

Increasing Access to PrEP

**SEXUAL
+ BEING**

Sex is a natural part of being.

BE SEX POSITIVE.



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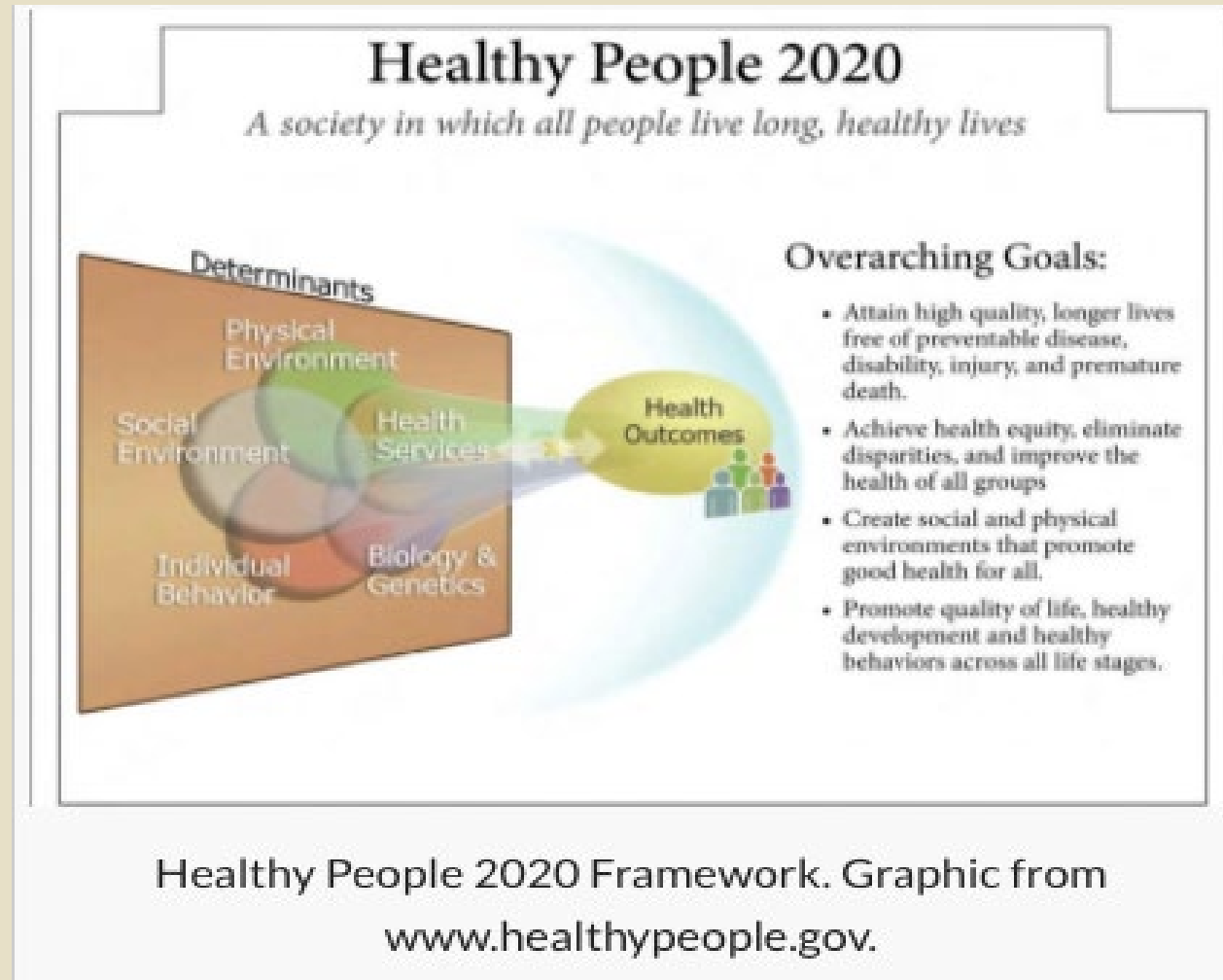
Objectives

1. Define the populations at highest risk for HIV acquisition
2. Identify novel PrEP programs
3. Discuss challenges to PrEP access

Healthy People 2020

- Response to the 1985 *Report of the Secretary's Task Force Report on Black and Minority Health*
- Goal was to achieve health equity, eliminate disparities, and improve the health of all groups for 2020

Healthy People 2020



Healthy People 2020



[HIV Knowledge of serostatus among HIV-positive persons \(percent, 13+ years\).\[HIV-13\]](#)

LHI Topic: Reproductive and Sexual Health

Improving

80.9%
(2006)

87.2%
(2012)

90.0%

[Access to Health Services Persons with a usual primary care provider \(percent\).\[AHS-3\]](#)

LHI Topic: Access to Health Services

Little or no detectable change

76.3%
(2007)

76.5%
(2012)

83.9%

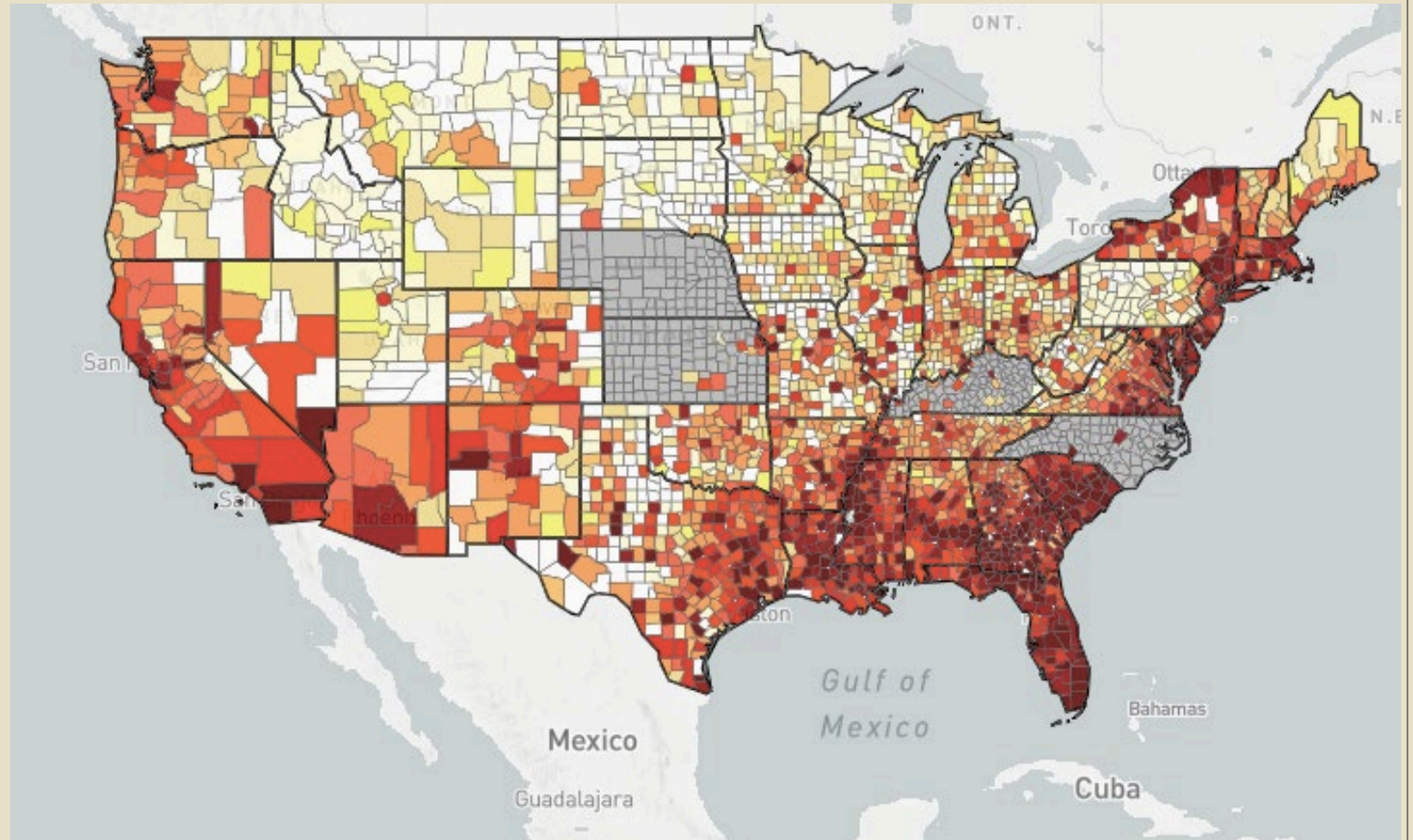
Healthy People 2020 Framework. Graphic from
www.healthypeople.gov.

