

## **HEPSERA (adefovir dipivoxil)**

**Pharmaceutical Company** Gilead Sciences

**Program Name** Gilead Advancing Access

**Program Address** P.O Box 13185  
La Jolla, CA 92039-3185

**Phone Number** 800-226-2056

**Fax Number** 800-216-6857

**Website** <http://www.needymeds.com>

### **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 (check box)
3. Patient signatures as well as Prescriber and Patient Advocate Signatures (Medical Case manager)
4. **Documentation of Income (1 of the following):**
  - 2 pay stubs
  - If client does not have pay stubs, a notarized letter stating income
  - 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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