



Pharmaceutical Company Patient Assistance Programs and Cost-sharing Assistance Programs: HIV

June 19, 2018

What is a Patient Assistance Program (PAP)?

A patient assistance program is a program run through pharmaceutical companies to provide free or low-cost medications 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). Each individual company has different eligibility criteria for application and enrollment in their patient assistance program.

HarborPath, a non-profit organization that helps uninsured individuals living with HIV gain access to brand-name prescription medicines at no cost, operates a special patient assistance program for individuals on ADAP waiting lists. An individual is eligible for the HarborPath ADAP waiting list program only if he or she has been deemed eligible for ADAP in his or her state and is verified to be on an ADAP waiting list in that state.

Applying for PAPs

In 2012, the Department of Health and Human Services (DHHS), along with seven pharmaceutical companies, the National Alliance of State and Territorial AIDS Directors (NASTAD), and community stakeholders developed a [common patient assistance program application form](#) that can be used by both providers and patients. Before, patients and advocates had to fill out different sets of paperwork for each company; the new application should help simplify this process; however, the form still has to be sent to each PAP to receive access to medications. This form combines common information collected on each individual company's form to allow individuals to fill out one form. Once the form is completed, case managers or individuals then submit the single form to each individual company, reducing the overall amount of paperwork necessary to apply for a patient assistance program.

In addition to serving as a special PAP for ADAP waiting list clients, [HarborPath](#) also operates as a streamlined, online portal for PAP access. HarborPath creates a single place for application and medication fulfillment. This "one stop shop" portal provides a streamlined, online process to qualify individuals and deliver the donated medications of the participating pharmaceutical companies through a mail-order pharmacy.

What is a Cost-sharing Assistance Program (CAP)?

A cost-sharing assistance program is a program operated by pharmaceutical companies to offer cost-sharing assistance (including deductibles, co-payments and co-insurance) to people with private health insurance to obtain HIV drugs at the pharmacy.

The following provides an overview of PAP contact information, drugs covered, and financial eligibility

Company	Contact Information	Drugs Covered	Financial Eligibility
AbbVie	800-222-6885 www.kaletra.com www.norvir.com	Kaletra and Norvir	500% FPL for Kaletra. No income limits for Norvir.
Boehringer Ingelheim	800-556-8317 https://www.boehringer-ingelheim.us/our-responsibility/patient-assistance-program	Aptivus and Viramune XR	500% FPL
Bristol-Myers Squibb	888-281-8981 www.bms.com	Reyataz, Evotaz, and Sustiva	500% FPL
Genentech	866-247-5084 www.fuzeon.com www.transplantaccessservices.com	Fuzeon and Invirase	Annual household income <\$100,000 OR annual household income \$100,000-\$150,000 and out-of-pocket medication costs exceed 5% of income
Gilead Sciences ¹	800-226-2056 www.atripla.com , www.complera.com ,	Atripla, Complera, Descovy, Emtriva,	500% FPL

¹ Effective July 1, 2015, patients who are insured and who do not meet their payer's coverage criteria will no longer be eligible for support via Gilead's patient assistance program. This includes clients whose insurer has limited access based on: step-therapy or clinical criteria (e.g., drug and alcohol testing).

	www.descovy.com , www.genvoya.com , www.odefsey.com , www.stribild.com , www.truvada.com , www.tybost.com or www.viread.com	Genvoya, Odefsey, Stribild, Truvada, Tybost, and Viread	
Janssen Therapeutics	800-652-6227 www.ijpaf.org	Edurant, Intelence, Prezcobix, and Prezista	300% FPL
Merck and Co.	800-727-5400 www.merckhelps.com	Crixivan, Isentress, and Isentress HD	400% FPL
ViiV Healthcare ²	844-588-3288 www.ViiVconnect.com	Combivir, Eпивir, Epzicom, Juluca, Lexiva, Rescriptor, Retrovir, Selzentry, Tivicay, Triumeq, Trizivir, Viracept, and Ziagen	500% FPL

² If seeking Eпивir for the treatment of hepatitis B (not HIV), please contact GlaxoSmithKline to enroll in their PAP.

The following provides an overview of CAP contact information, drugs covered, and assistance offered.