CHALLENGES IN CARE IN THE RURAL SOUTH

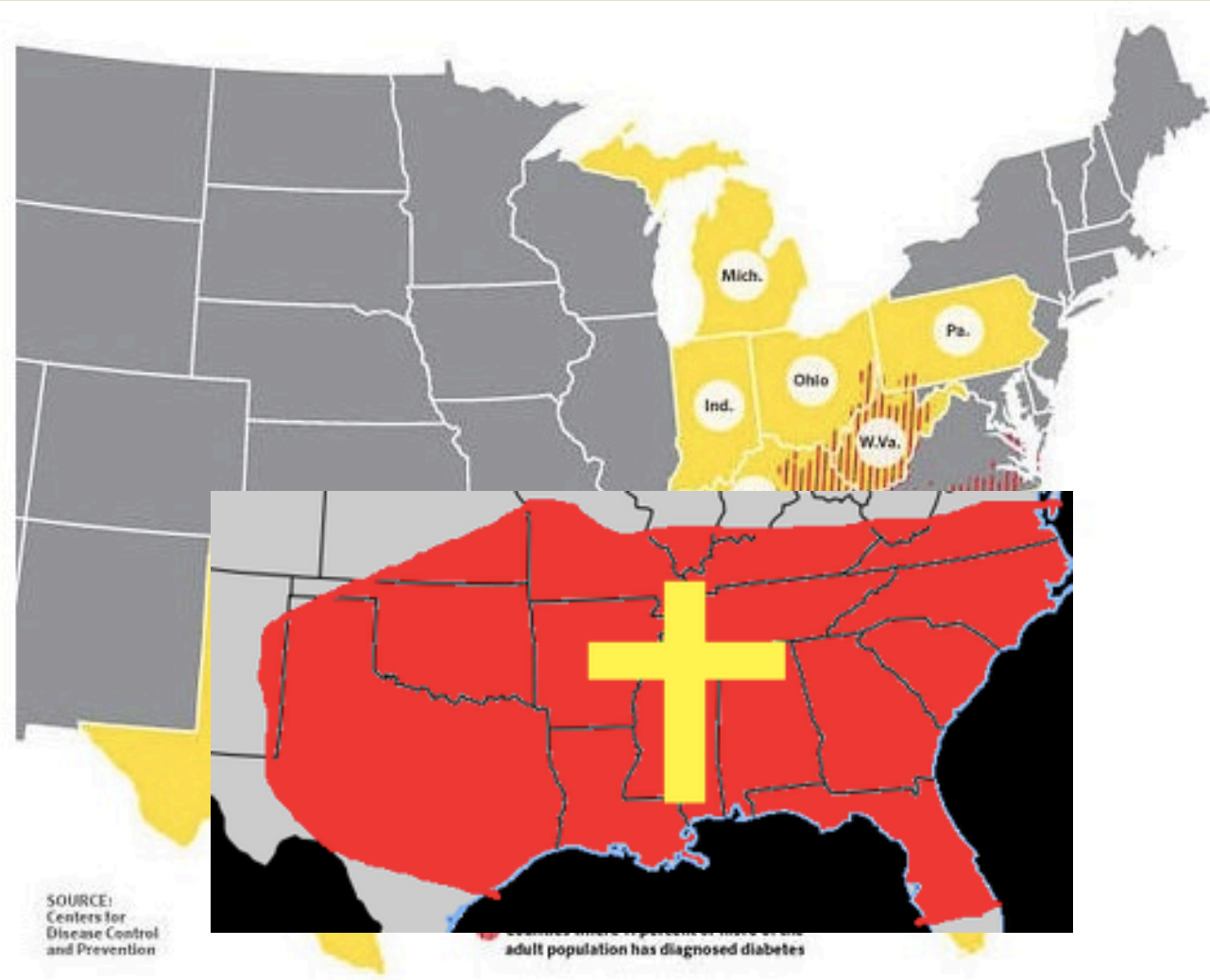
- Rurality: Large distances & shortage of health care providers
- Race: Increased proportions of African Americans & racial disparities in health care
- Poverty
- Poor health
- Infrastructure
- Poor IT infrastructure
- Distrust in health care system
- Inadequate funding
- Lack of education
- Underestimation of person risk
- Anti-immigrant
- Stigma & “aggressive homophobia”

HIV in US and MS

- Mississippi is a national HIV hotspot
- 6th highest rate of HIV diagnosis
- MS only state to report an increase in new diagnoses in 2017



