



ASSISTANCE PROGRAMS FOR PEOPLE WITH HEPATITIS C VIRUS OR HIV

Click a section title in the Table of Contents to jump to that section.

Table of Contents

- AbbVie..... 1
- The Assistance Fund..... 2
- Bristol-Myers Squibb (BMS)..... 2
- Gilead Co-pay Assistance 2
- Good Days 3
- Health Resources and Services Administration (HRSA)..... 3
- HealthWell Foundation..... 4
- Patient Access Network (PAN) Foundation 4
- Patient Advocate Foundation 5
- NASTAD 5
- ADAP Waiting List Program..... 6
- Patient Assistance for Lab Services (PALS)..... 6

AbbVie

MYABBVIE ASSIST

<https://www.abbvie.com/patients/patient-assistance.html>

1-800-222-6885

myAbbVie Assist provides free AbbVie medicine to qualifying patients who:

- Are being treated by a licensed U.S. healthcare provider on an outpatient basis and prescribed an AbbVie medicine that is included in our assistance program
- Have limited or no health insurance coverage
- Demonstrate qualifying financial need*
- Live in the United States

*Financial need requirements may vary by medicine, and are based on your insurance coverage, household income, and projected out-of-pocket medical expenses.

- Assistance and eligibility varies by medicine. See [this list](#) to find out more.
- If you qualify, you will receive free medicine for up to one year. At the end of your enrollment, you can apply for continued assistance.

[back to top](#)

The Assistance Fund

HEPATITIS C COPAY FUND

<https://tafcares.org/> **855-730-5873**

- Call to find out if the Hepatitis C Assistance Program is currently accepting new patients.
- Click [here](#) to find out if you are eligible for each of the identified programs and [here](#) to see if the Hepatitis C fund is open.
 - Copay assistance if you need help paying for your portion of your prescription medication after insurance has paid its portion.

[back to top](#)

Bristol-Myers Squibb (BMS)

PATIENT SUPPORT CONNECT CO-PAY PROGRAM

<https://www.bmsaccesssupport.bmscustomerconnect.com/patient> **1-844-422-6663**

For use of Daklinza up to a maximum benefit of \$5,000 per 28-day supply or 30mg or 60mg OR up to a maximum benefit of \$10,000 per 28-day supply of 90 mg.

- Patient is insured by commercial insurance and your insurance coverage does not cover the full cost of your prescription (you have a co-pay)
- Patient does not have prescription insurance coverage through a state or federal healthcare program, including but not limited to Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA) or Department of Defense (DOD) programs
- Patient is 18 years of age or older
- Patient is a resident of the US or Puerto Rico

[back to top](#)

Gilead Co-pay Assistance

HARVONI SUPPORT PATH

https://www.harvoni.com/support-and-savings/co-pay-coupon-registration?evo_source=MYSUPPORTPATH&_ga=1.22424763.1640314689.1418674651 **1-855-769-7284**

The HARVONI Co-pay Coupon Program will cover the out-of-pocket costs of your HARVONI prescriptions up to a maximum of 25% of the catalog price of a 12-week regimen of HARVONI.

- Eligible residents of the US, Puerto Rico, or US territories
- Coupon not valid for prescriptions paid for in part or in full by any state- or federally-funded program, including but not limited to Medicare or Medicaid, Medigap, VA, DOD, or TRICARE
- Patient pays the first \$5 per prescription fill
- The offer is valid for six (6) months from the time of first redemption

SUPPORT PATH PATIENT ASSISTANCE PROGRAM

<https://www.gilead.com/purpose/medication-access/us-patient-access> **1-855-679-7284**

Call to find out if you are eligible for help with Epclusa, Harvoni, Hepsera, Sovaldi, or Vosevi.

[back to top](#)

Good Days

CHRONIC DISEASE FUND FOR HEPATITIS C

<https://www.mygooddays.org/patients/diseases-covered/hepatitis-c> **1-877-968-7233**

Good days provides financial support (up to \$15,000) for patients who cannot afford the treatment they urgently need. Complete the application online, by mail, or by fax.

