### 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

| Commercial Insurance | • Most commercial insurance plans cover PrEP for adults and adolescents.
| | • Coverage varies based on plan. There may be deductibles and co-payments.
| | • Adolescents may ask that the EOB be sent to another address but parents 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
| | • Co-pay coupons are available through the manufacturer regardless of income.
| Fee-for-Service Medicaid Helpline: 1-800-541-2831 | • Medicaid covers PrEP for adults and adolescents, including PrEP prescription costs, medical appointments, and lab tests
| | • Medicaid does not issue EOBs so adolescent confidentiality is protected.
| | • Prior approval is required and renewed every 3 months
| Medicaid Managed Care | • Medicaid Managed Care Plans (MMCPs) cover PrEP for adults and adolescents.
| | • Prior authorization requirements may vary among plans.
| | • 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.

### PrEP Assistance Program (PrEP-AP)

| Hotline: 1-800-542-2437 | • PrEP-AP serves adults and adolescents, who are residents of New York State and are uninsured or underinsured and prescribed PrEP.
| | • Financial eligibility is based on 435% of the Federal Poverty Level (FPL).
| | • Covers costs of clinical visits and lab testing for uninsured and underinsured individuals. Services include HIV, STI/STD testing, counseling, and supportive primary care services consistent with clinical guidelines for PrEP.
| | • PrEP medication is not covered by PrEP-AP. Manufacturer’s patient assistance programs (PAP) (listed below) should be contacted for uninsured or underinsured individuals.
| | • Providers that are enrolled in the New York State Medicaid Program are eligible to enroll in PrEP-AP. To become a PrEP-AP provider contact the ADAP Provider Relations Section at 1-518-459-1641 or email damarys.feliciano@health.ny.gov for more information.
| | • Providers are responsible for assisting patients with the patient assistance program application to receive Truvada as PrEP.

Gilead: 1-877-505-6986

Medicaid Managed Care Plans (MMCPs) cover PrEP for adults and adolescents. Prior authorization requirements may vary among plans. 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.

PrEP-AP serves adults and adolescents, who are residents of New York State and are uninsured or underinsured and prescribed PrEP. Financial eligibility is based on 435% of the Federal Poverty Level (FPL). Covers costs of clinical visits and lab testing for uninsured and underinsured individuals. Services include HIV, STI/STD testing, counseling, and supportive primary care services consistent with clinical guidelines for PrEP. PrEP medication is not covered by PrEP-AP. Manufacturer’s patient assistance programs (PAP) (listed below) should be contacted for uninsured or underinsured individuals. Providers that are enrolled in the New York State Medicaid Program are eligible to enroll in PrEP-AP. To become a PrEP-AP provider contact the ADAP Provider Relations Section at 1-518-459-1641 or email damarys.feliciano@health.ny.gov for more information. Providers are responsible for assisting patients with the patient assistance program application to receive Truvada as PrEP.
## Payment Options for Adults and Adolescents for Pre-Exposure Prophylaxis (PrEP)

<table>
<thead>
<tr>
<th>Medication Assistance Programs</th>
<th>New York City</th>
<th>New York State</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New York City</strong></td>
<td>In New York City, there are other options available for low cost access to PrEP. Visit the <a href="#">NYC Health Map</a>. 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.</td>
<td>NYSDOH-funded Adolescent/Young Adult Specialized Care Center providers can provide information and assistance navigating PrEP services and payment options for adolescents and young adults 13 - 24 years old. Contact <a href="mailto:amcare@health.ny.gov">amcare@health.ny.gov</a> to find the nearest provider.</td>
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| **Gilead Co-Pay Coupon Card**  | - Covers up to $4,800 per year in prescription co-payments.  
- Patient must have commercial insurance.  
- Patient must NOT be enrolled in Medicare or Medicaid.  
- No income eligibility requirement.  
- For individuals under the age of 18 a patient representative will need to attest/sign on the minor’s behalf. | |
| 1-877-505-6986                |               |               |
| **Gilead Truvada for PrEP Medication Assistance Program** | - Covers prescription costs.  
- Patient must be uninsured or their insurance does not cover any prescription cost.  
- Patient must have annual income less than 500% of the FPL based on household size.  
- For individuals under the age of 18 a patient representative will need to attest/sign on the minor’s behalf. | |
| 1-855-330-5479                |               |               |
| **Patient Advocate Foundation Co-Pay Relief Program** | - Provides financial assistance to financially and medically qualified patients for co-payments, co-insurance, and deductibles.  
- Offers grant of up to $7,500 per year.  
- Patients, their medical providers, or their pharmacists may submit applications 24 hours a day online or via phone Monday - Friday 8:30am – 5:30pm EST.  
- Patient must be currently insured and have coverage for the medication.  
- Patient must have annual income less than 400% FPL.  
- Individuals under the age of 18 years may participate with parental/guardian consent. | |
| 1-866-512-3861                |               |               |

## Helpful Resources

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<thead>
<tr>
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<th>Partnership for Prescription Assistance Program</th>
<th>Gilead Advancing Access</th>
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| **Partnership for Prescription Assistance Program** | - Online resource that helps uninsured and underinsured patients find programs that provide prescription medicines at low or no cost.  
- Complete a brief questionnaire with basic information including prescription medicines, age, income and current prescription coverage (if any). PPA searches its database for prescription assistance programs that might be able to help and displays the results. | - Helps guide patients through the process of understanding the type of insurance they have and alternative coverage if needed.  
- Can help match patients to a program that best meets their financial needs based on their particular circumstances, insurance situation and the eligibility criteria for the programs. |
| 1-888-477-2669     |                                              | 1-800-226-2056          |