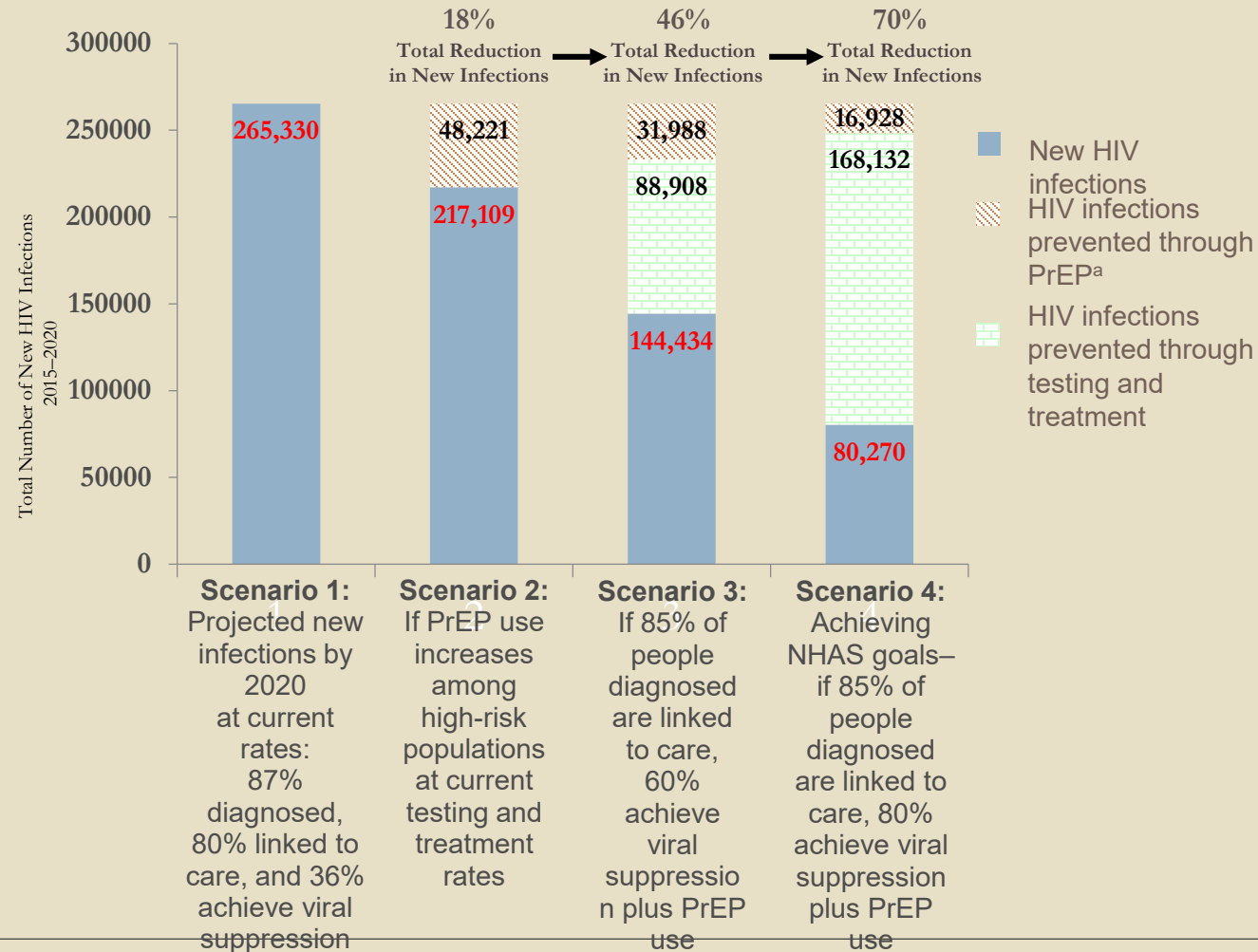
HIV and the Bible Belt



Ending the HIV Epidemic: A Plan for America

- Facts
 - >1.1 million Americans are living with HIV
 - ~40,000 Americans being newly diagnosed each year
- Goals
 - 75% reduction in new HIV infections in 5 years
 - 90% reduction in new HIV infections in 10 years
- Why Now?
 - Pre-Exposure Prophylaxis (PrEP)
 - HIV treatment
 - New technology

A Model Study of the Impact of Improving Diagnosis, Care and Treatment Among Persons Living With HIV and Delivering PrEP to Persons at Risk of HIV, United States, 2015–2020



a. Assumes PrEP use among high-risk populations is 40% among MSM, 10% among PWID, and 10% among HET.

Yaylali E, et al. CROI 2016. Boston, MA. #1051; image adapted from CDC at http://www.cdc.gov/nc/hhstp/newsroom/images/2016/croi_four_scenarios_graph.jpg.

1.1 million Americans are likely to benefit from using HIV pre-exposure prophylaxis (PrEP)

African American.....

500,000

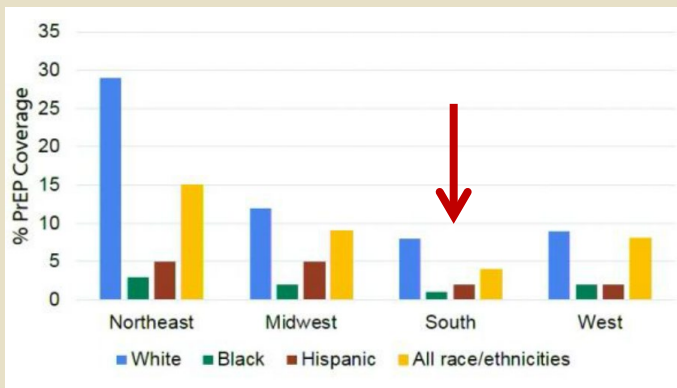
Latinos.....

300,000

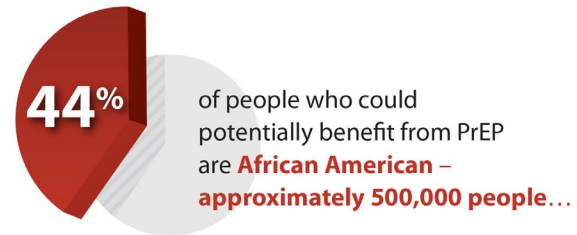
White.....

300,000

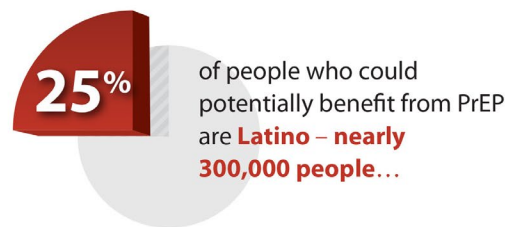
220,000 have been prescribed PrEP so far



HIV prevention pill is not reaching most who could potentially benefit – especially African Americans and Latinos



...but only **1%** of those – **7,000 African Americans** – were prescribed PrEP*

