

# **ATRIPLA (efavirenz, emtricitabine, tenofovir)**

## **Co-Pay Assistance**

**Pharmaceutical Company** Bristol-Myers Squibb & Gilead Sciences, LLC

**Program Name** Atripla Co-Pay Assistance Program

**Phone Number** 866-784-3431

**Website** <http://www.atripla.com>

### **Eligibility Guidelines Co-Pay Program**

This program assists those with insurance who are required to pay more than **\$50** in total co- payments for medications. The program will cover co- payments of up to **\$200** per month. The program is not available to those covered under Medicaid, Medicare or AIDS Drug Assistance Program (ADAP). The patient is sent a card to be used at any pharmacy.

Applications must include the following:

1. Enrollment Form (2 pages)
2. Patient , Prescriber and Patient Advocate Signatures (Medical Case Manager)
3. **Documentation of Income (1 of the following):**
  - a. 2 pay stubs
  - b. If client does not have pay stubs, a notarized letter stating income
  - c. If client has zero income (use the HOH letter as template)
4. **Proof of US residency** (Utility bill in the name of the client, work visa etc.)
5. **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.**