

Fair Pricing Coalition

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

Updated: January 2011

Over the past two years, the Fair Pricing Coalition (FPC) has addressed patient health insurance co-payment (co-pay) programs and patient drug assistance programs (PAPs) for people living with HIV and/or viral hepatitis. The FPC has negotiated co-pay programs with virtually every major HIV drug manufacturer. The FPC is also working on expanding PAPs and making it easier for people to access them, especially for people who have been put on waiting lists for state AIDS Drug Assistance Programs (ADAPs). Following is a list of co-pay and patient assistance programs for HIV and hepatitis B and C, and contact information for these programs. This is a living document that will be updated as program changes are implemented.

PROGRAMS FOR HIV

CO-PAY PROGRAMS

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)

Program Details: The co-pay assistance covers the first \$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. For the Norvir program, Abbott offers up to \$50 of savings after you pay the first \$25 of your co-payment. Abbott will cover the first \$50 per Norvir prescription per month beginning February 14, 2011. Currently, a person must reapply for the program each year.

BOEHRINGER INGELHEIM (BI)

Drugs covered: Viramune

Contact Information: The BI co-pay card is distributed by health care and service providers only.

Program Details: The co-pay assistance starts at the first dollar paid by the consumer. The program covers the first \$50 per-month of your Viramune co-payment for all BI HIV products. The program does not cover Atrivus prescriptions. Currently, a person must reapply for the program each year.

BRISTOL-MYERS SQUIBB (BMS)

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 the product websites (e.g. www.sustiva.com)

Program Details: The program covers the first \$200 per-month of your co-payment for all BMS HIV products. 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.

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 program covers the first \$200 per-month of your co-payment for Gilead HIV products. Currently, a person must reapply for the program each year.

GLAXOSMITHKLINE See ViiV Healthcare

MERCK & CO

Drugs covered: Isentress

Contact Information: **866-350-9232** or 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.

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: After paying the first \$5 of your co-payment, you can save up to \$100 monthly for up to one year. Currently, you must reapply for the program each year.

ViiV HEALTHCARE

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

Contact Information: Call **1-888-825-5249**. 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.

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 each year.

PAP AND WELVISTA PROGRAMS 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 or AIDS Drug Assistance Programs (ADAPs). Different company programs have

different eligibility criteria based on the Federal Poverty Level (FPL) designation. The 2010 FPL income for one individual is \$10,830. It is adjusted based on family or household size. 200% FPL is \$21,660 and 300% \$32,490 for individuals. A complete table is at <http://aspe.hhs.gov/poverty/10poverty.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 working with six HIV drug companies to provide HIV drugs for 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 also covering ADAP disenrolled clients through their own PAP programs and some are not.
- If an ADAP patient has been disenrolled because the state has lowered FPL eligibility, the drug company or Welvista 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.**

Companies participating in the Welvista program are indicated below.

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

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

based on the total household income compared to established federal poverty levels. BI's program covers people with incomes up to 300 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 does not currently participate in the Welvista program.

BRISTOL-MYERS SQUIBB (BMS)

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). 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. BMS's program covers people with incomes up to 300 to 500 percent of the FPL, depending on the FPL criteria for each state's ADAP program. 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, Emtriva, Truvada, Viread

Contact Information: **800-226-2056** or go to product websites

(e.g. 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.

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

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. 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. Merck currently participates in the Welvista program.

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 based on the total household income compared to established federal poverty levels (FPL). Tibotec's program covers people with incomes up to 200 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. Tibotec currently participates in the Welvista program.

ViiV HEALTHCARE

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

PROGRAMS FOR VIRAL HEPATITIS

CO-PAY PROGRAMS FOR HEPATITIS B VIRUS (HBV)

These programs offer assistance to people with private insurance for the co-payments required to obtain HBV drugs at the pharmacy. Some companies offer co-pay assistance for all of their drugs, including non-HBV drugs. Different company programs have different eligibility criteria based on the Federal Poverty Level (FPL). The 2010 FPL income for an individual is \$10,830 annual income. It is adjusted based on family or household. 200% FPL is \$21,660 annual income for an individual and 300% is \$32,490 annual income for an individual. A complete FPL table is available at <http://aspe.hhs.gov/poverty/10poverty.shtml>. **Always apply for an exception if told you are not eligible.**

BRISTOL-MYERS SQUIBB

Drugs covered: Baraclude

Contact Information: **866-715-9050**. Ask the operator to speak to someone about the Baraclude Co-pay 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 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)

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

PAP PROGRAMS FOR HEPATITIS 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. Different company programs have different eligibility criteria based on the Federal Poverty Level (FPL). The 2010 FPL income for an individual is \$10,830 annual income. It is adjusted based on family or household size. 200% FPL is \$21,660 annual income for an individual and 300% is \$32,490 annual income. A complete table is available at <http://aspe.hhs.gov/poverty/10poverty.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.**

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

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, 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 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

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)

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. Different company programs have different eligibility criteria based on the Federal Poverty Level (FPL) designation. The 2010 FPL income for one person is \$10,830. It is somewhat higher for multi-person households. An eligibility of 200% FPL would be twice that (\$21,660), 300% would be 3-times (\$32,490) and so forth. A complete table is available at <http://aspe.hhs.gov/poverty/10poverty.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. None of the programs currently offer assistance with obtaining an HCV viral load test, however, which is a critical part of HCV treatment. **Always apply for an exception if told you are not eligible.**

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 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: 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: 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 Rebetol

Contact Information: 866-363-6379

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.

The Fair Pricing Coalition is an ad hoc group of activists who advocate with the pharmaceutical industry regarding the price and patient access to HIV and viral hepatitis drugs. For more information, please visit www.fairpricingcoalition.org.