



# 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](http://www.health.pa.gov/spbp).

SPBP clients are required to complete the eligibility determination process every six months. During this six month cycle your eligibility for SPBP will be determined using this one page express application. At the next six 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, client\household income, family members in your household, and insurance status. Remember to print your name, date, SPBP identification number and provide your signature.

In the past six (6) months have you had any changes to:

Residency?	Yes	No
Client\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

Client Signature

ID#

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](mailto:SPBP@pa.gov)

### Return the completed express application to:



Special Pharmaceutical Benefits Program

P.O. Box 8808

Harrisburg, PA 17105-8808

Or email to: [SPBP@magellanhealth.com](mailto:SPBP@magellanhealth.com)

Or fax to: 888-656-0372