

Considerations for Patient Assistance Navigation

Pharmacy staff may assist patients in applying for patient assistance programs or refer the patient to a benefits coordinator for guidance.

Drug manufacturers will often list required documentation for their programs. In general, the following items may be helpful to submit.

- ☐ The completed enrollment form
- ☐ Patient ID and proof of residency
- ☐ Proof of income or a letter explaining finances (i.e., the patient receives government financial assistance and/or receives support from family members)
- ☐ Insurance information or an exemption letter for the ACA marketplace

Additional forms and eligibility considerations may be required per the manufacturer. Please refer to the individual program for guidance.

Enrollment forms:

Forms are available on the drug manufacturer's website or through www.needymeds.org.

- [Mavyret](#)
- [Epclusa](#)
- [Apretude](#)
- [Descovy](#)
- [Tivicay](#)

Patient ID and proof of residency:

Proof of residency is typically submitted as a water or electric bill that lists the patient's address. May also be provided as a signed statement by a family member. Patient registration may have the proof of residency uploaded to the patient's chart, which can then be printed and submitted.

Proof of income:

Proof of income can be submitted as the most recent year's tax return or as a W-2. If the patient does not have either of these, programs will generally accept pay stubs from the preceding months. Lastly, if a patient is not currently employed, a letter may be submitted with the application package that explains how they receive shelter and food. This letter can be written by the patient. For example:

To Whom It May Concern,

I, Patient XX (DOB, SSN) am applying for the _____ patient assistance program.

I do not receive income and am not currently employed. I will not file taxes this year. I currently receive support from my family and financial assistance from the government. Please let me know if you have further questions. You may contact me at _____.

Respectfully,

Insurance information:

Submit a copy of the patient's insurance cards, if available. If the patient is uninsured, a letter may be provided on their behalf that supports healthcare through the Indian Health Service. For example:

To Whom It May Concern,

I have a patient, Patient XX (DOB), who is applying for the _____ patient assistance program. Patient XX recently lost eligibility for Medicaid and is American Indian/Alaska Native (exempt from requirements of utilizing the ACA Marketplace). If you have any questions or need further information, do not hesitate to call me.

Respectfully,