

# **BARACLUDE (entecavir)**

**Pharmaceutical Company** Bristol-Myers Squibb

**Program Name** Access Virology Patient Assistance Program

**Program Address** 6900 College Boulevard, Ste. 1000  
Overland Park, KS 66211

**Phone Number** 888-281-8981

**Fax Number** 888-281-8985

**Website** <http://www.bms.com/products/Pages/programs.aspx>

## **Eligibility Guidelines**

1. Cannot be covered under any prescription drug plan including Medicare Part D.
2. Complete and have client sign the Patient Information page. The Health Care provider will need to complete the Provider Information page.
3. Attach a photocopy of the ANNUAL household income. (Federal tax form (1040), social security income (SSA 1099), pensions interest, retirement, child support. If they have no (zero) income, please provide a letter verifying income status from the health care provider, shelter or patient advocate on their letterhead.
4. Please note all boxes must be completed on the form including non-applicable or no e.g. Medicaid, Veteran and ADAP information.

*Income eligibility criteria requirements (based on 2010) household size (income at or below) as follows:*

- \$32,490 for a family unit of 1
- \$43,710 for a family unit of 2
- \$54,930 for a family unit of 3

**Fax completed Enrollment form (2 pages) and income documents to:**

1-888-281-8985

**OR**

**Mail completed Enrollment form (2 pages) and income documents to:**

Access Virology Patient Assistance Program

6900 College Boulevard, Suite 1000

Overland Park, KS 66211

The shipment will be a 90 day supply. Refill forms will be send to health care provider 1 month before to complete and refill are shipped as 90 day supply. Enrollment is good for 1 year.