

# **RESCRIPTOR (delavirdine)**

## **Patient Savings Card**

**Pharmaceutical Company** Viiv Health Care

**Program Name** Patient Savings Card

**Program Address** Five Moore Drive  
Research Triangle Park  
North Carolina USA  
27709-3398

**Phone Number** (877) ViiVUSA (877) 844- 8872

**Website** <http://www.mysupportcard.com/print-patient-supportcard.jsp>

### **Eligibility Guidelines**

In order to be eligible a third-party reimbursement covers a portion of your prescription, the coupon is valid only for the amount of your actual out-of-pocket cost up to a maximum of **\$100.00** for each valid prescription for any product(s) listed on this card, (b) your prescription **MUST NOT** be covered and/or reimbursed by a federal healthcare program, including Medicare or Medicaid, or by any similar federal or state program, including a state pharmaceutical assistance program, and (c) you **MUST NOT** be Medicare eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (ie, you are eligible for Medicare Part D but receive a prescription drug benefit through a former employer). Only an original savings card will be accepted, and must be presented to your pharmacist at the time you have the prescription filled

To print Patient Savings Card go to: [www.mysupportcard.com/print-patient-supportcard.jsp](http://www.mysupportcard.com/print-patient-supportcard.jsp) and present at any pharmacy.