

Merck Helps™

SUPPORT™ Program

*Reimbursement
Support Services*

Patient Assistance

Call 1-800-850-3430
Monday through Friday, 9 AM to 6 PM ET

SUPPORT™ Program

To ease the health care reimbursement process, Merck has created the SUPPORT™ Program to help patients who have been prescribed the following Merck medicines:

ISENTRESS® (raltegravir) Tablets

CRIXIVAN® (indinavir sulfate) Capsules

The SUPPORT™ Program is a 2-part program that consists of Reimbursement Support Services^a and Patient Assistance^b. It is specifically designed to help patients who have been prescribed ISENTRESS or CRIXIVAN or both.

Reimbursement Support Services^a

SUPPORT™ provides personalized support and patient advocacy regarding individual reimbursement issues. SUPPORT™ Program Specialists will help you and your health care provider answer questions related to insurance coverage and reimbursement.

Your SUPPORT™ Program Specialists can:

- Investigate your insurance benefits, including information about your coverage and out-of-pocket costs
- Help answer your questions about insurance coverage
- Assist you and your doctor with issues related to payments, reimbursements, payment denials, and appeals
- Help with prior authorization and medical necessity processes
- Conduct searches for alternative reimbursement resources

Although the SUPPORT™ Program provides direct help with individual reimbursement issues, it cannot guarantee either coverage or a specific reimbursement rate for ISENTRESS® (raltegravir) Tablets or CRIXIVAN® (indinavir sulfate) Capsules.

If you do not qualify for reimbursement coverage, a SUPPORT™ Program Specialist can help you apply for patient assistance through the Merck Patient Assistance Program (PAP), which provides ISENTRESS and CRIXIVAN free of charge to eligible patients who do not have insurance coverage.

^aReimbursement Support Services are offered through Merck.

^bPatient Assistance Services are offered through Merck PAP.

Patient Assistance for Eligible Patients

You may obtain patient assistance through the SUPPORT™ Program if you have been prescribed ISENTRESS® (raltegravir) Tablets or CRIXIVAN® (indinavir sulfate) Capsules and all 3 of the following conditions apply:

- You live in the United States (you do not have to be a US citizen) and have a prescription for ISENTRESS or CRIXIVAN from a doctor or prescriber licensed in the United States.

and

- You do not have insurance or other coverage options for ISENTRESS or CRIXIVAN.

and

- You cannot afford to pay for ISENTRESS or CRIXIVAN. Your SUPPORT™ Program Specialist will determine whether you qualify for ISENTRESS or CRIXIVAN free of charge on the basis of established criteria and your unique financial situation.

If you do not meet the Merck PAP criteria under the SUPPORT™ Program, and there are special circumstances of financial and medical hardship that apply to your situation, you may request that an exception be made for you, provided that your income is not above a set limit.

Getting Started^a

You can start the enrollment process by phone, fax, or mail. If you choose to start the process by phone or fax, promptly enclose the signed enrollment form (available in the back pocket of this brochure or at merckhelps.com) in the self addressed stamped envelope and mail it.

Phone

Simply call 1-800-850-3430, 9 AM to 6 PM ET, Monday through Friday, and a SUPPORT™ Program Specialist will begin the enrollment process.

Fax

- Complete and sign the enclosed enrollment form.
 - Remember that all sections on the enrollment form need to be completed and that both you and your doctor must sign the form.
 - Incomplete or incorrectly completed enrollment forms will slow down the processing of your request.
- To ensure shipment of ISENTRESS® (raltegravir) Tablets and/or CRIXIVAN® (indinavir sulfate) Capsules to qualified patients within 10 days, fax the completed enrollment form to 1-866-410-1913.

Mail

Once you complete and sign the enrollment form, simply fold it, seal it in the postage paid envelope, and mail it to the following address:

SUPPORT™ Program
PO Box 305
San Bruno, CA 94066

^aSigned enrollment forms must be received for all patients who receive ISENTRESS and CRIXIVAN through the Merck PAP portion of the SUPPORT Program.

Other Important Information

ISENTRESS and CRIXIVAN distributed through the SUPPORT™ Program are free of charge to all eligible patients through the Merck PAP. Merck is not associated with any individuals or organizations that may charge patients a fee for helping them complete forms for our program. These individuals or organizations are acting independently of Merck, have no affiliation with Merck, and do not have the consent of Merck. Although Merck will make every effort to grant assistance, Merck cannot guarantee product patient assistance. Merck reserves the right to change or discontinue the program at any time.

Patient Assistance is offered through the Merck Patient Assistance Program, Inc. (Merck PAP).

Enrollment Form Enclosed

800-850-3430

9 AM to 6 PM ET

Monday through Friday

A confidential message
can be left
24 hours
a day

Merck Helps™

Other ways Merck puts patients first

Merck Patient Assistance Program

Provides medicines free of charge to eligible individuals, primarily the uninsured, who, without our assistance could not afford needed Merck medicines. For more information, please call 800-727-5400.

Merck Vaccine Patient Assistance Program

Provides vaccines to eligible adults ages 19 or older free of charge. For more information, please call 800-293-3881.

For additional information on these and other patient assistance programs, please visit merckhelps.com.

Merck is also a proud participant in the Partnership for Prescription Assistance. This program helps qualifying patients without prescription drug coverage get the medicines they need through the program that is right for them. For more information, please call 888-4PPA-NOW (888-477-2669) or visit pparx.org.



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