

PrEP Provider Toolkit



HOUSTON HEALTH
DEPARTMENT

July 2017



CITY OF HOUSTON

Houston Health Department

Sylvester Turner

Mayor

Stephen L. Williams, M.Ed., MPA
Director
Houston Health Department
8000 N. Stadium Drive
Houston, Texas 77054-1823

T. 832-393-5169
F. 832-393-5259
www.houstontx.gov
www.houstonhealth.org

November 8, 2016

Dear Colleague,

As of 2013, over 22,000 residents of the Greater Houston Area are known to be living with HIV. Despite advances in HIV testing 1,200 Houstonians are diagnosed with HIV every year.

Pre-Exposure Prophylaxis (PrEP) is a powerful prevention tool against HIV transmission. PrEP is a way for people who do not have HIV to stay HIV- negative by taking a daily pill. Yet, one in three primary care doctors and nurses are not aware PrEP exists. The Centers for Disease Control and Prevention (CDC) recommends PrEP for HIV-negative individuals who are at substantial risk for contracting HIV. When taken consistently once a day as prescribed, PrEP reduces the risk of HIV infection from sex by more than 90%, and can be combined with condoms and other prevention methods to provide even more protection.

The [National HIV/AIDS Strategy: Updated to 2020](#) supports full access to comprehensive PrEP services for those whom it is appropriate and desired, including support for medication adherence for those using PrEP. In aligning with the National HIV/AIDS Strategy, the Houston Health Department (HHD) urges clinical providers and prevention programs to use PrEP as a first-line intervention for individuals who could most benefit, including gay men and other men who have sex with men, transgender persons, persons who inject drugs, as well as men and women at high risk for infection.

HHD invites you to consider prescribing PrEP to help us turn the tide of the HIV epidemic in Houston. Included in this PrEP provider toolkit are resources to support integrating PrEP in your practice. The resources are structured around the following primary HIV prevention practices:

- 1. How to screen for PrEP, to ensure patient meets requirements for use of PrEP***
- 2. How to Prescribe PrEP, detailed steps of process utilized for prescribing medication***
- 3. How to follow up with patients to ensure PrEP is working for them.***
- 4. How to bill for PrEP services and get reimbursed from insurance companies and Medicare.***

In addition to the PrEP provider toolkit, the HHD will offer training and information sessions. HHD is creating a PrEP Provider Directory for the Greater Houston Area who is prescribing PrEP. If you wish to learn more educational opportunities and/ or to register your practice as part of the provider directory, please contact Jovaun P. Hicks, PrEP Outreach Specialist. He can be reached by email prep@houstontx.gov or 832-393-4555.

You play a pivotal role in fighting HIV in our community. Please join the HHD in our efforts to ensure Houstonians are aware of and have access to this important HIV prevention intervention.

Sincerely,



Marlene L. McNeese

Bureau Chief

Bureau of HIV/STD and Viral Hepatitis Prevention

PrEP Provider Toolkit

Table of Contents

HOW TO HAVE THE SEXUAL HEALTH CONVERSATION.....	1
CDC VITALSIGNS: DAILY PILL CAN PREVENT HIV.....	3
IMPORTANT DRUG WARNING: FDA-REQUIRED RISK EVALUATION MITIGATION STRATEGY (REMS) FOR TRUVADA®	7
CHECKLIST FOR PRESCRIBERS: INITIATION OF TRUVADA® FOR PRE-EXPOSURE PROPHYLAXIS.....	11
AGREEMENT FORM FOR INITIATING TRUVADA® FOR PRE-EXPOSURE PROPHYLAXIS (PREP).....	12
PREP PROVIDER BILLING CODES.....	13
PREP PROVIDER FAQs.....	18
PEP (POST EXPOSURE PROPHYLAXIS).....	21
PREP RESOURCE LIST.....	23
CDC: PAYING FOR PREP RESOURCES.....	25

HOW TO HAVE THE SEXUAL HEALTH CONVERSATION

HELPING TO PREVENT HIV STARTS WITH A CANDID DISCUSSION



Talking to patients about their sexual health is often postponed due to urgent care issues, provider discomfort, or anticipated patient discomfort.¹ However, routinely taking a sexual history is important for identifying patients at risk of acquiring HIV and other STIs.¹ Use the **SAFE discussion method** to help guide your conversations about sexual health:

- S** **TART** the sexual history conversation by stating that it is routine practice. Explain how information about your patients' sexual history will be confidential, and will enable you to provide appropriate sexual healthcare.¹
- A** **SSESS** your patients' risk for acquiring STIs, including HIV. Though some patients may be at greater risk than others, it's important to have this discussion with all of your patients.¹
- F** **IND OUT** about your patients' sexual history in the past **6 months** and current practices through a series of questions^{1,2}:

"Have you had sex with men, women, or both?"¹

- "How many men and/or women have you had sex with?"

For men who have sex with men (MSM)¹:

- "Do you have insertive sex (you are the top), receptive sex (you are the bottom), or both?"*
- "How many times did you have anal sex without a condom?"
- "Have you used methamphetamine (such as crystal or speed)?"
- "How many of your sex partners did not know their status or were HIV positive?"
 - "With these HIV-positive male partners, how many times did you have anal sex without a condom?"

For heterosexual men and women¹:

- "How many times did you have vaginal or anal sex when you (if a male patient) or your partner (if a female patient) did not use a condom?"
- "How many of your sex partners did not know their status or were HIV positive?"
 - "With these HIV-positive partners, how many times did you have vaginal or anal sex without a condom?"

"Have you had sex under the influence of alcohol and/or recreational drugs?"¹

"Have you been screened for HIV, STIs, and/or hepatitis B and C? If so, what were the results?"^{1,2}

"Are you up to date on your hepatitis A and B and/or HPV vaccinations?"²

- E** **DUCATE YOUR PATIENTS** on the importance of condoms, as well as other components of a comprehensive HIV prevention approach, including routine HIV and STI testing, and sexual history conversations. For HIV-positive patients, initiating and adhering to treatment helps prevent HIV transmission to negative partners. For HIV-negative patients at risk of HIV infection, consider additional prevention methods such as behavioral counseling, PrEP (pre-exposure prophylaxis), and PEP (post-exposure prophylaxis).^{1,3}

Using the **SAFE discussion method** can help you gain a better understanding of your patients' risk status and sexual behaviors. By guiding your patients toward safer encounters that may reduce their risk of contracting or transmitting HIV, you can help end the epidemic.⁴

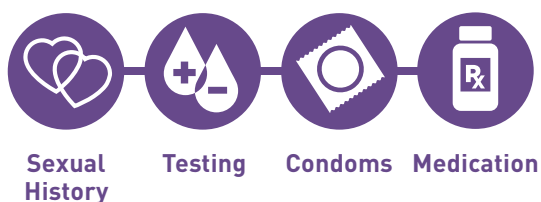
HPV=human papillomavirus; STI=sexually transmitted infection.

*Anal sex is the riskiest type of sex for contracting or transmitting HIV. Receptive anal sex ("bottoming") results in a higher risk of HIV infection than insertive anal sex ("topping").⁵

You can help protect your patients at risk of HIV infection by utilizing a comprehensive approach. Be proactive.

Combine routine HIV and STI testing with sexual history conversations and education on the importance of condoms.^{1,3}

- | For HIV-positive patients, initiating and adhering to treatment helps prevent HIV transmission to negative partners.
- | For HIV-negative patients at risk of HIV infection, consider additional prevention methods such as behavioral counseling, PrEP (pre-exposure prophylaxis), and PEP (post-exposure prophylaxis).



