ISENTRESS: Merck Patient Assistance Program

Merck Office Hours: 5am-5pm PST M-F

Phone Number: 800-727-5400

Merck Fax Number (For Isentress Only): 915-849-1037

Knipper Pharmacy Phone Number: 888-727-1618

Knipper Pharmacy Fax Number: 1-833-546-0609

Uninsured Patient

Complete the RSI nPEP Cover Letter & Merck Patient Assistance Program Enrollment Form; Include a patient label & SANE call back number.

Document "Prescribing urgent nPEP" on Fax Cover Letter

Fax Cover Letter & Application to Merck at **915-849-1037**

Fax Application that includes prescription information to Knipper Pharmacy **1-833-546-0609**

*Actual prescription is included on application, no separate Rx required by provider. (Note- Make sure Rx on application is for 30 days of treatment per Merck requirements).

- During business hours, call Patient Assistance Program at 800-727-5400 and confirm fax was received and confirm delivery date and address of medication delivery.
- After hours, leave a voicemail and call back next business day.
- The Patient Assistance Program will overnight Isentress to the mailing address provided on the application.
    - If received by 2pm PST M-F, Isentress will be delivered in about 24 hours, please call to confirm Saturday delivery.
    - If received after 2pm PST M-F, Isentress will be delivered in about 48 hours.

- Place original copy of application in an envelope addressed to:

  Merck Patient Assistance Program
  PO BOX 690
  Horsham, PA 19044-9979

- Place envelope in outgoing mail.

Insured Patient: Co-Pay Assistance

Patient may qualify for the patient assistance program if you have a household income of **$72,900 or less for individuals, $98,600 or less for couples, or $150,000 or less for a family of 4**.

If patient meets the above insured qualifications, patient will receive full dose of meds by completing the following:

- Follow all the same steps above PLUS
- Complete the Merck Patient Assistance Program Attestation Form
- Full dose of medication will be mailed to the patient's address on form

If patient does not meet the above insured qualifications or requests co-pay assistance only, please activate a co-pay coupon card at the following site:

https://www.activatethecard.com/8089/

Prior to Discharge:

- Ensure ED provides patient with 1st dose of medication
- Ensure ED provides patient with a 3-5 day dose pack of medication from inpatient pharmacy.
- Ensure patient has a referral or access to follow-up
- Provide patient the following:
  - HIV prophylaxis medication discharge instructions
  - Follow up instructions
  - Hardcopy of the prescription
  - Isentress Phone Number 800-727-5400
- If after hours, SANE to call Isentress the next business day for fax confirmation.

- Place the cover letter and completed application with SANE chart to be scanned into the EMR.