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

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What is a Patient Assistance Program (PAP)?

A patient assistance program is a program run by, or in association with, 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 enrollment in their patient assistance program.

Applying for PAPs

Manufacturer patient assistance programs maintain their own electronic enrollment portals, printable/fillable applications, and may offer expedited verification processes and first-time fills via a retail pharmacy in support of rapid antiretroviral therapy initiation.

NASTAD also maintains a common patient assistance program application (CPAPA) 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. NASTAD's CPAPA may be particularly useful for clients requiring antiretroviral drug products manufactured by two or more pharmaceutical companies.

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/myAbbVieAssist	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
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, Biktarvy, Complera, Descovy, Emtriva, Genvoya, Odefsey, Stribild, Truvada, Tybost, and Viread	500% FPL
Johnson & Johnson Patient Assistance Foundation, Inc. (Janssen Pharmaceuticals)	800-652-6227 www.jjpaf.org	Edurant, Intelence, Prezcobix, Prezista, and Symtuza	300% FPL
Merck and Co.	800-727-5400 http://www.merckhelps.com	Isentress, Isentress HD, Delstrigo, and Pifeltro	At or below 500% FPL
Theratechnologies	833-238-4372 www.therapatientsupport.com	Trogarzo	Not disclosed; contact manufacturer.

[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).

ViiV Healthcare[2]	844-588-3288 www.ViiVconnect.com	Combivir, Cabenuva, Dovato, Epivir, Epzicom, Juluca, Lexiva, Retrovir, Rukobia, Selzentry, Tivicay/Tivicay PD, Triumeq, Trizivir, Viracept, and Ziagen	500% FPL

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[2] If seeking Epivir 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/myAbbVieAssist	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.	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, (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.	Must reapply each year.

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, Descovy, Genvoya, and Truvada; the first $6,000 per year of co-payments for Atripla, Complera, Odefsey, and Stribild; 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 prescription up to 180 tablets each.	Must reapply after the coupon expires.

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.therapatientsupport.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/Tivicay PD, Triumeq, Trizivir, Retrovir, Rukobia, Viracept, and Ziagen (oral solution only), Cabenuva	Triumeq and Rukobia have a $7,500 per year/per patient maximum. Dovato and Juluca have a $6,250 per year/per patient maximum. Tivicay/Tivicay PD has a $5000 per year/per patient maximum. Lexiva, Selzentry, Retrovir, Ziagen (oral solution only), Trizivir, and Viracept have a $4,800 per year/per patient maximum. The yearly maximum benefit for Cabenuva is $13,000 per patient, which covers both medical or pharmacy benefit (includes out-of-pocket component for up to $100 on administration fee per treatment).	Automatic annual renewal for enrolled patient.

Other Organizations and Foundations Providing Medication Assistance for People Living with HIV

HarborPath

Harborpath.org

HarborPath is a non-profit organization that 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.

Patient Advocate Foundation

copays.org

The Patient Advocate Foundation offers a co-payment and insurance premium 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.