For more information, visit

Prevent **HIV**
.com

References: **1.** Centers for Disease Control and Prevention. Preexposure prophylaxis for the prevention of HIV infection in the United States—2014: a clinical practice guideline. <http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>. Published 2014. Accessed November 22, 2016. **2.** Centers for Disease Control and Prevention. For your health: recommendations for a healthier you. <http://www.cdc.gov/msmhealth/for-your-health.htm>. Updated February 29, 2016. Accessed November 22, 2016. **3.** Centers for Disease Control and Prevention. Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV—United States, 2016. <http://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>. Published 2016. Accessed November 22, 2016. **4.** Centers for Disease Control and Prevention. Today's HIV/AIDS epidemic. <http://www.cdc.gov/nchhstp/newsroom/docs/factsheets/todaysepidemic-508.pdf>. Published August 2016. Accessed November 22, 2016. **5.** AIDS.gov. Understanding risk activities. <https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/understanding-risk-activities/>. Updated December 23, 2015. Accessed November 22, 2016.

Daily Pill Can Prevent HIV

Reaching people who could benefit from PrEP

Preexposure prophylaxis (PrEP) is a medicine taken daily that can be used to prevent getting HIV. PrEP is for people without HIV who are at very high risk for getting it from sex or injection drug use. People at high risk who should be offered PrEP include about 1 in 4 sexually active gay and bisexual men*, 1 in 5 people who inject drugs, and 1 in 200 sexually active heterosexual adults. When taken every day, PrEP is safe and highly effective in preventing HIV infection. PrEP is even more effective if it is combined with other ways to prevent new HIV infections like condom use, drug abuse treatment, and treatment for people living with HIV to reduce the chance of passing the virus to others. Many people who can benefit from PrEP aren't taking it. If more health care providers know about and prescribe PrEP, more HIV infections could be prevented.

Health care providers can:

- Test patients for HIV as a regular part of medical care. Discuss HIV risks and continued use of prevention methods, including condom use, with all patients.
- Follow the 2014 PrEP Clinical Practice Guidelines to perform recommended tests and prescribe PrEP to patients without HIV who could benefit.
- Counsel patients who can benefit from PrEP on how to take it every day and help them apply for insurance or other programs to pay for PrEP.
- Schedule appointments for patients using PrEP every 3 months for follow-up, including HIV testing and prescription refills.

*This fact sheet refers to all men who have sex with men (MSM) as gay or bisexual. Sexually active refers to people who have had sex in the past year.

Want to learn more? www.cdc.gov/vitalsigns/HIVPrEP



**Centers for Disease
Control and Prevention**
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

90%

Daily PrEP can
reduce the risk of
getting HIV from sex
by more than 90%.

70%

Daily PrEP can reduce
the risk of getting HIV
among people who
inject drugs by more
than 70%.

1 in 3

1 in 3 primary
care doctors and
nurses haven't heard
about PrEP.

Problem:

Many people at very high risk for HIV infection are not getting PrEP.

PrEP is for some people at very high risk for getting HIV:

- 1 in 4 sexually active gay and bisexual adult men without HIV who:
 - ▶ Have an HIV-positive partner, or
 - ▶ Have multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown and
 - Have anal sex without a condom, or
 - Recently had a sexually transmitted infection (e.g. syphilis).
- 1 in 5 adults without HIV who inject drugs who:
 - ▶ Share needles or equipment to inject drugs, or
 - ▶ Recently went to a drug treatment program (specifically, a methadone, buprenorphine, or suboxone treatment program), or
 - ▶ Are at risk for getting HIV from sex.
- 1 in 200 sexually active heterosexual adults without HIV who:
 - ▶ Have an HIV-positive partner, or
 - ▶ Have multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown and
 - Do not always use a condom for sex with people who inject drugs, or
 - Are women who do not always use a condom for sex with bisexual men.



Not enough health care providers know about PrEP.

- In 2015, 34% of primary care doctors and nurses had never heard of PrEP (2015 survey).
- All prescribing health care providers can deliver PrEP care, including test for HIV, ask about sex and drug use behaviors to determine their patient's risk of getting HIV, and prescribe PrEP when indicated.

40,000

About 40,000 HIV infections are diagnosed each year in the US.

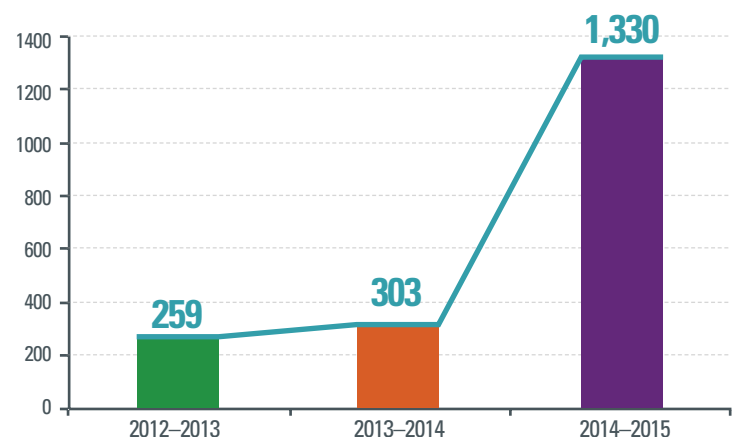
Increasing PrEP Use

A focused effort by New York State

to increase PrEP uptake started in June 2014 and included:

1. **Provider Training**
2. **Raising Awareness**
3. **Ensuring Medicaid Coverage**

Number of New York State Medicaid beneficiaries receiving PrEP.



Any prescribing health care provider can deliver PrEP care.



SOURCE: 2014 PrEP Clinical Practice Guidelines.

Have questions?

Read the full 2014 PrEP Clinical Practice Guidelines:
www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf

Call the PrEP Clinician Helpline:
(855) 448-7737
or (855) HIV-PrEP

What Can Be Done?



The Federal government is

- Increasing access to PrEP and other HIV prevention and health care services as recommended in the National HIV/AIDS Strategy for the United States.
www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/
- Ensuring coverage of recommended preventive services, such as HIV testing, without cost sharing in most health insurance plans.
- Educating health care providers and people at high risk about PrEP through health department programs, social marketing campaigns, and other training and technical assistance efforts.
- Helping to monitor PrEP use and its effects.

Health care providers can

- Test patients for HIV as a regular part of medical care. Discuss HIV risks and continued use of prevention methods, including condom use, with all patients.
- Follow the 2014 PrEP Clinical Practice Guidelines to perform recommended tests and prescribe PrEP to patients without HIV who could benefit.
- Counsel patients who can benefit from PrEP on how to take it every day and help them apply for insurance or other programs to pay for PrEP.
- Schedule appointments for patients using PrEP every 3 months for follow-up, including HIV testing and prescription refills.

State and local health departments and community-based organizations can

- Raise awareness about PrEP use, train health care providers, and develop policies and procedures that will increase access to PrEP.

- Monitor PrEP use among those at highest risk for HIV.
- Educate people about risky sexual and drug use behaviors and ways to reduce their risk, including PrEP and how to get it.

Everyone can

- Get tested for HIV and know their status.
- Learn how HIV is transmitted and how it can be prevented.
- Talk to their health care providers about HIV risk and ways to prevent it, including PrEP, condom use, abstinence, drug treatment, and HIV treatment for people with HIV.

