

CO-PAY PROGRAMS FOR HIV and Hepatitis

CO-PAY PROGRAMS FOR HIV

These programs offer assistance to people with private health insurance for the co-payments they have to make at the pharmacy for their HIV drugs. Some companies offer co-pay assistance for all of their drugs, including non-HIV drugs.

ABBOTT

Drugs covered: Kaletra

Contact Information: Patients must get cards from their provider. Call toll-free **1-800-441-4987**, option 5, or visit www.kaletra.com or www.norvir.com for more information.

Program Details: The co-pay assistance starts at the first dollar paid by the consumer. The co-pay assistance covers \$50 per Kaletra prescription per month, plus \$50 per prescription per month for other drugs in the regimen up to \$100 total for the other prescriptions. Abbott's Norvir co-pay program also covers \$50 of a person's co-pay, but doesn't kick in until after a person pays the first \$25.

BOEHRINGER INGELHEIM

Drugs covered: Viramune

Contact Information: Patients must get card from their health care provider. The card is in the form of a MasterCard debit card, which can be activated at www.viramune.com or by calling the toll-free number on the card, or call 1-800-556-8317. Debit card should be accepted at any pharmacy which accepts MasterCard, and most mail-order pharmacies as well.

Program Details: The co-pay assistance starts at the first dollar paid by the consumer. The co-pay assistance covers \$50 per Aptivus or Viramune prescription per month. Currently the program runs for one year.

BRISTOL-MYERS SQUIBB

Drugs covered: Atripla, Reyataz, Sustiva, Videx and Zerit

Contact Information: If health care provider does not have card, patients can call toll free 1-888-281-8981; visit www.bms.com or 866-784-3431 for Atripla or go to product websites (e.g. www.sustiva.com)

Program Details: The co-pay assistance program for Atripla, Reyataz, Sustiva, covers the first \$200 of the co-pay per prescription. Currently the program runs for one year.

GENENTECH/ROCHE

Drugs covered: None

Contact Information: None

Program Details: No program, might cover co-pays through their patient assistance program.

GILEAD SCIENCES

Drugs covered: Atripla, Emtriva, Truvada, Viread

Contact Information: If health care provider does not have the card for Emtriva, Truvada or Viread, patients can call toll-free 1-888-358-0398 and one will be mailed to them, or contact 866-784-3431 for Atripla or go to product websites (e.g. www.truvada.com).

Program Details: The co-pay assistance covers up to \$200 dollars per prescription per month. Currently the program runs for one year.

GLAXOSMITHKLINE – See ViiV Healthcare

MERCK & CO

Drugs covered: Isentress

Contact Information: 866-350-9232 or www.isentress.com

Program Details: The co-pay assistance starts after the first \$30 of a co-pay has been paid by the consumer. The co-pay assistance then covers up to \$400 per prescription per month. Currently the program runs for one year.

PFIZER – See ViiV Healthcare

TIBOTEC

Drugs covered: Intelence, Prezista

Contact Information: 866-961-7169 or go to product websites (e.g. www.prezista.com)

Program Details: Patient responsible for first \$5, then covers up to \$100 per month, per prescription.

ViiV HEALTHCARE

Drugs covered: Covers Combivir, Epivir, Epzicom, Lexiva, Rescriptor, Retrovir, Selzentry, Trizivir, Viracept and Ziagen.

Contact Information: Patients can use their current or new card for both Pfizer and GSK drugs, now under one umbrella at ViiV Healthcare. You can get the card from your provider or print out the card online at www.mysupportcard.com, or visit www.gskforyou.com. Call 1-888-825-5249.

Program Details: The card is valid for the amount of patient's actual out-of-pocket cost up to a maximum of \$100 for each prescription.

CO-PAY PROGRAMS FOR HEPATITIS B VIRUS (HBV)

These programs offer assistance to people with private insurance for the co-payments they have to make at the pharmacy for their HBV drugs. Some companies offer co-pay assistance for all of their drugs, including non-HBV drugs.

BRISTOL-MYERS SQUIBB

Drugs covered: Baraclude

Contact Information: 866-715-9050. Ask the operator to speak to someone about the Baraclude Copay Benefits Program and ask for a card to be mailed to you.

Program Details: The co-pay assistance starts after the first \$20 of a co-pay has been paid by the consumer. The co-pay assistance then covers up to \$100 dollars per prescription per month. Currently the program runs for six months.

