

CO-PAY PROGRAMS

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: 800-222-6885

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. Currently the program runs for one year. Abbott has announced that it will be launching a Norvir co-pay program in 2010 which will cover co-pays from \$25-75.

BOEHRINGER INGELHEIM

Drugs covered: Viramune

Contact Information: Card distributed by health care providers only

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: 888-281-8981 for Sustiva and Reyataz or 866-784-3431 for Atripla or go to product websites (e.g. www.sustiva.com)

Program Details: The co-pay assistance program for Reyataz, Sustiva, Videx and Zerit covers covers the first \$200 of the of the co-pay per prescription. The program for Atripla starts after the first \$50 of a co-pay has been paid by the consumer. The co-pay assistance then covers up to \$200 dollars per prescription per month. 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: 888-358-0398 for Emtriva, Viread or Truvada or 866-784-3431 for Atripla or go to product websites (e.g. www.truvada.com)

Program Details: The co-pay assistance starts after the first \$50 of a co-pay has been paid by the consumer. The co-pay assistance then covers up to \$200 dollars per prescription per month. Currently the program runs for one year.

GLAXOSMITHKLINE

Drugs covered: Combivir, Epivir, Epzicom, Lexiva, Retrovir, Trizivir, Ziagen

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-HIV drugs. Currently the program runs for one year.

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

Drugs covered: None

Contact Information: None

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

TIBOTEC

Drugs covered: Intelence, Prezista

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

Program Details: The co-pay assistance starts after the first dollar paid by the consumer. The co-pay assistance then covers 80% of the cost of the prescription up to the first \$200 of the co-pay. Currently the program runs for one year.

ViiV HEALTHCARE

Drugs covered: Will cover Combivir, Epivir, Epzicom, Lexiva, Retrovir, Selzentry, Trizivir, Viracept and Ziagen.

Contact Information: New company - no information currently available.

See GSK or Pfizer details.

Program Details: New company - no information currently available. See GSK or Pfizer details.

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 starts after the first \$50 of a co-pay has been paid by the consumer. The co-pay assistance then 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

Drugs covered: Combivir, Epivir, Epzicom, Lexiva, Retrovir, Trizivir, Ziagen

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.

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

Drugs covered: Selzentry, Viracept

Contact Information: 888-327-7787 or www.selzentry.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.

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: Will cover Combivir, Epivir, Epzicom, Lexiva, Retrovir, Selzentry, Trizivir, Viracept and Ziagen.

Contact Information: New company - no information currently available. See GSK or Pfizer details.

Program Details: New company - no information currently available. See GSK or Pfizer details.

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.