Missouri
Pre-Exposure Prophylaxis (PrEP) Implementation Toolkit

Washington University in St. Louis
Division of Infectious Diseases
PrEP Program

Updated 8/23/17
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Multi-clinic Site Tour Agenda

WUSTL PrEP Program, Capacity Building, PrEP Implementation Program
John T. Milliken Department of Medicine
Division of Infectious Diseases

Date of tour

Re: Visit for Organization(s)

Purpose of visit:
1. To view multi-organization PrEP service delivery for future PrEP implementation
2. To view integrated PrEP care in 3 service settings: a) academic HIV clinic, b) community pharmacy, and c) refugee/immigrant clinic (Casa de Salud)
3. To view the associated tools to promote, potentially, faster and cheaper integration of PrEP services that are used at each site (i.e. EMRs, intake forms, clinic process flow, scheduling, etc.)

Organization Attendees:
List of Representatives

Hosts & Contact Information:
List of institution and pharmacy, contact people, and their contact information

Other contacts:
Additional contacts with same information as provided above.

Sample Itinerary
Day of the week, Month, Day (day of tour)

8:30 am - 11:30 am - WUSTL ID Clinic session (PrEP Clinic is Wednesday morning)

11:30 am – 1:00 pm - Gateway Apothecary tour

1:00 pm - 2:00 pm - Question & Answer session (during lunch)

2:00 pm - 3:30 pm - Casa de Salud tour
Tools for Providers and Administrators

WUSTL PrEP Program,
Capacity Building,
PrEP Implementation Program
<table>
<thead>
<tr>
<th>Services</th>
<th>Pregnancy test every 3 months</th>
<th>Do antiretroviral S11 testing</th>
<th>Other services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every 6 months, test for bacterial STI</td>
<td>Access to clean needles/syringes and testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 6 months and every 6 months thereafter, assess viral load</td>
<td>HIV test, medication adherence counseling, behavioral risk reduction support</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Follow-up visits at least every 3 months to provide the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily, maintaining a dose of TDF/FTC (Truvada) ≥90-day supply</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prescription**

- Documented positive TDR test results
- ART nonadherence
- MTCT
- CD4 < 350
- HIV infection
- Infection
- Recent diagnosis
- Recent injection
- Recent injection
- Recent injection

**Injection**

- Injection
- Needle exchange
- Needle exchange
- Needle exchange
- Needle exchange
- Needle exchange
- Needle exchange
- Needle exchange

**Table I: Summary of Guidance for PreP Use**
### Sexually Transmitted Diseases: Summary of 2015 CDC Treatment Guidelines

These summary guidelines reflect the 2015 CDC guidelines for the Treatment of Sexually Transmitted Diseases. They are intended as a summary of clinical guidance. An important component of STI treatment is partner notification. Providers can arrange for the identification and treatment of sex partners either by clinical judgment or with assistance from state and local health departments. Complete guidelines can be found online at www.cdc.gov/std or by calling 1-888-232-2676 (STD).

<table>
<thead>
<tr>
<th>Disease</th>
<th>Recommended Rx</th>
<th>Dosage</th>
<th>Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bacterial Vaginosis</strong></td>
<td>Metronidazole</td>
<td>500 mg orally 2 hourly for 7 days.</td>
<td>Metronidazole 2g orally 8 hourly for 7 days.</td>
</tr>
<tr>
<td></td>
<td>Clindamycin</td>
<td>300 mg orally 4 hourly for 7 days.</td>
<td>Clindamycin 900 mg orally 3 hourly for 7 days.</td>
</tr>
<tr>
<td></td>
<td>1% Vaginal cream</td>
<td>300 600 g.m. 100g.</td>
<td>1% Vaginal cream 100g.</td>
</tr>
<tr>
<td><strong>Chlamydial Infections</strong></td>
<td>Azithromycin</td>
<td>1g orally in a single dose.</td>
<td>Azithromycin 2g orally in a single dose.</td>
</tr>
<tr>
<td></td>
<td>Doxycycline</td>
<td>100 mg orally twice daily for 7 days.</td>
<td>Doxycycline 100 mg orally twice daily for 7 days.</td>
</tr>
<tr>
<td></td>
<td>Edoxuridine</td>
<td>900 mg orally 3 hourly for 7 days.</td>
<td>Edoxuridine 900 mg orally 3 hourly for 7 days.</td>
</tr>
<tr>
<td></td>
<td>Cefixime</td>
<td>400 mg orally twice daily for 7 days.</td>
<td>Cefixime 400 mg orally twice daily for 7 days.</td>
</tr>
<tr>
<td></td>
<td>Ciprofloxacin</td>
<td>500 mg orally twice daily for 7 days.</td>
<td>Ciprofloxacin 500 mg orally twice daily for 7 days.</td>
</tr>
<tr>
<td><strong>PID</strong></td>
<td>Doxycycline</td>
<td>100 mg orally twice daily for 14 days.</td>
<td>oral contraceptive (However, please consult your state and local health department for recommendations for patients with PID).</td>
</tr>
<tr>
<td></td>
<td>Ciprofloxacin</td>
<td>250 mg orally twice daily for 14 days.</td>
<td>Ciprofloxacin 250 mg orally twice daily for 14 days.</td>
</tr>
<tr>
<td></td>
<td>Ceftriaxone</td>
<td>250 mg i.m. once daily for 14 days.</td>
<td>Ceftriaxone 250 mg i.m. once daily for 14 days.</td>
</tr>
<tr>
<td></td>
<td>Ofloxacin</td>
<td>400 mg orally twice daily for 14 days.</td>
<td>Ofloxacin 400 mg orally twice daily for 14 days.</td>
</tr>
<tr>
<td><strong>Genital Herpes Simplex</strong></td>
<td>Acyclovir</td>
<td>400 mg orally 5 hourly for 7-10 days.</td>
<td>Acyclovir 800 mg orally 5 hourly for 7-10 days.</td>
</tr>
<tr>
<td></td>
<td>Valacyclovir</td>
<td>1g orally twice daily for 10 days.</td>
<td>Valacyclovir 1g orally twice daily for 10 days.</td>
</tr>
<tr>
<td></td>
<td>Famciclovir</td>
<td>500 mg orally twice daily for 10 days.</td>
<td>Famciclovir 500 mg orally twice daily for 10 days.</td>
</tr>
<tr>
<td></td>
<td>Cidofovir</td>
<td>10 mg/kg i.v. once daily for 5 days.</td>
<td>Cidofovir 10 mg/kg i.v. once daily for 5 days.</td>
</tr>
<tr>
<td><strong>Genital Warts</strong></td>
<td>Podophyllin</td>
<td>Apply small amount, dry apply weekly if necessary.</td>
<td>Podophyllin 10% to 30% in emulsion or gel to the visible lesion(s).</td>
</tr>
<tr>
<td></td>
<td>Eflornithine</td>
<td>See complete CDC guidelines.</td>
<td>Eflornithine 1g orally 3 hourly for 7 days.</td>
</tr>
<tr>
<td><strong>Gonococcal Infections</strong></td>
<td>Ceftriaxone</td>
<td>250 mg i.m. once in a single dose.</td>
<td>Ceftriaxone 250 mg i.m. once in a single dose.</td>
</tr>
<tr>
<td></td>
<td>Ofloxacin</td>
<td>400 mg orally twice daily for 3 days.</td>
<td>Ofloxacin 400 mg orally twice daily for 3 days.</td>
</tr>
<tr>
<td></td>
<td>Azithromycin</td>
<td>1g orally in a single dose.</td>
<td>Azithromycin 1g orally in a single dose.</td>
</tr>
<tr>
<td></td>
<td>Doxycycline</td>
<td>100 mg orally twice daily for 3 days.</td>
<td>Doxycycline 100 mg orally twice daily for 3 days.</td>
</tr>
<tr>
<td><strong>Herpes Zoster</strong></td>
<td>Acyclovir</td>
<td>400 mg orally 5 hourly for 7-10 days.</td>
<td>Acyclovir 800 mg orally 5 hourly for 7-10 days.</td>
</tr>
<tr>
<td></td>
<td>Valacyclovir</td>
<td>1g orally twice daily for 10 days.</td>
<td>Valacyclovir 1g orally twice daily for 10 days.</td>
</tr>
<tr>
<td></td>
<td>Famciclovir</td>
<td>500 mg orally twice daily for 10 days.</td>
<td>Famciclovir 500 mg orally twice daily for 10 days.</td>
</tr>
<tr>
<td></td>
<td>Cidofovir</td>
<td>10 mg/kg i.v. once daily for 5 days.</td>
<td>Cidofovir 10 mg/kg i.v. once daily for 5 days.</td>
</tr>
<tr>
<td><strong>Lymphogranuloma Venereum</strong></td>
<td>Doxycycline</td>
<td>100 mg orally twice daily for 21 days.</td>
<td>Doxycycline 100 mg orally twice daily for 21 days.</td>
</tr>
<tr>
<td><strong>Mucopurulent cervicitis</strong></td>
<td>Doxycycline</td>
<td>100 mg orally twice daily for 7 days.</td>
<td>Doxycycline 100 mg orally twice daily for 7 days.</td>
</tr>
<tr>
<td></td>
<td>Ciprofloxacin</td>
<td>250 mg orally twice daily for 7 days.</td>
<td>Ciprofloxacin 250 mg orally twice daily for 7 days.</td>
</tr>
<tr>
<td></td>
<td>Ofloxacin</td>
<td>400 mg orally twice daily for 7 days.</td>
<td>Ofloxacin 400 mg orally twice daily for 7 days.</td>
</tr>
<tr>
<td><strong>Pelvic Inflammatory Disease</strong></td>
<td>Ceftriaxone</td>
<td>2g i.m. once daily for 14 days.</td>
<td>Ceftriaxone 2g i.m. once daily for 14 days.</td>
</tr>
<tr>
<td></td>
<td>Doxycycline</td>
<td>100 mg orally twice daily for 14 days.</td>
<td>Doxycycline 100 mg orally twice daily for 14 days.</td>
</tr>
<tr>
<td></td>
<td>Ciprofloxacin</td>
<td>250 mg orally twice daily for 14 days.</td>
<td>Ciprofloxacin 250 mg orally twice daily for 14 days.</td>
</tr>
<tr>
<td></td>
<td>Ofloxacin</td>
<td>400 mg orally twice daily for 14 days.</td>
<td>Ofloxacin 400 mg orally twice daily for 14 days.</td>
</tr>
<tr>
<td><strong>Scabies</strong></td>
<td>Permethrin 5% cream</td>
<td>Apply to affected area, wash off after 60 minutes.</td>
<td>Permethrin 5% cream Apply to affected area, wash off after 60 minutes.</td>
</tr>
<tr>
<td></td>
<td>10% cream</td>
<td>Apply to affected areas, wash off after 60 minutes.</td>
<td>10% cream Apply to affected areas, wash off after 60 minutes.</td>
</tr>
<tr>
<td><strong>Syphilis</strong></td>
<td>Penicillin G</td>
<td>2.4 million units i.m. in a single dose.</td>
<td>Penicillin G 2.4 million units i.m. in a single dose.</td>
</tr>
<tr>
<td></td>
<td>Benzathine</td>
<td>2.4 million units 12.5 million units.</td>
<td>Benzathine 2.4 million units 12.5 million units.</td>
</tr>
<tr>
<td></td>
<td>Uncomplicated</td>
<td>2.4 million units i.m. in a single dose.</td>
<td>2.4 million units i.m. in a single dose.</td>
</tr>
<tr>
<td></td>
<td>Penicillin G</td>
<td>2.4 million units i.m. in a single dose.</td>
<td>2.4 million units i.m. in a single dose.</td>
</tr>
<tr>
<td></td>
<td>Benzathine</td>
<td>2.4 million units 12.5 million units.</td>
<td>2.4 million units 12.5 million units.</td>
</tr>
<tr>
<td></td>
<td>Syphilis</td>
<td>2.4 million units i.m. in a single dose.</td>
<td>2.4 million units i.m. in a single dose.</td>
</tr>
<tr>
<td></td>
<td>Penicillin G</td>
<td>2.4 million units i.m. in a single dose.</td>
<td>2.4 million units i.m. in a single dose.</td>
</tr>
<tr>
<td></td>
<td>Benzathine</td>
<td>2.4 million units 12.5 million units.</td>
<td>2.4 million units 12.5 million units.</td>
</tr>
<tr>
<td><strong>Trichomoniasis</strong></td>
<td>Metronidazole</td>
<td>2g orally in a single dose.</td>
<td>Metronidazole 2g orally in a single dose.</td>
</tr>
<tr>
<td></td>
<td>1% Vaginal cream</td>
<td>2g orally in a single dose.</td>
<td>1% Vaginal cream 2g orally in a single dose.</td>
</tr>
<tr>
<td></td>
<td>2g orally in a single dose.</td>
<td>2g orally in a single dose.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1% Vaginal cream</td>
<td>2g orally in a single dose.</td>
<td>1% Vaginal cream 2g orally in a single dose.</td>
</tr>
<tr>
<td></td>
<td>2g orally in a single dose.</td>
<td>2g orally in a single dose.</td>
<td></td>
</tr>
</tbody>
</table>
1. The recommended regimens are equally efficacious.
2. These creams are oil-based and may weaken latex condoms and diaphragms. Refer to product labeling for further information.
3. Should not be administered during pregnancy, lactation, or in children <3 years of age.
4. If patient cannot tolerate high-dose erythromycin base schedules, change to 250 mg 4x/day for 14 days.
5. If patient cannot tolerate high-dose erythromycin base/hydroxyethyl disulfate, change to 400 mg orally 4 times a day for 14 days.
6. Contraindicated for pregnant or lactating women.
7. Clinical experience and published studies suggest that azithromycin is safe and effective.
8. Erythromycin base is contraindicated during pregnancy.
9. Efficacy of erythromycin treatment is approximately 80%; a second course of therapy may be required.
10. Patients who do not respond to therapy (within 72 hours) should be re-evaluated.
11. For patients with suspected sexually transmitted epididymitis, close follow-up is essential.
12. No definitive information available on prolonged regimens.
13. Treatment may be extended if healing is incomplete after 10 days of therapy.
14. Consider discontinuation of treatment after one year unless frequency of recurrence.
15. Vaginal, cervical, urethral, rectal, and anal warts may require referral to an appropriate specialist.
16. CDC recommends that treatment for uncomplicated gonococcal infections of the cervix, urethra, and/or rectum should include dual therapy. i.e., both a cephalosporin (e.g., ceftriaxone) plus azithromycin.
17. CDC recommends that ceftriaxone in combination with azithromycin or doxycycline be used as an alternative when ceftriaxone is not available.
18. Only ceftriaxone is recommended for the treatment of pharyngeal infection. Providers should inquire about past oral exposure.
19. Use with caution in hyperbilirubinemic infants, especially those born prematurely.
20. MSM are unlikely to benefit from the addition of antiamoebics.
21. Metronidazole 500mg orally 3x/day for 7 days is effective against Trichomonas vaginalis.
22. Pregnant patients can be treated with 2 g single dose.
23. Contraindicated for pregnant or lactating women, or children <2 years of age.
24. Do not use after a bath; should not be used by persons who have extensive dermatitis.
25. Pregnant patients allergic to penicillin should be treated with penicillin after desensitization.
26. Randomized controlled trials comparing single 2 g doses of metronidazole and tinidazole suggest that tinidazole is equivalent to, or superior to, metronidazole in achieving parasitologic cure and resolution of symptoms.

