

Ask about PrEP

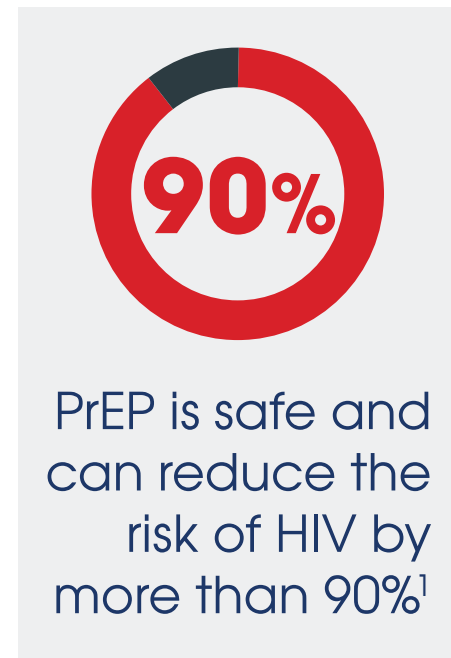
How providers can prescribe PrEP to prevent HIV and reduce health disparities

What is PrEP?

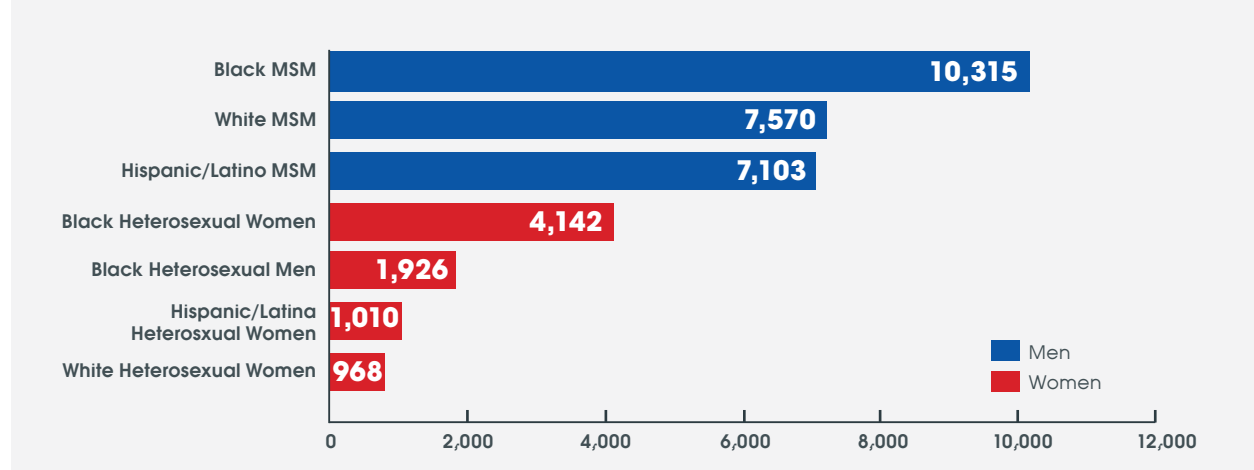
- PrEP (Pre-Exposure Prophylaxis) is a once-daily pill for HIV negative individuals that can help prevent HIV transmission.
- PrEP is FDA approved as a combination, fixed-dose antiretroviral medication called Truvada®.
- No significant health effects have been observed among individuals who have taken PrEP for up to 5 years.

Who may benefit from PrEP?

- Men who have sex with men (MSM)
- People who inject drugs
- Transgender women
- Heterosexual men and women with partners living with or at risk for HIV
- Anyone who self-identifies a need for PrEP

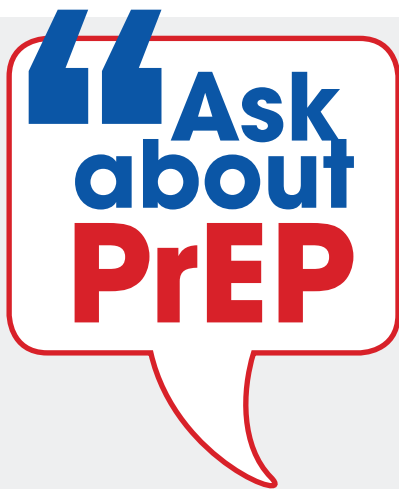


New HIV Diagnoses in the United States for the Most-Affected Subpopulations, 2015



Take home messages

1. Take a sexual history to identify patients who might benefit from PrEP.
2. Offer PrEP to patients identified as having risks for HIV.
3. Start patients on PrEP. Conduct an HIV test to confirm the patient is HIV negative. Follow-up with patients every 3 months for HIV/STI testing and 90-day PrEP refill.
4. List yourself on the PleasePrEPME.org as a PrEP provider.
5. Request training and technical assistance to support PrEP activities.



Partners: What is the gender of your sex partners?
How many sex partners have you had in the last 6 months?

receptive or insertive sex:
Do you bottom or top?

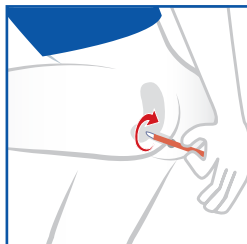
Ever had STD:
Have you ever had an STD?

