

EDURANT (rilpivirine)

Pharmaceutical Company Johnson & Johnson Patient Assistant Program

Program Name Johnson & Johnson Patient Assistance Foundation, Inc.
Patient Assistance Program

Program Address Johnson & Johnson Patient Assistance Foundation, Inc.
Patient Assistance Program
P.O. Box 221857
Charlotte, NC 28222-1857

Phone Number (800) 652-6227

Fax Number (888) 526-5168

Website <http://www.jjpaf.org/resources/index.html>

Application Form <http://jjpaf.org/resources/jjpaf-application.pdf>

Eligibility Guidelines

The patient must not have public or private prescription drug coverage and reside in the US. Income limit is **200% FPL**. If the patient is over the 200% limit, call and screen patient anyway. A 30 day supply of medication can be mailed to the prescribing physician's office or the patient can be mailed a pharmacy card that can be used at any pharmacy.

To apply for assistance, mail or fax the following items:

1. Complete Patient Page
2. Complete Products to be Distributed Page
3. Complete Physician Page
4. Signed Patient Declaration and Authorization Page
5. Copy of Patient's most recent federal tax return (when box is checked)

Fax completed Enrollment form and documents to:

Johnson & Johnson Patient Assistant Program (888) 526-5168

OR

Mail to:

Johnson & Johnson Patient Assistance Foundation, Inc.
Patient Assistance Program
P.O. Box 221857
Charlotte, NC 28222-1857

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