



PrEP

If you're not, you oughtta be

Ben Andrews, MD
Christ Community Health Services
Memphis, TN
October 13, 2018



Outline

- HIV epidemiology
 - Prevalence
 - Risk
- PrEP Efficacy
- PrEP Implementation
- A few reminders
- Stigma



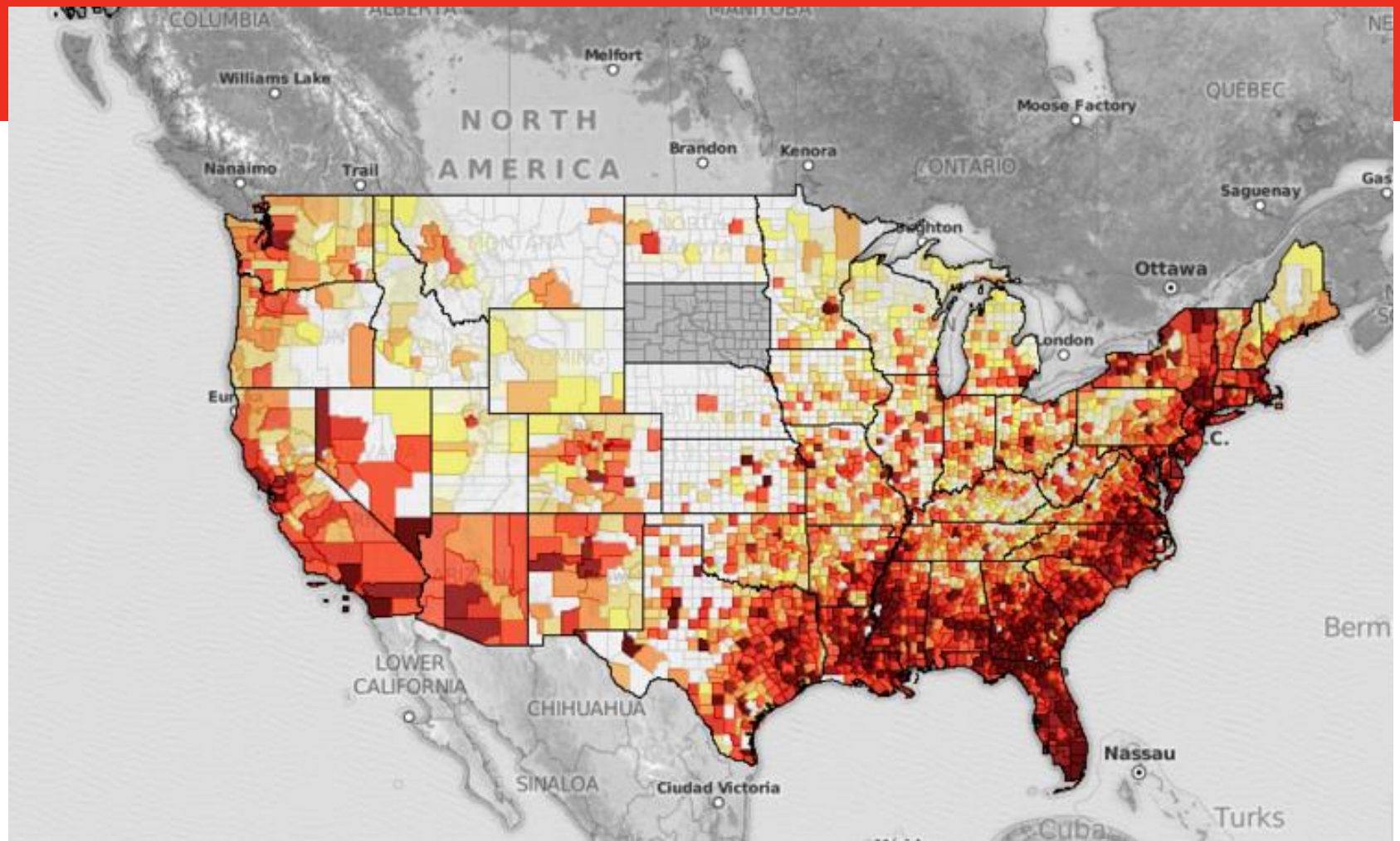


People Living with HIV

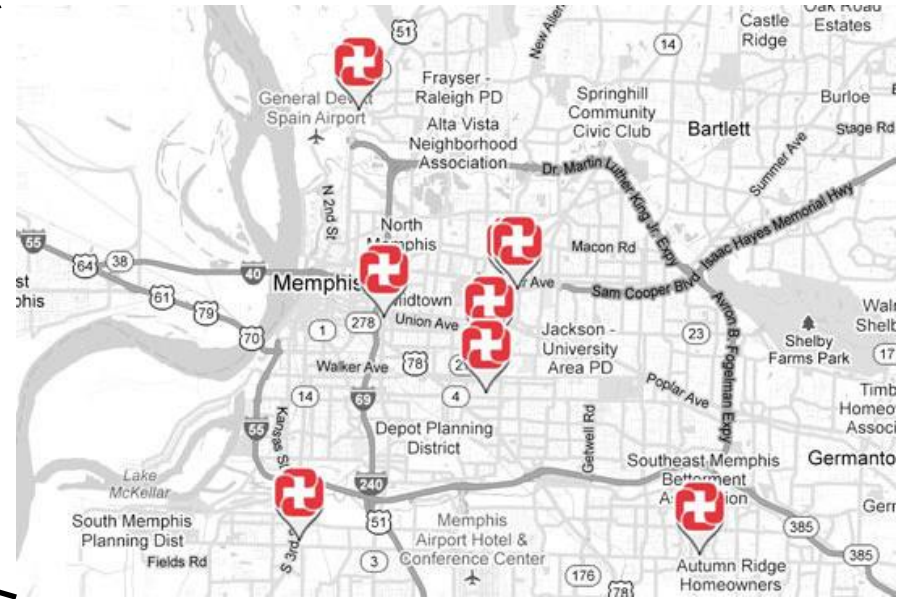
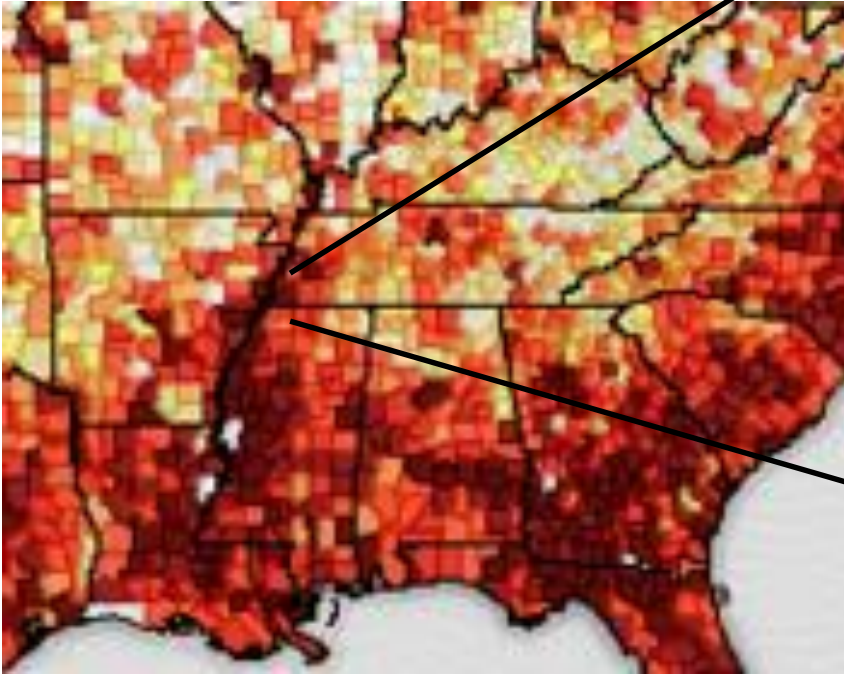
1.1 million