Protection/PrEP:
How often do you use condoms? Have you heard of PrEP?

Baseline assessment (within 7 days prior to PrEP initiation)

- Screen for symptoms of acute HIV infection (fever, rash, headache, sore throat)
- HIV test (4th generation Ag/Ab preferred)
- 3-site gonorrhea & chlamydia NAAT (urine, pharyngeal, rectal), syphilis screen
- Serum creatinine (contraindicated if CrCl <60 ml/min)
- Pregnancy test*
- Hepatitis B Surface Antigen (HBsAg)*
- Hepatitis C Antibody*

* Not a contraindication, but follow up is indicated if positive.



A rectal swab can be self-collected.

Rare but Potential Risks:



Decline in renal function:

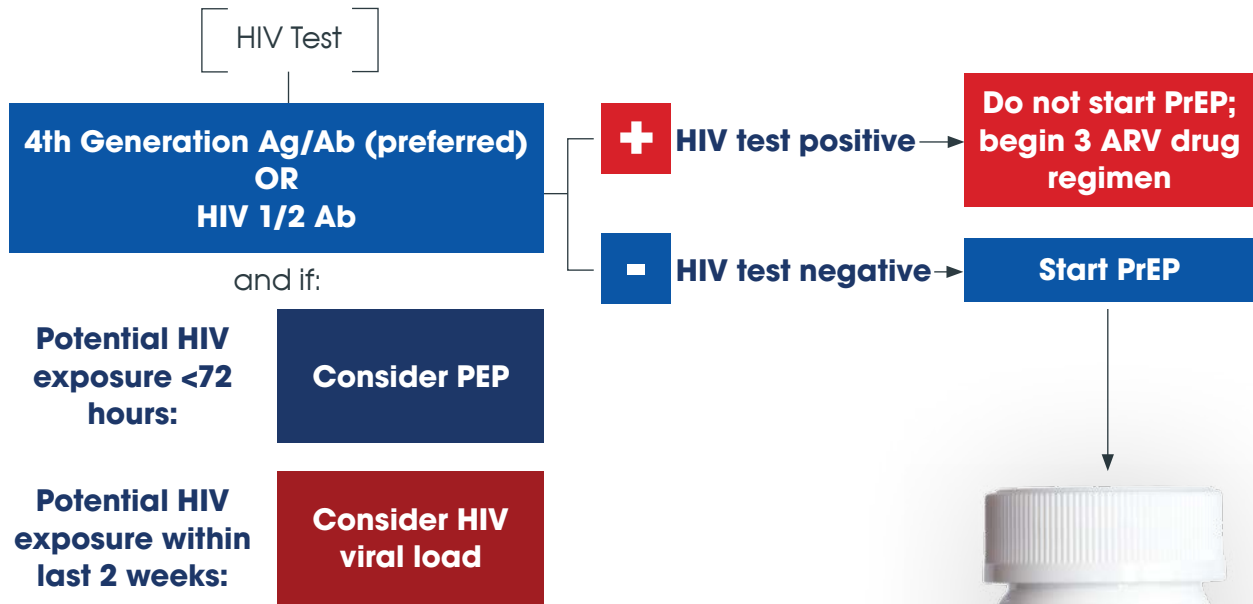
Consider more frequent monitoring in patients with risk factors for kidney disease.



Decrease in bone-mineral density:

Caution in those with osteoporosis or history of pathology/fragility fractures. Consider baseline DXA for patients with history of or at high risk of osteoporosis.

HIV assessment at PrEP initiation



Prescribing PrEP

Truvada® 200/300 mg

emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg

1 tablet PO daily, 30-day supply with 2 refills
(after negative HIV test)

ICD-10: Z20.6

Contact with and (suspected) exposure to human immunodeficiency virus

Follow-up assessment every 3 months

- Screen for symptoms of acute HIV infection
- HIV test
- 3-site gonorrhea & chlamydia, syphilis screen
- Serum creatinine, every 6 months
- Hepatitis C Antibody, every 12 months
- Pregnancy test

Patient Counseling

1. Daily dosing is recommended, but imperfect yet regular adherence can still provide significant protection for men who have sex with men.² Intermittent dosing is not currently recommended.
2. Combining prevention strategies, like condoms plus PrEP, provides the greatest protection from HIV.

What if my patient has a positive HIV test on PrEP?



- **Discontinue PrEP immediately to avoid development of HIV resistance.**
- **Determine the last time that they took PrEP and their PrEP taking pattern.**
- **Ensure linkage to HIV primary care for prompt initiation of a fully active ARV treatment regimen.**

How will my patient pay for PrEP?

