

Payment Options for Adults and Adolescents for Post Exposure Prophylaxis for All Other Non-Occupational Exposures (nPEP)

Minor Consent

Amendments to New York’s health regulations allow minors to consent to their own HIV treatment and HIV preventive services such as pre-exposure prophylaxis(PrEP) and post-exposure prophylaxis (PEP) without parental/guardian involvement (10 NYCRR Part 23)

Health Coverage and New York State Department of Health Sponsored Programs				
Fee-for-Service Medicaid	<ul style="list-style-type: none"> Medicaid covers PEP for adults and adolescents. PEP is a medical emergency and <u>does not need Prior Approval</u>. A prescription for 28 days or less will have an 'auto bypass'. If this does not occur, call Magellan at 877-309-9493 and tell them it is for PEP. Medicaid does not issue EOBs so adolescent confidentiality is protected. 			
Medicaid Managed Care	<ul style="list-style-type: none"> Medicaid Managed Care Plans (MMCPs) cover PEP for adults and adolescents. Emergency services are <u>not subject to prior authorization</u>. MMCPs are required to send notice upon a service or claim denial, where the denial was not based on medical necessity, the enrollee already received the service, and the enrollee is not liable for the cost of the service, consistent with the Department of Health’s Policy for the Protection of Confidential Health Information for Minors Enrolled in NYS Medicaid Managed Care Plans. An adolescent may work with their plan or provider to obtain consent to send notices to an alternate address. 			
Commercial Insurance	<ul style="list-style-type: none"> PEP coverage is based on plan and large co-pays may be a consideration. Co-payment cards are available from the manufacturers for adults as well as adolescents that have parental/guardian consent. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-right: 1px solid black;">Gilead 1-877-505-6986</td> <td style="text-align: center; border-right: 1px solid black;">Merck 1-800-727-5400</td> <td style="text-align: center;">ViiV Healthcare 1-866-747-1170</td> </tr> </table> <ul style="list-style-type: none"> Adolescents may ask that the EOB be sent to another address, but the primary policy holder may still receive financial information such as copayments made. This is permitted under Insurance Law 2612(h)(2)(A) and Title 11 of NYCRR, section 23.4 	Gilead 1-877-505-6986	Merck 1-800-727-5400	ViiV Healthcare 1-866-747-1170
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Uninsured	<ul style="list-style-type: none"> Treating institution provides immediate access to medication for PEP and begin the application process for Medicaid, if appropriate. (Coverage is not guaranteed). Patient Assistance Programs from pharmaceutical companies will cover medications for individuals under 18 years of age with parental/guardian consent. (see Patient Assistance Programs for PEP on the following page) 			
New York City	In New York City, there are other options available for low cost access to PEP. Visit the NYC Health Map . Select “Sexual Health Services” from the services menu. Then select “PrEP and PEP” and “Sliding Scale for Uninsured” under “Cost” to find locations offering this service.			
New York State	<p>Additional information about PEP is available at the NYS DOH Website: www.health.ny.gov/diseases/aids/general/prep/</p> <p>NYSDOH-funded Adolescent/Young Adult Specialized Care Center providers can provide information and assistance navigating PEP services and payment options for adolescents and young adults 13 -24 years old. Contact amcare@health.ny.gov to find the nearest provider.</p>			

