Putting PrEP into Practice: Challenges & Opportunities

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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

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

## Applicant Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
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<td>Applicant Name</td>
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<td>Address</td>
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<td>Resides in U.S./U.S. territory</td>
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## Applicant Financial Information

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<td>Current Annual Household Income</td>
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<tr>
<td>Number in Household</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>Please include current documentation for all sources of income (e.g., tax return, W-2, last 2 pay stubs, etc.)</td>
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<tr>
<th>Field</th>
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<tr>
<td>Applicant is insured</td>
<td>(Please fill out all the applicable insurance information below. Attach copy (front and back) of applicant insurance card.)</td>
</tr>
<tr>
<td>Applicant is uninsured</td>
<td>(No health insurance through any public or private payer.) Complete &quot;Additional Insurance Information&quot; below.</td>
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<tr>
<td>Primary Payer Name</td>
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<tr>
<td>Is this a Medicare Part D plan?</td>
<td>YES NO</td>
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<tr>
<td>Plan Name</td>
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<tr>
<td>Payer Phone Number</td>
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<td>Subscriber Name</td>
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<td>Group #</td>
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<th>Field</th>
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<tr>
<td>Check box if applicant has secondary insurance coverage and fax insurance cards, if available.</td>
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## Additional Insurance Information

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<th>Field</th>
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<tr>
<td>Has the applicant applied for Medicare Part D?</td>
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<td>If Yes, date of application:</td>
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<td>If No, provide reason:</td>
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<tr>
<td>Has the applicant applied for Medicaid?</td>
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<td>If Yes, date of application:</td>
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Valid 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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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
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)