Missouri Pre-Exposure Prophylaxis (PrEP) Implementation Toolkit

PrEP Program

Division of Infectious Diseases

Washington University in St. Louis

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Multi-clinic Site
Tour Agenda

PrEP Program

Division of Infectious Diseases

Washington University in St. Louis

Washington University in St. Louis
SCHOOL OF MEDICINE

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

Washington University School of Medicine at Washington University Medical Center, Campus Box 8051,
660 South Euclid Avenue, St. Louis, Missouri 63110-1093, (314) 454-8354, Fax: (314) 454-5392
http://id.dom.wustl.edu/

Tools for Providers and Administrators (organizational-level)

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Table 1: Summary of Guidance for PrEP Use

	Men Who Have Sex with Men	Heterosexual Women and Men	Persons Who Inject Drugs
Detecting substantial risk of acquiring HIV infection	HIV-positive sexual partner Recent bacterial STI† High number of sex partners History of inconsistent or no condom use Commercial sex work	HIV-positive sexual partner Recent bacterial STI‡ High number of sex partners History of inconsistent or no condom use Commercial sex work In high HIV prevalence area or network	HIV-positive injecting partner Sharing injection equipment
Clinically eligible	Documented negative HIV test result before prescribing PrEP No signs/symptoms of acute HIV infection Normal renal function; no contraindicated medications Documented hepatitis B virus infection and vaccination status		
Prescription	Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90-day supply		
Other services	Follow-up visits at least every 3 months to provide the following: HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STI symptom assessment At 3 months and every 6 months thereafter, assess renal function Every 3-6 months, test for bacterial STIs		
	Do oral/rectal STI testing	For women, assess pregnancy intent Pregnancy test every 3 months	Access to clean needles/syringes and drug treatment services

STI: sexually transmitted infection

† Gonorrhea, chlamydia, syphilis for MSM including those who inject drugs
‡ Gonorrhea, syphilis for heterosexual women and men including those who inject drugs

Centers for Disease Control and Prevention PrEP Guidelines

US Public Health Service

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES – 2017 UPDATE

A CLINICAL PRACTICE GUIDELINE

Reference:
Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2017 Update: a clinical practice guideline. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf. Published March 2018

US PUBLIC HEALTH SERVICE

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES –2017 UPDATE

CLINICAL PROVIDERS' SUPPLEMENT

Reference:
Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2017 Update: clinical providers' supplement. https://www.cdc.gov/hiv/pdf/risk/prep-cdc-hiv-prep-provider-supplement-2017.pdf. Published March 2018.

Sexually Transmitted Diseases: Summary of 2015 CDC Treatment Guidelines

Treatment of Sexually Transmitted Diseases. They are intended as a source of clinical guidance. An important component of STD treatment is partner management. Providers can arrange for the evaluation and treatment of sex partners either directly or with assistance from state and local health departments. Complete guidelines can be ordered online at www.cdc.gov/std/treatment or by calling 1 (800) CDC-INFO (1-800-232-4636).

DISEASE	RECOMMENDED Rx		DOSE/ROUTE	ALTERNATIVES
Bacterial Vaginosis	metronidazole oral[1] metronidazole gel 0.75%[1] clindamycin cream 2%[1,2] ★ Treatment is recommended for all symptomatic pregnant women.	OR OR	500 mg orally 2x/day for 7 days One 5 g applicator intravaginally 1x/day for 5 days One 5 g applicator intravaginally at bedtime for 7 days	tinidazole 2 g orally 1x/day for 2 days OR tinidazole 1 g orally 1x/day for 5 days OR clindamycin 300 mg orally 2x/day for 7 days OR clindamycin ovules 100 mg intravaginally at bedtime for 3 days
Cervicitis	azithromycin doxycycline[3]	OR	1 g orally in a single dose 100 mg orally 2x/day for 7 days	Consider concurrent treatment for gonococcal infection if at risk of gonorrhea or lives in a community where the prevalence of gonorrhea is high. Presumptive treatment with antimicrobials for *C. trachomatis* and *N. gonorrhoeae* should be provided for women at increased risk (e.g., those aged <25 years and those with a new sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection), especially if follow-up cannot be ensured or if NAAT testing is not possible.
Chlamydial Infections Adults and adolescents	azithromycin doxycycline[3]	OR	1 g orally in a single dose 100 mg orally 2x/day for 7 days	erythromycin base[4] 500 mg orally 4x/day for 7 days OR erythromycin ethylsuccinate[5] 800 mg orally 4x/day for 7 days OR [6] 500 mg 1x/day orally for 7 days OR [6] 300 mg orally 2x/day for 7 days
Pregnancy[3]	azithromycin[7]		1 g orally in a single dose	★ amoxicillin 500 mg orally 3x/day for 7 days OR erythromycin base[4,8] 500 mg orally 4x/day for 7 days OR erythromycin base 250 mg orally 4x/day for 14 days OR erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days OR erythromycin ethylsuccinate 400 mg orally 4x/day for 14 days
Infants and Children (<45 kg): urogenital, rectal	erythromycin base[9] ethylsuccinate	OR	50 mg/kg/day orally (4 divided doses) daily for 14 days	★ Data are limited on the effectiveness and optimal dose of azithromycin for chlamydial infection in infants and children < 45 kg
Neonates: opthalmia neonatorum, pneumonia	erythromycin base[9] ethylsuccinate	OR	50 mg/kg/day orally (4 divided doses) daily for 14 days	★ azithromycin 20 mg/kg/day orally, 1 dose daily for 3 days
Epididymitis[10,11]				
For acute epididymitis most likely caused by sexually transmitted CT and GC	ceftriaxone doxycycline	PLUS	250 mg IM in a single dose 100 mg orally 2x/day for 10 days	
★ For acute epididymitis most likely caused by sexually-transmitted chlamydia and gonorrhea and enteric organisms (men who practice insertive anal sex)	ceftriaxone	PLUS OR	250 mg IM in a single dose 500 mg orally 1x/day for 10 days 300 mg orally 2x/day for 10 days	
For acute epididymitis most likely caused by enteric organisms		OR	500 mg orally 1x/day for 10 days 300 mg orally 2x/day for 10 days	
Genital Herpes Simplex First clinical episode of genital herpes	acyclovir acyclovir valacyclovir[12] famciclovir[12]	OR OR OR	400 mg orally 3x/day for 7-10 days[13] 200 mg orally 5x/day for 7-10 days[13] 1 g orally 2x/day for 7-10 days[13] 250 mg orally 3x/day for 7-10 days[13]	
Episodic therapy for recurrent genital herpes	acyclovir acyclovir acyclovir valacyclovir[12] valacyclovir[12] famciclovir[12] famciclovir[12] famciclovir[12]	OR OR OR OR OR OR OR	400 mg orally 3x/day for 5 days 800 mg orally 2x/day for 5 days 800 mg orally 3x/day for 2 days 500 mg orally 2x/day for 3 days 1 g orally 1x/day for 5 days 125 mg orally 2x/day for 5 days 1000 mg orally 2x/day for 1 day[13] 500 mg orally once, followed by 250 mg 2x/day for 2 days	
Suppressive therapy[14] for recurrent genital herpes	acyclovir valacyclovir[12] valacyclovir[12] famciclovir[12]	OR OR OR	400 mg orally 2x/day 500 mg orally 1x/day 1 g orally once a day 250 mg orally 2x/day	
Recommended regimens for episodic infection in persons with HIV infection	acyclovir valacyclovir[12] famciclovir[12]	OR OR	400 mg orally 3x/day for 5-10 days 1 g orally 2x/day for 5-10 days 500 mg orally 2x/day for 5-10 days	
Recommended regimens for daily suppressive therapy in persons with HIV infection	acyclovir valacyclovir[12] famciclovir[12]	OR OR	400-800 mg orally 2-3x/day 500 mg orally 2x/day 500 mg orally 2x/day	
Genital Warts[15] (Human Papillomavirus) External genital and perianal warts	**Patient Applied** ★ imiquimod 3.75% or 5%[12] cream [15] solution or gel sinecatechins 15% ointment[2,12]	OR OR	See complete CDC guidelines.	
	Provider Administered Cryotherapy trichloroacetic acid or bichloroacetic acid 80%-90% surgical removal	OR OR	Apply small amount, dry, apply weekly if necessary	★ podophyllin resin 10%–25% in compound tincture of benzoin may be considered for provider-administered treatment if strict adherence to the recommendations for application. OR intralesional interferon OR photodynamic therapy OR topical cidofovir OR
Gonococcal Infections[16] Adults, adolescents, and children >45 kg: uncomplicated gonococcal infections of the cervix, urethra, and rectum	ceftriaxone azithromycin[7]	PLUS	250 mg IM in a single dose 1 g orally in a single dose	★ If ceftriaxone is not available: [17] 400 mg orally in a single dose PLUS azithromycin[7] 1 g orally in a single dose ★ If cephalosporin allergy: PLUS azithromycin 2 g orally in a single dose OR gentamicin 240 mg IM single dose PLUS azithromycin 2 g orally in a single dose
Pharyngeal[18]	ceftriaxone azithromycin[7]	PLUS	250 mg IM in a single dose 1 g orally in a single dose	
Pregnancy	See complete CDC guidelines.			
Adults and adolescents: conjunctivitis	ceftriaxone azithromycin[7]	PLUS	1 g IM in a single dose 1 g orally in a single dose	
Children (≤45 kg): urogenital, rectal, pharyngeal	ceftriaxone[19]		25-50 mg/kg IV or IM, not to exceed 125 mg IM in a single dose	
Lymphogranuloma venereum	doxycycline[3]		100 mg orally 2x/day for 21 days	erythromycin base 500 mg orally 4x/day for 21 days
Nongonococcal Urethritis *(NGU)*	azithromycin[7] doxycycline[3]	OR	1 g orally in a single dose 100 mg orally 2x/day for 7 days	erythromycin base[4] 500 mg orally 4x/day for 7 days OR erythromycin ethylsuccinate[5] 800 mg orally 4x/day for 7 days OR OR
★ Persistent and recurrent NGU[3,20,21]	Men initially treated with doxycycline : azithromycin Men who fail a regimen of azithromycin: Heterosexual men who live in areas where *T. vaginalis* is highly prevalent: metronidazole[22] tinidazole	OR	1 g orally in a single dose 400 mg orally 1x/day for 7 days 2 g orally in a single dose 2 g orally in a single dose	
Pediculosis Pubis	permethrin 1% cream rinse pyrethrins with piperonyl butoxide	OR	Apply to affected area, wash off after 10 minutes Apply to affected area, wash off after 10 minutes	malathion 0.5% lotion, applied 8-12 hrs then washed off OR ivermectin 250 µg/kg, orally repeated in 2 weeks
Pelvic Inflammatory Disease[10]	**Parenteral Regimens** Cefotetan Doxycycline Cefoxitin Doxycycline	PLUS OR PLUS	2 g IV every 12 hours 100 mg orally or IV every 12 hours 2 g IV every 6 hours 100 mg orally or IV every 12 hours	**Parenteral Regimen** Ampicillin/Sulbactam 3 g IV every 6 hours PLUS Doxycycline 100 mg orally or IV every 12 hours
	Recommended Intramuscular/Oral Regimens Ceftriaxone Doxycycline Metronidazole Cefoxitin Probenecid, Doxycycline Metronidazole	PLUS WITH or WITHOUT OR PLUS PLUS WITH or WITHOUT	250 mg IM in a single dose 100 mg orally twice a day for 14 days 500 mg orally twice a day for 14 days 2 g IM in a single dose 1 g orally administered concurrently in a single dose 100 mg orally twice a day for 14 days 500 mg orally twice a day for 14 days	The complete list of recommended regimens can be found in CDC's 2015 STD Treatment Guidelines.
Scabies	permethrin 5% cream ivermectin	OR	Apply to all areas of body from neck down, wash off after 8-14 hours 200 µg/kg orally, repeated in 2 weeks	lindane 1%[23,24] 1 oz. of lotion or 30 g of cream, applied thinly to all areas of the body from the neck down, wash off after 8 hours
Syphilis Primary, secondary, or early latent <1 year	benzathine penicillin G		2.4 million units IM in a single dose	doxycycline[3,25] 100 mg 2x/day for 14 days OR tetracycline[3,25] 500 mg orally 4x/day for 14 days
Latent >1 year, latent of unknown duration	benzathine penicillin G		2.4 million units IM in 3 doses each at 1 week intervals (7.2 million units total)	doxycycline[3,25] 100 mg 2x/day for 28 days OR tetracycline[3,25] 500 mg orally 4x/day for 28 days
Pregnancy	See complete CDC guidelines.			
Neurosyphilis	aqueous crystalline penicillin G		18–24 million units per day, administered as 3–4 million units IV every 4 hours or continuous infusion, for 10–14 days	procaine penicillin G 2.4 MU IM 1x daily PLUS probenecid 500 mg orally 4x/day, both for 10-14 days.
★ Congenital syphilis	See complete CDC guidelines.			See CDC STD Treatment guidelines for discussion of alternative therapy in patients with penicillin allergy.
Children: Primary, secondary, or early latent <1 year	benzathine penicillin G		50,000 units/kg IM in a single dose (maximum 2.4 million units)	
Children: Latent >1 year, latent of unknown duration	benzathine penicillin G		50,000 units/kg IM for 3 doses at 1 week intervals (maximum total 7.2 million units)	
Trichomoniasis	metronidazole[22] tinidazole[26]	OR	2 g orally in a single dose 2 g orally in a single dose	metronidazole[22] 500 mg 2x/day for 7 days
Persistent or recurrent trichomoniasis	metronidazole If this regimen fails: metronidazole tinidazole If this regimen fails, susceptibility testing is recommended.	OR	500mg orally 2x/day for 7 days 2g orally for 7 days 2g orally for 7 days	

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 to children <8 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 ethylsuccinate schedules, 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 estolate is contraindicated during pregnancy.
9. Effectiveness 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 prenatal exposure.
13. Treatment may be extended if healing is incomplete after 10 days of therapy.
14. Consider discontinuation of treatment after one year to assess frequency of recurrence.
15. Vaginal, cervical, urethral meatal, 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 cefixime 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 oral sexual exposure
19. Use with caution in hyperbilirubinemic infants, especially those born prematurely.
20. MSM are unlikely to benefit from the addition of nitroimidazoles.
21. fective against *Mycoplasma genitalium.*
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.

