

End HIV Oregon Toolkit: HIV Pre-Exposure Prophylaxis (PrEP) Coverage Guide

November 2021



Purpose

Access to PrEP is a key component of Oregon’s End HIV Oregon campaign. The state of Oregon funds our local health authorities and some community-based organizations to promote PrEP use and assist with PrEP navigation services. This guide is designed to help anyone interested in supporting people who want access to HIV Pre-Exposure Prophylaxis, commonly known as PrEP, including health providers and people working to end HIV in Oregon. Whether you’re a pharmacist considering prescribing PrEP to customers or a prevention specialist helping community members navigate medical care or insurance systems, we have compiled the basic information and resources you need to answer people’s questions, help them find a provider, and figure out how to access the right medications. Read further for brief information on what PrEP is, who it is for, information on statutory and regulatory requirements regarding its use, information on insurance and patient assistance options.

What is PrEP?

PrEP, or pre-exposure prophylaxis, is a medication taken to reduce the chances of getting HIV. Oral medications FDA approved for PrEP include TDF/FTC (brand name Truvada® or a generic equivalent) and TAF/FTC (brand name Descovy®). PrEP is taken once daily as an oral pill and is most effective when taken consistently at the same time each day. An injectable version of PrEP, called Apretude (cabotegravir extended-release injectable suspension) was just approved by the FDA in December 2021. The US Preventive Services Task Force (USPSTF) issued a Grade A recommendation for PrEP for the prevention of HIV transmission, in combination with behavioral counseling, for people at increased vulnerability of contracting HIV. Read further or visit the [CDC’s website](#) on PrEP for more information on who should consider taking PrEP.

When taken as directed, PrEP can reduce the risk of getting HIV through sex by more than 99% and can reduce the risk of getting HIV among people who inject drugs by up to 74%.

PrEP is one more tool to reduce a person’s risk of acquiring HIV, along with viral suppression among people living with HIV, talking to partners about one’s HIV status, and consistently using condoms and lubricants. PrEP does not provide protection against other sexually transmitted infections (STIs) or pregnancy.

PrEP navigation services are available in all 36 Oregon counties. There are currently over 300 Oregon providers listed in the Oregon PrEP Provider Directory.

PrEP navigation services are available here in Oregon and often include:

- PrEP education and counseling
- Peer support and advocacy
- Follow-ups and check-ins about PrEP
- Connections to PrEP providers
- Help with health insurance or payment assistance options

Patients on PrEP should be seen by their provider every three months to test for HIV and other STIs. Additional testing guidelines for people on PrEP can be found on pages 3 and 4.

PrEP is a key tool in the prevention pillar of Oregon’s End HIV strategy. Our vision is that 100% of Oregonians most in need of PrEP have access to it.

Who is PrEP for?

PrEP is for anyone who is HIV negative and may be at increased vulnerability for acquiring HIV. Certain medications may be recommended based on personal factors; ideally a qualified provider will discuss a patient’s specific medical history and life circumstances to determine which medication is right for them.

Is PrEP safe?

According to the CDC, PrEP is both safe and effective in lowering a person’s risk of acquiring HIV. While some people experience side effects like diarrhea, nausea, headache, fatigue, and stomach pain, these side effects usually go away with time. Patients experiencing side effects should notify their provider right away so they can discuss strategies to mitigate them and so they can be monitored. In rare instances people may not be able to get past side effects and PrEP may not be an option for them at this time. In these cases, discussing harm reduction strategies is advised. For more information on side effects, check out: <https://prepdaily.org/what-are-the-side-effects-of-prep/>.

*Our Vision:
100% of Oregonians most
in need of PrEP, a daily
pill to prevent HIV, have
access to it.
End HIV Oregon*

PrEP Medications

There are currently two FDA approved medications for oral medications for PrEP: TDF/FTC (brand name Truvada® or a generic equivalent) and TAF/FTC (brand name Descovy®). The FDA recently approved cabotegravir extended-release injectable suspension (Apretude) as an injectable form of PrEP.