Eligibility Criteria:

- Patient must be diagnosed with Hepatitis C and program must be accepting enrollments
- Patient must have a valid Social Security number to apply for assistance and receive treatment in the United States
- Patient must be seeking assistance for a prescribed medication that is FDA approved to treat the covered diagnosis
- Patient is required to have valid Medicare or Military insurance coverage
- Patient income level must be at or below 500% of the Federal Poverty Level (FPL)

Note: Program may open and close throughout the year depending on funding

HIV, AIDS TREATMENT AND PREVENTION

<https://www.mygooddays.org/patients/diseases-covered/hiv-aids-treatment-and-prevention>

1-877-968-7233

Good Days provides financial support (up to \$7,500) for patients who cannot afford the treatment they urgently need. Good Days has streamlined the enrollment process so patients can receive immediate determination of eligibility for financial assistance.

Eligibility Criteria:

- Patient must be diagnosed with a covered disease and program must be accepting enrollments
- Patient must have a valid Social Security number to apply for assistance and receive treatment in the United States
- Patient must be seeking assistance for a prescribed medication that is FDA approved to treat the covered diagnosis
- Patient is required to have valid Medicare or Military insurance coverage
- Patient income level must be at or below 500% of the Federal Poverty Level (FPL)

[back to top](#)

Health Resources and Services Administration (HRSA)

RYAN WHITE HIV/AIDS PROGRAM

<https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program>

The HRSA Ryan White HIV/AIDS Program provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured and underserved. The Program funds grants to states, cities/counties, and local community-based

organizations to provide care and treatment services to people living with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

- To find a Ryan White Health Care Provider, including dentists, doctors, and other providers, visit <https://findhivcare.hrsa.gov>

[back to top](#)

HealthWell Foundation

HEPATITIS C TREATMENT ASSISTANCE

<https://www.healthwellfoundation.org/fund/hepatitis-c/> **1-800-675-8416**

Assistance (up to \$30,000) with the prescription drugs and biologics used in the treatment of Hepatitis C

- Must current receive treatment for Hepatitis C (see webpage for list of treatments covered)
- Must have insurance (private, federal, or state plans acceptable) that covers medication
- Assists individuals with incomes up to 500% of the Federal Poverty Level. Household number and cost of living in your area are also considered
- Must receive treatment in the US

HIV AND AIDS WASTING SYNDROME AND ANOREXIA DUE TO HIV OR AIDS – MEDICARE ACCESS

<https://www.healthwellfoundation.org/fund/hiv-and-aids-wasting-syndrome-and-anorexia-due-to-hiv-or-aids-medicare-access/> **800-675-8416**

Assistance (up to \$8,000) with the prescription drugs and biologics used in the treatment of HIV and AIDS Wasting Syndrome or Anorexia due to HIV or AIDS

Eligibility requirements:

- Patient is being treated for HIV and AIDS Wasting Syndrome or Anorexia due to HIV or AIDS
- Patient has Medicare
- Patient income falls within our guidelines (500% of Federal Poverty Level, adjusted for household size and high cost of living areas)
- Patient is receiving treatment in the United States

[back to top](#)

Patient Access Network (PAN) Foundation

HEPATITIS C TREATMENT ASSISTANCE

<https://www.panfoundation.org/disease-funds/hepatitis-c/> **1-866-316-7263**

- Financial Assistance (\$6,800 per year) to financially and medically qualified patients, including those insured through federally administered health plans such as Medicare, for co-payments, co-insurance, and deductibles
- Patient must be getting treatment for Hepatitis C
- Patient must have health insurance that covers qualifying medication or product
- Patient's medication must be listed on PAN's list of covered medications (see [website](#))
- Patient must reside, and receive treatment in, the US. US citizenship is not a requirement
- Patient's income must fall at or below 500% of Federal Poverty Level

HIV TREATMENT AND PREVENTION

<https://www.panfoundation.org/disease-funds/hiv-treatment-and-prevention/> **1-866-316-7263**

This program offers assistance for HIV Treatment and Prevention. Patients can apply for \$3,400 in assistance per year. Patients may apply for additional assistance subject to availability of funding. Visit the website to see a list of medications covered. To get financial you must:

- Be getting treatment for HIV Treatment and Prevention
- Reside and receive treatment in the United States or US territories. US citizenship is not a requirement
- Have Medicare health insurance that covers your qualifying medication or product
- Be prescribed a medication or product that is listed on PAN's list of covered medications
- Have an income that falls at or below 500% of the Federal Poverty Level

[back to top](#)

Patient Advocate Foundation

CO-PAY RELIEF HEPATITIS C PROGRAM

<https://copays.org/funds/hepatitis-c/> **1-866-512-3861**

- \$15,000 per year
- Patient must be insured, and insurance must cover the medication for which patient seeks assistance
- Patient must have a confirmed diagnosis of Hepatitis C
- Patient must reside and receive treatments in the United States
- Patient's income must fall below 400% of the Federal Poverty Guideline with consideration for cost of living and household size.