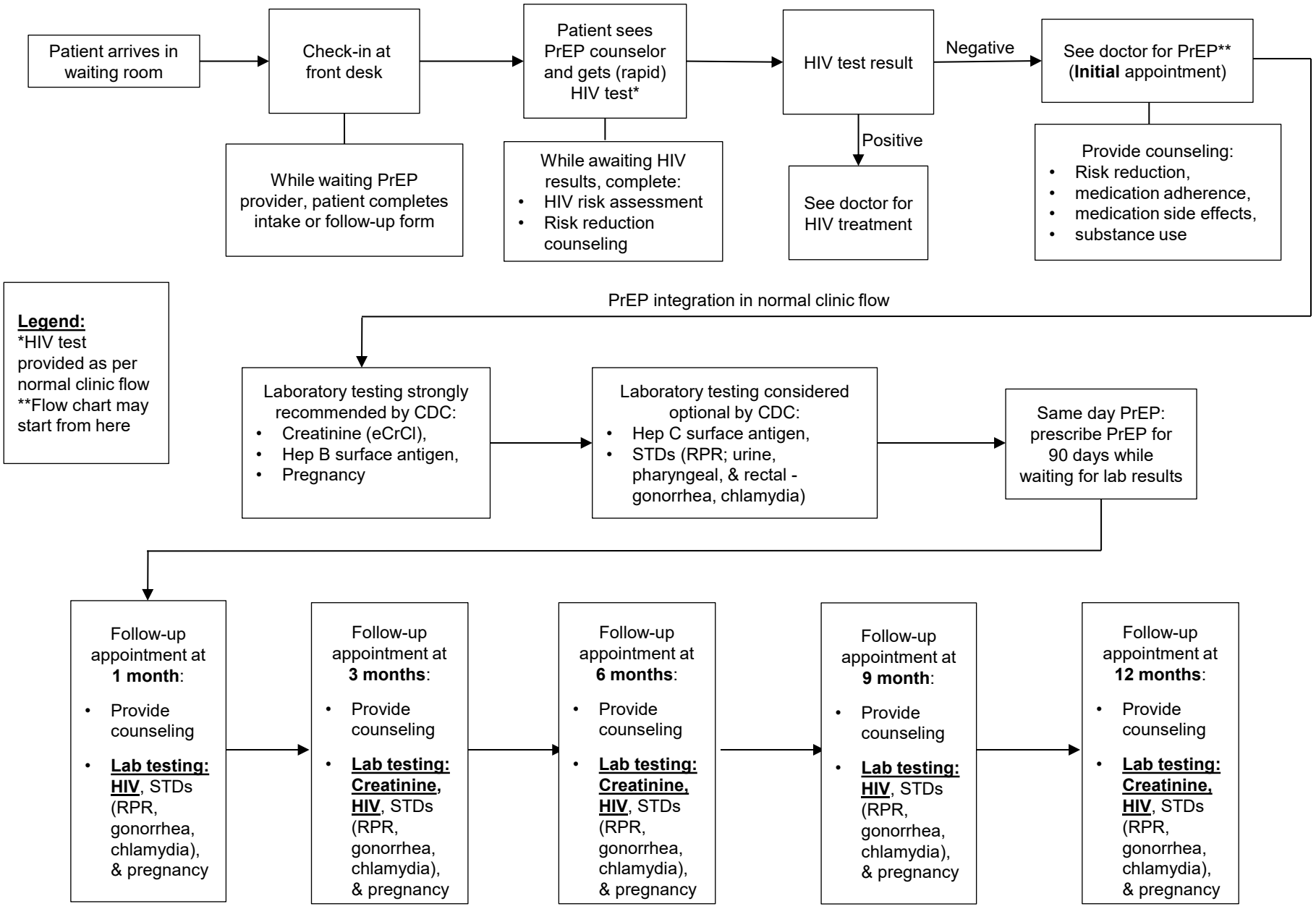
★ Indicates update from the 2010 CDC Guidelines for the Treatment of Sexually Transmitted Diseases.

Reviewed by the CDC 6/2015

	MSM Risk Index [28]		
1	How old are you today?	If <18 years, score 0 If 18-28 years, score 8 If 29-40 years, score 5 If 41-48 years, score 2 If 49 years or more, score 0	_____
2	In the last 6 months, how many men have you had sex with?	If >10 male partners, score 7 If 6-10 male partners, score 4 If 0-5 male partners, score 0	_____
3	In the last 6 months, how many times did you have receptive anal sex (you were the bottom) with a man when he did not use a condom?	If 1 or more times, score 10 If 0 times, score 0	_____
4	In the last 6 months, how many of your male sex partners were HIV-positive?	If >1 positive partner, score 8 If 1 positive partner, score 4 If <1 positive partner, score 0	_____
5	In the last 6 months, how many times did you have insertive anal sex (you were the top) with a man who was HIV- positive when you did not use a condom?	If 5 or more times, score 6 If 0-4 times, score 0	_____
6	In the last 6 months, have you used methamphetamines such as crystal or speed?	If yes, score 6 If no, score 0	_____
		Add down entries in right column to calculate total score	_____ TOTAL SCORE*

* If score is 10 or greater, evaluate for intensive HIV prevention services including PrEP.
If score is below 10, provide indicated standard HIV prevention services.

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:
  - Assessment of HIV status (including signs or symptoms of acute HIV infection)
  - Assessment of side effects and advice on how to manage them
  - Assessment of medication adherence and counseling to support adherence
  - 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 First Name:_____ Last Name:_____ Birth Sex: ☐Male ☐Female ☐Other_____ Gender: ☐Male ☐Female ☐ Transgender ☐ Other_____	Date of Birth:_____ Highest Education Level Completed: ☐Elementary/Middle ☐High School ☐College ☐Post College

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	Since your last visit, have you experienced:
How many pills did you miss in the last **7** days?_____ How many pills did you miss in the last **30** days?_____	☐ 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	**Sexual History: for WOMEN**
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:____	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:____

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

ICD Code	When
1. Health maintenance care	All visits
2. Preventive health care	All visits
3. Exposure to HIV	All visits
4. Screening for STDs	All visits
5. Need for prophylactic measure	All visits
6. Need for Hep B screening	First and 1 year
7. Need for Hep C screening	First and 1 year

Routine Labs

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

Visit	First	3 month	6 month	9 month	12 months
Labs	HIV, Hep B/C, BMP w/ GFR, STDs	HIV, STDs, BMP w/ GFR	HIV, STDs, BMP w/ GFR	HIV, STDs	HIV, Hep C, **CMP** w/ GFR, STDs

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.

PrEP-related Codes – Initial Visit		
Coding for:	**ICD-10 Code**	**Description**
Visit	**Z20.6**	**Contact with and (suspected) exposure to HIV**
	Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Initial Tests	Z01.812	Encounter for pre-procedural laboratory examination (Applicable to blood and urine tests prior to treatment or procedure)
	Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
	Z11.4	Encounter for screening for human immunodeficiency virus
	Z11.59	Encounter for screening for other viral diseases*
PrEP-related Codes – 2nd and Subsequent Visits		
Coding for:	**ICD-10 Code**	**Description**
Visit and Tests	**Z20.6**	**Contact with and (suspected) exposure to HIV**
	Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
	Z79.899	Other long term drug therapy
	Z20.5	Contact with and (suspected) exposure to viral hepatitis*

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

***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*

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).

ICD-9	Description	ICD-10*	Description
V69.2	**High risk sexual behavior**	**Z72.5**	**High risk sexual behavior**
V01.7	**Exposure to other viral diseases**	**Z20.82**	**Contact with and (suspected) exposure to other viral communicable diseases**
V01	Contact with or exposure to communicable diseases	**Z20**	Contact with and (suspected) exposure to communicable diseases
		Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
		Z20.6	Contact with and (suspected) exposure to HIV
V15.85	Exposure to potentially hazardous body fluid	**Z77.21**	Contact with and (suspected) exposure to potentially hazardous body fluids
E920.5	Needle stick	**W46**	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
		W46.0	Contact with hypodermic needle (hypodermic needle stick NOS)
		W46.1	Contact with contaminated hypodermic needle
V01.8	Exposure to other communicable diseases	**Z20.8**	Contact with and (suspected) exposure to other communicable diseases
V07.8	Other unspecified prophylactic measure	**Z79**	Long term (current) drug therapy. Includes long term (current) drug use for prophylactic purposes
V07.9	Unspecified prophylactic measure		

*Compliance date: October 1, 2015

CPT	Description
99401	Prevention Counseling (15 minutes)
99402	Prevention Counseling (30 minutes)
99403	Prevention Counseling (45 minutes)
99404	Prevention Counseling (60 minutes)

Used with permission from the New York City Department of Health and Mental Hygiene

PrEP Prescription Template

Patient Name: _____ Date: _____ Days: ☐ 30 ☐ 90 Refills: ☐ 0 ☐ 1 ☐ 2

Truvada 1 tablet po daily

Comments: Attn PrEP/HIV Pharmacist HIV test date: _____

☐ New patient

Patient Name: _____ Date: _____ Days: ☐ 30 ☐ 90 Refills: ☐ 0 ☐ 1 ☐ 2

Truvada 1 tablet po daily

Comments: Attn PrEP/HIV Pharmacist HIV test date: _____

☐ New patient

Patient Name: _____ Date: _____ Days: ☐ 30 ☐ 90 Refills: ☐ 0 ☐ 1 ☐ 2

Truvada 1 tablet po daily

Comments: Attn PrEP/HIV Pharmacist HIV test date: _____

☐ New patient

Patient Name: _____ Date: _____ Days: ☐ 30 ☐ 90 Refills: ☐ 0 ☐ 1 ☐ 2

Truvada 1 tablet po daily

Comments: Attn PrEP/HIV Pharmacist HIV test date: _____

☐ New patient

BARNES JEWISH Hospital
BJC HealthCare

Washington University in St. Louis
Physicians

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

PrEP Patient Intake Sample EMR Note

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

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 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 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 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]}}}

{{{I the [Fellow][Resident][Nurse Practitioner][Physician Assistant]have [reviewed] [seen and examined] this patient with Dr. [Babcock][Bailey][Barrette][Blanco][Budge][Chrisler][Dubberke] [Durkin][Escota][Fraser][George][Hamad][Hsueh][Kirmani][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][Blanco][Budge][Chrisler][Dubberke] [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.

BARNES JEWISH Hospital
BJC HealthCare

Washington University in St. Louis
Physicians

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

PrEP Patient Follow-up Sample EMR Note

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 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: [ ]}}}.

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]}}}
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{{{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. [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.]}}}

RTC [3] [6] months to the WUSTL PrEP Program.
{{{[Lab visit in 3 months.]}}}.

Plan
{{{[ ]}}}

{{{[See above]}}}

{{{I the [Fellow][Resident][Nurse Practitioner][Physician Assistant]have [reviewed] [seen and examined] this patient with Dr. [Babcock][Bailey][Barrette][Blanco][Budge][Chrisler][Dubberke] [Durkin][Escota][Fraser][George][Hamad][Hsueh][Kirmani][Kuhlmann][Kwon][Lawrence][Mattar][Pande][Patel][Powderly][Presti][Reno].}}}

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][Barrette][Blanco][Budge][Chrisler][Dubberke] [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 Provider Education Survey

PrEP Program

Division of Infectious Diseases

Washington University in St. Louis

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 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

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 it is 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!!!

