Missouri
Pre-Exposure Prophylaxis (PrEP)
Implementation Toolkit

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

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

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

Organization Attendees:
List of Representatives

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

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

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

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

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

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

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

WUSTL PrEP Program,
Capacity Building,
PrEP Implementation Program
<table>
<thead>
<tr>
<th>HIV Prevention</th>
<th>Precautionary measures</th>
<th>Do oral or injectable STI prophylaxis</th>
<th>Other services</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months</td>
<td>Test for bacterial STIs.</td>
<td>Every 6 months, test for bacterial STIs.</td>
<td>Test for bacterial STIs.</td>
</tr>
<tr>
<td>4-6 months and every 6 months thereafter</td>
<td>Assess renal function.</td>
<td>4-6 months and every 6 months thereafter. Assess renal function.</td>
<td>Test for bacterial STIs.</td>
</tr>
<tr>
<td>Every 6 months</td>
<td>STI symptom assessment.</td>
<td>Every 6 months and every 6 months thereafter. Assess renal function.</td>
<td>Test for bacterial STIs.</td>
</tr>
<tr>
<td>HIV test in accordance with PEP and PEP provider guidelines.</td>
<td>Follow-up visits at least every 3 months to provide the following:</td>
<td>HIV test in accordance with PEP and PEP provider guidelines.</td>
<td>Test for bacterial STIs.</td>
</tr>
</tbody>
</table>

**Daily**
- Continue one dose of TDF/FTC (Truvada) 200 mg/300 mg 2x daily

**Retention**
- Documented history of viral infection and vaccination status
- Normal renal function: no contraindications or medication
- No signs/symptoms of acute HIV infection
- Documented negative HIV test result before initiating PEP

**Infection**
- In high-prevalence area or network
- Commercial sex work
- History of incarceration or no condon use
- High number of sex partners
- Recent bacterial STI
- HIV-positive sexual partner

**Prevention**
- In high-risk population
- Commercial sex work
- History of incarceration or no condon use
- High number of sex partners
- Recent bacterial STI
- HIV-positive sexual partner

**Men who have sex with Men**
- Injection drug users

**Table 1: Summary of Guidance for PEP Use**
# Sexually Transmitted Diseases: Summary of 2015 CDC Treatment Guidelines

These antibiotic guidelines reflect the 2015 CDC Guidelines for the Treatment of Sexually Transmitted Diseases. They are intended as a source of clinical guidance. It is important to consult the latest guidelines and the CDC's website for the most current and accurate information. Providers can also refer to the CDC's website for guidance on the treatment of sexually transmitted infections. The following table provides a summary of the recommended treatments for various sexually transmitted diseases. The table includes a list of recommended antibiotics, dosages, and alternative treatments when available.

## DISEASE

### Bacterial Vaginosis
- **Recommended Rx**: clindamycin or metronidazole
- **Dosage**: 750 mg orally or 200 mg clindamycin cream daily for 7 days
- **Contraindications**: pregnant women or those with known or suspected HIV infection

### Chlamydia Infections
- **Recommended Rx**:
  - Adult males and females: azithromycin or doxycycline
  - Pregnant females: azithromycin or doxycycline
  - Infants and Children (< 18 kg) with normal renal function: azithromycin base or doxycycline

### Neisseria gonorrhoeae, Neisseria meningitidis, Propionibacterium acnes
- **Recommended Rx**: ceftriaxone or azithromycin

### Epilepticus
- **Recommended Rx**:
  - For sexual dysfunction: sildenafil, vardenafil, tadalafil
  - For mood disturbance: serotonergic antidepressants

### Genital Herpes Simplex
- **Recommended Rx**:
  - First episode: acyclovir or valacyclovir
  - Recurrent episodes: valacyclovir or famcyclovir

### Gonorheal infection
- **Recommended Rx**:
  - Adult males and females: ceftriaxone or azithromycin
  - Children (2-8 years): oral ceftriaxone