people living with HIV in the United States

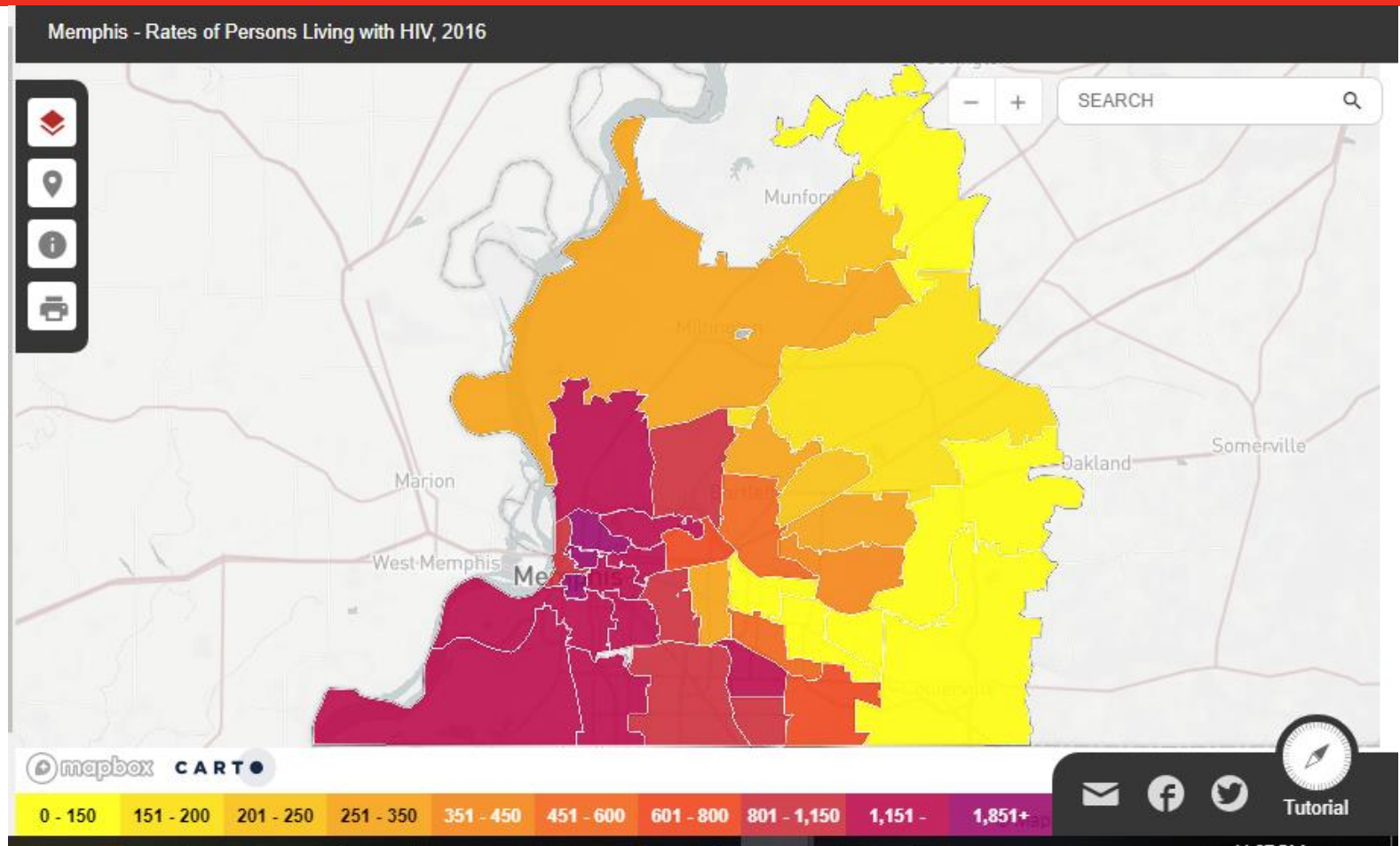




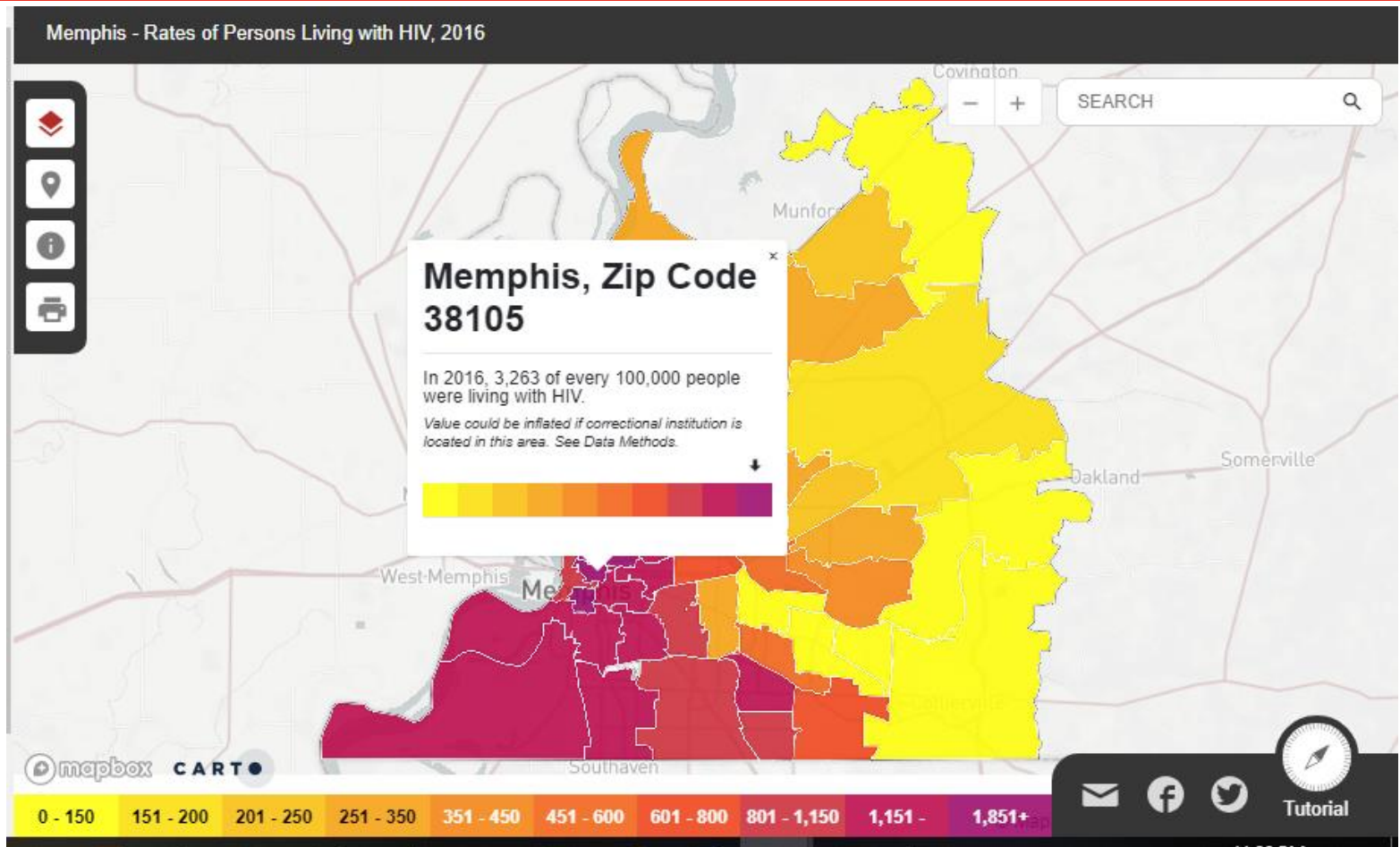
Memphis and the MidSouth



Memphis by Zip Code



Memphis by Zip Code



Countries with highest HIV prevalence

1	<u>SWAZILAND</u>	27.20	11	<u>EQUATORIAL GUINEA</u>	6.20
2	<u>LESOTHO</u>	25.00	12	<u>KENYA</u>	5.40
3	<u>BOTSWANA</u>	21.90	13	<u>TANZANIA</u>	4.70
4	<u>SOUTH AFRICA</u>	18.90	14	<u>CENTRAL AFRICAN REPUBLIC</u>	4.00
5	<u>NAMIBIA</u>	13.80	15	<u>CAMEROON</u>	3.80
6	<u>ZIMBABWE</u>	13.50	16	<u>GABON</u>	3.60
7	<u>ZAMBIA</u>	12.40	17	<u>THE BAHAMAS</u>	3.30
8	<u>MOZAMBIQUE</u>	12.30	18	<u>Memphis 38105</u>	3.26
9	<u>MALAWI</u>	9.20			
10	<u>UGANDA</u>	6.50			



Lifetime Risk of HIV

What's your lifetime risk of being diagnosed with HIV?

1 in 6

men who have sex with men



MSM are 79 times more likely than heterosexual men to be diagnosed with HIV in their lifetime.



women who inject drugs



men who inject drugs



hetero women



hetero men

Source: CDC, February 2016

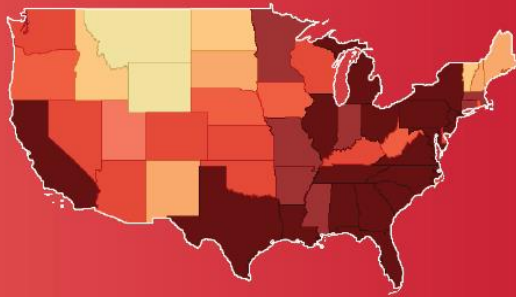


AFRICAN AMERICANS
make up

12% of the U.S.
population

BUT ACCOUNTED FOR

40% of persons living
with HIV/AIDS
in 2013



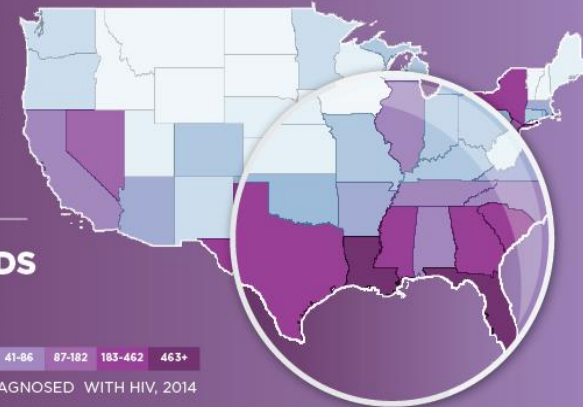
0-5 6-10 11-25 26-60 61-155 156-320 321-725 726-2125 2126-6756 6766+

NUMBER OF BLACK PERSONS LIVING WITH DIAGNOSED HIV, 2013

19,436

AFRICAN AMERICANS
were newly diagnosed
with HIV in 2014

&
NEARLY TWO-THIRDS
LIVE IN THE SOUTH



0-2 3-4 5-6 7-12 13-20 21-40 41-86 87-182 183-462 463+

NUMBER OF BLACK PERSONS NEWLY DIAGNOSED WITH HIV, 2014

AFRICAN AMERICANS
are by far the
most affected
racial/ethnic
group with a
lifetime HIV
risk of:



1 IN 2

for African American
gay/bisexual men



1 IN 20

for African American men



1 IN 48

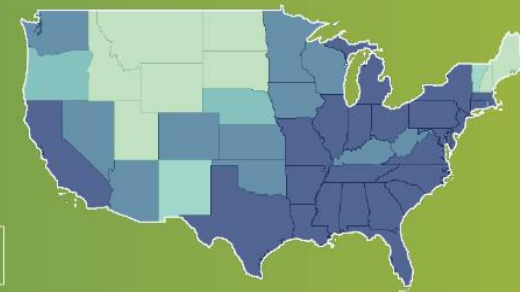
for African American women

3,742

AFRICAN AMERICANS
died of HIV/AIDS in
2013, accounting for

MORE THAN HALF

of all deaths attributed to
HIV/AIDS that year



0 1-2 3-6 7-40 41+

NUMBER OF DEATHS OF BLACK PERSONS DIAGNOSED WITH HIV, 2013

**Knowing your
status is key to
preventing the
spread of HIV**

**DO YOUR PART:
GET TESTED**



The NEW ENGLAND JOURNAL *of* MEDICINE

Perspective

OCTOBER 4, 2018

**Being PrEPared — Preexposure Prophylaxis
and HIV Disparities**

Robert H. Goldstein, M.D., Ph.D., Carl G. Streed, Jr., M.D., and Sean R. Cahill, Ph.D.



