

## Co-pay Assistance Programs for ARV's

### Abbott (Kaletra and Norvir)

#### Positive Partnership PLUS Card- call program to enroll

Phone: 1888-695-2393 | Kaletra.com

Covers Kaletra and 2 other HIV medications when part of a regimen

- No income or co-pay eligibility criteria
- Provides \$50/month for Kaletra and \$50/month for each of two other HIV meds in the same regimen
- Norvir co-pay cards also available in folder. Program 800-441-4987

### Boehringer Ingelheim (Virammune)

#### Viramune Co-pay Savings Card- must call to activate card

Phone 800-556-8317 Viramune.com

- Payment in the form of a MasterCard debit card
- Pays up to \$50 of co-pay for Viramune each month for 12 months
- Debit card honored at traditional and mail-order pharmacies

### Bristol-Meyers Squibb/Gilead Sciences (Atripla)

#### Atripla Co-pay Assistance Program-must call to activate (pharmacist can call as well)

Phone: 1.888.784-3431 | Atripla.com

- Covers co-pays up to \$200
- Patient responsible for any amount over \$200

### Bristol-Meyers Squibb (Reyataz and Sustiva)

#### Reyataz and Sustiva Co-pay Benefit Program-no card activation required

Phone: 1.888.281.8981 | BMS.com

- Covers Reyataz and Sustiva
- Benefit up to \$200/month
- pt responsible for any amount over \$200

### Gilead Sciences (Truvada)

#### Truvada Co-pay Assistance Program-must call to activate card

Phone: 1.888.358.0398

- Covers Truvada, Emtriva, and Viread
- Covers co-pays ranging from \$50 to \$200/month

### Merck & Co (Isentress)

#### Isentress Patient Savings Coupon Program-take coupon to pharmacy

Phone: 1.866.350.9232 | Isentress.com

- Cover Isentress only
- Covers co-pays from \$30 to \$40/month (must pay first \$30)
- must get new coupon on line for each patient with new ID#
- Cannot copy coupon

## **Tibotec (Prezista and Intelence)**

[Tibotec Therapeutics Patient Savings Program-must call to enroll and complete form](#)

Phone: 1.866.961.7169 | [Tibotectherapeutics.com](http://Tibotectherapeutics.com)

- Covers Prezista and Intelence
- Now \$5.00 co-pay
- Must be below 800% of FPL
- Must call to enroll and complete form (in folder)

## **Viiv Health Care (Combivir, Epivir, Epzicom, Lexiva, Rescriptor, Retrovir, Selzentry, Trizivir, Viracept, and Ziagen)**

[MySupportCard-take to pharmacy](#)

Phone: 1.888.825.5249 | [Mysupportcard.com](http://Mysupportcard.com)

- Covers one or more of the following: Combivir, Epivir, Epzicom, Lexiva, Rescriptor, Retrovir, Selzentry, Trizivir, Viracept, and Ziagen
- No income criteria
- Covers co-pays up to a maximum of \$100/prescription