### Lymphogranuloma venereum
- **Recommended Rx**: doxycycline or azithromycin

### Nongonococcal Urethritis (NGU)
- **Recommended Rx**:
  - Adults: ceftriaxone or azithromycin

### Pediculosis pubis
- **Recommended Rx**:
  - Permethrin 1% cream

### Pubic Inflammatory Disease
- **Recommended Rx**:
  - Ceftriaxone or doxycycline

### Scabies
- **Recommended Rx**: permethrin 5%

### Syphilis
- **Recommended Rx**:
  - Primary, secondary, or early latent < 1 year: penicillin G
  - Late > 1 year, late latent: azithromycin or doxycycline

### Trichomoniasis
- **Recommended Rx**:
  - Metronidazole or ornithine

### Alternative Treatments

**Note**: This table provides a summary of the recommended treatments for various sexually transmitted diseases. Providers should consult the latest guidelines and the CDC's website for the most current and accurate information. The table includes a list of recommended antibiotics, dosages, and alternative treatments when available.
1. The recommended regimens are equally efficacious.
2. These regimens are oral and may include tetracyclines and doxycycline. Refer to product labeling for further information.
3. Should not be administered during pregnancy, lactation, or in children <8 years of age.
4. If patient cannot tolerate high-dose erythromycin ethylsuccinate schedule, change to 250 mg tid for 14 days.
5. If patient cannot tolerate high-dose erythromycin ethylsuccinate schedule, 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 ethylsuccinate is contraindicated during pregnancy.
9. Erythromycin is contraindicated during pregnancy.
10. Patients who do not respond to therapy (within 72 hours) should be re-evaluated.
11. For patients with suspected sexually transmitted infections, close follow-up is essential.
12. No definitive information available on prenatal regimens.
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, oral, and anal warts may require referral to an appropriate specialist.

16. CDC recommends that treatment for uncomplicated gonococcal infections of the cervix, uterus, and/or rectum should include dual therapy, i.e., both a cephalosporin (e.g., ceftriaxone) plus azithromycin.
17. CDC recommends that ceftriaxone in combination with azithromycin or doxycycline be used as an alternative when ceftriaxone is not available.
18. Only ceftriaxone is recommended for the treatment of pharyngitis infection. Providers should report all cases of resistant penicillin.
20. MSM are unlikely to benefit from the addition of trimethoprim.
21. Metronidazole 400 mg orallytid for 7 days is effective against *Trichomonas vaginalis*.
22. PID patients are treated with 3 g single dose.
23. Contraindicated for pregnant or lactating women or children <2 years of age.
24. Do not use after 10 days, 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 dose of metronidazole and tinidazole suggest that tinidazole is equivalent to, or superior to, metronidazole on 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
### MSN Risk Index

**TOTAL SCORE**

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

<table>
<thead>
<tr>
<th>Questions</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How old are you today?</td>
<td>1</td>
</tr>
<tr>
<td>2. In the last 6 months, how many men have you had sex with?</td>
<td>3</td>
</tr>
<tr>
<td>3. In the last 6 months, how many times did you have receptive anal sex?</td>
<td>4</td>
</tr>
<tr>
<td>4. In the last 6 months, how many of your male sex partners were HIV+?</td>
<td>4</td>
</tr>
<tr>
<td>5. If yes, score 6</td>
<td>5</td>
</tr>
<tr>
<td>6. In the last 6 months, have you used methamphetamine or crystal?</td>
<td>6</td>
</tr>
<tr>
<td>7. If no, score 0</td>
<td>7</td>
</tr>
<tr>
<td>8. If yes, score 6</td>
<td>8</td>
</tr>
<tr>
<td>9. In the last 6 months, did you have insertive anal sex?</td>
<td>9</td>
</tr>
<tr>
<td>10. How many times did you have insertive anal sex?</td>
<td>10</td>
</tr>
<tr>
<td>11. If 0, score 0</td>
<td>11</td>
</tr>
<tr>
<td>12. If &gt; 1, score 1</td>
<td>12</td>
</tr>
<tr>
<td>13. If 0, score 0</td>
<td>13</td>
</tr>
<tr>
<td>14. If &gt; 1, score 1</td>
<td>14</td>
</tr>
<tr>
<td>15. If 0, score 0</td>
<td>15</td>
</tr>
<tr>
<td>16. If &gt; 1, score 1</td>
<td>16</td>
</tr>
<tr>
<td>17. If 0, score 0</td>
<td>17</td>
</tr>
<tr>
<td>18. If &gt; 1, score 1</td>
<td>18</td>
</tr>
</tbody>
</table>