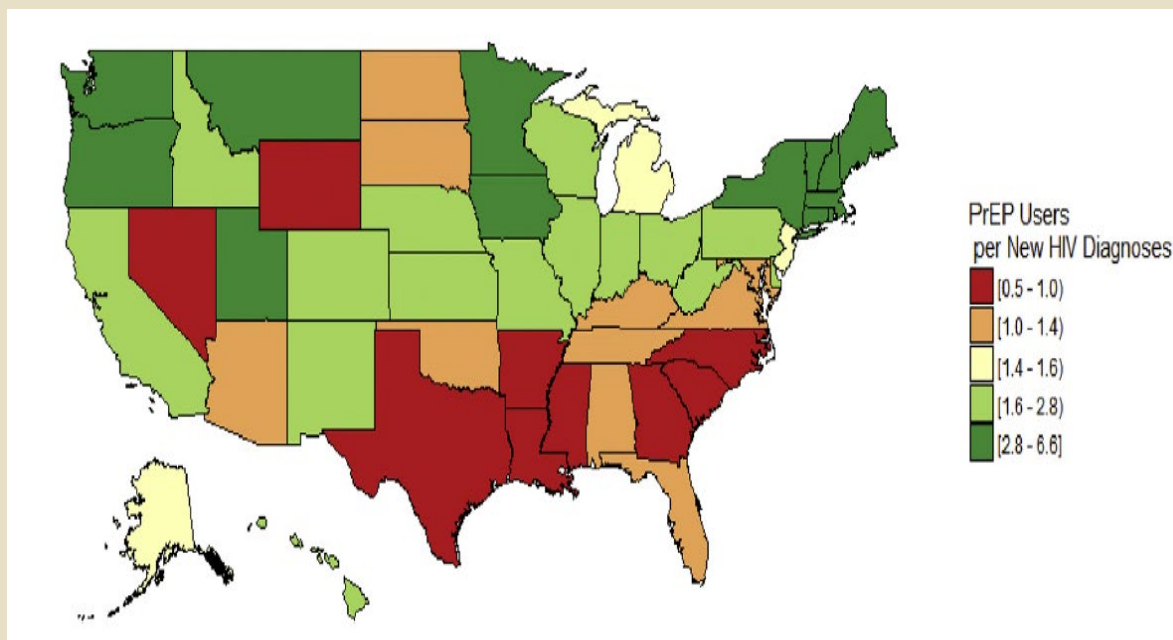


...but only **3%** of those – **7,600 Latinos** – were prescribed PrEP*



*Prescription data in this analysis limited to those filled at retail pharmacies or mail order services from September 2015 – August 2016; racial and ethnic information not available for one-third of the prescription data

Disparities: HIV Diagnosis and PrEP Users are largest in the South (Prep-to-need ratio)



Siegler AJ, et al., The prevalence of pre-exposure prophylaxis use and the pre-exposure prophylaxis to-need ratio in the fourth quarter of 2017, United States, *Annals of Epidemiology* (2018), <https://doi.org/10.1016/j.annepidem.2018.06.005>

PrEP: *A revolutionary innovation, but a
difficult implementation*

Pre-exposure prophylaxis (PrEP)

Rationale: Having HIV drugs present at the site of exposure should reduce the risk of infection.



- Oral or topical antiretrovirals taken in a continuous or episodic manner
- Once-daily oral tenofovir-emtricitabine approved for PrEP by the FDA
 - Truvada®
 - *Descovy*®
- Recommended for high-risk individuals by CDC, USPSTF (Grade A) and WHO

PrEP

- PrEP is highly efficacious
- PrEP access is currently limited
- PrEP delivery by non-traditional providers could produce cost-savings