How do we prevent HIV?

- A = Abstinence
- B = Be Faithful
- C = Condomize
- D = Drug to prevent HIV
 - U = U (Undetectable = Untransmittable)
 - Prevention with positives
 - PrEP



How do we prevent HIV?

- A = Abstinence
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- D = Drug to prevent HIV
 - U = U (Undetectable = Untransmittable)
 - Prevention with positives
 - ***PrEP***



What is PrEP?

- Pre – Exposure Prophylaxis
- Tenofovir DF-Emtricitabine
- 1 tab daily
- Side effects:
 - GI, usually 2-3 weeks
 - Renal



How Effective is PrEP?

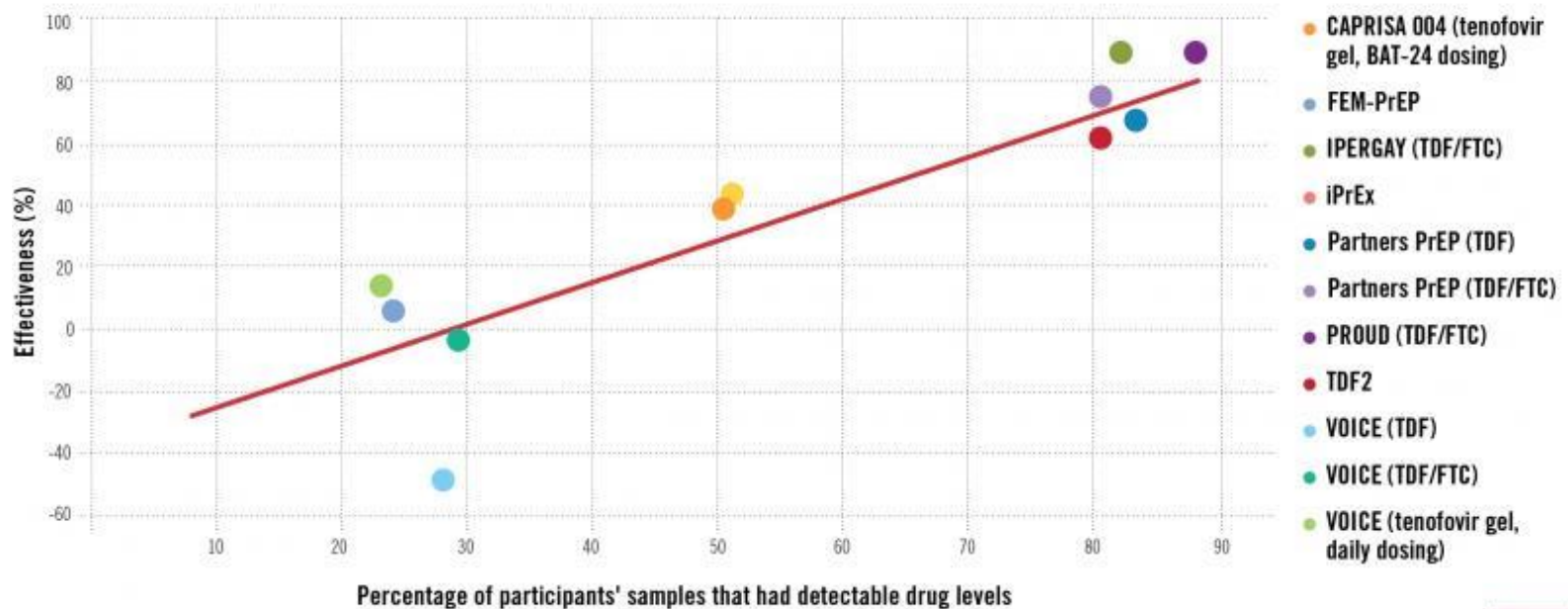
PrEP Works...If You Take It

Trial	Efficacy	Adherence
iPrEx ⁷	Oral daily Truvada: 42%	51%
Partners PrEP ⁸	Oral daily tenofovir: 67%	83%
	Oral daily Truvada: 75%	81%
TDF2 ⁹	Oral daily Truvada: 62%	81%
FEM-PrEP ¹⁰	Oral daily Truvada: No Protection	24%



PrEP Works if You Take It

PrEP Works if You Take It — Effectiveness and Adherence in Trials of Oral and Topical Tenofovir-Based Prevention



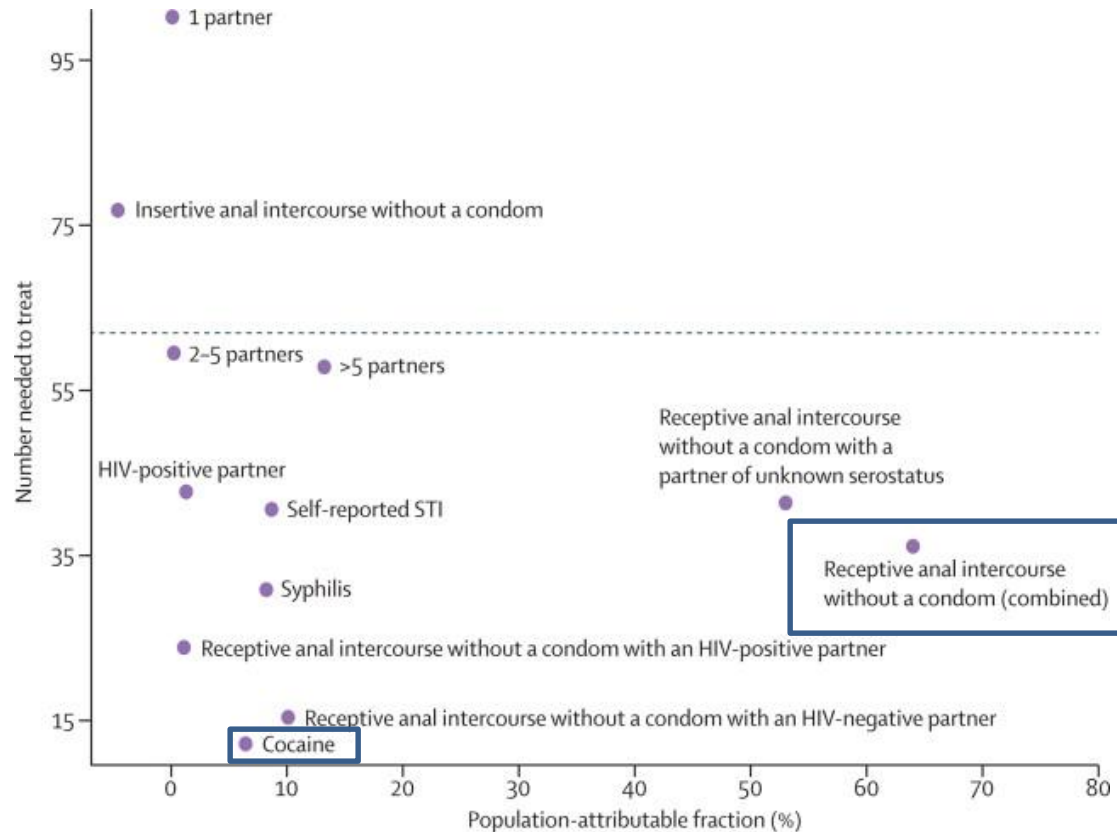
AVAC
Alliance for Vaccine Access and Coverage

February 2016

Source: Salim S. Abdool Karim, CAPRISA



NNT to prevent 1 infection



Buchbinder, Lancet 2014



Developing Policies and Protocols



Pre-Exposure Prophylaxis (PrEP): A primer for primary care providers

US Public Health Service

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES - 2014

A CLINICAL PRACTICE GUIDELINE



Developing Policies and Protocols

Policy and Procedure Manual



Christ Community
HEALTH SERVICES

HIV Department Policy

POLICY NUMBER: HIV Clinical-10

TOPIC OF POLICY: Pre-Exposure Prophylaxis (PrEP)

DATE APPROVED: October 2015

LAST REVIEW/REVISION DATE: October 12, 2015

1.0 PURPOSE

Daily emtricitabine/tenofovir (Truvada®) is safe and effective for reducing the risk of HIV acquisition in sexually active men and women and injection drug users. This policy gives guidance to providers who are interested in prescribing pre-exposure prophylaxis (PrEP) of HIV for high-risk patients.



