

# Patient Assistance and Co-Pay Programs for HIV and Viral Hepatitis



Fair Pricing Coalition

**Co-Pay Programs for HIV . . . . . p.1**  
**Co-Pay Programs for Hepatitis p.4**  
**PAPs & Welvista for HIV . . . . . p.2**  
**PAPs for Viral Hepatitis . . . . . p.5**

## Co-Pay Programs for HIV

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

### ABBOTT

**Drugs covered:** Kaletra, Norvir  
**Contact Information:** 800-222-6885, or go to the product websites (e.g. [www.kaletra.com](http://www.kaletra.com)).  
**Program Details:** The co-pay assistance covers the first \$200 per Kaletra prescription per month, and the first \$50 per Norvir prescription per month. Currently, a person must reapply for the program each year.

### BOEHRINGER INGELHEIM (BI)

**Drugs covered:** Viramune XR  
**Contact Information:** The BI co-pay card is distributed by health care providers, HIV service providers and pharmacies only.  
**Program Details:** The co-pay assistance starts at the first dollar paid by the consumer. Specifically, during the first month of the treatment the program covers the first co-pay for the Viramune IR lead-in dose and the second two weeks of Viramune XR. Thereafter, the program covers up to \$100 per-month of your Viramune XR co-payment for 12 months in total. The program does not cover Aptivus prescriptions, nor does it cover Viramune IR after the first month. Previously a person needed to reapply for the program each year, however those who plan to or are currently enrolled in the co-pay program are now covered through December, 2013.

### BRISTOL-MYERS SQUIBB (BMS)

**Drugs covered:** Atripla, Reyataz and Sustiva  
**Contact Information:** 888-281-8981 for Sustiva and Reyataz or 866-784-3431 for Atripla or go to the product websites (e.g. [www.sustiva.com](http://www.sustiva.com)).  
**Program Details:** The program covers the first \$200 per-month of your co-payment for the BMS HIV products included in the program. Currently, a person must reapply for the program each year.

### GENENTECH/ROCHE

**HIV Drugs covered:** None  
**Contact Information:** None  
**Program Details:** No program, might cover co-pays through their patient assistance program (see p.3).

### GILEAD SCIENCES

**Drugs covered:** Atripla, Complera, Emtriva, Truvada and Viread  
**Contact Information:** 877-505-6986 or go to product websites (e.g. [www.truvada.com](http://www.truvada.com))  
**Program Details:** The program covers the first \$200 per-month of your co-payment for Gilead HIV products. The program automatically renews annually for enrolled patients.

### GLAXOSMITHKLINE (See ViiV Healthcare)

### JANSSEN THERAPEUTICS (formerly Tibotec Therapeutics)

**Drugs covered:** Edurant, Intelence, Prezista  
**Contact Information:** 866-961-7169 or go to product websites (e.g. [www.prezista.com](http://www.prezista.com)). You can also get all of the relevant information or forms including an instant savings card at [www.janssentherapeutics.com](http://www.janssentherapeutics.com).  
**Program Details:** After paying the first \$5 of your co-payment, there is no limit on the amount of the remaining co-pay Janssen will cover. Currently, you must reapply for the program each year.

### MERCK & CO

**Drugs covered:** Isentress  
**Contact Information:** 888-204-3713 or [www.isentress.com](http://www.isentress.com)

**Program Details:** The program covers the first \$400 per-month of your co-payment for Merck HIV products. Currently, a person must reapply for the program each year.

### **ViiV HEALTHCARE (formerly GlaxoSmithKline & Pfizer)**

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

**Contact Information:** Call 1-877-844-8872. 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](http://www.mysupportcard.com).

**Program Details:** The program covers the first \$100 per-month of your co-payment on each ViiV prescription. Currently, you must reapply for the program every two years.

---

## **Patient Assistance Programs (PAPs) and Welvista for HIV**

Patient Assistance Programs (PAPs) offer free HIV drugs to people with low-incomes who do not qualify for any other insurance or assistance programs, such as Medicaid, Medicare, or AIDS Drug Assistance Programs (ADAPs). Different company programs have different eligibility criteria based on the Federal Poverty Level (FPL) designation. The 2012 FPL income for one individual is \$11,170. It is adjusted based on family or household size. 200% FPL is \$22,340 and 300% is \$33,510 for individuals. All levels are somewhat higher in Alaska and Hawaii. A complete table is available at

<http://aspe.hhs.gov/poverty/12poverty.shtml>.

Unless otherwise stated, companies ask for verification of income, usually in the form of a federal income tax return. Companies also generally consider household income, meaning that a married couple that files joint taxes would be judged on their combined income. People who file individual income tax returns would only have

their individual income considered. Always apply for an exception if told you are not eligible.

