Putting PrEP into Practice: Challenges & Opportunities

Helen C. Koenig, MD, MPH
Philadelphia FIGHT
Hospital of the University of Pennsylvania
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Challenges

- **Lack of knowledge about PrEP**
  - Providers aren't sure how to prescribe it
  - Highest risk populations do not know about it
- Prescribing PrEP can be resource-intensive
  - Monitoring adherence
  - Coverage of Truvada
- Potential for stigma to undermine success

Primary Care Providers

- What it takes to prescribe PrEP well:
  - Conversation about risk
  - Baseline laboratory testing
  - * Write the prescription (insured patients)
  - Paperwork for patient assistance (uninsured)
  - At least q3 month follow-up and HIV test
  - Retention in care for highest risk groups
  - Ongoing conversation about risk

What Providers Think

- Felt current models of care would have to change
  - To accommodate the need for adherence counseling
  - To address mental health, case management, substances
- Felt screening/eligibility protocols are needed
- Need clarification of insurance reimbursement rates
- Need training of existing staff +/- new staff
- Recognized need for community recruitment campaigns to recruit those at highest risk

Arnold EA et al, PLoS One 2012

Not getting to highest risk groups

- In a recent survey of yMSM
  - 27% had heard of PrEP
  - 1% had ever been prescribed PrEP
- Those who had used it were older, more educated, insured
- Black and Latino yMSM were more likely to
  - Not take PrEP due to side effects
  - Feel they couldn't afford PrEP

Bauermeister JA et al, Current HIV Research 2013

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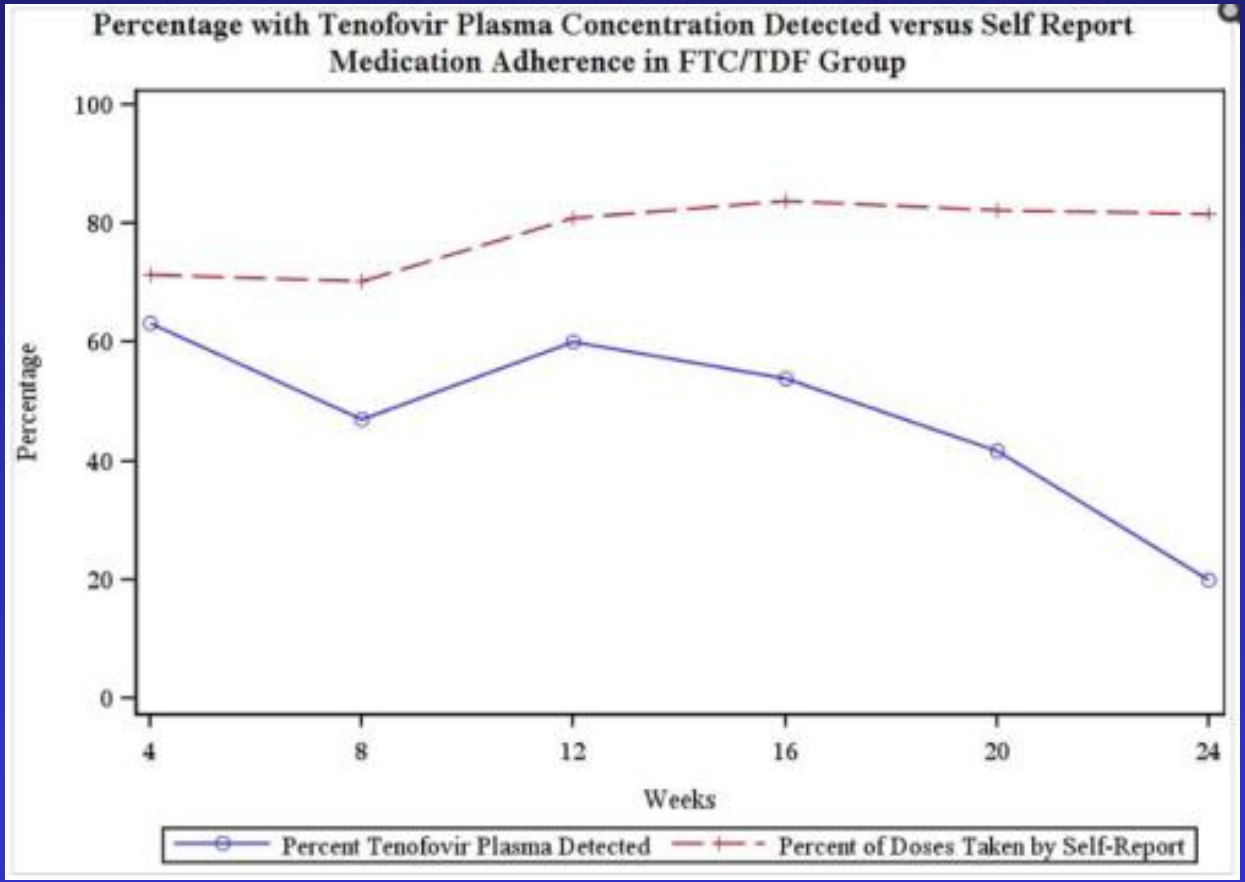
How to Measure Adherence?



