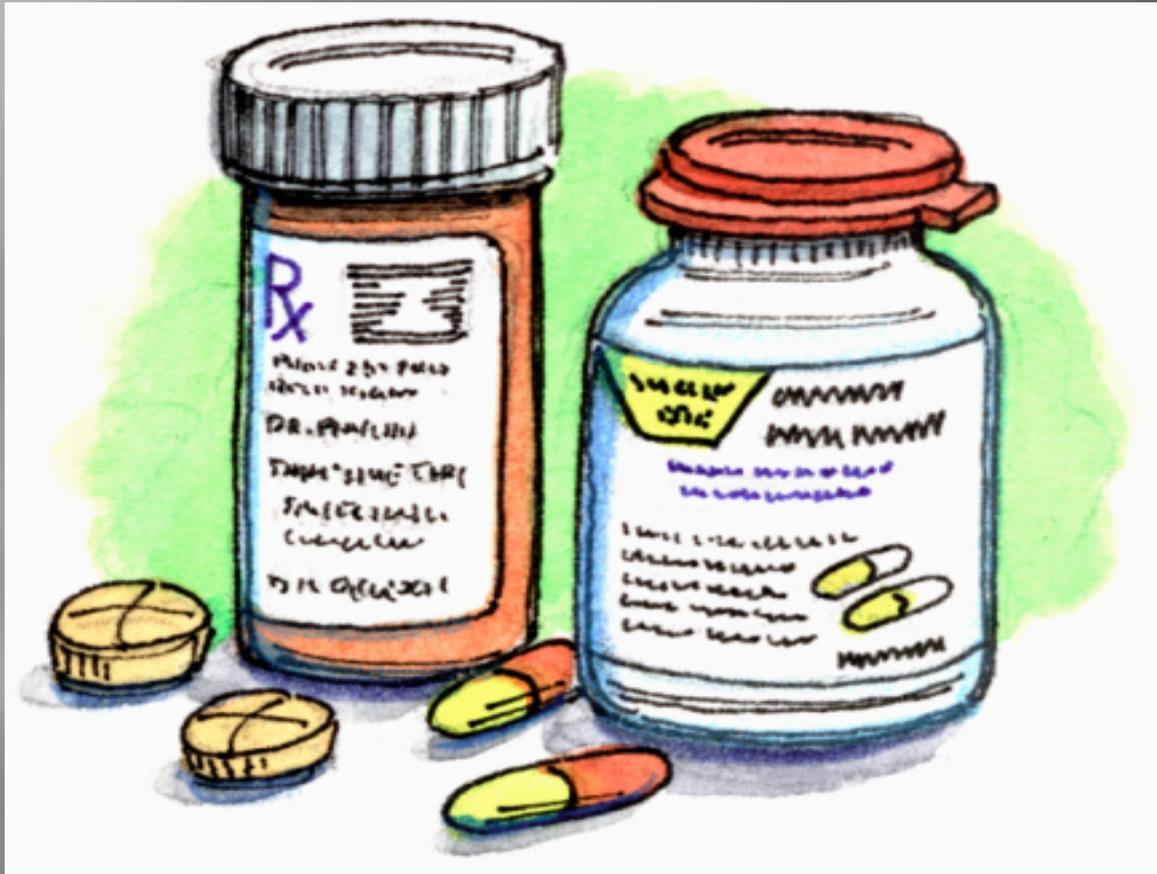


Patient Assistance Programs



Abbott 800-222-6885 #2

(Kaletra and Norvir)

- ▣ Income is required when applying for Kaletra but is **not** required when applying for Norvir
- ▣ No income guidelines are given but can appeal if denied (will need to specify medical necessity)
- ▣ Application is the Rx
- ▣ For those CL's with Medicare D they will need to submit a copy of their Med D card and a list of all medications(strength and dosage) and Med D copay for all medications. Attestation form needs to be signed by CL(in packet)
- ▣ Will approve undocumented workers-specify no SS#
- ▣ Medication shipped in 2-3 business days to prescriber's office and can be reorder by phone(patient or provider can do this if no changes)
- ▣ Norvir tablets now available just need to specify