- Truvada is a brand name for a PrEP medication for all people who may be at increased vulnerability for acquiring HIV through sex or injection drug use
- A generic equivalent to Truvada, Emtricitabine and Tenofovir Disoproxil Fumarate, is also FDA-approved and broadly available.
- Descovy is for people who may be at increased vulnerability for acquiring HIV through sex, except for people assigned female at birth who are at increased vulnerability for getting HIV from vaginal sex. Descovy is also not recommended for people who inject drugs (PWID) or people who use on demand dosing.
- Apretude is an injectable form of PrEP which is given first in two initiation injections given one month apart, and then injections every two months. Apretude is for sexually active men, women, and transgender persons with indications for PrEP use.

PrEP Services

According to the CDC Guidelines, “PrEP should be considered part of a comprehensive prevention plan that includes a discussion about adherence to PrEP, condom use, other sexually transmitted infections (STIs), and other risk reduction methods.”¹ HIV testing is required to confirm that patients do not have HIV infection when they start taking PrEP. The following tables list ancillary services and testing that accompany PrEP by timeline, for oral or injectable PrEP (as indicated), and are typically covered by insurance.

For Oral PrEP, provide the following services:	
Initial prescription and initiation of PrEP	<ul style="list-style-type: none"> ▪ Routine office visit for screening, patient education, and identification of contraindications ▪ Initial HIV test and other lab screening including STIs and pregnancy ▪ Offer vaccinations such as Hepatitis A or B and Human Papillomavirus (HPV)
Follow-up visits every 3 months to provide:	<ul style="list-style-type: none"> ▪ Test for HIV ▪ Provide medication adherence and behavioral risk reduction support ▪ Access to clean needle/syringes and drug treatment services for PWID ▪ Additionally, for <ul style="list-style-type: none"> ○ All people at risk for STIs: screen for bacterial STIs based on anatomic site of exposure ○ People with reproductive potential: test for pregnancy; and ○ PWID: assess access to sterile needles/syringes and to drug treatment services
Follow-up visits every 6 months to provide:	<ul style="list-style-type: none"> ▪ Assess renal function for patients aged ≥ 50 or who have an eCrCl < 90 ml/min at PrEP initiation ▪ Additionally, for <ul style="list-style-type: none"> ○ All people at risk for STIs: screen for bacterial STIs based on anatomic site of exposure ○ People with reproductive potential: test for pregnancy; and ○ PWID: assess access to sterile needles/syringes and to drug treatment services
Follow-up visits every 12 months to provide:	<ul style="list-style-type: none"> ▪ Assess renal function for all patients ▪ Chlamydia screening for heterosexually active women and men ▪ For patients on F/TAF, assess weight, triglyceride, and cholesterol levels.

¹ <https://www.cdc.gov/hiv/clinicians/prevention/prep.html>

For Injectable PrEP, provide the following services:	
Initial prescription and initiation of PrEP	<ul style="list-style-type: none"> ▪ Routine office visit for screening, patient education, and identification of contraindications ▪ Initial HIV test and other lab screening including STIs and pregnancy ▪ Offer vaccinations such as Hepatitis A or B and Human Papillomavirus (HPV)
Follow-up visit 1 month after first injection	<ul style="list-style-type: none"> ▪ Test for HIV
Follow-up visits every 2 months (beginning with the third injection – month 3) to provide:	<ul style="list-style-type: none"> ▪ Test for HIV ▪ Provide medication adherence and behavioral risk reduction support ▪ Access to clean needle/syringes and drug treatment services for PWID
Follow-up visits every 4 months (beginning with the third injection – month 3) to provide:	<ul style="list-style-type: none"> ▪ Additionally, for <ul style="list-style-type: none"> ○ All people at risk for STIs: screen for bacterial STIs based on anatomic site of exposure ○ People with reproductive potential: test for pregnancy; and ○ PWID: assess access to sterile needles/syringes and to drug treatment services
Follow-up visits every 6 months (beginning with the fifth injection – month 7) to provide:	<ul style="list-style-type: none"> ▪ Additionally, for <ul style="list-style-type: none"> ○ All people at risk for STIs: screen for bacterial STIs based on anatomic site of exposure ○ People with reproductive potential: test for pregnancy; and ○ PWID: assess access to sterile needles/syringes and to drug treatment services
Follow-up visits every 12 months to provide:	<ul style="list-style-type: none"> ▪ Assess desire to continue injections for PrEP ▪ Chlamydia screening for heterosexually active women and men

Finding a PrEP Provider

If you or someone you know is interested in exploring PrEP, there are over 300 PrEP Providers statewide who are available to prescribe it. Explore this growing list at:

<https://www.oraetc.org/prep-provider-list>. In addition, some pharmacists are now prescribing PrEP.