Everyone taking PrEP can

- Take PrEP every day to give it the best chance to work.
- See their health care provider every 3 months for follow-up, including HIV testing and PrEP refills.
- Take other actions to further reduce HIV and STD risk.

www.cdc.gov/hiv/basics/prevention.html

For more information, please contact

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348

www.cdc.gov

Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Publication date: 11/24/2015

IMPORTANT DRUG WARNING

Subject: FDA-Required Risk Evaluation Mitigation Strategy (REMS) for TRUVADA®
[TRUVADA for a pre-exposure prophylaxis (PrEP) indication]

A negative HIV-1 test must be confirmed immediately before starting TRUVADA for a PrEP indication and reconfirmed during treatment. Drug-resistant HIV-1 variants have been identified with the use of TRUVADA for a PrEP indication following undetected HIV-1 infection.

Dear Healthcare Provider:

Gilead Sciences, Inc., would like to inform you of the FDA-approved REMS for TRUVADA (a fixed-dose combination of emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg) for a PrEP indication in combination with safer sex practices to reduce the risk of sexually acquired HIV-1 infection in adults at high risk. TRUVADA for a PrEP indication is based on clinical trials in men who have sex with men (MSM) at high risk for HIV-1 infection and in heterosexual serodiscordant couples.

The FDA has determined that a REMS is necessary to ensure that the benefits of TRUVADA for a PrEP indication outweigh its risks.

The goals of the REMS for TRUVADA for a PrEP indication are to inform and educate prescribers and uninfected individuals at high risk for acquiring HIV-1 infection about:

- The importance of strict adherence to the recommended dosing regimen
- The importance of regular monitoring of HIV-1 serostatus to avoid continuing to take TRUVADA for a PrEP indication, if seroconversion has occurred, to reduce the risk of development of resistant HIV-1 variants
- The fact that TRUVADA for a PrEP indication must be considered as only a part of a comprehensive prevention strategy in order to reduce the risk of HIV-1 infection and that other preventive measures should also be used.

Before initiating TRUVADA for a PrEP indication

You **MUST** confirm a negative HIV-1 status immediately before prescribing TRUVADA for a PrEP indication in an uninfected individual. Drug-resistant HIV-1 variants have

been identified with use of TRUVADA for a PrEP indication following undetected HIV-1 infection.

Do NOT prescribe TRUVADA for a PrEP indication to patients with HIV-1 infection or to individuals with signs or symptoms consistent with acute HIV-1 infection, such as fever, headache, fatigue, arthralgia, vomiting, myalgia, diarrhea, pharyngitis, rash, night sweats, and adenopathy (cervical and inguinal).

Prescriber Action

You should review and discuss the content of the **Agreement Form for Initiating TRUVADA for Pre-exposure Prophylaxis** with an HIV-negative person considering or taking TRUVADA for a PrEP indication and refer to the **Checklist for Prescribers: Initiation of TRUVADA for Pre-exposure Prophylaxis (PrEP)** regarding the management of an uninfected individual taking TRUVADA for a PrEP indication. (Access **Agreement Form** and **Checklist** via www.TRUVADAprereps.com)

The most important information you should know about prescribing TRUVADA for a PrEP indication to reduce the risk of acquiring HIV-1 infection is:

- TRUVADA for a PrEP indication should only be used as part of a comprehensive prevention strategy including consistent and correct use of condoms and risk reduction counseling
- All uninfected individuals at high risk for acquiring HIV-1 infection should only take TRUVADA for a PrEP indication after HIV-1 negative status is confirmed, to reduce the risk of development of resistant HIV-1 variants
- All uninfected individuals at high risk must strictly adhere to the recommended TRUVADA for a PrEP indication daily oral regimen

Management of Uninfected Individuals

Uninfected individuals at high risk should:

- Be counseled about safer sex practices, including consistent and correct use of condoms, knowledge of their HIV-1 status and that of their partner(s), and regular testing for other sexually transmitted infections that can facilitate HIV-1 transmission
- Be tested to confirm that they are HIV-1 negative immediately before starting TRUVADA for a PrEP indication
- Be tested for acute HIV-1 infection and checked for any signs or symptoms consistent with acute HIV-1 infection, such as fever, headache, fatigue, arthralgia,

vomiting, myalgia, diarrhea, pharyngitis, rash, night sweats, and adenopathy (cervical and inguinal)

- Be screened at least every 3 months for HIV-1 status as determined by their prescriber to reconfirm that they are HIV-1-negative while taking TRUVADA for a PrEP indication to reduce the risk of acquiring HIV-1 infection
- Have their creatinine clearance (CrCl) estimated prior to initiating and as clinically appropriate during therapy with TRUVADA. Do NOT use TRUVADA for a PrEP indication if the estimated CrCl is <60 mL/min. In patients at risk for renal dysfunction, assess estimated CrCl, serum phosphorus, urine glucose, and urine protein before initiation of TRUVADA, and periodically during TRUVADA therapy. If a decrease in estimated CrCl is observed in uninfected individuals while using TRUVADA for a PrEP indication, the prescriber should evaluate potential causes and reassess potential risks and benefits of continued use
- Be tested for the presence of hepatitis B virus (HBV) before starting on TRUVADA for a PrEP indication. Severe acute exacerbations of hepatitis B have been reported in individuals who are co-infected with HBV and HIV-1 and have discontinued TRUVADA. Uninfected individuals taking TRUVADA for a PrEP indication who are infected with HBV need close medical follow-up for several months to monitor for exacerbations of hepatitis B in the event TRUVADA is discontinued. HBV-uninfected individuals should be offered vaccination as appropriate
- Be informed that TRUVADA has only been evaluated in a limited number of women during pregnancy and postpartum. Available human and animal data suggest that TRUVADA does not increase the risk of major birth defects overall compared to the background rate. There are, however, no adequate and well-controlled trials in pregnant women. Because the studies in humans cannot rule out the possibility of harm, TRUVADA should be used during pregnancy only if clearly needed. If an uninfected individual becomes pregnant while taking TRUVADA for a PrEP indication, careful consideration should be given to whether use of TRUVADA should be continued, taking into account the potential increased risk of HIV-1 infection during pregnancy.

REMS Website (www.TRUVADAprereps.com)

The REMS website provides access to the following:

- Specific information regarding the risks of TRUVADA for a PrEP indication
- Training and educational materials for prescribers and uninfected individuals considering or taking TRUVADA for a PrEP indication, including the **Agreement Form for Initiating TRUVADA for Pre-exposure Prophylaxis (PrEP)** and

Checklist for Prescribers: Initiation of TRUVADA for Pre-exposure Prophylaxis (PrEP)

- A mechanism to report completion of review of the training material
- A link to participate in the Knowledge, Attitude, and Behavior (KAB) REMS survey regarding important safety information associated with the use of TRUVADA for a PrEP indication

Reporting Adverse Events

To report any adverse events, suspected to be associated with the use of TRUVADA for a PrEP indication, contact:

- Gilead Sciences, Inc., at 1-800-445-3235 and/or
- FDA's MedWatch reporting system by phone (1-800-FDA-1088), by facsimile (1-800-FDA-0178), or online (<https://www.accessdata.fda.gov/scripts/medwatch/>)

This letter is not intended as a comprehensive description of the risks associated with the use of TRUVADA for a PrEP indication. Please read the enclosed Prescribing Information, including the BOXED WARNING, and the Medication Guide for more information.

Sincerely,

William Guyer, PharmD
Senior Vice President, Medical Affairs

REMS-TVD-0023 04/17

Checklist for Prescribers: Initiation of Truvada® for Pre-exposure Prophylaxis (PrEP)

Individual Label

Instructions: Complete checklist at each visit and file in individual's medical record.

