

PrEP Costs

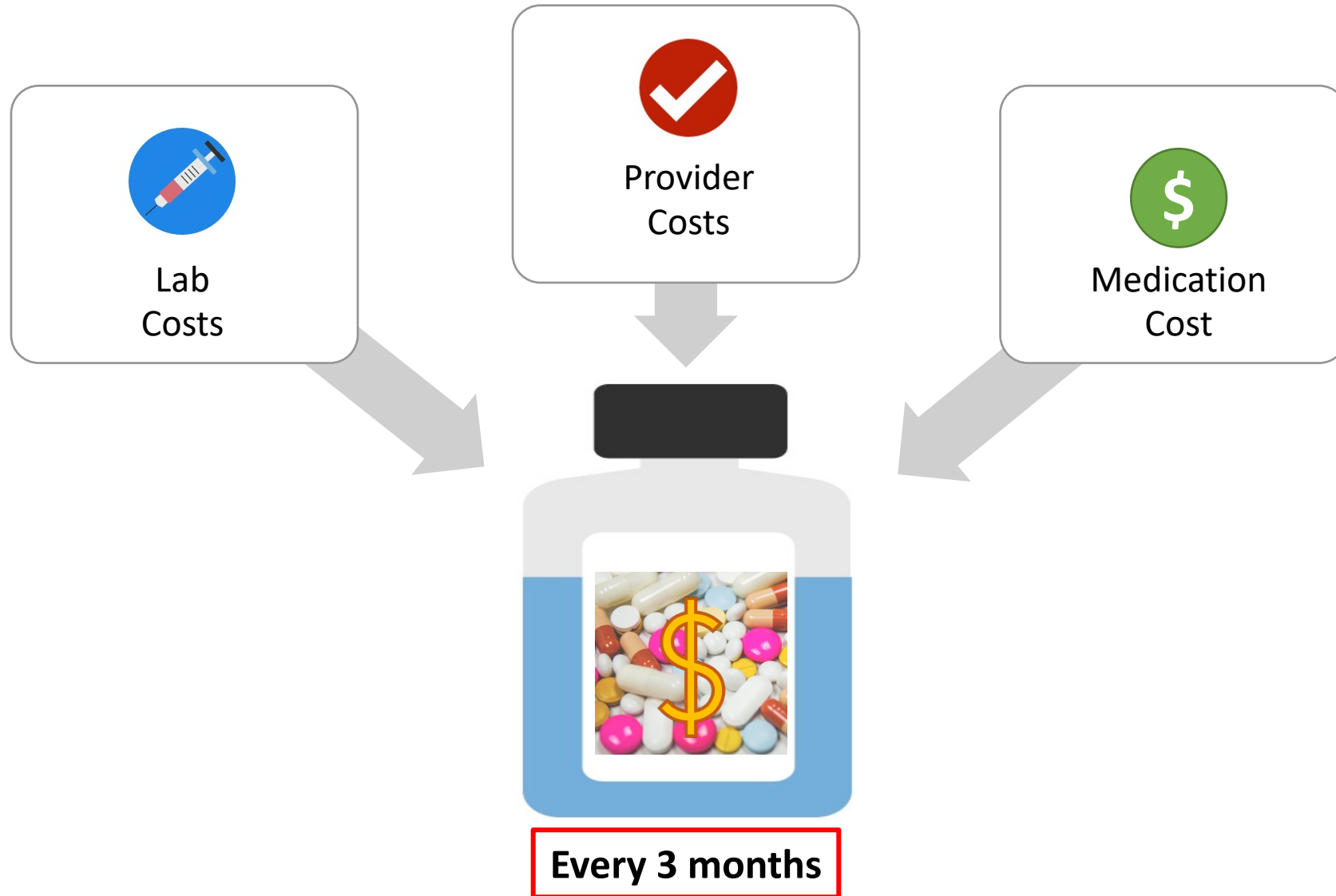
And how to pay them with a little bit of time, not a whole lot of money

Montica Levy, MPH

Biomedical HIV Prevention Coordinator

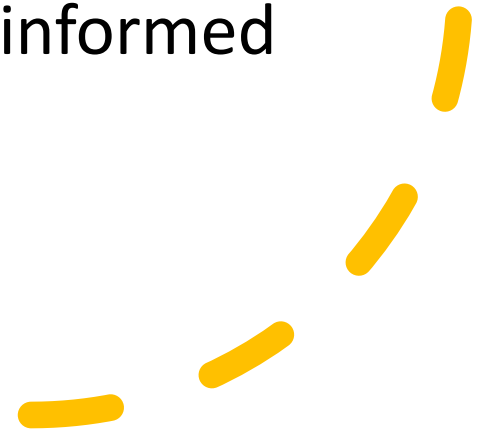
San Francisco City Clinic, San Francisco Department of Public Health

The 3 Costs of PrEP




Poll: Which of these programs have you enrolled patients into?

