



**The Pennsylvania
MidAtlantic AIDS
Education and
Training Center
recognizes the
complicated issues
of providing quality
HIV/AIDS care and
focuses on the**

**entire health care team including
physicians, nurses, dentists,
advanced practice nurses, physician
assistants, and pharmacists.**

**The AETC custom designs
programs, taking into account the
providers' rural or urban settings,
experience, and volume of HIV
patients.**

**The Pennsylvania/MidAtlantic AIDS
Education and Training Center
provides HIV/AIDS-related training
and technical assistance to health
care providers in the Delaware,
District of Columbia, Maryland,
Ohio, Pennsylvania, Virginia, and
West Virginia. The purpose of the
project is to increase the providers'
capacities to provide high quality
HIV/AIDS care.**

For additional information or to request
a clinical consultation contact:

**Ohio State University Local
Performance Site
614-293-6722**

**University of Cincinnati Local
Performance Site
513-584-7535**

The information presented in this brochure
is intended for general knowledge and not
as a replacement for medical advice from
your physician. Links to the sites listed in
this brochure do not constitute
endorsements of the information on those
sites.

Patient Assistance Programs continue to
evolve. This brochure is reviewed
quarterly. The most recent version is
available on the Ohio AIDS Coalition
website: www.ohioaidscoalition.org

GENERAL ACCESS LINKS

www.patientassistance.com
www.needymeds.org
www.rxhope.com 1-732-507-7400
www.togetherxaccess.com - 1-800-444-4106
www.pparx.org - 1-888-477-2669
www.welvista.org

HIV CoPay Assistance chart was adapted from
TPAN (Test Positive Aware Network)
www.tpan.com
Revised 4/12/12

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**Pennsylvania/MidAtlantic
AIDS Education &
Training Center
Ohio State University and
University of Cincinnati
Local Performance Sites**



**Patient Assistance and
CoPay Programs for
HIV Medications**

HIV DRUG CO-PAY* & PATIENT ASSISTANCE PROGRAMS

COMPILED BY POSITIVELY AWARE MAGAZINE

*BY LAW, RESIDENTS OF THE STATE OF MASSACHUSETTS ARE NOT ELIGIBLE FOR DRUG CO-PAY PROGRAMS.

