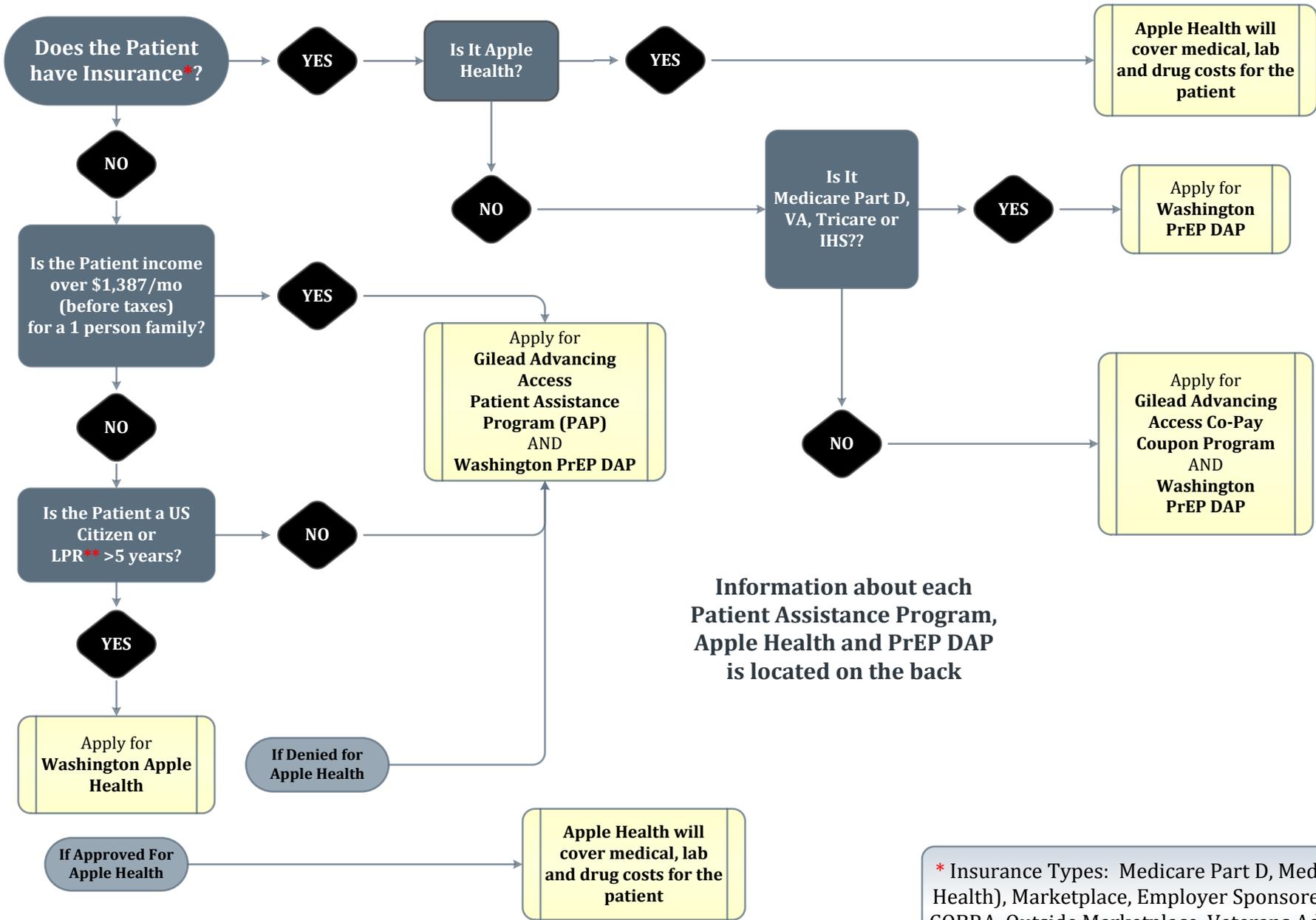


Paying for PrEP (Pre-Exposure Prophylaxis) Medical, Laboratory & Drug Resources



Information about each Patient Assistance Program, Apple Health and PrEP DAP is located on the back

* Insurance Types: Medicare Part D, Medicaid (Apple Health), Marketplace, Employer Sponsored Insurance, COBRA, Outside Marketplace, Veterans Administration Benefits (VA), Tricare or Indian Health Services (IHS)

**LPR = Legal Permanent Resident

Washington Apple Health (Medicaid)
(Not Insured US Citizen or LPR>5 Years)

Website: www.wahealthplanfinder.org

Phone: 855-923-4633

Maximum Benefit: 1 Year with option to renew

Income Limit: 138% FPL or less (\$1,396/month for family of 1)

Application Type: Online

Application Processing: Instant

Upon Request:

- Must provide proof of residency
- Must provide income documentation

If approved for Apple Health, benefits begin the first day of the month application was submitted.

**Gilead Advancing Access
Co-Pay Coupon Program**
(Any insurance except Medicare, Medicaid, VA, Tricare or IHS)

Website: www.gileadcopay.com

Phone: 877-505-6986

Maximum Benefit: \$4,800 per calendar year (Jan to Dec)

Income Limit: None

How to Apply: Online

www.gileadadvancingaccess.com/copay-coupon-card

Application Processing Time: Instant

Upon Request:

- Must provide proof of insurance card
- Must provide proof of residency

If approved for the Gilead Co-Pay Program, you will be able to print your card instantly. You will receive an official co-pay assistance card within 7-10 days in the mail.

Gilead Advancing Access Patient Assistance Program (PAP)
(Truvada for PrEP Medication Assistance Program)
(Not Insured/Under Insured or Medicare A and/or B Only)

Website: <https://www.gileadadvancingaccess.com/>

Phone: 800-226-2056

Maximum Benefit: 6 months then may recertify - Should apply for insurance or Medicaid

Income Limit: 500% FPL or less (\$60,700/year for family of 1)

Application Type: Paper

http://services.gileadhiv.com/content/pdf/gilead_enrollment_form.pdf

Application Processing Time: Within 3-5 Business Days

Required Documentation to be included with application:

- Must provide proof of residency
- Must provide income documentation or notarized no income support statement
- Must provide copy of prescription only if having shipped to provider office. If picking up at local pharmacy, no prescription needed.

If approved for Truvada for PrEP Medication Assistance Program, one month of medication at a time will be shipped to prescribing provider's office within 3-5 business days of application approval or patient can pick up medication from a local pharmacy. Patient must call for refill each month.

Washington Pre-Exposure Prophylaxis Drug Assistance Program (PrEP-DAP)
(Any insurance with prescription benefits except Medicaid)

Website: www.doh.wa.gov/prepdap

Phone: 360-236-3412

Maximum Benefit: 1 year with option to renew

Income Limit: None

Application Type: Online or Paper Application (see website)

Application Processing: 4-6 Days

Required Documentation to be included with the application:

- Must provide proof of identity
- Must provide proof of Washington State residency or homeless declaration
- Must provide proof of insurance

If approved for PrEP DAP, you will receive notification with your billing information for access to Truvada. You must go to a contracted pharmacy with PrEP DAP. To locate a pharmacy in your area go to <http://www.ramsellcorp.com/individuals/wa.aspx> and search under Pharmacy Locator.

Other Patient Assistance Programs are available but are subject to funding availability:

Medicare Only: Patient Access Network www.panapply.org

Any Insurance: Patient Advocate Foundation www.copays.org