

**NEW DRUG CO-PAY PROGRAMS FOR PATIENTS INITIATED BY THE FPC**

The Fair Pricing Coalition (FPC), which was founded by the late Martin Delaney of Project Inform, is a national coalition of activists who work on HIV drug pricing issues and who help control drug costs, thereby insuring access for recipients of state AIDS Drug Assistance Programs (ADAPs), Medicare and Medicaid, and patients who are privately insured, underinsured and uninsured.

The FPC has recently negotiated patient drug co-pay programs with all major HIV drug manufacturers. The new drug co-pay programs are a direct result of intense work and negotiations between the FPC and representatives of the pharmaceutical industry.

Most, if not all, HIV pharmaceutical companies already provide some level of patient assistance to individuals who are unable to afford their HIV medications. Several companies have also recently instituted co-pay assistance programs, which may cover all or part of the drug co-pay for many privately insured patients, up to a specified amount, and for a pre-determined period of time, for example, ADAP up to one year. Certain restrictions and eligibility requirements apply. For example, ADAP, Medicare and Medicaid patients are ineligible for co-pay programs. Eligibility requirements may vary from program to program. Once eligibility is determined, most companies will provide patients with a co-pay card that can be presented to a pharmacist or a mail order pharmacy when filling your prescription. Since the FPC expects the launch of new programs and revisions in current programs as negotiations continue, patients should contact or ask their health care providers or pharmacies to contact drug manufacturers directly for updated details on a specific drug.

There are may also be medications in addition to HIV drugs that individuals require, such as prescription medicines to control other conditions such as high cholesterol or diabetes. To find patient assistance or drug co-pay programs for these and other types of drugs, visit <http://www.needymeds.com>.

Together Rx is a prescription savings program for uninsured individuals sponsored by many of the nation's leading pharmaceutical companies. For more information call toll-free 1-800-966-0407, or enroll online at [www.TogetherRxAccess.com](http://www.TogetherRxAccess.com).

Below is a brief description on the availability of most HIV drug co-pay programs. Residents of Massachusetts are ineligible for these co-pay programs unless no part of the cost of their prescription is covered by insurance. A company program chart listing further details is provided below. **Drug companies are often secretive about patient assistance programs (PAPs) and co-pay programs. Many will not volunteer information in an effort to avoid providing patients with free drugs, co-pay assistance or other financial services. Remember, if you are persistent enough many companies will often make exceptions to the criteria listed. You may even be granted full PAP eligibility. Even if you think you are not eligible, call the program anyway to make inquiries.**

**Abbott: Positive Partnership PLUS Card**—Abbott recently launched a pilot program that expands the Positive Partnership Card. This 12 month program covers Kaletra plus other ARVs and

requires no income or co-pay eligibility requirements. Your first out of pocket dollar will be covered up to a maximum of \$50 for Kaletra each month. Abbott will also cover another \$50 monthly for each additional HIV prescription up to a limit of \$100 monthly. The FPC is extremely disappointed that Norvir is currently not covered in this program. Visit [www.kaletra.com](http://www.kaletra.com) for more information.

**Bristol-Myers Squibb (BMS)** recently announced that they will be launching a co-pay program in April of 2009. Their program will include Reyataz and Sustiva. More details will be provided as they become available. We hope Atripla, the one pill once a day, which BMS co-manufacturers with Gilead will be covered in the BMS program.

**GlaxoSmithKline (GSK): Patient Savings Card**—The GSK program is the most patient-friendly, covering the entire amount of all your actual out-of-pocket cost up to a maximum of \$100 for each prescription. All GSK HIV drugs are covered, including Combivir, Epivir, Epzicom, Lexiva, Retrovir, Trizivir, and Ziagen. Visit [www.mysupportcard.com](http://www.mysupportcard.com) for more information and to print the card.

**Gilead: Truvada Co-pay Assistance Program**—Gilead’s program covers Truvada, Emtriva, and Viread. This program covers high co-pays and kicks in only once patients have spent over \$50 in out-of-pocket costs and covers a maximum of \$200 in co-pays per month. Patients or providers can call toll-free 1-888-358-0398 to receive an eligibility card from Gilead by mail. Atripla is currently *not* part of this program.

**Merck:** Unfortunately, Merck does not have a specific insurance co-pay assistance program. However, it does have a patient assistance program (PAP) for Isentress and Crixivan called “Support.” If patients need co-pay assistance for Crixivan or Isentress they need to use the “Support” program. Call 1-800-850-3430, or visit [www.isentress.com](http://www.isentress.com), click on the site map, and then click “Support.” Some patients have experienced difficulty in accessing the co-pay aspect of this program. Be sure you clarify that you are applying for co-pay assistance, not for the PAP program. The eligibility criteria are different for each program.