DRUG	COMPANY	CO-PAY PROGRAM	PATIENT ASSISTANCE	DETAILS
APTIVUS	Boehringer Ingelheim	N/A	800-556-8317; needymeds.org	Patient assistance program only.
ATRIPLA	Bristol-Myers Squibb and Gilead Sciences	866-784-3431 atripla.com	866-290-4767 atripla.com	Co-pay program covers up to \$200 per month per prescription. Card available through provider.
COMBIVIR	ViiV Healthcare	888-825-5249 mysupportcard.com	877-784-4842 viivhealthcareforyou.com	Co-pay program covers up to \$100 per month per prescription. Card available through provider, or you can print the card online.
COMPLERA	Gilead Sciences and Janssen Therapeutics	877-505-6986 complera.com	800-226-2056 complera.com	Co-pay program covers up to \$200 per month per prescription. Card available through your provider.
CRIXIVAN	Merck & Co.	N/A	800-850-3430 merck.com/merckhelps	Patient assistance program only.
EDURANT	Janssen Therapeutics	866-961-7169 edurant.com	800-652-6227 jjpaf.org	Co-pay program: Patient pays first \$5, then rest of co-pay is covered; no cap. Call toll-free number or go to jjpaf.org
EMTRIVA	Gilead Sciences	877-505-6986 truvada.com	800-226-2056 truvada.com	Co-pay program covers up to \$200 per month per prescription. Card available through provider.
EPIVIR (lamivudine)	ViiV Healthcare	888-825-5249 mysupportcard.com	877-784-4842 viivhealthcareforyou.com	Co-pay program covers up to \$100 per month per prescription for Epivir. Card available through provider, or you can print the card online. Available as generic.
EPZICOM	ViiV Healthcare	888-825-5249 mysupportcard.com	877-784-4842 viivhealthcareforyou.com	Co-pay program covers up to \$100 per month per prescription. Card available through provider, or you can print the card online.
FUZEON	Genentech/Roche	N/A	877-757-6243; fuzeon.com	Patient assistance program only. Also go to genentech.com.
INTELENCE	Janssen Therapeutics	866-961-7169 intenance-info.com	800-652-6227 jjpaf.org	Co-pay program: Patient pays first \$5, then rest of co-pay is covered; no cap. Call toll-free number or go to jjpaf.org.
INVIRASE	Genentech/Roche	N/A	877-757-6243; genentech.com	Patient assistance program only.
ISENTRESS	Merck & Co.	866-350-9232 isentress.com	800-850-3430 isentress.com	Co-pay program covers up to \$400 per month per prescription. Card available through provider, or you can print the card online.
KALETRA	Abbott Laboratories	800-441-4987 kaletra.com	800-222-6885 kaletra.com	Co-pay program covers up to \$50 per month plus up to \$50 off up to two other HIV meds that are part of a Kaletra regimen. Card available through provider.
LEXIVA	ViiV Healthcare	888-825-5249 mysupportcard.com	877-784-4842 viivhealthcareforyou.com	Co-pay program covers up to \$100 per month per prescription. Card available through provider, or you can print the card online.
NORVIR	Abbott Laboratories	800-441-4987 norvir.com	800-222-6885 norvir.com	Co-pay program covers up to \$50 per month per prescription. Card available through provider. See abbottpatientassistancefoundation.org for patient assistance program.
PREZISTA	Janssen Therapeutics	866-961-7169 prezista.com	800-652-6227 jjpaf.org	Co-pay program: Patient pays first \$5, then rest of co-pay is covered; no cap. Call toll-free number or go to jjpaf.org.
RESCRIPTOR	ViiV Healthcare	888-825-5249 mysupportcard.com	877-784-4842 viivhealthcareforyou.com	Co-pay program covers up to \$100 per month per prescription. Card available through provider, or you can print the card online.
RETROVIR (zidovudine)	ViiV Healthcare	888-825-5249 mysupportcard.com	877-784-4842 viivhealthcareforyou.com	Co-pay program covers up to \$100 per month per prescription for Retrovir. Card available through provider or you can print the card online. Available as generic.
REYATAZ	Bristol-Myers Squibb	888-281-8981 reyataz.com	888-477-2669 reyataz.com	Co-pay program covers up to \$200 per month per prescription. Card available through provider or by calling the toll-free number.
SELZENTRY	ViiV Healthcare	888-825-5249 mysupportcard.com	877-784-4842 viivhealthcareforyou.com	Co-pay program covers up to \$100 per month per prescription. Card available through provider, or you can print the card online.
SUSTIVA	Bristol-Myers Squibb	888-281-8981 sustiva.com	888-477-2669 bms.com	Co-pay assistance covers up to \$200 per month per prescription. Card available through provider, or by calling toll-free number.
TRIZIVIR	ViiV Healthcare	888-825-5249 mysupportcard.com	877-784-4842 viivhealthcareforyou.com	Co-pay program covers up to \$100 per month per prescription. Card available through provider, or you can print the card online.
TROFILE ASSAY FOR SELZENTRY	Monogram Biosciences	N/A	877-436-6243 monogramvirology.com	Tropism testing for Selzentry. Gateway patient assistance program for uninsured and underinsured.
TRUVADA	Gilead Sciences	877-505-6986 truvada.com	800-226-2056 truvada.com	Co-pay program covers up to \$200 per month per prescription. Card available through provider.
VIDEX EC and VIDEX (didanosine)	Bristol-Myers Squibb	N/A	bms.com	No company co-pay or patient assistance program for Videx. Available as generic.
VIRACEPT	ViiV Healthcare	888-825-5249 mysupportcard.com	877-784-4842 viivhealthcareforyou.com	Co-pay program covers up to \$100 per month per prescription. Card available through provider, or you can print the card online.
VIRAMUNE XR and VIRAMUNE	Boehringer Ingelheim	877-411-8641 viramunexr.com	800-556-8317 needymeds.org	Co-pay program covers up to \$100 per month per prescription. Get MasterCard debit card from provider.
VIREAD	Gilead Sciences	877-505-6986 truvada.com	800-226-2056 truvada.com	Co-pay program covers up to \$200 per month per prescription. Card available through provider.
ZERIT (stavudine)	Bristol-Myers Squibb	N/A	bms.com	No company co-pay or patient assistance program for Zerit. Available as generic.
ZIAGEN	ViiV Healthcare	888-825-5249 mysupportcard.com	877-784-4842 viivhealthcareforyou.com	Co-pay program covers up to \$100 per month per prescription. Card available through provider, or you can print the card online.