- A. Gilead Advancing Access/PAP
- B. Gilead Copay Card
- C. Ready, Set, PrEP (HHS)
- D. PrEPAP
- E. Viiv Connect PAP
- F. Viiv Connect Savings Card
- G. I have not enrolled, but I have informed patients about one of these



PrEP Cost Updates for 2021

- As of April 1, 2021, multiple generics for TDF/FTC have entered the market and driven costs WAY down.
- Cash pay may be ~\$36/month or as high as >\$1,000+.
- **Most private insurance plans in CA, including Kaiser and all Covered CA plans, now cover generic TDF/FTC for PrEP with \$0 cost-sharing** since PrEP is a USPSTF grade “A”-recommended preventive service.
- **Pharmacies are proactive in switching patients to generic, and most private plans now require it.** There is no manufacturer coupon for the generics, so if still unaffordable, refer patients who earn <500% of FPL to [PrEP-AP](#).

A dark blue, irregularly shaped graphic with a splatter effect, containing white text. The graphic is centered on a white background and has a rough, hand-painted appearance with some lighter blue and white splatters around its edges.

What to expect with
common types of
insurance

Special note to referral-only navigation sites

- Thank you for referring!
- Please:
 - Pre-screen patients for eligibility to help them find the appropriate prescribing clinic
 - Give them a heads up on what benefits program to expect to be enrolled in at the prescribing clinic
 - Build relationships with clinics you are referring to, to see if there's any pre-work you can help with
 - Unless the clinic asks for it, typically not helpful to enroll patients in benefits ahead of time since they require a prescriber signature

Uninsured – medication coverage

Under 500% FPL

ADVANCING
ACCESS®

Above 500% FPL

**READY,
SET, PrEP**



Both programs:

- Cover the prescription costs in full
- Are billed as primary insurance; patient does not need insurance in order to process
- Will only cover branded, not generic products, so prescribed brand-name Truvada with “Do not substitute” on the Rx for coverage compatibility. If prescribing Descovy, this is not necessary.
- Require monitoring for approx. annual renewals

ADVANCING ACCESS[®]

for uninsured
<500% FPL

- Any age 12+, <500% FPL, no insurance coverage for PrEP
- Covers Truvada, Descovy, and Biktarvy (PEP)
- Online application [link](#)
- Online app requires eRx in order to complete app, but this is changing Jan 1, 2022
- Partner with a prescriber to load them into the iAssist and obtain instant approvals for all patients in their practice
- Try online application first when possible. If patient was enrolled at any point in Gilead AA in the past 12 months, the system will tell you, and you must complete a paper application, also with a prescriber signature.
 - Paper application [link](#)
 - Enrollment letter will come by fax in a few days, then send ID# to patient and/or pharmacy

iAssist for GAA

If no SSN,
type "0000"

ADVANCING ACCESS[®]

Patient Assistance Program (PAP) or Medication Assistance Program (MAP) Eligibility Screening

TRUVADA TESTINA
TESTINA

Prescribing Information

Patient Demographics

Please provide your patient's legal name in the First and Last Name fields. Please enter their preferred name in the Patient Preferred Name field.

Address Line 1 *		Address Line 2	
City *	State *	Zip Code *	94103
Preferred Phone Number *		SSN(last 4)	
Phone Type *			
<input type="radio"/> Home <input type="radio"/> Work <input checked="" type="radio"/> Cell			
Preferred Language		Patient Preferred Name	
Alternate Contact Name		Relationship	
Alternate Contact Number			

Save

GAA changes January 1, 2022

- Pharmacy network may be changing, details as yet unannounced
- Bin, group, PCN numbers are changing, member IDs will stay the same

READY, SET, PrEP

for uninsured
>500% FPL

- I call it “HHS”
- Federally funded, currently administered by Trial Card
- Any age, income >500% FPL, no insurance coverage for PrEP
- Only covers Truvada and Descovy, aka no 3-drug PEP
- <https://www.getyourprep.com/>
- [Link to iAssist log-in](#) (interface very similar to Gilead AA, you can use same log-in associated with the prescriber)

iAssist for HHS

If no SSN,
type "0000"

[← Back to services](#)

testina testin
Male • 02/02/2000 • Age: 21

Patient Information
 Patient Consent
 Prescriber Information
 Insurance

[Save as Draft](#) [Review](#)

[Collapse All Panels](#) | [Expand All Panels](#)

Beginning April 1, 2020 individuals enrolled in the HHS Ready Set PrEP program may fill their PrEP medication only at pharmacies participating in the program. To locate a participating pharmacy near you, visit hiv.gov/pharmacies or call 1-855-447(HHS)-8410.