Patient Assistance Options

Oregonians on Medicaid – locally known as the Oregon Health Plan (OHP) - are eligible for PrEP at no cost.

Oregonians with private insurance – As of late 2021, most insurance plans cover PrEP and the necessary screenings, visits, and labs (initial and ongoing) at no cost to the patient. This makes PrEP widely available to more people, including many who formerly found PrEP prohibitive because of high co-pays and deductibles or exorbitant out-of-pocket costs for PrEP.

Ready, Set, PrEP. This program makes PrEP medication available at no cost to those who don't have health insurance coverage for prescription drugs, have taken a HIV test and received a negative result before starting the program, live in the United States including tribal lands or territories, and who have a prescription for PrEP. While Ready, Set, PrEP covers the cost of medications, it does not cover labs. Click here for more information:

<https://readyssetprep.hiv.gov/>

PrEP Availability and Coverage: Statutory and Regulatory Impacts

In June 2019 the U.S. Preventive Services Task Force (USPSTF) issued a final “Grade A” recommendation that directed clinicians to offer PrEP with “effective antiretroviral therapy to persons who are a high risk of HIV acquisition.” The recommendation covers adolescents, adults, and pregnant people. You can find more information in English [here](#) or in Spanish [here](#).

That recommendation triggered a statutory coverage requirement for health plans. Accordingly, plans and insurers would be required to cover PrEP consistent with the USPSTF recommendation without cost sharing beginning on or after one year from the issue date of the recommendation (in this case, plan or policy years beginning on or after June 30, 2020).

Most insurers were not required to abide by the 2019 USPSTF Grade A recommendation for PrEP until January 2021. Also, the requirement was initially confined to the cost of the medication, not the office visits and costs for screening.

What happened in 2021 that impacted insurance coverage for PrEP?

On July 19, 2021, the Centers for Medicare and Medicaid Services (CMS), along with the Department of Labor and the Department of the Treasury, issued guidance directing health insurers that they have 60 days to comply with the mandate to cover PrEP with no cost sharing – including for the drug itself and, crucially, for clinic visits and lab tests. This means insurers must not charge copays, coinsurance, or deductible payments for the initial visit or the quarterly clinic visits and accompanying lab tests required to maintain a PrEP prescription.

This was a significant expansion to the original guidance. The regulatory authority for this type of mandate is Section 2713 of the Affordable Care Act (ACA). Under the ACA, private health

plans, except for those plans that maintain “grandfathered” status,² must provide coverage for a range of preventive services and may not impose cost sharing (such as copayments, deductibles, or co-insurance) on patients receiving such services. Nearly all private plans, including employer plans and those offering coverage through ACA marketplaces, are required to provide PrEP free of patient cost sharing.³

Insurance Plans and PrEP Coverage

Most insurance plans and state Medicaid programs cover PrEP and there are other programs that provide aid with free or reduced costs. In addition, with the 2019 USPSTF recommendation and the CMS guidance in 2020, plans and insurers cannot use reasonable medical management techniques to restrict the frequency of these services if the frequency is specified in the PrEP recommendation. That means prior authorization or other “reasonable” management techniques cannot be used. However, plans and insurers can use reasonable medical management techniques with respect to PrEP coverage in some circumstances.

Plans and insurers can, for instance, opt to cover only the generic version of PrEP without cost sharing while requiring cost sharing for branded versions (e.g., Truvada). This would encourage use of the generic drug over more expensive branded drugs. However, plans and insurers that do so must have an accommodations process to waive cost sharing when a patient cannot use the generic drug for medical reasons.