I have completed the following prior to prescribing TRUVADA for a pre-exposure prophylaxis (PrEP) indication for the individual who is about to start or is taking TRUVADA for a PrEP indication:

Lab Tests/Evaluation

- ☐ Completed high risk evaluation of uninfected individual
- ☐ Confirmed a negative HIV-1 test immediately prior to initiating TRUVADA for a PrEP indication
 - If clinical symptoms consistent with acute viral infection are present and recent (<1 month) exposure is suspected, delay starting PrEP for at least 1 month and reconfirm HIV-1 status or use a test approved by the FDA as an aid in the diagnosis of HIV-1 infection, including acute or primary HIV-1 infection. (Note: TRUVADA for a PrEP indication is contraindicated in individuals with unknown HIV-1 status or who are HIV-1 positive)
- ☐ Performed HBV screening test
- ☐ Confirmed estimated creatinine clearance (CrCl) >60 mL/min prior to initiation and periodically during treatment. In patients at risk for renal dysfunction, assess estimated CrCl, serum phosphorus, urine glucose, and urine protein before initiation of TRUVADA and periodically while TRUVADA is being used. If a decrease in estimated CrCl is observed in uninfected individuals while using TRUVADA for a PrEP indication, evaluate potential causes and reassess potential risks and benefits of continued use
- ☐ Confirmed that the uninfected individual at high risk is not taking other HIV-1 medications or HBV medications
- ☐ Evaluated risk/benefit for women who may be pregnant or may want to become pregnant

Counseling/Follow-up

- ☐ Discussed known safety risks with use of TRUVADA for a PrEP indication
- ☐ Counseled on the importance of scheduled follow-up every 2 to 3 months, including regular HIV-1 screening tests (at least every 3 months), while taking TRUVADA for a PrEP indication to reconfirm HIV-1 –negative status
- ☐ Discussed the importance of discontinuing TRUVADA for a PrEP indication if seroconversion has occurred, to reduce the development of resistant HIV-1 variants
- ☐ Counseled on the importance of adherence to daily dosing schedule
- ☐ Counseled that TRUVADA for a PrEP indication should be used only as part of a comprehensive prevention strategy
- ☐ Educated on practicing safer sex consistently and using condoms correctly
- ☐ Discussed the importance of the individual knowing their HIV-1 status and, if possible, that of their partner(s)
- ☐ Discussed the importance of and performed screening for sexually transmitted infections (STIs), such as syphilis and gonorrhea, that can facilitate HIV-1 transmission
- ☐ Offered HBV vaccination as appropriate
- ☐ Provided education on where information about TRUVADA for a PrEP indication can be accessed
- ☐ Discussed potential adverse reactions
- ☐ Reviewed the TRUVADA Medication Guide with the uninfected individual at high risk

Agreement Form

for Initiating Truvada® for Pre-exposure Prophylaxis (PrEP)

Individual Label

Instructions:

Review form with an HIV-negative person who is about to start or is taking TRUVADA for a PrEP indication at each visit. File form in the person's medical record.

TRUVADA is indicated in combination with safer sex practices for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 in adults at high risk. The following factors may help to identify individuals at high risk:

- Has partner(s) known to be HIV-1 infected, or
- Engages in sexual activity within a high prevalence area or social network and one or more of the following:
 - Inconsistent or no condom use
 - Diagnosis of sexually transmitted infections
 - Exchange of sex for commodities (such as money, shelter, food, or drugs)
 - Use of illicit drugs, alcohol dependence
 - Incarceration
 - Partner(s) of unknown HIV-1 status with any of the factors listed above

Healthcare Provider Agreement

By signing below, I signify my understanding of the risks and benefits of TRUVADA for a PrEP indication and my obligation as a prescriber to educate the HIV-negative person about these risks, counsel the person on risk reduction, monitor the person appropriately, and report adverse events. Specifically, I attest to having done the following:

- Confirmed the negative HIV-1 status of this person prior to starting TRUVADA for a PrEP indication
- Read the Prescribing Information, including the BOXED WARNING
- Discussed with the HIV-negative person the known safety risks with use of TRUVADA for a PrEP indication
- Reviewed the importance of adherence with a comprehensive prevention strategy, including practicing safer sex
- Discussed the importance of regular HIV-1 testing (at least every 3 months) while taking TRUVADA for a PrEP indication
- Reviewed the TRUVADA Medication Guide with the HIV-negative person at high risk prior to prescribing TRUVADA for a PrEP indication
- Completed the items on the Checklist for Prescribers: Initiation of TRUVADA for Pre-exposure Prophylaxis (PrEP)

Healthcare Provider's Signature

Date

HIV-Negative Person Agreement

By signing below, I acknowledge that I have talked with my healthcare provider about the risks and benefits of TRUVADA to reduce the risk of getting HIV-1 infection, and I understand them clearly. Specifically, I attest to the following:

- My healthcare provider talked with me about the importance of follow-up HIV-1 testing, and I agree to have repeat HIV-1 screening tests (at least every 3 months) as scheduled by my healthcare provider
- My healthcare provider talked with me about the safety risks involved with using TRUVADA to reduce the risk of getting HIV-1 infection
- My healthcare provider talked with me about a complete prevention strategy and always practicing safer sex by using condoms correctly
- I will talk with my healthcare provider if I have any questions
- I have read the TRUVADA Medication Guide

HIV-Negative Person's Signature

Date

 **Truvada®**
emtricitabine 200 mg / tenofovir
disoproxil fumarate 300 mg tablets



© 2017 Gilead Sciences, Inc.
All rights reserved. REMS-TV0029 04/17



PrEP Provider Billing Codes

MEDICAID BILLING AND CODING GUIDE FOR HIV PREVENTION

PROCEDURE CODE	DESCRIPTION	MODIFIER	FEE	FEE EFFECTIVE DATE	AGE
80053	Comprehensive metabolic panel		\$12.09	7/1/2016	0-999 YEARS
80074	Hepatitis Panel		\$54.51	7/1/2016	0-999 YEARS
81025	Urine pregnancy test, by visual color comparison methods		\$7.23	7/1/2015	10-55 YEARS
82565	Creatinine; blood		\$5.86	7/1/2016	0-999 YEARS
82570	Creatinine other source (urine)		\$5.92	7/1/2016	0-999 YEARS
82575	Creatinine clearance		\$12.88	7/1/2016	0-999 YEARS
84702	Gonadotropin, chorionic (hCG); quantitative		\$10.00	7/1/2016	0-999 YEARS
84703	Gonadotropin, chorionic (hCG); qualitative		\$8.60	7/1/2016	0-999 YEARS
86592	Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)		\$4.89	7/1/2016	0-999 YEARS
86593	Syphilis test, non-treponemal antibody; quantitative		\$5.03	7/1/2015	0-999 YEARS
86631	Antibody Chlamydia		\$9.36	7/1/2016	0-999 YEARS
86632	Antibody Chlamydia, IgM		\$9.36	7/1/2016	0-999 YEARS
86689	HTLV or HIV antibody, confirmatory test (eg, Western Blot)		\$22.15	7/1/2016	0-999 YEARS
86701	HIV-1		\$10.17	7/1/2016	0-999 YEARS
86702	HIV-2		\$12.08	7/1/2016	0-999 YEARS
86703	HIV-1 and HIV-2, single result (For HIV-1 antigen(s) with HIV-1 and HIV-2 antibodies, single result, use 87389) (When HIV immunoassay [HIV testing 86701-86703 or 87389] is performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual code)		\$18.67	7/1/2016	0-999 YEARS
86704	HBcAb		\$13.78	7/1/2016	0-999 YEARS
86705	HBcAb, IgM antibody		\$13.47	7/1/2016	0-999 YEARS
86780	Treponema pallidum		\$10.00	7/1/2016	0-999 YEARS
87110	Culture, chlamydia, any source		\$22.42	7/1/2016	0-999 YEARS
87270	Infectious agent antigen detection by immunofluorescent technique chlamydia trachomatis		\$13.72	7/1/2016	0-999 YEARS
87320	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semi quantitative, multiple-step method, chlamydia trachomatis		\$13.72	7/1/2016	0-999 YEARS
87340	hepatitis B surface antigen (HBsAg)		\$11.82	7/1/2016	0-999 YEARS
87341	hepatitis B surface antigen (HBsAg) neutralization		\$11.82	7/1/2016	0-999 YEARS
87389	HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result		\$27.55	7/1/2016	0-999 YEARS
87390	HIV-1		\$20.19	7/1/2016	0-999 YEARS
87391	HIV-2		\$20.19	7/1/2016	0-999 YEARS