**If score is below 10, provide indicated standard HIV prevention services.**

**If score is 10 or greater, evaluate for intensive HIV prevention services including PrEP.**
PREP CLinic Flow and Standard Operating Procedure - Sample
Section 1 Patient/Provider Checklist

Organization/Clinic Name

CHECKLIST FOR INITIATING PREEXPOSURE PROPHYLAXIS (PrEP)

Print name of provider

Print name of patient

Today’s date (month/day/year)

Provider Section

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

☐ Assessment for possible acute HIV infection

☐ Indicated laboratory screening to determine indications for these medications

☐ An HIV risk assessment to determine whether PrEP is indicated for this patient

☐ A medication fact sheet listing dosing instructions and side effects

☐ Counseling or a referral for counseling on condom use and any other HIV risk-reduction methods this patient may need

☐ Advice on methods to help the patient to take medication daily as prescribed

☐ Information about PrEP use during conception and pregnancy (when indicated)

☐ A prescription for Truvada (300 mg tenofovir disoproxil fumarate, 200 mg emtricitabine)

☐ A follow-up appointment date

As the provider, I will:

• Limit refill periods to recommended intervals for repeat HIV testing (at least every 3 months)

• Conduct follow-up visits at least every 3 months that include the following:
  o Assessment of HIV status (including signs or symptoms of acute HIV infection)
  o Assessment of side effects and advice on how to manage them
  o Assessment of medication adherence and counseling to support adherence
  o Assessment of STI symptoms, HIV risk behavior and counseling support for risk-reduction practices

• Inform the patient of any new information about PrEP and respond to questions
**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

---

<table>
<thead>
<tr>
<th>Sexual History: for MEN</th>
<th>Sexual History: for WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 3 months, how many MEN have you had ANAL sex with?</td>
<td>In the past 3 months, how many MEN have you had sex (vaginal/anal) with?</td>
</tr>
<tr>
<td>TOTAL______</td>
<td>TOTAL______</td>
</tr>
<tr>
<td>HIV Positive______</td>
<td>VAGINAL______</td>
</tr>
<tr>
<td>How many had you NOT used condoms:______</td>
<td>ANAL______</td>
</tr>
<tr>
<td></td>
<td>HIV Positive______</td>
</tr>
<tr>
<td></td>
<td>How many had you NOT used condoms:______</td>
</tr>
</tbody>
</table>

---

**Other**

Who referred you to this clinic?________________

Other notes:___________________________
<table>
<thead>
<tr>
<th>PrEP Use/Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many pills did you miss in the last 7 days? _____</td>
</tr>
<tr>
<td>How many pills did you miss in the last 30 days? _____</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Sexual History: for MEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 3 months, how many MEN have you had ANAL sex with:</td>
</tr>
<tr>
<td>TOTAL _____</td>
</tr>
<tr>
<td>HIV Positive _____</td>
</tr>
<tr>
<td>How many had you NOT used condoms: _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual History: for WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 3 months, how many MEN have you had sex (vaginal/anal) with?</td>
</tr>
<tr>
<td>TOTAL _____</td>
</tr>
<tr>
<td>VAGINAL _____</td>
</tr>
<tr>
<td>ANAL _____</td>
</tr>
<tr>
<td>HIV Positive _____</td>
</tr>
<tr>
<td>How many had you NOT used condoms: _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Since your last visit, would you say:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of sex partners has (anal/vaginal):</td>
</tr>
<tr>
<td>□ Decreased   □ Stayed the same   □ Increased   □ Not Applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The number of HIV POSITIVE sexual partners has:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Decreased   □ Stayed the same   □ Increased   □ Not Applicable</td>
</tr>
</tbody>
</table>
Condom use for anal/vaginal sex has:
☐ Decreased  ☐ Stayed the same  ☐ Increased  ☐ Not Applicable