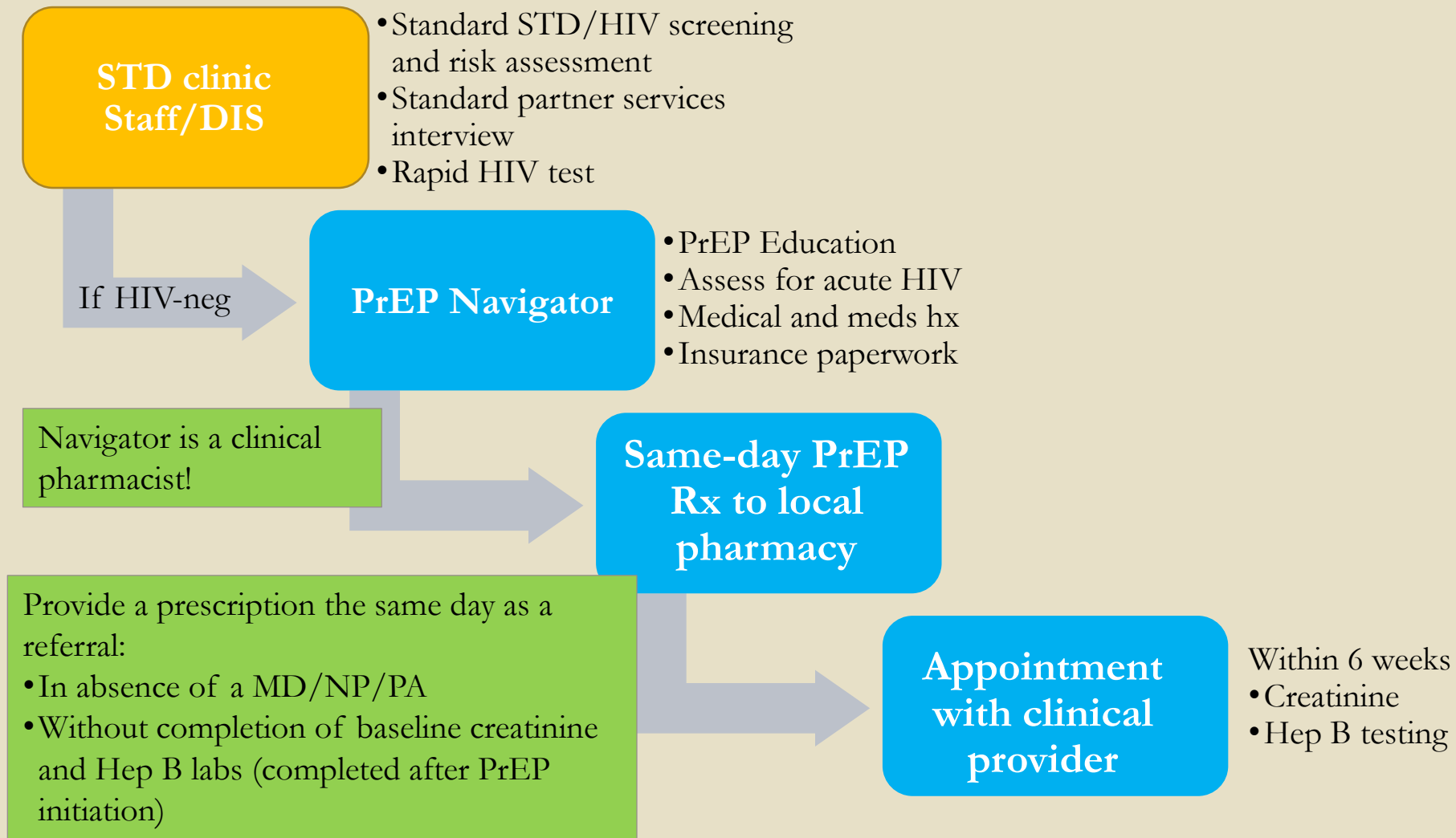
Pilot Study Objectives

Overall goal: Develop an optimized rapid PrEP initiation model

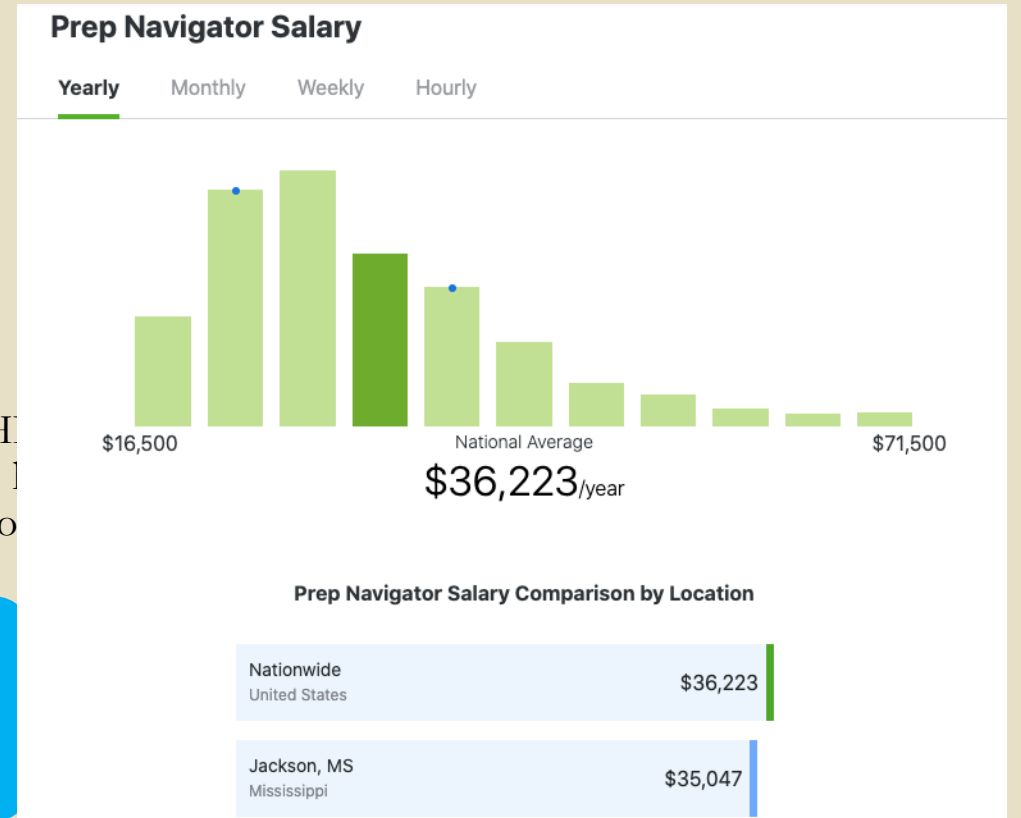
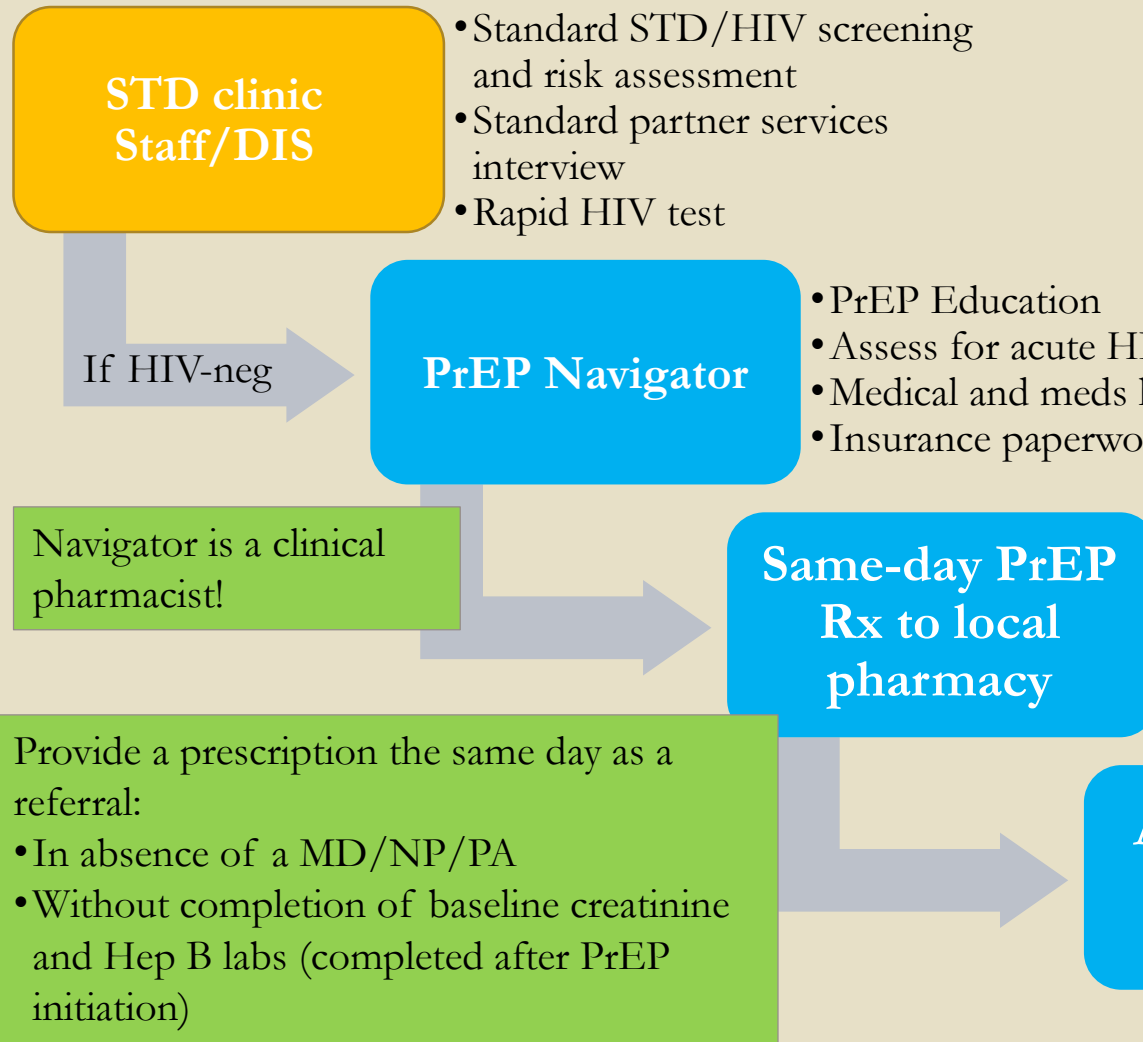
Objectives:

