

Payment Options for Adults and Adolescents for Post Exposure Prophylaxis (PEP) Following Sexual Assault

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).

PEP for Sexual Assault

Effective June 15th, 2020: Section 2805-i of Public Health Law and Executive Law Section 631 requires hospitals to:

- Offer and make available a **seven-day starter pack** of HIV PEP to survivors of sexual assault who are **18 years of age or older**.
- Offer and make available the **full 28-day supply** of HIV PEP to survivors of sexual assault who are **less than 18 years of age**.

The hospital is also required to provide or arrange for an appointment for medical follow-up related to HIV PEP and other care as appropriate.

Health Coverage and New York State Department of Health Sponsored Programs	
Office of Victim Services (OVS) 1-800-247-8035	Emergency Care in Hospital
	<ul style="list-style-type: none"> • Minors may consent for emergency care. • A victim may decline to provide insurance information if they believe doing so would substantially interfere with their personal privacy or safety. However, use of insurance is required for follow-up care; this includes remaining 21 days of PEP for people 18 years of age or older. • Under NYS law, the hospital is required to inform a victim of their right to ask the provider to directly bill the OVS for the Forensic Rape Exam (FRE), including care received in the emergency department.
Fee-for-Service Medicaid	OVS Follow-Up Care
	<ul style="list-style-type: none"> • Insurance must be used for follow-up care; this includes remaining 21 days of PEP for people 18 years of age or older. • OVS has an Emergency Award Procedure designed to pay the pharmacy in 1-4 days. Forms must be filled out correctly and submitted with the supporting information requested. Emergency awards are available for up to \$2,500. • Individuals under the age of 18 may not contract for services with OVS. A parent/guardian will need to request assistance from OVS. • Work with Victim Advocates in your community to pursue this process; they know the community connections and the procedure to expedite this process.
Medicaid Managed Care	<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, therefore 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.

Payment Options for Adults and Adolescents for Post Exposure Prophylaxis (PEP) Following Sexual Assault

<p><u>Commercial Insurance</u></p>	<ul style="list-style-type: none"> • PEP coverage is based on plan and large co-pays and deductibles may be a consideration. • OVS may reimburse co-pays of victims who submit an eligible application. Under the compensation program, OVS is payer of last resort. Provided the victim/guardian files a compensation claim, and is determined to be eligible, OVS can pay the patient's out of pocket responsibility (co-pay, co-insurance, deductible) after insurance has been properly billed. Individuals under the age of 18 may not contract for services with OVS. A parent/guardian will need to request assistance from OVS. • Co-payment cards and deductible assistance are available from the manufacturers. • 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.
Patient Assistance Programs for Adults and Adolescents for Post Exposure Prophylaxis	
Program	Co-Payment / Insurance Deductible / Out-Of-Pocket Assistance:
<p><u>Gilead Advancing Access Co-Pay Coupon Program</u></p> <p>1-877-505-6986 Monday – Friday 8am - 8pm EST</p>	<p>Individuals under the age of 18 years may participate and must be enrolled by an individual 18 years of age or older. Individuals must be US residents. Not valid for prescriptions eligible to be reimbursed by any federal or state-funded healthcare benefit program. Patient is given an authorization number to present with the prescription and other insurance at the pharmacy. Up to \$7,200 per year.</p>
<p><u>Merck Patient Assistance Program</u></p> <p>1-800-727-5400 Monday – Friday 8am - 8pm EST</p>	<p>Individuals under the age of 18 years may participate with parental or guardian consent; a parent or guardian must sign the application. Individuals must be US residents, not have coverage for medication and have a household income below 400% FPL.</p> <p>The Merck Patient Assistance Program has specific income guidelines and is primarily intended for those without prescription drug coverage. However, an exception may be made for people experiencing special circumstances of medical and financial hardship. Such an exception requires the completion of an attestation. Call 1-800-727-5400 for assistance.</p>
<p><u>ViiV Healthcare Patient Assistance Program</u></p> <p>1-844-588-3288 Monday – Friday 8am - 11pm EST</p>	<p>Individuals under the age of 18 years may participate with parental or guardian consent; a parent or guardian must sign the application. Individuals must be US residents, not be eligible for Medicaid, have no prescription drug coverage and, have a household income below 500% FPL.</p> <p>Call a ViiV Connect Access Coordinator at 1-844-588-3288 (Monday – Friday, 8:00 am - 11:00 pm ET) for comprehensive information on access and coverage. Up to \$5,000 per year.</p>