

Payment Options for Adults and Adolescents for Pre-Exposure Prophylaxis (PrEP)

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	
<p>N.Y. Insurance Law §§ 3216(j)(17)(E), 3221(l)(8)(E) and (F), and 4303(j)(3)</p>	<p>Effective January 1, 2020 all issuers, except for grandfathered health plans*, must provide coverage for PrEP for the prevention of HIV infection at no cost sharing and cover screening for HIV infection at no cost-sharing. See the NYS Department of Financial Services Circular Letter for more information.</p>
<p>Affordable Care Act Implementation Part 47</p>	<ul style="list-style-type: none"> In June 2019, the US Preventive Services Task Force (USPSTF) gave PrEP an “A” grade recommendation. The Affordable Care Act (ACA) requires commercial health plans and Medicaid expansion programs to cover select preventive services-including any service with a Grade A from the USPSTF-without cost sharing, which means that these services must be covered before any deductible and without coinsurance or a copayment. In addition to medication, PrEP services to be covered without cost sharing include medication, visit, testing and adherence counseling. NASTAD PrEP coverage fact sheet, July 2021 Federal Guidance, July 19, 2021
<p>Fee-for-Service Medicaid</p> <p>Helpline: 1-800-541-2831</p>	<ul style="list-style-type: none"> Medicaid covers PrEP for adults and adolescents, including PrEP prescription costs, medical appointments, and lab tests. Medicaid does not issue Explanation of Benefits document (EOBs). Adolescent confidentiality is protected. Initial fill does not require pre-authorization. For subsequent fills the patient must have an HIV negative test documented within the last 90 days.
<p>Medicaid Managed Care</p>	<ul style="list-style-type: none"> 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.

* Grandfathered Health Plan: An individual health insurance policy purchased on or before March 23, 2010. These plans were not sold through the Marketplace, but by insurance companies, agents, or brokers. They may not include some rights and protections provided under the Affordable Care Act. Plans may lose “grandfathered” status if they make certain significant changes that reduce benefits or increase costs to consumers. A health plan must disclose whether it considers itself a grandfathered plan. (Note: If you’re in a group health plan, the date you joined may not reflect the date the plan was created. New employees and family members may be added to existing grandfathered group plans after March 23, 2010).

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<p>PrEP Assistance Program (PrEP-AP)</p> <p>Hotline: 1-800-542-2437</p>	<ul style="list-style-type: none"> PrEP-AP serves adults and adolescents who are residents of New York State and are uninsured and prescribed PrEP. Financial eligibility is based on 500% of the Federal Poverty Level (FPL). Covers costs of clinical visits and lab testing for uninsured 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 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 their PrEP medication.
Medication Assistance Programs	
<p>New York City</p>	<p>In New York City, there are other options available for low cost access to PrEP. 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.</p>
<p>New York State</p>	<p>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 amcare@health.ny.gov to find the nearest provider.</p>
<p>U.S. Department of Health and Human Services – "Ready, Set, PrEP"</p> <p>855-447-8410 GetYourPrEP.com</p>	<p>"Ready, Set, PrEP", is a national program that makes PrEP medications available at no cost to people without prescription drug insurance coverage. GetYourPrEP.com or 855-447-8410. (9:00am – 8:00pm EST Monday – Friday)</p> <p>To qualify, patients must:</p> <ul style="list-style-type: none"> lack prescription drug coverage, be tested for HIV with a negative result, have a prescription for PrEP, and live in US including tribal lands and territories. <p>There is no income eligibility requirement for this program.</p>
<p>Gilead Co-Pay Coupon Program</p> <p>1-877-505-6986 Gileadadvancingaccess.com/copay-coupon-card</p>	<ul style="list-style-type: none"> Covers up to \$7,200 per year in prescription co-payments for Truvada (emtricitabine and tenofovir disoproxil fumarate) and Descovy (emtricitabine & tenofovir alafenamide). 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.
<p>Gilead Advancing Access Patient Assistance Program</p>	<ul style="list-style-type: none"> Covers prescription costs for Truvada and Descovy. 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.

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<p>1-800-226-2056 Gileadadvancingaccess.com</p>	<ul style="list-style-type: none"> For individuals under the age of 18 a patient representative will need to attest/sign on the minor's behalf.
<p>Patient Advocate Foundation Co-Pay Relief Program 1-866-512-3861 Copays.org</p>	<ul style="list-style-type: none"> 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. Medical insurance premium assistance is available.
Helpful Resources	
<p>Partnership for Prescription Assistance Program 1-888-477-2669 Medication Assistance Tool</p>	<ul style="list-style-type: none"> 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.
<p>Gilead Advancing Access 1-800-226-2056 Gilead Advancing Access</p>	<ul style="list-style-type: none"> 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 circumstances, insurance situation and the eligibility criteria for the programs.
<p>NASTAD</p>	<ul style="list-style-type: none"> How to verify if PrEP is a covered Preventive Service