Eligibility Criteria

- Men who have sex with men (MSM)
 - who engage in condomless receptive anal sex
 - with multiple anal sex partners
 - with syphilis or rectal STDs (e.g. Ng/Ct)
 - with one or more HIV-positive sex partners, particularly if the HIV-positive partner is not in care or does not have an undetectable viral load
- Heterosexual men and women with one or more HIV-positive sex partners
- Injection drug users



Informal Eligibility Criteria

- Men who have sex with men (MSM)
 - who are sexually active or likely to become sexually active
- Heterosexual men and women with
 - HIV-positive sex partner
 - Frequent STDs and multiple partners or with high-risk partner
- Injection drug users
- Anyone who is sexually active and believes that they are at high risk



More Slides needed here

- Including CCHS data





GETTING PrEPED

Some people may face problems with their insurance covering the costs of Truvada for PrEP. This infographic provides details that may be useful to you. Learn more about PrEP at these websites:



- projectinform.org/prep
- prepfacts.org
- pleasepreme.org
- nastad.org/prepcost
- hiveonline.org
- thewellproject.org/hiv-information/prep-women
- whatisprep.org
- facebook.com/groups/PrEPFacts



CHECK YOUR INSURANCE PLAN

Your costs

- Check your insurance plan ahead of time to see what you may have to pay out of pocket (OOP) while on PrEP.
- Find what your deductible is.
 - Find what drug tier that Truvada is on.
 - Figure out your total costs for medical visits, blood work and prescriptions.
 - Find what other OOP costs that you're responsible for, such as co-insurance.
 - Ask for help from doctor's office, pharmacist, local case manager or insurance plan rep.
 - Avoid Bronze plans if you can (they generally have higher OOP costs). If you can afford them, Silver, Gold and Platinum plans offer better coverage.



FIND A MEDICAL PROVIDER WHO SUPPORTS YOUR DECISION TO PrEP

Schedule an appointment

- Approach your medical provider about Truvada for PrEP prescription.
- If they will prescribe, GREAT NEWS!
 - If they don't know about PrEP but are willing to prescribe:
 - 1) They can consult the Federal Guidelines: (tinyurl.com/2017PrEPguidelines), and/or
 - 2) Take a copy of the guidelines with you, and/or
 - 3) They can consult the CCC's PrEPline at 855-448-7737 during business hours (tinyurl.com/CCCpreline), and/or
 - 4) They can consult NASTAD's *Billing Coding Guide for HIV Prevention* (tinyurl.com/NASTADguide).
 - If they aren't willing to prescribe:
 - 1) Read/utilize these resource materials:
 - "Talk to Your Doctor": tinyurl.com/PrEPbrochureCDC
 - "Work through Doctor Visit": tinyurl.com/PrEPdocvisit
 - 2) Ask for a referral, or find another provider on your own:
 - your insurance plan's provider directory
 - public health clinics (findahealthcenter.hrsa.gov), STD clinics, Planned Parenthood (tinyurl.com/PPclinics)
 - local, county and state health departments
 - search engines:
 - .. pleasepreme.org/find-a-provider
 - .. preplocator.org
 - .. greaterthan.org/get-prep



MEDICAL VISITS, BLOOD WORK

If you encounter uncovered costs related to your medical visits and/or blood work, these options may help:

Public health clinics

- Some public health clinics offer sliding fee scale for medical visits and blood work.
- ### FSA's
- FSA's (Flexible Spending Accounts) are accounts set up with pre-tax dollars to help pay for OOP health care costs.
 - FSA's have an annual limit of \$2,600, available through employers if offered.
 - Enrollment is usually annual, so plan ahead.



GET YOUR PRESCRIPTION

Prior authorizations

- Some insurance plans require a prior authorization (PA) for Truvada for PrEP.
- This is normal.
 - May need extra paperwork.
 - Your provider can use the codes found on p42 at tinyurl.com/2017PrEPsupplement.
 - Re-submit paperwork until the PA is approved.

Denials

- Your provider should code paperwork correctly to your insurance carrier. (URL above.)
- Work with your provider's office to submit challenge(s). It may take more than once.

Tele-PrEP services

- Two online resources may be able to prescribe PrEP to you without a doctor's visit in some states:
 - .. nrx.co/prep
 - .. prep.plushcare.com



PICK UP PRESCRIPTION

Pharmacy refills

- Plans vary in what they offer. Your plan may:
- Vary in how you get meds (at pharmacy, mail order).
 - Provide only 30-day refills
 - Offer 90-day refills
 - Make you initiate the monthly refill
 - Have an auto-send function for refills
 - Offer refills earlier than waiting 30 days

ALSO:

- In-network pharmacies will reduce your cost.
- Apply for Gilead's Co-Pay Card **before** going to a pharmacy (next column).
- If pharmacy doesn't accept Co-Pay Card, keep pharmacy and sales receipts. Call the number on back of co-pay card. Submit paperwork for payment.



PAY FOR THE MEDICATION AND OTHER COSTS

Manufacturer assistance

www.gileadadvancingaccess.com, 800-226-2056 (18 years of older)

Co-Pay Assistance

- covers up to \$7,200 per calendar year, out-of-pocket costs
- for commercially insured individuals, re-apply annually as needed
- not available for persons with Medicaid, Medicare, VA or other federal/state prescription drug programs

Medication Assistance

- uninsured, insurance declined payment, or no pharmacy benefits
- US resident (SSN not required) and family income <500% FPL (federal poverty level), tinyurl.com/FPLIncomes)
- eligibility confirmed every 6 months

Patient Access Network Foundation

- Medicare plans only; family income below 500% FPL
- \$8,000 max per year, may reapply
- Covers co-pays, deductibles and co-insurance
- panapply.org, 866-316-7263 (program is sometimes closed)

Patient Advocate Foundation

- Insured individuals only; family income below 400% FPL + COLI
- \$7,500 max per year for co-pay/deductible costs, may reapply
- tinyurl.com/PAFhelp or copays.org or 800-532-5274

State assistance programs for residents of:

- California, Colorado, Illinois, Massachusetts, New York, Virginia and Washington. Check the reverse for a list of websites.

<https://www.projectinform.org/prep-chart>



ARE YOU INSURED TO COVER YOUR COSTS FOR PrEP?



projectinform.org/prep-chart
Updated: September 1, 2018

YES

(employer, private, insurance marketplace, COBRA, Medicare, Medicaid)

1

Gilead Advancing Access Co-pay Card

gileadcopay.com
877 505 6986

- \$7,200 max/calendar year
- No income limit
- Covers co-pays, deductibles and co-insurance
- Re-apply annually as needed
- US resident
- Not available for persons with Medicaid, Medicare, VA or other state/federal prescription drug programs

If pharmacy is unable to process Gilead's Co-pay Card, keep sales and pharmacy receipts. Call number on back of co-pay card. Submit paperwork for reimbursement for all refills. Some restrictions apply: terms, conditions at gileadcopay.com.

2

Patient Access Network Foundation

panapply.org
866 316 7263

- \$4,800 initial grant, up to \$8,000 max/year, re-apply
- Income <500% FPL (\$60,700)
- Based on taxable income (1040 line 7, 1040 EZ line 1)
- Medicare plans only
- Covers co-pays, deductibles and co-insurance
- US resident
- Pharmacies can bill PAN Foundation directly

3

Patient Advocate Foundation (PAF)

tinyurl.com/PAHelp,
or cuays.org

- \$7,500 max/year, re-apply
- Income <400% FPL (\$48,560) + COLI (cost of living index) adjustments
- Based on taxable income (1040 line 7, 1040 EZ line 1)
- Must be insured (as listed under "YES" above)
- Covers co-pays only
- Proof of US residence (utility bill, etc.)
- Case managers available to help resolve medical cost issues (800-532-5274)

These programs may be subject to funding shortfalls, which may limit enrollment.

FSA (flexible spending account)

Employer FSAs can help cover up to \$2,500 of out-of-pocket costs.

If you're a resident, these state plans may also help if you're insured or uninsured:

- CALIFORNIA: tinyurl.com/CAprepPAP
- COLORADO: tinyurl.com/COprepPAP
- ILLINOIS: tinyurl.com/ILprepPAP
- MASSACHUSETTS: crimz.org/prepdap (cost of drug, services)
- NEW YORK: tinyurl.com/NYprepPAP (cost of services)
- VIRGINIA: tinyurl.com/VAprepPAP
- WASHINGTON: tinyurl.com/WAprepPAP (cost of drug)

NO

U.S. RESIDENT?

What's the date?



NOV 1 – JAN 31

Enroll in an insurance marketplace
obamacarefacts.com/state-health-insurance-exchange/

Avoid Bronze plans if you can: they generally have higher costs. Silver plans will offer lower costs for people earning up to 250% FPL (\$30,350). Gold & Platinum plans offer better coverage if you can afford them. Carefully select the right plan for you.

Special enrollment

You can get insurance at other times for "qualifying life events" such as: pregnancy, loss/change of job, change in household size, change in income, recent move, change in citizenship.

FEB 1 – OCT 31

below 138% FPL / yr (<\$16,733)

above 138% FPL / yr (>\$16,733)

Check if you're eligible for your state Medicaid plan. (medicaid.org/)

NON-RESIDENT/
UNDOCUMENTED?

Find a public clinic (FQHC) that serves undocumented patients. (aahc.org/healthcenter/irs-a.gov)

Check if you can get insurance through marketplace/employer.