* Indicates updates from the 2018 CDC Guidelines for the Treatment of Sexually Transmitted Diseases.

Reviewed by the CDC 6/2015
### MSHI Risk Index

**TOTAL SCORE**

To calculate total score, add down entries in right column.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>In the last 6 months, have you used methamphetamines such as crystal? Yes, score 0; no, score 6</td>
</tr>
<tr>
<td>5</td>
<td>In the last 6 months, how many times did you have intimate anal sex with someone else (you were the top) without a condom with a man who was HIV-positive? 0 times, score 0; 1-5 times, score 5; 6 or more times, score 6</td>
</tr>
<tr>
<td>4</td>
<td>In the last 6 months, how many of your male sex partners were HIV-positive? 0 positive partners, score 0; 1 positive partner, score 4; 2 positive partners, score 8</td>
</tr>
<tr>
<td>3</td>
<td>In the last 6 months, how many times did you have receptive oral sex with a man without a condom? 0 times, score 0; 1-4 times, score 3; 5 or more times, score 6</td>
</tr>
<tr>
<td>2</td>
<td>In the last 6 months, how many men have you had sex with? 0, score 0; 1-4, score 2; 5-9, score 5; 10 or more, score 8</td>
</tr>
<tr>
<td>1</td>
<td>How old are you today? 0-17 years, score 0; 18-49 years, score 1; 50 years or more, score 6</td>
</tr>
</tbody>
</table>
PREP Clinic Flow and Standard Operating Procedure - Sample
Section 1 Patient/Provider Checklist

Organization/Clinic Name

CHECKLIST FOR INITIATING PREEXPOSURE PROPHYLAXIS (PrEP)

Print name of provider __________________________ Print name of patient __________________________

Today’s date (month/day/year)

Provider Section

I have provided this patient with the following: (check all as completed):

☐ Assessment for possible acute HIV infection
☐ Indicated laboratory screening to determine indications for these medications
☐ An HIV risk assessment to determine whether PrEP is indicated for this patient
☐ A medication fact sheet listing dosing instructions and side effects
☐ Counseling or a referral for counseling on condom use and any other HIV risk-reduction methods this patient may need
☐ Advice on methods to help the patient to take medication daily as prescribed
☐ Information about PrEP use during conception and pregnancy (when indicated)
☐ A prescription for Truvada (300 mg tenofovir disoproxil fumarate, 200 mg emtricitabine)
☐ A follow-up appointment date

As the provider, I will:

• Limit refill periods to recommended intervals for repeat HIV testing (at least every 3 months)
• Conduct follow-up visits at least every 3 months that include the following:
  o Assessment of HIV status (including signs or symptoms of acute HIV infection)
  o Assessment of side effects and advice on how to manage them
  o Assessment of medication adherence and counseling to support adherence
  o Assessment of STI symptoms, HIV risk behavior and counseling support for risk-reduction practices
• Inform the patient of any new information about PrEP and respond to questions
Date: __________________

## PrEP Patient Intake

### Demographics

<table>
<thead>
<tr>
<th>Information</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td></td>
</tr>
<tr>
<td>Birth Sex:</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Highest Education Level Completed:</td>
<td></td>
</tr>
<tr>
<td>Elementary/Middle</td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
</tr>
<tr>
<td>Post College</td>
<td></td>
</tr>
</tbody>
</table>

### Medical History

Please list your medical problems: __________________________

Do you have kidney disease? □ Yes □ No

Please list your current medications: __________________________

Are you circumcised? □ Yes □ No

Are you pregnant? □ Yes □ No  Are you on family planning? □ Yes □ No

### Sexually Transmitted Diseases History

Have you had any flu-like symptoms in the last 4 weeks? □ Yes □ No

Do you have any rectal, penile, or vaginal discharge, ulcers, or rashes right now? □ Yes □ No

Have you been diagnosed with a syphilis, gonorrhea, chlamydia, or trichomonas (sexually transmitted diseases) in the last 12 months? □ Yes □ No

### Drug Use History

In the last 3 months, have you used the following?

a. Intravenous drugs? □ Yes □ No
b. Cocaine? □ Yes □ No
c. Marijuana? □ Yes □ No
d. Crystal meth/speed? □ Yes □ No
e. Poppers (amyl nitrates)? □ Yes □ No
f. Other drugs? □ Yes □ No  What? ____________
Sexual Behavior History
Who do you have sex with?  □ Men  □ Women  □ Both

Other Risk (use for counseling)
What do you think your chances of becoming infected with HIV are in the next 1 year?
□ Very unlikely  □ Unlikely  □ Somewhat likely  □ Likely  □ Very likely

How confident are you that YOU can use condoms when YOU want to?
□ Very unconfident  □ Unconfident  □ Somewhat confident  □ Confident  □ Very Confident

