

Report and Recommendations to Increase Awareness of Financial Support for PrEP and PEP (2019) 2SSB 5602

Helping Washingtonians navigate,
understand, and obtain
medications to prevent HIV
transmission



December 2019



Title VI Notice to Public

It is the Washington State Department of Health's (DOH) policy to ensure that no person shall, on the grounds of race, color, national origin or sex, as provided by Title VI of the Civil Rights Act of 1964, be excluded from participation in, be denied the benefits of, or be otherwise discriminated against under any of its federally funded programs and activities. Any person who believes their Title VI protection has been violated, may file a complaint with DOH's Office for Civil Rights & Risk Management (CRRM). For additional information regarding Title VI complaint procedures or information regarding our non-discrimination obligations, please contact CRRM's Title VI Coordinator at 800-525-0187 or by email at civil.rights@doh.wa.gov. People who are deaf or hard of hearing may call the Washington Relay Service at TTY 711. For people with disabilities, this document is available in other formats. Please call 800-525- 0127 (TTY 711) or email civil.rights@doh.wa.gov.

For persons with disabilities, this document is available in other formats.

Please call 800-525-0127 (TTY 711) or email civil.rights@doh.wa.gov.

Publication Number 430-078 December 2019

For more information or additional copies of this report:

Division of Disease Control and Health Statistics

Office of Infectious Disease

Tumwater, WA 98501

360.236.3389

360.664.2216 (fax)

PrEPDAP@doh.wa.gov

John Wiesman, DrPH

Secretary of Health

Table of Contents

TITLE VI NOTICE TO PUBLIC	1
EXECUTIVE SUMMARY	3
ABOUT THE RECOMMENDATIONS	4
BACKGROUND: INTERVENTIONS AND MEDICATIONS TO PREVENT HIV TRANSMISSION	4
INTRODUCTION	5
PREP AND PEP COVERAGE AND FINANCIAL SUPPORT LANDSCAPE	6
<i>DOH's Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP)</i>	6
<i>Worker's Compensation and Crime Victims Programs</i>	7
<i>Medicaid</i>	7
<i>Medicare and Health Insurance</i>	8
<i>Additional Financial Support Resources</i>	8
CHALLENGES	8
RECOMMENDATIONS	9
RECOMMENDATION 1: PROMOTE DOH'S PREP FINANCIAL ASSISTANCE PROGRAM, SERVICES OFFERED BY L&I, AND FINANCIAL ASSISTANCE PROGRAMS OFFERED BY DRUG MANUFACTURERS AND FOUNDATIONS.	10
RECOMMENDATION 2: OBTAIN INPUT FROM IMPACTED POPULATIONS AND COMMUNITIES TO MEET UNIQUE NEEDS OF KEY POPULATIONS.	11
RECOMMENDATION 3: EXPLORE STRATEGIES TO IMPROVE CONTINUITY OF PEP WHEN INITIATED IN HOSPITAL AND URGENT CARE SETTINGS.	12
RECOMMENDATION 4: DOH TO SUPPORT AND ENCOURAGE INSURANCE PLANS TO INCLUDE COVERAGE FOR THE PROVISION OF PREP AS DESCRIBED IN THE US PUBLIC HEALTH SERVICES GUIDELINES (PREP GUIDELINES).	12
LOOKING AHEAD	13
CONCLUSION	14
APPENDIX	15
APPENDIX A: PREP DAP BROCHURE (PAGE 2)	15
APPENDIX B: PATIENT ASSISTANCE PROGRAMS FOR PREP AND PEP	16
APPENDIX C: DOH STRATEGIES TO INCREASE AWARENESS OF PREP AND FINANCIAL ASSISTANCE PROGRAMS	17

Executive Summary

Many people who could benefit from HIV prevention medications are not aware of them¹ or the financial support available to help them afford them. Studies show that patients who cannot afford medications or recommended health care services do not use medications as directed². Health insurance can reduce the cost of medications, but the out-of-pocket costs for HIV prevention medications can be as much as \$2,000 per month, and out-of-pocket costs for medical and laboratory services can be as much as \$1,600 per year³.

HIV-related stigma and health disparities are key barriers to access and affordability of HIV medications. Populations at highest risk for HIV have experienced oppression and social injustices, which have led to a lack of trust in the health care delivery system and lower use of primary care. These recommendations were developed with these barriers and experiences in mind.

Second Substitute Senate Bill 5602 ([2SSB 5602](#)) directs the Department of Health (DOH) to develop recommendations to increase awareness about financial support available for HIV prevention medications, Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP).