HIV, AIDS AND PREVENTION

<https://copays.org/funds/hiv-aids-and-prevention/> **1-866-512-3861**

- \$7,500 per year
- Patient must reside and receive treatment in the United States
- All Insurance Types accepted
- Patient's income must fall at or below 400% of the Federal Poverty Guideline

[back to top](#)

NASTAD

COMMON PATIENT ASSISTANCE PROGRAM APPLICATION (HIV)

<https://www.nastad.org/>

<https://nastad.org/resources/common-patient-assistance-program-application-cpapa>

The purpose of this enrollment tool is to collect information that numerous pharmaceutical companies and foundations providing the donated products of pharmaceutical companies require for enrollment in various HIV patient assistance programs (PAPs). These PAPs provide medicines at little or no cost to

eligible patients. To facilitate enrollment in multiple PAPs, this tool consolidates all of the necessary information in one place. In each instance in which the tool refers to “PAPs” it means all of the PAPs for which the applicant may be eligible. Each PAP will determine a patient’s eligibility for assistance based on their individual program requirements.

[back to top](#)

ADAP Waiting List Program

HARBORPATH

<https://www.harborpath.org/adap> **1-855-300-8916**

- The AIDS Drug Assistance Program (ADAP) is part of the Federal Ryan White Part B program, administered through the Health Resources and Services Administration (HRSA) at the Department of Health and Human Services. ADAP funding is made available annually to all 50 states and is to be used to provide medications to people living with HIV/AIDS who have no other payer source such as Medicaid, Medicare or private insurance.
- Patients are eligible for the HarborPath ADAP Waiting List Program if they:
 - Meet eligibility for the ADAP Waiting List Program in their state of residency
 - Differs by state, but includes having an HIV diagnosis, being uninsured or underinsured, and classifying as low-income per state requirements (can range from 400% to 500% of FPL).
 - Have a confirmation letter from their state ADAP indicating patient is on the ADAP waiting list
 - HarborPath Form can be found here: https://0fbac097-d116-48dd-b811-6cb98f44e2a8.filesusr.com/ugd/b73027_9ad65744cf2b4cc3b656f4ee39089cb8.pdf
 - ADAP is funded through the Ryan White HIV/AIDS Program. To learn more about this program, go here: <https://hab.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program>

[back to top](#)

Patient Assistance for Lab Services (PALS)

PALS

<https://pals-labs.org/> 844.770.PALS (7257)

- Patient Assistance for Lab Services (PALS) is a division of Missouri-based HepC Alliance; a nonprofit organization working to assist those who are at risk or are positive for hepatitis C.
- Due to state restrictions, PALS service is not available in New York or New Jersey
- How the program works:
 - Print the order form and list of available tests or call the office for a mailed copy. You may also order online and have your Physician fax their order to them
 - Complete the Patient Information section and be sure to provide an email address
 - Have your provider complete the Physician information section or you may simply fax a copy of the order

- Payments are now accepted through their invoicing system. They will email you an itemized invoice. Upon receipt of the invoice, simply click the link to view it and you will see a “make payment” button. If you are paying by check, mail the form and check to the address located on the bottom of the order form
- Once they receive and process the order, they will email/call you with the location of your nearest participating lab and your lab requisition. You will need to print it out and take it with you. Your blood work will be drawn at the location and sent to the testing lab.
- Once the specimens are sent to the testing lab and completed, your Physician will receive a faxed copy of your results within 2-5 days
- PALS offers over 350 of the most commonly ordered blood tests with some tests costing as little as \$5. There is a \$15 processing fee for each order
 - Pricing may vary in: NH, AK, MA, CT, and RI
- List of tests and prices can be found here: <https://pals-labs.org/wp-content/uploads/2020/05/Lab-Pricing-PALS-5-2020-3.pdf>

[back to top](#)

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