^ Patient Information Not Started

Patient Name
testina testin

* Address Line 1

Address Line 2

* Zip

* City

* State

* Phone Number

* SSN (Last 4)

Medication
TRUVADA®

* Race

* Ethnicity

* Gender Identity

* Sex Assigned at Birth

* Do you have a valid prescription for this medication?
 Yes

What about Tivicay for PEP?

- If using Tivicay as a PEP medication, this is a different company and assistance program
- For uninsured >500% FPL
- Call the program and request a “presumptive fill for post-exposure”.
- Be ready to write down ID, bin, group, PCN, to give to the patient



Talk to an Access Coordinator

Call 1-844-588-3288 (toll free)

Monday - Friday

8AM - 11PM (ET)

Multilingual options available.

Medi-Cal

- PrEP covered 100%
- Ensure Rx is run with the “state carve-out” (use state Medi-Cal #, not managed care plan #)
- Watch out for pharmacy network restrictions

Medi-Cal



and/or

Medi-Cal
CalOptima www.caloptima.org
Better Together.

[MEMBER_NAME]
Member ID: [CIN] Eff Date: [mm/dd/yyyy]
[HEALTH_NETWORK] [HN_PHONE]
Rx Services: 1-888-807-5705 DOB: [mm/dd/yyyy]
Vision Services: 1-800-438-4560* RxBIN: 017142
RxCN: ASPROD1
RxGroup: CAT01

*for members who meet requirements

Providers: Eligibility must be verified at time of service.
Failure to obtain authorization may result in non-payment.

This block contains a sample of a CalOptima Medi-Cal card. It includes the logo, member information placeholders, contact numbers for Rx and Vision services, and a disclaimer at the bottom.

Medi-Cal – no card


- Check “Single Subscriber” eligibility
- <https://www.medi-cal.ca.gov/mcwebpub/Login.aspx>
- Print a copy for patient!

When an eligibility response is returned with a “Yellow Light”, Providers should use caution and read the eligibility message carefully. It may indicate that the beneficiary is a member of a health plan. If the provider is not a member of the health plan, providers must advise the patient that they should seek services from the health plan indicated in the eligibility response or let them know that the visit will be on a cash basis.

Yellow Signal Light: Subscriber is eligible under certain conditions.

Eligibility Response

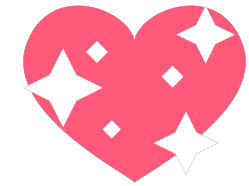
Eligibility transaction performed by provider:
on Friday, June 5, 2020 at 4:57:40 PM




Subscriber ID:		
Service Date:	Subscriber Birth Date:	Issue Date:
Primary Aid Code:		First Special Aid Code:
Second Special Aid Code:		Third Special Aid Code:
Subscriber County:		HIC Number:
Primary Care Physician Phone #:		Service Type:
Trace Number (Eligibility Verification Confirmation (EVC) Number):		
Eligibility Message: SUBSCRIBER LAST NAME: EVC# CNTY CODE: PRMY AID CODE MEDI-CAL ELIGIBLE W/NO SOC/SPEND DOWN. HEALTH PLAN PHP-INLAND EMPIRE HLTH PLAN: MEDICAL CALL (909)890-3800		

Figure 17: A yellow light will appear to suggest providers use caution and read the eligibility message carefully.

Make a friend at your local Kaiser for warm hand offs



 KAISER PERMANENTE.		
Kaiser Foundation Health Plan, Inc. Southern California Region		
Prefix	Medical Record No.	Date of Birth
Name: First M Last		Gender
For information about your Health Plan benefits: 1-800-464-4000/TTY 1-800-777-1370		
		kp.org

KH003 (07/11) KAISER FOUNDATION HEALTH PLAN, INC.

