



# Truvada for PrEP Medication Access Guide

(A STEP-BY-STEP GUIDE FOR ACCESSING LOW/NO COST MEDICATION)

UPDATED EDITION- MARCH 2016

## Uninsured Patients

These patients can use the Gilead Advancing Access Program if they have an income of 500% or less of the Federal Poverty Line (FPL guidelines can be found here: <http://aspe.hhs.gov/2015-poverty-guidelines>), are residents of the US, Puerto Rico or a US territory, and are uninsured.

**Enrollment Form:** [http://services.gileadhiv.com/content/pdf/gilead\\_enrollment\\_form.pdf](http://services.gileadhiv.com/content/pdf/gilead_enrollment_form.pdf)

Advancing Access Assistance Program- 1-800-226-2056

*Pre-screening for the Medication Assistance Program (MAP) can be completed over the phone with one of the representatives, after you get a preliminary approval, you can complete the application and fax it into the Advancing Access Program.*

Complete the Medication Assistance Program application clearly and legibly (*\*Applications can/will be denied if handwriting is not legible- if you have access to a computer, the fields on the PDF are able to be completed with text and then printed*)

### The following fields need to be completed with the following information:

- |  |                                       |
|--|---------------------------------------|
| 1: MAP Eligibility Screening               | 7: Prescriber signature/ date         |
| 2: Truvada, 200-300 mg Tabs, PrEP          | 8: Check box, Patient signature/ date |
| 3: Fill in with patient information        | 9: Financial Information              |
| 4: Patient is uninsured (box on top right) | 10. Medication shipping information   |
| 5: Prescriber information                  | 11: Applicant Declaration signature   |
| 6: No ICD-10 Diagnosis Needed              |                                       |

### What do you need to apply?

- Income information-** Household size, Monthly Income
  - If unemployed- Clinic must send a signed letter stating how patient is able to meeting their basic needs (i.e.: family support, support from social services agencies, etc.). This letter does not have to be signed by prescribing clinician; however, it does need to be signed by a staff member from the facility.
  - If employed- Patient must provide proof of income for last month. Paystubs must be sent in with the application. (The application will not be considered complete by the MAP without the paystubs.) A notarized letter will also be accepted in place of pay-stubs.
- Proof of residency (*\*NEW\**)**
  - You can provide this in the form of state identification, a bill, lease/ mortgage, piece of mail or letter from the prescriber's office.
- Ship-To Information**

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- Prescriber's Office
  - Medication will be sent to the prescriber's office from Covance Specialty Pharmacy. Since there is not an RX field on the MAP application, the patient will be "pre-qualified" for Truvada for PrEP assistance after Gilead reviews and approves the MAP application. The prescriber will then have to fax an RX to Covance and confirm ship-to information.
- Retail Pharmacy
  - After MAP application is approved and the prescriber's office receives a fax confirming patient enrollment in the MAP program, pharmacy information will be available the next day (i.e. ID, BIN, PCN, and GROUP). The patient will then receive a card in the mail with their MAP pharmacy information.

**Helpful tips:**

- ❖ If the patient was receiving their medication shipped from Covance Specialty Pharmacy shipped directly to their house, the prescriber may call the Advancing Access Program and request an override.
- ❖ Patients who are eligible for Medicaid will need to apply for insurance. They will be granted medication assistance for 90 days with a maximum enrollment period of 180 days.
- ❖ If your state has not expanded Medicaid or if the patient is not eligible for insurance, be sure to note that on the MAP application.
- ❖ Applicants can be undocumented residents of the US, Puerto Rico or a US territory. Must provide proof that patient lives in the US.

## ***Insured Patients with Co-Pays***

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These patients will be able to use the Truvada Co-pay card which will cover a yearly total- with no monthly limit- of \$3,600. This card acts like a secondary insurance that remains on-file at the patient's pharmacy.

- Online: <http://www.truvada.com/truvada-patient-assistance>
- Advancing Access Program- 1-800-226-2056
- Your Gilead Rep can provide you with co-pay cards (*that can then be activated online or over the phone*)

Activate the card with the patient and: 1) provide the patient with a copy of their card, 2) fax a copy of the card to the pharmacy and 3) add the card to the admin section of their medical record for future reference.