Medi-Cal and most insurance plans pay for PrEP. Financial assistance is available:

Insured patients



Many private insurers cover PrEP but may require prior authorization. Approval for coverage typically requires documentation of all of the following:

- Patient has been determined to be at high risk for HIV infection
 - Patient has received counseling on safe sex practices and HIV infection risk reduction
 - Patient has no clinical symptoms consistent with acute viral infection
 - Patient has no recent (<1 month) suspected HIV exposures
 - Patient has a confirmed negative HIV status within the past week
- For California residents with Medicaid: Medi-Cal no longer requires a prior authorization for PrEP as of April 2014, but make sure that the pharmacy knows to bill to the **State Medi-Cal HIV carve-out** instead of the managed-care plan
 - **ICD 10 codes for PrEP include:**
 - **Z20.6** Contact with and (suspected) exposure to human immunodeficiency virus (HIV)
 - **Z20.2** Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
 - **Z71.7** Human Immunodeficiency Virus (HIV) counseling
 - If the patient has a high co-pay, Gilead (maker of Truvada®) has a co-pay assistance program: <http://www.truvada.com/truvada-patient-assistance> or 1-877-505-6986
 - Other payment assistance programs are listed on the Fair Pricing Coalition website: <http://fairpricingcoalition.org/medication-assistance-program-and-co-pay-programs-for-prep/>

Uninsured patients

The **Gilead Advancing Access** PrEP medication assistance program will provide monthly Truvada® deliveries to the patient or clinic at no cost for those without coverage and who meet income guidelines (generally <500% FPL).

1. Fax the completed application (below & attached) and proof of income to the program: https://services.gileadhiv.com/content/pdf/gilead_enrollment_form.pdf at fax # 1-855-330-5478 OR call 1-855-330-5479 for inquiries.
2. If approved, one bottle (30 day supply) will be shipped to the patient or clinic in 3-14 days.
3. A Gilead PrEP representative will call the provider before the 2nd bottle is sent to confirm refill.
4. Patients must re-apply (i.e. resubmit proof of eligibility) every 3-6 months.

Please PrEP Me provider resources: <https://www.pleaseprepme.org/provider-resources>
Gilead medication assistance program: [855-330-5479, www.gileadadvancingaccess.com](https://www.gileadadvancingaccess.com)
Patient Advocate Foundation if <400% of FPL: www.copays.org
PAN Foundation if <500% of FPL: www.panfoundation.org

Prescribing Post-exposure Prophylaxis (PEP)

Three antiretroviral drugs are recommended for PEP regimen:³

**Tenofovir DF (300 mg)/Emtricitabine (200 mg) daily
+ Raltegravir 400 mg BID**

OR

**Tenofovir DF/Emtricitabine daily
+ Dolutegravir 50 mg daily**

- **Potential HIV exposure within 72 hours and patient has not taken PrEP for past 7 days**
- **Provide a 28-day supply of PEP, and then transition seamlessly to PrEP**
- **There is no evidence that PEP “masks” HIV seroconversion**



Be a provider on PleasePrEPMe.org

PleasePrEPMe.org is an online repository of PrEP resources, including a national, location-responsive provider search function. When you begin providing PrEP, we would love to include you in our directory as one of the 300+ California clinics that provide PrEP. Visitors to the website will have the opportunity to search for your location(s) based on zip code or be referred via our live chat support.

If you would like to be added you can do so directly on our website by going to: www.PleasePrEPMe.org and clicking “add location”^{ff} on the top navigation bar.



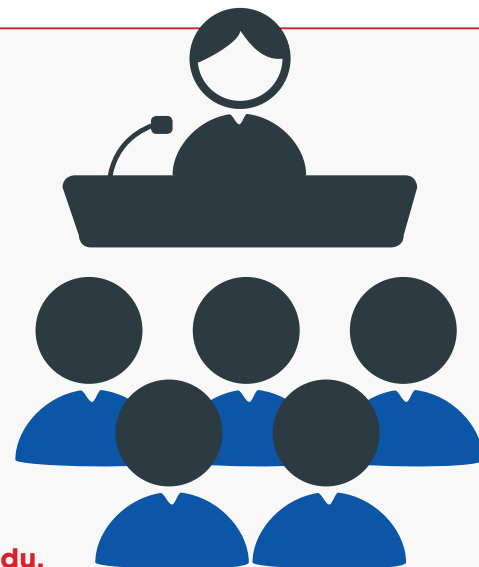
You can also simply email Laura@PleasePrEPMe.org or call [415-476-3443](tel:415-476-3443) and we will enter your location(s) manually.

Request free training

Request free training and technical assistance from your local AETC:

- Tailored to your needs, to your setting, and to your team
- Can include **capacity building, workflows, policies, procedures, standing orders, etc.**
- Other training topics:
 - **stigma**
 - **high impact HIV prevention**
 - **implementing routine HIV testing**
 - **cultural competency**
 - **sexual history taking**

Find us at www.paetc.org, call **(415) 476-6153** or email paetc@ucsf.edu.



Local Information

REFERENCES: **1.** CDC. www.cdc.gov/hiv/basics/prep.html. 2016. **2.** Anderson PL, Glidden DV, Liu A, et al. Emtricitabine-tenofovir concentrations and pre-exposure prophylaxis efficacy in men who have sex with men. *Sci Transl Med.* 2012;4(151):151ra125. **3.** CDC. www.cdc.gov/HIV/pdf/programresources/CDC-HIV-nPEP-guidelines.pdf. Illustration on page 2: PRISM Health, Emory University.