Company	Contact Information	Drugs Covered	Assistance	Renewal
AbbVie	<p>800-441-4987</p> <p>www.kaletra.com</p> <p>www.norvir.com</p>	Kaletra and Norvir	The co-payment assistance covers the first \$400 per Kaletra prescription per month with a \$4,800 maximum benefit per year, and up to a \$100 per month/\$1,200 per year for co-payments for Norvir. The cards can be used once every 30 days.	Reapply each year.
Bristol-Myers Squibb	<p>888-281-8981</p> <p>www.bms.com</p>	Evotaz, Reyataz, and Sustiva	The program covers up to \$7,500 annually for co-payments, deductibles and co-insurance in all commercially-insured plans for Evotaz, Reyataz, and Sustiva.	Automatic annual renewal for enrolled patients.
Genentech	<p>866-247-5084</p> <p>www.fuzeon.com</p> <p>www.transplantaccessservices.com</p>	Fuzeon and Invirase	The program covers all out-of-pocket costs for Fuzeon prescriptions for individuals who: (1) have insurance, (2) have an annual household income of \$150,000 or less, (3) spend 5% or more of their annual household income for Genetech prescriptions, and (4) have exhausted all other patient assistance options.	Must reapply each year.
Gilead Sciences	<p>800-226-2056</p> <p>www.atripla.com, www.biktarvy.com, www.complera.com, www.descovy.com, www.genvoya.com, www.odefsey.com, www.stribild.com, www.truvada.com, www.tybost.com, www.viread.com</p>	Atripla, Biktarvy, Complera, Descovy, Emtriva, Genvoya, Odefsey, Stribild, Truvada, Tybost, and Viread	The program covers the first \$7,200 per year of co-payments for Biktarvy and Genvoya; the first \$6,000 per year of co-payments for Atripla, Complera, Odefsey, and Stribild; the first \$4,800 per year of co-payments for Descovy and Truvada; the first \$300 per month/\$3,600 per year of co-payments for Emtriva and Viread; and the first \$50 per month/\$600 per year of co-payments for Tybost.	Automatic annual renewal for enrolled patients.

Janssen Therapeutics	877-227-3728 www.janssencarepath.com/hcp	Edurant, Intelence, Prezcobix, and Prezista	The program covers the first \$7,500 per year of co-payments, deductibles, and co-insurance.	Reapply each year.
Merck and Co.	800-727-5400 www.isentress.com	Isentress and Isentress HD	The program covers out-of-pocket costs up to a maximum total program savings of \$6,800. Coupon may be redeemed once every 21 days before the expiration date printed on the coupon, on each qualifying prescription up to 180 tablets each.	Must reapply after the coupon expires.
ViiV Healthcare	844-588-3288 www.ViiVconnect.com	Juluca, Lexiva, Selzentry, Tivicay, Triumeq, Trizivir, Rescriptor, Retrovir, Viracept, and Ziagen	The yearly maximum benefit is \$7,500 per patient for all medications. Tivicay, Juluca, and Triumeq have a \$7,500 per year/per patient maximum. Lexiva, Rescriptor, Selzentry, Retrovir, Ziagen, Trizivir, and Viracept have a \$4,800 per year/per patient maximum.	Automatic annual renewal for enrolled patient.

Foundations Providing Access to Care Assistance for People Living with HIV

[Needy Meds](#)

<http://www.needymeds.org/>

Needy Meds offers resources that are helpful to uninsured and underinsured patients including an MRI/CAT scan discount program and medical bill mediation.

[Patient Access Network \(PAN\) Foundation](#)

<https://panfoundation.org/index.php/en/> or 866-316-7263

The PAN Foundation offers a co-payment assistance program for individuals who have Medicare and whose annual income is less than 500% FPL. The yearly maximum benefit is \$3,600. Patients may apply for a second grant during their eligibility period subject to availability of funding. Otherwise, patients must reapply each year. See website for full list of eligible HIV medications.

[Patient Advocate Foundation](#)

www.copays.org/diseases/hiv-aids-and-prevention or 800-532-5274

The Patient Advocate Foundation offers a co-payment assistance program for insured individuals whose annual income is less than 400% FPL. The yearly maximum award is \$7,500 to help cover the out-of-pocket costs incurred for HIV treatment (the award is not drug-specific). Patients must have health insurance which covers the medication for which the patient seeks assistance. Patients must reapply every 12 months.

Additional Resources

The following resources may be of interest to individuals living with HIV.

Clinical Trials

www.clinicaltrials.gov

A service of the U.S. National Institutes of Health, ClinicalTrials.gov is a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world.

Fair Pricing Coalition (FPC)

www.fairpricingcoalition.org

As part of their advocacy work, the Fair Pricing Coalition (FPC) negotiates with companies to ensure that Patient Assistance Programs (PAPs) are adequately generous and easy to apply for.

Health Insurance Marketplace

www.healthcare.gov

The official site of the Health Insurance Marketplace, Healthcare.gov allows individuals and families to sign-up for insurance coverage through the Affordable Care Act.

Treatment Action Group

www.treatmentactiongroup.org

Treatment Action Group collaborates with activists, community members, scientists, governments, and drug companies to make safer, more effective and less toxic treatment for viral hepatitis available.