This report provides information about interventions to prevent HIV transmission, describes financial support resources for PrEP and PEP, and recommends the following strategies to increase awareness of financial support for PrEP and PEP:

- 1) Promote DOH's PrEP financial assistance program, services offered by Labor and Industries and financial assistance programs offered by drug manufacturers and foundations.
- 2) Obtain input from impacted populations and communities to better meet their unique needs.
- 3) Explore strategies to improve continuity of PEP when initiated in hospital and urgent care settings.
- 4) DOH supports and encourages insurance plans to include coverage for the provision of PrEP as described in the US Public Health Services Guidelines (PrEP Guidelines).

¹ Kaiser Family Foundation, HIV/AIDS In The Lives Of Gay And Bisexual Men In The United States, Sep 25, 2014, available online at: <https://www.kff.org/hiv/aids/report/hiv-aids-in-the-lives-of-gay-and-bisexual-men-in-the-united-states/>

² Howard LeWine, M.D., "Millions of adults skip medications due to their high cost", Harvard Health Blog, January 30, 2015, available online at: <https://www.health.harvard.edu/blog/millions-skip-medications-due-to-their-high-cost-201501307673>

³ PrEP drug costs: Shefali Luthra, Anna Gorman, "Out-Of-Pocket Costs Put HIV Prevention Drug Out Of Reach For Many At Risk", Kaiser Health News, July 3, 2018, available online at: <https://khn.org/news/out-of-pocket-costs-put-hiv-prevention-drug-out-of-reach-for-many-at-risk/>

About the Recommendations

DOH consulted with the Health Care Authority (HCA), the Health Benefit Exchange (HBE), the State Board of Health (SBOH), Department of Labor & Industries (L&I), and the Office of the Insurance Commissioner (OIC) to obtain input and feedback related to outreach and education to affected populations.

DOH administers a financial support program for PrEP; however, it has not been widely promoted. The program does not provide assistance for PEP, so DOH consulted with L&I—as well as organizations and foundations that offer financial support and/or benefits to help people pay for PEP—to inform sections in this report related to financial support for PEP.

Background: Interventions and Medications to Prevent HIV Transmission

The US Food and Drug Administration (FDA) approved the first medication to prevent HIV acquisition for non-occupational exposures in 2012, and the [US Public Health Services Guidelines](#) were updated with guidance for Pre- and Post-Exposure Prophylaxis for HIV-1 in 2013. Studies have shown that PrEP, when taken daily, reduces the risk of getting HIV from sex by about 99 percent and reduces the risk of getting HIV among people who inject drugs by at least 74 percent⁴.

Pre-Exposure Prophylaxis (PrEP) is an HIV prevention intervention used by people who do not have HIV and have a sex partner who is living with HIV; have sex with people whose HIV status is unknown; or share injection drug equipment. It requires an evaluation and prescription from a clinician, quarterly laboratory tests, and taking a daily pill to reduce the risk of acquiring HIV from sex or needle sharing. There are currently two FDA-approved medications for PrEP and a generic option is expected to be available by 2021.

Post-Exposure Prophylaxis (PEP) is an HIV prevention intervention used by people who do not have HIV but may have been exposed to HIV during sex, at work through blood or bodily fluids, by sharing injection drug equipment, or during a sexual assault⁵. It requires an evaluation from a clinician, laboratory tests, and taking a 28-day course of treatment after potential exposure to HIV to prevent acquiring HIV. Treatment must begin within 72 hours of possible exposure and is typically administered in hospital or urgent care settings. PEP includes follow-up medical and laboratory services for up to six months after starting the regimen. It is critical that people are aware of the limited time period available to initiate PEP.

⁴ Center of Disease Control and Prevention, “Pre-Exposure Prophylaxis (PrEP)”, Center of Disease Control and Prevention HIV, July 2019, available online at: <https://www.cdc.gov/hiv/risk/prep/>

⁵ Center of Disease Control and Prevention, “PEP HIV Basics”, Center of Disease Control and Prevention HIV, July 2019, available online at: <https://www.cdc.gov/hiv/basics/pep.html>

