

## PrEP: EFFECTIVE METHODS FOR HIV PREVENTION

PrEP is safe and can reduce the risk of HIV by **more than 90%**

### Who is Indicated for PrEP?

Sexually active adults and adolescents who are HIV-negative and have had anal or vaginal sex in the past 6 months, and:

- Have not consistently used a condom, OR
- Have had a bacterial STI in the past 6 months OR
- Have a sexual partner with HIV (especially if the partner has an unknown detectable viral load), OR

People who inject drugs, shares injection equipment, or has an HIV positive injecting partner

### Who May Benefit:

Patients often do not disclose stigmatized sexual or substance use behaviors to their provider, especially when not asked about a specific behavior.

- All sexually active adults and adolescents should be informed about PrEP
- Anyone who asks for PrEP
- Patients who report one or more sex partner of unknown HIV status
- People who use drugs or alcohol
- Trans women and men
- Heterosexual men and women with multiple partners
- Men who have sex with men (MSM)

### Truvada (Generic TDF/FTC) and Descovy

- Truvada/ generic TDF/FTC and Descovy are all oral medications approved by the FDA for PrEP, and according to the CDC, when taken consistently, have shown to reduce the risk of acquiring HIV in people who are at high risk by more than 90%.
- Some people have early side effects, such as upset stomach or appetite loss, but these are usually mild and resolve within the first month *without* stopping PrEP.
- While Truvada/ generic TDF/FTC and Descovy have been found to cause renal toxicity and decreased bone density in people living with HIV, they have not caused serious short-term safety concerns to date when used for PrEP and are tolerated well by most clients.

#### Descovy® 200/25 mg

emtricitabine 200 mg/tenofovir alafenamide fumarate 25 mg

1 tablet PO daily, 30-day supply with 2 refills

**\*\*Shown to be effective for MSM & trans women**

#### Truvada® 200/300 mg

Available as generic

emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg

1 tablet PO daily, 30-day supply with 2 refills

### Apretude: New PrEP Injectable:

- Apretude (long acting Cabotegravir 600mg (3mL)) is a gluteal only intramuscular injection indicated for in at-risk adults and adolescents weighing at least 35 kg (77 pounds) for PrEP to reduce the risk of sexually acquired HIV
- Approved by the FDA on December 20, 2021
- Safe and highly effective HIV prevention method
- **Dosing schedule:** An IM (gluteal) initiation injection (Apretude 600 mg (3mL)) for month 2 and 3; and an IM (gluteal) continuation injection on month 5 and every two months thereafter

*Optional:* According to the CDC, an oral lead-in may be acquired for patients who are worried about side effects, to relieve anxiety, about using the long-acting Cabotegravir injection. However, continued daily oral Cabotegravir is not recommended, or FDA approved for PrEP

- Should not be used with other HIV medicine

### 2-1-1 Pre-Exposure Prophylaxis:

Another Effective Method of PrEP with Truvada or generic TDF/FTC in MSM

How Does PrEP 2-1-1 Dosing Work?	Why PrEP 2-1-1 Dosing?
<ul style="list-style-type: none"> <li>• <b>2-24 hours before sex:</b> <ul style="list-style-type: none"> <li>○ Take <b>2</b> tablets of Truvada</li> </ul> </li> <li>• <b>24 hours after first dose:</b> <ul style="list-style-type: none"> <li>○ Take <b>1</b> tablet of Truvada</li> </ul> </li> <li>• <b>48 hours after first dose:</b> <ul style="list-style-type: none"> <li>○ Take <b>1</b> tablet of Truvada</li> </ul> </li> </ul> <p><i>*PrEP 2-1-1 dosing changes if you are going to have sex within 7 days of your last PrEP dose. Start by taking just ONE pill between 2-24 hours before sex. You still take ONE pill 24 hours after the first pill, and ONE pill again 24 hours after that.</i></p>	<ul style="list-style-type: none"> <li>• Barrier of PrEP daily dosing adherence</li> <li>• PrEP discontinuation rates continue to be high</li> <li>• Shown to be highly effective for gay and bisexual men in the French <i>IPERGAY</i> study</li> </ul> <p><i>*2-1-1 has not been studied in ciswomen, cismen who have sex with women, transmen, transwomen, or people who inject drugs</i></p> <p><i>*2-1-1 is not FDA-approved; however, it is endorsed by the International AIDS Society USA and is in use at the Lenzen STI Clinic in San Jose</i></p>

### Prescribing and Supporting PrEP:

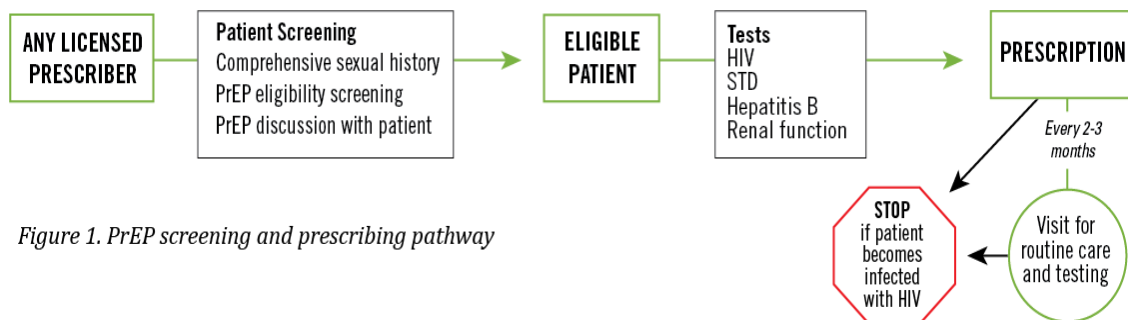


Figure 1. PrEP screening and prescribing pathway

## PrEP BILLING AND PAYMENT ASSISTANCE

### PrEP-Related Billing Codes

There are no official billing codes specifically for PrEP. Below are lists of ICD-9/10 codes that can be used to cover PrEP- and post-exposure prophylaxis (PEP) -related services. The highlighted codes may be preferred by clients as potentially less stigmatizing and/or more protective of their privacy.

