

# **NORVIR (ritonavir)**

**Pharmaceutical Company** Abbott Laboratories

**Program Name** Abbott Patient Assistance Foundation

**Program Address** PO Box 270  
Somerville, NJ 08876

**Phone Number** 800-222-6885

**Fax Number** 866-483-1305

**Website** <http://www.abbottpatientassistancefoundation.org>

## **Eligibility Guidelines**

The patient must be uninsured or underinsured. Applications are reviewed on a case-by-case basis. Upon receipt of a completed application, the Prescriber will be notified of program eligibility. A three- month's supply of **medication will be shipped to the prescriber's office**. It is the responsibility of the prescriber or office staff to reorder 3 weeks prior to the patient requiring further medication.

Applications must include the following:

1. Enrollment Form (1 page)
2. Patient signatures as well as Prescriber

**NO PROOF OF US RESIDENCY OR INCOME REQUIRED**

**Fax completed Enrollment form and documents to Abbott Patient Assistance Foundation  
(866)-483-1305**