After-hours nurse advice: 1-888-576-6225/TTY 1-888-880-0833
If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital. If you receive emergency care in a non-Plan hospital, please call us at 1-800-225-8883/TTY 1-800-777-1370 as soon as your condition is stabilized so that a Kaiser Permanente physician can access your medical information to discuss your care with the treating physician. Your call to obtain authorization for post-stabilization care may also help protect you from financial responsibility.

This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.

Tip: new Kaiser pts who have not used any Kaiser service yet can fill #30 PrEP one time at a Kaiser pharmacy.

Types of private plans and PrEP

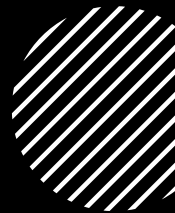
(Adapted from <https://www.chprc.org/fact-sheet-new-california-guidance-for-prep-coverage/>)

	Majority of CA private health plans, incl Covered CA	Self-insured Employer Health Plans (federally regulated)	“Grandfathered” CA Health Plans	Private plans from other states
How common?	2/3 of plans in CA	1/4 of plans in CA	<1/10 of plans in CA	<p>Compliance is a toss-up! Hope for best, prepare for a PA/some cost.</p> <p>Give pt anticipatory guidance to call you with any issues at pharmacy</p>
\$0 cost sharing required for PrEP medication*	Yes	Yes, but may require PA/step therapy first	No	
\$0 cost sharing required for PrEP medical/lab visits	Yes	Yes	No	
PA/step therapy allowed	No	Yes, but must be fast and allow for same-day PrEP	Yes	

*Coverage for Descovy on all plans should be the same as for TDF/FTC since the two meds are not “therapeutically equivalent”. Any plan not allowed to require PAs for Truvada cannot require it for Descovy.



Private insurance



Again, should be no costs for PrEP



But if there are, enroll in PrEPAP or refer to a PrEPAP enrollment site



For PEP, patient can use Gilead Copay Card for Biktarvy, or Rx generic TDF/FTC + Tivicay and use [Viiv Connect Savings Card](#)



Keep your eye out for required network pharmacies!



Private
insurance
but mentions
privacy
concerns?



Do NOT ask about this proactively – everyone will say yes because they will think you are implying they *should* have privacy concerns.

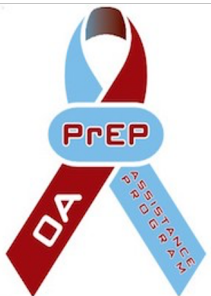
If patient brings up privacy concerns about using their insurance, or if you learn that the patient has insurance through a family member and you ask about privacy concerns: enroll in PrEPAP or refer to a PrEPAP enrollment site.

What about private insurance for PEP?

- I rarely see PAs
- So hope for best, prepare for a PA/some cost and help patient sign up at gileadcopay.com if Biktarvy or myviivcard.com if TDF/FTC + Tivicay
 - Give pt anticipatory guidance to call you with any issues at pharmacy

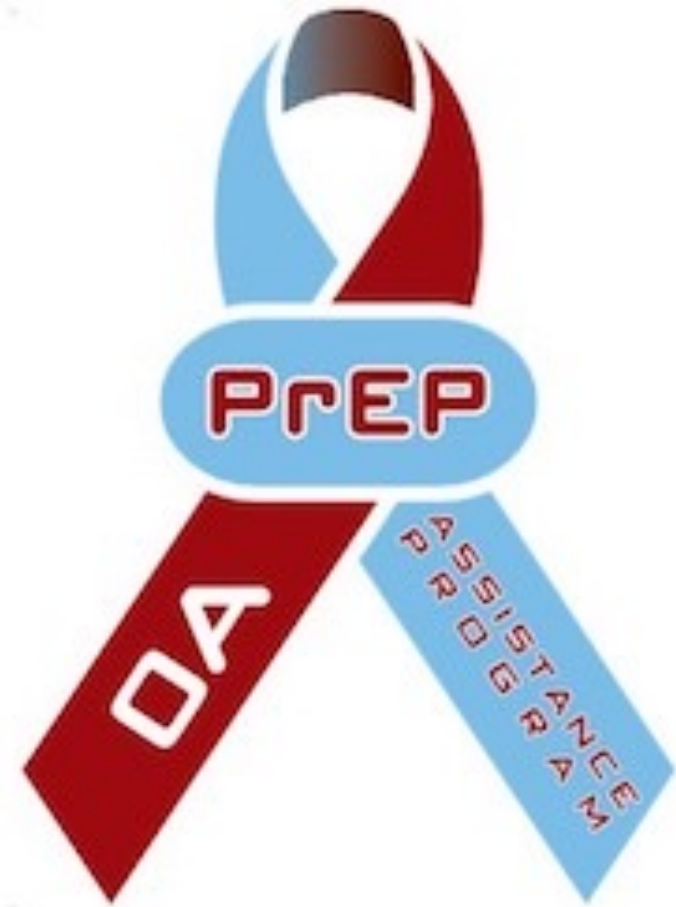
Lab/provider coverage: PrEPAP!