1. Evaluate the acceptability and effectiveness of the rapid PrEP model
2. Identify barriers and facilitators to implementing the rapid PrEP model

Rapid PrEP model



Rapid PrEP model



51 Clients Referred for Rapid PrEP Nov 2018-July 2019

Payment and Prescription

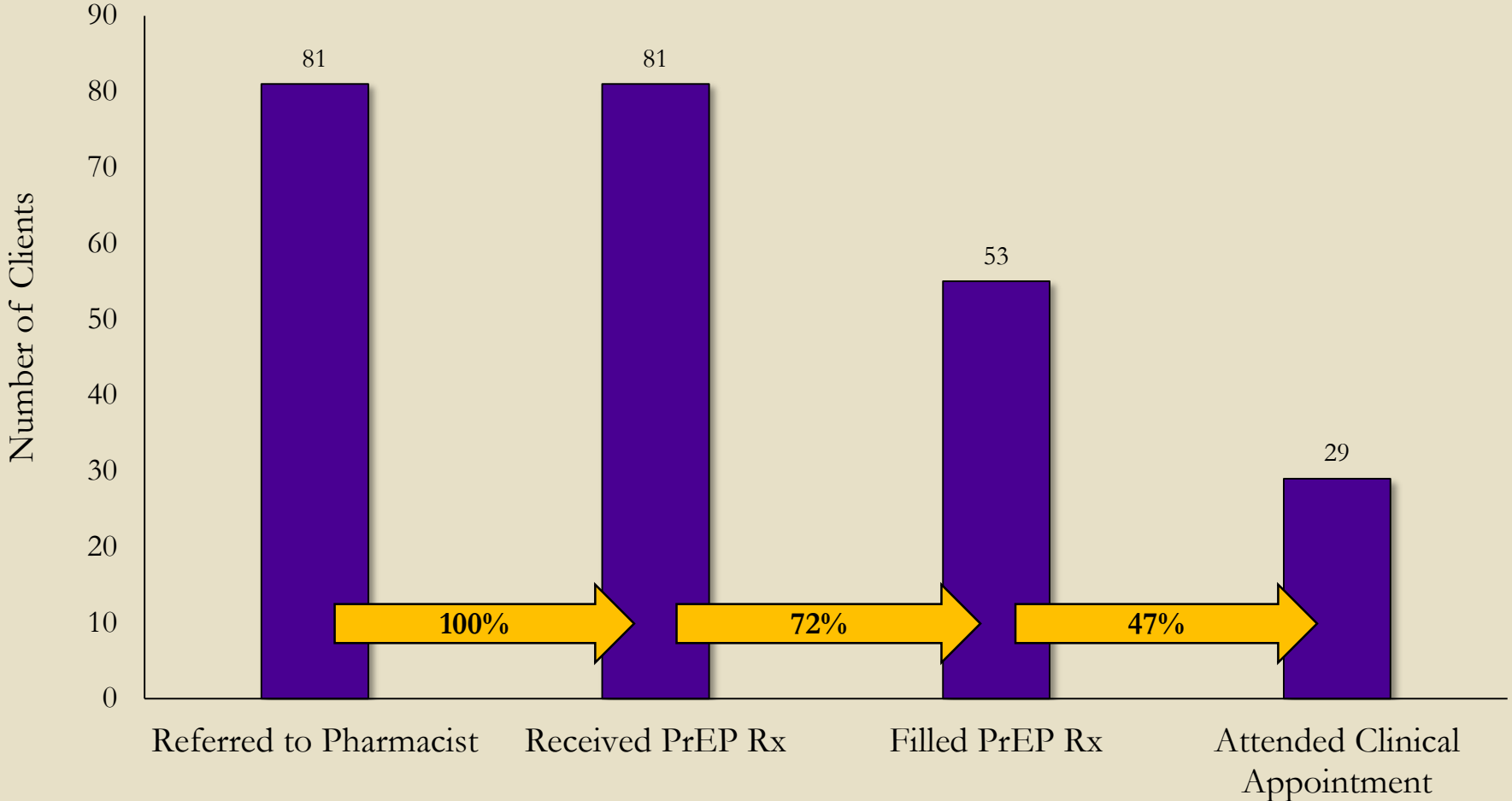
Demographics and Referral Source

	n (N=81)	%
Age (median and IQR)	26	23 – 35
Male sex at birth	50	63%
Transgender identity	3	5%
Race/ethnicity		
Black, non-Hispanic	60	75%
White, non-Hispanic	17	21%
Hispanic	2	3%
Referred from DIS*	16	20%
Currently uninsured	52	64%

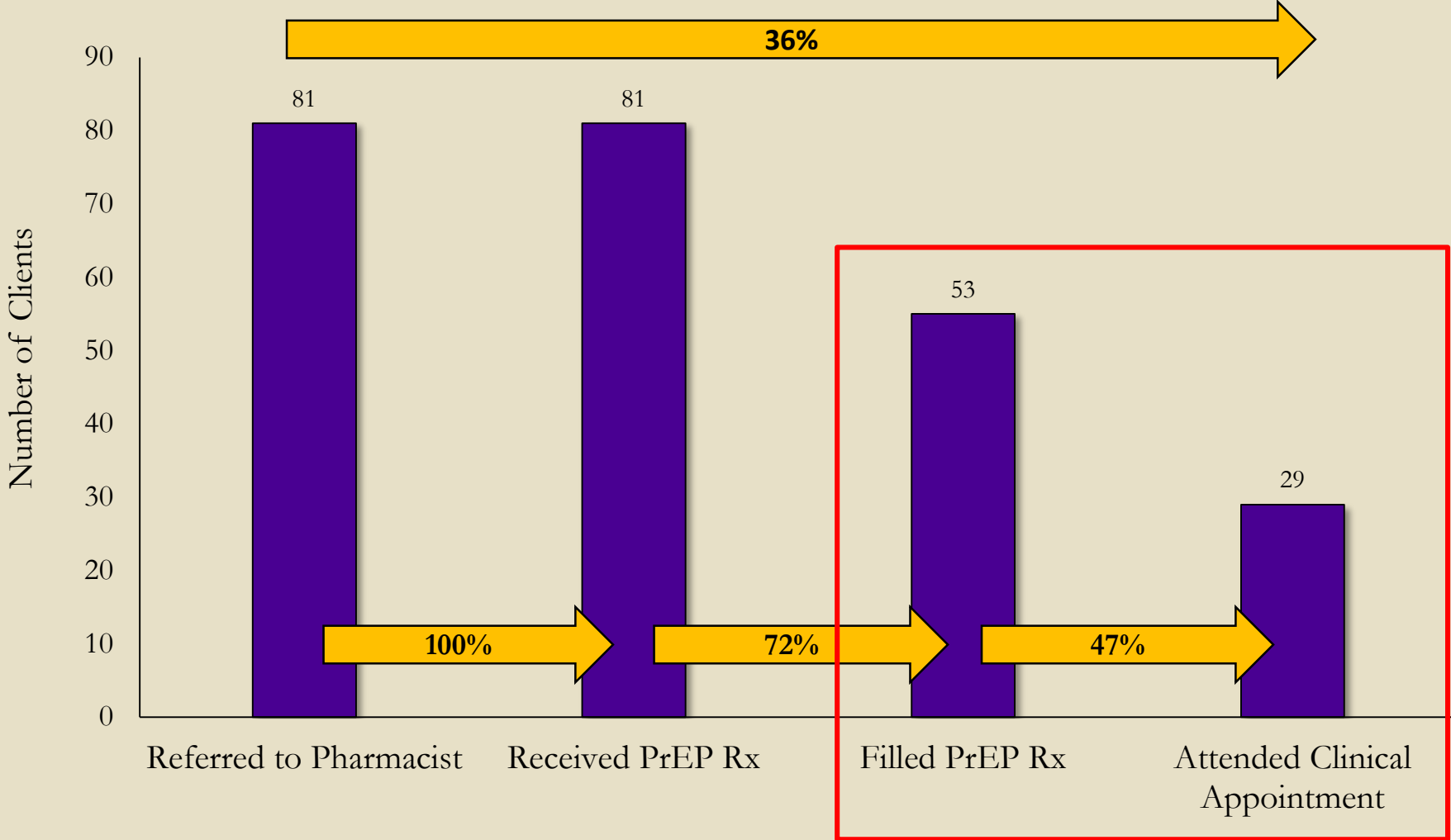
*12 dx with STD; 5 contacts to syphilis or HIV