Resources in Missouri for Providers, Administrators, and Patients

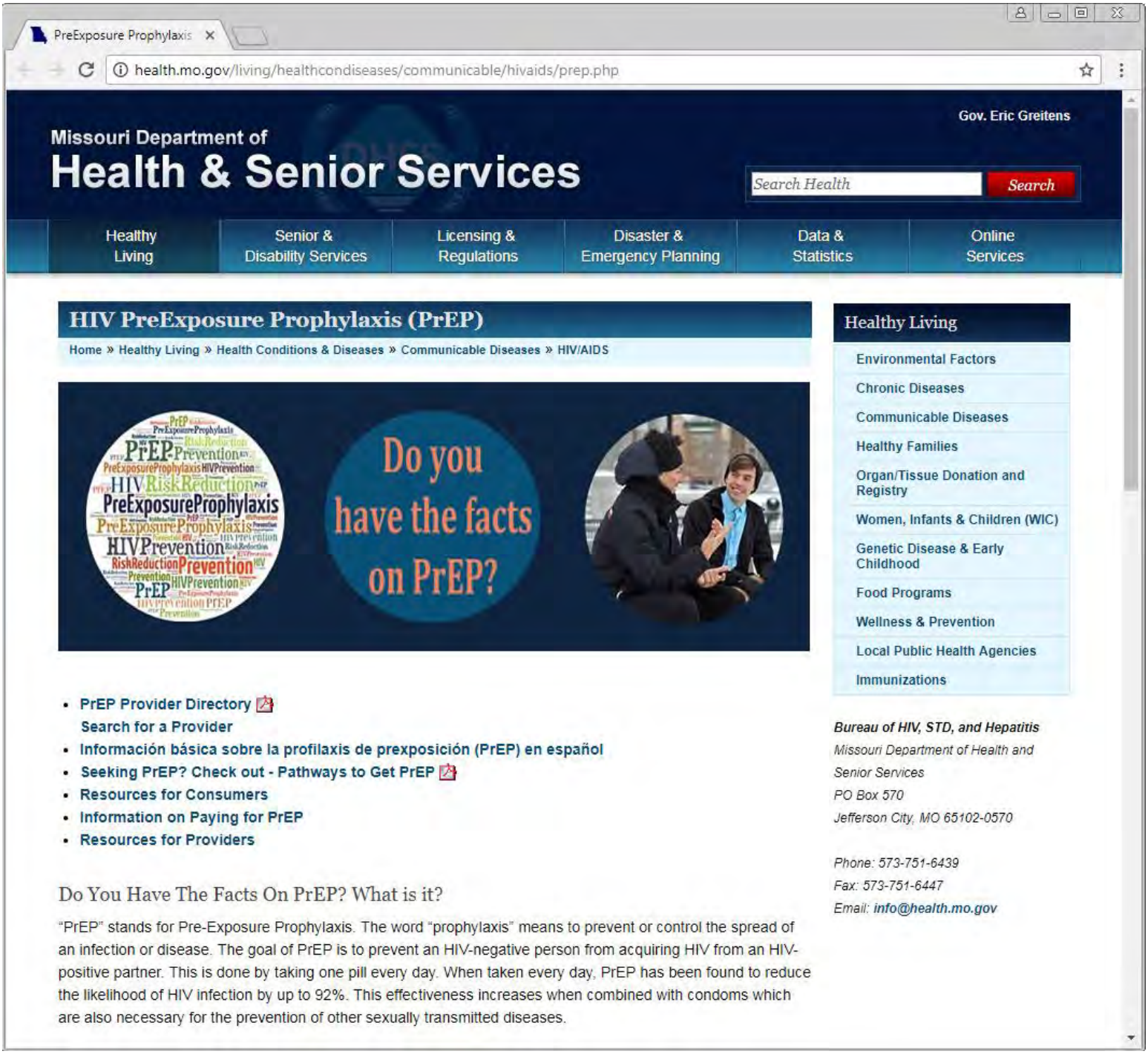
PrEP Program

Division of Infectious Diseases

Washington University in St. Louis

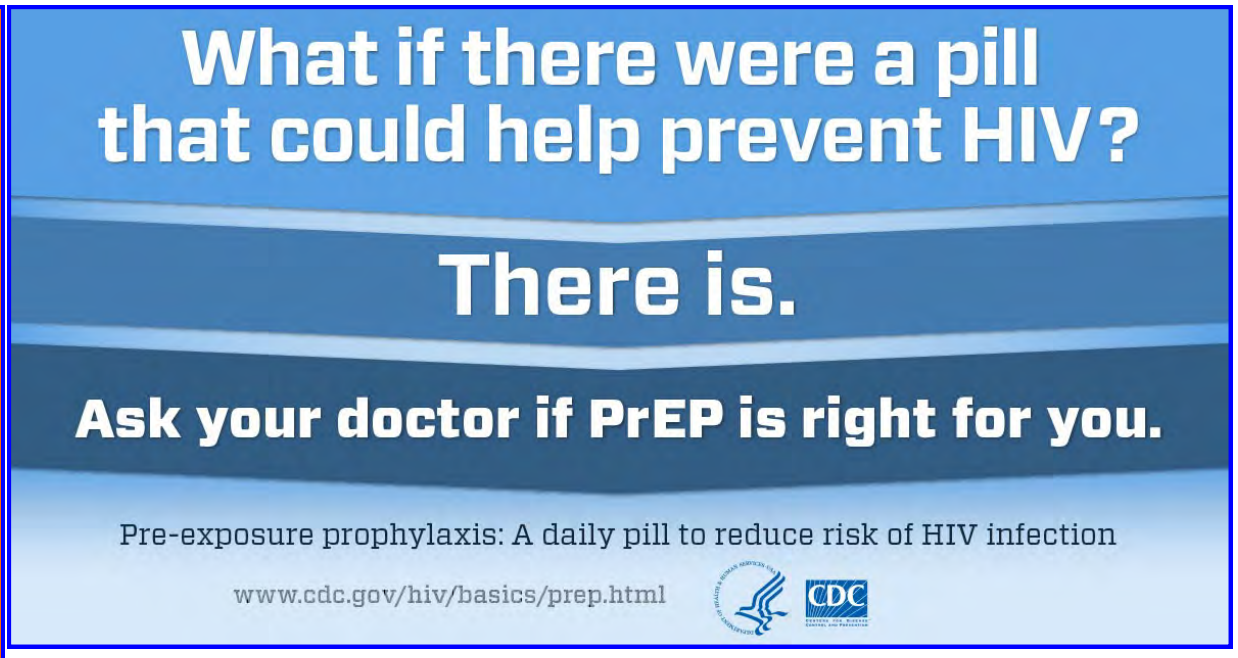
Missouri Department of Health & Senior Services:
HIV Pre-Exposure Prophylaxis (PrEP) Website

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



Ready for PrEP?

Get started.



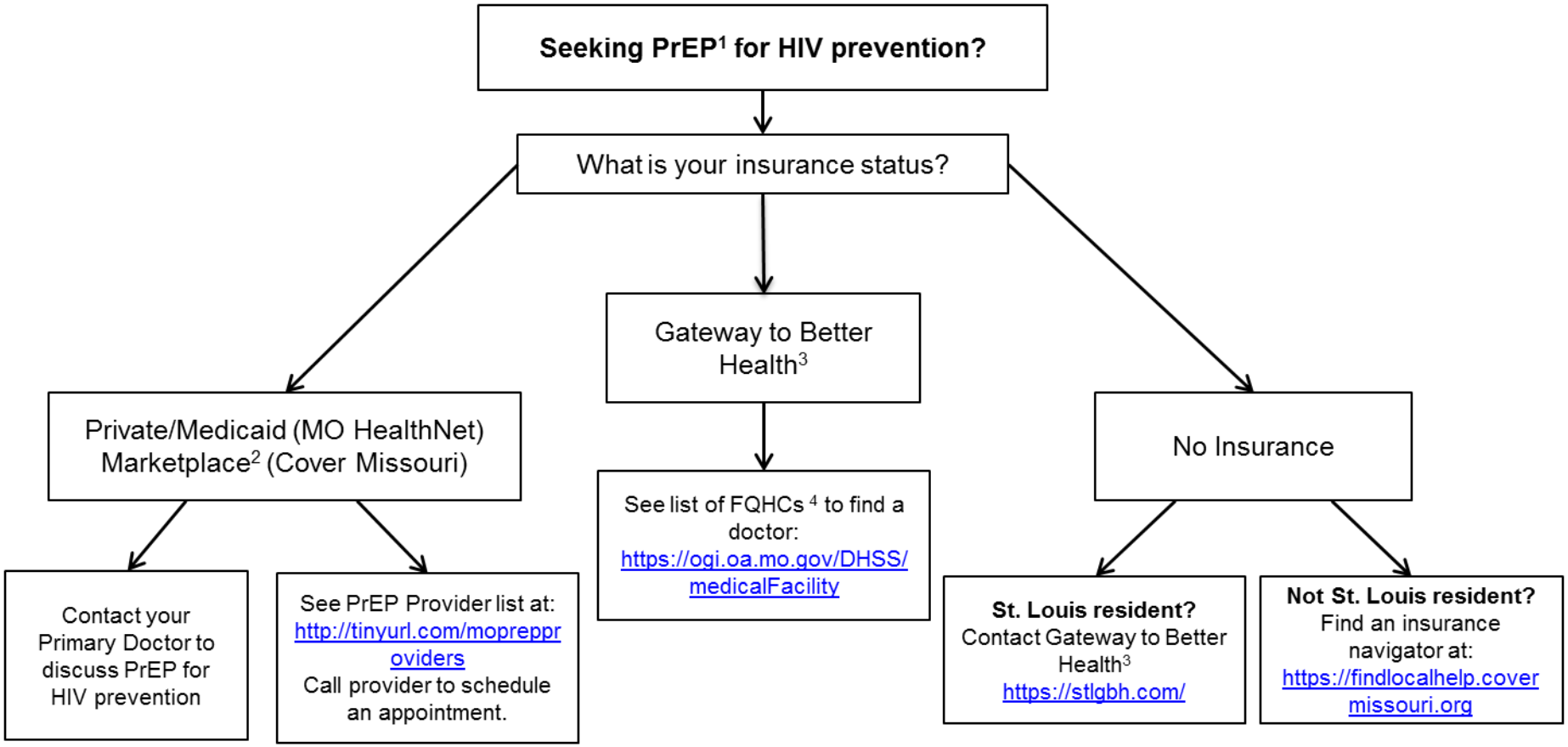
PrEP is just one pill a day.

Call to schedule a PrEP appointment

314-362-9098

Washington University in St. Louis Physicians

Pathways to Get PrEP in St. Louis



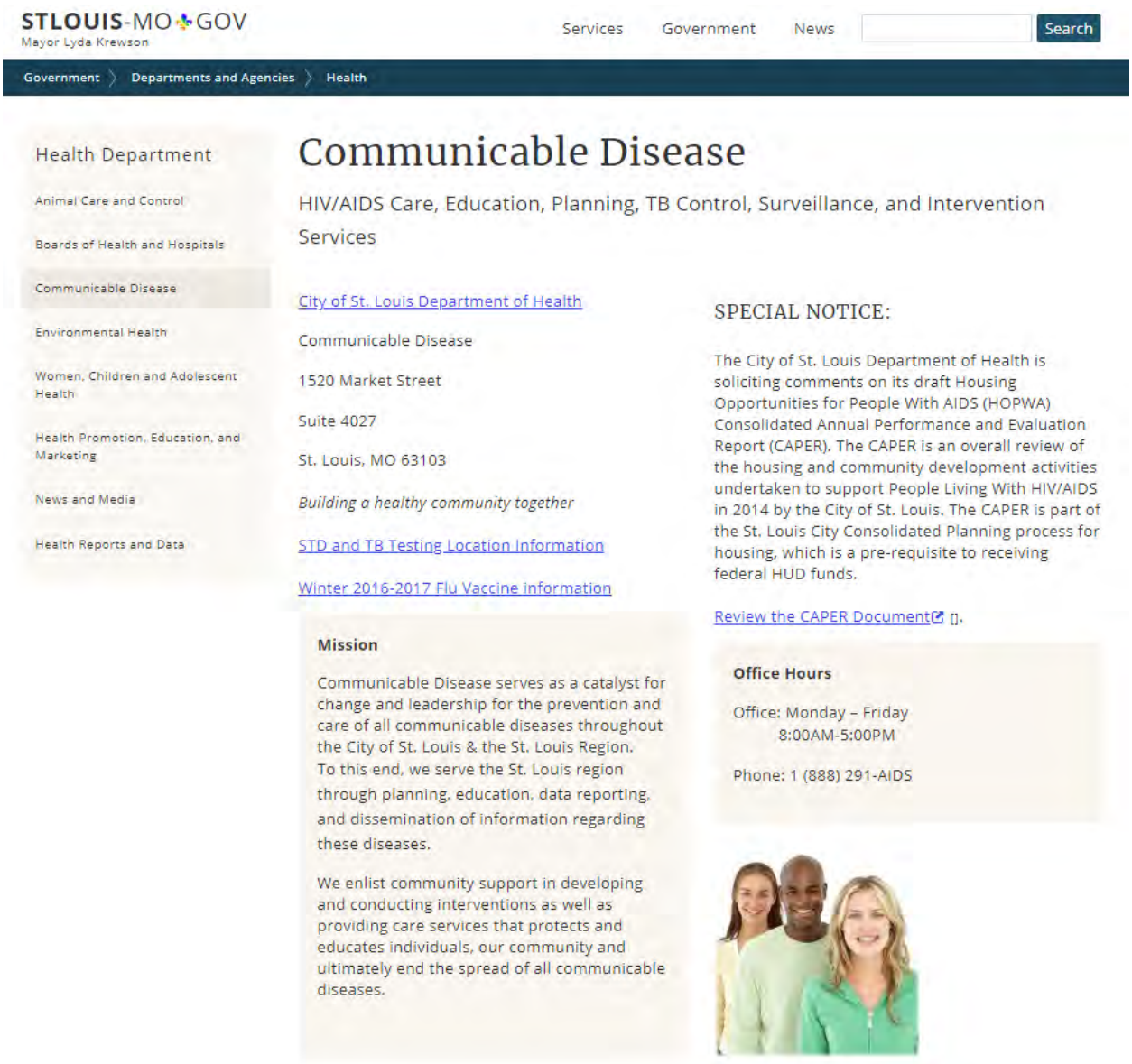
Ask your Doctor or Pharmacist about Gilead Patient Assistance to help pay for PrEP:
www.gileadadvancingaccess.com/

[1]Learn more about pre-exposure prophylaxis (PrEP) at: http://health.mo.gov/living/healthcondiseases/communicable/hivaids/prep.php or www.projectinform.org/prep
[2]Marketplace= Affordable Care Act marketplace insurance (http://covermissouri.org/)
[3]Gateway to Better Health is a public insurance program for St. Louis residents (application required annually): https://stlgbh.com/
[4]FQHCs = Federally Qualified Health Centers, which are organizations that serve both the uninsured and the insured.

