

OTHER CO-PAY & PATIENT ASSISTANCE PROGRAMS (PAPs)



Hepatitis B

DRUG	COMPANY	CO-PAY PROGRAM	PATIENT ASSISTANCE	DETAILS
Baraclude	Bristol-Myers Squibb	855-898-0267	855-898-0267 bmspaf.org	Co-pay program covers \$200 per month, per prescription. Ask operator to speak to someone about the Baraclude Co-pay Discount Benefits Program, and have card mailed to you.
Epivir-HBV	ViiV Healthcare	888-825-5249	866-475-3678; gskforyou.com	Co-pay program covers \$200 per month, per prescription.
Hepsera	Gilead Sciences	None.	800-226-2056 gilead.com/us_advancing_access	PAP only, no co-pay program.
Tyzeka	Novartis	None.	800-277-2254 pparx.org	PAP only, no co-pay program. PAP is through Novartis Patient Assistance Foundation, Inc.
Viread	Gilead Sciences	877-627-0415	800-226-2056 gilead.com/us_advancing_access	Co-pay program covers after first \$50 and up to \$200 per month for patients who are uninsured or pay their prescription costs in full.

Hepatitis C

DRUG	COMPANY	CO-PAY PROGRAM	PATIENT ASSISTANCE	DETAILS
Copegus (ribavirin)	Genentech	None.	888-941-3331 pegasysaccesssolutions.com	PAP only, no co-pay program.
Incivek	Vertex Pharmaceuticals	855-837-8394 incivek.com	855-837-8394 incivek.com	Co-pay program covers up to 20% of total cost over the course of treatment, including co-pays, co-insurance, or deductibles for those who have commercial insurance or are paying cash.
Pegasys (peginterferon alfa-2a)	Genentech	None.	888-941-3331 pegasysaccesssolutions.com	PAP only, no co-pay program.
PegIntron (peginterferon alfa-2b)	Merck & Co.	866-939-4372 pegintron.com merck-cares.com	866-363-6379 merckhelps.com	Co-pay program covers up to \$200 per month, per prescription.
Victrelis	Merck & Co.	866-939-4372; victrelis.com	866-363-6379 merckhelps.com	Co-pay program covers up to 20% of total cost over the course of treatment, including co-pays, co-insurance, or deductibles for those who have commercial insurance or are paying cash.

Other

DRUG / ASSAY	COMPANY	CO-PAY PROGRAM	PATIENT ASSISTANCE	DETAILS
AndroGel (testosterone gel 1% & 1.62%) Used to treat adult males who have low or no testosterone.	AbbVie, Inc.	800-441-4987 androgel.com	800-222-6885 abbviepaf.org; pparx.org	Co-pay: Patient pays first \$10, then covers up to \$50 per month. Card available through provider or you can print the card online.
Egrifta Injectable approved for treating HIV-related excess belly fat (lipohypertrophy).	EMD Serono	877-714-2947 egrifta.com	877-714-2947 egrifta.com	Co-pay program covers up to \$500 of your co-pay or co-insurance, per prescription. AXIS Center provides education and support; go to website or call 877-714-2947.
Fulyzaq Anti-diarrheal approved for use in those with HIV/AIDS and on antiretroviral therapy.	Salix Pharmaceuticals	None at press time. fulyzaq.com	None at press time. fulyzaq.com	No PAP or co-pay program at this time. Check website for updates.
HLA-Aware HLA-B*5701 test to determine if a person can start taking Ziagen, Epzicom, or Trizivir.	LabCorp/ViiV	None.	800-533-1037 viivhcdxresource.com	No co-pay program, PAP only. Covers entire cost of test for insured/uninsured. Test must be ordered by provider. Contact local ViiV rep, order online, or call.
Procrit Treats anemia due to zidovudine therapy.	Janssen	None.	800-652-6227 jjpaf.org	No co-pay program, PAP only.
Radiesse Injectable facial filler approved for use in people with HIV to treat facial fat loss (lipoatrophy).	Merz Aesthetics	None.	866-862-1211 radiesse-fl.com	No co-pay program. PAP is sliding scale based on patient's annual income up to \$80,000; reimbursement goes directly to physician.
Sculptra Injectable facial filler approved for use in people with HIV to treat facial fat loss (lipoatrophy).	Valeant Pharmaceuticals International	None.	866-310-7551 needymeds.org	No co-pay program. PAP provides two kits and one follow up kit. Free for those with an annual income below \$22,340, and then on a sliding scale up to \$61,940.
Serostim Injectable human growth hormone used for treating HIV-associated wasting in those on ART.	EMD Serono	877-714-2947 serostim.com	877-714-2947 serostim.com	Co-pay program covers up to \$200 of your co-pay or co-insurance per prescription discount, with a maximum of 12 prescription discounts per lifetime.
Testim (testosterone gel 1%) For adult males with low or no testosterone.	Auxilium	866-740-8252 testim.com	888-877-9192	Co-pay program covers up to \$40 per month. Card available through provider or you can print the card online.
Trofile Assay A test used for determining the tropism of a person's HIV to identify if a CCR5 antagonist (such as Selzentry) would be effective.	Monogram Biosciences	None.	877-436-6243 monogramvirology.com	Financial assistance to uninsured/underinsured; assists in prior authorization or if insurance reimbursement is denied. ViiV also has Tropism Access Program (TAP) for ADAP eligible; contact local ASO, ViiV rep, or state ADAP.