IF NO

What's your income?

60,700

below

Enroll in the Gilead MAP.
www.truvada.com/truvada-patient-assistance

500% FPL (2018 FPL: \$12,140)
Lease income: + \$4,320 per dependent, higher FPLs in Alaska and Hawaii, 1040 tax form line 7, 1040 EZ line 1)
— only drug costs —
tinyurl.com/FPLcalculator

above

Retail cost of Truvada

<https://www.projectinform.org/prep-chart>

Patient Assistance Program

ADVANCING ACCESS[®]

1. REQUESTED PATIENT SUPPORT (REQUIRED)

Benefits Investigation Prior Authorization and
 Patient Assistance Program (PAP) or Medication Assistance Program (MAP)

2. GILEAD MEDICATION (REQUIRED)

Product Name: _____
 (If requesting TRUANDA please indicate for: Treatment PIP/PAP)

3. PATIENT INFORMATION (REQUIRED)

First Name: _____ Last Name: _____
 Address: _____ Apt./Unit # _____
 State: _____ Zip Code: _____
 Email: _____
 Alternate Contact Name: _____

CONTACT AUTHORIZATION

I authorize Advancing Access to leave a detailed message, including the name of my

4. INSURANCE INFORMATION (REQUIRED) PLEASE

Patient is insured (Please fill out all of the applicable insurance information below. Attach copy—front and back—of patient card.)

Primary Insurance: _____
 Plan name: _____
 Subscriber Name: _____ Policy Holder Name: _____
 Policy #: _____ Group #: _____

Check box if patient has necessary insurance coverage and fax a copy of this

5. PRESCRIBER INFORMATION (REQUIRED)

Prescriber Name: _____
 Address: _____
 State: _____ Zip Code: _____
 Phone #: _____
 Tax ID #: _____

6. DIAGNOSIS/MEDICAL INFORMATION

Diagnosis (Please include ICD code): _____

7. PRESCRIBER CERTIFICATION AND STATEMENT OF MEDICAL NECESSITY

By signing this form, I certify that an attending Gilead prescriber for the patient identified in patient and that it will be used as evidence. I agree that I will be supervising the patient's treatment of my knowledge. I agree that I will not seek reimbursement for any Gilead medication through Program (TRUANDA) from any government program or third party insurer.

If prescribing TRUANDA for PIP/PAP, I certify that the applicant has been tested for HIV infection and negative result. As part of my prescriber's eligibility, I agree to periodically verify continued health information, including, but not limited to, any other applicable requirements, in order to remain eligible and the purposes of: 1) verifying the patient's insurance coverage and eligibility for benefits; 2) seeking support, and referral resources as needed; 3) facilitating the provision of the patient's prescriber's patient's prescriber medication to evaluate the effectiveness of the Advancing Access Program.

PRESCRIBER SIGNATURE (REQUIRED)

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ENROLLMENT FORM PAGE 1 OF 3

ADVANCING ACCESS ENROLLMENT FORM PHONE: 1-800-226-2656 FAX: 1-800-216-6857

PATIENT NAME: _____ DATE OF BIRTH: _____

2. PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION (PHI)

I understand that I must complete this enrollment form before I can receive assistance from Advancing Access ("Program") and the Patient Assistance Program/Medication Assistance Program (collectively, "Gilead") will need my personal and medical information as described below. I hereby authorize my health care provider to disclose my personal and medical information as described below to Gilead in connection with this authorization, and I authorize Gilead to use and disclose my information as described below.

Information to Be Disclosed: Personal health information ("PHI"), including information, mailing address, financial information, and insurance information), my past, present, and future medical history, including information about my HIV-related status or treatment with this prescription medication, and all information provided on this enrollment form.

Persons Authorized to Disclose My Information: My health care providers, including physicians, nurses, and other health professionals who provide me healthcare benefits, and any health plans or programs that provide me healthcare benefits, provided they may receive remuneration for disclosing my PHI pursuant to this authorization.

Persons to Which My Information May Be Disclosed: Gilead, including the third party administrator of the Program and the PAP/MAP.

Purposes for Which the Disclosures Are to Be Made: Disclosures of PHI may be made for the purposes of: 1) completing the enrollment process and verifying my eligibility for benefits from my health plan or other programs; 2) providing financial support, and communicating with my healthcare providers, including, but not limited to, contacting me to evaluate the effectiveness of the Gilead's internal business purposes, including quality control and support enhancement, and educational materials related to my treatment and/or my customer relationship marketing program (this use of my personal information is of the signatures below. I may opt in).

I understand that once my PHI has been disclosed hereunder, federal privacy law may require that I may refuse to sign this authorization and that if I refuse, my ability to obtain treatment from my healthcare providers will not change, but I will not be able to participate in the Program and/or the PAP/MAP. I also understand that I may cancel this authorization at any time. If I cancel this authorization, I understand that I may not be able to obtain treatment from my healthcare providers, but the cancellation will not affect my ability to obtain treatment from my healthcare providers. I understand that this authorization, which expires the earlier of two (2) years from the date it is signed or the laws of the state in which I reside.

By checking this box, I agree to receive marketing information, offers and educational materials related to my condition, including the customer relationship marketing program.

SIGNATURE OF PATIENT OR PATIENT'S REPRESENTATIVE (REQUIRED):

 Patient Representative's Name (if signing for the patient)

 Patient Representative's Relationship to Patient

FAX COMPLETED FORM TO ADVANCING ACCESS AT

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PAGE 2 OF 3

ADVANCING ACCESS ENROLLMENT FORM PHONE: 1-800-226-2656 FAX: 1-800-216-6857

PATIENT NAME: _____ DATE OF BIRTH: _____

6. PATIENT FINANCIAL INFORMATION (REQUIRED ONLY IF APPLYING FOR THE PATIENT ASSISTANCE PROGRAM/MEDICATION ASSISTANCE PROGRAM (PAP/MAP))

Current Annual Household Income: \$ _____

Number of People in Household supported by above income: 1 2 3 4 5 6 Other: _____

Please submit current documentation for all sources of income (eg, tax returns, W2, last 2 pay stubs, etc.). If there is no household income, indicate how the patient's household is being supported.

ADDITIONAL INSURANCE INFORMATION

Social Security Number: _____

Has the patient applied for ADAP? Yes No If Yes, date of application: _____

Has the patient applied for Medicaid? Yes No If Yes, date of application: _____

Is the patient eligible for Medicaid? Yes No If No, state reason: _____

Is the patient eligible for VA benefits? Yes No If Yes, has the patient tried to obtain the medication through the VA? Yes No

Has the patient applied for an insurance plan offered through a state insurance marketplace (also known as an exchange)? Yes No If Yes, date of application: _____

Is the patient eligible for an insurance plan offered through a state insurance marketplace (also known as an exchange)? Yes No If No, state reason: _____

APPLICANT DECLARATIONS AND AUTHORIZATIONS (REQUIRED ONLY IF APPLYING FOR THE PAP/MAP)

I certify that all of the information provided in this application, including household income, is complete and accurate. I understand that program assistance will terminate if Advancing Access becomes aware of any false or inaccurate information or if the medication is no longer prescribed for the individual that completed this application. I agree that I will qualify for patient assistance. If I receive free product through the PAP/MAP, I certify that I will not seek reimbursement or credit for this medication from any insurer, health plan, or government program. If I am a member of a Medicare Part D plan, I will not seek to have this medication or any cost for items associated with it counted as part of my out-of-pocket cost for prescription drugs. I understand that the PAP/MAP reserves the right to modify the application form, modify or discontinue this program, or terminate assistance at any time and without notice. I authorize the PAP/MAP and its administrator to forward my prescription to a dispensing pharmacy on my behalf. I authorize Gilead and its third party administrator to use the information provided on this form to obtain a personal credit report about me to verify the information on this form and determine my eligibility for the PAP/MAP.

SIGNATURE OF PATIENT/PATIENT REPRESENTATIVE (REQUIRED ONLY IF APPLYING FOR PAP/MAP)

 DATE: _____

FAX COMPLETED FORM TO ADVANCING ACCESS AT 1-800-216-6857

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Patient Assistance Program

ADVANCING
ACCESS®

ENROLLMENT FORM PAGE 1 OF 3
PHONE: 1-800-226-2056 FAX: 1-800-216-6857

1. REQUESTED PATIENT SUPPORT (REQUIRED)

CHECK ALL BOXES THAT APPLY

<input type="checkbox"/> Benefits Investigation	<input type="checkbox"/> Prior Authorization and Appeals Information	<input type="checkbox"/> Co-pay Coupon Program Enrollment
<input type="checkbox"/> Patient Assistance Program (PAP) or Medication Assistance Program (MAP) Eligibility Screening		

2. GILEAD MEDICATION PRESCRIBED (REQUIRED)

Product Name:	mg:
If requesting TRUVADA®, please indicate for: <input type="checkbox"/> Treatment <input type="checkbox"/> PrEP/Prevention	

3. PATIENT INFORMATION (REQUIRED)

First Name:	Last Name:	M.I.:	Preferred Language:
Address:	Apt./Unit #	City:	
State:	Zip Code:	Phone #:	SSN# (Last 4 digits):
Email:	DOB:		
Alternate Contact Name:	Phone #:	Relationship:	

CONTACT AUTHORIZATION

I authorize Advancing Access to leave a detailed message, including the name of my prescription, if I am unavailable when they call. Yes No

4. INSURANCE INFORMATION (REQUIRED)

PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF INSURANCE CARD(S)