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

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

**Routine Labs**

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

<table>
<thead>
<tr>
<th>Visit</th>
<th>First</th>
<th>3 month</th>
<th>6 month</th>
<th>9 month</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labs</td>
<td>HIV, Hep B/C, BMP w/ GFR, STDs</td>
<td>HIV, STDs, BMP w/ GFR</td>
<td>HIV, STDs, BMP w/ GFR</td>
<td>HIV, STDs</td>
<td>HIV, Hep C, CMP w/ GFR, STDs</td>
</tr>
</tbody>
</table>
**Recommended ICD 10 - CM Codes**

**PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis)**

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

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

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

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

### PrEP-related Codes – 2\(^{nd}\) and Subsequent Visits

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

### PEP-related Codes – Initial and Subsequent Visits

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

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

- 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.

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January 2017
**PrEP-Related Billing Codes**

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

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>Description</th>
<th>ICD-10*</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V69.2</td>
<td>High risk sexual behavior</td>
<td>Z72.5</td>
<td>High risk sexual behavior</td>
</tr>
<tr>
<td>V01.7</td>
<td>Exposure to other viral diseases</td>
<td>Z20.82</td>
<td>Contact with and (suspected) exposure to other viral communicable diseases</td>
</tr>
<tr>
<td>V01</td>
<td>Contact with or exposure to communicable diseases</td>
<td>Z20</td>
<td>Contact with and (suspected) exposure to communicable diseases</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z20.2</td>
<td>Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z20.6</td>
<td>Contact with and (suspected) exposure to HIV</td>
</tr>
<tr>
<td>V15.85</td>
<td>Exposure to potentially hazardous body fluid</td>
<td>Z77.21</td>
<td>Contact with and (suspected) exposure to potentially hazardous body fluids</td>
</tr>
<tr>
<td>E920.5</td>
<td>Needle stick</td>
<td>W46</td>
<td>Contact with hypodermic needle: &quot;the appropriate 7th character is to be added to each from category W46&quot; A-initial encounter, D-subsequent encounter, S-sequela</td>
</tr>
<tr>
<td></td>
<td></td>
<td>W46.0</td>
<td>Contact with hypodermic needle (hypodermic needle stick NOS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>W46.1</td>
<td>Contact with contaminated hypodermic needle</td>
</tr>
<tr>
<td>V01.8</td>
<td>Exposure to other communicable diseases</td>
<td>Z20.8</td>
<td>Contact with and (suspected) exposure to other communicable diseases</td>
</tr>
<tr>
<td>V07.8</td>
<td>Other unspecified prophylactic measure</td>
<td>Z79</td>
<td>Long term (current) drug therapy. Includes long term (current) drug use for prophylactic purposes</td>
</tr>
<tr>
<td>V07.9</td>
<td>Unspecified prophylactic measure</td>
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<td></td>
</tr>
</tbody>
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*Compliance date: October 1, 2015

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

<table>
<thead>
<tr>
<th>Patient Name: ___________________</th>
<th>Date: ___________</th>
<th>Days:</th>
<th>Refills:</th>
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<tr>
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<th>HIV test date:</th>
</tr>
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Sample Electronic Medical Record (EMR) Notes

WUSTL PrEP Program,
Capacity Building,
PrEP Implementation Program
Patient: PREP ZTEST JR
DOB: 07/15/1994
Date of Service: 08/02/2017

