



OFFICE OF AIDS PRE-EXPOSURE PROPHYLAXIS ASSISTANCE PROGRAM (PrEP-AP) TEMPORARY ACCESS PERIOD (TAP) REQUEST

INSTRUCTIONS

This form is to request a Temporary Access Period (TAP) for PrEP-AP applicants. **An approved TAP grants the applicant 30-days of temporary PrEP-AP eligibility to obtain and submit required documentation to a certified enrollment worker.** All pertinent sections of this form must be completed and attached to the applicant's electronic application within the ADAP Enrollment System (AES).

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____ Client ID Number: _____

MEDI-CAL REQUIREMENT

An applicant who is potentially eligible for Medi-Cal must apply, and must sign and submit a TAP Request Form. The TAP request permits the applicant to receive PrEP-AP benefits while applying to Medi-Cal.

Proof applied for Medi-Cal and/or proof of Medi-Cal determination— I will apply for Medi-Cal, or I have applied for Medi-Cal but my determination is pending. I will provide my enrollment worker with proof that I applied to Medi-Cal and/or documentation showing my Medi-Cal eligibility determination.

MISSING HIV NEGATIVE DOCUMENTATION

Applicants who are missing documentation substantiating their HIV negative status can request a 30-day TAP to receive assistance with PrEP-related medical expenses to obtain an HIV test.

Proof of HIV negative status—I qualify for the PrEP-AP because of my HIV negative status. I will provide my enrollment worker with a copy of the Gilead Patient Assistance Program (PAP) application signed by an authorized provider on the PrEP-AP Provider Network (required for uninsured clients only), or for insured clients, a letter from my physician, or negative results of an HIV test dated within six months.

PrEP-AP PROVIDER REFERRAL FORM (UNINSURED CLIENTS ONLY)

All uninsured applicants are required to upload a copy of the PrEP-AP Provider Referral Form, regardless of whether they require a provider in the PrEP-AP Provider Network to

sign the Gilead PAP application or clinically assess the client for PrEP. Not uploading the form will require that the client be put on a TAP.

Submission of PrEP-AP Provider Referral Form— I understand that I must have an authorized provider on the PrEP-AP Provider Network sign the Gilead PAP application (if I am not currently on PAP), and assess my clinical eligibility for PrEP. I understand that I must return the signed PAP application and PrEP-AP Provider Referral Form to my enrollment worker before my 30-day TAP expires to ensure continued eligibility.

CERTIFICATION

I certify that all of the information provided in this application, including household income, is complete and accurate. I understand that program assistance will terminate if I am no longer eligible for the drug manufacturer’s Patient Assistance Program (PAP) or if this medication is no longer prescribed for me. I understand that I have a 30-day Temporary Access Period in which to submit my proof of Medi-Cal application and that my PrEP-AP eligibility will not extend beyond 30 days if I fail to obtain and submit the required documentation before the Temporary Access Period expires. I also understand that OA may request that I provide additional documentation if the documentation I submit appears to be inconsistent, inaccurate or insufficient. I agree to promptly notify my enrollment worker of any changes to my eligibility information, including changes to my residency, income, and/or health coverage. I understand that failure to provide accurate information or deliberately omitting information may result in suspension or termination of PrEP-AP services and I may be held financially liable for any services obtained.

Applicant’s Signature: _____

Date Signed: _____

Approved Designated Agent’s Full Name, if applicable: _____

Approved Designated Agent’s Signature, if applicable: _____

QUESTION OR COMMENTS

Please contact the OA call center at (844) 421-7050 from 8 a.m.—5 p.m., Monday through Friday (excluding holidays).