

LGBTQ+ HEALTH

Want to know more about PrEP? We can help

Our LGBTQ+ led Care Team helps you understand your options, verifies your insurance coverage, connects you with providers who prescribe PrEP without judgment, and answers any questions — all at no cost.

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. PrEP is over 99% effective at preventing HIV when taken as prescribed and is appropriate for people of all genders and sexual orientations.

Here's how your dedicated Care Advocate can help:



Knowledgeable providers

Get connected with a culturally inclusive 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 are ways you can save on prescription costs.



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Does my insurance plan have to cover my PrEP medication?

Most health insurance plans provided by employers must cover at least one type of PrEP medication free of cost.

Right now, the FDA-approved oral PrEP medications are generic Truvada (emtricitabine-tenofovir disoproxil fumarate), name-brand Truvada, and name-brand Descovy. There are also two injectable options: Apretude (given every 2 months) and Yeztugo (given every 6 months).

Apretude is covered by many private insurers and Medicaid plans, though coverage varies. Check with your insurance plan to confirm Apretude is covered and understand any requirements for switching from oral PrEP.

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 Advocate.

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

Apretude is covered by most private insurers and Medicaid plans. Some insurance companies require that you take oral PrEP pills first. If you and your provider determine that Apretude is a better fit for you, it may be possible to switch to Apretude.

I'm interested in trying Yeztugo, the twice-yearly injectable PrEP. Does my insurance plan cover Yeztugo free of cost?

Yeztugo was approved by the FDA in 2025 and is the first and only PrEP option requiring injections just twice a year (every 6 months). It includes oral pills for the first two days, then injections administered by your healthcare provider every six months.

Insurance coverage for Yeztugo varies significantly. While some plans cover it without cost-sharing, many plans don't yet list it in their formularies or coverage is unclear. Check with your insurance plan to confirm coverage.

If you and your provider determine that Yeztugo is a better fit for you than daily pills or Apretude, your provider can work with your insurance plan to advocate for coverage. You may also qualify for medication cost assistance programs. Contact your Care Advocate for help navigating coverage.



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

Most 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 creatinine 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

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

Please reach out to your Care Advocate ASAP.

Your Care Advocate 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 healthcare provider needs to update the claim that was submitted to your health insurance plan with additional information.

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

If your health insurance plan and healthcare provider cannot resolve the issue together, your Care Advocate 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 healthcare 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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