

## Resources

**To apply for health insurance on the federal exchange:** [www.healthcare.gov](http://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>

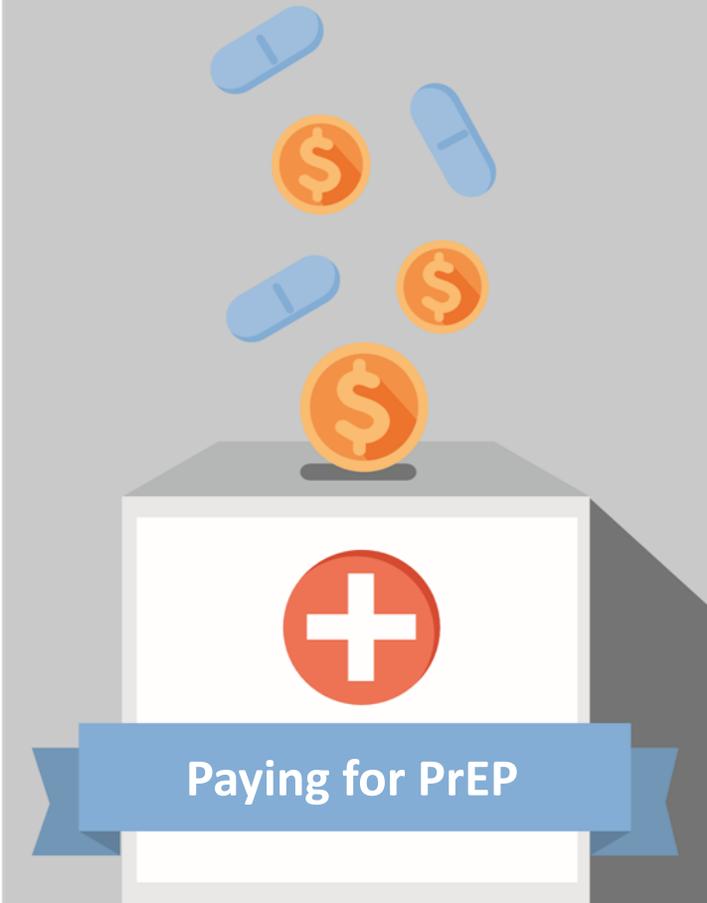
### Patient Advocate (PAF) Foundation:

**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

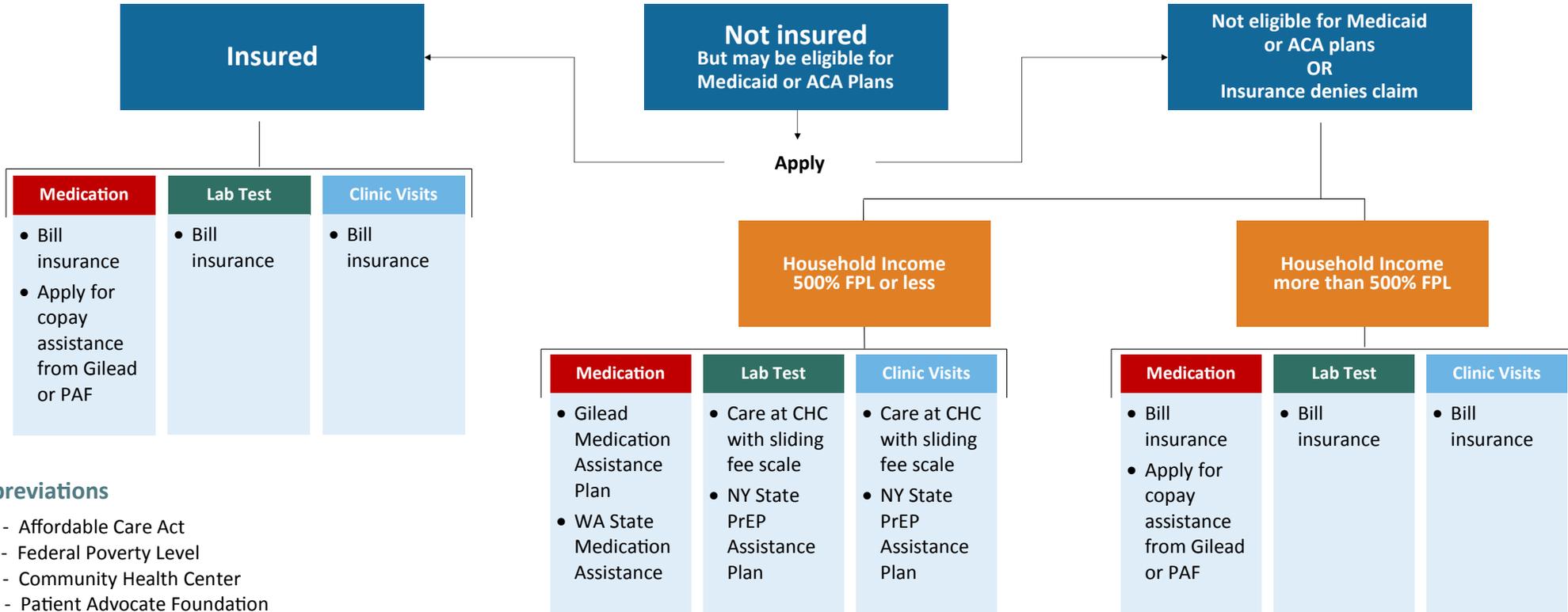
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30329-4027 USA  
Phone: 800-232-4636

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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/>