Abbott 800-222-6885 #2 cont'd

- ▣ Fax applications to 866-483-1305 for regular PA for HIV meds
- ▣ IF special circumstances (CL has insurance, Medicare D, out of meds ASAP, or over income limits) fax application to 732-584-0905 to Attention: Ian / state the emergency on cover letter

Pfizer Connection to Care

800-707-8990

Zithromax and Zoloft

- ▣ Income(as of 2010) is HH size of 1 is 21,660 and HH size of 2 is 29,140 yearly
- ▣ Must submit 1040 tax form if filed taxes(if no income, list that on the application-no proof needed)
- ▣ Rx written in a 90 day supply w/3 refills-advocate can call to reorder meds
- ▣ CL's can have Medicare D and qualify for program
- ▣ Medication takes up to 3 weeks to be shipped to providers office and reorder by phone

Boehringer Ingelheim

(800-556-8317)

(Aptivus and Viramune)

- ▣ Income is 300% Federal Poverty Level
- ▣ Tax return is needed and if someone did not file taxes, they will need to submit an IRS 4506-T form (4506-T form may also be used for clients who filed taxes but do not have a copy)
- ▣ No Rx Needed-on application
- ▣ Can apply(separate application) if you have Medicare D but will have to file an appeal
- ▣ Can be undocumented
- ▣ Medications shipped to provider's office within 8 business days
- ▣ Re-order process: Must complete renewal form every 90 days for Viramune and 60 for Aptivus

Bristol Myers Squibb(888-281-8981)

(Reyataz and Sustiva)

- ❑ If taxes were filed must submit 1040 tax form-if did not file but have income, call program for specifics
- ❑ If CL has zero income, must submit letter on dr letterhead, signed by MCM or provider, stating that “to the best of my knowledge my client has zero income and cannot afford the cost of needed medications...” Give as many details as possible
- ❑ Application is the Rx. Refill request form is sent to provider to be completed and faxed in for refills.
- ❑ Clients with Medicare D will be denied and MCM will need to appeal (48hr turn around for approval/denial). Appeal form is sent out and must be signed by CL and provider

BMS-Continued

- ▣ Can be undocumented
- ▣ Can be sent to provider or patient within 2 business days of approval (approval process sometimes takes one-two weeks)
- ▣ No coverage for Videx EC or Zerit

Gilead 800-226-2056 **(Viread, Truvada, Emtriva)**

- ▣ Financial documentation required with application (if zero income MCM will be asked to explain how CL is being supported)
- ▣ Can get one month supply day of enrollment-specify voucher when calling **but** must fax completed application in order to receive meds up to one year
- ▣ Patient is sent a pharmacy card and Dr. must give patient Rx for medication for a 30 day supply with 11 refills (those that have 340B- use their 340B pharmacy)

Gilead-continued

- ▣ Patient goes to the pharmacy each month to pick up their medication until they are approved onto ADAP-MCM can call to get card info
- ▣ CL's with Medicare D do not qualify for the voucher program(Must submit application first).
- ▣ **Will be told DENIED-Say you want to appeal!!!!**
- ▣ Need to have CL's Medicare D plan name, ID number and phone number to the plan to speed up the process
- ▣ CL can file an appeal and client(or MCM) will need to sign a "Medicare D Non-Utilization Certification Letter" (call company and blanks can be faxed-also included in packet)

Gilead-continued

- ▣ Appeal letter also needs to be sent in listing CL's monthly expenses and Med D copays for **ALL** medications and why unable to afford(list CD4 count if low and VL if high)
- ▣ Approval/denial for this is 1-2 weeks(if CL is out of meds state this in the letter)
- ▣ Will cover undocumented if they have some type of bill or ID reflecting current address-specify when you call if CL is homeless

Gilead and BMS(866-290-4767)

Atripla

- ❑ Financial documentation required with application (if zero income MCM will be asked to explain how CL is being supported)
- ❑ Can get one month supply day of enrollment-specify voucher when calling **but** must fax completed application in order to receive meds up to one year
- ❑ Patient is sent a pharmacy card and Dr. must give patient Rx for medication for a 30 day supply with 11 refills (those that have 340B- use their 340B pharmacy)