Update 04/2018

Department of Health City of St. Louis Website

Website: https://www.stlouis-mo.gov/government/departments/health/communicable-disease/index.cfm



Department of Health St. Louis County Website

Website: https://www.stlouisco.com/HealthandWellness/DiseasesandImmunizations

Tools for

Patients

(to be handed out by Providers and/or Administrators)

PrEP Program

Division of Infectious Diseases

Washington University in St. Louis

What Questions Should I Ask My Doctor?

- ❑ Am I a good candidate for PrEP?
- ❑ What other options can I use to lower my risk of getting HIV infection?
- ❑ How effective would PrEP be at reducing my risk of HIV infection?
- ❑ Are there any side effects?
- ❑ Can you prescribe PrEP for me here?
- ❑ Are there ways to help me to pay for PrEP if I need assistance?
- ❑ Are you willing to prescribe and manage PrEP for me?
- ❑ How often will I have to be tested for HIV and other STDs?

Additional questions for women:

- ❑ Can PrEP help me to get pregnant safely if my partner has HIV?
- ❑ Can I take PrEP if I am pregnant or breastfeeding?

Resources for your Provider

Preexposure Prophylaxis for the Prevention of HIV Infection - 2014: A PHS Clinical Practice Guideline
http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf

Preexposure Prophylaxis for the Prevention of HIV Infection - 2014: Clinical Providers' Supplement
http://www.cdc.gov/hivpdf//guidelines/PrEPProviderSupplement2014.pdf

Gilead Sciences PrEP Website: contains information about the drug, its use for PrEP, and information about the Medication Assistance Program. https://start.truvada.com

Resources for You

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

Project Inform: PrEP
http://www.projectinform.org/prep

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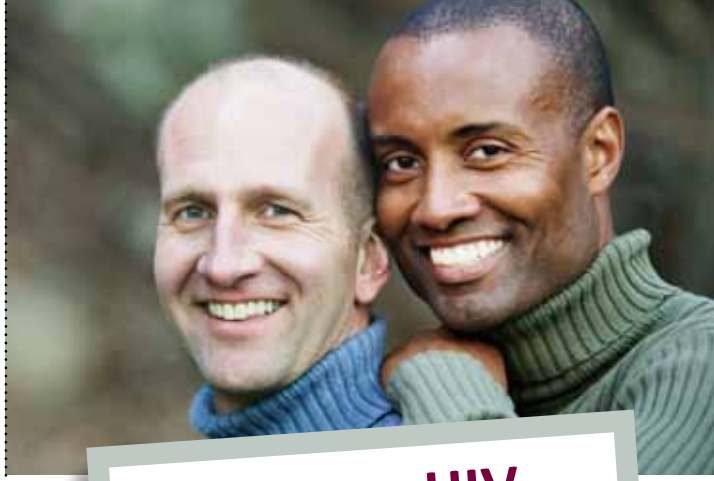

Are you **HIV negative** but worry you might become **positive?**

Take Charge

TALK TO YOUR DOCTOR ABOUT PrEP

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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.
http://www.cdc.gov/hiv/risk/behavior/index.html

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.

PrEP Information Sheet

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 blood stream 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 inject 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.

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

CS246841-A

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 women 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.

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

Truvada Medication Information Sheet for Patients

Brand name: Truvada (tru va 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 youshould 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

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Division of HIV/AIDS Prevention

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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?

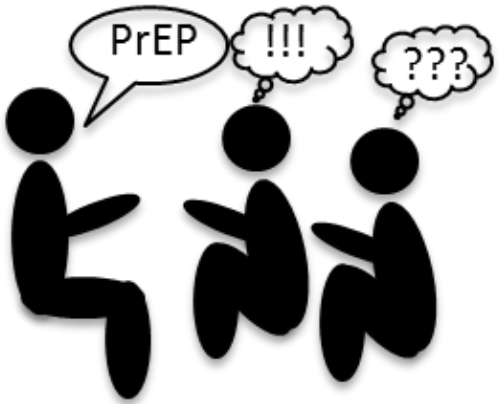
- In case of overdose, call your local poison control center at 1-800-222-1222. If the person has collapsed or is not breathing, call local emergency services at 911.

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.

Still Unsure?

If you have a concern or don't understand something, speak up. Ask your health care provider.



CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

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

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027 USA

Phone: 800-232-4636

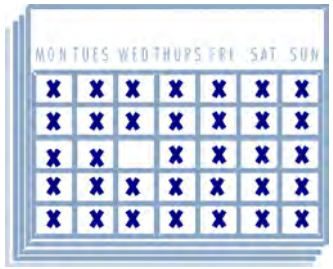
Are you taking PrEP medication to stay **HIV negative**?

A Pill A Day Keeps HIV Away

Taking Daily Medication

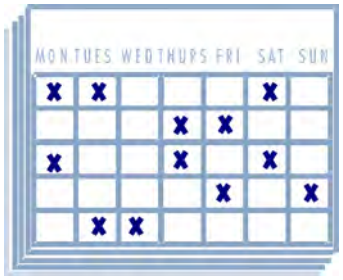
Take Charge of Your Health

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 <u>one</u> 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

Using an inhaler before exercising to prevent asthma

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

GETTING PrEPPED

Some people may face problems with their insurance covering the costs of Truvada for PrEP. This infographic provides details that may be useful to you. For help with troubleshooting, join **PrEP Facts on Facebook**: facebook.com/groups/PrEPFacts/.

LEARN MORE ABOUT PrEP

- projectinform.org/prep
- prepfacts.org
- myprepexperience.org
- hiveonline.org
- thewellproject.org/hiv-information/prep-women
- whatisprep.org
- pleaseprepme.org

CHECK YOUR INSURANCE PLAN

Your costs

Check your insurance plan ahead of time to see what you may have to pay out of pocket while on PrEP.

- Find what your deductible is.
- Find what drug tier that Truvada is on.
- Figure out your total costs for medical visits, routine blood work, and prescription.
- Ask for help from doctor's office, pharmacist, local case manager, or insurance plan rep.
- Avoid Bronze plans if you can (they generally have higher out-out-pocket costs). Silver, Gold and Platinum plans offer better coverage if you can afford them.

FIND A MEDICAL PROVIDER WHO SUPPORTS YOUR DECISION TO PrEP

Schedule an appointment

Approach your medical provider about Truvada for PrEP prescription.

- If they will prescribe, GREAT NEWS!
- If they don't know about PrEP but are willing to prescribe:
  1) They can consult the federal guidelines: *Pre-Exposure Prophylaxis for the Prevention of HIV Infection* (tinyurl.com/PrEPCDCguidelines), and/or
  2) Take a copy of the guidelines with you, and/or
  3) They can consult the CCC's PrEPline at 855-448-7737 during business hours (tinyurl.com/CCCprepline), and/or
  4) They can consult NASTAD's *Billing Coding Guide for HIV Prevention* (tinyurl.com/NASTADguide).
- If they aren't willing to prescribe:
  1) Read/utilize these resource materials:
     - "Talk to Your Doctor": tinyurl.com/PrEPbrochureCDC
     - "Work through Doctor Visit": tinyurl.com/PrEPdocvisit
  2) Ask for a referral, or find another provider on your own:
     - your insurance plan's provider directory
     - public health clinics (findahealthcenter.hrsa.gov), STD clinics, Planned Parenthood (tinyurl.com/PPclinics)
     - local, county and state health depts
     - search engines:
       .. pleaseprepme.org/prep-locator
       .. preplocator.org
       .. greaterthan.org/get-prep

MEDICAL VISITS, BLOOD WORK

If you encounter uncovered costs related to your medical visits and/or blood work, these options may help:

Public health clinics

- Some public health clinics offer sliding fee scale for medical visits and blood work.

FSAs

- FSAs (Flexible Spending Accounts) are accounts set up with pre-tax dollars to help pay for out-of-pocket health care costs.
- FSAs have an annual limit of $2,600, available through employers if offered.
- Enrollment is usually annual, so plan ahead.

GET YOUR PRESCRIPTION

Prior authorizations

Some insurance plans require a prior authorization (PA) for Truvada for PrEP.

- This is normal.
- May need extra paperwork.
- Your provider can use the codes found on p29 at *tinyurl.com/PrEPCDCsupplement*.
- Re-submit paperwork until the PA is approved.

Denials

- Make sure your provider has coded paperwork correctly to insurance carrier. (Same URL as above.)
- Work with your provider's office to submit challenge(s). It may take more than once.

Tele-PrEP services

- Two online resources may be able to prescribe PrEP to you without a doctor's visit:
  .. nurx.co/prep
  .. prep.plushcare.com

PICK UP PRESCRIPTION

Pharmacy refills

Plans vary in what they offer. Your plan may:

- Vary in how you get meds (at pharmacy, mail order).
- Provide only 30-day refills
- Offer 90-day refills
- Make you initiate the monthly refill
- Have an auto-send function for refills
- Offer refills earlier than waiting 30 days

ALSO:

- In-network pharmacies will reduce your cost.
- Apply for Gilead's Co-Pay Card ***before*** going to a pharmacy (next column).
- If pharmacy doesn't accept Co-Pay Card, keep pharmacy and sales receipts. Call the number on back of co-pay card. Submit paperwork for payment.

PAY FOR THE MEDICATION AND OTHER COSTS

Manufacturer assistance

www.gileadadvancingaccess.com, 800-226-2056 (18 years or older)

Co-Pay Assistance

- covers up to $4,800 per calendar year, out-of-pocket costs
- for commercially insured individuals, re-apply annually as needed
- not available for persons with Medicaid, Medicare, VA or other federal/state prescription drug programs

Medication Assistance

- uninsured, insurance declined payment, or no pharmacy benefits
- US resident (SSN not required) and family income <500% FPL (federal poverty level, tinyurl.com/FPLincomes)
- eligibility confirmed every 6 months

Patient Access Network Foundation

- Medicare plans only; family income below 500% FPL
- $8,000 max per year, may reapply
- Covers co-pays, deductibles and co-insurance
- panapply.org, 866-316-7263

Patient Advocate Foundation

- Insured individuals only; family income below 400% FPL
- $7,500 max per year for co-pay/deductible costs, may reapply
- tinyurl.com/PAFhelp or copays.org or 800-532-5274

State assistance programs for residents of:

- Colorado, Illinois, Massachusetts, New York and Washington. Check next page for list of websites. California will launch theirs in 2018.

ARE YOU INSURED TO COVER YOUR COSTS FOR PrEP?

PROJECT INFORM

projectinform.org/prep-chart
800-822-7422

YES

(employer, private, insurance marketplace, COBRA, Medicare, Medicaid)

1 Gilead Advancing Access Co-pay Card

gileadcopay.com
877-505-6986

- $4,800 max/calendar year
- No income restrictions
- Covers co-pays, deductibles and co-insurance
- Re-apply annually as needed
- US resident
- Not available for persons with Medicaid, Medicare, VA or other state/federal prescription drug programs

If pharmacy is unable to process Gilead's Co-pay Card, keep sales and pharmacy receipts. Call number on back of co-pay card. Submit paperwork for reimbursement for all refills. Some restrictions apply: terms, conditions at *gileadcopay.com*.

