

Payment Options for Post-Exposure Prophylaxis Following Non-Occupational Exposures Including Sexual Assault (nPEP)

Sexual Assault

Chapter 39 of the Laws of 2012 amending Section 2805-i of Public Health Law requires hospitals to provide the first seven days of medication to victims of sexual assault. Prescriptions must be given for the remaining 21 days.

Medicaid	PEP is covered.
Private Insurance	PEP coverage is based on plan. Large co-pay may be a consideration. NYS Office of Victim Services (OVS) may reimburse co-pays of a victim who submits an eligible application with the agency. Co-payment cards are available from the manufacturers. Gilead - 1-877-505-6986 Merck - 1-855-834-3467 or www.isentress.com ViiV Healthcare - 1-866-747-1170 or http://www.mysupportcard.com/
Insured, but does not use insurance	A victim may decline to provide insurance information if he/she believes provision of that information would substantially interfere with his or her personal privacy or safety. A victim may ask the provider to directly bill the OVS for the Forensic Rape Exam (FRE), including the first seven days of medication.
No Insurance	OVS may be directly billed as above and the victim may apply to OVS for expenses beyond the FRE, including a prescription for the remaining 21 days.
NYS Office of Victim Services (formerly the Crime Victims Board)	OVS has an Emergency Award Procedure designed to pay the pharmacy in 1-4 days. It is important that the forms be filled out correctly and submitted with the supporting information requested. Emergency awards are available for up to \$2,500. It is best to work with Victim Advocates in your community to pursue this process; they know the community connections and the procedure to expedite this process. Call 1-800-247-8035 or go to www.ovs.ny.gov for more information.

For All Other Non-Occupational Exposures in any Health Care Setting

Medicaid	PEP is covered.
Private Insurance	PEP coverage is based on plan. Co-payment cards are available from the manufacturers. Gilead - 1-877-505-6986 Merck - 1-855-834-3467 or www.isentress.com ViiV Healthcare - 1-866-747-1170 or http://www.mysupportcard.com/
Uninsured	<ul style="list-style-type: none"> • Treating institution provides immediate access to drugs. • Begin application process for Medicaid, if appropriate. (Coverage is not guaranteed). • Explore the Patient Assistance Programs from pharmaceutical companies. • Contact your human service/social work department for special funds.
Patient Assistance Programs	Common Patient Assistance Program Application (HIV) http://hab.hrsa.gov/files/programassistform.pdf 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. <i>Please see specific application processes on the next 2 pages for Gilead, Merck, and ViiV Healthcare.</i>

Patient Assistance Programs

Gilead Patient Assistance

1. Fax a letter of medical necessity to 1-800-216-6857.
Include:
 - **Indicate prescribing PEP**- this will 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 and notify them you have a patient who needs PEP.
 - Tell them you faxed in a letter of medical necessity.
 - Give them time of fax
 - Number of pages
 - Your fax number
 - 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.

Merck Patient Assistance Program

1. Locate form at www.needymeds.org
 - In "Drug Search" text box, enter "Isentress"
 - Select the "Isentress (raltegravir)" option; then the Patient Assistance Programs icon
 - Select "SUPPORT Program for Isentress Enrollment Form"
 - Print and fill out
 - **Indicate prescribing PEP**- this will expedite processing.
 - Fax to 1-866-410-1913. You may send fax any time. Hours of operation: 6am - 3pm PST Monday - Friday.
2. Call 1-800-850-3430 1-2 hours after sending fax.
3. Will send medications to provider or patient as indicated on form
 - If received by 12:30 PST, will have overnight delivery. (about 24 hours)
 - If received after 12:30 PST, will have next day delivery. (about 48 hours)
4. **Co-payment Assistance:** Call 1-855-834-3467 or www.isentress.com
 - For online application and coupon redemption
 - For presentation with the prescription and insurance coverage at the pharmacy.

ViiV HEALTHCARE Patient Assistance Program

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.

1. Complete the Application
 - Complete, print, and sign the 2-page ViiV Healthcare Patient Assistance Program enrollment application available at <http://www.viivhealthcareforyou.com/enrollment/application.html>
 - For help completing the application, call ViiV Healthcare Patient Assistance Program at 1-877-7ViiVHC (1-877-784-4842).
2. Select an Advocate to enroll the patient by phone. This person may be a health care worker, social worker, case worker, or anyone involved in the delivery of the patient's healthcare who is not a family member or friend.
 - Call 1-877-7ViiVHC (1-877-784-4842) Monday - Friday 8am to 8pm EST to find out if the patient is eligible.
 - **Indicate prescribing PEP-** this will expedite processing.
 - During the enrollment phone call, the Advocate will be told whether or not the patient qualifies for the program.
 - 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 in order 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.