GILEAD SCIENCES

Drugs covered: Hepsera, Viread

Contact Information: 888-358-0398

Program Details: The co-pay assistance covers up to \$200 dollars per prescription per month. There is also a program for people who pay for their prescription in full that covers the first \$200 per month.

GLAXOSMITHKLINE

Drugs covered: Epivir

Contact Information: 888-825-5249 or www.mysupportcard.com

Program Details: The co-pay assistance starts after the first dollar paid by the consumer. The co-pay assistance then covers up to \$100 dollars per prescription per month and includes non-HBV drugs.

CO-PAY PROGRAMS FOR HEPATITIS C VIRUS (HCV)

There are currently no co-pay assistance programs for HCV drugs.

PATIENT ASSISTANCE PROGRAMS (PAPs)

PAP PROGRAMS FOR HIV

These programs offer free HIV drugs to people with low-incomes who do not qualify for any other insurance or assistance programs, such as Medicaid or AIDS Drug Assistance Programs (ADAPs).

ABBOTT

Drugs covered: Kaletra, Norvir

Contact Information: 800-222-6885

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

BOEHRINGER INGELHEIM

Drugs covered: Aptivus, Viramune

Contact Information: 800-556-8317 or www.rxhope.com or www.pparx.org

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

BRISTOL-MYERS SQUIBB

Drugs covered: Atripla, Reyataz, Sustiva, Videx and Zerit

Contact Information: 888-477-2669 or www.pparx.org or go to product websites (e.g. www.sustiva.com)

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

GENENTECH/ROCHE

Drugs covered: Fuzeon

Contact Information: 877-757-6243

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

GILEAD SCIENCES

Drugs covered: Atripla, Emtriva, Truvada, Viread

Contact Information: 800-226-2056 or go to product websites (e.g. www.truvada.com)

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

GLAXOSMITHKLINE – See ViiV Healthcare

MERCK & CO

Drugs covered: Crixivan, Isentress

Contact Information: 800-850-3430 or www.isentress.com

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

PFIZER – See ViiV Healthcare

TIBOTEC

Drugs covered: Intelence, Prezista

Contact Information: 800-652-6227 or product-specific website (e.g. www.prezista.com)

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

ViiV HEALTHCARE

Drugs covered: Covers Combivir, Epivir, Epzicom, Lexiva, Rescriptor, Retrovir, Selzentry, Trizivir, Viracept and Ziagen.

Contact Information: Call **1-866-728-4368** or go to www.gskforyou.com, and click on “Bridges to Access.”

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared

to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

CO-PAY PROGRAMS FOR HEPATIS B VIRUS (HBV)

These programs offer free HBV drugs to people with low-incomes who do not qualify for any other insurance or assistance programs, such as Medicaid or Medicare.

BRISTOL-MYERS SQUIBB

Drugs covered: Baraclude

Contact Information: 800-736-0003 or visit www.bmspaf.org.

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

GILEAD SCIENCES

Drugs covered: Hepsera, Viread

Contact Information: 800-226-2056 or visit www.hepsera.com

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

GLAXOSMITHKLINE

Drugs covered: Epivir

Contact Information: 866-475-3678 or www.gskforyou.com

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

PAP PROGRAMS FOR HEPATITIS C VIRUS (HCV)

These programs offer free HCV drugs to low-income people who do not qualify for any other insurance or assistance programs, such as Medicaid or Medicare. None of the programs currently offer assistance with obtaining an HCV viral load test, however, which is a critical part of HCV treatment.

AMGEN

Drugs covered: Epogen*

Contact Information: 800-272-9376

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

**Note: Epogen is not a treatment for HCV, but it is a treatment for anemia, which is a side effect commonly caused by HCV treatment.*

GENENTECH/ROCHE

Drugs covered: Pegasys and Copegus

Contact Information: 877-734-2797

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

SCHERING

Drugs covered: Pegintron and Rebetol

Contact Information: 800-521-7157

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

Compiled by the Fair Pricing Coalition (FPC). The Fair Pricing Coalition (FPC) is an ad hoc group of activists who advocate with the pharmaceutical industry

*regarding the price of HIV and hepatitis drugs. For more information visit:
www.fairpricingcoalition.org.*