2 Patient Access Network Foundation

panapply.org
866-316-7263

- $8,000 max/year, re-apply
- Income <500% FPL ($60,700)
- Based on taxable income (1040 line 7, 1040 EZ line 1)
- Medicare plans only
- Covers co-pays, deductibles and co-insurance
- US resident
- Pharmacies can bill PAN Foundation directly

3 Patient Advocate Foundation (PAF)

tinyurl.com/PAFhelp, or coays.org

- $7,500 max/year, re-apply
- Income <400% FPL ($48,560)
- Based on taxable income (1040 line 7, 1040 EZ line 1)
- Must be insured (as listed under "YES" above)
- Covers co-pays only
- Cost of living adjustments
- Proof of US residence (utility bill, etc.)
- Case managers available to help resolve medical cost issues (800-532-5274)

These programs may be subject to funding shortfalls, which may limit enrollment.

FSA (flexible spending account)
If employer offers an FSA, it can help cover up to $2,600 of out-of-pocket costs.

On Medicaid?
Medicaid should cover medical costs related to PrEP. If you encounter barriers to coverage, consult a legal advocate.

NO

U.S. RESIDENT?

What's the date?

NOV 1 – JAN 31

Enroll in an insurance marketplace

obamacarefacts.com/state-health-insurance-exchange/

Avoid Bronze plans if you can: they generally have higher costs. Silver plans will offer lower costs for people earning up to 250% FPL ($30,350). Gold & Platinum plans offer better coverage if you can afford them. Carefully select the right plan for you.

Special enrollment
You can get insurance at other times for "qualifying life events" such as: pregnancy, loss or change of job, change in household size, change in income, recent move, change in citizenship.

FEB 1 – OCT 31

below 138% FPL / yr
(< $16,753)

Check if you're eligible for your state Medicaid plan. (*medicaid.org*)

above 138% FPL / yr
(> $16,753)

What's your income?

below 60,700 above

Enroll in the Gilead MAP.

www.truvada.com/truvada-patient-assistance

500% FPL
(2018 FPL: $12,140 taxable income + $4,320 per dependent, higher FPL% in Alaska and Hawai'i, 1040 tax form line 7, 1040 EZ line 1)

~ only drug costs ~

tinyurl.com/FPLincomeACA

Retail cost of Truvada

NON-RESIDENT/ UNDOCUMENTED?

Find a public clinic (FQHC) that serves undocumented patients. (findahealthcenter.hrsa.gov)

Check if you can get insurance through marketplace/employer.

IF NO

If you're a resident, these state plans may also help:

- COLORADO: tinyurl.com/COprepFAP
- ILLINOIS: tinyurl.com/ILprepAP
- MASSACHUSETTS: tinyurl.com/MAprepDAP (cost of drug, services)
- WASHINGTON: tinyurl.com/WAprepDAP (cost of drug)
- NEW YORK: tinyurl.com/NYprepAP (cost of services)

UPDATED AS OF FEBRUARY 20, 2018

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

July 2016

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

Resources

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

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

Washington state (residents):

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

New York state (residents):

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

Gilead Sciences:

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

Patient Advocate (PAF) Foundation:

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

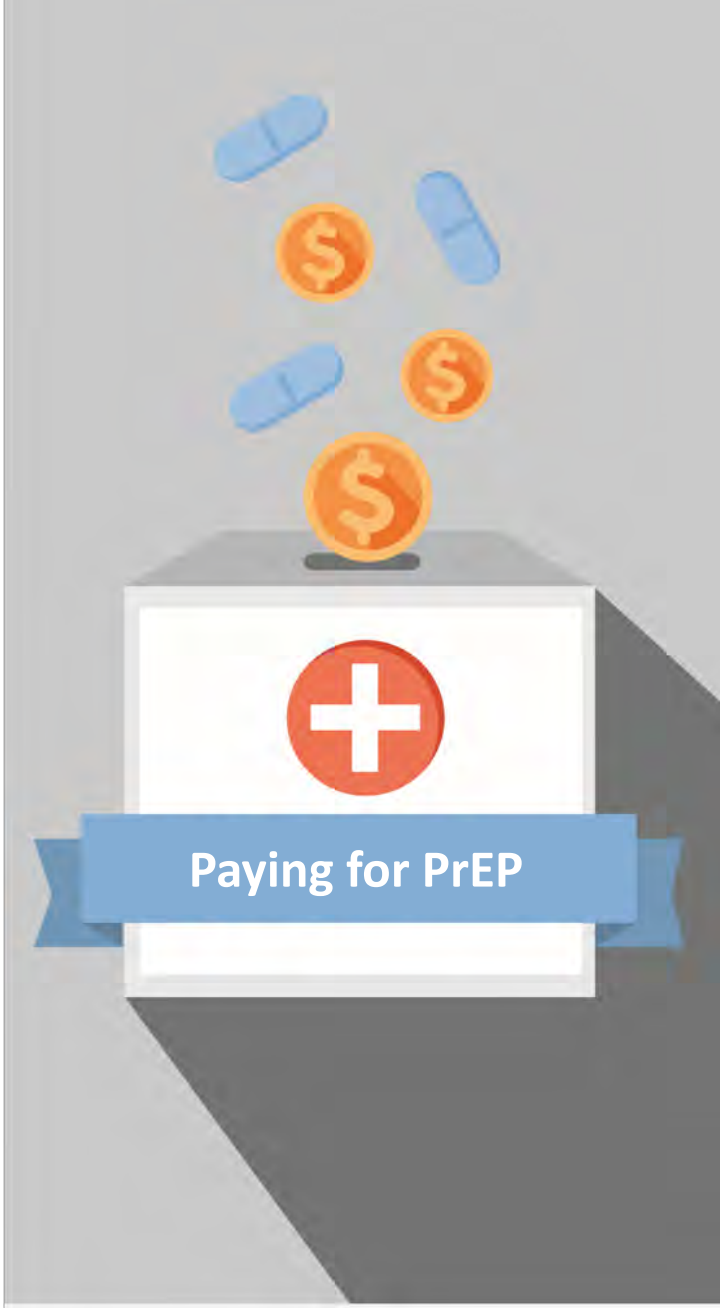
Division of HIV/AIDS Prevention,

National Center for HIV/AIDS,

Viral Hepatitis, STD, and TB Prevention

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

December 2015



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

Covering the Cost of PrEP Care

Insured

Medication	Lab Test	Clinic Visits
• Bill insurance • Apply for copay assistance from Gilead or PAF	• Bill insurance	• Bill insurance

Not insured
But may be eligible for Medicaid or ACA Plans

Apply

Household Income 500% FPL or less

Medication	Lab Test	Clinic Visits
• Gilead Medication Assistance Plan • WA State Medication Assistance	• Care at CHC with sliding fee scale • NY State PrEP Assistance Plan	• Care at CHC with sliding fee scale • NY State PrEP Assistance Plan

Not eligible for Medicaid or ACA plans OR Insurance denies claim

Household Income more than 500% FPL

Medication	Lab Test	Clinic Visits
• Bill insurance • Apply for copay assistance from Gilead or PAF	• Bill insurance	• Bill insurance

Abbreviations

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

Definitions:

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

PrEP Medication Assistance Program

(Gilead Sciences)

People eligible for this program must:

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

Once enrolled in this program:

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

PrEP Medication Assistance Program

Family Size	500% Federal Poverty Level Household Annual Income must be less than:
1	$58, 850
2	$79, 650
3	$100, 450
4	$121,250
5	$142,050
6	$162,850

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

3. ***Your application will be screened for Gateway to Better Health eligibility.***

   Applications denied for MO HealthNet or approved for the Uninsured Women's Health Services Program will be screened for Gateway to Better Health eligibility. This is the last step in the application process. FSD will let you know if you can or cannot get Gateway to Better Health.

   - **If You Are Eligible for Gateway to Better Health,** you will get an approval letter.
   - **If You Are Not Eligible for Gateway to Better Health,** you will get a denial letter. If you do not 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.

4. ***Gateway to Better Health members will be sent a member ID card and handbook about benefits.***

Space is Limited! Apply today!

Apply Now!

Gateway to Better Health is a temporary program sponsored by the Missouri Department of Social Services in partnership with the St. Louis Regional Health Commission. The program begins July 1, 2012, and ends December 31, 2013. Please ask your health center for more information.

GATEWAY to Better Health

GATEWAY to Better Health

A NEW Healthcare Program for Uninsured Adults

Apply Now!

Ask us for more information.

GATEWAY to Better Health

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.

GATEWAY to Better Health

The Access Project

helps individuals and families sign-up for health insurance.

The ACCESS team is made up of Certified Application Counselors (CACs) and Federal Navigators who can help you:

1. apply for health insurance
2. choose a health insurance plan
3. access health care

We are mobile! CACs and Federal Navigators can meet you in the community or at our office. We are available to do outreach events and give presentations to groups.

Contact us

ACCESS PROJECT

www.facebook/**StrongHealthyCovered**

download the free Access App

Our Office locations:

ACCESS PROJECT
1027 S. Vandeventer Ste. 700
St. Louis, MO 63110
314-256-2148

APO
1901 E. Bennett
Springfield, MO 65804
417-881-1900

Spectrum Health Care
1123 Wilkes Blvd., #250
Columbia, MO 65201
573-875-8687

Kansas City CARE Clinic
3515 Broadway
Kansas City, MO 64111
816-753-5144 ext 1380

COVER MISSOURI

Effort for AIDS · AIDS Project of the Ozarks · KC CARE · SPECTRUM · Welcoming Space

covermissouri.org

Funding for this project was provided in part by the Missouri Foundation for Health, with additional support by Funding Opportunity CA-NAV-15-001 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services.

INCREASING ACCESS TO HEALTH CARE IN MISSOURI

ACCESS PROJECT

STRONG HEALTHY COVERED

The ACCESS Project is a service of St. Louis Effort for AIDS in partnership with the Cover Missouri Coalition and partner agencies, Kansas City CARE Clinic, AIDS Project of the Ozarks (APO) and Spectrum Health Care.

Get Covered

How to sign-up for health insurance online:

1. Go to www.healthcare.gov
2. Create an account
3. Fill out the application
4. Get your results! Find out if you can get help paying for insurance
5. Compare insurance plans
6. Get Covered

State wide free HELP!

Call the Access Project at:

844.332.2637

HEALTH INSURANCE BASICS

Premium: amount you pay for health insurance each month.

Copay: amount you pay each time you go to the doctor.

Deductible: amount you pay for care before the insurance company starts to pay.

Coinsurance: after you meet your deductible, this is the % you pay for care.

Out-of-Pocket Max: the most you have to pay for health services in a given year.

HELP PAYING FOR INSURANCE

Tax Credits: make your premium cheaper!

Cost Sharing: gives you a lower payment for your deductible and copays.

To learn more about our story, visit us on Facebook:

www.facebook.com/**StrongHealthyCovered**

ACCESS Project
1027 S. Vandeventer Ste. 700
St. Louis, MO 63110
314-256-2148

APO
1901 E. Bennett
Springfield, MO 65804
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1123 Wilkes Blvd., #250
Columbia, MO 65201
573-875-8687

Kansas City CARE Clinic
3515 Broadway
Kansas City, MO 64111
816-753-5144 ext 1380

Know Your Benefits

FREE Preventive Services

- Vaccines
- Colonoscopies
- Smoking cessation
- Women's/wellness visits
- Sexually transmitted infection testing

Health insurance plans must now cover 10 essential health benefits including:

- Outpatient Care
- ER
- Hospitalization
- Pregnancy Care
- Mental Health
- Prescriptions
- Rehab
- Lab Tests
- Preventive Care
- Pediatric Care

