

Hepatitis C Patient Assistance Programs

Treatment for hepatitis C can be expensive, but the good news is that help is out there! Patient assistance programs help people with no health insurance and those who are underinsured afford medications. The initiative is typically led by pharmaceutical companies, nonprofits and government agencies to improve access, usage, and adherence to prescription drugs for little or no cost.

If you do not have insurance, or are underinsured and cannot afford medication, these programs often offer free or low-cost options. Each program has different eligibility requirements as well as vary in benefits offered. If you meet the eligibility requirements, the programs may help you cover:

- **Co-pay costs:** the predetermined amount you pay for a doctor's visit or prescription.
- **Coinsurance:** the percentage of costs you pay after you've met your deductible.
- **Deductibles:** the amount you pay for health care before key insurance benefits kick in.
- **Insurance premiums:** the amount you pay each month for your policy.
- **Travel expenses for medical care**

Patient Assistance Programs can help cover all or part of the cost of hepatitis C medication for people who may be uninsured or underinsured. Check with each program for details.

FINANCIAL ASSISTANCE AND ACCESS ADVOCACY PROGRAMS			
PROGRAM	CONTACT INFO	ELIGIBILITY	ADDITIONAL DETAILS
Harbor Path	Phone: 855-877-5953 or 980-859-3483 FAX: 877-202-0127 Email: info@harborpath.org www.harborpath.org/	Uninsured	Provides individuals that are uninsured with access to the full regimen for medications used to treat HIV/AIDS at no cost. Program is being expanded to include medications to treat HCV noninfected and HIV/HCV coinfectd. As of April 4, 2019 .Zepatier in the HCV medication that they will cover.
HealthWell (grant funding was out as of 12/14/23 unknown when funding replenishes)	Phone: 800-675-8416 Fax: 800-282-7692 Email: Grants@HealthWellFoundation.org www.healthwellfoundation.org/fund/hepatitis-c/	Some forms of insurance	Helps with the prescription drugs and biologics used in the treatment of HCV. Must have some form of health insurance (private insurance, Medicare, Medicaid, etc.) that covers part of the cost of treatment. Households' income limit – 500% of the Federal Poverty Level (adjusted for household size and cost of living areas. Fund type: Copay. Covers most HCV medications.
NeedyMeds	Phone: 800-503-6897 Fax: 206-260-8850 Email: info@needymeds.org www.needymeds.org/dr.p.taf?filename=hepatitis-c.htm	-	Provides a one-stop site for patient assistance programs (copays) and other discount opportunities for a variety of pharmaceuticals; also has a very useful database to find free and low-cost medical clinics that can be searching by ZIP code.
Link2Labs	Phone: 844-254-6524 Email: admin@link2labs.com www.link2labs.com/home/home	Uninsured	Discounted labs. No doctor's order needed, results in 2-5 days, HIPAA secure & safe, no insurance accepted. Quest Diagnostics locations with walk-ins. Clients will have to create an account on the website in order to lab test. <ul style="list-style-type: none"> • HCV AB w/ reflex to RNA: \$135 • CBC CMP and HCV RNA: \$100 • HCV Genotype: \$145 • HCV RNA QN: \$225 • HCV RNA QT: \$82

FINANCIAL ASSISTANCE AND ACCESS ADVOCACY PROGRAMS (Cont.)

PROGRAM	CONTACT INFO	ELIGIBILITY	ADDITIONAL DETAILS
Patient Advocate Foundation Co-Pay Relief	Phone: 866-512-3861 or 757-952-0118 Fax: 757-952-0119 www.copays.org/	Insured	Has an HCV-specific program, and a "Co-pay Relief" program that can offer up to \$15,000 in co-pay assistance for eligible individuals. They also have case managers who can assist patients with insurance denials and access to care issues. Must be insured and insurance must cover the medication your case seeks assistance for. Income must fall below 400% Federal Poverty Guideline.
PAN Fountain	Phone: 866-316-7263 Email: info@panfoundation.org www.panfoundation.org/	Insured	Accepting applications for new and renewal patients. Assistance amount: \$7,000 per year. Must have health insurance that covers qualifying medication. Must fall at or below 500% of the Federal Poverty Level.
Good Days Program	Phone: 972-608-7141 Fax: 214-570-3621 Email: admin@mygooddays.org www.mygooddays.org/patients/diseases-covered/hepatitis-c	Medicare Military	Accepting applications for new patients. Assistance amount: \$15,000. Patient is required to have a valid Medicare or Military insurance coverage and an income at or below 500% Federal Poverty Level.
The Assistance Fund	Phone: 855-730-5873 or 855-845-3663 Fax: 833-865-3757 www.tafcares.org	Insured	Copay programs provide financial assistance for out-of-pocket costs for prescribed FDA-approved treatment, such as copays, deductibles, and coinsurance. Must be insured and US Resident with financial need as well as not receiving assistance from another independent patient assistance organization.

DISCOUNT CARD BENEFITS

PROGRAM	CONTACT INFO	ELIGIBILITY	ADDITIONAL DETAILS
GoodRX	Phone: 855-268-2822 www.goodrx.com/discount-card	Not applicable	Receive discounts up to 80% on most prescription drugs. GoodRX gathers current prices and discounts to help you find the lowest cost pharmacy for your prescriptions. No eligibility requirements.