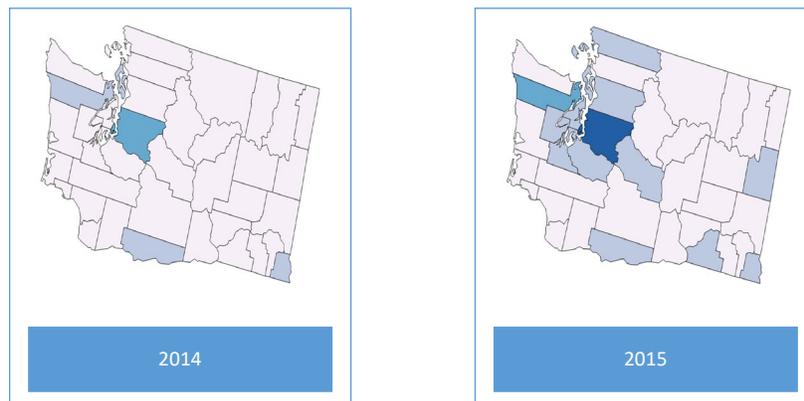
There are two recommended uses for PEP. The first is **Occupational Post-Exposure Prophylaxis** (oPEP), for employees such as health care workers who have had possible exposure to HIV in the workplace through contact with blood or bodily fluids. The other is **Non-Occupational Post-Exposure Prophylaxis** (nPEP), a CDC-approved prevention strategy since 2005, which is recommended for people possibly exposed to HIV through unprotected sex, exposure to blood or bodily fluids, or sharing injection drug-related equipment and supplies.

Introduction

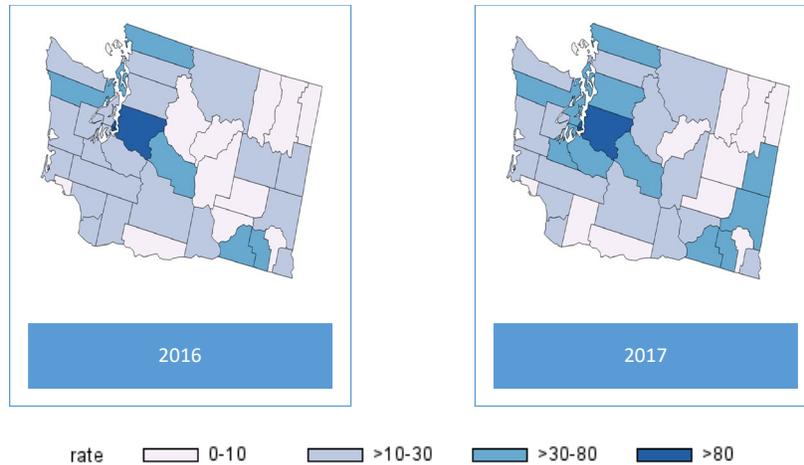
An estimated 14,500 people are living with HIV in Washington state, and each year approximately 450-500 people are newly diagnosed with HIV infection. There are no cures or vaccines for HIV. In the absence of a cure or vaccine, using medication to prevent disease transmission is an important public health measure (similar to pre-exposure treatment for malaria and influenza). Timeliness is key to effectiveness when it comes to PrEP and PEP usage.

PrEP is underused nationally⁶ and here in Washington, but its use is increasing across the state. This is reflected in the charts below, which show use by county between 2014 and 2017. DOH estimates 27,000-47,000 people in Washington could benefit from PrEP. While there is no single data source that monitors PrEP or PEP use in Washington, DOH estimates 5,000-11,000 people used PrEP in 2017. Currently, there are no reported estimates or data sources for the number of people who may need or have used PEP in Washington or nationally.

Estimates of PrEP Use by People with Health Insurance by County* Between 2014 and 2017



⁶ Center of Disease Control and Prevention, CDC Vital Signs, December 2019, <https://www.cdc.gov/vitalsigns/test-treat-prevent/>



Source: DOH analysis of Washington State All Payer Claims Database, 2019

PrEP and PEP Coverage and Financial Support Landscape

Many health insurance policies include coverage for PrEP and PEP, but patients should be aware of out-of-pocket costs for medication and medical and laboratory services since these costs can be unpredictable and unaffordable. Manufacturers of the PEP and PrEP drugs, national foundations, and state agencies offer several financial support options to help people pay for PrEP and PEP.

The PrEP landscape is shifting as a result of recent recommendations from the United States Preventive Services Task Force (USPSTF) for no-cost PrEP provided in primary care settings. The Office of the Insurance Commissioner (OIC) shared information about how and when these coverage changes may be implemented. Finally, new PrEP medications and financial support options are emerging, so DOH obtained input from contracted HIV prevention partners, stakeholders from the HIV Planning Steering Group (HPSG), and the HPSG Clinical Advisory Committee to better understand challenges and barriers of access?

