

KALETRA (lopinavir)

Pharmaceutical Company Abbott Laboratories

Program Name Abbott Patient Assistance Foundation

Program Address PO Box 270
Somerville, NJ 08876

Phone Number 800-222-6885

Fax Number 866-483-1305

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

Eligibility Guidelines

The patient must be uninsured or underinsured. Applications are reviewed on a case-by-case basis. Upon receipt of a completed application, the Prescriber will be notified of program eligibility. A three-month supply of **medication will be shipped to the prescriber's office**. It is the responsibility of the prescriber or office staff to reorder 3 weeks prior to the patient requiring further medication.

Applications must include the following:

1. Enrollment Form (1 page)
2. Patient signatures as well as Prescriber

NO PROOF OF US RESIDENCY OR INCOME REQUIRED

**Fax completed Enrollment form and documents to Abbott Patient Assistance Foundation
(866)-483-1305**