The federal poverty level is a number set by the federal government each year. FPL is based on income and family size. This number is used to determine eligibility for different federal & state benefit programs. If you need assistance determining where you fall on the Federal Poverty Level, search "FPL Calculator" or click this [link](#).

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PHARMACEUTICAL CO-PAY AND PATIENT ASSISTANCE PROGRAMS

DRUG NAME	CONTACT INFO	INSURANCE STATUS	ADDITIONAL INFO
Epclusa, Harvoni, Vosevi and Sovaldi (Gilead)	Phone: 855-769-7284	Commercial insurance, Uninsured and Underinsured	Eligible patients may pay as little as \$5 per co-pay for their medicine. Not eligible if enrolled in a government healthcare prescription drug program. If enrolled in government healthcare prescription drug program, not

	www.mysupportpath.com/patients#co-pay		have insurance, or private insurance that does not cover prescription, other financial support options are available.
Generic Epclusa and Generic Harvoni (Gilead)	Phone: 855-769-7284 www.mysupportpath.com/patients#co-pay	Commercial insurance	Patients that are eligible for the co-pay coupon program, will receive covered out-of-pocket costs to a max of 25% of the catalog price of 3 bottles/packages of the medication
Zepatier (Merck)	Phone: 800-727-5400 www.merckhelps.com/ZEPATIER	Uninsured	Merck Patient Assistance Program provides Zepatier free of charge to eligible individuals, primarily to people who are uninsured. Individuals who don't 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.
Viekira Pak (AbbVie)	Phone: 800-332-1088 www.rxabbvie.com/	-	AbbVie has launched a patient support program, called proCeed™, which is intended to provide a broad range of patient support options. www.abbvie.com/patients/patient-assistance.html?utm_source=myAbbVie-Assist-URL
Mavyret (AbbVie)	Phone: 877-628-9738 MyAbbvie Assist contact: 800-222-6885 [Savings Card] www.mavyret.com/content/dam/ampmavyrethcp2/pdfs/Mavyret%20Co-Pay%20Card%20LC%20Update%202019.pdf	Commercial insurance, Uninsured and Underinsured	Copay assistance program. Pay as little as \$5 out of pocket – savings card. AbbVie Patient Assistance Program: patient may be eligible if you have no health insurance OR limited insurance (including Medicare) and meet financial criteria [household income & out-of-pocket medical expense] Patient assistance application PDF: www.abbvie.com/content/dam/abbvie-dotcom/uploads/PDFs/pap/Mavyret-Application-approved.pdf

Hepatitis C Treatment

Drug	Manufacture	Genotype (GT)	Liver Status	Regimen	Possible Side Effects
Harvoni [ledipasvir/sofosbuvir]	Gilead	1,4,5, or 6	Tx with or without cirrhosis (compensated) In those with GT 1 and advanced cirrhosis (decompensated) or with GT 1 or 4 with or without cirrhosis (compensated) who have had a liver transplant, HARVONI is used with ribavirin.	Once a day for 12 weeks for the majority of patients	Headache Tiredness Weakness
Epclusa [sofosbuvir/velpatasvir]	Gilead	1,2,3,4,5,6	EPCLUSA is a prescription medicine used to treat adults with chronic hepatitis C with or without cirrhosis (compensated). In those with advanced cirrhosis (decompensated), EPCLUSA is used with ribavirin.	Once a day for 12 weeks, with or without food	Headache Tiredness
Zepatier [Elbasvir/Grazoprevir]	Merck	1 or 4	Tx in patients with GT 1 or 4 with or without cirrhosis. Zepatier may be used with ribavirin	One tablet taken orally once daily with or without food for 12-16 weeks	Fatigue Headache Nausea
Mavyret [Glecaprevir/Pibrentasvir]	AbbVie	1,2,3,4,5,6	Mavyret tablets are used to treat adults with chronic HCV without cirrhosis or with compensated cirrhosis	You may take Mavyret for 8,12,16 weeks depending on HCV GT, previous HCV tx, if you have compensated cirrhosis, or received a liver/kidney transplant Take 3 Mavyret tablets at one time each day, with food	Headache Tiredness
Daklinza + Sovaldi [Daclatasvir + Sofosbuvir]	Bristol-Myers Squibb	1,2,3,4	People with cirrhosis may need longer treatment with Daklinza and Sovaldi, and possibly ribavirin-which is taken twice daily with food	Daklinza is taken once daily with Sovaldi. Can be taken with or without food, for 12 to 24 week (twice daily with food if also taking ribavirin)	Fatigue Headache
Vosevi [Sofosbuvir/Velpatasvir]	Gilead	1,2,3,4,5,6	Treats adults with chronic hepatitis infection with or without cirrhosis (compensated) who have previously been treated with a Hep C regimen containing an NS5A inhibitor.	One pill, once a day, take with food for 12 weeks.	Headache Tiredness Diarrhea Nausea
Viekira Pak [ombitasvir, paritaprevir, & ritonavir tablets; dasabuvir tablets]	AbbVie	1	May be treated with or without ribavirin for patients with chronic hepatitis C virus infection including those with or without compensated cirrhosis	Two ombitasvir, paritaprevir, ritonavir tablets once daily (morning) and one dasabuvir tablet twice daily (morning & evening) with a meal (total of 4 tablets a day) 12-24 weeks	Tiredness Nausea Itching Weakness