

**Post-Exposure Prophylaxis
Pharmaceutical Compassionate Care Programs**

Gilead Sciences: Truvada

Write a letter of necessity, which must include:

- Name and dose of medication needed
 - Truvada, 1 pill, once daily
- Purpose of medication
 - Post Exposure Prophylaxis
- Date of sexual assault
 - PEP must be started within 72 hours
- Name and DEA of the clinician prescribing the medication
- Number of people in the patient's household
- Household income
 - If the patient is a dependent, provide household income of the parents
 - No proof of income is necessary
- Insurance status of patient

Fax the letter of medical necessity to 1-800-216-6857

Call 15 minutes after sending fax: 1-800-2262056

- The patient's information will be reviewed; if more information is needed they will ask for it
- If approved, a BIN#, a Group# and a Voucher# will be given over the phone.

Call prescription, BIN#, Group# and Voucher# in to the pharmacy to expedite processing.

The patient presents the prescription for Truvada, along with a note from the prescriber that verifies BIN#, Group# and Voucher#, to the medication at no charge.

Sample Letter of Necessity: Gilead Sciences: Truvada

 Date

To Whom It May Concern:

I am writing this letter of medical necessity to assist

 Patient's Name

to acquire Truvada, 1 tablet daily,

to be taken together with

 Name/Dose of Second Medication

as Post Exposure Prophylaxis for 28 days.

 Prescribing Clinician's Name (printed)

 DEA#

The patient will follow up with

 Name of Provider/Clinic

 Clinic/Office Address

where the Patient Assistance Voucher can be sent to the attention of:

 Name of person accepting the voucher

 Phone Number

 Fax Number

 Prescribing Clinician's Signature

 Patient's Name

 Patient's Address

 Patient's Phone Number

 Patient's SSN

The patient lives with _____ people. The yearly household income is \$_____.

This form was complete by:

 Name

 Phone