<input type="checkbox"/> Patient is insured (Please fill out all of the applicable insurance information below. Attach copy—front and back—of patient card.)	<input type="checkbox"/> Patient is uninsured (ie, no health insurance through any public or private payer) SEE OPTIONAL "PATIENT FINANCIAL INFORMATION" SECTION 9 BELOW
Primary Insurance:	Is this a Medicare Part D plan? <input type="checkbox"/> Yes <input type="checkbox"/> No



Same Day Start

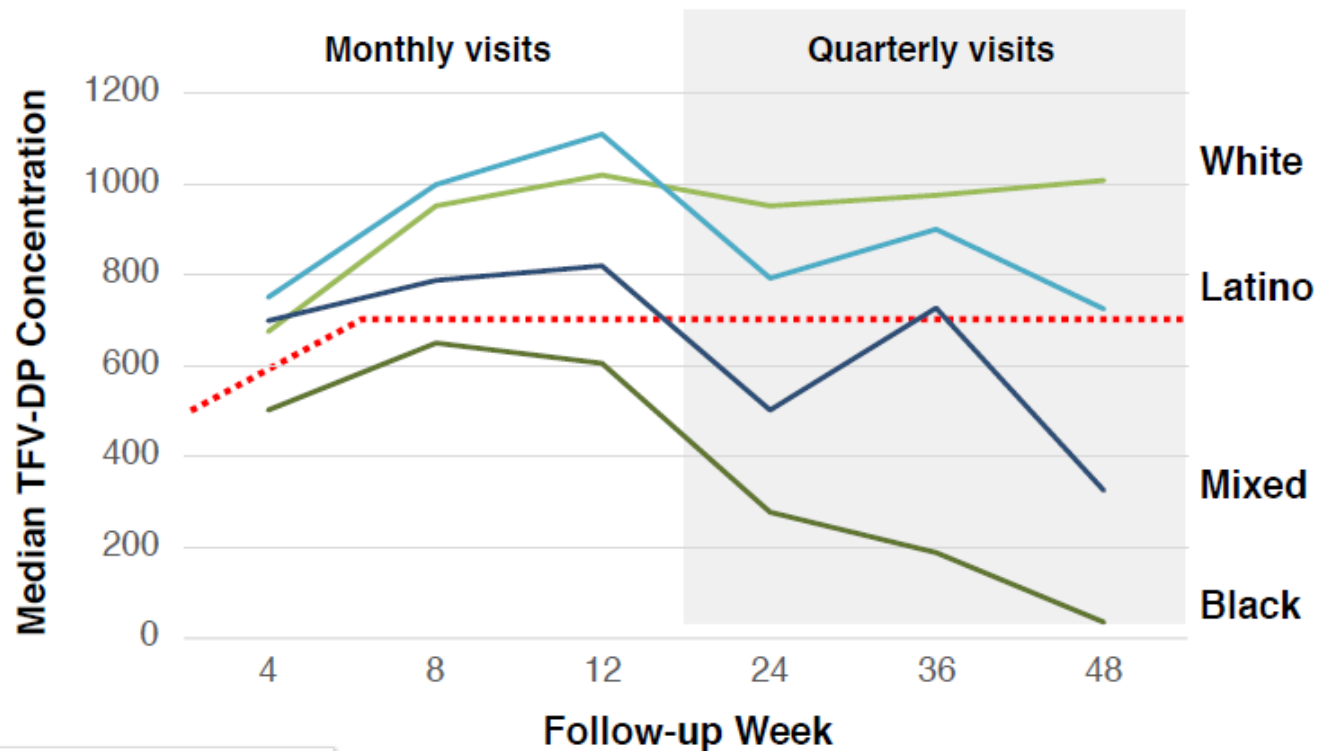
- Need a negative HIV test
- Exclude patients with known CKD, HBV, pregnancy, acute infection symptoms
- Make sure labs are drawn
- Make sure you have good contact numbers
- Patient walks out of clinic with a prescription



Adherence in young adults is a challenge

Project PrEPare 2 (ATN 110), Oct 2012 - Feb 2015

18-22
years old



..... ≥ 4 doses per week

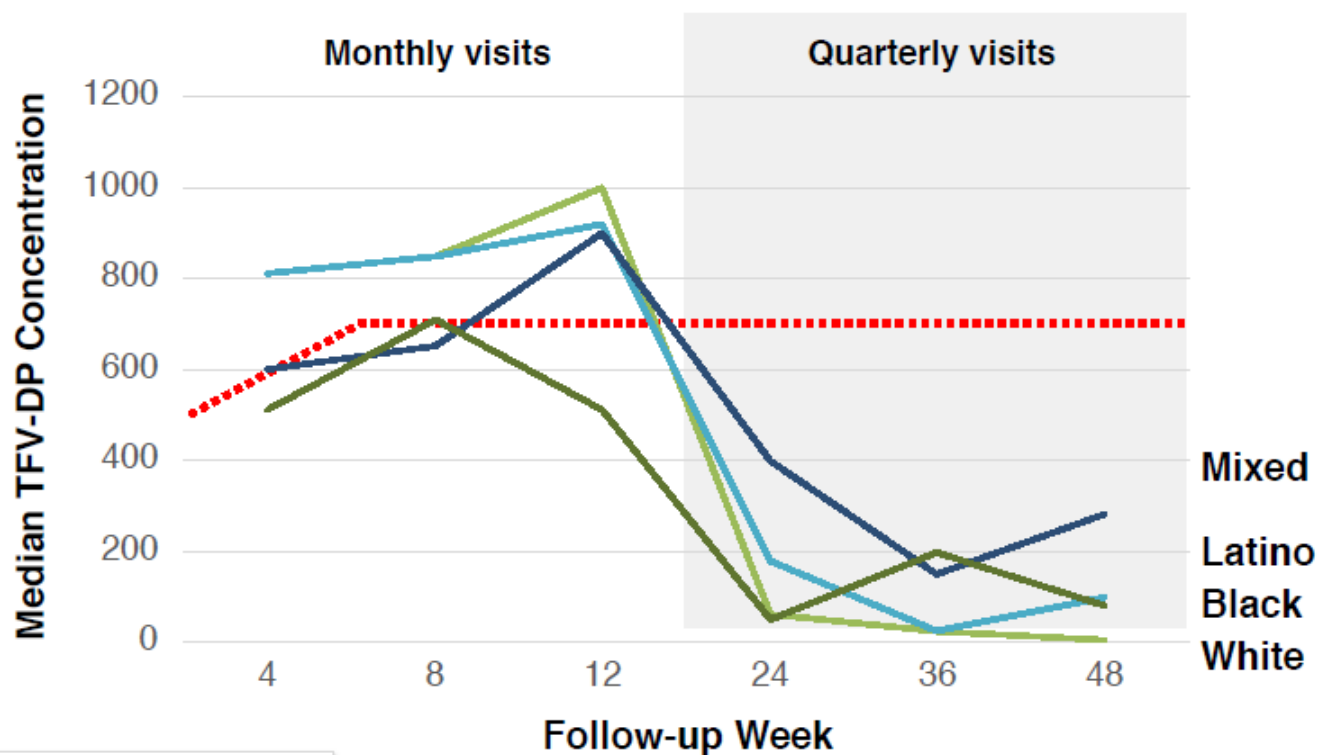
Hosek S, et al. IAS Vancouver 2015.



Adherence in teens is a bigger challenge

Project PrEPare 3 (ATN 113), Aug 2013 – Mar 2016

15-17
years old



..... ≥ 4 doses per week

Hosek S, et al. IAS Vancouver 2015.



CDC Fact Sheet

Pre-exposure Prophylaxis (PrEP) for HIV Prevention

May 2014

Fast Facts

- Pre-exposure prophylaxis, or PrEP, is a way to help prevent HIV by taking a pill every day.
- People who are at substantial risk for HIV should talk to their doctor about PrEP.
- PrEP must be taken every day to be most effective.

Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV to help prevent HIV infection by taking a pill every day. The pill contains two medicines that are also used, in combination with other medicines, to treat HIV. When someone is exposed to HIV through sex or injection drug use, PrEP can help stop the virus from establishing a permanent infection.

When used consistently, PrEP has been shown to greatly reduce the risk of HIV infection in people who are at substantial risk. PrEP is much less effective when it is not taken consistently.

