# PrEP In A Time Of Physical (But Not Sexual) Distancing

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#### Disclosures

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- ► HIV Consortium Board Member
- ► No other disclosures

How has COVID-19 affected PrEP in your practice?

#### Decrease in PrEP Numbers

- Generally, some patients stopped or paused PrEP due to SIPO but most have resumed by now
- Loss of access
  - ► "Among PrEP users (n = 11) who lost access, most lost jobs and health insurance (63.6%), could not get a prescription/refill (36.4%), had incomplete routine tests/laboratory monitoring (27.3%), or were under quarantine in a foreign country (9.1%)." 11

#### Telehealth

- ▶ Did you use telehealth before COVID-19?
- How many of the visits are telehealth vs in person?
- ▶ Do you think telehealth impacts adherence? Engagement?
- ► Follow Up Appointments
  - ► Assess adherence
  - ► Ask about side effects of acute HIV, STIs, medications

# STI/ HIV Testing

#### **Testing Supplies**

- ► Some health clinics have seen a decrease in the availability of testing supplies (i.e. swabs, urine test kits, etc.)
- ► September 8, 2020 DCL CDC 10
  - ► Tier 1: Recommendations based on the 2015 CDC STD Treatment Guidelines and no CT/GC NAAT test shortages
  - ▶ Tier 2: Approaches to consider when STI diagnostic test kits are limited
  - ► Tier 3: Approaches to take when STI diagnostic tests kits are severely limited or not available
- Currently, all CBO's in DE are testing
  - Some appointment only, some walk in
  - ▶ DE DPH purchased 1,000 in-home testing kits from Orasure

#### Follow Up Appointments

- ► Some providers have been offering some flexibility of follow up labs based on patient history
  - ► Extending 3 month labs to 4 months, 5 months, etc.
    - ▶ Pros and Cons
- ▶ Labs
  - ► Lab referral
  - ► In clinic labs
  - ▶ At home testing
- Assessing adherence, symptoms, sexually active, patient history

# At Home STI/ HIV Testing

# At Home HIV Testing

- Insurance coverage???
- Lower sensitivity
- ► Two Options:
  - ▶ OraSure In-Home HIV Test
  - ► Home Access HIV Test
- Resources
  - ► Testing Beyond the Clinic Webinar
  - <u>eSTAMP Study</u>
    - ► Tested themselves more frequently
    - ▶ Identified more prevalent HIV infections
    - ▶ Did not increase sexual risk behaviors
    - ▶ Increased awareness of HIV status by sharing on social media platforms

### At Home STI Testing

- ► Kits sold for collecting blood or urine that can be shipped back to a lab to get analyzed
  - ► Fig, LetsGetChecked, Nurx, Everlywell
  - Subscription plans, HAS coverage
- ► National Coalition of STD Directors Report
  - ▶ 60% of sexual health clinics in US had to limit their STI screening capacity <sup>5</sup>
  - ▶ 80% of workforce devoted to sexual health have been reallocated to emergency COVID-19 response 6

# **Smart Technology**

# Digital Platforms

- ► Four digital platforms that increase adherence and access <sup>7</sup>
- PlushCare
  - ▶ \$99 fee, plus copays and lab fees
  - ► Not only PrEP but also acute illnesses
- ► MISTR
  - ▶ \$99 every quarter
  - ▶ Only PrEP does not take insurance
- Nurx
  - ▶ \$129 without insurance
  - ► Focused on women
- Healthvana
  - ► Clinics and providers pay to use the platform for their patients

# Collaborations That Can Increase Access

#### **Potential Collaborations**

- Working with pharmacies
  - ► Can help to improve medication access
    - ► Financial barriers, inventory, shipping to patient
      - ► Good Days, PAF, PAN
  - ► Some pharmacies sell At Home HIV Testing kits
    - ► <a href="https://www.pharmacytimes.com/publications/issue/2020/Septembe2020/counsel-about-the-appropriate-use-of-at-home-hiv-tests">https://www.pharmacytimes.com/publications/issue/2020/Septembe2020/counsel-about-the-appropriate-use-of-at-home-hiv-tests</a>
- Working with pharmaceutical companies
  - Reps cover large territories, they may be able to provide valuable feedback or potential solutions
  - ► Patient Assistance Programs
- Ready, Set, PrEP

#### What are others doing?

- ► NYC Health
  - ► Best Practices During COVID-19
  - ▶ 90 day prescriptions
  - ► At home testing as long as the patient has not had symptoms of HIV infection or possible HIV exposure
  - ▶ Reduce follow up screening to every 6 months in certain patients
- Working with other providers
  - ► How are they operating?
  - ► Any advice? Suggestions? Failures?

#### **PrEP Navigation Process**

Pre entry

· Client entry through Phy referral, social media campaign, web entry portal. Client may enter at any phase (ie., if they have already encountered Phy, they can jump that level

- · Complete intake form
- Client education about PrEP (PrEP 101)
- · Determine eligability according to the CDC Risk Assessment form
- · Determine insurance/health plan coverage

PCP

- . Connect to Prescribing Physician (DelawarePrEP.org), PPDE, or Patient's PCP if desired
- · Assist them in scheduling if desired and offer to accompany them

Labs

- Lab work give the client LabCorp test slip (Consortium grant funded), making sure the client knows they are to use LabCorp only
- Facilitate getting lab results to prescribing physician if needed.

Meds

- Enroll the client in a medication assistance program (Gilead et al)
- · If uninsured, direct to major pharmacy chain for participation in "Ready set PrEP" program.

- Contact client 30 days later to see if they have competed process.
- Contact client 90 days later to see if patient is medically adherent.
- · Offer enrollment in Condom Distribution Program.

Delaware HIV Consortium's PrEP **Navigation** Program **Flowchart** 

F/U

### **Key Takeaways**

- ▶ PrEP is an essential factor in reducing the transmission of HIV
- ► Prescribe a 90 day supply
- ► There are numerous strategies to address barriers
  - ► Smart technology, collaborations, telehealth

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