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Patient Assistance Programs for Adults and Adolescents for Post Exposure Prophylaxis	
<u>Common Patient Assistance Program Application</u>	<p>The Common Patient Assistance Program Application (CPAPA) can be used to apply for any pharmaceutical assistance program (PAP) offered by pharmaceutical companies. HIV meds are listed by company with instructions on how to submit the application. You may need to apply to more than one company depending on regimen chosen.</p>
Program	Instructions
<u>Gilead Patient Assistance Program</u> 1-800-226-2056	<p>Individuals under the age of 18 years may participate with parental or guardian consent.</p> <ol style="list-style-type: none"> 1. Fax a letter of medical necessity to 1-800-216-6857 including the following: <ul style="list-style-type: none"> - Indicate prescribing PEP to expedite processing. - Patient's name, date of birth, address, and phone number - Therapy needed - Date of exposure - Provider's address, phone number, NPI#, and signature - If patient has already started therapy, date therapy started - If patient resides in US - Household size - Household income must be less than 500% FPL based on household size - Patient consent, if necessary provider consent will suffice 2. Call 1-800-226-2056 to notify them that your patient needs PEP. Tell them that you faxed in the letter of medical necessity, your fax number, the time and number of pages sent. Approval will take 5-10 minutes. Hours: Monday - Friday 9am-8pm EST 3. They will give you a voucher number to place on the prescription. The patient may go to the pharmacy to have the prescription filled with no out-of-pocket expenses. 4. Co-payment Assistance: Call 1-877-505-6986. Hours: Monday - Friday 8am–8pm EST. Patient is given an authorization number to present with the prescription and other insurance at the pharmacy.
<u>Merck Patient Assistance Program</u> 1-800-727-5400 8am -8pm EST Monday - Friday	<p>Individuals under the age of 18 years may participate with parental or guardian consent. Individuals must be US residents, not have coverage for medication and have a household income below 400% FPL.</p> <ol style="list-style-type: none"> 1. Visit www.merckhelps.com/ISENTRESS. 2. Download and print the enrollment form. 3. Fill out the first page of the form and bring to your prescribing provider to complete. Call 1-800-727-5400 for assistance. 4. Will send medications to provider or patient as indicated on section 3 of the enrollment form. <ul style="list-style-type: none"> - If received before 5:00 EST, will have overnight delivery. - If received after 5:00 EST, will have next day delivery. 5. Co-payment and Insurance Deductible Assistance: The Merck Patient Assistance Program has specific income guidelines and is primarily intended for those without prescription drug coverage. However, people experiencing special circumstances of medical and financial hardship an exception may be made. Such an exception requires the completion of an Attestations. Call 1 800-727-5400 for assistance.

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Program	Instructions
<p>ViiV Healthcare Patient Assistance Program</p> <p>1-844-588-3288 Monday - Friday 8am to 8pm EST</p>	<p>Individuals under the age of 18 years may participate with parental or guardian consent. However, an adult must complete the application. Individuals must be US residents, have a household income below 500% FPL and not be eligible for Medicaid. For assistance with costs for TIVICAY® (dolutegravir) Oral Tablets. Non-Medicare Part D patients who need dolutegravir that same day can be enrolled by phone.</p> <ol style="list-style-type: none"> 1. Download, complete, print, and sign the 2-page ViiV Healthcare Patient Assistance Program enrollment application; or complete through ViiVConnect Portal Services. 2. A healthcare worker, social worker, case worker, or anyone involved in the delivery of the patient's healthcare who is not a family member or friend can enroll the patient. Call 1-844-588-3288, Monday - Friday 8am to 8pm EST. <ul style="list-style-type: none"> - Indicate prescribing PEP to expedite processing. - Patient eligibility for the program will be determined during the enrollment call. - Patient income verification can be accepted verbally. - Submit the application and prescription via fax. - Faxed prescriptions must be sent directly from the prescriber's office to be processed without any delay. 3. The initial fill of the dolutegravir prescription can be obtained at a local retail pharmacy. The patient must bring the ViiV Healthcare Patient Assistance Program voucher (found on the application form, to be given to the patient only after phone enrollment is completed); and the signed original prescription (up to 30-day supply) to the pharmacy. 4. Once the patient's application and supporting documentation have been received and approved, the patient will receive medicine through the mail order pharmacy and will no longer be eligible to obtain medicine via a retail pharmacy. 5. Co-payment Assistance: Call the Help Desk at 1-866-747-1170 (Monday - Friday 8:00 am - 9:00 pm ET; Saturday 9:30 am - 6 pm ET, excluding holidays) or http://www.mysupportcard.com/. Coupon can be printed from website after answering a brief questionnaire, or mailed to the patient if calling the Help Desk.