37,825
3	\$ 47,725
4	\$ 57,625
5	\$ 67,525
6	\$ 77,425
7	\$ 87,325
8	\$ 97,225

If you meet the preceding set criteria, please complete the application and follow the directions below. The Testim PAP is primarily designed for people **without prescription drug coverage**.

PATIENTS MUST PROVIDE:

- ▶ **Completed and signed application**
- ▶ **Patient's original prescription** signed by the attesting prescriber or have the attesting prescriber complete the Prescription Order Form provided
- ▶ **Copies of proof of income** for patient and dependent persons in the household
 - >Acceptable documents include:
 - Federal Income Tax Form (1040, 1040A, or 1040 EZ, 1722, 8453, 8879, 1099INT)

- ▶ If you **did not file a federal income tax return** for the prior year, you must complete and sign the IRS 4506-T. Select number seven (Verification of Nonfiling). **The patient must then submit IRS 4506T to the IRS directly.** Once you receive your verification, please forward it along with your application.

HEALTHCARE PROVIDER MUST PROVIDE:

- ▶ **DEA Number**
- ▶ **DEA Address**
- ▶ **State License Number**
- ▶ **Confirmation of Diagnosis** of Hypogonadism (Low Testosterone)
- ▶ **Initial prescription for 6 months of Testim 1%** (Testosterone gel) CIII
- ▶ **Signed Acknowledgement of compliance**

APPLICATION APPROVAL:

Auxilium reserves the right at any time and for any reason to discontinue, suspend, or otherwise revise the Program.

If you are approved under the Testim PAP guidelines, approval covers a one-year supply of Testim. The one-year supply will be provided in two installments. Please allow 4-6 weeks for processing and delivery of your medication.

You will need an initial **prescription for a 6 month supply of Testim**. The medication will be shipped to your prescriber's DEA address for dispensing. A letter will be sent to you to notify you to pick-up your medication. You will also receive a renewal form with your approval letter.

To receive the second installment of your medication you will need to complete the renewal application and send it back before your 6 month supply runs out.

SUBMIT COMPLETE APPLICATION TO:

or
Fax to: 1-866-837-7293

Auxilium Pharmaceuticals Inc.
Attn: Testim Patient Assistance Program
40 Valley Stream Parkway
Malvern, PA 19355

QUESTIONS? PLEASE CALL 1-877-663-0412

Revised: January 2012

Diagnosis of Hypogonadism (Low Testosterone) **Yes** **No**

Prescriber Name:	Office Contact:
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DEA Number:	DEA Address:
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State License Number:	City:	State:	Zip Code:
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Phone:	Alternate Phone:	Fax:	Email:
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By signing below, I, the healthcare provider, certify that I understand and agree to the following: I will receive and secure patient's medication at my office until dispensed to my patient; I will comply with and abide by my State Practitioner Dispensing laws for authorized Healthcare Providers; I will use any medications supplied by Auxilium as a result of this order form only for the use of the patient named on this form and will not sell, trade, barter, transfer, or return it for credit; and I will not submit a claim for reimbursement concerning this medication to any third party (such as Medicare, Medicaid or other public or private benefit provider). Auxilium may contact my patient directly to confirm receipt of medications. I understand that Auxilium may change or cancel this program at any time. I agree to provide the medicine only to this eligible and specific enrolled patient at no charge.

Prescriber Signature:	Date:
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PATIENT INFORMATION (Required)

Patient Name:	Phone:	Email:
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Address (No P.O. Box):	Apt. or Ste. No.:
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City:	State:	Zip Code:
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Date of Birth:	Total Household Income:	Total No. of Dependents
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Applicant Declarations: I hereby request and authorize my prescriber, named above, to release to Auxilium, or third parties contracted by Auxilium in connection with this program, all information regarding my health and treatment pertaining to the medication. I further authorize Auxilium to review the necessary documents to affirm my financial eligibility for their Patient Assistance Program. I understand that information provided to Auxilium, pursuant to this authorization, will not be protected under the Health Insurance Portability and Accountability (HIPAA) Act, and therefore may be re-disclosed. However, Auxilium will use and disclose such information solely to assist with the assessment of my eligibility for and enrollment in the Auxilium Patient Assistance Program, to account for my withdrawal if I decide to stop participating in this program, and/or as required by law. I understand that this authorization is not a condition for treatment and does not guarantee eligibility into or free medication from the Auxilium Patient Assistance Program.

In the event that I am eligible for the Auxilium Patient Assistance Program, I understand that I shall receive a one-year supply of medication, which I will receive in two six month installments, without cost to me via my prescriber. I further understand that I may reapply for additional prescriptions as long as my prescriber continues to prescribe the medication and I continue to qualify for this assistance. I understand that Auxilium may at any time discontinue or change this Program, which I accept.

I certify that I do not have the ability to pay for this medication, earn the amount of income disclosed on this form, and am a resident of the United States. I further certify that I will not seek reimbursement or credit for this prescription from any insurer, health maintenance organization or government program. If I am a member of a Medicare Part D Plan, I will not seek to have this prescription or any cost associated with it counted as part of my expenditure or out-of-pocket costs for prescription drugs.

I attest that the information I have provided is accurate and complete. I agree to notify Auxilium if any of the information on this form or my status changes.

Patient Signature:	Date:
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Application Check List:	<input type="checkbox"/> Attached signed copy of most recent Federal Tax Return (Form 1040, 1040EZ, etc.) <input type="checkbox"/> Attached original signed prescription <input type="checkbox"/> Application is completed and signed in ALL sections by the patient and prescriber <p style="text-align: center;"><i>Incomplete and/or unsigned applications will result in processing delays</i></p>
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Submit Form To:	Auxilium Pharmaceuticals Inc. Attn: Testim Patient Assistance Program or Fax to: 1-866-837-7293 40 Valley Stream Parkway Malvern, PA 19355
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Request for Transcript of Tax Return

OMB No. 1545-1872

▶ **Request may be rejected if the form is incomplete or illegible.**

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

- 6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
 - b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
 - c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
 - 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
 - 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.
- Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

Sign Here	Signature (see instructions)	Date		
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature	Date		

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

CAUTION. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64108
	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Products Coordinating Committee
SE:W:CAR:MP:T:T:SP
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.