PrEP Provider Billing Codes

MEDICAID BILLING AND CODING GUIDE FOR HIV PREVENTION

PROCEDURE CODE	DESCRIPTION	MODIFIERS	FEE	FEE EFFECTIVE DATE	AGE
87490	Infectious disease agent detection by nucleic acid (DNA or RNA) Chlamydia trachomatis, direct probe technique		\$22.95	7/1/2016	0-999 YEARS
87491	Infectious diseases agent detection by nucleic acid (DNA or RNA) Chlamydia trachomatis, amplified probe technique		\$40.15	7/1/2016	0-999 YEARS
87517	Hepatitis B quantitation		\$32.47	7/1/2016	0-999 YEARS
87534	HIV-1, direct probe technique		\$22.95	7/1/2016	0-999 YEARS
87535	HIV-1, amplified probe technique, includes reverse transcription when performed		\$40.15	7/1/2016	0-999 YEARS
87536	HIV-1, quantification, includes reverse transcription when performed		\$97.37	7/1/2016	0-999 YEARS
87537	HIV-2, direct probe technique		\$22.95	7/1/2016	0-999 YEARS
87538	HIV-2, amplified probe technique, includes reverse transcription when performed		\$40.15	7/1/2016	0-999 YEARS
87539	HIV-2, quantification, includes reverse transcription when performed		\$32.47	7/1/2016	0-999 YEARS
87590	Infectious agent detection by nucleic acid (DNA or RNA) Neisseria gonorrhoeae, direct probe technique		\$22.95	7/1/2016	0-999 YEARS
87591	Infectious agent detection by nucleic acid (DNA or RNA) Neisseria gonorrhoeae, amplified probe technique		\$40.15	7/1/2016	0-999 YEARS
87592	Infectious agent detection by nucleic acid (DNA or RNA) Neisseria gonorrhoeae, quantification		\$32.47	7/1/2016	0-999 YEARS
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique		\$45.90	7/1/2016	0-999 YEARS
87810	Infectious agent antigen detection by immunoassay with direct optical observation chlamydia trachomatis		\$13.72	7/1/2016	0-999 YEARS
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics		\$149.15	7/1/2016	0-999 YEARS
87901	HIV-1 genotype by nucleic acid (RNA or DNA)		\$209.71	7/1/2016	0-999 YEARS
98960	Self-management education and training face-to-face, 1 patient		\$22.17	7/1/2015	0-20 YEARS



PrEP Provider Billing Codes

MEDICAID BILLING AND CODING GUIDE FOR HIV PREVENTION

PROCEDURE CODE	DESCRIPTION	MODIFIERS	FEE	FEE EFFECTIVE DATE	AGE
98961	Self-management education and training face-to-face, 2-4 patients		NOT PAYABLE		
98962	Self-management education and training face-to-face, 5-8 patients		NOT PAYABLE		
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	NONE	\$28.29	9/1/2007	0-20 YEARS
		NONE	\$25.52	9/1/2007	21-999 YEARS
		TH	\$28.29	9/1/2007	10-20 YEARS
		TH	\$25.52	9/1/2007	21-55 YEARS
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	NONE	\$44.65	9/1/2007	0-20 YEARS
		NONE	\$40.27	9/1/2007	21-999 YEARS
		TH	\$44.65	9/1/2007	10-20 YEARS
		TH	\$40.27	9/1/2007	21-55 YEARS
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	NONE	\$60.33	9/1/2007	0-20 YEARS
		NONE	\$54.41	9/1/2007	21-999 YEARS
		TH	\$60.33	9/1/2007	10-20 YEARS
		TH	\$54.41	9/1/2007	21-55 YEARS



PrEP Provider Billing Codes

MEDICAID BILLING AND CODING GUIDE FOR HIV PREVENTION

PROCEDURE CODE	DESCRIPTION	MODIFIERS	FEE	FEE EFFECTIVE DATE	AGE
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	NONE	\$36.89	9/1/2007	0-20 YEARS
		NONE	\$33.27	9/1/2007	21-999 YEARS
		TH	\$36.89	9/1/2007	10-20 YEARS
		TH	\$33.27	9/1/2007	21-55 YEARS
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	NONE	\$51.80	9/1/2007	0-20 YEARS
		NONE	\$46.73	9/1/2007	21-999 YEARS
		FP	\$51.80	9/1/2007	0-20 YEARS
		FP	\$46.73	9/1/2007	21-999 YEARS
		TH	\$51.80	9/1/2007	10-20 YEARS
		TH	\$46.73	9/1/2007	21-55 YEARS
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	NONE	\$79.75	9/1/2007	0-20 YEARS
		NONE	\$71.93	9/1/2007	21-999 YEARS
		TH	\$79.75	9/1/2007	10-20 YEARS
		TH	\$71.93	9/1/2007	21-55 YEARS
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes		NOT PAYABLE		
99402	Approximately 35 minutes		NOT PAYABLE		
99403	Approximately 45 minutes		NOT PAYABLE		
99404	Approximately 60 minutes		NOT PAYABLE		



PrEP Provider Billing Codes

MEDICAID BILLING AND CODING GUIDE FOR HIV PREVENTION

PROCEDURE CODE	DESCRIPTION	MODIFIERS	FEE	FEE EFFECTIVE DATE	AGE
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	NONE	\$88.27	9/1/2007	0-20 YEARS
		NONE	\$79.62	9/1/2007	21-999 YEARS
		FP	\$88.27	9/1/2007	0-20 YEARS
		FP	\$79.62	9/1/2007	21-999 YEARS
		TH	\$88.27	9/1/2007	10-20 YEARS
		TH	\$79.62	9/1/2007	21-55 YEARS
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	NONE	\$109.74	9/1/2007	0-20 YEARS
		NONE	\$98.98	9/1/2007	21-999 YEARS
		TH	\$109.74	9/1/2007	10-20 YEARS
		TH	98.98	9/1/2007	21-55 YEARS
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	NONE	\$14.66	9/1/2007	0-20 YEARS
		NONE	\$13.22	9/1/2007	21-999 YEARS
		TH	\$14.66	9/1/2007	10-20 YEARS
		TH	\$13.22	9/1/2007	21-55 YEARS
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	NONE	\$24.54	9/1/2007	0-20 YEARS
		NONE	\$22.14	9/1/2007	21-999 YEARS
		TH	\$24.54	9/1/2007	10-20 YEARS
		TH	\$22.14	9/1/2007	21-55 YEARS



PrEP Provider FAQs

Houston Health Department Contact Information:

Jovaun Hicks	Megan Canon
PrEP Outreach Specialist	PrEP Coordinator
Jovaun.Hicks@houstontx.gov	Megan.Canon@houstontx.gov
(832) 393-4555	(832) 393-4746
Website: www.houstontx.gov/health	

1. What is Truvada® as PrEP?

Truvada® as PrEP, or pre-exposure prophylaxis, is the use of antiretroviral medication to prevent the acquisition of the HIV infection. PrEP is used by HIV-negative people who are at risk of being exposed to HIV through sexual contact or injection drug use. Truvada® as PrEP is a pill taken once daily that contains two HIV medications: Tenofovir and Emtricitabine. The combination of these two drugs, when used for PrEP, is called Truvada®. Currently, Truvada® is the only antiretroviral medication approved by the FDA for use as PrEP.