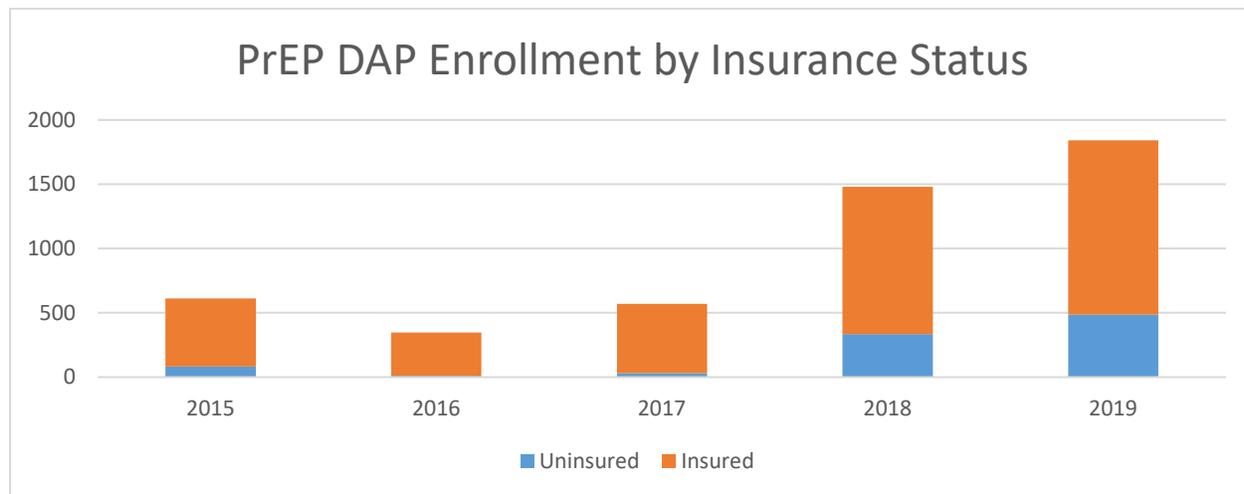
DOH's Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP)

Washington was the first state to administer a PrEP drug assistance program. The Pre-Exposure Prophylaxis Drug Assistance Program ([PrEP DAP](#)) is for Washingtonians who are prescribed PrEP. PrEP DAP pays the enrollees' portion of allowed PrEP-related costs as described below ([formulary](#), [covered services](#)). It provides financial support to individuals with or without insurance. (See [Appendix A](#) for the PrEP DAP program brochure)

PrEP DAP also maintains a network of contracted providers across the state to serve enrollees. For enrollees with insurance, the program pays for out-of-pocket costs for PrEP-related drugs, medical services, and lab services. All applicants must use their health insurance coverage and apply for patient assistance programs offered by drug manufacturers and use those benefits

first. For enrollees who cannot access insurance (e.g., outside of open enrollment periods), the program pays for the recommended PrEP-related medical and laboratory services, and enrollees are expected to use a patient assistance program for help paying for PrEP medication. ([Appendix B](#))

Program enrollment has steadily increased even though the program has not been widely promoted. As of November 2019, there were 1,841 enrollees. DOH will increase efforts to promote PrEP DAP and share information about PrEP and financial support options to increase awareness of PrEP, PrEP DAP, PEP, and resources to help pay for PEP.



Worker’s Compensation and Crime Victims Programs

PrEP DAP does not provide assistance for PEP. L&I shared information about assistance available for services related to exposure to HIV in some circumstances. L&I provides information about services offered by their programs to key partners and on their website. They can provide assistance paying for services related to exposure to HIV in specific circumstances such as:

- For workers occupationally exposed to HIV, Worker’s Compensation insurance coverage⁷ pays for medically necessary PEP services.
- For individuals who have been exposed to HIV as a result of a crime, the Crime Victims Program covers medically necessary PEP services.

Medicaid

Medicaid Fee-for-Service (FFS) and Apple Health (managed care) provide full coverage for PrEP, PEP, and HIV prevention-related medical and laboratory services for eligible patients.

⁷ Industrial insurance coverage in Washington State is limited in liability. Reimbursement for these services is subject to laws and regulations governing workers’ compensation insurance (Title 51 RCW.)

Medicare and Health Insurance

Access to comprehensive health insurance can drastically reduce the cost of PrEP and PEP medications and HIV prevention-related medical and laboratory services. Medicare and most insurance companies provide coverage for PrEP, PEP, and HIV prevention-related care; however, patients may be responsible for out-of-pocket costs up to \$2,000 per month.

Additional Financial Support Resources

- HIV prevention drug manufacturers and national foundations administer patient financial assistance programs that can assist most people who need additional help paying for PrEP and PEP ([Appendix B](#)).
- Charity care through hospitals might be another option for individuals who cannot afford PEP and related services and qualify for charity care
- [Some clinics and organizations](#) provide testing for all PrEP-related required medical and laboratory services. A statewide directory for PrEP prescribers contracted with PrEP DAP is on the [PrEP DAP website](#).

Challenges

PrEP and PEP interventions are expensive. Studies show that patients who cannot afford the medications or recommended medical and laboratory services do not use the medications as directed. They also may struggle with adherence, or discontinue use, which may result in continued risk of acquiring HIV.