A special program which is overseen by the Heinz Family Philanthropies, and managed by Welvista, a non-profit mail-order pharmacy based in South Carolina, has been initiated to make it easier for people on ADAP waiting lists to access their HIV medications from one location rather than having to access multiple industry PAPs to obtain their medications for different manufacturers. Thus far, Welvista is licensed in 20 states and working with six HIV drug companies to provide HIV drugs free to individuals on ADAP waiting lists.

The FPC has listed information on the major HIV drug company PAPs below. Please note:

- Some companies are using Welvista for ADAP waiting list patients.
- Some companies are covering waiting list patients through their own PAPs.
- Some companies are covering waiting list patients through both Welvista and their own PAPs.
- Some companies are also covering ADAP *dis-enrolled* clients through their own PAP programs and some are not.
- If an ADAP patient has been dis-enrolled because the state has lowered FPL eligibility, the drug company FPL may also be too low to cover them. Check the individual company PAP criteria; and always apply for an exception if you are told you are not eligible.

*Listings below indicate which companies are participating in the Welvista program.*

### **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 based on the total household income compared to established federal poverty levels (FPL). Abbott's program covers people with incomes up to 500 percent of the FPL. Abbott does not request income verification and they only consider the income of the individual. Generally, programs will accept appeals for special

circumstances if a person does not initially qualify and is turned down. People initially denied coverage through the PAP should apply a second time and ask for a relevant exception. Abbott currently participates in the Welvista program.

### **BOEHRINGER INGELHEIM (BI)**

**Drugs covered:** Aptivus, Viramune IR (Lead-in doses), Viramune XR

**Contact Information:** 800-556-8317 or [www.rxhope.com](http://www.rxhope.com) or [www.pparx.org](http://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 based on the total household income compared to established federal poverty levels. BI's program covers people with incomes up to 500 percent of the FPL. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down. People initially denied coverage through the PAP should apply a second time and ask for a relevant exception. BI participates in the Welvista program.

### **BRISTOL-MYERS SQUIBB (BMS)**

**Drugs covered:** Atripla, Reyataz and Sustiva

**Contact Information:** 888-281-8981 or [www.pparx.org](http://www.pparx.org) or go to product websites (e.g. [www.sustiva.com](http://www.sustiva.com)). The Atripla PAP is handled separately at 866-290-4767.

**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 based on the total household income compared to established federal poverty levels. The BMS program covers people with incomes up to 500 percent of the FPL. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down. People initially denied coverage through the PAP should apply a second time and ask for a relevant exception. BMS currently participates in the Welvista program.

### **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 based on the total household income compared to established federal poverty levels (FPL). Genentech's program covers people with incomes up to 950 percent of the FPL. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down. People initially denied coverage through the PAP should apply a second time and ask for a relevant exception. Genentech does *not* currently participate in the Welvista program.

### **GILEAD SCIENCES**

**Drugs covered:** Atripla, Complera, Emtriva, Truvada, Viread

**Contact Information:** 800-226-2056 or go to product websites (e.g. [www.truvada.com](http://www.truvada.com)). The Atripla PAP is handled separately at 866-290-4767.

**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 based on the total household income compared to established federal poverty levels (FPL). Gilead's program covers people with incomes up to 500 percent of FPL. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down. People initially denied coverage through the PAP should apply a second time and ask for a relevant exception. Gilead currently participates in the Welvista program.

### **JANSSEN THERAPEUTICS (formerly Tibotec Therapeutics)**

**Drugs covered:** Edurant, Intelence, Prezista

**Contact Information:** 800-652-6227 or product-specific website (e.g. [www.prezista.com](http://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 based on the total household income compared to established federal poverty levels (FPL). Janssen's program puts no limit on income. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down. People initially denied coverage through the PAP should apply a second

time and ask for a relevant exception. Additionally, people who are already on a Janssen Therapeutics product who may find themselves suddenly cut off from insurance or dis-enrolled from an ADAP but who are over income limits will also qualify for exceptions, and should clearly note that they are already on drug where asked in the application. Janssen currently participates in the Welvista program.

## **MERCK & CO**

**Drugs covered:** Crixivan, Isentress

**Contact Information:** 800-850-3430 or [www.merckhelps.com](http://www.merckhelps.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 based on the total household income compared to established federal poverty levels (FPL). Merck's program covers people with incomes up to 500 percent of the FPL. If someone does not meet the Merck PAP criteria under this program and there are special circumstances of financial and medical hardship that apply, a person may request an exception, provided their income does not exceed 500 percent of the FPL. Merck currently participates in the Welvista program.

## **ViiV HEALTHCARE**

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

**Contact Information:** 877-784-4842 or [www.ViiVhealthcareforyou.com](http://www.ViiVhealthcareforyou.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 based on the total household income compared to established federal poverty levels (FPL). ViiV's program covers people with incomes up to 500 percent of the FPL. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down. People initially denied coverage through the PAP should apply a second time and ask for a relevant exception. ViiV currently participates in the Welvista program.