Sexual History: for MEN
In the past 3 months, how many MEN have you had ANAL sex with?
TOTAL_____  HIV Positive_____  How many had you NOT used condoms:_____

In the past 3 months, how many WOMEN have you had sex (vaginal/anal) with?
TOTAL_____  VAGINAL_____  ANAL_____  HIV Positive_____  How many had you NOT used condoms:_____

Sexual History: for WOMEN
In the past 3 months, how many MEN have you had sex (vaginal/anal) with?
TOTAL_____  VAGINAL_____  ANAL_____  HIV Positive_____  How many had you NOT used condoms:_____

Other
Who referred you to this clinic?_____________________

Other notes:______________________________
**Date**
**Patient Name**

**PrEP Patient Follow-Up**

**Sexually Transmitted Diseases Symptoms**
Do you have any rectal, penile, or vaginal discharge, ulcers, or rashes right now? □Yes □No

**PrEP Use/Symptoms**
How many pills did you miss in the last 7 days?____
How many pills did you miss in the last 30 days?____

Since your last visit, have you experienced:
□ No symptoms
□ Diarrhea
□ Stomach pain or discomfort
□ Nausea or vomiting
□ Headache

**Drug Use History**
Since your last visit, have you used the following?
a. intravenous drugs? □Yes □No
b. cocaine? □Yes □No
c. marijuana? □Yes □No
d. crystal meth/speed? □Yes □No
e. poppers (amyl nitrates)? □Yes □No
f. other drugs? □Yes □No In yes, what?____

**Sexual History: for MEN**
In the past 3 months, how many MEN have you had **ANAL** sex with:
TOTAL____
HIV Positive____
How many had you **NOT** used condoms:____

In the past 3 months, how many WOMEN have you had sex (vaginal/anal) with?
TOTAL____
VAGINAL____
ANAL____
HIV Positive____
How many had you **NOT** used condoms:____

**Since your last visit, would you say:**
The number of sex partners has (anal/vaginal):
□ Decreased □ Stayed the same □ Increased □ Not Applicable

The number of HIV POSITIVE sexual partners has:
□ Decreased □ Stayed the same □ Increased □ Not Applicable
Condom use for anal/vaginal sex has:
☐ Decreased  ☐ Stayed the same  ☐ Increased  ☐ Not Applicable

Did you use a condom the last time you had anal/vaginal sex?
☐ No  ☐ Yes  ☐ Don’t Remember
PrEP prescribing

<table>
<thead>
<tr>
<th>ICD Code</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health maintenance care</td>
<td>All visits</td>
</tr>
<tr>
<td>2. Preventive health care</td>
<td>All visits</td>
</tr>
<tr>
<td>3. Exposure to HIV</td>
<td>All visits</td>
</tr>
<tr>
<td>4. Screening for STDs</td>
<td>All visits</td>
</tr>
<tr>
<td>5. Need for prophylactic measure</td>
<td>All visits</td>
</tr>
<tr>
<td>6. Need for Hep B screening</td>
<td>First and 1 year</td>
</tr>
<tr>
<td>7. Need for Hep C screening</td>
<td>First and 1 year</td>
</tr>
</tbody>
</table>

Routine Labs

<table>
<thead>
<tr>
<th>Lab</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HIV test- 4th gen</td>
<td>All visits</td>
</tr>
<tr>
<td>2. BMP w/ GFR</td>
<td>First then 3, 6, 12 months</td>
</tr>
<tr>
<td>3. RPR, GC/CT all sites</td>
<td>All visits</td>
</tr>
<tr>
<td>4. Hep B s Ag</td>
<td>First only</td>
</tr>
<tr>
<td>5. Hep C Ab</td>
<td>First and 1 year</td>
</tr>
<tr>
<td>6. CMP</td>
<td>1 year only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visit Labs</th>
<th>First</th>
<th>3 month</th>
<th>6 month</th>
<th>9 month</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labs</td>
<td>HIV, Hep B/C, BMP w/ GFR, STDs</td>
<td>HIV, STDs, BMP w/ GFR</td>
<td>HIV, STDs, BMP w/ GFR</td>
<td>HIV, STDs, BMP w/ GFR</td>
<td>HIV, Hep C, CMP w/ GFR, STDs</td>
</tr>
</tbody>
</table>
Recommended ICD 10 - CM Codes
PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis)

The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) coding system does not designate specific billing codes for PrEP or PEP related services. The New York State Department of Health and the New York City Department of Health and Mental Hygiene recommend the use of the following ICD-10-CM codes for PrEP and PEP related outpatient services.

VISITS: All office visits must include a “principal diagnosis/first-listed condition” to be billable. Z20.6, bolded below, is classified as an “acceptable principal diagnosis” in the ICD-10-CM system. Always include Z20.6 when coding PrEP or PEP visits. If an insurer requires additional coding clarifying a patient’s risk, Z20.2 (sexual exposure risk) and F19.20 (injection drug use exposure risk) can be added. These codes avoid the use of the Z72.x codes that are considered stigmatizing because they indicate “problems related to lifestyle.”

TESTS: HIV, STD, HCV and other tests associated with PrEP and PEP are related to the patient’s ongoing risk of infection, even if the patient is asymptomatic. Screening tests are ordered at initial visit. Subsequent visits use ‘contact with’ codes. Tests which are ordered to evaluate the patient for conditions potentially associated with long-term use of PrEP medication should include the code Z79.899.

<table>
<thead>
<tr>
<th>PrEP-related Codes – Initial Visit</th>
<th>Coding for:</th>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit</td>
<td>Z20.6</td>
<td>Contact with and (suspected) exposure to HIV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Z20.2</td>
<td>Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission</td>
<td></td>
</tr>
<tr>
<td>Initial Tests</td>
<td>Z01.812</td>
<td>Encounter for pre-procedural laboratory examination (Applicable to blood and urine tests prior to treatment or procedure)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Z11.3</td>
<td>Encounter for screening for infections with a predominantly sexual mode of transmission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Z11.4</td>
<td>Encounter for screening for human immunodeficiency virus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Z11.59</td>
<td>Encounter for screening for other viral diseases*</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PrEP-related Codes – 2nd and Subsequent Visits</th>
<th>Coding for:</th>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit and Tests</td>
<td>Z20.6</td>
<td>Contact with and (suspected) exposure to HIV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Z20.2</td>
<td>Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Z79.899</td>
<td>Other long term drug therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Z20.5</td>
<td>Contact with and (suspected) exposure to viral hepatitis*</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PEP-related Codes – Initial and Subsequent Visits</th>
<th>Coding for:</th>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit and Tests</td>
<td>Z20.6</td>
<td>Contact with and (suspected) exposure to HIV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Z20.2</td>
<td>Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Z77.21</td>
<td>Contact with and (suspected) exposure to potentially hazardous body fluids</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Z20.5</td>
<td>Contact with and (suspected) exposure to viral hepatitis</td>
<td></td>
</tr>
</tbody>
</table>

*When ordering Hepatitis C tests for patients insured through Medicare:

- Medicare covers annual hepatitis C screening only for “high-risk individuals”
- A single, once-in-a-lifetime screening test is covered for individuals born from 1945 through 1965 who do not meet the high-risk definition.
- Per Medicare guidance the initial encounter/test requisition for hepatitis C tests must include diagnosis code Z72.89 (Other problems related to lifestyle).
- Follow-up encounters/tests for annual hepatitis C testing should include diagnosis codes Z72.89 and/or F19.20 (Unspecified drug dependence).

Consult Medicare guidance documents for specific billing details

January 2017
# PrEP-Related Billing Codes

There are no official billing codes specifically for PrEP (pre-exposure prophylaxis). Below are lists of ICD-9/10 and CPT codes that can be used. These codes are also related to PEP (post-exposure prophylaxis).

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>Description</th>
<th>ICD-10*</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V69.2</td>
<td>High risk sexual behavior</td>
<td>Z72.5</td>
<td>High risk sexual behavior</td>
</tr>
<tr>
<td>V01.7</td>
<td>Exposure to other viral diseases</td>
<td>Z20.82</td>
<td>Contact with and (suspected) exposure to other viral communicable diseases</td>
</tr>
<tr>
<td>V01</td>
<td>Contact with or exposure to communicable diseases</td>
<td>Z20</td>
<td>Contact with and (suspected) exposure to communicable diseases</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z20.2</td>
<td>Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z20.6</td>
<td>Contact with and (suspected) exposure to HIV</td>
</tr>
<tr>
<td>V15.85</td>
<td>Exposure to potentially hazardous body fluid</td>
<td>Z77.21</td>
<td>Contact with and (suspected) exposure to potentially hazardous body fluids</td>
</tr>
<tr>
<td>E920.5</td>
<td>Needle stick</td>
<td>W46</td>
<td>Contact with hypodermic needle: “the appropriate 7th character is to be added to each from category W46” A-initial encounter, D-subsequent encounter, S-sequela</td>
</tr>
<tr>
<td></td>
<td></td>
<td>W46.0</td>
<td>Contact with hypodermic needle (hypodermic needle stick NOS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>W46.1</td>
<td>Contact with contaminated hypodermic needle</td>
</tr>
<tr>
<td>V01.8</td>
<td>Exposure to other communicable diseases</td>
<td>Z20.8</td>
<td>Contact with and (suspected) exposure to other communicable diseases</td>
</tr>
<tr>
<td>V07.8</td>
<td>Other unspecified prophylactic measure</td>
<td>Z79</td>
<td>Long term (current) drug therapy. Includes long term (current) drug use for prophylactic purposes</td>
</tr>
<tr>
<td>V07.9</td>
<td>Unspecified prophylactic measure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Compliance date: October 1, 2015

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99401</td>
<td>Prevention Counseling (15 minutes)</td>
</tr>
<tr>
<td>99402</td>
<td>Prevention Counseling (30 minutes)</td>
</tr>
<tr>
<td>99403</td>
<td>Prevention Counseling (45 minutes)</td>
</tr>
<tr>
<td>99404</td>
<td>Prevention Counseling (60 minutes)</td>
</tr>
</tbody>
</table>

Used with permission from the New York City Department of Health and Mental Hygiene
# PrEP Prescription Template

<table>
<thead>
<tr>
<th>Patient Name: __________________________</th>
<th>Date: __________</th>
<th>Days:</th>
<th>Refills:</th>
<th>HIV test date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truvada 1 tablet po daily</td>
<td></td>
<td></td>
<td>30, 90</td>
<td>0, 1, 2</td>
</tr>
<tr>
<td>Comments: Attn PrEP/HIV Pharmacist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Name: __________________________</th>
<th>Date: __________</th>
<th>Days:</th>
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<tbody>
<tr>
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<td></td>
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<td>30, 90</td>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th>Patient Name: __________________________</th>
<th>Date: __________</th>
<th>Days:</th>
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<td>Truvada 1 tablet po daily</td>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Name: __________________________</th>
<th>Date: __________</th>
<th>Days:</th>
<th>Refills:</th>
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<td>Truvada 1 tablet po daily</td>
<td></td>
<td></td>
<td>30, 90</td>
<td>0, 1, 2</td>
</tr>
<tr>
<td>Comments: Attn PrEP/HIV Pharmacist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sample Electronic Medical Record (EMR) Notes

WUSTL PrEP Program,
Capacity Building,
PrEP Implementation Program
Patient ID
INFECTION DISEASE
660 South Euclid, Campus Box 8051
St. Louis, MO 63110
Phone: 314-747-1206
Fax: 314-222-6248.