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

HPI
Mr. PREP ZTEST is a 23 year old man | MSM | FSM | MSF | without a significant medical history. | with a history of [ ], | No complaints today. | No rectal or penile discharge and no symptoms of acute HIV since last visit. |
| For sexual risk, condom use, substance use, and full medical history, see intake form. |
| No 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, Paroxysmal nocturnal dyspnea |
| BREAST: | Mass/lump, Discharge |
| GASTROINTESTINAL: | Nausea, Vomiting, Diarrhea, Anorexia, Heartburn, Constipation, Incontinence, Hemorrhoids, Anal warts |
| GENITOURINARY: | Dysuria, Frequency, Urgency, Incontinence, Genital ulcers, Genital warts, Sexual dysfunction |
| STD Evaluation: | Vaginal, Penile, Anal Discharge, Lesion |
| MUSCULOSKELETAL: | Joint pain, Stiffness, Back pain, Muscle cramps |
| ADENOPATHY: | Cervical adenopathy, Axillary adenopathy, Unguinal adenopathy |
| SKIN: | Rash, Itching, Hives, Ucers, 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 |

Physical Exam
PHYSICAL EXAM:
| GENERAL: | No acute distress, Chronically ill appearing |
| HEENT: | Pupils equal, round, reactive to light, Extraocular movements intact, No rhinorrhea, Oropharynx |
Patient: PREP ZTEST JR
DOB: 07/15/1994

without thrush or exudate }

{ NECK: [ ] Supple; [ ] No adenopathy; [ ] No thyromegaly; [ ] No carotid bruits }

{ RESPIRATORY/ CHEST: [ ] Clear to auscultation bilaterally; [ ] Rhonchi; [ ] 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 +/- upper extremities; [ ] +/- 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 [ ] [ ] [ ] months to the WUSTL PrEP Program.

Plan

{ [ ] [ ]

{ [ [ [ See above ] [ [ ]

{ [ [ the [ Fellow [ ] Resident [ ] Nurse Practitioner [ ] Physician Assistant [ ] have [ ] reviewed [ ] seen and examined [ ] this patient with Dr. [ ] Babcock [ ] Bailey [ ] Barrette [ ] Bianco [ ] Budge [ ] Christer [ ] Dubberke [ ] Durkin [ ] Escota [ ] Fraser [ ] George [ ] Hamad [ ] Hsuieh [ ] Kimmani [ ] Kuhlmann [ ] Kwon [ ] Lawrence [ ] Muttar [ ] Pande [ ] Patel [ ] Powderly [ ] Presti [ ] Reno ] [ ]

{ [ The supervising MD present in the office suite for Nurse Practitioner/Physician Assistant is Dr. [ ] Babcock [ ] Bailey [ ] Barrette [ ] Bianco [ ] Budge [ ] Christer [ ] Dubberke [ ] Durkin [ ] Escota [ ] Fraser [ ] George [ ] Hamad [ ] Hsuieh [ ] Kimmani [ ] Kuhlmann [ ] Kwon [ ] Lawrence [ ] Muttar [ ] 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.
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, Chills, Night sweats, Heat/Cold Intolerance ] ]
[ [ EYES: Blurred vision, Photophobia, Floaters ] ]
[ [ RESPIRATORY: Dyspnea, Acute cough, Chronic cough, Wheezing ] ]
[ [ CARDIOVASCULAR: Palpitations, Chest pain, Swollen legs/ankles, Orthopnea, Paroxysmal nocturnal dyspnea ] ]
[ [ BREAST: Mass/lump, Discharge ] ]
[ [ GENITOURINARY: Dysuria, Frequency, Urgency, Incontinence, Genital ulcers, Genital warts, Sexual dysfunction ] ]
[ [ 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: I ] ]
[ [ 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; || Roent; || 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 genitai 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. ||\}\}]

[\{\{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 || Blane || Budge || Chrieler || 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 Education Survey

WUSTL PrEP Program,
Capacity Building,
PrEP Implementation Program
SURVEY

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

What is your occupation? Circle one

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

What is your specialty? ______________________

What is your gender? Circle one

1. Female
2. Male

PRE-DISCUSSION/LECTURE

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

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

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

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

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

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

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

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

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!!!
2
Other Resources in Missouri for PROVIDERS and PATIENTS

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

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

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

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

There is.

Ask your doctor if PrEP is right for you.

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

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

PrEP is just one pill a day.