**Helpful tips:**

- ❖ No income limit!
- ❖ If you activate a card over the phone or online (i.e. not a card from the Gilead Rep), a card will be sent to the address provided on the application. If confidentiality is a concern, use the prescriber/ facility address to avoid the card arriving in the mail at the patient's address.
- ❖ If out of pocket expense at a retail pharmacy is high, verify that the insurance does not contract with a mail-order pharmacy for a 90-day, much less expensive, supply of Truvada for PrEP.
- ❖ If you're getting a notification that the medication is not covered, confirm that the patient is not capitated to a specific pharmacy/ specialty pharmacy.
- ❖ Patients can submit receipts to this program if they have the financial resources to cover the cost of the co-pay; mail order pharmacies will not accept the co-pay cards. Reimbursement forms can be printed out at [www.patientrebateonline.com](http://www.patientrebateonline.com). Complete form with the following information:

- Gilead Co-Pay Card Information (ID, BIN, PCN, GROUP)

- Details of pharmacy fill

Print form and then attach any/ all receipts documenting the medication payment- both the coverage from the insurance and the out of pocket cost to the patient.

## ***Insured Patients with High Out of Pocket Expenses***

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*These patients get assistance- if qualified- from two independent foundations Patient Access Network Foundation (PAN) and Patient Advocate Foundation (PAF). These will cover copays, coinsurances and deductibles.*

### **PAN**

***\*UPDATE AS OF MARCH 1, 2016 THE PAN FOUNDATION IS CURRENTLY CLOSED FOR NEW APPLICATIONS. IF YOU NEED MEDICATION ASSISTANCE, YOU CAN APPLY FOR THE PAF FOUNDATION- SEE BELOW.WE WILL KEEP THE GUIDE UPDATED WHEN/IF PAN OPENS FOR NEW APPLICATIONS.***

Eligibility for PAN is Less than 500% FPL and the max award is \$4,000 per year; however patients may apply for a second grant during their eligibility period (approval is subject to availability).

- <https://www.panapply.org/Application/Step1> - to apply online
- Or call 1-866-316-PANF (7263)

### **What do you need to apply?**

- Patient information- name, date of birth, social security number, phone number, etc.
- Proof of income- W2 from last tax filing *or* current award letter from Social Security *or* completed proof of no income documents.
  - If patient has no income, PAF will fax 2 proof of no income documents- 1 form is to be completed by the patient and notarized and the other is a request for transcripts from the IRS
- Primary insurance information. Patient must have pharmacy information available, as they will as for pharmacy ID, GROUP, BIN and PCN. PAF will also want all secondary, tertiary, etc insurances but will not need numbers from these cards.
- Prescriber Information: Clinician name, facility name, facility address, facility phone number, facility fax number.

### **Helpful Tips:**

- ❖ PAN allows patients to deduct *ALL* relevant medical expenses from their gross income, this includes but is not limited to transportation to medical appointments, insurance premiums, and out-of-pocket medical expenses.

### **PAF**

Eligibility for PAF is less than 400% FPL and the max award is \$5,000 per year (though this seems to be diagnosis specific and may be less for HIV prevention).

- <https://www.copays.org/diseases/hiv-aids-and-prevention> - to apply online
- Or call 1-800-532-5274

### **What do you need to apply?**

- Patient information- name, date of birth, social security number, phone number, etc.
- Proof of income- W2 from last tax filing *or* current award letter from Social Security *or* completed proof of no income documents.
  - If patient has no income, PAF will fax 2 proof of no income documents- 1 form is to be completed by the patient and notarized and the other is a request for transcripts from the IRS

- Primary insurance information. Patient must have pharmacy information available, as they will as for pharmacy ID, GROUP, BIN and PCN. PAF will also want all secondary, tertiary, etc. insurances but will not need numbers from these cards.
- Prescriber Information: Clinician name, facility name, facility address, facility phone number, facility fax number.

***Helpful Tips:***

- ❖ Patient can receive same-day approval and even if patient does not have all of the MAPer work filed with PAF, the application can be approved and pending for 21 days; they will still process claims.