HPI
Mr. PREP ZTEST is a 23 year old man [ MSM ][ FSM ][ MSF ] { { { without a significant medical history. } } } { { { with a

history of [ ], [ ] } } } { { { No complaints today. } } } { { { No rectal or penile discharge and no symptoms of acute HIV since

last visit. } } } { { { For sexual risk, condom use, substance use, and full medical history, see intake form. } } } { { { No homosidal or suicidal ideation. } } } { { { No mental health diagnosis. } } } { { { Not on any medications. } } }.

ROS
REVIEW OF SYSTEMS:

T { { { OTHER: [ All other systems are negative except as per the HPI ] } } } { { { CONSTITUTIONAL: [ Weight gain, ] [ Weight loss, ] [ Fatigue, ] [ Fever, ] [ Chills, ] [ Night sweats, ] [ Heat/Cold

Intolerant ] } } { { { EYES: [ Blurred vision, ] [ Photophobia, ] [ Floaters ] } } } { { { EARS/NOSE/MOUTH/THROAT: [ Tinnitus, ] [ Hearing loss, ] [ Nasal Congestion, ] [ Nose bleeds, ] [ Sore throats, ] [ Hoarseness, ] [ Difficulty swallowing, ] [ Pain with swallowing ] } } } { { { RESPIRATORY: [ Dyspnea, ] [ Acute cough, ] [ Chronic cough, ] [ Wheezing ] } } } { { { CARDIOVASCULAR: [ Palpitations, ] [ Chest pain, ] [ Swollen legs/ankles, ] [ Orthopnea, ] [ Paroxysma nocturnal

dyspnea ] } } } { { { BREAST: [ Mass/lump, ] [ Discharge ] } } } { { { GASTROINTESTINAL: [ Nausea, ] [ Vomiting, ] [ Diarrhea, ] [ Anorexia, ] [ Heartburn, ] [ Constipation, ] [ Incontinence, ] [ Hemorrhoids, ] [ Anal warts ] } } } { { { GENITOURINARY: [ Dysuria, ] [ Frequency, ] [ Urgency, ] [ Incontinence, ] [ Genital ulcers, ] [ Genital warts, ] [ Sexual

disfunction ] } } } } { { { STD Evaluation: [ Vaginal ] [ Penile ] [ Anal Discharge, Lesion ] } } } { { { MUSCULOSKELETAL: [ Joint pain, ] [ Stiffness, ] [ Back pain, ] [ Muscle cramps ] } } } { { { ADENOPATHY: [ Cervical adenopathy, ] [ Axillary adenopathy, ] [ Unguinal adenopathy ] } } } { { { SKIN: [ Rash, ] [ Itching, ] [ Hives, ] [ Ulcers, ] [ Boils/Furuncles, ] [ Dry skin ] } } } } { { { NEUROLOGICAL: [ Headaches, ] [ Numbness, ] [ Syncope, ] [ Seizures, ] [ Dizziness ] } } } { { { PSYCHIATRIC: [ Depression, ] [ Anxiety, ] [ Moodiness ] } } }.

Personal Hx
PERSONAL HISTORY:

{ { { Drug use: [ None ][ Marijuana ][ Poppers ][ Cocaine ][ Meth ] } } } { { { Education: [ ] } } } { { { Tobacco use: [ None ] } } } { { Tobacco use: [ ] } }.

Physical Exam
PHYSICAL EXAM

{ { { GENERAL: [ No acute cistress; ] [ Chronically ill appearing; ] } } } { { { HEENT: [ Pupils equal, round, reactive to light; ][ extraocular movements intact; ] [ No rhinorrhea; ] [ Oropharynx

}] } }
Patient: PREP ZTEST JR  
DOB: 07/15/1994

without thrush or exudate} })

\{\{NECK: [ Supple; ][ No adenopathy; ][ No thyromegaly; ][ No carotid bruits ]\}\}
\{\{RESPIRATORY/ CHEST: [ Clear to auscultation bilaterally; ][ Ronchi; ][ Rales; ][ Dullness to percussion ]\}\}
\{\{CARDIAC: [ Regular rate and rhythm; ][ No murmurs; ][ -6 murmur; ][ No edema; ][ No gallops or rubs ]\}\}
\{\{BREAST: [ No palpable masses; ][ No skin changes; ][ No nipple discharge ]\}\}
\{\{ABDOMEN: [ Soft; ][ Non-tender; ][ Non-distended; ][ Normal bowel sounds; ][ No hepatomegaly or splenomegaly ]\}\}
\{\{BACK: [ No CVA tenderness; ][ No point tenderness along spine ]\}\}
\{\{GENITOURINARY: [ No urethral discharge; ][ No vaginal discharge; ][ No genital ulcers ]\}\{\{Female genitalia: [ no lesion noted to external genitalia ][ lesions present ][ vaginal non rugated ][ vaginal rugated ][ no adnexal tenderness ][ no cervical motion tenderness ][ cervical os friable ][ cervical os non friable ]\}\{\{Discharge: [ thick ][ thin ][ white ][ clear ][ yellow ][ green ][ odor present ][ odor not present ]\}\{\{cervical/vaginal lesion: [ ulcerated ][ flat ][ wart-like ]\}\}
\{\{Anus color: [ unremarkable ]\}\{\{lesions present: [ ulcer ][ wart-like ][ color ]\}\}
\{\{EXTREMITIES: [ No axillary adenopathy; ][ No inguinal adenopathy; ][ Enlarged lymph nodes; ][ No joint swelling; ][ No clubbing; ][ No cyanosis; ][ + pedal edema ]\}\}
\{\{SKIN: [ No rashes; ][ Diffuse erythematous rash; ][ Rash ]\}\}
\{\{Home IV: wound location [ ]; appearance [ ]; CVC type [ ]; assessment [ ]\}\}
\{\{NEUROLOGIC: [ Cranial nerves II-XII intact; ][ Motor -5 upper extremities; ][ -5 lower extremities; ][ Sensation intact to [ ]; Diminished sensation; ][ Reflexes [ ]; Cerebellum ]\}\}
\{\{AFFECT: [ Normal ] [ Abnormal ]\}\}

\{\{Labs obtained today: [ ]; Labs obtained today: [ ]\}\}

Assessment
This is a 23 year male with a risk of [ MSM ] [ SDC ] [ IVDU ] [ Periconception ] here for a PrEP visit. [ Start PrEP. ]

Sexual risk reduction counseling provided
Substance use counseling provided
Discussion regarding medication side effects provided
\{\{Records will be obtained from: [ ]\}\}
\{\{Labs obtained today: [ HIV, ][ Cr, ][ BMP, ][ CMP, ][ UA, ][ RPR, ][ oral GC&CT, ][ rectal GC&CT, ][ urine GC&CT, ][ Hepatitis B surface antigen, ][ Hepatitis C, ][ pregnancy test ]\}\}
\{\{Vaccines ordered: [ Hepatitis A, ][ Hepatitis B, ][ Tetanus, ][ HPV, ][ Meningococcal, ][ Influenza ]\}\}
\{\{Please obtain the following labs at the next visit: [ HIV, ][ Cr, ][ BMP, ][ CMP, ][ UA, ][ RPR, ][ oral GC&CT, ][ rectal GC&CT, ][ urine GC&CT, ][ Hepatitis B surface antigen, ][ Hepatitis C, ][ pregnancy test ]\}\}
\{\{Please administer the following vaccines at the next visit: [ Hepatitis A, ][ Hepatitis B, ][ Tetanus, ][ HPV, ][ Meningococcal, ][ Influenza ]\}\}
\{\{PCP referral ]\}\{ [ Mental Health referral ]\}\}
\{\{Insurance navigator referral, ]\}\}
\{\{Vaccines recommended, ]\}\}
\{\{Has primary care provider, ]\}\}

RTC [1] [3] months to the WUSTL PrEP Program.

\{\{Plan [ ]\}\}
\{\{See above ]\}\}

\{\{the [ Fellow ] [ Resident ] [ Nurse Practitioner ] [ Physician Assistant ] have [ reviewed ] [ seen and examined ] this patient with Dr. [ Babcock ] [ Bailey ] [ Barrette ] [ Bianco ] [ Budde ] [ Chisler ] [ Dubberke ] [ Durkin ] [ Escota ] [ Fraser ] [ George ] [ Hamad ] [ Hsueh ] [ Kirmeni ] [ Kuhlmann ] [ Kwon ] [ Lawrence ] [ Mattar ] [ Pande ] [ Patel ] [ Powderly ] [ Presti ] [ Reno ] ]\}\}
\{\{The supervising MD present in the office suite for Nurse Practitioner/Physician Assistant is Dr. [ Babcock ] [ Bailey ] [ Barrette ] [ Bianco ] [ Budde ] [ Chisler ] [ Dubberke ] [ Durkin ] [ Escota ] [ Fraser ] [ George ] [ Hamad ] [ Hsueh ] [ Kirmeni ] [ Kuhlmann ] [ Kwon ] [ Lawrence ] [ Mattar ] [ Pande ] [ Patel ] [ Powderly ] [ Presti ] [ Reno ] ]\}\}

\{\{Attestation [ I have seen and examined this patient and personally developed the plan of care and discussed it with the patient. ]\}\}
PrEP Patient Follow-up
Sample EMR Note

Patient: PREP ZTEST JR
DOB: 07/15/1994
Date of Service: 08/02/2017

Patient ID
INFECTIOUS DISEASE
660 South Euclid, Campus Box 8051
St. Louis, MO 63110
Phone: 314-747-1206
Fax: 314-222-6248.

