

Access to Medication	Pg
Service Category Definition – Part A Emergency Financial Assistance – Pharmacy Assistance	1
Guidelines for the Texas HIV Medication Program (THMP) - Texas Dept of State Health Services, May 2019	3
THMP State Pharmacy Assistance Program - Texas Dept of State Health Services, January 2018	6
Pharmaceutical Company Patient Assistance and Cost Sharing Programs for HIV – NASTAD, September 2019	8

Houston EMA/HSDA Ryan White Part A Service Definition Emergency Financial Assistance – Pharmacy Assistance (Revised April 2017)	
HRSA Service Category Title: RWGA Only	Emergency Financial Assistance
Local Service Category Title:	Emergency Financial Assistance – Pharmacy Assistance
Budget Type: RWGA Only	Hybrid Fee-for-Service
Budget Requirements or Restrictions: RWGA Only	Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.
HRSA Service Category Definition: RWGA Only	<i>Emergency Financial Assistance</i> provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.
Local Service Category Definition:	Emergency Financial Assistance – Pharmacy Assistance provides limited one-time and/or short-term 14-day supply of pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. One refill for up to 14-day supply available with RWGA prior approval. Allowable medications are only those on the Houston EMA Ryan White Part A Formulary. HIV-related medication services are the provision of physician or physician-extender prescribed HIV medications to prevent serious deterioration of health. Does not include drugs available to the patient from other programs or payers or free of charge or medications available over the counter (OTC) without prescription. Contractor must offer all medications on the Texas ADAP formulary.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Services will be available to eligible HIV-infected clients residing in the Houston EMA/HSDA.
Services to be Provided:	Contractor must: Provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by RWGA. Either directly, or via subcontract with an eligible 340B Pharmacy program entity, must: Ensure a comprehensive financial intake application to determine client eligibility for this program to insure that these funds are used as a last resort for purchase of medications. Ensure the documented capability of interfacing with the Texas HIV Medication Program operated by the Texas Department of State Health Services. This capability must be fully documented and is subject to independent verification by RWGA. Ensure

	<p>medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA. Ensure, either directly or via a 340B Pharmacy Program Provider, at least 2 years of continuous documented experience in providing HIV/AIDS medication programs utilizing Ryan White Program or similar public sector funding. This experience must be documented and is subject to independent verification by RWGA. Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Contractor must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements.</p> <p>Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Contractor must maintain documentation of such marketing efforts.</p> <p>Implement a consistent process to enroll eligible patients in available pharmaceutical company Patient Assistance Programs prior to using Ryan White Part A funded Emergency Financial Assistance – Pharmacy Assistance or LPAP resources. Ensure information regarding the program is provided to PLWHA, including historically under-served and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV and HIV-related medications.</p>
Service Unit Definition(s): RWGA Only	A unit of service = a transaction involving the filling of a prescription or any other allowable HIV treatment medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost.
Financial Eligibility:	Refer to the RWPC’s approved <i>Financial Eligibility for Houston EMA/HSDA Services</i> .
Client Eligibility:	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients).
Agency Requirements:	Contractor must provide all required program components - Primary Medical Care, Medical Case Management, Service Linkage (non-medical Case Management), Local Pharmacy Assistance Program (LPAP), and Emergency Financial Assistance-Pharmacy services.
Staff Requirements:	Must meet all applicable Houston EMA/HSDA Part A/B Standards of Care.
Special Requirements: RWGA Only	Not Applicable.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
GUIDELINES FOR THE TEXAS HIV MEDICATION PROGRAM (THMP)
Last Updated: May 1, 2019

BACKGROUND - The Texas HIV Medication Program provides medications approved by the Food and Drug Administration (FDA) for the treatment of HIV infection to Texas residents **meeting the program's eligibility criteria.**

ELIGIBLE PERSONS - Any Texas resident who:

- A. has a diagnosis of HIV disease and meets the drug-specific eligibility criteria of one or more of the drugs listed below and;
- B. is under the care of a Texas-licensed physician who prescribes the medication(s) and;
- C. meets the financial eligibility criteria of the program.

CRITERIA FOR FINANCIAL ELIGIBILITY - A person is financially eligible if he or she:

- A. is not presently covered for the medication(s) under the Texas Medicaid Program, or has utilized their Medicaid pharmacy benefits for the month and;
- B. is not covered for the medication(s) by any other third-party payor and;
- C. has an adjusted gross income, when combined with the gross income of his/her spouse, that does not exceed 200 percent of the current Federal Poverty Income Guidelines (as shown below). The THMP will determine if the person satisfies this criterion from information provided by the person on the Program application.

