

COMPLERA (rilpivirine /tenofovir/ emtricitabine)

Pharmaceutical Company Gilead Sciences

Program Name Advancing Access Reimbursement Solutions for Patients in Need

Program Address PO Box 13185
La Jolla, CA 92039-3185

Phone Number 800-226-2056

Fax Number 800-216-6857

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

Application Form <http://www.needymeds.org/papforms/gilead0083.pdf>

Eligibility Guidelines

The patient must be uninsured or underinsured and meet income guidelines that are not disclosed. 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:

1. Enrollment Form (2 pages)
2. Specific medication being requested **MUST BE LISTED ON TOP OF PAGE!!!!**
3. Patient signatures as well as Prescriber and Patient Advocate Signatures (Medical Case Manager)
4. **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)
5. **Proof of US residency** (Utility bill in the name of the client, work visa etc.) If client is undocumented, a notarized HOH letter stating the client's address

Fax completed Enrollment form and documents to Advancing Access Reimbursement Solutions for Patients in Need (800) 216-6857

If you require a rush order you can call the Patient assistance number (800) 226-2056 and they will provide a voucher ID number that the client can use at any pharmacy.

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