Pharmacy Services

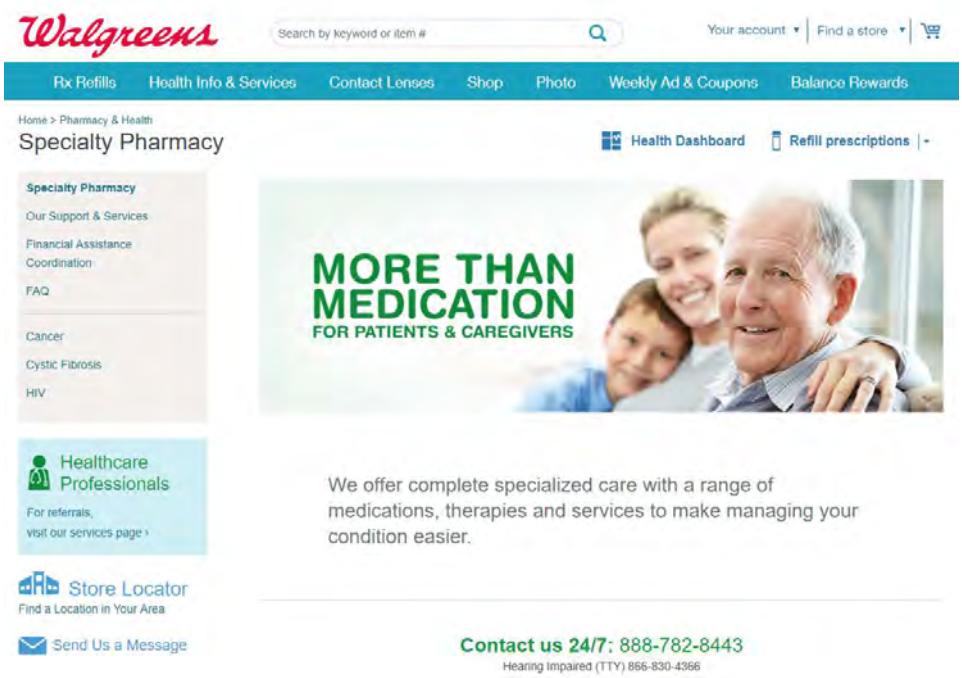
Gateway Apothecary

Website: http://www.rx-gateway.com/

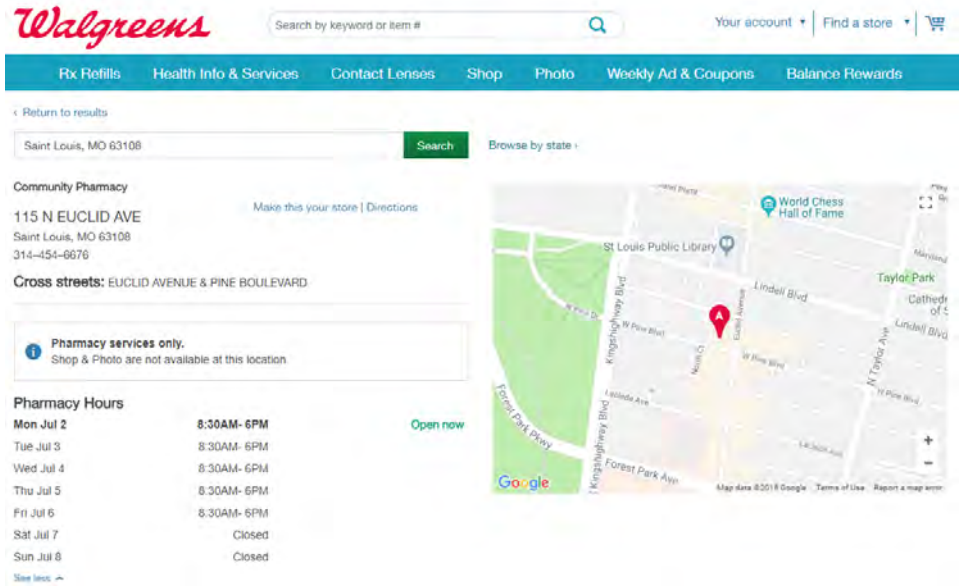
Pharmacy Services

Walgreens Specialty Pharmacy

General specialty pharmacy website:
https://www.walgreens.com/pharmacy/specialtypharmacy.jsp



Example St. Louis specialty pharmacy website:
https://www.walgreens.com/locator/walgreens-115+n+euclid+ave-saint+louis-mo-63108/id=15311

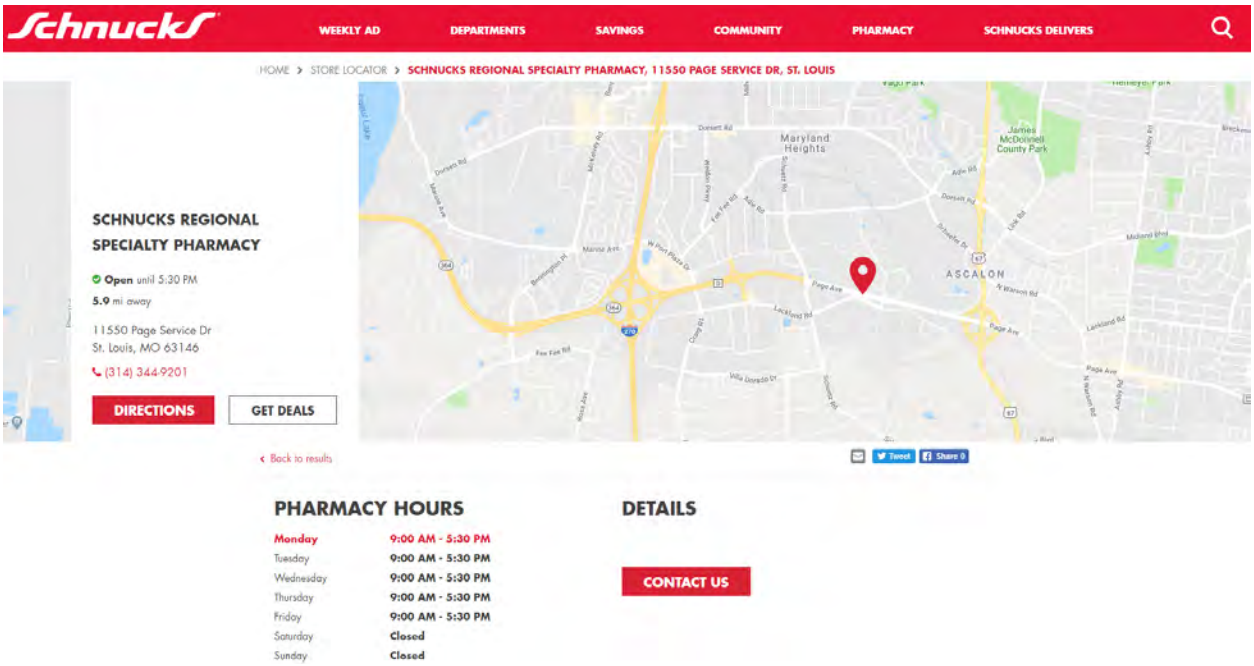


Pharmacy Services

Schnucks Specialty Pharmacy

General website: https://nourish.schnucks.com/schnucks-specialty-pharmacy/

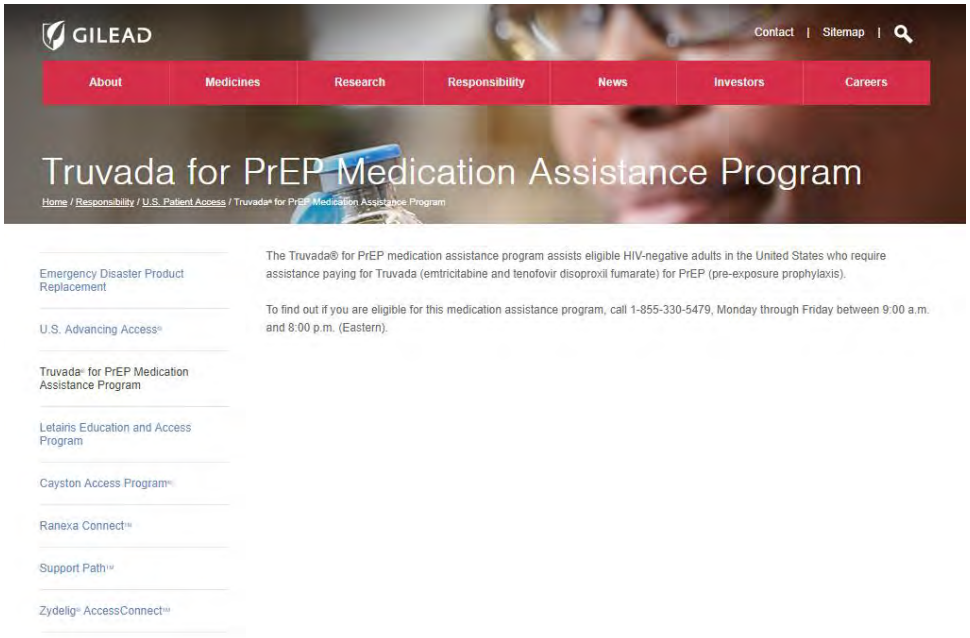
Example St. Louis specialty pharmacy website: https://locations.schnucks.com/mo-st-louis-361



Medication Assistance Services

Gilead Sciences, Inc.

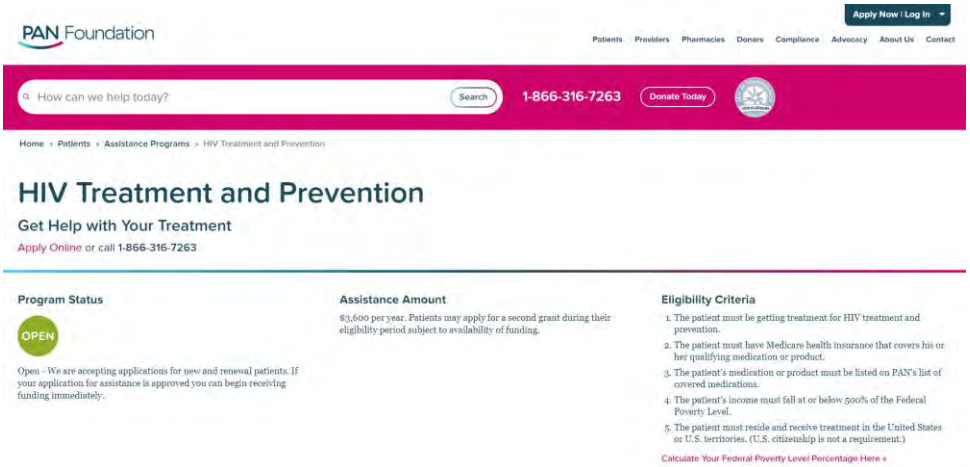
Website: https://www.gilead.com/responsibility/us-patient-access/truvada%20for%20prep%20medication%20assistance%20program



Medication Assistance Services

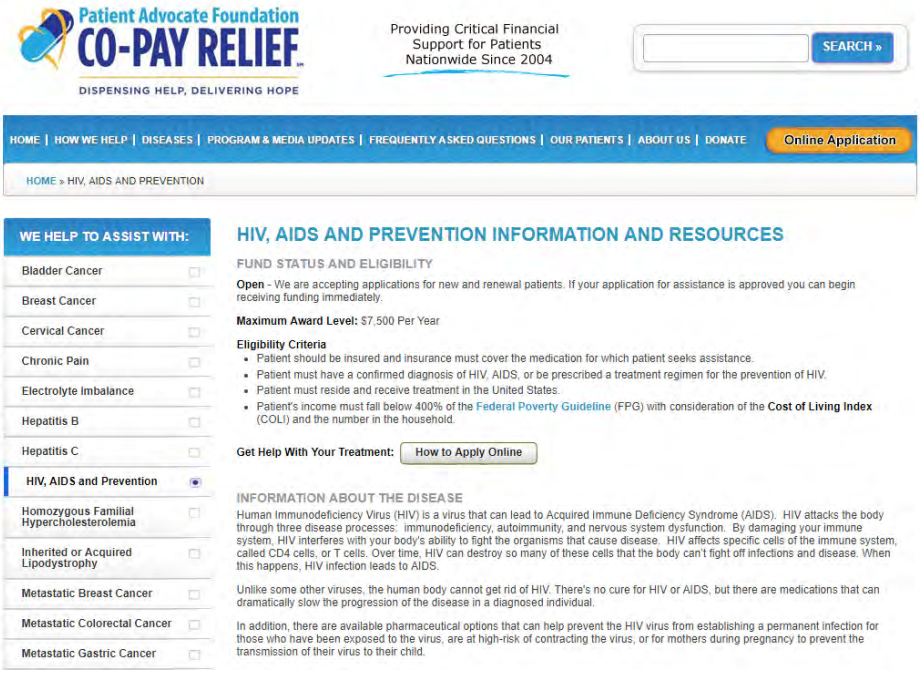
Patient Access Network (PAN) Foundation

Website: https://panfoundation.org/index.php/en/patients/assistance-programs/hiv-treatment-and-prevention



Patient Advocate Foundation (PAF)

Website: https://www.copays.org/diseases/hiv-aids-and-prevention



Many Men, Many Voices (3MV)

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.

The Shanti L.I.F.E. Program®
HIV SELF-MANAGEMENT 101

L.I.F.E. 101

Shanti L.I.F.E. ® 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 people they should disclose, but provides skills to know when it may or may not be appropriate to disclose to friends, family, and sexual partners. This program is a fun and interactive way to talk about sex, relationships, and gain social support.

*These programs are for gay, bisexual, and other men who have sex with men. To register, please fill out a registration card or contact Matt at **314-333-6667** or **mswango@stlefa.org**. Please feel free to contact us with any questions, comments, or concerns.

Saint Louis Effort for AIDS

Washington University ID Clinic & Project ARK
Ryan White Part C-D Network for the St. Louis Region

Washington University in St. Louis School of Medicine
Division of Infectious Diseases
hiv.wustl.edu

Project ARK AIDS/HIV Resources and Knowledge
projectark.wustl.edu

Support, Social & Advocacy Groups

Updated 6/7/2016

Group Type	How Often	Contact(s)	Phone
Support Groups			
HIV-Positive Men	Monthly	Terence McCune	314-747-8973
HIV-Positive Women	Twice Monthly	Cheryl Nelson & Dana Bowens	314-747-3388 314-747-1022
HIV-Affected Caregivers *(aka "Family and Friends Group")*	as requested	Cheryl Nelson	314-747-3388
Youth Prevention, Social, & Advocacy Groups			
Mpowerment (M^3) Core Group planning & community building *Gay/Bisexual Youth (ages 13-24) & Young Adults (ages 25-29)*	Weekly	Will Bogan	314-535-7275
M^3– TNC ("Tuesday Night Crew") support for Black gay youth & their friends *Gay/Bisexual Youth (ages 13-24) & Young Adults (ages 25-29)*	Weekly	Will Bogan	314-535-7275
M^3– GBTea skills-building social discussion *Gay/Bisexual Youth (ages 13-24) & Young Adults (ages 25-29)*	Twice Monthly	Will Bogan	314-535-7275
M^3 – M Groups social opportunity to teach safer sex & risk reduction *Gay/Bisexual Youth (ages 13-24) & Young Adults (ages 25-29)*	Monthly	Will Bogan	314-535-7275
Youth Advocacy Committee youth voice for HIV awareness *Youth (ages 13-24) & Young Adults (ages 25-29)*	Monthly	Lawrence Lewis	314-535-7275
Additional **M^3 Groups and Outreaches** *Gay/Bisexual Youth (ages 13-24) & Young Adults (ages 25-29)*	Monthly	Will Bogan	314-535-7275

Groups supported in part through HRSA grants H12HA24842 and H76HA07849
Flyer_SupportGroups_List_2016-0607

Housing Development (Ritenour)

The purpose of CAASTLC's Housing Development Program is to assist the nine municipalities that comprise the Ritenour School District in improving the quality of life for all residents with safe affordable housing through a community based driven approach, which will involves a variety of stakeholders.

