

# **CRIXIVAN (indinavir)**

**Pharmaceutical Company** Merck & Company, Inc.

**Program Name** SUPPORT Program for Crixivan

**Program Address** SUPPORT  
PO Box 305  
San Bruno, CA 94066

**Phone Number** 800-850-3430

**Fax Number** 866-410-1913

**Website** <http://www.isentress.com/raltegravir/isentress/consumer/support/index.jsp>  
<http://www.needymeds.org>

## **Eligibility Guidelines**

The patient must have no prescription coverage for medication and have an income at or below **500% FPL**. The application can be downloaded or mailed out. Applications must be mailed in (**Note – applications cannot be faxed in**). The medication is shipped within 10 business days and can be sent to the patient's home, or sent to the doctor's office.

### **Mail the completed application to:**

SUPPORT  
PO Box 305  
San Bruno, CA 94066

**If a rush is needed, it will not be available.**