

REYATAZ (atazanavir)

Co-Pay Assistance

Pharmaceutical Company Xubex Pharmaceuticals

Program Name Xubex Co-pay Assistance Program

Program Address PO Box 1244
Winter Park, Fl 32790-1244

Phone Number 866-699-8239

Fax Number 407-671-7960

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

Eligibility Guidelines Co-pay Assistance Program

This program does not have income limitations. This is a co-pay assistance program that covers up to **\$200** of co-pay for client's medication. Clients must provide a form of payment at time of enrollment. Clients become eligible within 1 week of receiving all required documents and payment. The medication is sent to the patient's home.

Applications must include the following:

1. Enrollment Form
2. Copy of insurance card (front and back)
3. Patient signature
4. Copy of prescription
5. Form of payment (credit card or check)

Fax completed Enrollment form and documents to Xubex (407) 671-7960

Please note that a rush shipment is available at an additional shipping charge (Overnight \$45 and 2days \$25)