Eligibility and access to medications for newborn infants and pregnant women is considered a program priority.

INCOME GUIDELINES (based on 200% of Federal Poverty Income Guidelines for 2019) -

If the size of the family unit is:	The family gross annual income may not exceed:
1	\$24,980
2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
>5	\$ 8,840 for each additional person

CONFIDENTIALITY - THMP regards the information in the application as part of the applicant's medical record and confidential by law. No information that could identify the individual applicant will be released except as authorized by law. Within THMP, physical security and administrative controls exist to safeguard the confidentiality of the applications and other means of identifying the individual. Applicants should realize that their physician

and pharmacist would also be aware of their diagnosis.

OBTAINING THE APPLICATION MATERIALS - An application packet containing instructions & all necessary forms may be requested by telephoning toll-free 1-800-255-1090, downloading forms from www.dshs.texas.gov/hivstd/meds, or writing to:

Texas HIV Medication Program
ATTN: MSJA – MC 1873
PO Box 149347
Austin, Texas 78714-9347

DEFINITION OF FAMILY AND HOUSEHOLD FOR DETERMINING FAMILY SIZE/INCOME - Family members whose incomes are considered are the applicant and his or her spouse (or common-law spouse), if applicable. For minor children, the parent's income is considered if said parent is residing in the same household. For determining household size, the applicant, spouse, and their dependent children residing in the household shall be included. A dependent child is a child under the age of 18 who is the biological, adoptive, or stepchild of the applicant. A child applicant is a person under the age of 18, living with his or her parent(s) and stepparent (when applicable).

FOSTER CHILDREN - In cases where a welfare agency is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency, the foster child is considered a one-member family. Therefore, if the foster child's income is not above the income guidelines the foster child meets the income criteria.

DOCUMENTATION OF FINANCIAL ELIGIBILITY - The applicant must document his or her income on the application form, and provide verification of income such as paycheck stubs, W-2 forms/IRS tax returns, and copies of benefit entitlement letters. If zero income is reported, the income verification form must be completed along with a letter of explanation signed by the applicant explaining when and where he/she was last employed and how he/she is able to live on zero income/cash assistance.

DOCUMENTATION OF MEDICAL ELIGIBILITY - All applications for new clients must be mailed in to the program. **The patient's physician** must submit an updated medical certification form for all medication changes. The medical certification forms may be faxed for clients in immediate need of changes to be made to their approved formulary so as not to disrupt their progress on combination antiretroviral therapy.

DETERMINING INITIAL FINANCIAL ELIGIBILITY - Using the current Public Health Service or ADAP contract prices, THMP calculates the annualized cost of Program formulary **medications that the applicant's physician qualifies** them for, and subtracts that amount from their gross annual income. The applicant is financially eligible if their adjusted gross income at the time of application is below the guidelines, and financially ineligible if the adjusted gross income is above the guidelines. Applicants are encouraged to request reconsideration if their income status changes such that it falls within the Program parameters.

PAYMENT OF A FEE BY THE PATIENT - Persons who have been approved by the THMP for assistance will not be required to pay a dispensing fee for THMP medications. The pharmacy will invoice the THMP directly each month for dispensed THMP medications. This

includes Medicaid-eligible and non-eligible recipients.

MEDICAID ELIGIBLE APPLICANTS - Applicants who are eligible for Medicaid assistance benefits must first utilize and exhaust their monthly Medicaid pharmacy benefits in order to be eligible to receive medications from the Program. Medicaid eligible applicants shall be assigned to the nearest available participating THMP pharmacy outlet to receive medication.

PARTICIPATING PHARMACY – The THMP has designated specific pharmacies throughout the state to dispense medications for approved Program recipients. In order to ensure optimal physical security of the drugs and administrative control of the program, Program recipients must obtain medications from the pharmacy to which they are assigned. Recipients may call the Program anytime at 1-800-255-1090 or (512) 533-3000 to request assignment to a different participating pharmacy. Should the choices available for pharmacy assignments prove a hardship to the patient, they must explain to the THMP in writing why a hardship exists. The applicant must include in the explanation the name, address, and person to contact at the pharmacy where they would prefer to receive their medications. If that pharmacy wishes to participate in the program, the THMP will supply the pharmacy with a Program pharmacy agreement to complete and return to the Program for consideration.