**Pfizer:** The FPC is disappointed that Pfizer does not offer co-pay assistance for HIV medications. However, it does provide reimbursement assistance, appeals assistance, and patient assistance for Selzentry, Viracept and Rescriptor. Pfizer also offers information on obtaining assistance with tropism testing. Call the Pfizer RSVP program at 1-888-327-RSVP (7787) M–F, 9:00 am – 8:00 pm Eastern Time; fax 1-888-773-0121, or write to Pfizer RSVP, PO Box 220574, Charlotte, NC. 28222-0574. For assistance with all other Pfizer medicines, call Pfizer Helpful Answers (PHA) at 1-866-706-2400, or visit [www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com).

**Tibotec: Tibotec Therapeutics Patient Savings Program**—Tibotec covers Prezista and Intelence. This program covers 80% of the amount of your actual out-of-pocket cost up to \$100 per drug per month. Visit [www.prezista.com/prezista/patient\\_assistance.html](http://www.prezista.com/prezista/patient_assistance.html) or call toll-free 1-866-961-7169.

**For more information, please call the Project Inform Hotline at 1-800-822-7422.**

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Company	Phone Number/Website	Approved Drugs	General Program Information
Abbott	888-458-6442	Kaletra	Abbott has launched a new patient co-pay assistance program called Positive Partnership Plus which covers 12 months of co-pays of up to \$50 a month for Kaletra and is renewable. The program will also cover up to \$50 a month for additional ARVs that are a part of a Kaletra regimen with a limit of \$100 per month. There is no income eligibility criteria required for participation in the program. Program enrollment cards are accessed through a person's primary care physician. If your physician is out of the cards you can also enroll through Abbott's complimentary program Positive Partnership.
Gilead	888-358-0398	Truvada Viread Emtriva	Income information is not required in order to obtain Gilead's co-pay assistance card. Clients call into the toll-free number and undergo a short phone screening (about 10 minutes); the card is mailed to them or they can access the card through their medical provider. Enrollees cannot also be accessing medications through a federal or state funded program (e.g. Medicaid, Medicare, ADAP, and SPAP). The card is good for 12 months and is renewable. It covers co-pays over \$50 and will assist with up to \$200 a month for each covered medication. <i>(Please note that as of 2/20/09 Atripla is <u>not</u> included in Gilead's co-pay assistance program.)</i>

Company	Phone Number/Website	Approved Drugs	General Program Information
GlaxoSmithKline	www.mysupportcard.com	Lexiva Epzicom Combivir Trizivir Epivir Ziagen Retrovir	<p>Income information is not required in order to obtain a Patient Savings Card. Enrollees cannot also be accessing medications through a federal or state-funded program (e.g. Medicaid, Medicare, ADAP, SPAP) or a former employer retiree prescription plan. This card reduces the enrollee's out-of-pocket co-pay costs by up to \$100 each month for each GSK medication they are prescribed for up to two years following the card's first use. The website has a lot of useful information and a list of pertinent FAQs. The card can be accessed through an enrollee's medical provider or enrollees can download and print their own Patient Savings Card directly from the website after affirming the information they have provided is correct. Keep in mind that enrollees <u>must</u> keep the original card and present it to the pharmacy each month for two years; lost cards are not replaceable. Cards provided by medical providers are printed on card stock paper. Enrollees printing their own cards should be advised to print their cards on thicker card stock paper that will last.</p>

Company	Phone Number/Website	Approved Drugs	General Program Information
Merck	<a href="http://www.isentress.com">www.isentress.com</a> Click on site map and then click on “Support”  1-800-850-3430	Crixivan Isentress	<p>Merck does not have a specific insurance co-pay assistance program. They have a manufacturer patient assistance program for Isentress and Crixivan called “Support.” Merck is instructing persons needing co-pay assistance for Crixivan or Isentress to use the “Support” program. Since this is a patient assistance program enrollees receive medication and not a program card. The application can be obtained by calling the 1-800 number or going to the web link and downloading it. Maximum income guidelines are 400% of the Federal Poverty Level and the application asks for a Social Security number, though US citizenship is not required. The application has a prescriptive portion that must be completed by the enrollee’s physician. Completed applications must be mailed to the “Support” program. Enrollment is for 12 months and medications can be mailed to wherever the enrollee would like.</p>
Tibotec	866-961-7169 <a href="http://www.prezista.com">www.prezista.com</a> Click on Patient Assistance then click on Patient Savings Program	Prezista Intelence	<p>Enrollees cannot also be accessing medications through a federal or state-funded program (e.g. Medicaid, Medicare, ADAP, SPAP) or a former employer retiree prescription plan. Enrollees can phone and have an application mailed to them or go to the web link and download and print one. The one page application asks for Social Security number and gross income. Enrollees can make up to 500% of the Federal Poverty Level. Completed applications can be submitted via mail or FAX. Co-pay cards are mailed to clients, are good for one year and are renewable. The card provides assistance for 80% of the enrollee’s actual out of pocket cost up to a total of \$100 per month for each Tibotec medication prescribed.</p>