

## Apretude Insurance Flowsheet

Client is Uninsured or Underinsured	Client has Medi-Cal	Client has Private Insurance
<ul style="list-style-type: none"> <li>Client may qualify for the Patient Assistance Program</li> </ul>	<ul style="list-style-type: none"> <li>Medication is covered</li> <li>For Medicare clients, pharmacy can run test claim to see if prior authorization is necessary</li> </ul>	<ul style="list-style-type: none"> <li>Variable coverage, depends on whether provider is in-network</li> <li>May need prior authorization</li> </ul>
<ul style="list-style-type: none"> <li>Client completes Apretude Enrollment form               <ul style="list-style-type: none"> <li><a href="#">English Form</a></li> <li><a href="#">Spanish Form</a></li> </ul> </li> <li>Complete Patient Assistance program section if eligible for PAP:               <ul style="list-style-type: none"> <li>Household income ≤500% FPL</li> <li>Not eligible for Medicaid</li> <li>One of the following:                   <ul style="list-style-type: none"> <li>No prescription drug coverage</li> <li>Medicare Part B or D or Medicare Advantage Plan and have to spend ≥\$600 on out-of-pocket expenses</li> <li>Have private insurance plan limited to generic only coverage, outpatient use only, or therapeutic class exclusion of drug</li> </ul> </li> </ul> </li> <li>Section 7: ICD-10 code 272.52</li> <li>Fax forms to 1-844-208-7676</li> <li>Inform client they will receive a call from Viiv Connect, asking for approval to have medication delivered to your office</li> <li>Can follow-up with Viiv Connect after 2 business days to check on status: 1-844-588-3288</li> <li>Clients with Healthy San Francisco will need a covermymeds application to cover the cost of one-time initiation dose</li> </ul>	<ul style="list-style-type: none"> <li>Make copy of Medi-Cal card, get SS number</li> <li>Send Rx to specialty pharmacy with this sig:               <ul style="list-style-type: none"> <li><u>Apretude loading dose</u>: INJECT 3ML INTRAMUSCULARLY AS DIRECTED 2 LOADING DOSES EVERY 30 DAYS, THEN EVERY 2 MONTHS.</li> <li><u>Apretude maintenance dose</u>: INJECT 3ML INTRAMUSCULARLY AS DIRECTED EVERY 2 MONTHS.</li> </ul> </li> <li><u>Pharmacies w/ Apretude expertise (can ship to all Bay Area Counties)</u>:               <ul style="list-style-type: none"> <li>AHF Pharmacy 4071 18<sup>th</sup> St (Castro district): 415-255-2720</li> <li>CVS Specialty 445 Castro St (Castro district): 415-864-7030</li> <li>Walgreens 4129 18<sup>th</sup> St (Castro): 415-551-7837</li> <li>Walgreens 45 Castro (inside CPMC): 415-565-0991</li> <li>Walgreens 2262 Market St (Duboce Triangle): 415-255-0101</li> <li>Walgreens 1100 Van Ness St (inside CPMC Van Ness): 415-783-1909</li> <li>Genoa Healthcare 245 11<sup>th</sup> St (SOMA district): 415-871-0117</li> <li>Walgreens 3009 Broadway, Oakland 510-285-0213</li> <li>AHF Oakland 400 30th St Ste 300: 510-628-0954</li> <li>Pharmacies may request patient face sheet with demographics and Pharmacy Services Agreement</li> <li>Walgreens - 1615 Meridian Avenue, San Jose CA 95125; Phone: 408-978-5393 Fax: 408-978-5397</li> <li>CVS Store - 222 Saratoga Avenue, Santa Clara, CA 95050</li> <li>Walgreens - 1130 Bird Avenue, San Jose CA 95125; Phone: 408-295-7768 Fax: 408-295-7605</li> <li>Walgreens - 1399 W San Carlos Street, San Jose, CA 95126</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Have client complete Apretude Enrollment form to obtain Summary of Benefits (see forms and fax # in uninsured column)</li> <li>Send prescription to a participating specialty pharmacy, e.g. CVS Specialty Pharmacy, and have them run a test claim</li> <li>Determine if medical or pharmacy benefit</li> <li>Pharmacist may send prior authorization via covermymeds.com</li> <li>Clients with out-of-pocket costs after insurance can apply for a co-pay card at <a href="http://apretudecopayprogram.com">apretudecopayprogram.com</a>.</li> <li>Work closely with Viiv Field Reimbursement Manager and/or Pharmacist</li> <li>If out-of-network and high co-pay, consider sending pts to sites that take commercial insurance:               <ul style="list-style-type: none"> <li>St Mary's Infusion Center: 415-750-5717</li> <li>One Medical</li> <li><u>Alternative injection sites in Bay Area</u>:</li> <li>AleraCare Berkeley</li> <li>Option Care Health Hayward</li> </ul> </li> <li>Follow-up with pharmacist and Field Reimbursement Manager regularly for updates</li> </ul>
<p><b>Viiv Field Reimbursement Managers for Northern California are a great resource if you have questions or run into issues:</b></p>		
<p>Hannah Breslow, PharmD            San Francisco, Oakland, Berkeley  <a href="mailto:hannah.v.breslow@viivhealthcare.com">hannah.v.breslow@viivhealthcare.com</a>            337-519-7556</p>	<p style="text-align: right;">Mylan Phan            Peninsula, San Jose, East Bay  <a href="mailto:Mylan.X.Phan@Viivhealthcare.com">Mylan.X.Phan@Viivhealthcare.com</a>            408-960-3204</p>	