Project PrEPare: 68 youth age 18-22

Hosek S et al, JAIDS 2013

Medication Coverage

- Everyone (mostly) has access to PrEP
  - Uninsured: Gilead Patient Assistance Program
  - Insured (Medicaid): Covered ($3 co-pay)
  - Insured (Private Insurance): Variable co-pays, Co-pay card covers up to $250
- Patient Assistance time-consuming, which limits incorporation into PCP offices and utilizes valuable resources in all settings

GILEAD

Truvada® for Pre-Exposure Prophylaxis (PrEP) Medication Assistance Program

Application to be used for TRUVADA (emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg) for PrEP only

Fax 1-855-330-5478 to begin enrollment

CLEAR FORM

1 Applicant Information

Applicant Name: _____ Applicant Language: ENGLISH ☐ SPANISH ☐ OTHER ☐

Address: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____

Social Security #: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Date of Birth: MM ____ / DD ____ / YYYY ____

Gender: M ☐ F ☐

Resides in U.S./U.S. territories: YES ☐ NO ☐

Primary Contact: _____ Relationship: _____ Phone Number: _____

Applicant Financial Information

Current Annual Household Income: $ _____ Number in Household (select one): 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ _____ ○

Please include current documentation for all sources of income (eg, tax return, W2, last 2 pay stubs, etc).

☐ **Applicant is insured** (Please fill out all the applicable insurance information below. Attach copy (front and back) of applicant insurance card.)

☐ **Applicant is uninsured** (No health insurance through any public or private payer.) Complete "Additional Insurance Information" below.

Primary Payer Name: _____ Is this a Medicare Part D plan? ☐ YES ☐ NO

Plan Name: _____ Payer Phone Number: _____

Subscriber Name: _____ Policy #: _____ Group #: _____

☐ **Check box if applicant has secondary insurance coverage and fax insurance cards, if available.**

Additional Insurance Information	YES	NO	
Has the applicant applied for Medicare Part D?	☐	☐	If Yes, date of application: _____ If No, provide reason: _____
Has the applicant applied for Medicaid?	☐	☐	If Yes, date of application: _____

Void where prohibited by law. Applicants who are enrolled in Medicaid or have coverage for prescription drugs under any other public program or have such coverage from any other third party payer, are ineligible for the TRUVADA for PrEP Medication Assistance Program.

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https://start.truv

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AIDS pill as party drug?

Some HIV-negative men are using tenofovir instead of condoms, hoping it provides protection. Physicians say the practice could lead to more infections.

By DANIEL COSTELLO
Times Staff Writer

"Taking a T." That's what HIV-negative gay men call the growing practice of downing the AIDS drug tenofovir and, with fingers crossed, hoping it protects them from the virus during unprotected sex.