	n (N=81)	%
Payment for PrEP		
Gilead patient assistance	60	74%
Medicaid	8	10%
Private Insurance	12	15%
Out of pocket	1	1%
Method of Rx Receipt		
Pick-up in pharmacy	61	75%
Mail	20	25%
Referral to clinical provider		
Community LGBTQ clinic	40	49%
Academic medical center	128	35%
Other	13	16%

Rapid PrEP Continuum



Rapid PrEP Continuum



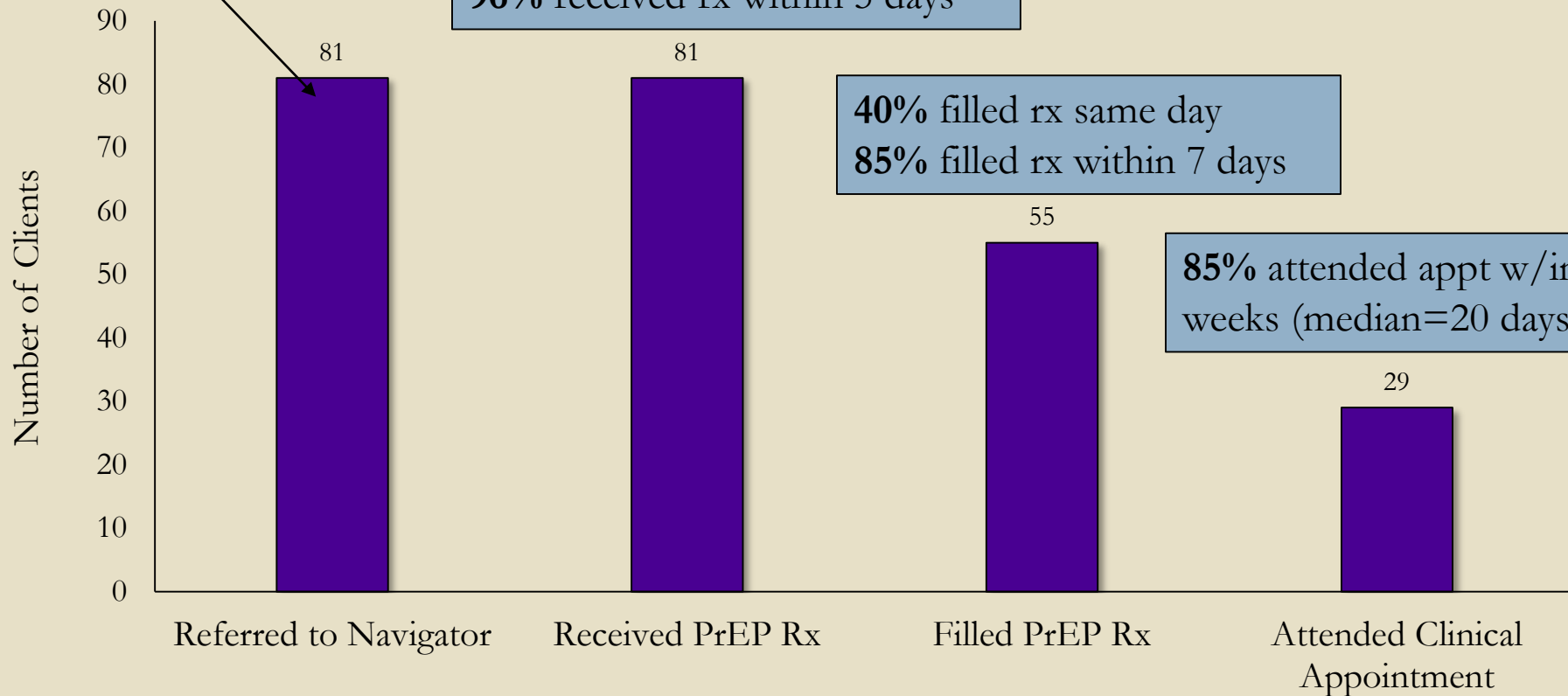
Clients are receiving PrEP the same day

85% had in-person visit with navigator the same day of the rapid HIV test

78% received rx same day
96% received rx within 5 days

40% filled rx same day
85% filled rx within 7 days

85% attended appt w/in 6 weeks (median=20 days)



Senate Bill 159

- First law in the nation to authorize pharmacists to furnish PrEP and PEP without a physician prescription
- Pharmacists will be able to provide a 60-day supply
- Prohibits insurance companies from requiring patients to obtain prior authorization before using their insurance benefits to obtain PrEP or PEP
- Complete a training program approved by the board

Senate Bill 159

- Rate of reimbursement for pharmacist services at 85 percent of the fee schedule for physician services under the Medi-Cal program
- Covered pharmacist services shall be subject to department protocols and utilization controls
- A pharmacist shall be enrolled as providers under the Medi-Cal program prior to rendering a pharmacist service that is submitted by a Medi-Cal pharmacy provider for reimbursement pursuant to this section

