

CRIXIVAN (indinavir)

Pharmaceutical Company Welvista

Program Name Welvista

Program Address 2700 Middleburg Drive
Suite 104
Columbia, SC 29204

Phone Number (877) 258-1556

Fax Number (877) 258-1557

Website <http://www.welvista.org/adap.php>

Application Form: http://www.welvista.org/pdf/adap_prescription_form.pdf

Eligibility Guidelines

The only requirement is that the patient be on the ADAP waitlist. The ADAP waitlist letter is not required *but* if the ADAP waitlist letter is available, please fax it along with the ADAP script form.

Please note: It is not necessary that the ADAP coordinator sign the form but any staff person assisting the patient (medical case manager, physician, or nurse) can do so as long as the patient is on the ADAP waitlist.

Prescriptions will be sent to the ship to address listed on the ADAP script form. Medications will be sent out the same day if faxed before 2:00 PM.

To apply for assistance fax the following items to 1-877-258-1557:

1. Complete ADAP script form (1 page)
2. Attach copy of original prescription or Physician may fill out bottom portion of the ADAP script form.