PrEP is a powerful **HIV** prevention tool, and can be combined with condoms and other prevention methods to provide even greater protection than when used alone. People who use PrEP must commit to taking the drug daily and seeing their health care provider every 3 months for HIV testing and other follow-up.

https://www.cdc.gov/hiv/pdf/PrEP_fact_sheet_final.pdf



HIV Providers vs. Primary Care Providers

AIDS and behavior

Author Manuscript

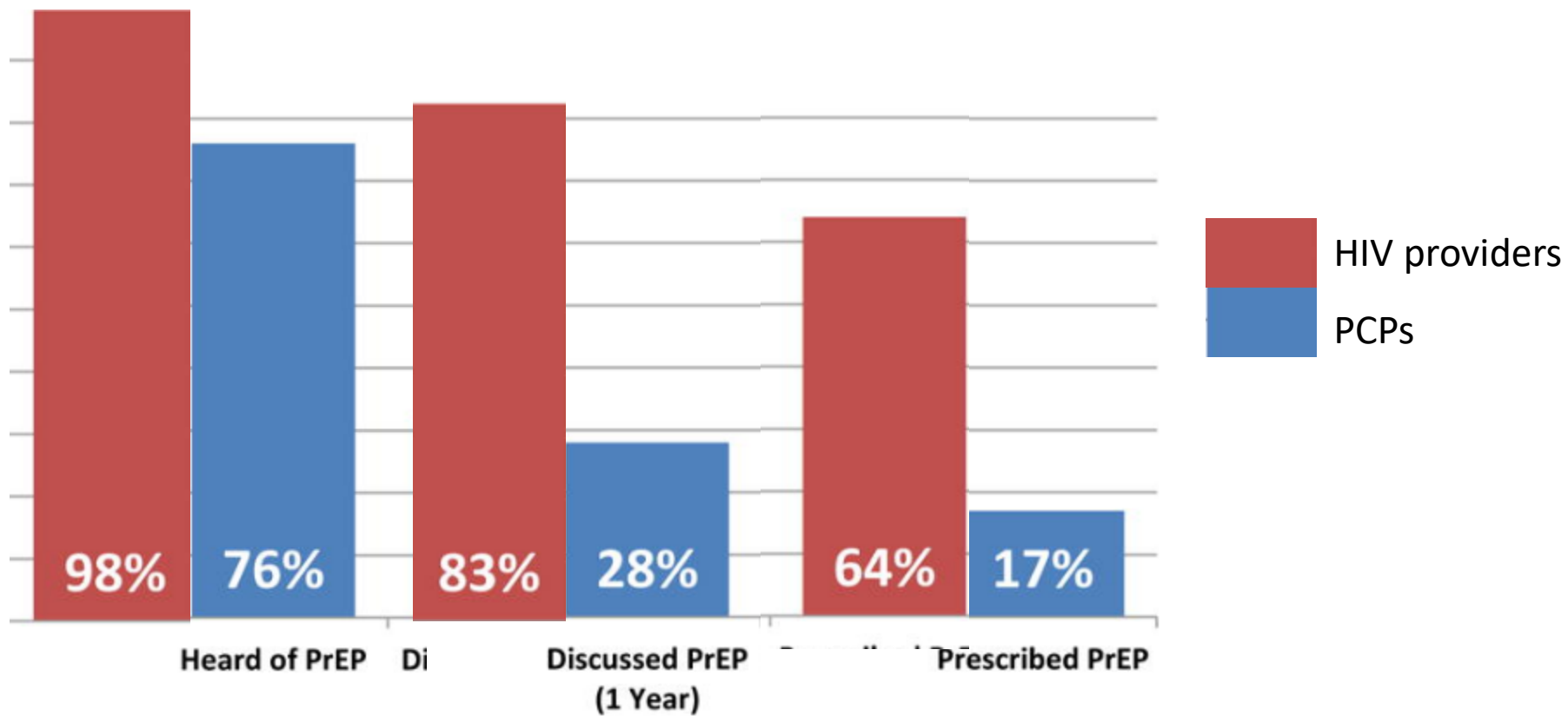
HHS Public Access

PrEP Awareness, Familiarity, Comfort, and Prescribing Experience among US Primary Care Providers and HIV Specialists

Andrew E. Petroll, Jennifer L. Walsh, [...], and Jeffrey A. Kelly



HIV Providers vs. Primary Care Providers



AIDS Taught Me Sex Was Deadly. A Pill Changed That.

by JOSEPH OSMUNDSON

NOVEMBER 29, 2016

“Truvada might be a step toward a new sexual liberation—sex parties, singles and swingers, threesomes even for committed couples—and away from the condoms that made our sex safer not just physically but culturally. No wonder it makes people, gay and straight alike, uncomfortable.”



Risk Compensation

- Hypothesized that PrEP availability will lead to more high-risk sex and STIs
 - Increase in # of CAS acts with casual partners but not # of partners, Hoornenburg (Amsterdam)
 - Increase in # of CAS acts while on PrEP, highest rate of CAS was in PrEP non-adherent partners, Newcomb (Chicago)
 - Increase incidence of rectal chlamydia and syphilis after initiation of PrEP, Beymer (Los Angeles)
 - *Increase* in condom use among adolescents in South Africa



Risk Compensation

“Clinicians should continue to support PrEP as a *supplement* rather than replacement of condoms”

- Samuel Jenness, Emory University

PLoS One, 2017

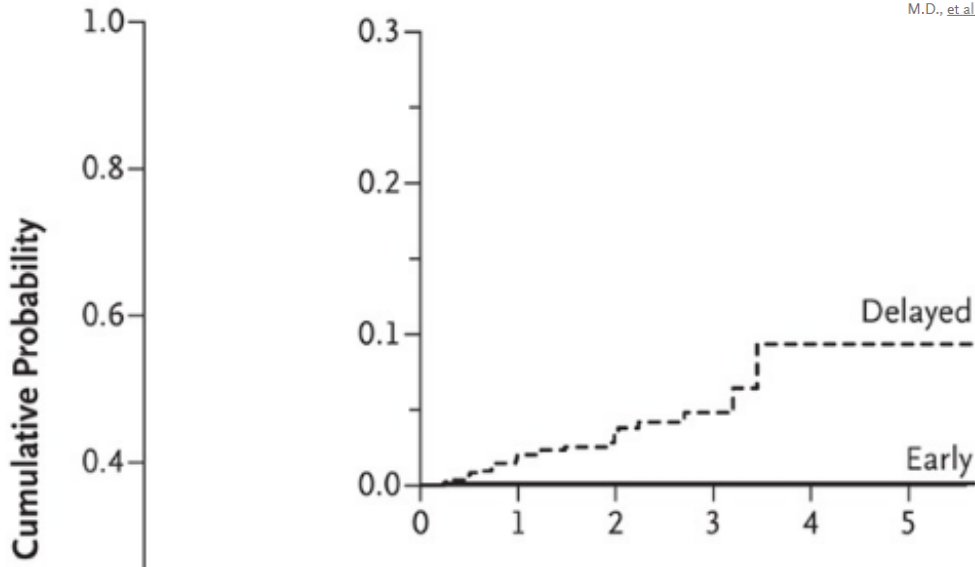


U=U Undetectable Equals Untransmittable

ORIGINAL ARTICLE

Prevention of HIV-1 Infection with Early Antiretroviral Therapy

A Linked HIV Transmission



Myron S. Cohen, M.D., Ying Q. Chen, Ph.D., Marybeth McCauley, M.P.H., Theresa Gamble, Ph.D., Mina C. Hosseinipour, M.D., Nagalingeswaran Kumarasamy, M.B., B.S., James G. Hakim, M.D., Johnstone Kumwenda, F.R.C.P., Beatriz Grinsztejn, M.D., Jose H.S. Pilotto, M.D., Sheela V. Godbole, M.D., Sanjay Mehendale, M.D., *et al.*, for the HPTN 052 Study Team*



PrEP Conclusions

- HIV risk is huge in the MidSouth, and astronomical in our gay and bi- African American men
- PrEP works . . . if you take it
- You, too, can prescribe PrEP
- PrEP needs to be a primary care thang



stig·ma

/'stigmə/



stig·ma

/'stigmə/

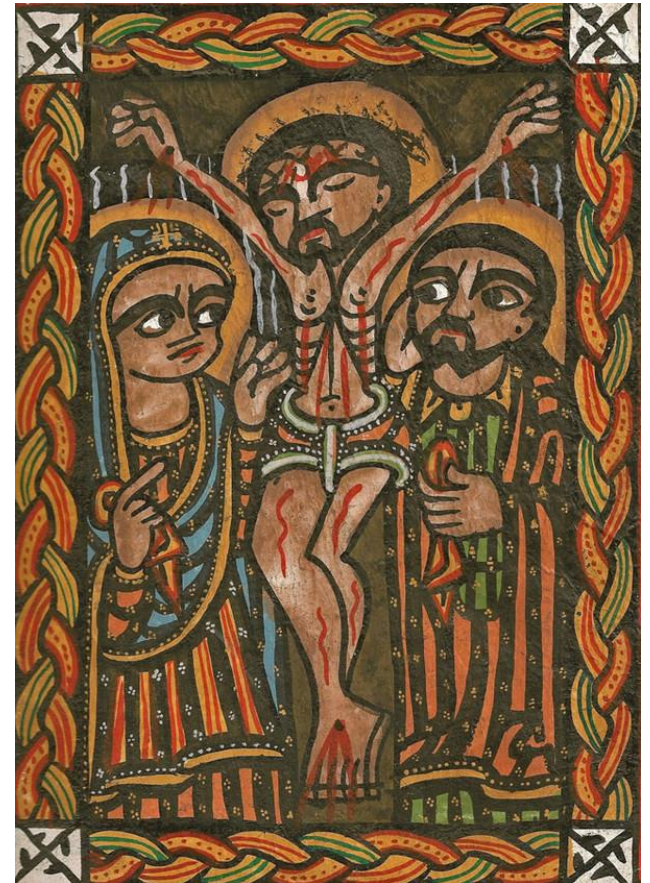
1. A mark of disgrace that sets a person apart
2. Visible sign or characteristic of a disease



stig·ma

/ˈstigmə/

1. A mark of disgrace that sets a person apart
2. Visible sign or characteristic of a disease
3. Marks corresponding to those left on Jesus' body by the Crucifixion