HPI
Mr. PREP ZTEST is a 23 year old man [ MSM ][ FSM ][ MSF ] {without a significant medical history.}
{{with a history of [ ], [ ]}
{{No complaints today.}}
{{No rectal or penile discharge and no symptoms of acute HIV since last visit.}}
{{Medication adherence assessment:}}
{{Missed doses in 7 days: [ ]}}
{{Missed doses in 30 days: [ ]}}
{{Missed doses in 90 days: [ ]}}
{{No medication side effects reported.}}
{{No medical events since last visit.}}
{{No homicidal ideation or suicidal ideation.}}
{{See follow-up form for sexual risk, condom use, and medication adherence.}}
{{No substance use since last visit.}}

ROS
REVIEW OF SYSTEMS:

{{OTHER: All other systems are negative except as per the HPI}}
{{CONSTITUTIONAL: Weight gain, Weight loss, Fatigue, Fever, Chills, Night sweats, Heat/Cold Intolerance}}
{{EYES: Blurred vision, Photophobia, Floaters}}
{{EARS/NOSE/MOUTH/THROAT: Tinnitus, Hearing loss, Nasal Congestion, Nose bleeds, Sore throats, Hoarseness, Difficulty swallowing, Pain with swallowing}}
{{RESPIRATORY: Dyspnea, Acute cough, Chronic cough, Wheezing}}
{{CARDIOVASCULAR: Palpitations, Chest pain, Swollen legs/ankles, Orthopnea, Paroxysmal nocturnal dyspnea}}
{{BREAST: Mass/Lump, Discharge}}
{{GASTROINTESTINAL: Nausea, Vomiting, Diarrhea, Anorexia, Heartburn, Constipation, Incontinence, Hemorrhoids, Anal warts}}
{{GENITOURINARY: Dysuria, Frequency, Urgency, Incontinence, Genital ulcers, Genital warts, Sexual dysfunction}}
{{STD Evaluation: Vaginal, Penile, Anal Discharge, Lesion}}
{{MUSCULOSKELETAL: Joint pain, Stiffness, Back pain, Muscle cramps}}
{{ADENOPATHY: Cervical adenopathy, Axillary adenopathy, Unguinal adenopathy}}
{{SKIN: Rash, Itching, Hives, Ulcers, Boils/Furuncles, Dry skin}}
{{NEUROLOGICAL: Headaches, Numbness, Syncope, Seizures, Dizziness}}
{{PSYCHIATRIC: Depression, Anxiety, Moodiness}}

Personal Hx
PERSONAL HISTORY:

{{Drug use: None || Marijuana || Poppers || Cocaine || Meth}}
{{Education: [ ]}}
{{Tobacco use: None || Tobacco use: [ ]}}
Patient: PREP ZTEST JR  
DOB: 07/15/1994

Physical Exam  

PHYSICAL EXAM

{} {}{}{[GENERAL: [No acute distress; [Chronically ill appearing: ]]}  
{} {}{}{[HEENT: [Pupils equal, round, reactive to light; [extraocular movements intact; [No rhinorrhea; [Oropharynx without thrush or exudate: ]]}  
{} {}{}{[NECK: [Supple; [No adenopathy; [No thyromegaly; [No carotid bruits: ]]}  
{} {}{}{[RESPIRATORY/CHEST: [Clear to auscultation bilaterally; [Ronchi; [Rales; [Dullness to percussion: ]]}  
{} {}{}{[CARDIAC: [Regular rate and rhythm; [No murmurs; [-/6 murmur; [No edema; [No gallops or rubs: ]]}  
{} {}{}{[BREAST: [No palpable masses; [No skin changes; [No nipple discharge: ]]}  
{} {}{}{[ABDOMEN: [Soft; [Non-tender; [Non-distended; [Normal bowel sounds; [No hepatomegaly or splenomegaly: ]]}  
{} {}{}{[BACK: [No CVA tenderness; [No point tenderness along spine: ]]}  
{} {}{}{[GENITOURINARY: [No urethral discharge; [No vaginal discharge; [No genital ulcers: ]]}  
{} {}{}{[Female genitalia: [no lesion noted to external genitalia: [lesions present: [vaginal non rugated; [vaginal rugated; [no adnexal tenderness: [no cervical motion tenderness: [cervical os frangible; [cervical os non frangible: ]]}  
{} {}{}{[Discharge: [thick; [thin; [white; [clear; [yellow; [green; [odor present: [odor not present: ]]}  
{} {}{}{[cervical/vaginal lesion: [ulcerated; [flat; [wart-like: ]]}  
{} {}{}{[Anus color: [unremarkable; [lesions present: [ulcer; [wart-like; [color: [ ]]}  
{} {}{}{[EXTREMITIES: [No axillary adenopathy; [No inguinal adenopathy; [Enlarged lymph nodes: [No joint swelling: [No clubbing: [No cyanosis; [ + pedal edema: ]]}  
{} {}{}{[SKIN: [No rashes; [Diffuse erythematous rash; [Rash: ]]}  
{} {}{}{[Home IV: wound location: [ ], appearance: [ ], CVC type: [ ], assessment: [ ]]}  
{} {}{}{[NEUROLOGIC: [Cranial nerves II-XII intact; [Motor: [5 upper extremities; [5 lower extremities; [Sensation intact to: [ ], Diminished sensation: [ ], Reflexes: [ ], Cerebellum: [ ]]}  
{} {}{}{[AFFECT: [Normal; [Abnormal: ]]}  

Labs obtained today:  
{} {}{}{[Labs obtained today: [ ]].}  

Assessment  

This is a 23 year male with a risk of [ MSM | SDC | IVDU | Periconception ] here for a PrEP visit. [ Continue PrEP. ]

Sexual risk reduction counseling provided  
Medication adherence counseling provided  
Substance use counseling provided  

Discussion regarding medication side effects provided  
{} {}{}{[Records will be obtained from: [ ]].}  
{} {}{}{[Labs obtained today: [ HIV, [ Cr, [ BMP, [ CMP, [ UA, [ RPR, [ oral GC&CT, [ rectal GC&CT, [ urine GC&CT, [ Hepatitis B surface antigen, [ Hepatitis C, [ pregnancy test: ]].]}  
{} {}{}{[Vaccines ordered: [ Hepatitis A, [ Hepatitis B, [ Tetanus, [ HPV, [ Meningococcal, [ Influenza: ]].]}  
{} {}{}{[Please obtain the following labs at the next visit: [ HIV, [ Cr, [ BMP, [ CMP, [ UA, [ RPR, [ oral GC&CT, [ rectal GC&CT, [ urine GC&CT, [ Hepatitis B surface antigen, [ Hepatitis C, [ pregnancy test: ]].]}  
{} {}{}{[Please administer the following vaccines at the next visit: [ Hepatitis A, [ Hepatitis B, [ Tetanus, [ HPV, [ Meningococcal, [ Influenza: ]].]}  
{} {}{}{[PCP referral: ]}, [Mental Health referral: ]].}  
{} {}{}{[Insurance navigator referral: ]].}  
{} {}{}{[Has primary care provider: ]].}  
{} {}{}{[Vaccines recommended: ]].}  

{} {}{}{[Lab visit in 3 months: ]].}  

Plan  
{} {}{}{[ ]].}  
{} {}{}{[See above: ]].}  

Patient: PREP ZTEST JR
DOB: 07/15/1994

{The supervising MD present in the office suite for Nurse Practitioner/Physician Assistant is Dr. [Babcock ][Bailey ][Barrett ][Blanco ][Budge ][Chrisler ][Dubberko ][Durkin ][Escota ][Fraser ][George ][Hamad ][Hsueh ][Kirmani ][Kuhlmann ][Kwon ][Lawrence ][Mattar ][Pande ][Patel ][Powderly ][Presti ][Reno ].}

Attestation
I have seen and examined this patient and personally developed the plan of care and discussed it with the patient.
Example
Pre- and Post-PrEP Education Survey

WUSTL PrEP Program,
Capacity Building,
PrEP Implementation Program
SURVEY

This is an anonymous survey to guide future lecture content. We appreciate your time.

What is your occupation? Circle one

1. Counselor
2. Nurse
3. Nurse practitioner
4. Physician Assistant
5. Doctor (MD/MBBS/DO)
6. Other

What is your specialty? _______________

What is your gender? Circle one

1. Female
2. Male

PRE-DISCUSSION/LECTURE

Please complete this section before the lecture. PLEASE CIRCLE ONE ANSWER.

Now there is a medication that the CDC has given guidelines for to prevent HIV in high-risk individuals; it is called pre-exposure prophylaxis (PrEP). Truvada is FDA approved for PrEP and is prescribed one pill once a day. It has been shown to be at least 92% effective in reducing HIV risk when taken daily.

2. How much do you know about PrEP (using HIV antivirals to prevent infections)?

1. Never heard of it
2. Know a little
3. Have reviewed the guidelines
4. Have prescribed PrEP

3. What is the greatest concern that you have with the concept of PrEP?

1. Development of HIV resistance
2. Potential increase in high-risk behavior
3. Poor medication adherence
4. Poor follow up (not following up for testing timelines
5. High cost of drug
6. Adverse effect of drug
7. Other: _______________

4. How likely are you to prescribe (or discuss) PrEP to a patient who has high-risk sexual behavior (e.g. men who has sex with men [MSM] or someone who has an HIV positive partner) and is confirmed to be HIV negative asks for it?

