



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

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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. This form combines information collected on each individual company's PAP enrollment to allow individuals to fill out one form. Once completed, providers or individuals then submit the single form to each individual company, reducing the overall amount of paperwork necessary to apply for patient assistance programs.

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.

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.abbvie.com/patients/patient-assistance.html	Kaletra and Norvir	500% FPL for Kaletra; no income limits for Norvir.
Boehringer Ingelheim	800-556-8317 www.boehringer-ingelheim.us/our-responsibility/patient-assistance-program	Aptivus and Viramune XR	500% FPL
Bristol-Myers Squibb	888-281-8981 www.bmscustomerconnect.com/bms3assist	Reyataz, Evotaz, and Sustiva	500% FPL
Genentech	888-754-7651 www.gene.com/patients/patient-foundation	Fuzeon	Income under \$150,000 per calendar year
Gilead Sciences ¹	800-226-2056 www.gileadadvancingaccess.com/	Atripla, Complera, Descovy, Emtriva, Genvoya, Odefsey, Stribild, Truvada, Tybost, and Viread	500% FPL
Janssen Pharmaceuticals	800-652-6227	Edurant, Intelence,	300% 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).

(Johnson & Johnson)	www.ijpaf.org	Prezcobix, Prezista, and Symtuza	
Merck and Co.	800-727-5400 www.merckhelps.com	Crixivan, Isentress, Isentress HD, Delstrigo, and Pifeltro	At or below 500% FPL
Theratechnologies	833-238-4372 www.therapatientssupport.com	Trogarzo	Not disclosed; contact manufacturer.
ViiV Healthcare ²	844-588-3288 www.ViiVconnect.com	Combivir, Dovato, 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.

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. Pharmaceutical company CAPs cannot be used by individuals covered by Medicaid or Medicare; ADAP clients should be sure to check with their ADAP program before enrolling in a pharmaceutical company CAP.

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

Company	Contact Information	Drugs Covered	Assistance	Renewal
AbbVie	800-441-4987 www.abbvie.com/patients/patient-assistance.html	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. Individuals cannot have federally funded prescription coverage.	Reapply each year.
Bristol-Myers Squibb	888-281-8981 www.bmscustomerconnect.com/bms3assist	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	888-754-7651 www.gene.com/patients/patient-foundation	Fuzeon	The program covers all out-of-pocket costs for prescriptions for individuals who: (1) have insurance that does not cover a Genentech medication with an income under \$150,000 per year,	Must reapply each year.

			(2) are uninsured, (3) spend 5% or more of their annual household income for Genetech prescriptions, or (4) have exhausted all other patient assistance options.	
Gilead Sciences	800-226-2056 www.gileadadvancingaccess.com	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	Edurant, Intelence, Prezcobix, Prezista, and Symtuza.	The program covers the first \$7,500 per year of co-payments, deductibles, and co-insurance for Edurant, Intelence, Prezcobix, and Prezista. The program covers the first \$10,500 per year of co-payments, deductibles, and co-insurance for Symtuza.	Reapply each year.
Merck and Co.	800-727-5400 www.merckhelps.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	Must reapply after the coupon expires.

			prescription up to 180 tablets each.	
Mylan	800-657-7613 www.activatethecard.com/cimduo www.activatethecard.com/symfi www.activatethecard.com/symfi-lo	Cimduo, Symfi, and Symfi Lo	The program covers out-of-pocket costs up to a maximum total program savings of \$6,000 for Symfi and Symfi Lo and \$4,800 for Cimduo.	Reapply each year.
Theratechnologies	833-238-4372 www.therapatientssupport.com	Trogarzo	The program covers out-of-pocket costs up to \$7,500 per year for those on commercial insurance plans.	Contact Thera Patient Support.
ViiV Healthcare	844-588-3288 www.ViiVconnect.com	Juluca, Lexiva, Selzentry, Tivicay, Triumeq, Trizivir, Rescriptor, Retrovir, Viracept, and Ziagen (oral solution only)	The yearly maximum benefit is \$7,500 per patient for all medications. Tivicay has a \$7,500 per year/per patient maximum. Dovato and Juluuca have a \$6250 per year/per patient maximum. Tivicay has a \$5000 per year/per patient maximum. Lexiva, Rescriptor, Selzentry, Retrovir, Ziagen (oral solution only), 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.

HIV Treatment Guidelines

<https://aidsinfo.nih.gov/guidelines>

The HIV Treatment Guidelines are federally approved by panels of HIV care experts. There are brief and full versions of guidelines for an array of care, including Adult and Adolescent ARV, Pediatric, PrEP, PEP, and Prevention.
