

Resources

To apply for health insurance on the federal exchange: www.healthcare.gov

Community Health Center Locator:
<http://findahealthcenter.hrsa.gov/>

Washington state (residents):

PrEP drug assistance program (PrEP-DAP)
<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS/HIVCareClientServices/PrEPDAP>

New York state (residents):

PrEP assistance program (PrEP-AP)
Call 1-800-542-2437

Gilead Sciences:

Medication Assistance Program and Co-Pay Assistance
<https://start.truvada.com/individual/truvadaprep-copay>

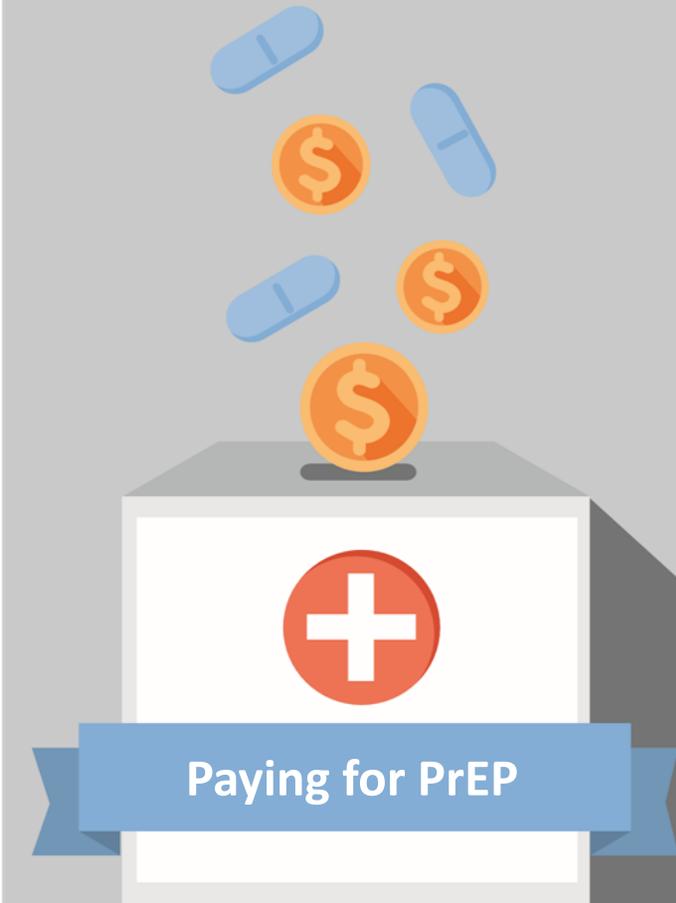
Patient Advocate (PAF) Foundation:

Co-Pay Relief Program
<https://www.copays.org/diseases/hiv-aids-and-prevention>

Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

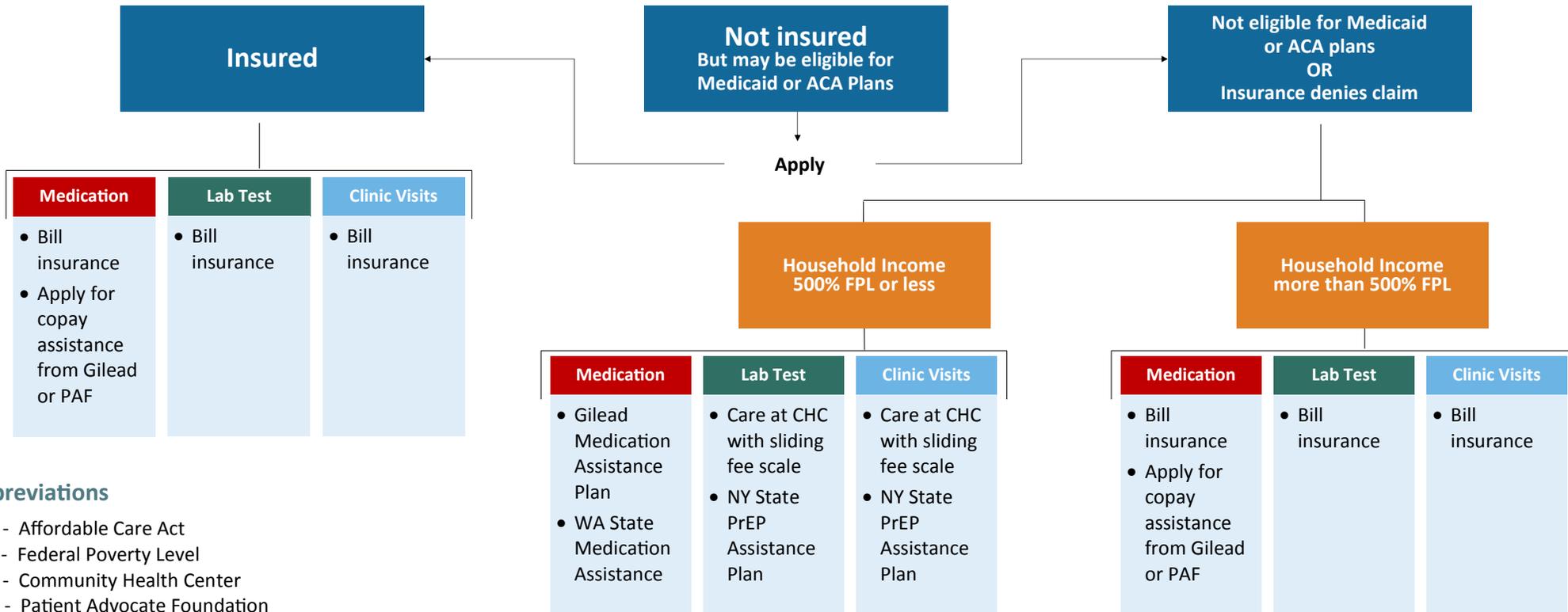
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027 USA
Phone: 800-232-4636

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Centers for Disease Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

Covering the Cost of PrEP Care



Abbreviations

- ACA - Affordable Care Act
- FPL - Federal Poverty Level
- CHC - Community Health Center
- PAF - Patient Advocate Foundation

Definitions:

- PrEP** - Daily pill to prevent HIV infection (pre-exposure prophylaxis)
- Co-pay** - Fixed amount to be paid by insured person per prescription
- Co-insurance** - Fixed percentage of prescription cost to be paid by insured person
- Deductible** - Amount of health care cost (including prescriptions) that must be paid by the insured person before insurance begins to cover costs

PrEP Medication Assistance Program

(Gilead Sciences)

People eligible for this program must:

- Be 18 years of age or older
- Be without insurance or have payment declined by their insurance carrier
- Be resident in the US (social security number not required)
- Have family income ≤ 500% of the federal poverty level

Once enrolled in this program:

- Medication will be sent to the provider, a pharmacy, or the patient's home
- Patients can get their medication at no charge from their provider or pharmacy for as long as they are eligible
- Eligibility must be confirmed every 6 months by the provider

PrEP Medication Assistance Program

Family Size 500% Federal Poverty Level Household Annual Income must be less than:

1	\$58,850
2	\$79,650
3	\$100,450
4	\$121,250
5	\$142,050
6	\$162,850

*Source: <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>