## Contact Information for Hepatitis Treatments

<table>
<thead>
<tr>
<th>Co-Pay Programs</th>
<th>Parent Company</th>
<th>Contact Information</th>
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<tr>
<td><strong>Baraclude</strong></td>
<td>Bristol-Myers Squibb</td>
<td>855-898-0267</td>
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<tr>
<td><strong>Viread</strong></td>
<td>Gilead Sciences</td>
<td>877-627-0415</td>
</tr>
<tr>
<td><strong>Epivir</strong></td>
<td>Viiv Healthcare</td>
<td>877-844-8872</td>
</tr>
<tr>
<td><strong>Sovaldi</strong></td>
<td>Gilead Sciences</td>
<td>855-769-7284</td>
</tr>
<tr>
<td><strong>PegIntron and Victrelis</strong></td>
<td>Merck &amp; Co.</td>
<td>866-939-4372</td>
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<tr>
<td><strong>Incivek</strong></td>
<td>Vertex Pharmaceuticals</td>
<td>855-837-8394</td>
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<th>Patient Assistance Programs (PAP)</th>
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<td><strong>Hepsera and Viread</strong></td>
<td>Gilead Sciences</td>
<td>800-226-2056</td>
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<td><strong>Epivir</strong></td>
<td>Viiv Healthcare</td>
<td>877-784-4842</td>
</tr>
<tr>
<td><strong>Procrit and Olysio</strong></td>
<td>Johnson &amp; Johnson</td>
<td>800-652-6227</td>
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<tr>
<td><strong>Pegasys and Copegus</strong></td>
<td>Genentech/Roche</td>
<td>888-941-3331</td>
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<td><strong>PegIntron and Victrelis</strong></td>
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<td>866-363-6379</td>
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<tr>
<td><strong>Incivek</strong></td>
<td>Vertex Pharmaceuticals</td>
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These programs offer assistance to people with private insurance for the co-payments required to obtain HBV and/or HCV drugs at the pharmacy.

**Hepatitis B Virus (HBV)**

**Bristol-Myers Squibb**  
Drugs covered: Baraclude  
Contact Information: 855-898-0267. Ask the operator to speak to someone about the Baraclude Co-pay Benefits Program and ask for a card to be mailed to you.  
Program Details: The program covers the first $200 per month of co-pays. For people who pay for their prescriptions in full, the program will also cover the first $200 per month. Currently the program runs through December 31, 2014.

**Gilead Sciences**  
Drugs covered: Viread  
Contact Information: 877-627-0415  
Program Details: The program starts after the first $50 and covers up to $200 per month co-payment for Viread for HBV treatment for patients who are uninsured or pay their prescription costs in full. The program renews automatically for enrolled patients.

**ViiV Healthcare**  
Drugs covered: Epivir  
Contact Information: 877-844-8872 or www.mysupportcard.com  
Program Details: The program covers up to $200 dollars per prescription per month and includes non-HBV drugs.

**Hepatitis C Virus (HCV)**

**Gilead Sciences**  
Drugs covered: Sovaldi  
Contact Information: 855-769-7284 or www.gilead.com/responsibility/us-patient-access/support path for Sovaldi  
Program Details: Support Path assists eligible hepatitis C patients in the United States who do not have insurance, are underinsured or who otherwise need financial assistance to gain coverage for or access to Sovaldi (sofosbuvir). The program consists of an integrated offering of support services for patients and providers.

**Merck & Co.**  
Drugs covered: PegIntron and Victrelis  
Contact Information: 866-939-4372 or www.victrelis.com and www.pegintron.com  
Program Details: Victrelis: People can print out a card at www.victrelis.com and at merck-cares.com which offers eligible patients savings of up to 20 percent of the total cost of each Victrelis prescription, on up to 12 prescriptions (which would be a full 44 weeks of treatment for those who need it for that duration). PegIntron: People can print out a card at www.pegintron.com and at merck-cares.com, which offers eligible patients up to $200 savings on their copayment for each PegIntron prescription, on up to 12 prescriptions.

**Vertex Pharmaceuticals**  
Drugs covered: Incivek  
Contact Information: 855-837-8394 or www.incivek.com  
Program Details: Vertex will cover co-pay costs up to $10,000 for people who have private insurance plans that cover Incivek, regardless of their household income.
PATIENT ASSISTANCE PROGRAMS (PAP) - 2014

These programs offer free HBV drugs to people with low-incomes who do not qualify for any other insurance or assistance programs, such as Medicaid or Medicare. Different company programs have different eligibility criteria based on the Federal Poverty Level (FPL). The 2013 FPL income for one individual is $11,490. It is adjusted based on family or household size. 200% FPL is $22,890 and 300% is $34,470 for individuals.

Hepatitis B Virus (HBV)

Bristol-Myers Squibb
Drugs covered: Baraclude
Contact Information: 855-898-0267 or visit www.bmspaf.org
Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and covers people with incomes up to 300 percent of the FPL. Most programs have limits based on the total household income compared to established FPL percentages. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

Gilead Sciences
Drugs covered: Hepsera, Viread
Contact Information: 800-226-2056 or visit www.gilead.com/us_advancing_access
Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits based on the total household income compared to established FPL percentages. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

ViiV Healthcare
Drugs covered: Epivir
Contact Information: 877-784-4842 or www.viivhealthcareforyou.com
Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits based on the total household income compared to established FPL percentages. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

Hepatitis C Virus (HCV)

Johnson & Johnson
Drugs covered: Procrit*, Olysio
Contact Information: 800-652-6227 or www.jjpaf.org
Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits based on the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

*Procrit is not a treatment for HCV, but it is a treatment for anemia, which is a side effect commonly caused by HCV treatment.

Genentech/Roche
Drugs covered: Pegasys and Copegus
Contact Information: 888-941-3331 or www.pegasysaccesssolutions.com
Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits based on the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

Gilead Sciences
Drugs covered: Sovaldi
Contact Information: 855-769-7284 or www.gilead.com/responsibility/us-patient-access/support path for Sovaldi.
Program Details: Support Path assists eligible hepatitis C patients in the United States who do not have insurance, are underinsured or who otherwise need financial assistance to gain coverage for or access to Sovaldi (sofosbuvir). The program consists of an integrated offering of support services for patients and providers.

**Merck & Co.**  
Drugs covered: Pegintron and Victrelis  
Program Details: The ACT Program can help you answer questions related to insurance coverage and reimbursement. Program Specialists can also help you apply for the PAP. The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits based on the total household income compared to established federal poverty levels. Generally the program will accept appeals for special circumstances if a person does not initially qualify and is turned down, provided they fall within the 500% FPL income eligibility requirement.

**Vertex Pharmaceuticals**  
Drugs covered: Incivek  
Contact Information: 855-837-8394 or www.incivek.com  
Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits based on the total household income compared to established federal poverty levels. The Incivek PAP helps people whose household income is less than $100,000 per year. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.