

Fully Insured

Confirm with pharmacy that the insurance covers the entire cost of the medications (both deductible and copays)

Partially Insured

Option 1:

Assistance for Both Recommended Combinations of nPEP Medications

- Call Patient Access Network Foundation (PANF) to complete application. Call: 866-316-PANF (7263)
- Website: <https://www.panfoundation.org/>

Option 2:

Gilead Co-pay Assistance (Truvada)

- Complete Gilead Co-Pay Coupon Card application
- Access application: <https://www.gileadcopay.com/enrollment>
- Call: 877-505-6986

Merk Assistance (Isentress)

- Complete Merk patient assistance forms, fax forms and call for follow up
- Access form: http://www.merckhelps.com/docs/SUP_Enrollment_Form_English.pdf
- Fax: 866-410-1913
- Call: 800-850-3430

ViiV Co-pay Assistance (Tivicay)

- Complete ViiV Co-pay card application
- Access application: <http://www.mysupportcard.com/?cc=tivicay:patientsavings>
- Call: 866-747-1170

Uninsured

Gilead Compassionate Care Program Assistance (Truvada)

- Create "letter of medical necessity" (reference sample)
- Complete letter, fax form, and call for follow up
- Fax: 800-216-6857
- Call: 800-226-2056

Merk Assistance (Isentress)

- Complete Merk patient assistance forms, fax forms and call for follow up
- Access form: http://www.merckhelps.com/docs/SUP_Enrollment_Form_English.pdf
- Fax: 866-410-1913
- Call: 800-850-3430

ViiV Assitance (Tivicay)

- Complete Patient Assistance application at: <http://www.viivhealthcareforyou.com/calculator/do-i-qualify.html>
- Call: 877-784-4842

*Sample patient assistance forms are available at MATECMichigan.org