

# **TRUVADA (tenofovir/emtricitabine)**

## **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.org/>

### **Eligibility Guidelines** Co-pay Assistance Program

This program does not have income limitations. This is a co-pay assistance program that covers up to **\$50** 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**