



**Fact sheet: Pharmaceutical Company Patient Assistance Programs and
Co-Payment Assistance Programs for
Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP)**

What is Pre-exposure Prophylaxis (PrEP)?

Pre-exposure prophylaxis is the use of antiretroviral (ARV) medication to prevent possible HIV infection with HIV-negative individuals who may be at higher risk of infection. PrEP is currently recommended for sexually active men who have sex with men (MSM), heterosexual men and women, and intravenous drug users (IDU). Additional information on PrEP is available on the U.S. Centers for Disease Control and Prevention (CDC) [website](#).

As of July 16, 2012, Truvada™ (Gilead Sciences) is the only ARV approved by the U.S. Food and Drug Administration (FDA) for use as PrEP.

Patient Assistance Program (PAP) for PrEP

A PAP is available for PrEP. Please see detailed instructions below.

Company	Contact Information	Drugs Covered	Financial Eligibility	Delivery
Gilead Sciences	1-855-330-5479 Call between 9:00 AM – 8:00 PM (EST) www.truvada.com or www.truvadapreprems.com	Truvada™	Patient must not have insurance. Income verification required.	Mail to provider's office

Co-Payment Assistance Programs (CAP) for PrEP

Further information to access co-payment assistance program for an individual seeking PrEP is available on NASTAD's [Fact Sheet: Pharmaceutical Company Co-Payment Assistance Programs](#).

What is Post-exposure Prophylaxis (PEP)?

Post-exposure prophylaxis is the use of antiretroviral (ARV) medication for 28 days with HIV-negative individuals who may have been exposed to HIV through high risk sexual behavior, sharing of injection drug equipment, or accidental needle stick to prevent possible HIV infection. PEP must be given within 72 hours of possible exposure. Additional information on PEP is available on the CDC [website](#).

PEP Patient Assistance Program (PAP)

PAPs are available for PEP, but each company has different policies for applying and delivery of medications. Please see detailed instructions for each pharmaceutical company below.

Company	Contact Information	Drugs Covered	Financial Eligibility	Access Information
AbbVie	800-222-6885 or www.kaletra.com or www.norvir.com	Kaletra™ and Norvir™	500% FPL	<ol style="list-style-type: none">1. Complete an application; indicating TRAUMA on the application (this will expedite processing).2. Fax to: 1-732-584-0905.3. Call AbbVie, noting that you sent a fax for a TRAUMA case.4. AbbVie will send medications to provider.<ul style="list-style-type: none">• If received by 12:30 PM, will have overnight delivery (about 24 hours).• If received after 12:30 PM, will have next day delivery (about 48 hours).
Bristol-Myers Squibb	888-281-8981 or www.bms.com	Reyataz™ and Sustiva™	300-500% FPL	<ol style="list-style-type: none">1. Complete an application; indicating POST EXPOSURE on the application (this will expedite processing).2. Fax to: 1-888-281-8985.3. Call Bristol-Meyers Squibb, noting that you sent a fax for a POST EXPOSURE case.4. Bristol-Meyers Squibb will send medications to provider or patient.<ul style="list-style-type: none">• Medications are shipped overnight, except on Fridays.

<p>Bristol-Meyers Squibb and Gilead Sciences (Atripla™)</p>	<p>866-290-4767 or www.atripla.com</p>	<p>Atripla™</p>	<p>500% FPL</p>	<ol style="list-style-type: none"> 1. Fax a letter of medical necessity to 1-800-226-2056, including: <ul style="list-style-type: none"> • Patient's name • Therapy needed • Date of exposure • Provider's signature 2. Call Gilead at 1-800-226-2056 and notify them you have a patient who needs PEP (Hours: Monday - Friday 9am-8pm EST.) <ul style="list-style-type: none"> • Tell them you faxed in a letter of medical necessity. <ul style="list-style-type: none"> ○ Give them time of fax ○ Number of pages ○ Your fax number • Have the patient's information available: <ul style="list-style-type: none"> ○ Name ○ Address ○ Phone number ○ Date of birth ○ Social security number ○ Number of people claimed as dependents ○ Household income ○ Any insurance coverage ○ Provider name ○ Provider address ○ Provider phone number ○ Parental/guardian signature of consent for any patient under 18 years of age 3. Gilead Sciences will give you a voucher number to place on the prescription. 4. The patient may go to the pharmacy to fill the prescription with no out-of-pocket expense.
<p>Gilead Sciences</p>	<p>800-226-2056 or www.complera.com, www.stribild.com, or www.truvada.com</p>	<p>Complera™, Emtriva™, Stribild™, Truvada™ and Viread™</p>	<p>500% FPL</p>	

<p>Janssen Therapeutics</p>	<p>800-652-6227 or www.jjpaf.org</p>	<p>Edurant™, Intelence™ and Prezista™</p>	<p>200% FPL</p>	<ol style="list-style-type: none"> 1. Complete an application, selecting PHARMACY CARD on the application. 2. Fax to: 1-888-526-5168. 3. Call Janssen Therapeutics 1 to 2 hours after sending the fax to receive pharmacy card number. Write the number on the prescription. 4. The patient may go to the pharmacy to fill the prescription with no out-of-pocket expense.
<p>Merck and Co.</p>	<p>800-850-3430 or www.merck.com/merckhelps or www.isentress.com</p>	<p>Crixivan™ and Isentress™</p>	<p>500% FPL</p>	<ol style="list-style-type: none"> 1. Complete an application; indicating PRESCRIBING PEP on the application (this will expedite processing). 2. Fax to: 1-866-410-1913. 3. Call Merck, noting that you sent a fax for PRESCRIBING PEP. 4. Merck will send medications to provider. <ul style="list-style-type: none"> • If received by 12:30 PM (PST), will have overnight delivery (about 24 hours). • If received after 12:30 PM (PST), will have next day delivery (about 48 hours).
<p>ViiV Healthcare</p>	<p>877-784-4842 or www.ViiVhealthcareforyou.com</p>	<p>Combivir™, Epivir™, Epzicom™, Lexiva™, Retrovir™, Selzentry™, Trizivir™, Viracept™ and Ziagen™</p>	<p>500% FPL</p>	<ol style="list-style-type: none"> 1. Call ViiV Healthcare, indicating IMMEDIATE ACCESS. <ul style="list-style-type: none"> • Registered Advocate (i.e., on-going medical provider or case manager) must call on patient's behalf. <ul style="list-style-type: none"> ○ First-time advocate can register at the same time of call for a patient. ○ Application and all documentation for income and insurance must be faxed in after call and approval. 2. Upon approval, patient can pick up medication that day from any retail pharmacy, with \$10 co-pay.

Co-Payment Assistance Programs (CAP) for PEP

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