## **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
- o Complete the Merck Patient Assistance Program Attestation Form
- o 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 1<sup>st</sup> 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:
  - o HIV prophylaxis medication discharge instructions
  - o Follow up instructions
  - o Hardcopy of the prescription
  - o 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.