PROCEDURE FOR RECEIVING MEDICATION - An approved Program recipient will receive the written prescription(s) from his or her physician for medication covered by the Program, and present it to their assigned pharmacy. The physician may also phone or fax prescription(s) **to the pharmacy on the patient's behalf**. The pharmacy will order the medication from the Program using the assigned recipient code and dispense to the patient upon receipt of the medication from the THMP.

MEDICATIONS, CRITERIA, AVAILABLE STRENGTHS, AND ORDER MAXIMUMS

Antiretroviral Options - A monthly maximum of four (4) of the following medications is allowed per applicant:

Antiretroviral Qualifications - A person must be diagnosed with HIV infection and have a current CD4+ T Lymphocyte count and Plasma RNA Viral Load count reported to the THMP prior to receiving medication. Additional medical criteria may also apply for individual antiretroviral medications, as detailed on the Medical Certification Form completed by the physician.

[View THMP medications, available strengths, and order maximums](#)



Texas THMP SPAP - 2018

The THMP State Pharmacy Assistance Program assists THMP enrollees with their premiums (plans under \$25.00 in 2018) and copayments for prescription medications who have Medicare and an active Medicare part D prescription card.

How will I get my medications?

To get your medications you will need to go to a participating THMP SPAP pharmacy. The pharmacist will need your SPAP ID card or approval letter, Medicare Part D Prescription drug card and valid prescriptions. Using your ID cards, the pharmacist will submit a claim to your Part D Plan. Once your Part D Plan has paid its portion of your medication, the pharmacist will submit the remaining balance to the Texas THMP SPAP. As long as your medication is approved by your Medicare Part D plan and is a Medicare approved drug, the SPAP will pay the remaining out-of-pocket costs for your prescription.

How do I change my Medicare Part D Prescription Drug Plan?

You are able to switch plans during open enrollment from October 15th through December 7th for 2018. Before you change plans, make sure all of the medications you take are covered by the plan. You may find out what the plans cover by looking at the Medicare website (www.Medicare.gov), by calling 1-800-MEDICARE or by calling the plan directly. If you need help please call 1-800-MEDICARE, talk with your pharmacist, doctor or case manager, or call the Texas THMP SPAP at 1-800-255-1090 option 4.

How much does a Medicare Part D Plan cost?

In 2018, the average plan premium is around \$33.50 per month and the least expensive premium is \$16.70 per month. THMP SPAP will pay for your stand-alone Part D plans that are under \$25.00/month in 2018, the drug deductible, co-pays and costs during the coverage gap. Once enrolled in a plan you will need to have the plan send to you the billing invoice and not have the plan take the premium out of your Social Security check. You will provide the THMP SPAP your first invoice and an invoice every six months when you complete the self-attestation and annual recertification. You must order your antiretroviral medications through the SPAP copay program to receive

the monthly premium assistance. If you do not order through the SPAP copay program, after six months of inactivity your account will be deactivated and you will need to fully reapply to the program. You must contact the THMP SPAP if there are changes in your monthly premium payments.

You may also contact the THMP at 1-800-255-1090 and speak with the SPAP coordinator for additional resource information.

What medications will the Texas THMP SPAP cover?

The THMP SPAP will pay for your copayments as long as the medication is covered by your Part D plan and the medication is not a Medicare excluded drug. Some plans include Medicare-excluded drugs on the plan formulary as a supplement; although those medications are **listed on that plan's** formulary, the SPAP will not pay for those medications. If a medication is not covered by the Part D plan you choose, the SPAP will not be able to help you with obtaining that medication. All of the plans are required to cover all of the FDA-approved anti-retroviral medications used in the treatment of your disease; however, it is still important to check with your plan to make sure that all of your antiretroviral medications are covered. Some antiretroviral medications need prior approval; therefore, you will have to follow your **plan's rules and work with your doctor's office** to get these approvals.

How much will my medications cost?

You won't have to pay any costs at the pharmacy as long as you use a THMP SPAP in-network pharmacy, your medications are on your Medicare Part D plan formulary and the medication is approved by Medicare. If you are charged for a medication by the pharmacy and you think the copay should be covered by the SPAP, call the SPAP at 1-800-255-1090 or ask the Pharmacist to call Ramsell Corporation at 1-888-311-7632. Keep in mind, if your Part D Plan



TX THMP PROGRAM
ATTN: MSJA CM: 1873
PO BOX 149347
AUSTIN TX 78714-9347

does not cover a certain medication, the SPAP **won't be able to** help you with that medication. You are also responsible for paying any extra fees charged by your plan if you buy any of the excluded medications.