- Any patient who lacks coverage for labs or provider costs, can enroll in PrEPAP if they meet income criteria
 - Covers testing costs associated with PrEP/PEP outside of insurance, eg., HIV, HAV, HBC, HCV, STI, renal function and pregnancy testing
 - Can be used with government funded insurances such as Medicare, Medicaid, Tricare Benefits, as well as uninsured, and private insurance that still won't cover despite grade A recommendation
- Eligibility Criteria
 - Resides in CA
 - Ages 12+
 - Documented HIV- test result in the past 6 months
 - <500% FPL
 - Income limit waived for minors and insured people with confidentiality concerns



PrEPAP: a multipurpose assistance program of last resort

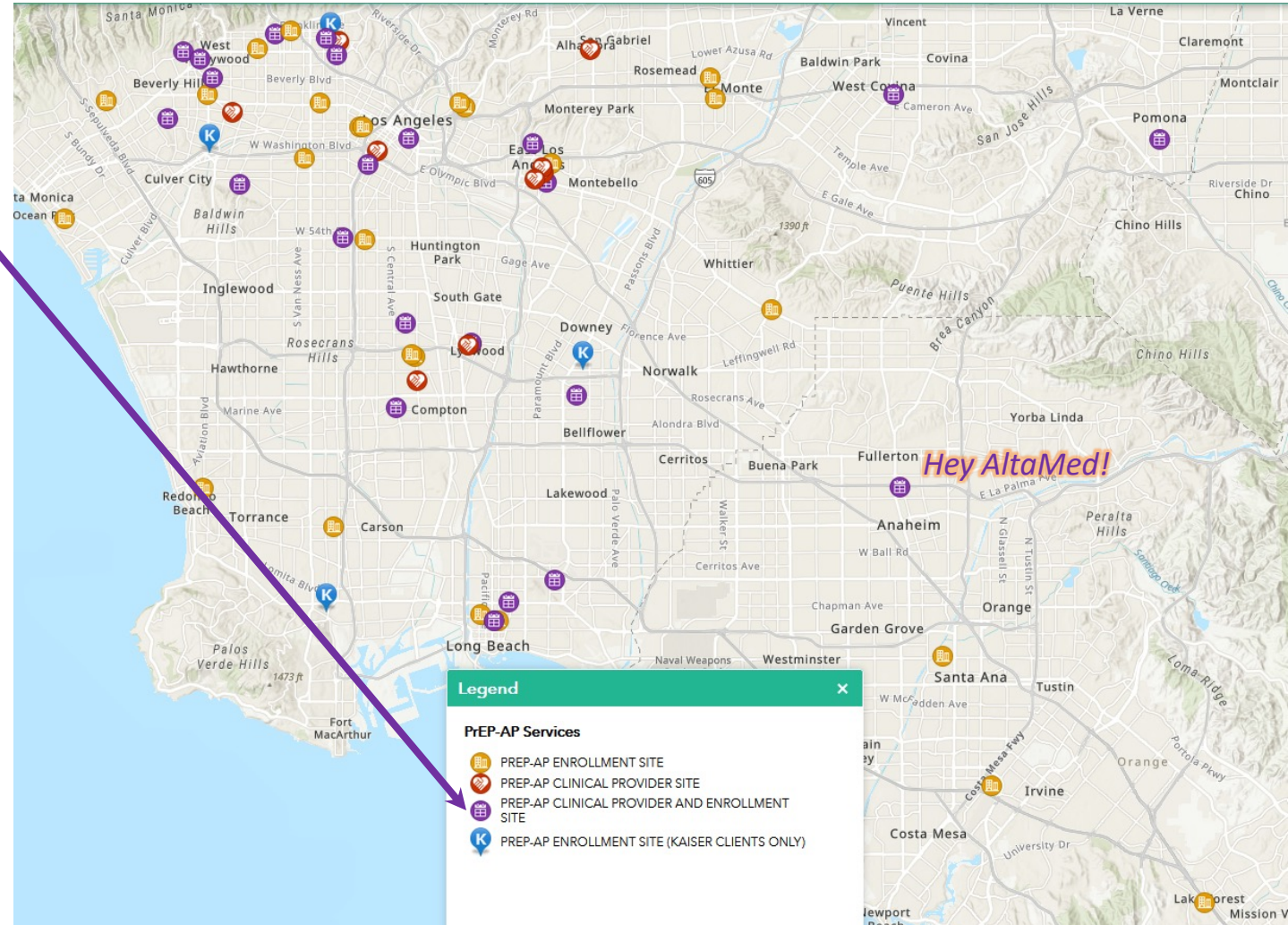
- **What else can PrEPAP do?**
 - Cover medication copays for any insurance plan
 - Help minors access PrEP/PEP
 - Help insured people with confidentiality concerns *with their insurance* access PrEP/PEP
 - Cover PEP if someone uses up the copay cards with multiple PEPs in one calendar year
- **Network restrictions:**
 - Private insured patients can go anywhere in their insurance network
 - Uninsured patients must go to a PrEPAP clinical site





