

# **REYATAZ (atazanavir)**

## **Co-Pay Assistance**

**Pharmaceutical Company** Bristol-Meyers Squibb Access Program for Virology

**Program Name** Co-Pay Benefit Program for Reyataz and Sustiva

**Program Address** 6900 College Boulevard, Suite 1000  
Overland Park, KS 66211

**Phone Number** 888-281-8981

**Fax Number** 888-281-8985

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

<http://www.bmshivcopayprogram.com>

### **Eligibility Guidelines**

Applicants with insurance are eligible. This program assists those with insurance who are required to pay more than **\$50** in total co-payments for the medication. The program will cover co-payments of up to **\$200** per month. A card can be printed from the website listed. The patient may also print from this website a Form for a Direct Reimbursement Claim to ask for a rebate by mail if the pharmacy is unable to provide instant savings. The program is not available to those covered under Medicaid, Medicare, AIDS Drugs Assistance Program (ADAP).

### **Co-Pay Card:**

- The BMS Co-Pay Benefit Card is ready to use; no activation required
- Print co-pay savings cards [www.bmshivcopayprogram.com](http://www.bmshivcopayprogram.com)
- Have patient present co-pay savings card at any pharmacy every time they fill prescription

### **Rebate Form:**

If the pharmacy is unable to provide instant savings, patients can still receive a rebate by mail. Print the rebate form, [www.bmshivcopayprogram.com](http://www.bmshivcopayprogram.com) follow the instructions, and mail it in.

**For cardholder questions, call 888-281-8981**

**\*Please note that a hardcopy of a co-pay card may be mailed at patient's request.**