2. How effective is Truvada® as PrEP?

When used consistently, Truvada® reduces the risk of contracting HIV from sex by more than 90%; and by 70% for injection drug users. Adherence to PrEP is essential; clinical trials have shown a positive correlation between adherence and PrEP efficacy.

3. Who can prescribe Truvada® as PrEP?

Any licensed provider can prescribe Truvada® as PrEP. Specialization in infectious diseases or HIV medicine is not required. In fact, primary care providers who see members of populations at high risk of HIV on a routine basis are encouraged to offer Truvada® as PrEP to all eligible and interested patients.

4. What are the clinical practice guidelines?

The Centers for Disease Control and Prevention (CDC) provides comprehensive guidelines, including a Clinical Providers Supplement, for prescribing Truvada® as PrEP. The Clinical Providers' Supplement contains several tools for clinicians, such as billing codes, provider information sheets, patient/provider checklists, patient information sheets, a risk incidence assessment, and supplemental counseling information.

For more information, visit www.cdc.gov/hiv/pdf/prepguidelines2014.pdf.

*For guidance documents from Gilead, please visit at www.truvadapreprems.com.

5. What side effects may be experienced by patients?

Some patients will experience serious side effects including loss of bone density (1 in 100) or renal issues (1 in 200). More common side effects include: upset stomach, headache, vomiting, and loss of appetite. These side effects will typically fade during the first month of taking Truvada®. However, if a patient experiences side effects that do not go away within a month, the patient should notify his/her provider immediately.

6. What happens if my patient tests positive while taking Truvada® as PrEP?

Truvada® should be discontinued immediately if: 1) the patient becomes HIV-infected; 2) the patient experiences toxicity or symptoms that cannot be managed; or 3) the patient becomes pregnant.

PrEP Provider FAQs

7. Who may benefit from Truvada® as PrEP?

Per CDC Guidelines and local epidemiology, Truvada® as PrEP may be appropriate for the following populations:

	Men Who Have Sex With Men (MSM)	Heterosexual Women and Men	Injection Drug Users
Signs of Substantial HIV Risk	<ul style="list-style-type: none"> - MSM of color (African American and Latino) - HIV-positive sexual partner - Recent bacterial STI - High number of sex partners - History of inconsistent or no condom use - Commercial sex work 	<ul style="list-style-type: none"> - HIV-positive sexual partner - Recent bacterial STI - High number of sex partners - History of inconsistent or no condom use - Commercial sex work - In high-prevalence area or network 	<ul style="list-style-type: none"> - HIV-positive injecting partners - Sharing injection equipment - Recent drug treatment (but currently injecting)

Other groups/individuals at risk for HIV contraction who may benefit from PrEP:

1. Transgender individuals
2. Individuals engaging in high-risk sexual behaviors
3. Individuals who use stimulant drugs associated with high-risk behaviors, such as methamphetamine
4. Individuals who have been prescribed non-occupational post-exposure prophylaxis (nPEP) and demonstrate continued high-risk behavior or have used multiple courses of nPEP

Truvada® should not be prescribed to individuals who: 1) are HIV-positive; 2) display renal insufficiency; or 3) indicate they are not ready to adhere to a regimen of oral Truvada® taken once daily, in conjunction with provider visits every 3 – 4 months for lab work and HIV testing.

8. Is there financial assistance for patients to pay for Truvada® as PrEP?

For patients who have insurance:

- If patient has a high deductibles or co-pays, then the Gilead Advancing Access® co-pay coupon card can assist with covering up to \$3,600/year for medication. No income eligibility requirement. Visit www.AdvancingAccessCopoly.com or call 1-877-505-6986.
- If patient makes less than 400% FPL, then the Patient Advocate Foundation Co-Pay Relief Program can assist with covering up to \$7,500/year for medication. Visit www.copays.com or call 866-512-3861.
- If patient makes less than 500% FPL, then the Patient Assistance Network Foundation can assist with covering up to \$7,500/year for medication. As of December 2016, they were not accepting or processing new applications. Visit www.panfoundation.org or call 1-866-316-7263 to check availability.

For patients who do not have insurance:

- If patient has annual income of less than 500% FPL, then they might qualify for Gilead's Advancing Access® Patient Assistance Program to receive medication, free of cost. Visit www.AdvancingAccessCopoly.com or call 1-855-330-5479 between 9:00 a.m. and 8:00 p.m. (Eastern).
- The Partnership for Prescription Assistance (PPA) can assist uninsured individuals with getting medication at no or little cost. Visit www.pprax.org or call 1-888-4PPA-now (1-888-477-2669).

For the most current options available, visit:

www.fairpricingcoalition.org/medication-assistance-program-and-co-pay-programsfor-prep.

PrEP Provider FAQs

9. What ongoing assessments are required for patients on Truvada® as PrEP?

Truvada® as PrEP should be prescribed as part of a comprehensive sexual health and HIV prevention plan. While patients are on Truvada®, the CDC Guidelines recommend the following:

Monitoring	Frequency
Prevention and Medication Support	
Assess adherence	At every visit
Provide risk reduction counseling	
Offer condoms	
Manage side effects	
Laboratory Testing	
HIV testing	<ul style="list-style-type: none">• Every 3 months; and• Whenever there are symptoms of acute infection (serologic screening test Sexually transmitted infection (STI) symptom and HIV RNA test) screen and testing
Sexually transmitted infection (STI) symptom screen and testing: <ul style="list-style-type: none">• NAAT (nucleic acid amplification test) to screen for gonorrhea and chlamydia, based on exposure site• Rapid plasma reagin (RPR)• Inspection for anogenital lesions	Symptom Screen: At every visit Testing: <ul style="list-style-type: none">• At least every 6 months, even if asymptomatic (Note: Monogamous sero-discordant couples may not need STI screening as frequently)• Whenever symptoms are reported
Hepatitis C Antibody Test at least every 12 months.	At least every 12 months for: <ul style="list-style-type: none">• MSM• Transgender persons• People who use drugs• People with multiple sexual partners
Serum creatinine and calculated creatinine clearance	At 3 months after initiation, then every 6 months
Urinalysis	Every 12 months
Pregnancy testing	Every 3 months

10. What services are billable?

Currently, there are no official ICD-9 or ICD-10 codes specifically for PrEP. Most private health insurance and Medicaid cover Truvada for PrEP but may require prior authorization. For a list of qualifying diagnoses codes, review the 'Billing Codes' table included in this packet or visit: <http://www.cdc.gov/hiv/pdf/preprovidersupplement2014.pdf>.



PEP (Post-Exposure Prophylaxis)

PEP POST-EXPOSURE PROPHYLAXIS

Taking PEP means taking antiretroviral medicines (ART) after being potentially exposed to HIV to prevent becoming infected.

PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV. If you think you've recently been exposed to HIV during sex, or through sharing needles and works to prepare drugs, or if you've been sexually assaulted, talk to your health care provider or an emergency room doctor about PEP right away.

IS PEP RIGHT FOR ME?