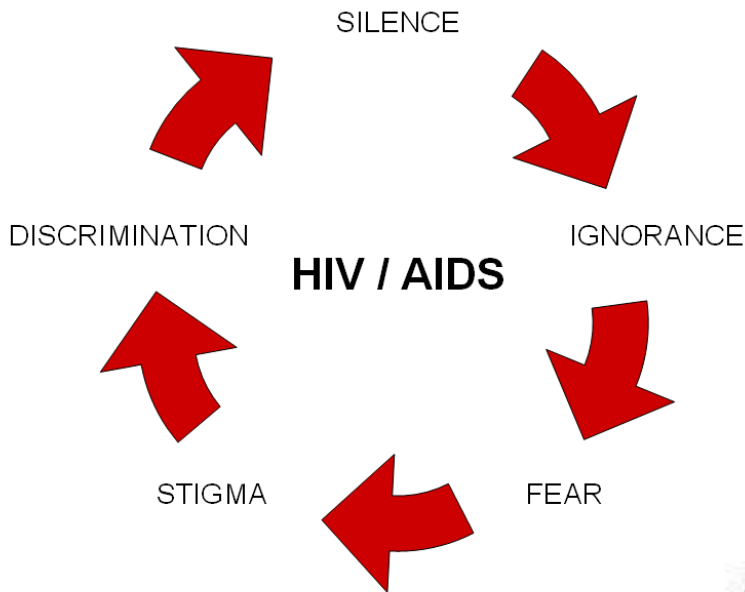


**I AM
NOT...**

DIRTY AN ADDICT
DYING HELPLESS
BEING PUNISHED
A VICTIM
ALONE SICK
A STEREOTYPE
A WHORE **GUILTY**

**I AM
HIV
POSITIVE**

THE STIGMA PROJECT / LIVE HIV NEUTRAL



Reaching out to the church



IGNORANCE = FEAR



©K.Haring 89

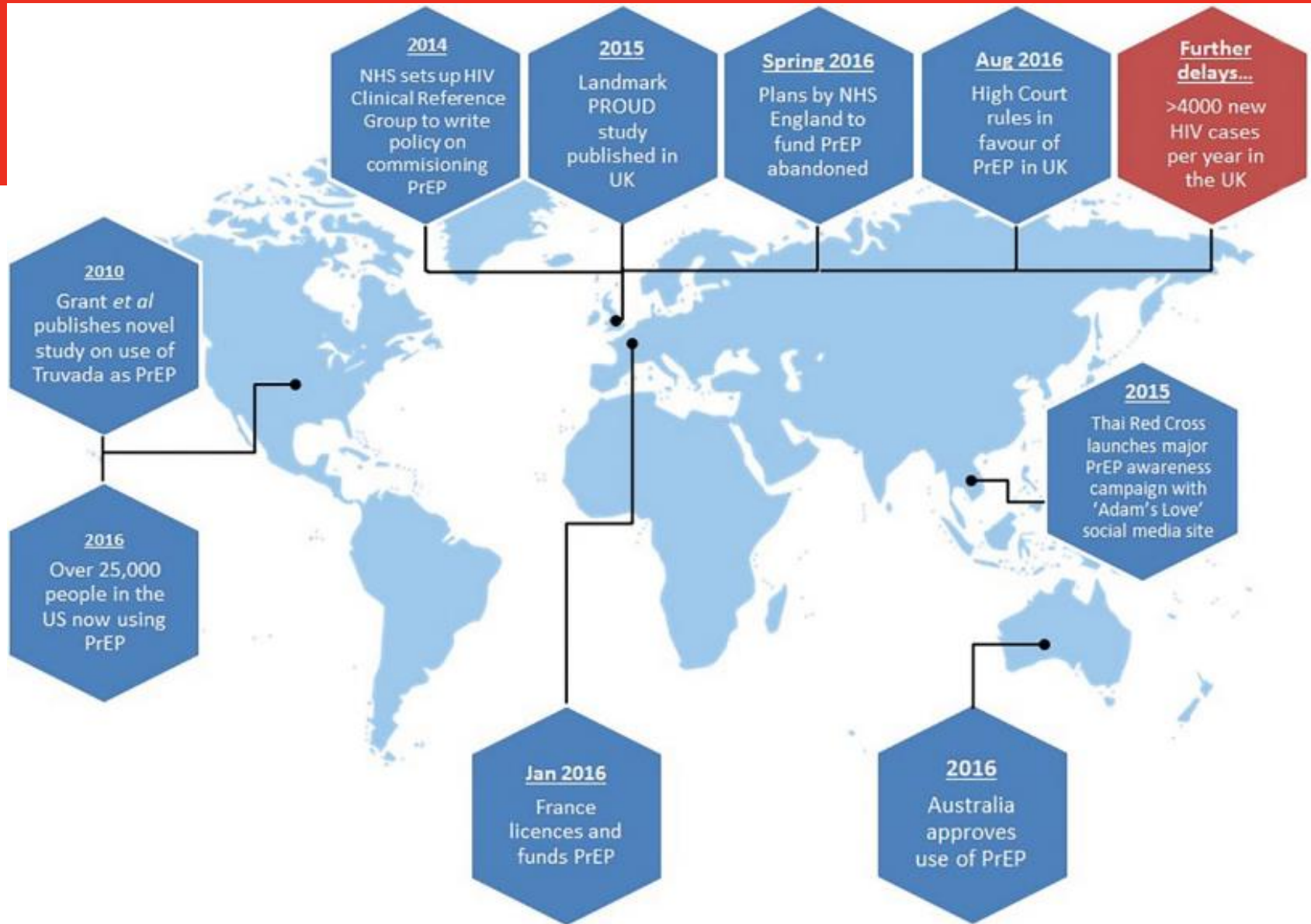
SILENCE = DEATH ▲ FIGHT AIDS ACT UP



I John 4:18

There is no fear in love,
But perfect love drives out fear . . .





HIV Preexposure Prophylaxis as a Gateway to Primary Care

Julia L. Marcus, PhD, MPH, Kenneth Levine, MPH, Chris Grasso, MPH, Douglas S. Krakover, MD, Victoria Powell, MPH, Kyle T. Bernstein, PhD, Stephen Boswell, MD, and Kenneth H. Mayer, MD

Objectives. To determine whether HIV preexposure prophylaxis (PrEP) use is associated with use of non-HIV-related health care.

Methods. We conducted a cross-sectional study of potential PrEP candidates at a Boston, Massachusetts, community health clinic during 2012 to 2016, comparing the proportion of PrEP users and non-PrEP users receiving primary care.

Results. Of 5857 PrEP candidates, 2047 (35%) were prescribed PrEP. After adjustment for demographics and number of visits, more PrEP users received influenza vaccination (prevalence ratio [PR]=1.28; 95% confidence interval [CI]=1.20, 1.37), tobacco screening (PR=1.06; 95% CI=1.02, 1.09), and depression screening (PR=1.07; 95% CI=1.04, 1.11) compared with non-PrEP users. After additional adjustment for diabetes, hypertension, and overweight or obesity, more PrEP users received glucose testing (PR=1.64; 95% CI=1.56, 1.72) but fewer received hemoglobin A1c testing (PR=0.81; 95% CI=0.71, 0.93) compared with non-PrEP users.

Conclusions. PrEP use was associated with receipt of influenza vaccination, tobacco and depression screening, and glucose but not hemoglobin A1c testing. Among PrEP users receiving routine care, the benefits of PrEP may extend to behavioral health, mental health, and prevention and treatment of other infectious and chronic diseases. (*Am J Public Health*. Published online ahead of print July 19, 2018; e1–e3. doi:10.2105/AJPH.2018.304561)

Daily oral preexposure prophylaxis (PrEP) using emtricitabine and tenofovir is highly protective against HIV infection.^{1,2} Clinical monitoring among PrEP users facilitates identification and treatment of other infections, including hepatitis C and bacterial sexually transmitted infections (STIs).^{3,4} PrEP may also provide a gateway to other types of health care for men who have sex with men and other individuals at risk for HIV infection, just as family planning clinics provide a gateway to care for many women.⁵ However, to our knowledge, no studies have evaluated whether PrEP use is associated with increased receipt of non-PrEP-related health care.

METHODS

We conducted a cross-sectional study at Fenway Health, a community health center

in Boston, Massachusetts, specializing in care for sexual and gender minorities.⁶ Fenway Health uses an electronic health record, which supports preventive care by prompting clinicians about recommended vaccinations and screenings. For each year during 2012 to 2016, we included HIV-uninfected patients tested for rectal STIs, indicating HIV risk and thus eligibility for PrEP. We assessed PrEP prescriptions and receipt of primary care during each calendar year.

We measured 4 primary care outcomes: (1) influenza vaccination, which is recommended

annually for almost everyone 6 months and older; (2–3) screening for tobacco use and depression, which are clinical performance measures for federally qualified health centers; and (4) hemoglobin A1c or glucose tests for diabetes screening or monitoring. Diabetes screening is recommended for overweight or obese adults older than 40 years and for younger adults with diabetes risk factors; these 2015 guidelines updated previous recommendations to screen adults with hypertension.

We used the χ^2 test and the *t* test to compare characteristics of PrEP users and nonusers. We used Poisson models to obtain prevalence ratios (PRs) comparing the proportions of PrEP users and nonusers who received each primary care outcome. Because patients could be included in the data set more than once if tested for rectal STIs in multiple years, we used generalized estimating equations to account for repeated measures. Adjusted models included age, gender, race/ethnicity, insurance type, year, and annual number of kept medical visits. Models for hemoglobin A1c or glucose testing additionally included diabetes and hypertension, as noted on the clinical problem list during the same year as the rectal STI test, and overweight or obesity, as noted on the problem list or on the basis of a recent body mass index of 25 kilograms per meters squared or greater.

We conducted analyses in SAS version 9.4 (SAS Institute, Cary, NC). Tests were 2 sided and the cutoff for statistical significance was $P < .05$.

ABOUT THE AUTHORS

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