## **Co-Pay Programs for Viral Hepatitis**

These programs offer assistance to people with private insurance for the co-payments required to obtain hepatitis drugs at the pharmacy. Some companies offer co-pay assistance for all of their drugs, including non-hepatitis drugs.

### *CO-PAY PROGRAMS FOR HEPATITIS B VIRUS (HBV)*

#### **BRISTOL-MYERS SQUIBB**

**Drugs covered:** Baraclude

**Contact Information:** 855-898-0267. Ask the operator to speak to someone about the Baraclude Co-pay Discount Benefits Program and ask for a card to be mailed to you.

**Program Details:** The program covers the first \$200 per month of co-pays. For people who pay for their prescriptions in full, the program will also cover the first \$200 per month. Currently the program runs through December 31, 2014.

#### **GILEAD SCIENCES**

**Drugs covered:** Viread

**Contact Information:** 877-627-0415

**Program Details:** The program covers the first \$200 per month co-payment for Viread for HBV treatment for patients who are uninsured or pay their prescription costs in full. The program renews automatically for enrolled patients.

#### **GLAXOSMITHKLINE**

**Drugs covered:** Epivir

**Contact Information:** 888-825-5249 or [www.mysupportcard.com](http://www.mysupportcard.com)

**Program Details:** The co-pay assistance starts at 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)*

#### **MERCK & CO**

**Drugs covered:** PegIntron and Victrelis

**PegIntron Contact Information:** 866-939-4372 or [www.pegintron.com](http://www.pegintron.com)

**PegIntron Program Details:** People can print out a card at [pegintron.com](http://pegintron.com) and at [merck-cares.com](http://merck-cares.com), which offers eligible patients up to \$200 savings on their copayment for each Pegintron prescription, on up to 12 prescriptions.

**Victrelis Contact Information:** 866-939-4372 or [www.victrelis.com](http://www.victrelis.com)

**Victrelis Program Details:** People can print out a card at [www.victrelis.com](http://www.victrelis.com) and at [merck-cares.com](http://merck-cares.com) which offers eligible patients savings of up to 20 percent of the total cost of each Victrelis prescription, on up to 12 prescriptions (which would be a full 44 weeks of treatment for those who need it for that duration).

## VERTEX PHARMACEUTICALS

**Drugs covered:** Incivek

**Contact Information:** 855-837-8394 or [www.incivek.com](http://www.incivek.com)

**Program Details:** Vertex will cover co-pay costs up to \$10,000 for people who have private insurance plans that cover Incivek, regardless of their household income.

---

## Patient Assistance Programs (PAPs) for Viral Hepatitis

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. Different company programs have different eligibility criteria based on the Federal Poverty Level (FPL). The 2011 FPL income for an individual is \$11,170 annual income. It is adjusted based on family or household size. 200% FPL is \$22,340 annual income for an individual and 300% is \$33,510 annual income. All levels are somewhat higher in Alaska and Hawaii. A complete table is available at <http://aspe.hhs.gov/poverty/12poverty.shtml>. Unless otherwise stated, companies ask for verification of income, usually in the form of a federal income tax return. Companies also

generally consider household income, meaning that a married couple that files joint taxes would be judged on their combined income. People who file individual income tax returns would only have their individual income considered. Always apply for an exception if told you are not eligible.

## PAP PROGRAMS FOR HEPATITIS B VIRUS (HBV)

### BRISTOL-MYERS SQUIBB

**Drugs covered:** Baraclude

**Contact Information:** 855-898-0267 or visit [www.bmspaf.org](http://www.bmspaf.org).

**Program Details:** The PAP is for people who do not qualify for other assistance or health insurance programs and covers people with Incomes up to 300 per cent of the FPL. Most programs have limits based on the total household income compared to established FPL percentages. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

### GILEAD SCIENCES

**Drugs covered:** Hepsera and Viread

**Contact Information:** 800-226-2056 or visit [www.gilead.com/us\\_advancing\\_access](http://www.gilead.com/us_advancing_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 based on the total household income compared to established FPL percentages. 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](http://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 based on the total household income compared to established FPL percentages. 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)**

#### **JOHNSON & JOHNSON**

**Drugs covered:** Procrit\*

**Contact Information:** 800-652-6227

**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 based on 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: Procrit 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:** 888-941-3331

**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 based on 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:** Pegintron and Victrelis

**Contact Information:** 866-363-6379 or [www.merckhelps.com](http://www.merckhelps.com)

**Program Details:** The ACT Program can help you answer questions related to insurance coverage and reimbursement. Program Specialists can also help you apply for the PAP. 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 based on 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.

#### **VERTEX PHARMACEUTICALS**

**Drugs covered:** Incivek

**Contact Information:** 855-837-8394 or [www.incivek.com](http://www.incivek.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 based on the total household income compared to established federal poverty levels. The Incivek PAP helps people whose household income is less than \$100,000 per year. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

---

*For more up-to-date information visit our website at [www.fairpricingcoalition.org](http://www.fairpricingcoalition.org)*

*Updated July 6, 2012*