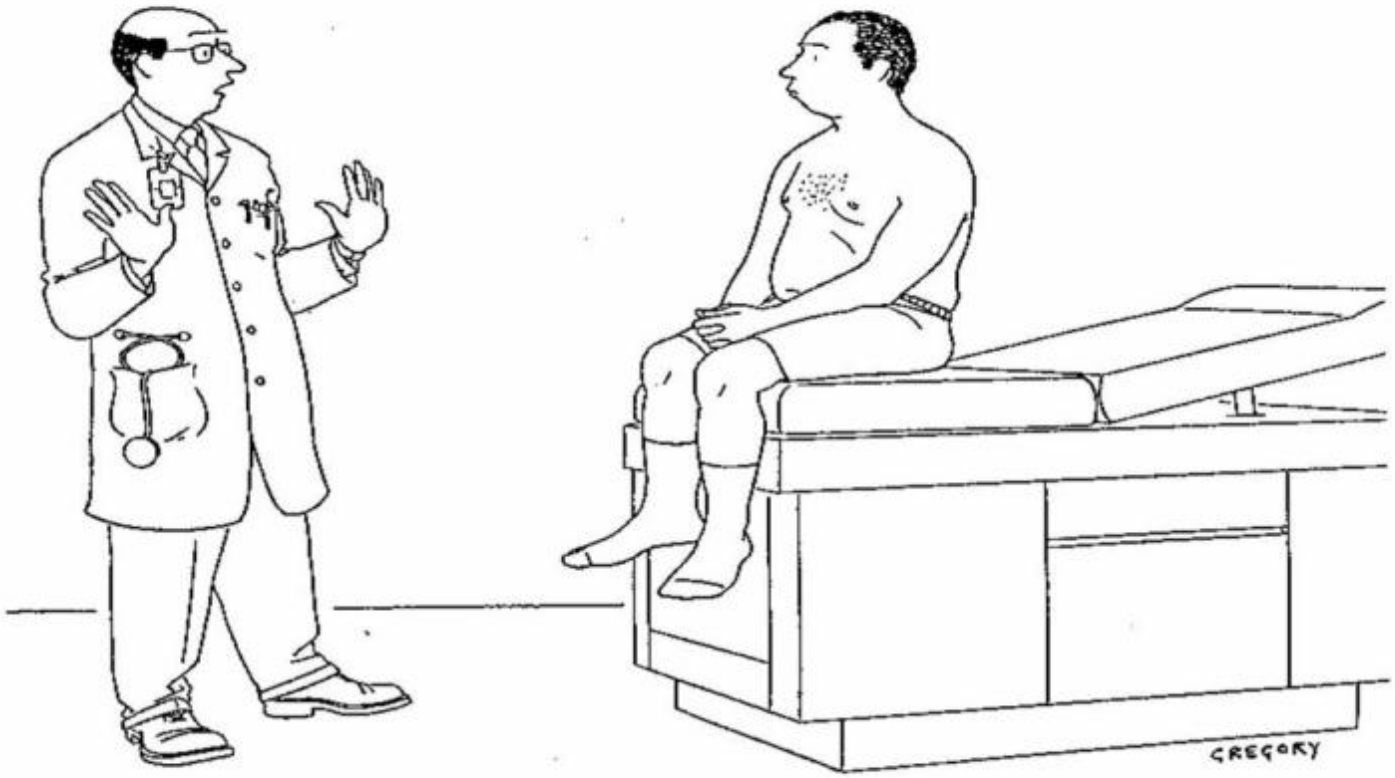
It's being sold in packets along with Viagra and Ecstasy in gay dance clubs — and even prescribed by physicians, say doctors and AIDS prevention experts. The trend has alarmed

Los Angeles Times

Monday, December 19, 2005

Opportunities

- Can help providers become more comfortable talking about sex
- Can bring about infrastructure changes that make sense for prevention
- Can be a way to engage hard-to-access groups in care



"Whoa—way too much information."

Broadening our horizons…

- HIV specialists
- STI/sexual health clinics
- Other public health agencies

PrEP: Engaging IDUs & youth

- A way to engage IDUs in harm reduction
- Can be prescribed with birth control
  - Combination agents in development, i.e. vaginal rings
  - 2011-2013, ½ of PrEP recipients were women, many in southern states
- Can engage young men & women in preventive measures (smoking cessation, healthy eating habits, vaccination)

Rawlings K, ICAAC 2013