If you're HIV-negative or don't know your HIV status, and in the last 72 hours you:

- think you may have been exposed to HIV during sex (for example, if the condom broke);
- shared needles and works to prepare drugs (for example, cotton, cookers, water); or
- were sexually assaulted, talk to your health care provider or an emergency room doctor about PEP right away.

PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV. It is not a substitute for regular use of other proven HIV prevention methods, such as pre-exposure prophylaxis (PrEP), which means taking HIV medicines daily to lower your chance of getting infected; using condoms the right way every time you have sex; and using only your own new, sterile needles and works every time you inject.

PEP is effective, but not 100%, so you should continue to use condoms with sex partners and safe injection practices while taking PEP. These strategies can protect you from being exposed to HIV again and reduce the chances of transmitting HIV to others if you do become infected while you're on PEP.

I'M A HEALTH CARE WORKER, AND I THINK I'VE BEEN EXPOSED TO HIV AT WORK. SHOULD I TAKE PEP?

PEP should be considered if you've had a recent possible exposure to HIV at work. Report your exposure to your supervisor, and seek medical attention immediately.

Occupational transmission of HIV to health care workers is extremely rare, and the proper use of safety devices and barriers can help minimize the risk of exposure while caring for patients with HIV.

A health care worker who has a possible exposure should see a doctor or visit an emergency room immediately. PEP must be started within 72 hours after a recent possible exposure to HIV. The sooner, the better; every hour counts.

CDC issued updated guidelines in 2013 for the management of health care worker exposures to HIV and recommendations for PEP.

Clinicians caring for health care workers who've had a possible exposure can call the PEpline (1-888-448-4911), which offers around-the-clock advice on managing occupational exposures to HIV, as well as hepatitis B and C. Exposed health care workers may also call the PEpline, but they should seek local medical attention first.



PEP (Post-Exposure Prophylaxis)

WHEN SHOULD I TAKE PEP?

PEP must be started within 72 hours after a possible exposure. The sooner you start PEP, the better; every hour counts. Starting PEP as soon as possible after a potential HIV exposure is important. Research has shown that PEP has little or no effect in preventing HIV infection if it is started later than 72 hours after HIV exposure. If you're prescribed PEP, you'll need to take it once or twice daily for 28 days.

DOES PEP HAVE ANY SIDE EFFECTS?

PEP is safe but may cause side effects like nausea in some people. These side effects can be treated and aren't life-threatening.

WHERE CAN I GET PEP?

Your health care provider or an emergency room doctor can prescribe PEP. Talk to them right away if you think you've recently been exposed to HIV.

HOW CAN I PAY FOR PEP?

If you're prescribed PEP after a sexual assault, you may qualify for partial or total reimbursement for medicines and clinical care costs through the Office for Victims of Crime, funded by the US Department of Justice.

If you're prescribed PEP for another reason and you cannot get insurance coverage (Medicaid, Medicare, private, or employer-based), your health care provider can apply for free PEP medicines through the medication assistance programs run by the manufacturers. Online applications can be faxed to the company, or some companies have special phone lines. These can be handled urgently in many cases to avoid a delay in getting medicine.

If you're a health care worker who was exposed to HIV on the job, your workplace health insurance or workers' compensation will usually pay for PEP.

CAN I TAKE A ROUND OF PEP EVERY TIME I HAVE UNPROTECTED SEX?

PEP should be used **ONLY** in emergency situations.

PEP is not the right choice for people who may be exposed to HIV frequently—for example, if you often have sex without a condom with a partner who is HIV-positive. Because PEP is given after a potential exposure to HIV, more drugs and higher doses are needed to block infection than with PrEP, or *pre-exposure* prophylaxis. PrEP is when people at high risk for HIV take HIV medicines (sold under the brand name Truvada) daily to lower their chances of getting HIV. If you are at ongoing risk for HIV, speak to your doctor about PrEP.

Content provided by the US Centers for Disease Control and Prevention (CDC).



HOUSTON HEALTH
DEPARTMENT



PrEP Resource List

CENTERS FOR DISEASE CONTROL:

- **CDC PrEP Basics:**
www.cdc.gov/hiv/basics/prep.html
- **CDC PrEP Resource information:**
www.cdc.gov/hiv/risk/prep
- **CDC PrEP Vitalsigns:**
www.cdc.gov/vitalsigns/HIVPrEP

CONSUMER:

- **AIDS.gov PrEP information:**
www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/pre-exposure-prophylaxis/
- **HIVE** – offers consumer and provider resources on advancing reproductive and sexual wellness for individuals and families affected by HIV:
www.hiveonline.org
- **International PrEP Resource** – Where do you fit on the map? Learn more about access and advocacy:
www.prepwatch.org/
- **National PrEP Provider Directory:**
www.preplocator.org
- **PrEP Houston:**
www.prephouston.org
- **Project Inform Informational Videos:**
www.projectinform.org/prep/

FINANCE:

- **Billing Codes Guide** – offers providers a multitude of billing codes for HIV prevention including codes for PrEP, HIV screening, and linkage services:
www.nastad.org/resource/billing-coding-guide-hiv-prevention
- **Project Inform PrEP Flow Chart:**
www.projectinform.org/pdf/PrEP_Flow_Chart.pdf



PrEP Resource List

GILEAD:

- **Gilead PrEP Guidance for providers:**
start.truvada.com/hcp
- **Truvada for PrEP Risk Evaluation and Mitigation Strategy (REMS):**
www.truvadapreprems.com

LGBTQIA HEALTH:

- **Resource to decrease the invisibility mask towards disparities and provision of important health care services for the LGBTQIA community. Also, serves as effective intervention for behavioral health concerns that may be related to experiences of anti LGBTQIA stigma.**
<https://www.lgbthealtheducation.org/wp-content/uploads/Collecting-Sexual-Orientation-and-Gender-Identity-Data-in-EHRs-2016.pdf>
- **Spanish Version**
<https://www.lgbthealtheducation.org/wp-content/uploads/SOGI-Questions-Espanol-with-Cover.pdf>
- **Providing Inclusive Services & Care for LGBT People**
<https://www.lgbthealtheducation.org/wp-content/uploads/Providing-Inclusive-Services-and-Care-for-LGBT-People.pdf>

TRAINING:

- **PrEP Clinician Consultation Center:**
www.nccc.ucsf.edu/clinician-consultation/prep-pre-exposure-prophylaxis
PrEP Clinician Warmline – offers up-to-date clinical consultation for PrEP decision-making:
Phone: (855) 448-7737 or (855) HIV-PrEP
Monday – Friday, 10 a.m. – 5 p.m. CST
- **South Central AIDS Education & Training Center Program** – offers training and clinical consultation around HIV/AIDS treatment and care management:
www.aidseducation.org/offices-locations/hhs-houston
- **Taking a Sexual History Guide:**
www.cdc.gov/STD/treatment/SexualHistory.pdf
- **WHO PrEP Guidance:**
www.who.int/hiv/pub/guidance_prep/en/



HOUSTON HEALTH
DEPARTMENT

Resources

To apply for health insurance on the federal exchange: www.healthcare.gov

Community Health Center Locator:
<http://findahealthcenter.hrsa.gov/>

Washington state (residents):

PrEP drug assistance program (PrEP-DAP)
<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS/HIVCareClientServices/PrEPDAP>

New York state (residents):

PrEP assistance program (PrEP-AP)
Call 1-800-542-2437

Gilead Sciences:

Medication Assistance Program and Co-Pay Assistance
<https://start.truvada.com/individual/truvadaprep-copay>