Gilead and BMS-continued

- ❑ Patient goes to the pharmacy each month to pick up their medication until they are approved onto ADAP-MCM can call to get card info
- ❑ CL's with Medicare D do not qualify for the voucher program. (Must send in application first)
- ❑ CL can file an appeal where they will need to sign a "Medicare D Non-Utilization Certification Letter" (call company and blanks can be faxed-also included in packet)
- ❑ Appeal letter also needs to be sent in listing CL's monthly expenses and Med D copays for medications and why unable to afford.
- ❑ Approval/denial for this is 1-2 weeks
- ❑ Will cover undocumented if they have some type of bill or ID reflecting current address-specify when you call if CL is homeless

Merck: 800-850-3430

Isentress, Crixivan

- ▣ Application can be faxed to start process but **MUST** mail original application
- ▣ No income documentation required
- ▣ Application is Rx(90 day with 3 refills)
- ▣ For those CL's with Medicare D an "Attestation form" is sent out to have CL sign an mail/fax back before can be approved
- ▣ Can call to enroll Med D CL's and request "Attestation form" be sent out at time of enrollment for CL to sign

Merck: 800-850-3430

Isentress, Crixivan

- ▣ Program has 24hr emergency shipment process the can be requested(stating Doctor wants CL on meds immediately or CL already on meds and is out) 30 day supply can be sent out in this case until “Attestation form” is received and then remainder is shipped
- ▣ Medication will be shipped to patient or provider’s office within 7-10 business days and med is autoshipped each time after for a 90 day supply

Roche 866-247-5084

(Invirase, Agenerase & Fuzeon)

- ❑ Tax return must be submitted with application. If person did not file taxes then a 4506T form will need to be submitted
- ❑ Rx is the application but only 6 mo of refills(90 day or 30 can be received each time)
- ❑ For those CLs with Medicare D will need Med D ID#, name of plan and phone # of plan
- ❑ Will not cover undocumented workers
- ❑ Medications will be shipped to patient or providers office within 5 business days-reorder by phone

**GlaxoSmithKline: Bridges to Access(ViiV)
866-728-4368**

**(Epzicom, Lexiva, Ziagen, Combivir, Epivir,
Trizivir, Selzentry, Viracept, Rescriptor)**

- ❑ Income guidelines are for HH size of 1= 2256.25 and HH size of 2= 3035.42 monthly(Appeal if income is over limit)
- ❑ No income documentation required for client's with zero income, GSK will send provider/MCM a certification of no income to be completed and mailed back with application(make sure to include patient ID number)
- ❑ Must verbally inform CL has applied to ADAP but waitlist in place

Glaxo-Continued

- ▣ All CL's with Medicare Part D can qualify after they (or ASO) have spent \$600.00 out of pocket in copays (call 866-518-4357) if you have this situation
- ▣ If CL has been approved for Glaxo before signing up with Part D then they can keep PA until the end of the year
- ▣ Don't have to be US citizen just residing in US (Advocate to verify living in US and being seen by US dr)

Glaxo-Continued

- ▣ 2 Rx's needed per Glaxo medication:
 - one for 60 day supply(no refills) to be taken by client with voucher (obtained day of enrollment, \$10 copay required at pharmacy-use 340B pharmacy)
 - one for 90 day supply with 3 refills to be mailed in with application-put CL ID on the Rx

- ▣ Medication shipped to patient's office near the end of 60 day supply and then patient/MCM reorders by phone

- ▣ If patient has been previously enrolled in program for any Glaxo drug-doesn't qualify for voucher

Johnson & Johnson (Tibotec)
800-652-6227 Opt. 1
(Prezista, Intellence)

- ▣ Proof of income needed if CL filed taxes only
- ▣ Application is Rx but if using local pharmacy need 30 day supply with 11 refills
- ▣ Meds can be obtained at local pharmacy with pharmacy card each month or 3 month to physician (specify pharmacy card on application)
- ▣ Will provide PA to undocumented workers

