



# Pharmaceutical Company Patient Assistance and Cost-sharing Assistance Programs: Hepatitis

January 2024

## What is a Patient Assistance Program (PAP)?

A patient assistance program (PAP) is a program run through pharmaceutical companies to provide free or low-cost medications to people with low-incomes who do not qualify for any other insurance or assistance programs, such as Medicaid, Medicare or AIDS Drug Assistance Programs (ADAPs). Each individual company has different eligibility criteria for application and enrollment in their patient assistance program.

## What is a Cost-sharing Assistance Program (CAP)?

A cost-sharing assistance program (CAP) is a program run through pharmaceutical companies to offer cost-sharing assistance (including deductibles, co-payments and co-insurance) to people with private health insurance to obtain viral hepatitis drugs at the pharmacy.

## Pharmaceutical Company Patient Assistance Programs

Company	Contact Information	Drugs Covered	Financial Eligibility
<b>For Hepatitis B Virus (HBV)</b>			
Gilead Sciences	855-769-7284 <a href="http://www.mysupportpath.com">www.mysupportpath.com</a>	Vemlidy	500% FPL
GlaxoSmithKline <sup>1</sup>	866-728-4368 <a href="http://www.gskforyou.com">www.gskforyou.com</a>	Epivir	250% FPL
<b>For Hepatitis C Virus (HCV)</b>			
AbbVie	877-628-9738 <a href="http://www.abbvie.com/myAbbVieAssist">www.abbvie.com/myAbbVieAssist</a>	Mavyret	500% FPL or <\$100,000 annual household income
Gilead Sciences <sup>2</sup>	855-769-7284 <a href="http://www.mysupportpath.com">www.mysupportpath.com</a>	Epclusa, Harvoni, Sovaldi, and Vosevi	500% FPL or <\$100,000 annual household income
Merck and Co. <sup>3</sup>	800-727-5400 <a href="http://www.merckhelps.com">www.merckhelps.com</a>	Zepatier	500% FPL

<sup>1</sup> If seeking Epivir for the treatment of HIV (not hepatitis B), contact ViiVConnect to enroll in their PAP.

<sup>2</sup> Effective July 1, 2015, patients who are insured and who do not meet their payer's coverage criteria will no longer be eligible for support via Gilead's patient assistance program. This includes clients whose insurer has limited access based on: fibrosis score; step-therapy; or clinical criteria (e.g., drug and alcohol testing).

<sup>3</sup> Individuals who do not meet the insurance criteria may still qualify for this program if they attest that they have special circumstances of financial and medical hardship, and their income meets the program criteria. A single application may provide up to one year of produce free of charge to eligible individuals and an individual may reapply as many times as needed. If you do not meet the prescription drug criteria, your income meets the program criteria, and there are special circumstances of financial and medical hardship that apply to your situation, you can request that an exception be made for you.

## Pharmaceutical Company Cost-sharing Assistance Programs

Company	Contact Information	Drugs Covered	Assistance	Renewal
<b>For Hepatitis B Virus (HBV)</b>				
Gilead Sciences <sup>4</sup>	855-769-7284 <a href="http://www.mysupportpath.com/patients#copay">www.mysupportpath.com/patients#copay</a>	Vemlidy	The co-payment coupon program will cover out-of-pocket prescription costs up to \$6,000 per year for Vemlidy.	Automatic renewal each year for enrolled patients.
<b>For Hepatitis C Virus (HCV)</b>				
AbbVie	877-628-9738 <a href="http://www.abbvie.com/myAbbVieAssist">www.abbvie.com/myAbbVieAssist</a>	Mavyret	Individuals may pay as little as \$5 out of pocket per fill. Copayment assistance covers up to \$6,000 on the first fill and up to \$3,000 on subsequent fills with a maximum benefit of \$12,000.	Card expires 12 months after initial use. Reapply if additional prescriptions are needed.
Asegua	855-769-7284 <a href="https://www.mysupportpath.com/patients#co-pay">https://www.mysupportpath.com/patients#co-pay</a>	sofosbuvir/ velpatasvir and ledipasvir/ sofosbuvir	The co-payment coupon program covers up to a maximum of 25% of the catalog price of a 12-week regimen of either sofosbuvir/velpatasvir (generic Eplusa) or ledipasvir/sofosbuvir (generic Harvoni) after the payment of first \$5 per prescription fill. Offer is valid for 6 months from the time of first redemption.	Reapply if another regimen is later needed.
Gilead Sciences	855-769-7284 <a href="https://www.mysupportpath.com/patients#co-pay">https://www.mysupportpath.com/patients#co-pay</a>	Eplusa, Harvoni, Sovaldi, and Vosevi	The co-payment coupon program covers up to a maximum of 25% of the catalog price of a 12-week regimen of a Gilead HCV medication (Eplusa, Harvonia, Sovaldi, & Vosevi) after the payment of first \$5 per prescription fill. Offer is valid for 6 months from the time of first redemption.	Reapply if another regimen is later needed.

<sup>4</sup> As of June 7, 2018, Gilead no longer offers co-payment assistance for Viread that is prescribed to treat hepatitis B, due to the release of a generic alternative.

## Foundations Providing Access to Care Assistance for People Living with HBV and/or HCV

### [Good Days](#)

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The [Good Days](#) co-payment and medication assistance program provides financial assistance to eligible individuals.

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### [HealthWell Foundation](#)

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The [HealthWell Foundation's](#) co-payment assistance program provides up to \$30,000 in financial assistance to eligible individuals for HCV treatment. Eligible patients include those who are insured and have an annual household income of up to 500% of the federal poverty level (FPL).

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### [Needy Meds](#)

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[Needy Meds](#) offers resources that are helpful to uninsured and underinsured patients including an MRI/CAT scan discount program and medical bill mediation.

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### [Patient Access Network Foundation](#)

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The [Patient Access Network \(PAN\) Foundation](#) offers help and hope to people with chronic or life-threatening illnesses, including HIV and hepatitis, for whom cost limits access to medical treatments.

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### [Patient Advocate Foundation Co-Pay Relief Program](#)

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The [Patient Advocate Foundation \(PAF\) Co-Pay Relief Program \(CPR\)](#) provides direct financial support to insured patients, including Medicare Part D beneficiaries, who financially and medically need assistance paying prescription medication co-payments, co-insurance and deductibles relative to their diagnosis.

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### [RxOutreach](#)

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[RxOutreach](#) is a mail order pharmacy for people with little to no health insurance coverage.

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