Washington has a very low uninsured rate; however, navigating coverage and financial support for HIV prevention interventions is a complex process for patients, and some reports state that many people who could benefit from PrEP do not regularly see a doctor because they believe that they are healthy or will be treated differently based on race or socioeconomic status⁸. DOH funds [HIV Prevention Navigation Agencies](#) that help link people who want to use HIV prevention medications to PrEP-related services, counseling, and financial assistance programs. PrEP navigators can also serve as a resource for health care providers and clinics that do not have capacity or resources to assist patients who need financial assistance for PrEP; however, these services have been underused. HIV Prevention Navigators, sometimes referred to as “PrEP Navigators,” work in community-based organizations and are trained to help people find a health care provider and sign up for coverage and financial support programs for PrEP.

⁸ Monique Tello, MD, MPH, “Racism and discrimination in health care: Providers and patients” Harvard Healthbeat, JANUARY 16, 2017, available online at: <https://www.health.harvard.edu/blog/racism-discrimination-health-care-providers-patients-2017011611015>

Concerns about the safety of Truvada® for PrEP due to potential side effects for some patients are driving some patients to request access to a different PrEP medication that may not be necessary and may be more expensive.

People who believe that they have been exposed to HIV could benefit from PEP. PEP is typically administered in hospital and urgent care settings, but patients and partners report that information about accessing the full dose of medication needed and how to pay for it is not clear.

Some people who would benefit from PrEP are also disproportionately affected by HIV, hepatitis C, sexually transmitted infections, substance use, and many other comorbidities ([Center for Key Populations](#)). It is critical to consider these multifaceted factors when engaging these populations. DOH has received reports from contractors, patients, and clients describing differences in attitudes about HIV and sexual health between western and eastern Washington and urban and rural communities. Eastern Washington and rural communities have unique social and health issues that lead to poorer health outcomes⁹. These factors create systemic barriers and typically result in patients seeking HIV prevention interventions in facilities and settings that may not be able to provide the full range of health care services needed.

A combined strategic approach is necessary to continue reducing new HIV infections in Washington.

Recommendations

The following recommendations should be used as a guide to increase awareness about DOH's PrEP DAP program and other PrEP and PEP financial support options, community outreach, and engagement activities, and to improve access to PrEP and PEP. We solicited stakeholder feedback about barriers to HIV prevention interventions and received suggestions about how we can partner to support efforts to increase awareness. Recommendations one and four include activities proposed by the Health Benefit Exchange and the Office of the Insurance Commissioner to increase awareness and improve access. Through these actions, impacted populations will be able to:

- Know that PrEP and PEP medications are safe and effective.
- Know how to participate in stakeholder and community engagement activities to provide input and inform awareness activities and campaigns.
- Know who to contact to learn more about PrEP and PEP financial support options.

⁹ Christina Verheul, Elson, S. "Report shows mortality, health disparities in Washington", Floyd College of Medicine, Washington State University, January 29, 2019, available online at: <https://news.wsu.edu/2019/01/29/college-medicine-report-shows-higher-mortality-rates-worse-health-outcomes-eastern-vs-western-washington/>

- Have access to applications for financial support that include clear instructions and can be quickly and easily accessed in various languages.
- Receive information about PrEP, PEP, and financial support options in all settings where PrEP and PEP are offered.
- Report changes about their use of PrEP and PEP to their health care provider.

Recommendation 1: Promote DOH’s PrEP financial assistance program, services offered by L&I, and financial assistance programs offered by drug manufacturers and foundations.

Information about DOH and L&I programs should be promoted in all settings where PrEP and PEP are discussed or offered. Outreach and education efforts to increase awareness about financial support for PrEP and PEP should focus on key populations that are disproportionately impacted by HIV and community and health systems that serve them. The [World Health Organization](#) recognizes these key groups as carrying the highest burden of and risk for HIV infection:

- Men who have sex with men (MSM) and the LGBTQ+ population
- People who use and/or inject drugs
- People experiencing homelessness or housing instability
- People who were recently incarcerated
- People who engage in transactional sex
- People of color who may benefit from PrEP or PEP
 - African Americans and Latinos make up about two-thirds of people who stand to benefit from PrEP. Thirty-nine percent of LGBTQ adults identify as people of color, including 15 percent who identify as Latinx, 11 percent as Black, two percent as Asian Pacific Islander, and one percent as Native American. This is more diverse than the overall U.S. adult population, which is 65 percent white¹⁰.