1. Very unlikely
2. Unlikely
3. Somewhat likely
4. Likely
5. Very likely

Please complete the post-lecture questions on the other side of this page.
POST-DISCUSSION/LECTURE

Please complete this section after the lecture. PLEASE CIRCLE ONE ANSWER.

1. How much do you know about PrEP (using HIV antiviral to prevent infections)?
   1. Never heard of it
   2. Know a little
   3. Have reviewed the guidelines
   4. Have prescribed PrEP

2. What is the greatest concern that you have with the concept of PrEP?
   1. Development of HIV resistance
   2. Potential increase in high-risk behavior
   3. Poor medication adherence
   4. Poor F/U (not following up for testing timelines)
   5. High cost of drug
   6. Adverse effect of drug
   7. Other: ____________________________

3. How likely are you to prescribe (or discuss) PrEP if a patient who has high-risk sexual behavior (e.g. men who have sex with men (MSM) or someone who has an HIV positive partner) and is confirmed to be HIV negative asks for it?
   1. Very unlikely
   2. Unlikely
   3. Somewhat likely
   4. Likely
   5. Very likely

4. How comfortable do you feel discussing sexual health with your patients?
   1. Very uncomfortable
   2. Uncomfortable
   3. Somewhat comfortable
   4. Comfortable
   5. Very comfortable

5. How feasible is it to incorporate this new HIV strategy, PrEP, into your daily practice?
   1. Very not feasible
   2. Not feasible
   3. Somewhat feasible
   4. Feasible
   5. Very feasible

6. How much support from your administration, such as time and resources, do you think you have to incorporate PrEP into your practice?
   1. No support at all
   2. Not enough support
   3. Some support
   4. Enough support
   5. More than enough support

7. Are there any other thoughts you may have regarding your experience or ability to discuss or prescribe PrEP in your clinic/organization?________________________________________________________

THANK YOU FOR YOUR TIME ON THIS SURVEY!!!
Other Resources in Missouri for PROVIDERS and PATIENTS

WUSTL PrEP Program,
Capacity Building,
PrEP Implementation Program
Missouri Department of Health & Senior Services: HIV Pre-Exposure Prophylaxis (PrEP) Website

http://health.mo.gov/living/healthcondiseases/communicable/hivaid/prep.php

Do You Have The Facts On PrEP? What is it?

PrEP stands for Pre-Exposure Prophylaxis. The word “prophylaxis” means to prevent or control the spread of an infection or disease. The goal of PrEP is to prevent an HIV-negative person from acquiring HIV from an HIV-positive partner. This is done by taking one pill every day. When taken every day, PrEP has been found to reduce the likelihood of HIV infection by up to 92%. This effectiveness increases when combined with condoms which are also necessary for the prevention of other sexually transmitted diseases.
What if there were a pill that could help prevent HIV?

There is.

Ask your doctor if PrEP is right for you.

Pre-exposure prophylaxis: A daily pill to reduce risk of HIV infection

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

PrEP is just one pill a day.

Call to schedule a PrEP appointment

314-362-9098

Ready for PrEP?

Get started.
Pathways to Get PrEP in St. Louis

Seeking PrEP\(^1\) for HIV prevention?

What is your insurance status?

Gateway to Better Health\(^3\)

Private/Medicaid (MO HealthNet) Marketplace\(^2\) (Cover Missouri)

- Contact your Primary Doctor to discuss PrEP for HIV prevention
- See PrEP Provider list at: http://tinyurl.com/moprepproviders
- Call provider to schedule an appointment.

See list of FQHCs\(^4\) to find a doctor:
https://ogi.ca.mo.gov/DHSS/medicalFacility

St. Louis resident?
Contact Gateway to Better Health\(^3\)
https://stigbh.com/

Not St. Louis resident?
Find an insurance navigator at:
https://findlocalhelp.covermissouri.org

Ask your Doctor or Pharmacist about Gilead Patient Assistance to help pay for PrEP:
www.gileadadvancingaccess.com/

\(^1\)Learn more about pre-exposure prophylaxis (PrEP) at: http://health.mo.gov/living/healthcondiseases/communicable/hiv aids/prep.php or www.projectinform.org/prep

\(^2\)Marketplace= Affordable Care Act marketplace insurance (http://covermissouri.org/)

\(^3\)Gateway for Better Health is a public insurance program for St. Louis residents (application required annually): https://stigbh.com/

\(^4\)FQHCs = Federally Qualified Health Centers, which are organizations that serve both the uninsured and the insured.

Update 08/2017
Tools for
PATIENTS
(to be handed out by
Providers and/or
Administrators)

WUSTL PrEP Program,
Capacity Building,
PrEP Implementation Program
What Questions Should I Ask My Doctor?

Resources for Your Provider

Preexposure Prophylaxis for the Prevention of HIV Infection - 2016: A PHS Prevention Providers' Supplement

Gilead Sciences PreP Website contains information about the drug, its use for PreP, and information about the Medication Assistance Program.
http://www.projectinform.org/prep
http://gilead.com

Additional questions for women:
- Can I take PreP if pregnant or breastfeeding?
- How often will I have to be tested for HIV and other STDs?
- Are you willing to prescribe and manage PreP for me?
- Are there any side effects?
- How effective would PreP be at reducing my risk of HIV infection?
- Are there any other options that can lower my risk of getting HIV infection?
- Can I/should I take PreP if my partner has HIV?
- Are there any ways to help me pay for PreP if I need assistance?

Talk to Your Doctor About PreP

Are you HIV negative but worry you might become positive?
What is PrEP?

PrEP stands for "pre-exposure prophylaxis".

Taking a daily dose of Truvada™ was approved in July 2012 for reducing the chance of getting HIV infection in people who don’t have HIV.

When used with other safer sex practices (like condoms), PrEP can help protect you from getting HIV from an infected partner.

Truvada™ can be used for HIV prevention by men who have sex with men, men who have sex with women, women who have sex with men, and injection drug users.

*The use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

HOW TO TALK TO YOUR DOCTOR ABOUT PrEP

Before Your Visit

Make an appointment with your health care provider. Your doctor can help you to decide if PrEP would be a good choice for you.

Do research. Make a list of reasons that you think that PrEP would be a good choice for you.

Think about your routine, especially things that might make it easy or hard to take a daily medication.

Make a health history list for your doctor. That includes any past illnesses or concerns you have, as well as a list of your current medications (including supplements, herbs, etc.).

Make sure a translator is available or bring someone who can translate if you would prefer to speak a language other than English during your appointment.

During Your Visit

Be clear. Take out your notes and tell your doctor that you are interested in PrEP right away.

Do not be shy. Give your doctor all the details about your life that could be important to your health. Don't worry about being judged.

If your sex life is a hard topic to talk about, say that to your doctor. It will help to start the conversation.

Ask questions. You want to be sure that you understand what your doctor is telling you.

Take notes during your visit so that you can remember what your doctor said.

After Your Visit

Review your notes or any information provided by your doctor.

Consider your options. Your doctor gave you a lot of information. Now it is up to you to make the right decision for you.


Call your doctor if you have more questions. Ask to speak to a nurse if your doctor is unavailable.

Schedule tests or follow-up appointments your doctor requested.

Get your results if you had tests done at your appointment.

If you feel comfortable, you may want to discuss this choice with your partners, family, or friends.
Pre-exposure Prophylaxis (PrEP) for HIV Prevention

Frequently Asked Questions

What is PrEP?
"PrEP" stands for preexposure prophylaxis. The word "prophylaxis" (pronounced pro fil ak sis) means to prevent or control the spread of an infection or disease. The goal of PrEP is to prevent HIV infection from taking hold if you are exposed to the virus. This is done by taking a pill that contains 2 HIV medications every day. These are the same medicines used to stop the virus from growing in people who are already infected.

Why take PrEP?
The HIV epidemic in the United States is growing. About 50,000 people get infected with HIV each year. More of these infections are happening in some groups of people and some areas of the country than in others.

Is PrEP a vaccine?
No. PrEP medication does not work the same way as a vaccine. When you take a vaccine, it trains the body's immune system to fight off infection for years. You will need to take a pill every day by mouth for PrEP medications to protect you from infection. PrEP does not work after you stop taking it. The medication that was shown to be safe and to help block HIV infection is called "Truvada" (pronounced tru va duh). Truvada is a combination of 2 drugs (tenofovir and emtricitabine). These medicines work by blocking important pathways that the HIV virus uses to set up an infection. If you take Truvada as PrEP daily, the presence of the medication in your bloodstream can often stop the HIV virus from establishing itself and spreading in your body. If you do not take the Truvada pills every day, there may not be enough medicine in your bloodstream to block the virus.

Should I consider taking PrEP?
PrEP is not for everyone. Doctors prescribe PrEP for some patients who have a very high risk of coming in contact with HIV by not using a condom when they have sex with a person who has HIV infection. You should consider PrEP if you are a man or woman who sometimes has sex without using a condom, especially if you have a sex partner who you know has HIV infection. You should also consider PrEP if you don't know whether your partner has HIV infection but you know that your partner is at risk (for example, your partner injects drugs or is having sex with other people in addition to you) or if you have recently been told by a health care provider that you had a sexually transmitted infection. If your partner has HIV infection, PrEP may be an option to help protect you from getting HIV infection while you try to get pregnant, during pregnancy, or while breastfeeding.

How well does PrEP work?
PrEP was tested in several large studies with men who have sex with men, men who have sex with women, and women who have sex with men. All people in these studies (1) were tested at the beginning of the trial to be sure that they did not have HIV infection, (2) agreed to take an oral PrEP tablet daily, (3) received intensive counseling on safer-sex behavior, (4) were tested regularly for sexually transmitted infections, and (5) were given a regular supply of condoms.
Several studies showed that PrEP reduced the risk of getting HIV infection.