Call to schedule a PrEP appointment

314-362-9098
Pathways to Get PrEP in St. Louis

Seeking PrEP for HIV prevention?

What is your insurance status?

Gateway to Better Health

Private/Medicaid (MO HealthNet) Marketplace (Cover Missouri)

Contact your Primary Doctor to discuss PrEP for HIV prevention

See PrEP Provider list at: http://tinyurl.com/moprepproviders
Call provider to schedule an appointment.

See list of FQHCs to find a doctor:
https://ogi.os.mo.gov/DHSS/medicalFacility

St. Louis resident? Contact Gateway to Better Health
https://stlgbh.com/

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

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

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

Update 08/2017
Tools for PATIENTS

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

WUSTL PrEP Program,
Capacity Building,
PrEP Implementation Program
**What 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.

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**HOW TO TALK TO YOUR DOCTOR ABOUT PrEP**

**Before Your Visit**

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

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

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

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

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

**During Your Visit**

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

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

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

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

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

**After Your Visit**

**Review** your notes or any information provided by your doctor.

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


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

**Schedule** tests or follow-up appointments your doctor requested.

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

**If you feel comfortable**, you may want to discuss this choice with your partners, family, or friends.
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, if your partner injests drugs or is having sex with other people in addition to you) or if you have recently been told by a health care provider that you had a sexually transmitted infection. If your partner has HIV infection, PrEP may be an option to help protect you from getting HIV infection while you try to get pregnant, during pregnancy, or while breastfeeding.

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

- Men who have sex with men who were given PrEP medication to take, were 44% less likely to get HIV infection than were those men who took a pill without any PrEP medicine in it (a placebo). Forty-four percent was an average that included men who didn’t take the medicine every day and those who did. Among the men who said they took most of their daily doses, PrEP reduced the risk of HIV infection by 73% or more, up to 92% for some.

- Among men and women in couples in which one partner had HIV infection and the other partner initially did not (“HIV-discordant” couples), those who received PrEP medication were 75% less likely to become infected than those who took a pill without any medicine in it (a placebo). Among those who said they took most of their daily doses, PrEP reduced the risk of HIV infection by up to 90%.

- In one study of men and women who entered the study as individuals (not as a couple), PrEP worked for both men and women in one study: those who received the medication were 62% less likely to get HIV infection; those who said they took most of their daily doses, were 85% less likely to get HIV infection. But in another study, only about 1 in 4 women (26%) had PrEP medication found in their blood when it was checked. This indicated that few 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 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 you should also use condoms during sex for the most protection from HIV infection.

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

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

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

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

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

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

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

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

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

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

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

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

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

**Not eligible for Medicaid or ACA plans or Insurance denies claim**
- Medication: Bill insurance
- Lab Test: Apply for copay assistance from Gilead or PAF
- Clinic Visits: Bill insurance

**Household Income more than 500% FPL**
- Medication: Bill insurance
- Lab Test: Bill insurance
- Clinic Visits: Bill insurance

**PrEP Medication Assistance Program**

*Gilead Sciences*

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

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

**PrEP Medication Assistance Program**

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<th>Family Size</th>
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<td>$162,850</td>
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*Source: https://www.healthcare.gov/glossary/federal-poverty-level-FPL/
Phone: 800-232-4636
Atlanta, GA 30329-4027 USA
1800-CLEAN Road
and Prevention
Centers for Disease Control

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

Control and Prevention
Centers for Disease

CDC

If you have a concern or don't understand some-

Are you taking PrEP?
Medication to
Stay HIV negative?

Medication Daily
Talks

A Pill A Day
Keeps HIV Away

Still unsure?
Take Charge of Your Health

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

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

Is PrEP All You Need?

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

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

Together, these methods offer more protection.

Is Taking a Pill Daily Tough? You Can Do It

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

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

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

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

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

Medicines for Prevention

PrEP is the newest of many uses of medicine to prevent unwanted health outcomes.