How will Health Care Reform and the donut hole closing affect me in 2018?

According to the new healthcare law, in 2018, if you enter the prescription drug donut hole, your brand named prescriptions will be processed at a 50% discount by the pharmaceutical companies and the government subsidy paid by your plan will be 15%. You will not be affected by this change, the SPAP will continue to pay your out-of-pocket costs during the coverage gap, as long as your medication is on your Medicare Part D plan formulary and the medication is not a Medicare excluded drug.

What pharmacies can I use?

You must use a pharmacy that works with your plan and the THMP SPAP. A list of THMP SPAP pharmacies can be found at www.ramsellcorp.com/individuals/tx.aspx. To find a pharmacy near you, call Ramsell Corporation at 1-888-311-7632 or the THMP at 1-800-255-1090 or go to the website listed above. Contact your plan if you have questions **about the plan's** pharmacy network.

What is the Low Income Subsidy & how do I apply?

Like the THMP SPAP, the Low Income Subsidy (LIS, also known as Extra Help) is a Federal program that helps with Medicare Part D Costs. All applicants in the THMP SPAP must to apply for this assistance. If you qualify for the full LIS (Level 1 or 100%), **you'll be able** to get benefits directly from Medicare and will not be eligible for help from the SPAP. If you are denied the LIS or are approved for the partial LIS, **you'll be eligible** for the SPAP as long as you continue to meet the other SPAP eligibility requirements. Please reapply for the LIS program if your gross income drops below \$16,168 for a household of one.

To apply for the LIS, call the Social Security Administration (SSA) at 1-800-772-1213, or visit their website at www.ssa.gov to apply online. To have an application mailed to you, please call the Texas THMP SPAP at 1-800-255-1090.

How often do I need to reapply for the SPAP?

The Texas THMP SPAP will mail you a renewal application when it is time for you to reapply for the assistance. You must tell the Texas THMP SPAP if your household income increases, your marital status changes, or your Medicare benefits end. It is also important to let the Texas THMP SPAP know if your address or phone number changes.

Medications will be placed on hold for any returned mail to the THMP SPAP, so please keep your address up to date. To report any of these changes, call the SPAP at 1-800-255-1090 option 4.

THMP SPAP Eligibility Requirements –

All of the requirements listed below must be met:

- Eligible for the Texas HIV Medication Program
 - Please check website for current income guidelines. www.dshs.texas.gov/hivstd/meds/faq.shtm
 - a Texas resident, and
 - meets all other THMP eligibility requirements
- Eligible for Parts A and/or B Medicare
- Enrolled in a Medicare Part D Prescription Drug Plan
- Denied the full Low Income Subsidy or approved for the partial subsidy for prescription drug assistance by the Social Security Administration. A complete copy of the letter is required.

Questions or Concerns

Please call the THMP at 1-800-255-1090 option 4 and ask to speak with Juliet Garcia 8 a.m. and 5 p.m., Monday through Friday.



TX THMP PROGRAM
ATTN: MSJA CM: 1873
PO BOX 149347
AUSTIN TX 78714-9347



Pharmaceutical Company Patient Assistance Programs and Cost-sharing Assistance Programs: HIV

September 30, 2019

What is a Patient Assistance Program (PAP)?

A patient assistance program is a program run through pharmaceutical companies to provide free or low-cost medications to people with low-incomes who do not qualify for any other insurance or assistance programs, such as Medicaid, Medicare, or AIDS Drug Assistance Programs (ADAPs). Each individual company has different eligibility criteria for application and enrollment in their patient assistance program.

HarborPath, a non-profit organization that helps uninsured individuals living with HIV gain access to brand-name prescription medicines at no cost, operates a special patient assistance program for individuals on ADAP waiting lists. An individual is eligible for the HarborPath ADAP waiting list program only if he or she has been deemed eligible for ADAP in his or her state and is verified to be on an ADAP waiting list in that state.