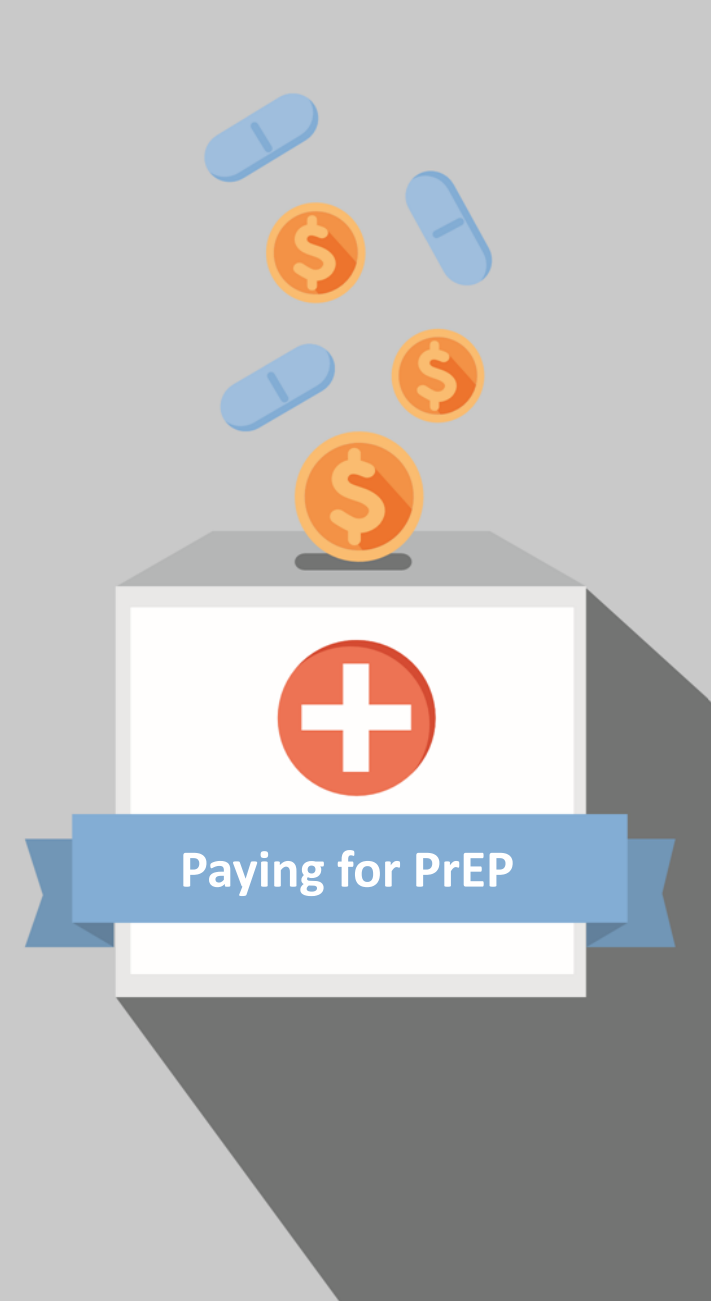
Patient Advocate (PAF) Foundation:

Co-Pay Relief Program
<https://www.copays.org/diseases/hiv-aids-and-prevention>

Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

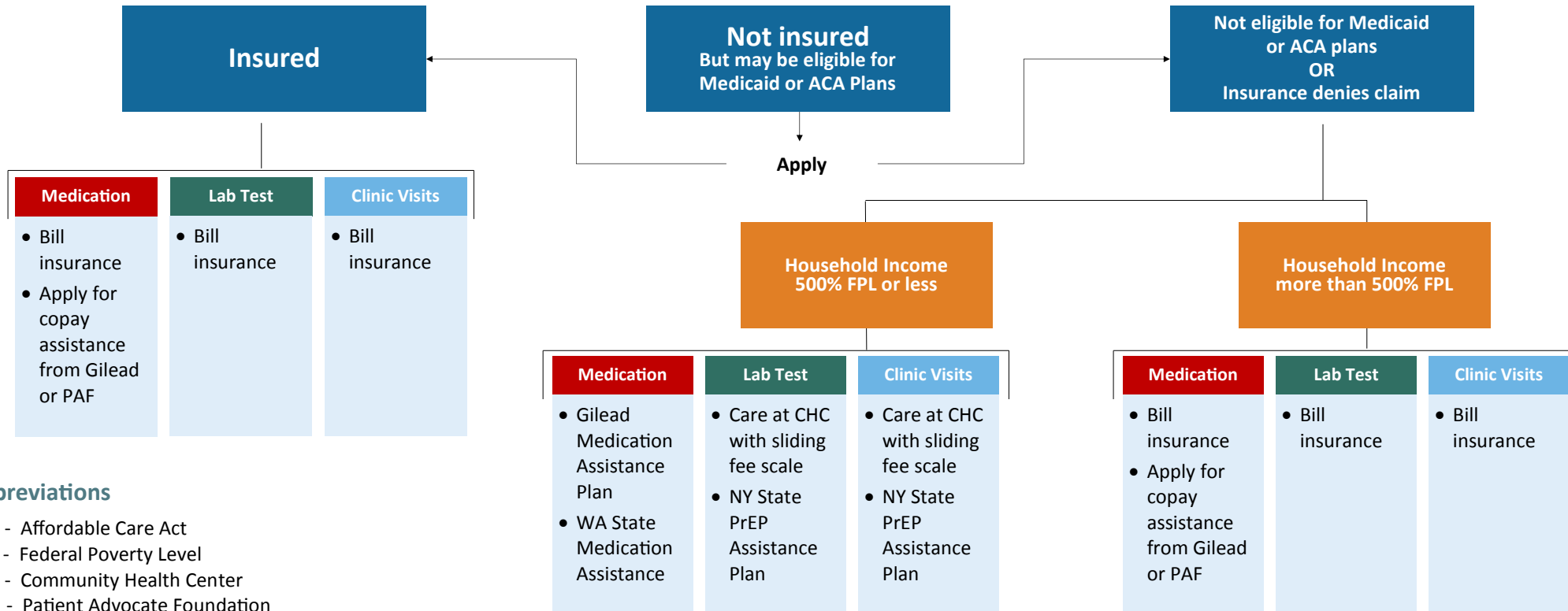
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027 USA
Phone: 800-232-4636

December 2015



Centers for Disease Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

Covering the Cost of PrEP Care



Abbreviations

ACA - Affordable Care Act
 FPL - Federal Poverty Level
 CHC - Community Health Center
 PAF - Patient Advocate Foundation

Definitions:

PrEP	Daily pill to prevent HIV infection (pre-exposure prophylaxis)
Co-pay	Fixed amount to be paid by insured person per prescription
Co-insurance	Fixed percentage of prescription cost to be paid by insured person
Deductible	Amount of health care cost (including prescriptions) that must be paid by the insured person before insurance begins to cover costs

PrEP Medication Assistance Program

(Gilead Sciences)

People eligible for this program must:

- Be 18 years of age or older
- Be without insurance or have payment declined by their insurance carrier
- Be resident in the US (social security number not required)
- Have family income ≤ 500% of the federal poverty level

Once enrolled in this program:

- Medication will be sent to the provider, a pharmacy, or the patient's home
- Patients can get their medication at no charge from their provider or pharmacy for as long as they are eligible
- Eligibility must be confirmed every 6 months by the provider

PrEP Medication Assistance Program

Family Size 500% Federal Poverty Level Household Annual Income must be less than:

1	\$58,850
2	\$79,650
3	\$100,450
4	\$121,250
5	\$142,050
6	\$162,850

*Source: <https://www.healthcare.gov/glossary/federal-poverty-level-FPL/>