PrEPAP Enrollment Site and Provider Locator

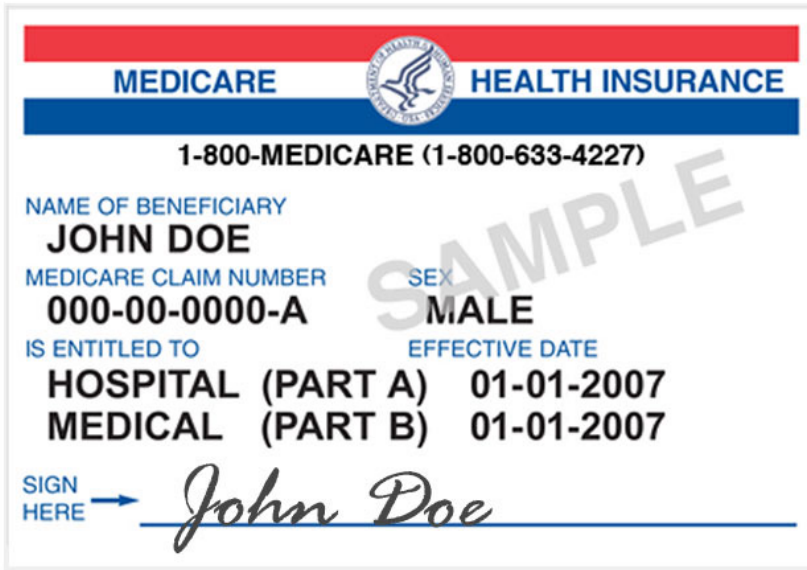
- [Link](#)
- If possible, refer PrEPAP patients to one of these, so they can get PrEPAP enrollment and PrEP Rx all at one place:
- Can enroll by phone, which is worth a shot if no physical location is accessible by the patient, or for any PEP case:
 - (844) 421-7050 M-F 8-5
- Consider becoming an enrollment site



Medicare!

Parts A and B

Current Medicare Card



MEDICARE HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)

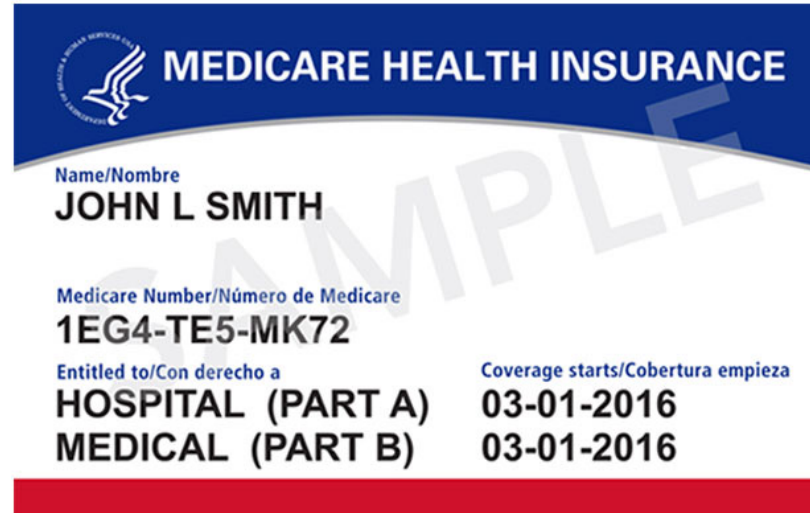
NAME OF BENEFICIARY
JOHN DOE

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **MALE**

IS ENTITLED TO **HOSPITAL (PART A)** EFFECTIVE DATE **01-01-2007**
MEDICAL (PART B) **01-01-2007**

SIGN HERE → John Doe

New Medicare Card (coming in 2018)