Applying for PAPs

In 2012, the Department of Health and Human Services (DHHS), along with seven pharmaceutical companies, the National Alliance of State and Territorial AIDS Directors (NASTAD), and community stakeholders developed a [common patient assistance program application form](#) that can be used by both providers and patients. Before, patients and advocates had to fill out different sets of paperwork for each company; the new application should help simplify this process; however, the form still has to be sent to each PAP to receive access to medications. This form combines common information collected on each individual company's form to allow individuals to fill out one form. Once the form is completed, case managers or individuals then submit the single form to each individual company, reducing the overall amount of paperwork necessary to apply for a patient assistance program.

In addition to serving as a special PAP for ADAP waiting list clients, [HarborPath](#) also operates as a streamlined, online portal for PAP access. HarborPath creates a single place for application and medication fulfillment. This "one stop shop" portal provides a streamlined, online process to qualify individuals and deliver the donated medications of the participating pharmaceutical companies through a mail-order pharmacy.

What is a Cost-sharing Assistance Program (CAP)?

A cost-sharing assistance program is a program operated by pharmaceutical companies to offer cost-sharing assistance (including deductibles, co-payments and co-insurance) to people with private health insurance to obtain HIV drugs at the pharmacy.

The following provides an overview of PAP contact information, drugs covered, and financial eligibility

Company	Contact Information	Drugs Covered	Financial Eligibility
AbbVie	800-222-6885 www.kaletra.com www.norvir.com	Kaletra and Norvir	500% FPL for Kaletra. No income limits for Norvir.
Boehringer Ingelheim	800-556-8317 https://www.boehringer-ingelheim.us/our-responsibility/patient-assistance-program	Aptivus and Viramune XR	500% FPL
Bristol-Myers Squibb	888-281-8981 www.bms.com	Reyataz, Evotaz, and Sustiva	500% FPL
Genentech	866-247-5084 www.fuzeon.com www.transplantaccessservices.com	Fuzeon and Invirase	Annual household income <\$100,000 OR annual household income \$100,000-\$150,000 and out-of-pocket medication costs exceed 5% of income
Gilead Sciences ¹	800-226-2056 www.atripla.com , www.complera.com ,	Atripla, Complera, Descovy, Emtriva,	500% FPL

¹ Effective July 1, 2015, patients who are insured and who do not meet their payer's coverage criteria will no longer be eligible for support via Gilead's patient assistance program. This includes clients whose insurer has limited access based on: step-therapy or clinical criteria (e.g., drug and alcohol testing).

	www.descovy.com , www.genvoya.com , www.odefsey.com , www.stribild.com , www.truvada.com , www.tybost.com or www.viread.com	Genvoya, Odefsey, Stribild, Truvada, Tybost, and Viread	
Janssen Therapeutics	800-652-6227 www.ijpaf.org	Edurant, Intelence, Prezcobix, and Prezista	300% FPL
Merck and Co.	800-727-5400 www.merckhelps.com	Crixivan, Isentress, and Isentress HD	400% FPL
ViiV Healthcare ²	844-588-3288 www.ViiVconnect.com	Combivir, Dovato, Eпивir, Epzicom, Juluca, Lexiva, Rescriptor, Retrovir, Selzentry, Tivicay, Triumeq, Trizivir, Viracept, and Ziagen	500% FPL

² If seeking Eпивir for the treatment of hepatitis B (not HIV), please contact GlaxoSmithKline to enroll in their PAP.

The following provides an overview of CAP contact information, drugs covered, and assistance offered.

Company	Contact Information	Drugs Covered	Assistance	Renewal
AbbVie	<p>800-441-4987</p> <p>www.kaletra.com</p> <p>www.norvir.com</p>	Kaletra and Norvir	The co-payment assistance covers the first \$400 per Kaletra prescription per month with a \$4,800 maximum benefit per year, and up to a \$100 per month/\$1,200 per year for co-payments for Norvir. The cards can be used once every 30 days.	Reapply each year.
Bristol-Myers Squibb	<p>888-281-8981</p> <p>www.bms.com</p>	Evotaz, Reyataz, and Sustiva	The program covers up to \$7,500 annually for co-payments, deductibles and co-insurance in all commercially-insured plans for Evotaz, Reyataz, and Sustiva.	Automatic annual renewal for enrolled patients.
Genentech	<p>866-247-5084</p> <p>www.fuzeon.com</p> <p>www.transplantaccessservices.com</p>	Fuzeon and Invirase	The program covers all out-of-pocket costs for Fuzeon prescriptions for individuals who: (1) have insurance, (2) have an annual household income of \$150,000 or less, (3) spend 5% or more of their annual household income for Genetech prescriptions, and (4) have exhausted all other patient assistance options.	Must reapply each year.
Gilead Sciences	<p>800-226-2056</p> <p>www.atripla.com, www.biktarvy.com, www.complera.com, www.descovy.com, www.genvoya.com, www.odefsey.com, www.stribild.com, www.truvada.com, www.tybost.com, www.viread.com</p>	Atripla, Biktarvy, Complera, Descovy, Emtriva, Genvoya, Odefsey, Stribild, Truvada, Tybost, and Viread	The program covers the first \$7,200 per year of co-payments for Biktarvy and Genvoya; the first \$6,000 per year of co-payments for Atripla, Complera, Odefsey, and Stribild; the first \$4,800 per year of co-payments for Descovy and Truvada; the first \$300 per month/\$3,600 per year of co-payments for Emtriva and Viread; and the first \$50 per month/\$600 per year of co-payments for Tybost.	Automatic annual renewal for enrolled patients.

