

## GENERAL ACCESS LINKS

[www.patientassistance.com](http://www.patientassistance.com)  
[www.needymeds.org](http://www.needymeds.org)  
[www.rxhope.com](http://www.rxhope.com) 1-732-507-7400  
[www.togetherrxaccess.com](http://www.togetherrxaccess.com) 1-800-444-4106  
[www.pparx.org](http://www.pparx.org) 1-888-477-2669  
[www.dispensaryofhope.org](http://www.dispensaryofhope.org) 1-888-428-HOPE

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"This brochure is a snapshot summary of what are evolving programs. Always check for up-to-the-minute eligibility information. Some programs are explicitly elastic; others have demonstrated flexibility under certain circumstances. Experienced advocates recommend that you form relationships with program representatives, ask about exceptions, and always appeal denials."

- Mark Hubbard



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*The information 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.*

## About Us

*The Tennessee AIDS Education & Training Center (TN AETC) is a program of the Comprehensive Care Center (CCC) in Nashville - one of the largest freestanding HIV Clinics in the country and is affiliated with Vanderbilt University Medical Center.*

*The TN AETC's mission is to provide custom designed training and technical assistance to support, motivate and educate healthcare providers to provide quality HIV care.*



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[www.complclinic.org](http://www.complclinic.org)

# Patient Assistance/ Savings Programs For HIV Medications



RESOURCES

## Updated!



**Serving the HIV/AIDS  
Education Needs of  
Healthcare Providers  
In Tennessee**

(May 2010)

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## Patient Assistance/Savings Programs for HIV Medications

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### ABBOTT VIROLOGY

**Kaletra** (lopinavir - ritonavir)

**Norvir** (ritonavir)

Patient Assistance Program

1-800-222-6885

[www.abbottpatientassistancefoundation.org](http://www.abbottpatientassistancefoundation.org)

*Kaletra Positive Partnership Plus Card, \$50 off/mo. toward Kaletra co-pay, plus another \$50 off/mo. for each additional HIV prescription (including non-Abbott products) up to \$100 off/mo.*

*No income or co-pay eligibility criteria. Must be on a Kaletra regimen.*

*Norvir co-pay card available. Patient pays first \$25 and Abbott will pay up to \$75/mo. in patient co-pays.*

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### BOEHRINGER INGELHEIM

**Aptivus** (tipranavir)

**Viramune** (nevirapine)

Patient Assistance Program

1-800-556-8317 [www.boehringer-ingelheim.com](http://www.boehringer-ingelheim.com)

*Co-pay cards for Viramune (will pay the first \$50 of the patient co-pay) can be obtained from pharmacy reps. (See General Access Links for more resources).*

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### BRISTOL-MYERS SQUIBB VIROLOGY

**Reyataz** (atazanavir)

**Sustiva** (efavirenz)

Patient Assistance/Savings Programs

1-888-281-8981 [www.bms.com](http://www.bms.com)

*Access Virology - Co-pay cards for Reyataz and Sustiva pay the first \$200 of the co-pay. The patient no longer has to pay the first \$50.*

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### BRISTOL-MYERS SQUIBB / GILEAD

**Atripla** (efavirenz - emtricitabine - tenofovir)

Patient Assistance Program

1-866-290-4767

Patient Savings Program

1-866-784-3431

*Patient pays first \$50 & company pays up to \$200/mo.*

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### GILEAD SCIENCES, INC.

**Truvada** (emtricitabine - tenofovir)

**Emtriva** (emtricitabine/ FTC)

**Viread** (tenofovir)

Patient Assistance Program

1-800-226-2056 [www.gilead.com](http://www.gilead.com)

Patient Savings Program

1-888-358-0398 [www.gilead.com](http://www.gilead.com)

*Patient pays first \$50 & company pays up to \$200/mo.*

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### GSK (GlaxoSmithKline)

(See ViiV Healthcare...)

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### MERCK & CO., INC.

**Isentress** (raltegravir)

**Crixivan** (indinavir)

Patient Assistance/ Savings Programs

1-800-850-3430 [www.isentress.com](http://www.isentress.com)

*The Patient Savings Coupon Program for Isentress provides eligible patients with savings toward their out-of-pocket-costs for Isentress over \$30, up to a maximum of \$400 per prescription (regardless of the number of tablets supplied).*

*Coupon can only be printed from the above website. The coupon will have a unique identifier that will enable the pharmacy to verify and process it.*

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### PFIZER PHARMACEUTICALS, INC.

(See ViiV Healthcare...)

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### ROCHE LABORATORIES, INC.

**Invirase** (saquinavir)

**Fuzeon** (enfuvirtide)

Patient Assistance Program

1-866-247-5084 [www.rocheusa.com](http://www.rocheusa.com)

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### ViiV HEALTHCARE

**Combivir** (lamivudine - zidovudine)

**Epzicom** (abacavir - lamivudine)

**Epivir** (lamivudine/3TC)

**Retrovir** (zidovudine/AZT)

**Trizivir** (abacavir - lamivudine - zidovudine)

**Ziagen** (abacavir)

**Lexiva** (fosamprenavir)

**Viracept** (nelfinavir)

**Selzentry** (maraviroc)

Patient Assistance Program

1-866-728-4368 [www.bridgestoaccess.com](http://www.bridgestoaccess.com)

Patient Savings Program

1-888-825-5249 [www.mysupportcard.com](http://www.mysupportcard.com)

*Save up to \$100 off the out-of-pocket cost of each of the above medications.*

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### TIBOTEC THERAPEUTICS

**Prezista** (darunavir)

**Intelence** (etravirine)

Patient Assistance Program

1-800-652-6227 [www.tibotectherapeutics.com](http://www.tibotectherapeutics.com)

Patient Savings Program

1-866-961-7169 [www.tibotectherapeutics.com](http://www.tibotectherapeutics.com)

*Patient pays flat \$5 per prescription of Prezista and Intelence*

*Maximum benefits \$100 per product per month*

*Tibotec patient assistance program will provide free product for Medicare Part D patients that are already on Prezista and Intelence and cannot afford payment while in the doughnut hole.*