Plans and insurers must also have an easily accessible, transparent, and expedient exceptions process for the patient or provider to request a different drug. In the context of PrEP, this process should enable access to PrEP medication on the same day that a person receives a negative HIV test or decides to start taking PrEP.

Oregon Health Plan: The costs for PrEP and all services related to PrEP, are covered at no cost to the enrollee. There will not be a statement sent to the OHP member’s home and the services are completely confidential.

Medicare:

Unlike Oregon’s commitment to zero cost sharing for people eligible for OHP, Medicare does not have that kind of protection unless you are eligible for both OHP and Medicare. If you are “dually eligible” you will likely have no cost sharing for PrEP coverage.

² The Affordable Care Act (ACA) exempts certain health plans that were in effect when the law was passed, referred to as grandfathered plans, from some standards in the law, including the requirement to cover preventive services without cost sharing, have an external appeals process, or comply with the new benefit and rating provisions in the small group market. In 2019, 22% of firms offering health benefits offer at least one grandfathered health plan, and 13% of covered workers are enrolled in a grandfathered plan.

<https://www.kff.org/report-section/ehbs-2019-section-13-grandfathered-health-plans/>

³ For more information on insurance plans and impact of the ACA see: <https://www.kff.org/report-section/ehbs-2019-section-13-grandfathered-health-plans/>, <https://www.associationhealthplans.com/group-health/what-is-erisa-health-insurance/>

Understanding Medicare coverage is complex and can be confusing. Medicare Part D is a voluntary outpatient prescription drug benefit for people with Medicare, provided through private plans approved by the federal government. You can choose to enroll in either a stand-alone prescription drug plan (PDP) to supplement traditional Medicare or a Medicare Advantage prescription drug plan (MA-PD) that cover all Medicare benefits including drugs.

Out-of-pocket costs can still be substantial when relying on Part D coverage. This is because when the Part D benefit was created in 2003, a coverage gap (also called the donut hole) was created to incentivize the use of generics and control overall benefit costs. The Part D standard benefit has several phases:

Benefit Design	2022 Threshold	Financial Responsibility
Deductible	\$480	Enrollee 100% of costs
Initial Coverage Phase	\$4,430 Limit	Enrollee 25% and PDP Plan 75%
Coverage Gap (Donut Hole)	\$4,431-\$10,689	Enrollee 25%/Manufacturer 70%/Plan 5%*
Catastrophic Coverage	\$10,690	Enrollee 15%/Federal Government 80%

*Manufacturer and Plan financial responsibility in the gap varies for brand-name and biosimilar drugs compared to generics.

Therefore, if you are not eligible for both OHP and Medicare, you will probably experience cost sharing. There are still many options to minimize your costs including enrolling in a Medicare Advantage plan that includes Part D or a stand-alone Part D plan (also called a Prescription Drug Plan or PDP.)

All Medicare Advantage (Medicare Part C) and Prescription Drug Plans (Medicare Part D) are required to cover antiretrovirals like Truvada but many plans have high levels of cost sharing for this drug depending on the Plan’s formulary. The amount individuals pay for Truvada depends on their plan, how the drug is classified within the plan’s tier system, and your eligibility for any programs that could help lower costs.

At [Medicare.gov](https://www.medicare.gov) there is a user-friendly tool that allows you to enter your prescription drug regimen and compare out-of-pocket costs across Medicare Advantage plans and stand-alone Part D plans. Considering the unsubsidized cost of PrEP, this step could minimize out-of-pocket costs.

It’s important to consider Medicare Advantage or Medicare Supplement plan costs carefully when choosing a prescription drug plan. A 2020 analysis ⁴ showed that Medicare beneficiaries living with HIV often pay higher premiums for plans with low deductibles, and the savings don’t always add up. For example, Medicare Part D and Medicare Advantage plans cover the cost of HIV treatment and PrEP, but there is often a co-pay cost which ranges between \$13 to \$68. Careful evaluation of Medicare Advantage plans, including Prescription Drug plans, should be conducted before selecting a plan.

