

Benefits Navigation for PrEP: Tip Sheet

Updated October 2024

**Much of this document was written from a New York City perspective; some information may not be applicable to your clinic setting. For more information about HIV prevention benefits navigation, review this [short online course](#).*

First Steps

- Introduce yourself, share pronouns, and ask what brings the person in today – use open-ended questions
- Suggested script: “In order to make sure you can get PrEP for as close to free as possible, I am going to have to ask you some personal questions about your insurance status, your income, and your living situation. If at any point you do not want to answer these questions just let me know and I’ll indicate you prefer not to answer. How does that sound?”
- Questions to ask:
 - Do you presently have an insurance plan?
 - If so, what type and do you have the card? (Make a copy of the card)
 - Do you presently have an income?
 - If so, what type of work and approximately how much do you make?
 - What of your income is reported? What isn’t? (If paystubs are possible, make a copy)
 - Do you live in **New York State**? Do you live with others?
 - If so, what is your relation to those people? Are any of them dependents? Are you a dependent of any of those people?

Uninsured Patients

- Gilead Advancing Access for medicine
 - Pays full cost of monthly medications
 - For those who are <500 Federal Poverty Level (FPL)
 - Covers brand Truvada or Descovy
 - PrEP-AP for clinic visits (*this is a New York State program*)
 - Covers the cost of the clinic visit at ADAP credentialed clinics only
 - NYS residents only
 - <500 FPL
 - Can use both of these programs even if you’ve applied for Medicaid and are waiting
-

Benefits Navigation for PrEP: Tip Sheet

Updated October 2024

Underinsured Patients

- Gilead Advancing Access for medicine
 - Only if patient's insurance doesn't cover the medications - this requires Gilead to first do an investigation
 - PrEP-AP for clinic visits (*this is a New York State program*)
 - If your clinic doesn't take their insurance OR if patient has a high deductible/catastrophic health plan
 - Gilead copay cards
 - Pays up to \$7200 in copays, deductibles, and coinsurance for brand Truvada or Descovy
 - No income requirements
-

For Patients on Medicaid

- Most often only generic PrEP is covered
 - No copays, deductibles, coinsurance, or explanation of benefits
 - <138% of FPL in NYS; check your state's eligibility requirements [here](#)
 - Can apply for Medicaid if currently unemployed even if previously had high income
 - *Should not need Prior Authorization for Medicaid, including managed care
-

For Commercially Insured Patients

- Gilead copay cards
 - Prior Authorizations
 - Some insurances require PAs to determine if they will cover brand medications
 - Contact pharmacy to learn what patients need to do
-

Resources

- [Gilead Advancing Access](#):
 - [Enrollment Form](#)
 - [Copay Program](#)
- [ViiV Connect](#)
 - Provides the option to enroll online or to download a form and enroll by fax or mail
 - [Copay program](#)
- [PrEP-AP](#) (*this is a New York State program*)
 - [General application](#)
 - [Clinician application](#)
- [Cover My Meds](#) (for help with PA process)
- [2024 NYS Income Levels](#)
- [HIV Prevention Benefits Navigation](#) free online CE-accredited training
- [HIV BLUPrInt financial navigation tools](#)

Benefits Navigation for PrEP: Tip Sheet

Updated October 2024

Templates for PrEP Patient Assistance Programs

Establishing residency and employment

The following templates can be used when applying for patient assistance programs for PrEP. They help establish residency when someone has no lease or utility bill, and for those without a permanent address. The third template is for someone who is unemployed.

DATE

RE: Patient's Name

To Whom It May Concern,

I, _____, DOB _____, verify that Patient's Name, (DOB) resides with me at the following address:

He does not pay rent, and I do not provide him with financial support. He simply lives here. If you have any other questions feel free to reach me at the number below. Thank you.

Regards,

<Sign here!

PRINT NAME

PHONE NUMBER

DATE

Re: Patient's Name

To Whom It May Concern,

My name is XYZ, JOB TITLE at CLINIC/ORGANIZATION. I am writing on behalf of Patient's name (DOB). He is receiving primary care from us at CLINIC for issues connected to sexual health. Patient's name has been identified as a candidate for PrEP, and this letter is in relation to his Gilead Medication Assistance Program application.

Patient's name has no permanent address and floats between various friends, contacts, etc. He is nowhere long enough to establish a mailing address and receives his communications here at the clinic. He receives food and other basic services from friends and utilizes drop-ins and pantries to fill the gaps. As Patient's name worker, I verify that he is living in New York City and comes to us for care on a regular basis. I hope that this meets the requirements of a residency letter and explains Patient name's unique situation. If you have any questions please feel free to contact me at the number below.

Thank you,

Staff's Name

Title - Organization Phone number Email

DATE
RE: NAME

To Whom It May Concern,

I, NAME (DOB), am writing this letter to serve as my proof of income. I am currently unemployed, and I am living with family who helps with my living needs. I have no income. If you have any questions please feel free to contact my case manager, CM NAME AND PHONE NUMBER. Thank you for your consideration.

Regards,

NAME
PHONE