Patient assistance programs can help people pay for PrEP and PEP, but this information is not routinely shared with patients. To increase awareness of financial support options:

- Information about these programs should be easily accessible in health care and community-based settings and online.
- Publications, advertisements, and organizations should limit or reduce the use of acronyms when communicating with communities and impacted populations and follow recommended health literacy practices and culturally and linguistically appropriate services ([CLAS](#)) standards.
- Information about PrEP and PEP options and the safety and efficacy of PrEP medications should be included.

¹⁰ University of California Los Angeles School of Law, “LGBT Data and Demographics Washington”, January 2019, available online at: <http://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=53#density>

- DOH will promote and share information about PrEP DAP with impacted populations and partners through improvements to websites and web-based resources, training, technical assistance, educational materials, and coordinating with partners to amplify messages and information to the public. Detailed strategies are located in [Appendix C](#).
- L&I will continue to share information on their website informing partners of the circumstances under which PEP is payable through industrial insurance. It will also review, on request, DOH educational and outreach materials for conformance with industrial insurance policies and procedures.

Activities to be shared by the Health Benefit Exchange (HBE)

- Partner with DOH to develop training tools and resources for consumer assistors.
- Amplify messaging and educate the public through an advertising campaign including an informational website, digital media campaign, and public service announcement traditional advertisements.
- Research whether the National Alliance of State and Territorial AIDS Directors' (NASTAD) PrEP cost calculator has features that could enhance the consumer decision support tool in Washington *Healthplanfinder*.
- Explore how the Washington *Healthplanfinder* application could be enhanced to help connect relevant consumers to information about programs that provide financial support for PrEP and PEP.
- Explore how improved coordination between the *HIV Prevention Navigator* program and the HBE *Navigator* program could help increase awareness about financial support for PrEP and PEP, to include analysis of how the Washington *Healthplanfinder* navigator search feature could be enhanced to distinguish navigators who have also completed *HIV Prevention Navigator* training.
- Explore how the HBE could leverage its experience determining eligibility for and referring consumers to applicable federal and state health programs to more directly connect relevant consumers to programs that provide financial support for PrEP and PEP.

Recommendation 2: Obtain input from impacted populations and communities to meet unique needs of key populations.

Efforts to increase awareness about financial support for PrEP and PEP should include impacted populations and communities in the planning and implementation of outreach activities. Community engagement¹¹, the practice of involving communities in planning, design, implementation, and evaluation of activities and policy decisions that affect them, has been a

¹¹ Maria Courogen, National Alliance of State and Territorial AIDS Directors, "How Meaningful Community Engagement Can Help End HIV" NASTAD Blog, March 9, 2015, available online at: <https://www.nastad.org/blog/how-meaningful-community-engagement-can-help-end-hiv>

cornerstone of HIV prevention planning for more than two decades. To further this goal, DOH will:

- Prioritize investments in community engagement, support activities that ensure community voices are heard, and ensure unique needs are identified and addressed.
- Serve as a convener and facilitator between communities and national, state, and local partners to increase, promote, and support outreach activities that include meaningful community engagement.

Recommendation 3: Explore strategies to improve continuity of PEP when initiated in hospital and urgent care settings.

Contractors, providers, and patients report challenges related to PEP initiated in hospital and urgent care settings. Specifically, when PEP is initiated in most hospital and urgent care settings, patients typically receive only their first dose and a prescription for the remainder of the 28-day regimen. They are sent to the pharmacy without support or knowledge on how much the prescription will cost or that there are programs that can provide financial assistance, which can create a barrier for the patient. To address barriers related to PEP use in these settings, DOH should:

- Convene partners to discuss and better understand the gaps associated with PEP initiated in these settings and identify strategies to improve continuity of care.
- Share information about the availability of PrEP and PEP in hospital facilities with HIV contractors and partners to increase awareness and partnership opportunities.

Recommendation 4: DOH to support and encourage insurance plans to include coverage for the provision of PrEP as described in the US Public Health Services Guidelines (PrEP Guidelines).

In June 2019, the [USPSTF](#) issued a “grade A” recommendation for PrEP and HIV testing. Under the Patient Protection and Affordable Care Act (ACA), preventive services with a USPSTF grade of A or B must be covered by [qualified health plans](#) and many other plans without cost sharing (i.e. deductibles, co-pays, or coinsurance). The [USPSTF’s PrEP recommendation](#) should be implemented by 2021 and reduce or eliminate barriers related to medication cost for many people with insurance. Additionally, the USPSTF PrEP recommendations primarily focus on defining “high-risk populations” rather than the provision of PrEP. Since PrEP is an HIV prevention intervention, not just a medication, DOH supports and encourages insurance plans to include coverage for the provision of PrEP as described in the [latest PrEP guidelines](#). DOH will post information about gaps in insurance coverage for PrEP-related services on their website and share it with key partners, including insurers.