Resources

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

CDC PrEP Patient Brochures
http://www.cdc.gov/hiv/pdf/risk_Prep_TalkingtoDr.pdf
ARE YOU INSURED TO COVER YOUR COSTS FOR PrEP?

YES

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

1. Gilead Advancing Access Co-pay Card
   gileadcopay.com
   877-505-6966
   - $3,600 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 fillers. Some restrictions apply; terms, conditions at gileadcopay.com.

2. Patient Access Network Foundation
   panfoundation.org/hiv-treatment-and-prevention
   866-316-7263
   - $3,600 max/year, re-apply
   - Income <500 FPL ($60,300)
   - Based on taxable income (1040 line 7, 1040 EZ line 1)
   - Must be insured (as listed under "YES" above)
   - Covers co-pays, deductibles and co-insurance
   - US resident
   - Pharmacies can bill PAN Foundation directly

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

3. Patient Advocate Foundation (PAF)
   https://www.copays.org/diseases/hiv-aids-and-prevention
   - $7,500 max/year, re-apply
   - Income <400 FPL ($48,240)
   - Based on taxable income (1040 line 7, 1040 EZ line 1)
   - Must be insured (as listed under "YES" above)
   - Covers co-pays only
   - Proof of US residence (utility bill, etc.)
   - Case managers available to help resolve medical cost issues (800-552-5274)

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 ($30,150). Gold & Platinum plans offer better coverage if you can afford them. Carefully select the right plan for you.

FEB 1 - OCT 31

below 138% FPL / yr
(≤ $15,941)

above 138% FPL / yr
(> $15,941)

NON-RESIDENT/UNDOCUMENTED?

IF NO

Check if you're eligible for your state Medicaid plan.

WHAT'S YOUR INCOME?

below

60,300

above

Enroll in the Gilead MAP, www.truvada.com/truvada-patient-assistance

Retail cost of Truvada

500% FPL
(120% FPL: $57,000)

You can get insurance during the rest of the year for "qualifying life events" such as pregnancy, loss or change of job, change in household size, change in income, recent move, change in citizenship.

What's the date?

FEB 1 - OCT 31

below 138% FPL / yr
(≤ $15,941)

above 138% FPL / yr
(> $15,941)

IF NO

Check if you can get an insurance plan through marketplace/employer.

IF YES

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

- COLORADO: https://tinyurl.com/KcpepAP
- ILLINOIS: https://tinyurl.com/IlprepAP
- MASSACHUSETTS: https://tinyurl.com/MAPrepDAP (cost of drug, services)
- WASHINGTON: http://tinyurl.com/MAPrepDAP (cost of drug)
- NEW YORK: http://tinyurl.com/WYprepAP (cost of services)

On Medicaid?

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

FSA (flexible spending account)

If employer offers an FSA, it can help cover up to $2,550 of out-of-pocket costs.

UPDATING AS OF:
FEBRUARY 10, 2017
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
Healthy Relationships

Health is not just physical. It's also mental and emotional. This program helps you understand how your relationships affect your health and how to build healthy ones.


The Shanti L.I.F.E. Program

Many Voices

Many Men, Many Voices
# Support, Social & Advocacy Groups

Updated 6/7/2016

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<td>Lawrence Lewis</td>
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Gateway to Better Health

Apply

Now!

Apply
today!

Space is limited!

Ask us for more information.

Gateway to Better Health is a temporary program.

December 31, 2013. Please ask your health care provider for more information. Log on to gatewayhealthprogram.com or contact your local Gateway Health Commission for more details. Gateway Health is a partnership between the State of Wisconsin and the Wisconsin Department of Health Services. Gateway Health is sponsored by the Wisconsin Department of Health Services. The Gateway Health program serves uninsured adults.

Apply to Gateway Health.

About benefits:

Gateway to Better Health will be a member of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for continuous quality improvement.

Receive services from your current health care provider.

You will still be able to receive services from your current health care provider.

If you do not qualify for Gateway to Better Health, you may get a dental benefit.

If you are not eligible for Gateway to Better Health, you will be able to apply for the Wisconsin Medicaid program.