- Men who have sex with men who were given PrEP medication to take were 44% less likely to get HIV infection than were those men who took a pill without any PrEP medicine in it (a placebo). Forty-four percent was an average that included men who didn’t take the medicine every day and those who did. Among the men who said they took most of their daily doses, PrEP reduced the risk of HIV infection by 73% or more, up to 92% for some.
- Among men and women in couples in which one partner had HIV infection and the other partner initially did not (“HIV-discordant” couples), those who received PrEP medication were 75% less likely to become infected than those who took a pill without any medicine in it (a placebo). Among those who said they took most of their daily doses, PrEP reduced the risk of HIV infection by up to 90%.
- In one study of men and women who entered the study as individuals (not as a couple), PrEP worked for both men and women in one study: those who received the medication were 62% less likely to get HIV infection; those who said they took most of their daily doses, were 85% less likely to get HIV infection. But in another study, only about 1 in 4 women (<26%) had PrEP medication found in their blood when it was checked. This indicated that few were actually taking their medication and that study found no protection against HIV infection.

More information on the details of these studies can be found at [www.cdc.gov/hiv/prep](http://www.cdc.gov/hiv/prep).

**Is PrEP safe?**

The clinical trials also provided safety information on PrEP. Some people in the trials had early side effects such as an upset stomach or loss of appetite but these were mild and usually went away within the first month. Some people also had a mild headache. No serious side effects were observed. You should tell your doctor if these or other symptoms become severe or do not go away.

**How can I start PrEP?**

If you think you may be at high risk for HIV, talk to your doctor about PrEP. If you and your doctor agree that PrEP might reduce your risk of getting HIV infection, you will need to come in for a general health physical, blood tests for HIV, and tests for other infections that you can get from sex partners. Your blood will also be tested to see if your kidneys and liver are functioning well. If these tests show that PrEP medicines are likely to be safe for you to take and that you might benefit from PrEP, your doctor may give you a prescription after discussing it with you.

Taking PrEP medicines will require you to follow-up regularly with your doctor. You will receive counseling on sexual behaviors and blood tests for HIV infection and to see if your body is reacting well to Truvada. You should take your medicine every day as prescribed, and your doctor will advise you about ways to help you take it regularly so that it stands the best chance to help you avoid HIV infection. Tell your doctor if you are having trouble remembering to take your medicine or if you want to stop PrEP.

**If I take PrEP can I stop using condoms when I have sex?**

You should not stop using condoms because you are taking PrEP. If PrEP is taken daily, it offers a lot of protection against HIV infection, but not 100%. Condoms also offer a lot of protection against HIV infection if they are used correctly every time you have sex, but not 100%. PrEP medications don’t give you any protection from other infections you can get during sex, but condoms do. So you will get the most protection from HIV and other sexual infections if you consistently take PrEP medication and consistently use condoms during sex.

**How long do I need to take PrEP?**

You should discuss this with your doctor. There are several reasons that people stop taking PrEP. If your risk of getting HIV infections becomes low because of changes that occur in your life, you may want to stop taking PrEP. If you find you don’t want to take a pill every day or often forget to take your pills; other ways of protecting yourself from HIV infection may work better for you. If you have side effects from the medication that are interfering with your life or if blood tests show that your body is reacting to PrEP in unsafe ways, your doctor may stop prescribing PrEP for you.
**Truvada Medication Information Sheet for Patients**

**Brand name:** Truvada (truv-a duh)

**Generic name:** tenofovir disoproxil fumarate and emtricitabine

**Why is this medication prescribed?**
- Truvada is one of several medications that are currently used to treat human immunodeficiency virus (HIV) and hepatitis B virus infection.
- Truvada is now being used to prevent HIV infection.
- Truvada is sometimes prescribed to some people who do not have HIV infection (for example, those who do not always use condoms or who have a sex partner that has HIV infection) to help reduce their chances of getting HIV infection.
- When you take Truvada to prevent HIV infection, doctors refer to this use as “pre-exposure prophylaxis” or “PrEP”.

**How does Truvada (PrEP) help prevent HIV infection?**
- HIV is a virus that attacks your body’s immune cells (the cells that work to fight infections).
- The 2 medications that make up Truvada (tenofovir and emtricitabine) block important pathways that viruses use to set up infection.
- If you take Truvada as PrEP daily, the presence of the medication in your bloodstream can sometimes stop the virus from establishing itself and slow the spread of HIV in your body.
- By itself, PrEP with Truvada does not work all the time so you should also use condoms during sex for the most protection from HIV infection.

**How should this medicine be used?**
- You must take one tablet of Truvada by mouth every day.
- Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand.
- Do not stop taking Truvada without talking to your doctor. When your supply of Truvada starts to run low, contact your doctor or pharmacist to get more.
- You may be at higher risk of becoming infected with HIV if you miss doses or stop taking Truvada than if you take it every day.

**What special precautions should I follow?**
Before taking Truvada (tenofovir and emtricitabine) you must do the following:
- Tell your doctor and pharmacist if you are allergic to tenofovir, emtricitabine, or any other medications.
- Tell your doctor and pharmacist about all prescription and nonprescription medications, vitamins, nutritional supplements, and herbal products you are taking. Your doctor may need to change the doses of your medications or monitor you carefully for side effects.
- Tell your doctor if you have or have ever had kidney or liver disease.
- Tell your doctor if you become pregnant or if you are breastfeeding.
What special dietary instructions should I follow?
- Continue your normal diet unless your doctor tells you otherwise.

What should I do if I forget a dose?
- Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule.
- Do not take a double dose to make up for a missed one.

What side effects can this medication cause?
You may experience the following side effects while taking Truvada:
- upset stomach
- headache
- vomiting
- loss of appetite

These side effects usually fade during the first month of taking Truvada for PrEP. Tell your doctor if any of these symptoms are severe or do not go away.

Truvada may cause other side effects. Some side effects can be serious. Call your doctor immediately if you have any unusual problems while taking this medication or if you have any of the following:
- fever or chills especially with
- sore throat, cough, rash or other signs of infection

If you experience a serious side effect, you or your doctor may send a report to the Food and Drug Administration's (FDA) MedWatch Adverse Event Reporting program online (at http://www.fda.gov/Safety/MedWatch) or by phone (1-800-332-1088).

How should I store Truvada in my home?
- You should keep Truvada in the container it came in, tightly closed, and out of reach of children.
- You must store it at room temperature and away from excessive heat and moisture.
- Throw away any medication that is outdated or no longer needed. Talk to your pharmacist about the proper disposal of your medication.

What should I do in case of emergency/overdose?
- In case of overdose, call your local poison control center at 1-800-222-1222. If the person has collapsed or is not breathing, call local emergency services at 911.

What other information should I know?
- Do not let anyone else take your medication.
- Ask your pharmacist if you have any questions about refilling your prescription.
- Write a list of all of your prescription and over-the-counter medicines, as well as any vitamins, minerals, or other dietary supplements that you take.
- Bring your medication list with you each time you visit a doctor or if you are admitted to a hospital. Keep it with you always in case of emergencies.
Covering the Cost of PrEP Care

**Insured**
- Medication
  - Bill insurance
  - Apply for copay assistance from Gilead or PAF
- Lab Test
  - Bill insurance
- Clinic Visits
  - Bill insurance

**Not insured**
- But may be eligible for Medicaid or ACA Plans
  - Apply

**Household Income**
- 500% FPL or less
  - Medication
    - Gilead Medication Assistance Plan
    - WA State Medicaid Assistance
  - Lab Test
    - Care at CHC with sliding fee scale
    - NY State PrEP Assistance Plan
  - Clinic Visits
    - NY State PrEP Assistance Plan

**Household Income**
- More than 500% FPL
  - Medication
    - Bill insurance
    - Apply for copay assistance from Gilead or PAF
  - Lab Test
    - Bill insurance
  - Clinic Visits
    - Bill insurance

**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

**Family Size**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>500% Federal Poverty Level Household Annual Income must be less than:</th>
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<tbody>
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**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
TB Prevention
Viral Hepatitis, STD and
National Center for HIV/AIDS,
Division of HIV/AIDS Prevention,
Control and Prevention
Centers for Disease Control

Phone: 800-232-4636
Address: GA 30333-4027 USA
1600 Clifton Road
and Prevention
Centers for Disease Control

A pill a day
Keeps HIV
Away

Medication
Take this medication daily
Are you taking PEP?

If you have questions or concerns about:

Still unsure?
Take Charge of Your Health

Taking your PrEP medicine is critical to keep from getting HIV. For PrEP to work, you need to have enough medicine in your body. When you miss doses, you make it harder for the medicine to protect you.

Taking PrEP every day gives you the most protection.

Not taking PrEP every day greatly lowers your protection against HIV.

Is PrEP All You Need?
PrEP is one important tool for protecting yourself from HIV. No method offers 100% protection. While taking your PrEP medicine, you should also reduce your exposure to HIV by using:

- Condoms during sex
- Clean injection equipment if you inject drugs

Together, these methods offer more protection.

Is Taking a Pill Daily Tough? You Can Do It

- Do you forget to take your pills?
  - Add an app to your phone that reminds you when it's time to take your pill
  - Make it a part of your daily routine
    - Take the pills at the same time each day
    - Take your pill at the same time as another daily activity like brushing your teeth
  - Plan to take pills with you when you won't be at home or are traveling

- Are you worried about possible side effects?
  - Side effects are not common, if they happen:
    - They are mild and do not last long
    - Ask your doctor how to manage them

- Do you want help in taking your medicine?
  - Talk to another PrEP user about what works for them
  - Find a PrEP user support group or online forum
  - Ask friends to remind & support you
  - Find a community program that can assist you
  - Use other services
    - Pharmacists
    - Social workers

- Are you worried about paying for your medicine?
  - Ask your doctor to explain drug assistance programs that might help with payment

- Are problems with alcohol or other substances getting in the way?
  - Talk to your doctor about treatment
  - Use support groups and programs to stay on track
  - Seek counseling to support your mental health

Medicines for Prevention
PrEP is the newest of many uses of medicine to prevent unwanted health outcomes

Birth control pills to prevent pregnancy
Flu shots before winter season each year
PrEP to prevent HIV

Resources
My PrEP Experience Blog
http://myprepexperience.blogspot.com

CDC PrEP Patient Brochures
http://www.cdc.gov/hiv/pdf/risk_PREP_TalkingtoDr.pdf
No text content available.
HIV 101

Without treatment, HIV (human immunodeficiency virus) can make a person very sick and even cause death. Learning the basics about HIV can keep you healthy and prevent transmission.

