

Want to know more about PrEP? We can help.

Included's LGBTQ+ Health is here to answer all your questions about PrEP.



We're a no-cost benefit that connects you and your dependents to LGBTQ+ affirming care. Our queer- and trans-led team can answer any questions you have about accessing compassionate care, including PrEP.

Here's how your dedicated care coordinator can help:



Knowledgeable providers

Get connected with an affirming provider for help with PrEP prescriptions.



Medication management

Learn about different PrEP prescription options and what may be best for your unique needs.



Answers to insurance questions

Find out if PrEP's covered by your plan and if there ways you can save on prescription costs.

What is PrEP?

PrEP, or pre-exposure prophylaxis, is a type of medication that can prevent the acquisition of HIV for those who are currently HIV negative. When taken as prescribed, PrEP is over 99% effective at preventing HIV transmission. PrEP is appropriate for people of all genders and sexual orientations.

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LGBTQ+ Health



Does my insurance plan have to cover my PrEP medication?

As of January 1, 2022, almost all health insurance plans provided by employers must cover at least one type of PrEP medication free of cost.

Right now, the only FDA-approved oral PrEP medications are generic Truvada (emtricitabine-tenofovir disoproxil fumarate), name-brand Truvada, and name-brand Descovy.

An injectable PrEP medication called Apretude was approved by the FDA in December 2021 and is expected to be available to patients in early 2022. As of December 2021, there is no specific guidance about whether plans must cover Apretude.

The exception is “grandfathered” plans, which are not required to follow Affordable Care Act guidelines. Less than 15% of covered workers are covered by a “grandfathered” plan (KFF Employer Health Benefits 2020 Annual Survey).

My plan covers generic Truvada (emtricitabine-tenofovir disoproxil fumarate), but I want to take name-brand Truvada. Does my insurance plan have to cover name-brand Truvada free of cost?

No. Generic Truvada and name-brand Truvada are required by the FDA to have the same dosage, safety, effectiveness, strength, stability, and quality (FDA Generic Drug Facts). Your plan does not have to cover name-brand Truvada if generic Truvada is covered. You may be charged a copay or coinsurance for name-brand Truvada, or name-brand Truvada may be excluded from your formulary and not covered at all. We recommend talking to your provider regarding any changes to medications to understand the necessity of a change and any possible effects.

My plan covers generic or name-brand Truvada free of cost, but I want to take Descovy, and my plan is charging me a copay or coinsurance for Descovy. Does my insurance plan have to cover name-brand Descovy free of cost?

Maybe. If your prescriber decides that generic or name-brand Truvada is not medically appropriate for you, your prescriber can submit paperwork to your insurance plan to show that you need to take Descovy instead. The insurance plan will review this paperwork and decide whether they will make an exception and cover Descovy at no cost to you. We recommend talking to your provider regarding any changes to medications to understand the necessity of a change and any possible effects.

You may also qualify for medication cost assistance programs to lower the cost of your Descovy prescription. For more information, contact your Care Coordinator.

I’m interested in trying the new injectable PrEP medication called Apretude. Does my insurance plan have to cover Apretude free of cost?

This is unknown. Apretude (injectable cabotegravir) was approved by the FDA in December 2021 and is expected to be available to patients in early 2022. As of December 2021, there is no specific federal guidance about whether plans must cover Apretude free of cost. State departments of insurance may require coverage of injectable PrEP for certain plans that are regulated by the state. So far, as of December 2021, only California has issued guidance that Apretude should be covered free of cost by certain plans issued out of California. This FAQ will be updated as more information becomes available.

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Does my insurance have to cover the cost of my office visits and labs?

As of January 1, 2022, almost all health insurance plans provided by employers must now cover office visits and lab tests for PrEP free of cost.

PrEP labs that must be covered free of cost include:

- HIV testing
- Hepatitis B and C testing
- Creatinine and calculated estimated creatine clearance (eCrCl) or glomerular filtration rate (eGFR) testing, which measure kidney function
- Pregnancy testing, if you are able to become pregnant (regardless of your gender identity or legal gender marker)
- Gonorrhea, chlamydia, and syphilis testing

The exception is “grandfathered” plans, which are not required to follow Affordable Care Act guidelines. Less than 15% of covered workers are covered by a “grandfathered” plan (KFF Employer Health Benefits 2020 Annual Survey).

What do I do if I receive a bill for an office visit or lab test for PrEP?

Please reach out to your care coordinator ASAP!

Your care coordinator can work with you to explain to your insurance plan that the office visit or lab test was for PrEP services and should have been covered free of cost. An insurance plan representative should be able to either correct the error or explain whether your health care provider needs to update the claim that was submitted to your health insurance plan with additional information.

Your care coordinator can also help call your health care provider and explain that you received a bill for services that should have been covered free of cost. Your care coordinator can then request that your health care provider work with your health insurance plan to resolve the issue.

If your health insurance plan and health care provider cannot resolve the issue together, your care coordinator may be able to help you file a complaint with a government agency like your state health insurance department or the Federal Department of Labor (depending on the type of health insurance plan you have). After a complaint is filed, your health insurance plan and/or health care provider must respond to the government agency explaining why you are being billed. If you are being billed incorrectly, the government agency can require your health insurance plan and/or health insurance provider to correct the bill.

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