ICD-10	Description
<b>Z20.82</b>	Contact with and (suspected) exposure to other viral communicable diseases
<b>Z20</b>	Contact with and (suspected) exposure to communicable diseases
<b>Z20.6</b>	Contact with and (suspected) exposure to HIV
<b>Z20.8</b>	Contact with and (suspected) exposure to other communicable diseases

### Payment Assistance for PrEP

There are several options for helping patients pay for PrEP. For patients on Medicaid, all PrEP-related medical costs should be covered. **Gilead's Advancing Access Medication Assistance** can provide financial assistance to individuals earning less than 500% of the federal poverty level, if they are uninsured or have basic insurance without pharmacy benefits. PrEP payment options for other insured patients are described in the table below.

Gilead Advancing Access Co-Pay Card	Patient Advocate Foundation (PAF)	Ready Set PrEP
<ul style="list-style-type: none"> <li>▪ \$7,200 max/calendar year</li> <li>▪ No income restrictions</li> <li>▪ Covers co-pays, deductibles and co-insurance</li> <li>▪ 12-month enrollment, reapply</li> <li>▪ Not used with state/federal plans, such as Medicare</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$7,500 max/year, re-apply</li> <li>▪ Income &lt;400% FPL (\$51,040)</li> <li>▪ Must be insured</li> <li>▪ Covers co-pays, deductibles and co-insurance</li> <li>▪ Proof of US residence (utility bill)</li> <li>▪ Case managers available to help resolve medical cost issues (800-532-5274)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>No max</b> coverage limits</li> <li>▪ <b>No income restrictions</b></li> <li>▪ <b>Covers the full cost</b> of brand-name Truvada and Descovy</li> <li>▪ 12-month enrollment, reapply through online portal</li> </ul>
For more information: <b>Visit:</b> <a href="http://www.gileadcopay.com">www.gileadcopay.com</a> <b>Call:</b> 877-505-6986	For more information: <b>Visit:</b> <a href="https://www.patientadvocate.org/">https://www.patientadvocate.org/</a> <b>Call:</b> 800-532-5274	For more information: <b>Visit:</b> <a href="https://readyssetprep.hiv.gov/">https://readyssetprep.hiv.gov/</a> <b>Call:</b> 855-447-8410

## PRESCRIBING PEP (POST-EXPOSURE PROHYLAXIS)

### PEP is Taken After Possible Exposure to HIV

- Exposure to HIV is a medical emergency, and PEP should be taken as soon as possible, but no later than within 72 hours of potential exposure.
- HIV testing should be carried out 4 to 6 weeks post-exposure.

### What's the Difference Between PrEP and PEP?

	PrEP	PEP
<b>Who can receive it?</b>	HIV-negative individuals at high risk for HIV exposure	HIV-negative individuals who may have been recently exposed to HIV
<b>When is it indicated?</b>	For those who are at risk for acquiring HIV, including people who have a sexual partner who lives with HIV, multiple sex partners, a history of inconsistent or no condom use, those who engage in commercial sex work, and those who share injection equipment.	Following potential exposure to HIV through sexual contact, sharing needles, or injury with blood or bodily fluid exposure from someone living with HIV or of unknown HIV-status.
<b>What is it?</b>	Once-daily Truvada®, Descovy® or generic TDF/FTC, and intramuscular Cabotegravir (CAB) injection	Truvada® plus Raltegravir or dolutegravir (preferred regimen, alternatives may be used)
<b>When should treatment begin?</b>	Pre-exposure, at any time	As soon as possible, but no later than 72 hours after potential exposure
<b>How long is the course of treatment?</b>	Indefinite; varies by patient	28 days
<b>Who can prescribe it?</b>	Any licensed prescriber	Any licensed prescriber, often emergency department clinicians
<b>How effective is it?</b>	Reduces risk by up to 92%	Up to 81% reduction in HIV infection

### Prescribing Post-exposure Prophylaxis (PEP)

Tenofovir DF (300 mg)/ Emtricitabine (200 mg) daily + Raltegravir 400 mg BID  
**OR** Tenofovir DF/ Emtricitabine daily + Dolutegravir 50 mg daily for 28 days.

**Did you know?**  
**Biktarvy is also used off-label for PEP**

# FOR ADMINISTRATORS: PrEP BILLING AND PAYMENT ASSISTANCE RESOURCES

## PrEP Assistance Program (PrEP- AP)

- [PrEP-AP Formulary](#)

## Enrollment Workers

- [Federal Poverty Guidelines Chart](#)
- [FAQ: For Enrollment Workers \(PDF\)](#)
- [Gilead's Advancing Access Program Application](#)
- [Acceptable PrEP-AP Eligibility Documents \(PDF\)](#)

## Clinical Providers

- [Allowable PrEP Related Medical Services](#)
- [FAQ: For PrEP-AP Network Providers \(PDF\)](#)

## Clients

- [FAQ: For Insured Clients \(PDF\)](#)
- [FAQ: For Uninsured Clients \(PDF\)](#)
- [Client Brochure \(uninsured\) \(PDF\)](#)
- [Client Brochure \(uninsured\) Spanish \(PDF\)](#)
- [Client Brochure \(Medicare\) \(PDF\)](#)
- [Client Brochure \(Medicare\) Spanish \(PDF\)](#)