

Application & Instructions

Pre Exposure Prophylaxis Drug Assistance Program (PrEP DAP)

General Information

The D.C. Health offers the Pre-exposure Prophylaxis (PrEP) Drug Assistance Program (DAP), for insured & uninsured HIV negative residents in the DC metropolitan area who are at high risk of HIV infection and are prescribed Truvada as PrEP. Pre-Exposure Prophylaxis therapy is a biomedical treatment that can reduce the spread of HIV in high risk populations by taking a pill daily to reduce the risk of HIV-1 infection among adult men and women. Truvada was approved in 2012 by the U.S. Food and Drug Administration for HIV prevention.

PrEP DAP pays the monthly co-pay and deductible (if needed cost) for an eligible participant. Limited funding is available. Uninsured applicants should contact Gilead's Advancing Access Patient Assistance Program at 1-800-226-2056 or [Gilead Advancing Access](#) prior to applying.

Eligibility requirements for PrEP DAP

- **DC Metropolitan Area resident**
 - Valid District or DMV area State Driver's license or District/ State ID
 - Rental/Lease/Mortgage Agreement
 - Utility bill within the last 60 days
 - DC voter registration
 - Social Security Benefit Statement
 - If homeless, please provide a statement from case manager on facility letterhead
 - Please include name of the city the applicant resides in and document which best describes where the applicant stayed prior to completing the application (i.e. at a park, in a car, shelter, with family and friends, on the street, or somewhere else)
- **HIV negative**
 - Provider declaration on negative testing and last testing date
- **Have Insurance**
 - If applicable, provide proof insurance (i.e. copy of the front and back of insurance card)

- **Have risk factors for contracting HIV**
 - Provider declaration of high risk
- **Proof of Income**
 - Proof of income is **required**. Financial eligibility is based on 500% of the Federal Poverty Level (FPL): FPL varies based on household size and is updated annually. Financial eligibility is calculated on the gross income available to the household. See chart below.

Size of Family	Monthly Allowable Income (Gross)	Annual Income (Gross)
1	\$5,317	\$63,800
2	\$7,183	\$86,200
3	\$9,050	\$108,600
4	\$10,916	\$131,000
5	\$12,783	\$153,400
6	\$14,650	\$175,800
7	\$16,517	\$198,200
8	\$18,383	\$220,600

For Wage Earners

Income should be documented by copies of pay stubs for the past 30 days. The paystub must show the year-to-date earnings, hours worked, all deductions and the dates covered by the paystub. If you cannot get a paystub, send us a notarized letter from your employer showing gross pay for the past 30 days along with a copy of your most recent income tax return. (The letter does not need to be addressed to the Programs. A letter addressed “to whom it may concern” is sufficient.)

Self-employed Individuals

Provide business records for the three months prior to application indicating type of business, gross income, net income, and your most recent year income tax return. A notarized statement from you of projected current annual income must also be included.

Rental Income

Income you receive from rental property can be documented by a copy of the lease you have with your tenants and a copy of your most recent income tax return.

All Other Income

Copies of SSD/SSI award letters, unemployment checks, Social Security checks, pension checks, etc. from the past 30 days should be sent as proof of other types of income. If living off savings, please provide a copy of bank statements, stocks, bonds, 401k, IRA etc.

No Income, Supported by Others

If you have no income and are supported by a friend or family member provide a letter from that friend or family member stating how they support you.

Household

Household members must be provided if applicable. Household members are only those individuals you are responsible for financially.

Recertification for DC PrEP-DAP is required **every six (6)** months.

Questions about PrEP and PrEP DAP

If you have questions about PrEP contact your prescribing medical provider or the DC Health Pharmacy Benefits Program about PrEP treatment.

If you have questions about, and how to apply for PrEP DAP

Call: 202-671-4815

Fax: 202-673-4365

Our website: [DC PrEPDAP](#)