Activities to be shared by the Office of the Insurance Commissioner

- Share and consult with DOH on analyses of USPSTF infectious disease-related recommendations.
- Partner with DOH to identify and track possible gaps in coverage (?).

Looking Ahead

The PrEP landscape is shifting nationally and locally, which may impact DOH's PrEP DAP program. The following are examples of issues DOH is monitoring.

The implementation of the USPSTF recommendations for PrEP may result in fewer people needing assistance from DOH to pay for medication, but more people may need help paying for medical and lab services.

The stability of the ACA is uncertain. This instability may result in fewer insured Washingtonians, which could create a higher demand for assistance from DOH and potential policy changes related to insurance coverage requirements.

The availability of brand versus generic PrEP could impact which medications DOH can help pay for due to program budget limitations. PrEP DAP clients are required to apply for and deplete their benefits from the *Gilead Co-pay Assistance* and *Medication Assistance Programs* before PrEP DAP provides financial assistance for PrEP. If all PrEP agents (particularly generic formulas) are not eligible for these types of assistance programs, then PrEP DAP may need to limit the number of people who can be served or make changes to the type of support that is available. PrEP DAP and HCA are partnering to align coverage and coverage policies for PrEP drugs. No decisions about which PrEP drugs will be available as "preferred" have been made at the time of this report.

Patient choice, patient perception, and fear could result in fewer patients using lower cost PrEP medications (Truvada® or generics).

- Fewer patients may use Truvada® since the latest PrEP medication (Descovy®) was approved by the FDA this year and a generic option of Truvada® is expected to be released in 2020.
- Patient perception and fear of side effects related to Truvada® is growing. There is a class action law suit related to the safety of Truvada® which could result in fewer patients using it even if it costs less and a change in medication is not clinically recommended.
- As part of the national [Ending the HIV Epidemic \(EHE\): A Plan for America](#) initiative, *Ready, Set, PrEP* launched in early December 2019. *Ready, Set, PrEP* will increase access to PrEP for patients who have a valid social security number, are prescribed PrEP, lack prescription coverage, and have not been enrolled in a Gilead medication assistance program for the past 12 months. Applicants will also be required to consent to a credit report check. Since, Washington state has a low uninsured rate, an existing PrEP drug

assistance program, and agencies that help people apply for financial assistance, many people who need help paying for PrEP will not be eligible.

- If the national EHE) initiative is funded, King County has been identified as a [geographic focus area](#) and would receive funding to expand HIV prevention and treatment activities.

Conclusion

There are several financial support options to help people pay for PrEP and PEP, but this information is not routinely shared. Information about these programs should be easily accessible in health care and community support settings and online.

Though major advancements in HIV treatment and prevention have been made over the last 25 years, there is still much to do to keep Washingtonians healthy and prevent HIV transmission. Washington state can reduce HIV transmission by increasing awareness of resources available to help pay for PrEP and PEP and ensuring that community and clinical partners have the information and training needed to serve people who need PrEP and PEP.

DOH has identified strategies to implement the recommendations (Appendix C). Additionally, DOH is committed to working with partners to ensure impacted populations have the information they need to access and pay for PrEP and PEP. PrEP DAP can help pay for PrEP and PrEP-related care; Workers' Compensation insurance and Crime Victims programs can pay for medically necessary PEP; and Medicaid covers PrEP, PEP, and HIV prevention-related services. As part of developing this report, DOH and L&I have committed to partnering on strategies to increase awareness about these programs.

We have also developed many recommendations that we look forward to exploring with our sister agencies, providers, and partners.

Appendix

Appendix A: PrEP DAP Brochure (Page 2)

What is PrEP?

Pre-Exposure Prophylaxis (PrEP) is a method of HIV Prevention that requires someone not currently living with HIV to take a daily pill to help reduce the risk of contracting the virus. When used as prescribed, PrEP has been shown to drastically reduce the risk of HIV-1 infection among adult men and women. TRUVADA® as PrEP was approved in 2012 by the Federal Drug Administration.



PrEP does not protect against STDs, so condoms are still recommended for STD prevention.

What is PrEP DAP?

PrEP DAP is an assistance program created for Washingtonians who are HIV-negative, at risk of contracting HIV, and who are prescribed PrEP. PrEP DAP pays the enrollees portion of allowed PrEP-related costs:

- Medical & Lab Visits
- Medications*

The list of Covered Services and Formulary is on our website:
www.doh.wa.gov/prepdap

Should I take PrEP?

