

# **VIRAMUNE (nevirapine)**

## **PAP for Medicare Beneficiaries**

**Pharmaceutical Company** Boehringer Ingelheim

**Program Name** Boehringer Ingelheim Patient Assistance Program for Medicare Beneficiaries

**Program Address** PO Box 66745  
St Louis, MO 63166-6745

**Phone Number** (800) 556-8317

**Fax Number** (866) 727-5891

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

### **Eligibility Guidelines**

Patients may have an annual adjusted household income up to 300% of the FPL. Patients must not be eligible for other prescription drug coverage (other than Medicare Part D). To be eligible, Medicare beneficiaries must demonstrate they have spent at least **3%** of their annual household adjusted income on prescription medications. Patients cannot be eligible for Medicare's Low Income Subsidy, also known as "Extra Help." An approval letter will be sent within 7 business days to the physician's office. A 90 day supply of prescriptions is shipped to the physician's office.

Applications must include the following:

1. Enrollment Form (1 page)
2. Patient signatures as well as Prescriber
3. Copy of **each** of the following that apply:
  - a. Tax Statement
  - b. Pension Statements Disability Statements
  - c. Social Security Checks/Statements
  - d. Other Income
4. Documentation of out-of-pocket prescriptions costs
5. For patients with incomes **less than 135%** of the FPL, a copy of the denial letter for the Low Income Subsidy is required

**Enrollments may be faxed only from physician's office on letter head to (800) 556-8317**

**OR**

**Mailed to:**

Boehringer Ingelheim CARES Foundation, Inc.  
PO Box 66745  
St. Louis, MO 63166-6745

**If a rush is necessary, it will not be available.**