If you are eligible for Gateway to Better Health, your application will be screened for eligibility.

Your application will be screened for eligibility.

A NEW Healthcare Program for Uninsured Adults

Apply to 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
COMMUNITY PROJECTS

Community Action Poverty Simulations (CAPS)
A computer simulation provides a unique experience that helps community participants understand what life is like with a shortage of income and a lack of savings.

H20 Program
CASTLC partners with the National Water Company to provide assistance with water bills to prevent disconnection or termination services.

Energy Education (Energy Forums)
CASTLC coordinates a series of energy forums titled "Tips for Saving Money on Your Home Utility Bills: How to Make Your Home More Energy Efficient." These educational forums are conducted throughout the St. Louis area to various diverse groups. Three groups include churches, government officials, schools, and other non-profit service agencies.

Step Up to Leadership
Step Up to Leadership Program helps income-challenged people develop leadership skills through interactive curricula, which cover the value of community participation, goal setting, and non-profit board service. Successful candidates are placed in leadership unnatural ways and officer positions.

Veteran's Stand Down/Stand Up for Veterans
The St. Louis area homeless veterans Stand Down and Stand Up Project provides home services to veterans who are at-risk of becoming homeless.

Home Repair Program
CASTLC works with a variety of great sources to provide funds for specific home repairs for St. Louis County homeowners.

Community Gardens
CASTLC's community garden project sites have been developed throughout the St. Louis area. Each garden provides fresh produce accessible and玖玖食効的 available for residents. Community garden members are engaged in the maintenance of the garden(s) at each site. Our community gardens provide an opportunity for neighborhood social interaction, produce community food, and maximize family food security.

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. CASTLC certified application counselors and navigators provide personalized, technical assistance with the enrollment process.

Job Fairs
The Job Fair Program is an annual job fair program that is held in the St. Louis area. The program is open to all job seekers and employers.

Health Services Program
CASTLC's Health Services Program utilizes case management and school presentations to communicate the importance of staying healthy and getting a high school diploma. Children are referred to this program due to obesity, low income, and/or discipline issues.

Healthy Homes
As part of our mission, CASTLC works to reduce health risks and improve the quality of life for residents. CASTLC's Healthy Homes Initiative provides a variety of services to help residents improve their living conditions.

Youth Services Program
The Youth Services Program utilizes case management and school presentations to communicate the importance of staying healthy and getting a high school diploma. Children are referred to this program due to obesity, low income, and/or discipline issues.

Drug and Alcohol Education and Prevention
CASTLC collaborates with the Clayton Correctional Facility to implement an employment readiness curriculum to offenders in the correctional system.

Prisoner Reentry/Employment Connection
CASTLC collaborates with the Clayton Correctional Facility to implement an employment readiness curriculum to offenders in the correctional system.

Drug and Alcohol Education and Prevention
CASTLC collaborates with the Clayton Correctional Facility to implement an employment readiness curriculum to offenders in the correctional system.

FAMILY DEVELOPMENT

Employment Development Program
CASTLC's Employment Development Program makes job search, career exploration, and retraining opportunities available to job seekers. CASTLC helps job seekers develop the skills needed to succeed in the job market.

Family Case Management
CASTLC's Family Case Management Program helps families with low income to access government assistance programs.

Holiday Programs
CASTLC participates in numerous holiday programs and hands out gifts to local families.

Food Pantry
CASTLC collaborates with the St. Louis Area Food Bank and other organizations to provide food and other basic needs to individuals and families in need.

Teen Farm Intern Program
CASTLC's Teen Farm Intern Program offers paid, on-the-job training opportunities to young farmers. The program provides educational opportunities and helps young farmers develop leadership skills in sustainable agriculture.

HOUSING ASSISTANCE

Individual Development Account
The IDA program is a personal development program that provides funds for individuals to benefit from a financial literacy program.

Rent and Mortgage Assistance
CASTLC provides rent and mortgage assistance to families who are in need of financial assistance.

Housing Counseling
CASTLC provides housing counseling services to help individuals understand their options and make informed decisions about their housing needs.