Are you a person who has/have:

Had sex with a man/men and have one or more of the following in the last 12 months:

- Diagnosed with gonorrhea, chlamydia or syphilis
- Used methamphetamine
- Used poppers
- Had sex without a condom

Had an ongoing sexual relationship with someone who is living with HIV and:

- That person is on antiretroviral therapy, but are not virally suppressed for more than 6 months
- The female partner is trying to get pregnant and the male partner is not virally suppressed

Had sex for money, drugs, food, shelter, or transportation in the last 12 months

Used injection drugs that are not prescribed by a medical provider in the last 12 months

Eligibility Requirements

To be eligible for PrEP DAP, you must:

- Test negative for HIV
- Live in Washington State
- Have a note from your doctor stating your eligibility for a PrEP Prescription

How do I Apply?

You can apply for PrEP DAP by completing the online application.

To access to the online application and instructions, go to:
www.doh.wa.gov/prepdapapplication

If you need assistance, you can contact a Prevention Navigation Agency listed on the back.

Paper applications are available on our website or by contacting our office.

PrEP DAP will help pay the enrollees portion of their PrEP related medical visits, lab tests and medications as long as:

- The enrollee is eligible for PrEP DAP on the date they are seen by their provider**
- The enrollee is seen by a PrEP DAP contracted medical provider
- The enrollee was seen for an allowed service
- The enrollee goes to a PrEP DAP contracted pharmacy
- The enrollee is prescribed medication(s)* that are on our approved list

** Eligibility begins the first day of the month that the application is submitted. If eligibility hasn't been established at the time of the office visit, the application will need to be resubmitted in the same month for services to be covered.

*Some enrollees may be required to use a Patient Assistance Program with Otsuka for their Truvada® prescription prior to using PrEP DAP. These enrollees will, however, have access to the other medications on the PrEP DAP formulary during that time. We will notify the enrollee at enrollment if this applies to them.

Appendix B: Patient Assistance Programs for PrEP and PEP

Patient Assistance Programs for PrEP

Patient Assistance Programs for PEP

Company	Website	Company	Website
Washington State Department of Health Pre-Exposure Prophylaxis Drug Assistance Program	www.doh.wa.gov/PrEPDAP	Abbvie Agent: Kaletra	www.abbviepaf.org/index.cfm
Gilead Co-Pay Assistance Program	https://www.gileadadvancingaccess.com/copay-coupon-card/enrollment	Bristol-Myers Squibb Agent: Reyataz	www.bms.com
Gilead Medication Assistance Program	https://services.gileadhiv.com/content/pdf/gilead_enrollment_form.pdf	Gilead Agents: Truvada, Emtriva and Viread	www.gileadadvancingaccess.com
Gilead iAssist	https://gileadimmediateadvancingaccess.iassist.com/	Janssen Agent: Prezista	www.jjpaf.org
PAN (Patient Access Network) Foundation (Medicare Patients Only)	https://panfoundation.org/index.php/en/patients/assistance-programs/hiv-treatment-and-prevention	Merck and Co. Agent: Isentress	www.merckhelps.com/ISENTRESS
Patient Advocate Foundation Co-pay Relief Program	https://www.copays.org/diseases/hiv-aids-and-prevention	ViiV Healthcare Agents: Epivir, Lexiva, Retrovir, and Tivicay	www.viivconnect.com
GoodDays (Medicare or Military Insurance Only)	https://www.mygooddays.org/patients/diseases-covered/hiv-aids-treatment-and-prevention		

Appendix C: DOH Strategies to Increase Awareness of PrEP and Financial Assistance Programs

- Ensure that PrEP financial support training resources are available and updated at least annually to reflect current status of programs and resources.
- Develop PrEP-focused financial support training tools and resources for impacted populations, members of the health care workforce, HIV Prevention Navigators, existing public health field services personnel, and community-based organization contractors.
- Partner with the HBE to develop training tools and resources for insurance assistors and Navigators.
- Publish and promote PrEP and PEP financial assistance information through social media messages and alerts, media campaigns, and the HIV prevention customer service line.
- Recommend DOH public health field services personnel use and refer patients to PrEP Navigation services and organizations.
- Train contracted HIV Prevention Navigators on PrEP-specific financial support resources and challenging issues related to gaps in coverage.
 - Provide training on PrEP financing support resources for communities.
 - Develop HIV Prevention Navigation curriculum that includes benefits Navigation competencies for PrEP and financial support.
 - Explore PrEP Navigation Certification.
- Recommend inclusion of information about PrEP and PEP interventions and financial support options in health care residency programs.
- Maintain a website that hosts clinical guidance, best practice, and health education and promotion information for PrEP, PEP, and help paying for it.
- Centralize information about financial support options for PrEP and PEP through a web-based directory.