ENERGY SERVICES

Energy Services is a combination of several programs offered and regulated at the federal, state and local levels.

Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP consists of two components, Energy Assistance (EA) and Energy Crisis Intervention Program (ECIP). EA provides a one time basic heat grant for the homes primary heat source. Payments range from $220-$300 based on the family income and number of people living in the home. No disconnect notice is needed. ECIP provides assistance to restore services, gas and /or electric and to prevent disconnection of services. A disconnect notice is required. Payment depends on the amount needed to restore service. Energy assistance begins October 1st for the elderly and disabled and November 1st for everyone else. Program runs until funds are depleted. A summer cooling program begins on June 1st for everyone and requires a disconnect notice for electric services. In addition to LIHEAP, there are local funding sources such as Dollar More, and Dollar Help/Dollar Help Crisis and Heat Up St. Louis.

Weatherization Assistance Program

The Weatherization Assistance Program is administered by the Missouri Department of Economic Development. Weatherization reduces air infiltration into the home to help households save money on their heating and cooling bills. Trained and certified energy auditors conduct a thorough home energy and safety audit to identify health hazards, poor air quality and air leaks. The average family saves over $420 a year after their home has been weatherized. Income eligible home owners and renters are eligible for this free service.

This publication is funded 60% at $600 with federal funds received from the U.S. Department of Health and Human Services (HHS) provided by the Missouri Department of Social Services, Family Support Division. This publication was prepared with the support of funds from the U.S. Department of Energy (DOE) through the Missouri Department of Economic Development-Division of Energy, Ameren Missouri, and Laclede Gas Company. However, any opinions, findings, conclusions or recommendations expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Energy (. DOE) the Missouri Department of Social Services, Ameren Missouri, Laclede Gas Company or the Missouri Department of Economic Development – Division of Energy.

2016-17 Federal Poverty Guidelines

CSBG

125% of Poverty

Size of Family	Annual	Monthly
1	$15,075	$1,256
2	$20,300	$1,692
3	$25,525	$2,127
4	$30,750	$2,563
5	$35,975	$2,998
6	$41,200	$3,433
7	$46,425	$3,869
8	$51,650	$4,304

For families with more than 8 members, add $5,225 for each additional person.

IDA/Weatherization

200% of Poverty

Size of Family	Annual	Monthly
1	$24,120	$2,010
2	$32,480	$2,707
3	$40,840	$3,403
4	$49,200	$4,100
5	$57,560	$4,797
6	$65,920	$5,493
7	$74,280	$6,190
8	$82,640	$6,887

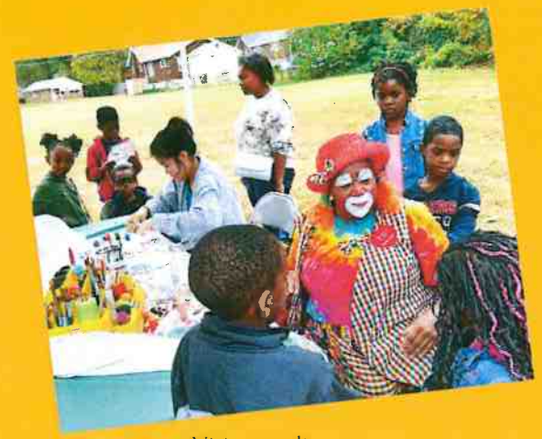
For families with more than 8 members, add $8,360 each additional person.

2016-17 LIHEAP Guidelines

Based on 150%

Size of Family	Annual	Monthly
1	$18,090	$1,508
2	$24,360	$2,030
3	$30,630	$2,553
4	$36,900	$3,075
5	$43,170	$3,598
6	$49,440	$4,120
7	$55,710	$4,643
8	$61,980	$5,165

For families with more than 8 members, add $6,270 each additional person.



Visit us online at:

www.caastlc.org

or in person at:

MAIN OFFICE - OVERLAND
2709 Woodson Rd., Overland, MO 63114
314.863.0015
Service Hours
Monday, Wednesday and Friday
8:00 AM to 5:00 PM
Tuesday and Thursday
8:00 AM to 7:30 PM

• • •

NORTH COUNTY OFFICE
8449 Jennings Station Rd., St. Louis, MO 63136
314.474.9119
Service Hours
Monday-Friday
10:00 AM-3:00 PM

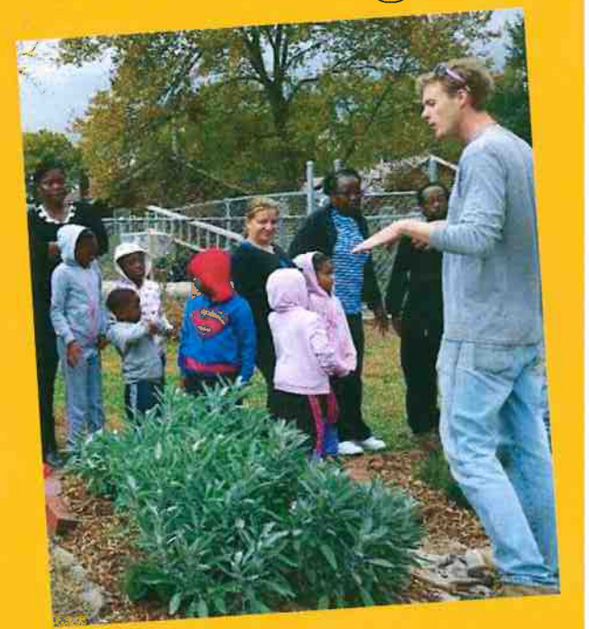
• • •

SOUTH COUNTY OFFICE
225 Lemay Ferry Rd., St. Louis, MO 63125
314.256.0571
Service Hours
Monday, Tuesday, Thursday, Friday
8:00AM- 5:00 PM
Wednesday
12:00PM- 5:00PM

CAASTLC

Community Action Agency of St. Louis County, Inc.

Keeping Communities Strong



The mission of CAASTLC is to end poverty. We are committed to helping the families and communities of St. Louis County prevent the conditions of poverty for future generations.

community Action PARTNERSHIP
Helping People. Changing Lives

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
CAASTLC in partnership with the Missouri American Water Company provides assistance with water bills to prevent disconnection or to reinstate services.

Energy Education (Energy Forums)
CAASTLC coordinates a series of community 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 to 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 income challenged people develop leadership skills and turn their civic passions into action. Topics cover the value of grassroots participation, 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 and screenings, legal assistance, clothing, toiletries, a hot meal, haircuts and more.

Home Repair Program
CAASTLC works with a variety of grant sources to provide funds for specific home repairs for St. Louis County homeowners. Homes are then referred to our Weatherization Assistance Program for additional services.

Community Farms – Seeds of Hope
The main goal of CAASTLC's Community Farms are to create a healthy food culture for all members of our community. Economically disadvantaged families are often priced out of healthy fresh ingredients and forced to stretch their food dollar by buying processed foods. CAASTLC has two Community Farms with one in Spanish Lake and the other in Bel-Ridge. Sponsoring subscribers invest in the cooperative model and help those with fewer resources to have access to healthy, fresh produce.

Community Gardens
Five community garden project sites have been developed throughout St. Louis County, making fresh nutritional produce accessible and more affordable for residents. Community members are engaged to oversee the maintenance of the gardens at each site. Our community gardens provide an opportunity for neighborhood social interaction, produce nutritious food, and maximize family food budgets

Job Fairs
Our Employment Program sponsors four annual job fairs in the St. Louis County region. A variety of employers participate often providing on-site hiring opportunities.

Youth Services Program
The Youth Services Program utilizes case management and school presentations to communicate the importance of staying in school and getting a high school diploma. Children are referred to this program due to fighting, potential gang involvement and/or discipline issues (either at home, school or community). A detailed action plan is established with parental/school support. CAASTLC collaborate with several school districts.

Healthy Homes
As part of weatherization, CAASTLC works to reduce health risk and cost and improve occupant comfort related to indoor air quality and safety. The goal is to reduce healthcare costs, eliminate illness triggers, and improve health and recovery. Case managers work with families individually to provide Healthy Home Education.

FAMILY DEVELOPMENT

Employment Development Program
Our Employment Program utilizes an employment curriculum that teaches job search, job retention skills, computer skills, and resume building. Each participant attending classes is provided one-on-one consultation. Employment referrals are made along with information about how to apply online. Assistance with work uniforms, bus passes, coaching follow-up after employment and other supports services are provided when necessary.

Affordable Care Act Enrollment
The Affordable Care Act Enrollment program provides assistance to individuals who enroll in health care plans through the Health Care Marketplace. CAASTLC certified application counselors and navigators provide personalized, technical assistance with the online application process through healthcare.gov. In addition, health insurance literacy education and assistance with Medicaid applications is provided. Many individuals qualify for assistance that enables them to see a doctor and obtain the care they need for the first time in many years.

Prisoner Reentry/Employment Connection
CAASTLC collaborates with the Clayton Correctional Facility to implement an employment ready curriculum to offenders soon to be released. Ex-offenders face additional challenges when seeking employment. CAASTLC works with several employers who are willing to give individuals with background challenges a second chance.

Drug and Alcohol Education and Anger Management
An eight-week drug and alcohol program is offered at CAASTLC that is taught by certified drug and alcohol counselors utilizing educational material and discussion. Referral sources can be notified of attendance and status with the participant's signed consent. Our Anger Management program has eight sessions and is modeled after a cognitive behavioral approach designed by the U.S. Department of Health and Human Services. The classes help to provide personal insight into behavior that results in aggression and assists in implementing alternative ways for handling anger.

Family Case Management
Skilled degreed case managers lend support and guidance to economically insecure county residents as they move toward self-sufficiency. This program works to develop and strengthen the family structure via employment and/or educational goals.

Holiday Programs
CAASTLC participates in programs to help families in need during the holiday season. 100 Neediest Cases is sponsored by the United Way. Our Adopt-A-Family program partners with local businesses and organizations through case management to fulfill family holiday wishes. Meal baskets are distributed at holidays in partnership with area faith based groups.

Food Pantry
CAASTLC collaborates with the St. Louis Area Food Bank and others to provide USDA commodities and nutritious food items to individuals and families needing help. During the summer growing season fresh produce grown at our farm sites is added. Nutrition classes are also offered in cooperation with Operation Food Search.

Teen Farm Intern Program
A paid thirteen-week internship offers Spanish Lake teenagers meaningful opportunities to grow produce on an urban farm, develop leadership in sustainable agriculture practices, and lead community dialogue around food system change and social justice. The summer program begins in June and runs through the start of school in August.

Life Skills
Classes are facilitated by staff with expertise in the subject area to cover the important information in the five core areas of health/wellness, financial management, parenting/ family issues, home management and workforce development.

HOUSING ASSISTANCE

Individual Development Account
The IDA Savings program is an asset development program for income eligible families who reside in St. Louis County and desire to purchase a home, start a business, buy a car or go back to school. Participants must complete a financial literacy program and asset specific workshop.

Rent and Mortgage Assistance
When funds are available CAASTLC provides Rent and Mortgage Assistance to families financially unable to obtain housing or in threat of eviction or foreclosures. In addition to financial assistance, the rent and mortgage program also advocates renegotiation of unfair lease agreements and inappropriate living conditions.

