

# HOW TO COVER THE COST OF PrEP MEDICATION

Do you have insurance?

YES

Does your insurance cover PrEP?

YES

Provide your insurance card to the navigator or pharmacist once you have spoken with your provider and have completed the required lab work.  
Your provider may need to submit a prior authorization request if it is required by your insurance provider.

Apply for co-pay assistance

## GILEAD

Gilead Advancing Access Co-pay Card  
[www.gileadadvancingaccess.com](http://www.gileadadvancingaccess.com)  
1-800-226-2056  
- \$7200/calendar year

## PAN

Patient Access Network Foundation (PAN)  
[Panfoundation.org/hiv-treatment-and-prevention](http://Panfoundation.org/hiv-treatment-and-prevention)  
866-316-7263  
-\$3600/year  
- Medicare recipients eligible.

## PAF

Patient Advocate Foundation (PAF)  
[Copays.org/diseases/hiv-aids-and-prevention](http://Copays.org/diseases/hiv-aids-and-prevention)  
866-512-3861  
- \$7500/ year  
- Medicare recipients eligible.

## GOOD DAYS

My Good Days Effective Compassion  
[Mygooddays.org/apply](http://Mygooddays.org/apply)  
- \$7500/calendar year  
- Available to those with Medicare & Military coverage insurance.

Other coverage options

## FSA

Flexible Spending Account (FSA)  
If your employer offers an FSA, it can help cover up to \$2,550 of out-of-pocket costs.

## MEDICAID

Florida Medicaid covers medical costs related to PrEP.  
If you encounter barriers to coverage, consult a legal advocate.

NO

Submit Benefits Investigation

Submit Prior Authorization and Appeals Information

Apply to the Gilead Advancing Access Patient Assistance Program at [Gileadadvancingaccess.com](http://Gileadadvancingaccess.com) or by calling 877-505-6986

NO

U.S Resident

Non-Resident/  
Undocumented

Apply to the Gilead Advancing Access Patient Assistance Program at [www.Gileadadvancingaccess.com](http://www.Gileadadvancingaccess.com) or by calling 800-226-2056

Are you working?

YES

- Please submit a proof of income by providing your last two pay stubs, along with your application
- If you are self-employed, please provide a written statement of your annual income
- If you are getting paid in cash or by check for work, please provide a written statement of your annual income

NO

- Please provide a written statement describing how you are being supported, along with your application

Other Resources for PrEP and Co-pay Assistance

READY SET PREP  
<https://readyssetprep.hiv.gov/>

NASTAD  
[www.nastad.org/prepcost-resources/prep-assistance-programs](http://www.nastad.org/prepcost-resources/prep-assistance-programs)

HEALTHCARE MARKETPLACE  
Consider applying for insurance at the healthcare marketplace during open enrollment: [www.healthcare.gov](http://www.healthcare.gov)