

ATRIPLA (tenofovir/emtricitabine/efavire)

Pharmaceutical Company Bristol-Myers Squibb & Gilead Sciences, LLC

Program Name Atripla Patient Assistance

Program Address P.O Box 13185
La Jolla, CA 92039-3185

Phone 866-290-4767

Fax 866-290-4487

Website <http://www.needymeds.com>

http://www.atripla.com/pdfs/Final_Atripla_PAP_Form.pdf

Eligibility Guidelines

The patient must be uninsured or underinsured and have an income at or below 500% of FPL. The patient must have proof of US residency with a prescription from a US doctor. The doctor must fill out a section and sign the application. Both the patient and the health care professional are notified in writing of acceptance or denial. The decision is usually made within 2-3 business days. The patient is sent a card to be used at any pharmacy.

Applications must include the following:

- Enrollment Form (2 pages)
- Patient signatures as well as Prescriber and Patient Advocate Signatures (Medical Case manager)
- **Documentation of Income (1 of the following):**
 - 2 pay stubs
 - If client does not have pay stubs, a notarized letter stating income
 - If client has zero income (use the HOH letter as template)
- **Proof of US residency** -Utility bill in the name of the client, work visa etc.
- **Undocumented** - a notarized HOH letter stating the client's address

**Fax completed Enrollment form and documents to:
Atripla Patient Assistance Program (866)-290-4487**

***If you require a rush order you can call the Patient assistance number (866) 784-3431 and they will provide a voucher ID number that the client can use at any pharmacy.**