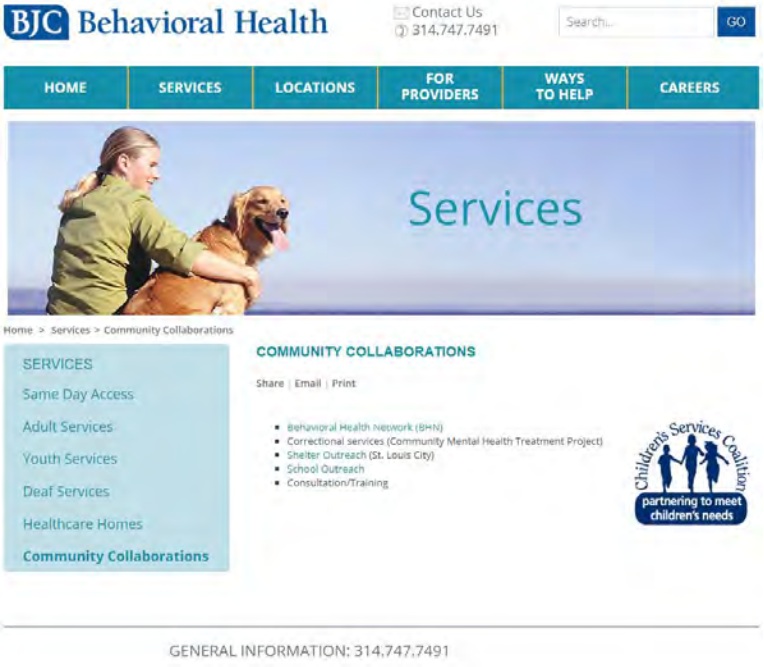
Housing Counseling
CAASTLC is a HUD Certified Housing Counseling Agency, assisting potential homeowners who want to learn to save and budget and qualify for a mortgage loan. CAASTLC helps individuals learn about the pitfalls of sub-prime lending and works with lenders who offer products to assist economically insecure families meet their goals. First time homebuyer down payment assistance funds are also available from CAASTLC. Additionally, credit counseling to help individuals better manage a budget and develop long term goals of saving and investing are provided.

Mental Health Services

Clinic Referrals

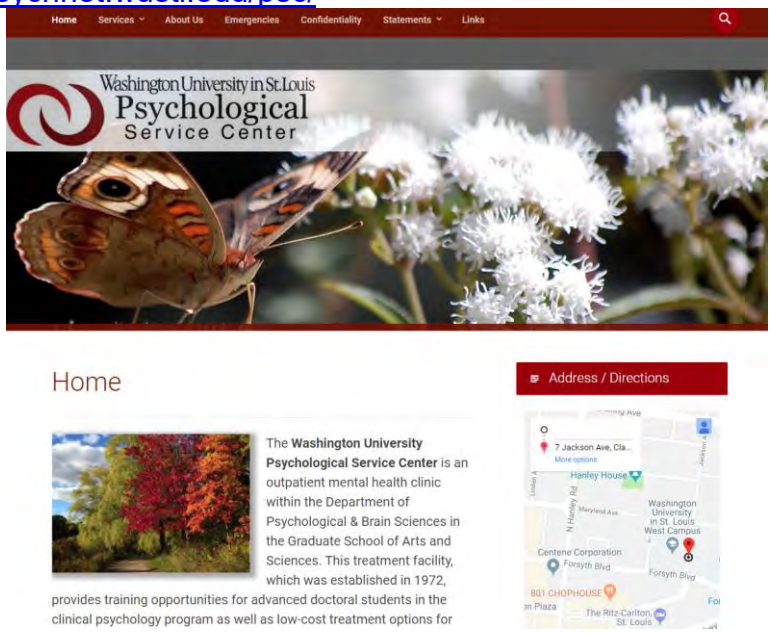
BJC Behavioral Health Community Services

Website: https://www.bjcbehavioralhealth.org/Services/Community-Collaborations



Washington University in St. Louis Psychological Services Center

Website: http://psychnet.wustl.edu/psc/



Mental Health Services

Hotline Referrals

Mental Health: Behavioral Health Response Access Crisis Intervention Hotline

Hotline: 800-811-4760
Website: http://bhrstl.org/support-2/

Sexual Assault: St. Louis Regional Sexual Assault Hotline

Hotline: 314-531-7273
Website:
http://www.ywcastlouis.org/site/c.elKSIbOWIkJ8H/b.8082373/k.5BC5/Sexual_Assault_Center.htm

Mental Health Services

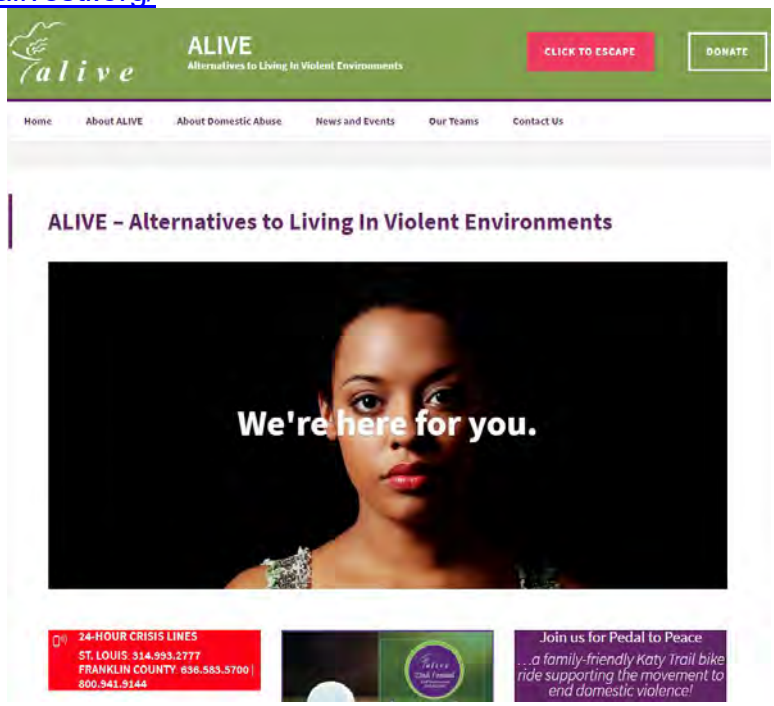
Domestic Violence

Safe Connections

Hotline: 314-531-2003
Website: https://www.safeconnections.org/

Alternatives to Living In Violence Environments

St. Louis Hotline: 314-993-2777
Website: https://alivestl.org/



Tools for Health Departments

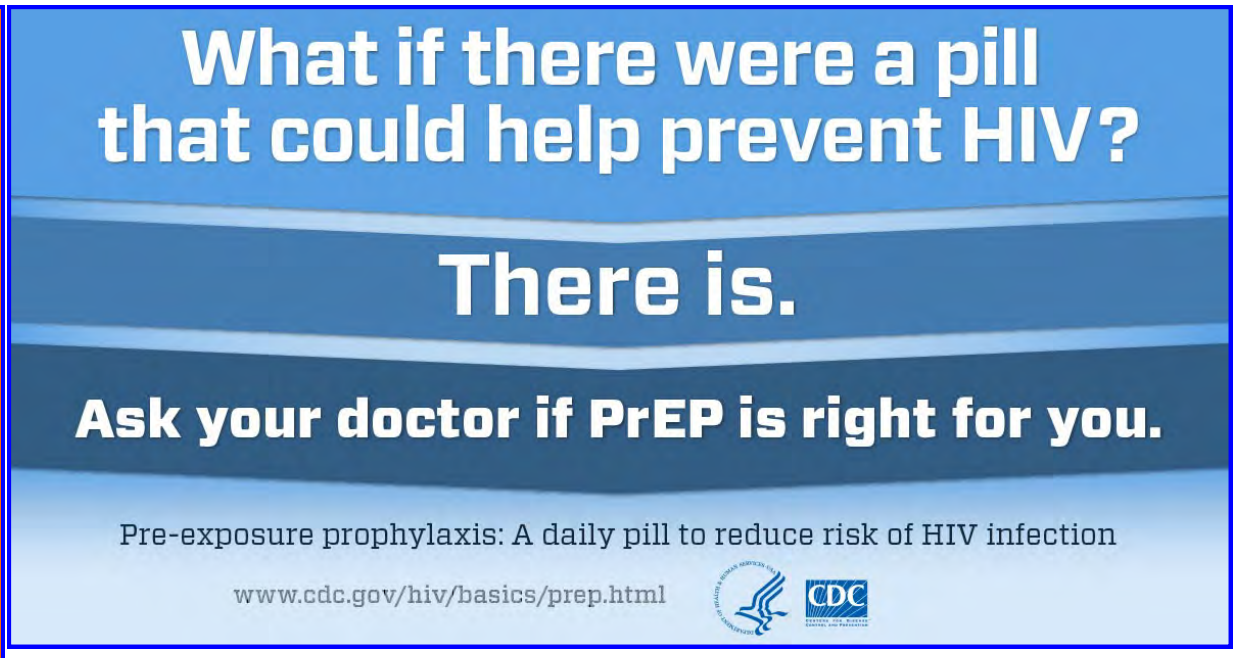
PrEP Program

Division of Infectious Diseases

Washington University in St. Louis

Ready for PrEP?

Get started.



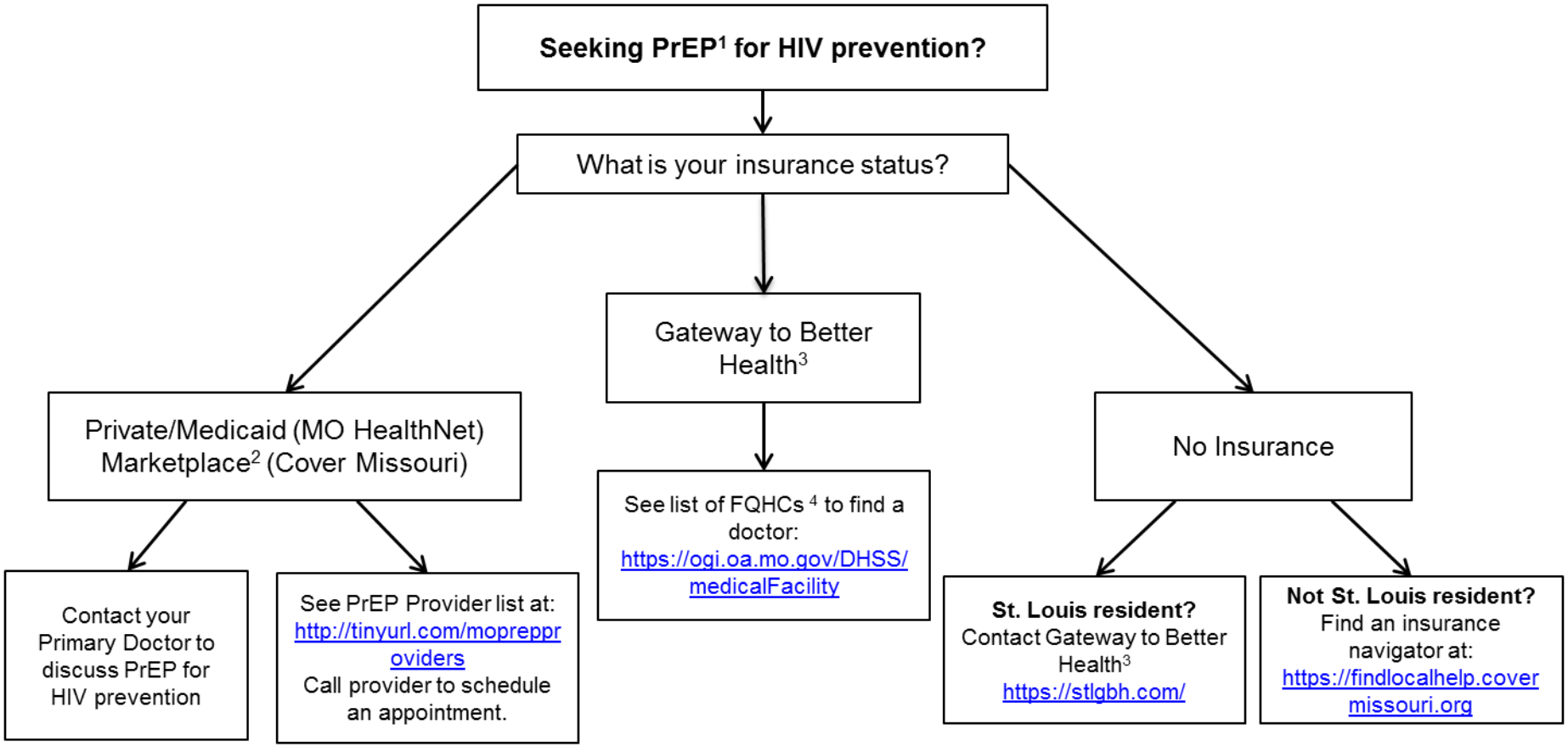
PrEP is just one pill a day.

Call to schedule a PrEP appointment

314-362-9098

Washington University in St. Louis Physicians

Pathways to Get PrEP in St. Louis



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/hivaids/prep.php or www.projectinform.org/prep
[2]Marketplace= Affordable Care Act marketplace insurance (http://covermissouri.org/)
[3]Gateway to Better Health is a public insurance program for St. Louis residents (application required annually): https://stlgbh.com/
[4]FQHCs = Federally Qualified Health Centers, which are organizations that serve both the uninsured and the insured.

Update 04/2018

Missouri Comprehensive Prevention Planning Group and PrEP

Website: http://mocppg.org/tag/prep/

TAG ARCHIVES: PREP

Missouri PrEP Implementation Toolkit

Posted on August 29, 2017 by admin

Check out this toolkit with info for both providers and patients.

Posted in Uncategorized | Tagged PrEP | Leave a reply