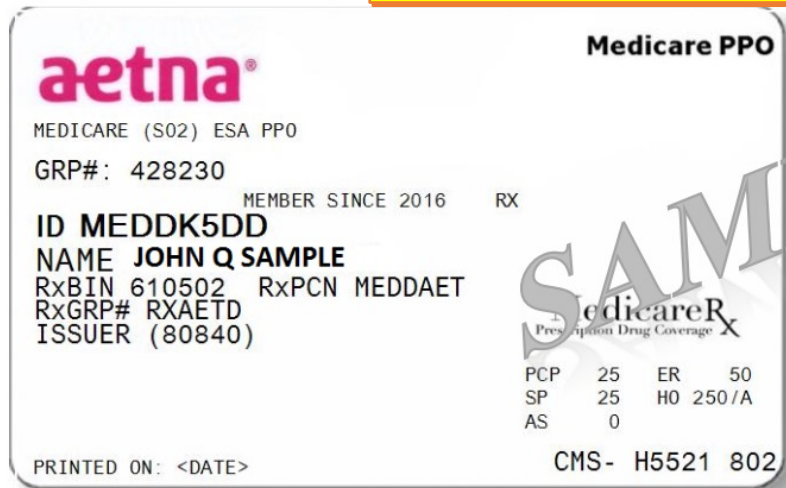
MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Advantage/Part C/Part D



aetna Medicare PPO

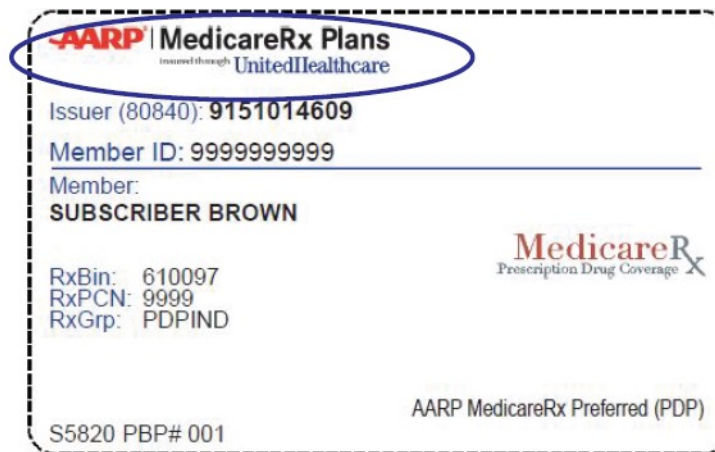
MEDICARE (S02) ESA PPO
GRP#: 428230 MEMBER SINCE 2016 RX

ID MEDDK5DD
NAME **JOHN Q SAMPLE**
RxBIN 610502 RxPCN MEDDAET
RxGRP# RXAETD
ISSUER (80840)

MedicareRx
Prescription Drug Coverage X

PCP	25	ER	50
SP	25	HO	250/A
AS	0		

PRINTED ON: <DATE> CMS- H5521 802



AARP MedicareRx Plans
Member through UnitedHealthcare

Issuer (80840): **9151014609**

Member ID: 9999999999

Member:
SUBSCRIBER BROWN

RxBin: 610097
RxPCN: 9999
RxGrp: PDPIND

MedicareRx
Prescription Drug Coverage X

AARP MedicareRx Preferred (PDP)

S5820 PBP# 001

Medicare tips

- In all cases apply PrEPAP for lab/provider fees if income eligible
- If has Rx coverage apply PrEPAP for cost-sharing/donut hole if income eligible. If above income eligibility, have pt pay the 25% co-insurance (\$10 at a pharmacy with good TDF/FTC prices)
- If no Rx coverage apply for Gilead AA or Ready, Set, PrEP based on income eligibility and Rx branded Truvada

VA



Refer to VA – other providers cannot even Rx!