HIV Can Be Transmitted By

- Sexual Contact
- Sharing Needles to Inject Drugs
- Mother to Baby during pregnancy, birth, or breastfeeding

HIV Is NOT Transmitted By

- Air or Water
- Saliva, Sweat, Tears, or Closed-Mouth Kissing
- Insects or Pets
- Sharing Toilets, Food, or Drinks

Protect Yourself From HIV

- Get tested at least once or more often if you are at risk.
- Use condoms the right way every time you have anal or vaginal sex.
- Choose activities with little to no risk like oral sex.
- Limit your number of sex partners.
- Don’t inject drugs, or if you do, don’t share needles or works.
- If you are at very high risk for HIV, ask your health care provider if pre-exposure prophylaxis (PrEP) is right for you.
- If you think you’ve been exposed to HIV within the last 3 days, ask a health care provider about post-exposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.
- Get tested and treated for other STDs.

Keep Yourself Healthy And Protect Others If You Are Living With HIV

- Find HIV care. It can keep you healthy and greatly reduce your chance of transmitting HIV.
- Take your medicines the right way every day.
- Stay in HIV care.
- Tell your sex or drug-using partners that you are living with HIV. Use condoms the right way every time you have sex, and talk to your partners about PrEP.
- Get tested and treated for other STDs.

For more information please visit www.cdc.gov/hiv
3MV addresses the unique challenges experienced by Black men who have sex with men. We empower participants to combat issues related to racism, homophobia, and sex. 3MV also explores cultural, social, and religious norms, sexually transmitted diseases, and sexual relationship dynamics. Most of all, this experience promotes a healthy mind, body, and soul.

L.I.F.E. 101 is the nation's leading HIV self-management and health-enhancement program. The L.I.F.E. 101 program focuses on immune system functioning and the relationship between mind, body, and spirit in order to be your healthiest you. Whether your goal is getting more sleep or making major life changes, we provide knowledge, motivation, skills, and support to take your health to the next level.

Healthy Relationships: Knowing how, if, and when to disclose your HIV status can be challenging. Healthy Relationships does not tell you when it may or may not be appropriate to disclose but provides the skills to know when disclosure is necessary. This program is a fun and interactive way to talk about sex, relationships, and gain social support.
Support, Social & Advocacy Groups
Updated 6/7/2016

<table>
<thead>
<tr>
<th>Group Type</th>
<th>How Often</th>
<th>Contact(s)</th>
<th>Phone</th>
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<tr>
<td><strong>Support Groups</strong></td>
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<td>HIV-Positive Men</td>
<td>Monthly</td>
<td>Terence McCune</td>
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<td>HIV-Affected Caregivers (aka “Family and Friends Group”)</td>
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<td><strong>Youth Prevention, Social, &amp; Advocacy Groups</strong></td>
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<td>Mpowerment (M³) Core Group</td>
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<td>planning &amp; community building</td>
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<td>Gay/Bisexual Youth (ages 13-24) &amp; Young Adults (ages 25-29)</td>
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<td>M³ – TNC (“Tuesday Night Crew”)</td>
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<td>M³ – M Groups</td>
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<td>social opportunity to teach safer sex &amp; risk reduction</td>
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<td>Youth Advocacy Committee</td>
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<td>Lawrence Lewis</td>
<td>314-535-7275</td>
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<td>Youth (ages 13-24) &amp; Young Adults (ages 25-28)</td>
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<td>Additional M³ Groups and Outreaches</td>
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<td>Gay/Bisexual Youth (ages 13-24) &amp; Young Adults (ages 25-29)</td>
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</tbody>
</table>
Information
Ask us for more

Apply Now!

Gateway to Better Health
A NEW Healthcare Program for Uninsured Adults

Space is limited! Apply today!

About benefits:
- Get a member ID card and handbook
- Gateway to Better Health members will be
- Shifting the scale.
- However, costs will be based on a
current health.
- Receive services from your current health
Better Health, you will still be able to
- Better Health, you will get a denial letter.
- If you are not eligible for Gateway to
- Health, you will get an approval letter
- If you are not eligible for Gateway to
- Get Gateway to Better Health.
- If you know if you can or cannot
- is the last step in the application process.
- Gateway to Better Health eligibility. This
Health Services Program will be screened
Approved for the Uninsured Women's
Applications directed for MD/Healthcare or

Your Application will be screened for

December 31, 2013. Please ask your health
Program begins July 1, 2012 and ends
Louis Regional Health Commission. The
of Social Services in partnership with the GR
Program sponsored by the Missouri Department
Program is temporary.
What is the Gateway to Better Health?

Gateway to Better Health is a new healthcare program for adults who are uninsured. The program covers some preventive, primary, specialty and urgent care services. Gateway to Better Health is available to 19-64 year-old adults who:
- Live in St. Louis city or county
- Have no other health insurance
- Are patients at one of the participating health centers
- Are not eligible for MO HealthNet (Medicaid) or Medicare
- Have income at or below 133% of the Federal Poverty Level ($14,484 per year for an adult living alone)

All applications for Gateway to Better Health will be screened to see if you are eligible for MO HealthNet first. (MO HealthNet is Missouri’s Medicaid program.)

What are the benefits to joining?

Gateway to Better Health members have:
- No monthly premiums.
- Doctor visits for as low as $2.00 per visit. These costs are less than your health center’s current lowest fee of $15.00.
- Generic prescription drugs for $2.00 or less.
- A medical home. (This is the place you go for regular health care. This lets your doctor get to know you and your health care needs.)

If you do not apply or qualify for Gateway to Better Health, you will still be able to receive services from your current health center. However, costs will be based on a sliding fee scale.

What to expect when you apply?

1. To apply for Gateway to Better Health, you may need to provide some documents. These may include:
   - Proof of citizenship or visa status. To show you are a legal citizen of the United States or in the United States legally.
   - Proof of residency. Something that shows you live in St. Louis City or County. (A current bill statement is an example.)
   - Proof of income. Proof of your income for the last 30 days. (For example, if you are paid weekly, you will need to provide four of your most recent pay stubs.)

Your application cannot be filed until you provide all needed information. People born in Missouri do not need to provide all the documents.

Please check with your health center for more information on what you will need to submit. They can help.

2. Your application will be screened for MO HealthNet eligibility first.

All applications will be screened to see if you are eligible for MO HealthNet coverage. Remember, only adults who are uninsured or are not eligible for MO HealthNet will get Gateway to Better Health. The Department of Social Services Family Support Division (FSD) will let you know if you can or cannot get MO HealthNet.

If You Are Eligible for MO HealthNet, you will get an approval letter from FSD. If you are approved for MO HealthNet’s Uninsured Women’s Health Services Program you may also be eligible for Gateway to Better Health.

- If You Are Not Eligible for MO HealthNet, you will get a denial letter from FSD. You will also get another notice about your eligibility for Gateway to Better Health in Spring 2012.
COMMUNITY PROJECTS

- Community Action Poverty Simulations (CAPS) - A poverty simulation is a unique experience that helps community participants understand what life is like with a shortage of money and a lot of stress.

- H2O Program - CASTIC partnered with the Missouri-Ohio Water Company to provide assistance with water bills to prevent disconnection or to resume services.

- Energy Education (Energy Forums) - CASTIC coordinates a series of forums titled "How to Save Money on Your Home Utility Bills and Make Your Home More Energy Efficient." These educational forums are conducted throughout St. Louis County in various diverse groups. These groups include churches, local municipal government offices, schools, and other not-for-profit agencies.

- Step Up to Leadership - Step Up to Leadership Program helps individuals understand how they can help develop leadership skills and turn their passions into action. Topics cover the value of personal responsibility, goal-setting, non-profit boards, successful collaboration, parliamentary procedures, public speaking, negotiation, and conflict resolution.

- Veteran's Stand Down/Stand Up for Women - The St. Louis Area Homeless Veterans Stand Down and Stand Up Project provides homeless veterans with a variety of services such as health exams, legal aid, assistance, clothing, showers, hot meals, barber, and more.

- Home Repair Program - CASTIC works with a variety of grant sources to provide funds for specific home repairs in St. Louis County. Individual Home Repair Programs are also available for assistance with things like volunteer program for senior repairs.

- Community Farms - Seeds of Hope - The main goal of CASTIC's Community Farms is to create a healthy food culture for all members of our community. Community Farms are located in urban neighborhoods and encourage healthy living through fresh produce promotion activities.

- Community Gardens - Five community garden project sites have been developed throughout St. Louis County, enabling local, fresh, and nutritious produce for residents. Community gardens are focused on maintaining the gardens at each site. Our community gardens provide an opportunity for neighborhood social interaction, produce healthy food, and maximize family food budgets.

- Job Fair - CASTIC's Employment Program sponsors job fairs in the St. Louis County region. A variety of employers participate offering on-site hiring opportunities.

- Youth Services Program - The Youth Services Program utilizes care management and school presentations to communicate the importance of staying in school and getting a high school diploma. Children are referred to the program due to learning, potential gang involvement, and/or discipline issues (either at home, school, or community). A detailed action plan is established with parents/schools support. CASTIC collaborates with various school districts.

- Healthy Homes - As part of weatherization, CASTIC works to reduce health risks and costs and improve occupant comfort related to indoor air quality and safety. The goal is to reduce health costs, eliminate illness triggers, and improve health and recovery.

- Food Pantry - CASTIC collaborates with the St. Louis Area Food Bank and other local organizations to provide nutritious food to individuals and families in need. The St. Louis Area Food Bank distributes food to individuals and families in need.

- Teen Farm Internship Program - A two-week residential internship program provides one-on-one opportunities to grow produce and teach youth about sustainable agriculture and crop management. The program is supported by the local community and local produce organizations.

- Life Skills - CASTIC offers life skills classes that help individuals develop essential skills for daily living.

HOUSING ASSISTANCE

- Individual Development Account - The IDA program helps individuals achieve financial stability by providing a savings program.

- Rent and Mortgage Assistance - CASTIC offers rent and mortgage assistance to individuals and families who meet specific criteria.

- Housing Counseling - CASTIC offers housing counseling services to help individuals understand their options and make informed decisions about their housing needs.