Johnson & Johnson (Tibotec)

- ▣ CL's with Medicare D will be denied and must file an appeal over the phone. Must have list of copays for all medications, specify if treatment if ongoing and the medical necessity of this
- ▣ "Medicare Part D Exception Certification" to be signed if approved after the appeal (included in packet)
- ▣ 3-5 days approval/denial then meds are shipped or pharmacy card info can be given over the phone



Other Assistance Programs



Online resources:

- ▣ www.needymeds.com
- ▣ www.rxassistplus.com
- ▣ www.pparx.com

Copay assistance cards

- ▣ **Glaxo(ViiV)** (Epzicom, Epivir, Lexiva, Combivir, Trizivir, Ziagen, Rescriptor, Selzentry and Viracept)- Pays up to \$100.00 per month on copays and CL can take card to the pharmacy without enrolling. Can go to mysupportcard.com and can print card off
- ▣ **Gilead(Truvada)**-Will cover up to \$200.00 after first \$50.00 is paid. Must enroll at 888-358-0398 and then take card to the pharmacy(or just call pharmacy and give them info on the card)
- ▣ **Gilead(Atripla)**-Covers up to \$200.00 per month towards copays after the first \$50.00 is paid. Must enroll by calling 866-784-3431 and then take card to pharmacy

Copay cards-continued

- ▣ **Abbott(Kaletra only)**- Covers up to \$50.00 on Kaletra and additional \$50.00 for any other HIV meds used with Kaletra(up to \$100.00). Can take card directly to pharmacy
- ▣ **Abbott(Norvir)**- New copay card-contact drug rep
- ▣ **Merck(Isentress)**- CL pays first \$30.00 then covers up to \$400.00 of cost each month. Must go to isentress.com to verify eligibility and then print off individual coupon. No enrollment necessary.
- ▣ **Boehringer Ingelheim(Viramune only)**- Covers up to \$50.00 per med. Call 888-998-4726 to activate the card or go to viramune.com. Need DOB, diagnosis of HIV date, date started HIV therapy.

Copay cards-continued

- ▣ **Tibotec(Prezista and Intellence)**-Covers up to \$100. Must call to get ID# to 866-961-7169 and then take card to pharmacy-temp card good for 30days. CL(or MCM if MCM specifies their address and phone) are sent a verification form that must be signed by client and mailed back. Also a permanent pharmacy card is sent out(to patient or MCM). Good for one year. Must have address, phone, insurance carrier, copay amount, income and HH size when calling to enroll. Income cannot be over \$54,150.

Copay cards-continued

- ▣ **Bristol Myers Squibb**(**Reyataz, Sustiva**)- card covers up to \$200 of CL's copays. Take card to pharmacy, no enrollment. Go to bmshivcopayprogram.com to get copy of card online
- ▣ **Pfizer**(**Selzentry and Viracept**)- These medications now fall under Glaxo(since Pfizer and Glaxo have merged HIV divisions to form ViiV).
- ▣ **Roche**(**Invirase, Fuzeon and Agenerase**)- There is no program available for those with insurance

Rx Assist Plus

- ▣ Rxassistplus.com or call 800-593-1085 Ext. 110 for more information
- ▣ Cost \$900.00 per year
- ▣ Can get a 30 day free trial
- ▣ Provide free 45min-1hr phone training(to unlimited persons within agency)
- ▣ Can have unlimited users-3 on at any given time
- ▣ Enter CL data one time and can populate numerous applications-saving time
- ▣ Can run reports on who needs meds reordered or a new application is needed

Samples available

- ▣ **Kaletra**-Dr must sign for(contact pharmaceutical rep for this)
- ▣ **Viramune**- Dr must sign for(samples come in 2 week sample packets at a time)
- ▣ **Invirase**-Dr must sign for(contact pharmaceutical rep for this)
- ▣ **Levaquin**-contact pharmaceutical rep(may have to agree to luncheon)

Questions



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Mary Jane Hardman-Lotus Notes

803-524-8556