Tricare

UNITED STATES UNIFORMED SERVICES	
PHOTO PLACED HERE	EXPIRATION DATE 2000OCT01
	SPONSOR GRADE NAVY
	SPONSOR NAME GRADE RET / CAPT
	SPONSOR SSN 000-00-0001
SOCIAL SECURITY NUMBER 000-00-0000	RELATIONSHIP SP
NAME DOE JANE A	STATUS SAMPLE RETIRED
IDENTIFICATION CARD	

UNITED STATES UNIFORMED SERVICES	
PHOTO PLACED HERE	EXPIRATION DATE 2000OCT01
	SPONSOR GRADE NAVY
	SPONSOR NAME GRADE RET / CAPT
	SPONSOR SSN 000-00-0001
SOCIAL SECURITY NUMBER 000-00-0000	RELATIONSHIP SP
NAME DOE JOHN B	STATUS SAMPLE RETIRED
IDENTIFICATION CARD	

UNITED STATES UNIFORMED SERVICES	
PHOTO PLACED HERE	EXPIRATION DATE 2000OCT01
	SPONSOR GRADE NAVY
	SPONSOR NAME GRADE RET / CAPT
	SPONSOR SSN 000-00-0000
SOCIAL SECURITY NUMBER 000-00-0000	RELATIONSHIP SP
NAME DOE, JANE Q.	STATUS SAMPLE RETIRED
IDENTIFICATION CARD	

Uniformed Services Identification Card - Active Duty Family Member

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
10/20/1970	185	70	BR	BR
1900AUG23				

SAMPLE

DD FORM 1175 OCT93 PROPERTY OF US GOVERNMENT

UNITED STATES (BRANCH OF SERVICE)	
PHOTO PLACED HERE	EXPIRATION DATE 2000OCT01
	SPONSOR GRADE NAVY
	SPONSOR NAME GRADE RET / CAPT
	SPONSOR SSN 000-00-0000
SOCIAL SECURITY NUMBER 000-00-0000	RELATIONSHIP SP
NAME DOE, JANE Q.	STATUS SAMPLE RETIRED
IDENTIFICATION CARD	

(BRANCH OF SERVICE NAME)
ACTIVE

John Q. Doe
000-00-0000

Ht: 68"
Wt: 170
Hair: BLK
Eyes: BRN
DOB: 17 MAY 1970

Issue Date
07 JUN 2004

Expiration Date
06 JUN 2007

UNITED STATES OF AMERICA

TRICARE: The World's Best Health Care for the World's Best Military TRICARE Prime	
Name: John X. Doe	
Sponsor SSN/Policy #: 123-45-6789	
Status: Active Duty	
Primary Care Manager: _____	
Primary Care Manager Phone: _____	
Effective Date: yyyy mm dd	
Valid with presentation of current military ID card	
Contact your personnel office if any of the above information is incorrect.	

<p>TRICARE Information: 1-8xx-Regional Health Care Finder: 1-8xx-xxxx-xxxx Health Care Info Line: 1-8xx-xxxx-xxxx Pharmacy Info: 1-877-DoD-MEDS or 1-877-363-6337 TRICARE For Life Info: 1-877-DoD-CARE or 1-877-363-2273</p> <ul style="list-style-type: none"> In an EMERGENCY dial 911 or go to the nearest medical facility. Be sure to report any emergency care received within 24 hours: 1-8xx-xxxx-xxxx. To obtain authorization for non-emergency care call: 1-8xx-xxxx-xxxx. <p>Claims Information Phone: 1-8xx-xxx-xxxx www.tricare.osd.mil</p>



Tricare



Log In

Register

[Search](#) ▶ Medicine for female, 34 years old

[Print this page](#)

Emtricitabine-Tenofovir Disop

Generic equivalent for Truvada

[About this drug](#) | [Truvada coverage details](#) | [Other drug options](#)

You're viewing generic medication. ✕
Use this toggle to switch between generic and brand medication.

Generic Brand

Results for Emtricitabine-Tenofovir Disop 200-300 Mg, Tablet

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Uniform Formulary (UF) medication	\$0.00	\$0.00
Home Delivery <ul style="list-style-type: none">• Up to a 3-month supply• Secure delivery to your door	Covered	\$0.00	\$10.00
Retail <ul style="list-style-type: none">• Up to a 1-month supply	Covered	\$0.00	\$13.00

If all else fails

- Prescribe generic TDF/FTC, have patient cash-pay for \$36/month
- Or, if the patient does not want an Rx on file in the US healthcare system, let them know that some people access their PrEP overseas
 - <https://www.iwantprepnow.co.uk/>
- Consider a telemedicine provider that picks up the tab for labs/provider costs
 - <https://pleaseprepme.org/online-providers>

Questions?



Thank you!

montica.levy@sfdph.org