<p>Janssen Therapeutics</p>	<p>877-227-3728 www.janssencarepath.com/hcp</p>	<p>Edurant, Intelence, Prezcobix, and Prezista</p>	<p>The program covers the first \$7,500 per year of co-payments, deductibles, and co-insurance.</p>	<p>Reapply each year.</p>
<p>Merck and Co.</p>	<p>800-727-5400 www.isentress.com</p>	<p>Isentress and Isentress HD</p>	<p>The program covers out-of-pocket costs up to a maximum total program savings of \$6,800. Coupon may be redeemed once every 21 days before the expiration date printed on the coupon, on each qualifying prescription up to 180 tablets each.</p>	<p>Must reapply after the coupon expires.</p>
<p>ViiV Healthcare</p>	<p>844-588-3288 www.ViiVconnect.com</p>	<p>Dovato, Juluca, Lexiva, Rescriptor, Retrovir, Selzentry, Tivicay, Triumeq, Trizivir, Viracept, and Ziagen</p>	<p>Triumeq has a \$7,500 per year/per patient maximum. Dovato and Juluca have a \$6,250 per year/per patient maximum. Lexiva, Rescriptor, Selzentry, Retrovir, Ziagen, Trizivir, and Viracept have a \$4,800 per year/per patient maximum.</p>	<p>Automatic annual renewal for enrolled patient.</p>

Foundations Providing Access to Care Assistance for People Living with HIV

Needy Meds

<http://www.needymeds.org/>

Needy Meds offers resources that are helpful to uninsured and underinsured patients including an MRI/CAT scan discount program and medical bill mediation.

Patient Access Network (PAN) Foundation

<https://panfoundation.org/index.php/en/> or 866-316-7263

The PAN Foundation offers a co-payment assistance program for individuals who have Medicare and whose annual income is less than 500% FPL. The yearly maximum benefit is \$3,600. Patients may apply for a second grant during their eligibility period subject to availability of funding. Otherwise, patients must reapply each year. See website for full list of eligible HIV medications.

Patient Advocate Foundation

www.copays.org/diseases/hiv-aids-and-prevention or 800-532-5274

The Patient Advocate Foundation offers a co-payment assistance program for insured individuals whose annual income is less than 400% FPL. The yearly maximum award is \$7,500 to help cover the out-of-pocket costs incurred for HIV treatment (the award is not drug-specific). Patients must have health insurance which covers the medication for which the patient seeks assistance. Patients must reapply every 12 months.

Additional Resources

The following resources may be of interest to individuals living with HIV.

[Clinical Trials](#)

www.clinicaltrials.gov

A service of the U.S. National Institutes of Health, ClinicalTrials.gov is a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world.

[Fair Pricing Coalition \(FPC\)](#)

www.fairpricingcoalition.org

As part of their advocacy work, the Fair Pricing Coalition (FPC) negotiates with companies to ensure that Patient Assistance Programs (PAPs) are adequately generous and easy to apply for.

[Health Insurance Marketplace](#)

www.healthcare.gov

The official site of the Health Insurance Marketplace, Healthcare.gov allows individuals and families to sign-up for insurance coverage through the Affordable Care Act.

[Treatment Action Group](#)

www.treatmentactiongroup.org

Treatment Action Group collaborates with activists, community members, scientists, governments, and drug companies to make safer, more effective and less toxic treatment for viral hepatitis available.