House Bill 1061

- Colorado passed a law in 2016 allowing pharmacists to write prescriptions for commonly used medications
- First on the list was birth-control pills and patches
- Pharmacists charging patients from \$25 to \$45 in cash to screen and consult for birth control.
- Carriers must cover HIV prevention drugs prescribed or dispensed by a pharmacist and provide an adequate consultative fee to those pharmacists

PrEP DAP

- **PrEP DAP eligibility**
 - To be eligible for PrEP DAP you must:
 - Be HIV-negative
 - Live in Washington State
 - Meet one of the following risk factors:
 - **Is male or transgender and has sex with men and has one or more of the following risks:**
 - Is in an ongoing sexual relationship with a person living with
 - Is in an ongoing sexual relationship in which the female partner is trying to get pregnant
 - Is a woman who provides sex for money, drugs, food, shelter or transportation
 - Injects drugs that are not prescribed by a medical provider

PrEP DAP



PrEP DAP List of Covered Services

(Pre-Exposure Prophylaxis Drug Assistance Program)

DOH 150-100

Effective Dates: 4/1/2020 - 3/31/2021

This is the Department of Health PrEP DAP approved list of covered services billable by a PrEP DAP Contracted Provider for PrEP DAP enrollees.

Please Note: The provider contract and the patient eligibility must be active on the date of service. This list is **not** a guarantee of payment.

COVERAGE

PrEP DAP covers an extensive range of medical and lab services including the baseline tests recommended for PrEP initiation and monitoring (i.e. HIV, Bacterial STIs (GC/CT/Syphilis - urethral, rectal, & oral), Creatinine (Kidney/Renal Function) & Hepatitis B).

PrEP DAP also covers many additional preventive services to promote optimal health including medical visits, vaccines, lab tests, and treatment options for limited disease profiles. To see a list of approved medications for PrEP DAP enrollees for consideration of treatment options and to find out more information about PrEP DAP, go to www.doh.wa.gov/PrEPDAP.

Novel Corona Virus (COVID-19) Billing Codes

CPT Code Description	Max Allowed
U0001 CDC SARS-CoV-2 lab test	\$46.00
U0002 Non-CDC SARS-CoV-2 lab test	\$67.00

Telemedicine/Telehealth Billing Codes

CPT Code Description	Max Allowed
99441 Telephone eval and management, unrelated to E/M service provided in previous 7 days nor leading to E/M service within next available appointment, 5-10 minutes	\$32.00
99442 Telephone eval and management, unrelated to E/M service provided in previous 7 days nor leading to E/M service within next available appointment, 11-20 minutes	\$52.00
99443 Telephone eval and management, unrelated to E/M service provided in previous 7 days nor leading to E/M service within next available appointment, 20+ minutes	\$76.00
99422 Online digital evaluation and management service, for an established patient, 11-20 minutes over 7 cumulative days	\$52.00
99423 Online digital evaluation and management service, for an established patient, 20+ minutes over 7 cumulative day	\$76.00
G2012 Brief communication technology-based service, unrelated to E/M service provided in previous 7 days nor leading to E/M service within next available appointment	\$11.00
Q3014 Telehealth/telemedicine originating facility fee	\$32.00

LABORATORY TESTS

Blood Draw

CPT Code Description	Max Allowed
36415 Collection of venous blood by venipuncture	\$4.00
36416 Collection of capillary blood specimen	\$4.00

PrEP-RN

- RN led in HIV/STI clinics
- RNs are accessible
- Rapid Expansion over 8000 patients reached



PrEP Programs Review

- Great implementation
- Novel ideas
- Targeted population
- Weaknesses

Let's talk
about sex!

NPs

RNs

PharmDs

PAs

MDs

Social Workers

Sexwise

Dentists

Patient Navigators



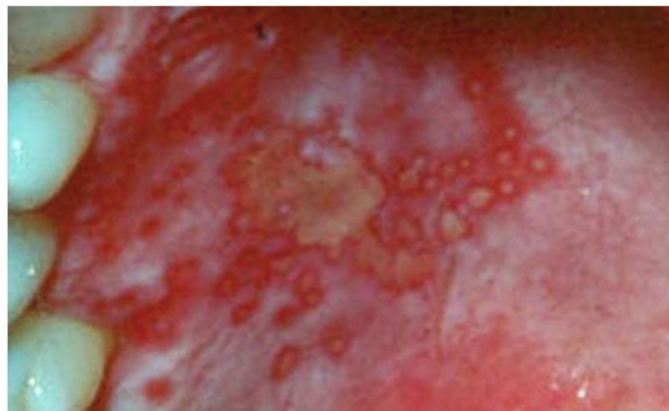
Let's talk about sex!

Dentists

Patient Navigato

PharmDs

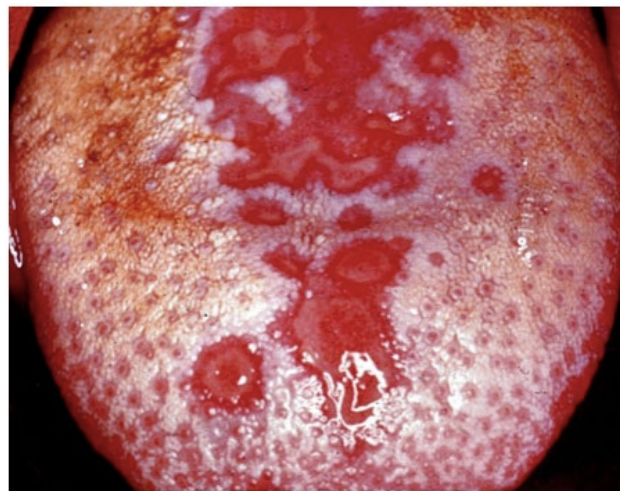
Herpes



Syphilis



Gonorrhea



Sexual Health

- World Health Organization, **sexual health is “a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity”** ¹. Sexual health requires a **positive and respectful approach to sexuality and sexual relationships**, as well as the **possibility of having pleasurable and safe sexual experiences free of coercion, discrimination, and violence**. For sexual health to be attained and maintained, “the sexual rights of all persons must be respected, protected, and fulfilled” ¹. Multilayered socioeconomic and educational factors, such as **poverty and community violence**, may contribute to **poor sexual health** and should be considered during treatment and counseling.

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Sexual Health

**Having sex is
like
exercising**

**Let's get
healthy**

- World Health Organization defines sexual health as the absence of disease, dysfunction, and distress, and the presence of positive and pleasurable sexual experiences, as well as the possibility of having safe and satisfying sexual relationships, free of coercion, violence, and discrimination. Sexual health is maintained, “the sexual health of individuals is fulfilled” ¹. Multiple factors, such as poverty and community health should be considered

Physical, emotional, and social health is not merely the absence of disease. Sexual health requires a holistic approach to relationships, as sexual experiences free of violence and discrimination are essential for health to be attained and maintained. Factors, such as poverty and community health should

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Questions/Comments

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*Citations in slide notes