⁴ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2764374>

In addition to coverage for people who are dually eligible for Medicare and Medicaid, people with low incomes and modest assets are eligible for assistance with Part D plan premiums and cost sharing. Through the Part D Low-Income Subsidy (LIS) program, [Extra Help](#), additional premium and cost-sharing assistance is available for Part D enrollees with low incomes (less than 150% of poverty, or \$19,320 for individuals/\$26,130 for married couples in 2021) and modest assets (less than \$14,790 for individuals/\$29,520 for couples in 2021.)

Pharmacist Prescribed PrEP/PEP

Here in Oregon, pharmacists can play a key role in ensuring people have access to PrEP because they are now allowed to prescribe an initial 90-day supply of PrEP and can be reimbursed by insurers at the same rate as other health care providers. Incidentally, this also applies to prescribing Post-Exposure Prophylaxis (PEP), a medication an individual can take up to 72 hours after exposure to HIV to prevent seroconversion. Seroconversion usually occurs within a weeks of HIV infection and is when HIV antibodies are detectable in the blood. This is possible because of two key pieces of legislation, House Bills 2397 and 2958.

- HB 2397. Passed in 2017, it granted the Oregon Board of Pharmacy the authority to allow pharmacists licensed in Oregon to prescribe, dispense, and administer board-approved drugs and devices in alignment with a standard protocol. Recently, the Board approved PrEP and PEP for prescribing by pharmacists who complete continuing education on HIV prevention medications.⁵
- HB 2958. Signed into law by Governor Kate Brown in June of 2021, this bill requires insurers to reimburse pharmacists for prescribing PrEP and PEP at the same rate they would any other health care provider. It also requires insurers to cover at least one form of PrEP without prior authorization and regardless of whether the pharmacist is in-network. (Some health care providers, such as Kaiser Permanente, are exempt from the prohibition on network restrictions.)

While there are now laws allowing pharmacists to prescribe an initial 90-day supply of PrEP and a financial incentive to do so, there are a few considerations that pharmacists and their employers should consider before moving forward.

Training

The Oregon Board of Pharmacy requires that pharmacists complete a comprehensive training program on the prescribing and dispensing of HIV prevention medications including trauma informed care. While it is up to pharmacists to determine if a training meets the requirements, the Oregon State University College of Pharmacy is in the process of creating a 2-hour online program.

⁵ <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVPREVENTION/Pages/prep-pep.aspx#providers>

Pharmacy Participation

Pharmacies will need to evaluate whether they have sufficient staffing, organizational capacity, and adequate physical space to provide the necessary screenings and services to patients in a manner that ensures patient confidentiality. Pharmacists need to have the appropriate patient permission under HIPAA to obtain clinical records from the patient's providers and have the capability to keep the information received secure as required under HIPAA. Pharmacists must ensure the client transitions to an authorized on-going PrEP prescriber, such as a primary care provider, to continue with the PrEP clinical protocols. Additional barriers could include medical billing infrastructure and capacity.

Required Labs for Prescribing PrEP

Prior to prescribing PrEP, a pharmacist must verify all the required laboratory tests for PrEP initiation or ongoing management have been completed and are negative or within range. Please note that a negative HIV test must be completed within a 14-day range prior to prescribing. The Oregon Board of Pharmacy protocol stipulates the following required test:

- HIV ag/ab (4th gen) – every 90 days
- Syphilis/Treponemal antibody – at least every 6 months
- Chlamydia/Gonorrhea (urinalysis, pharyngeal, and/or rectal dependent on patient sexual behaviors) – at least every 6 months
- Hepatitis B surface antigen – frequency not specified by protocol
- Creatinine Clearance – frequency not specified by protocol

If only a negative HIV test result is available, the pharmacist can still prescribe PrEP, however, the patient must complete the necessary labs within 30 days and bring in the results to the pharmacist.⁶

⁶ <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVPREVENTION/Pages/prep-pep.aspx#providers>

Common Myths About PrEP

Here are some common myths your clients or patients might have about PrEP and some information to help dispel them.

Myth #1: I don't have insurance so I can't afford PrEP.

FALSE! Fortunately, there is an option to access the PrEP medication at an affordable cost even if you don't have insurance coverage. Ready, Set, PrEP is a program that makes PrEP medication available at no cost specifically for those that do not have health insurance coverage for prescription drugs. You can find out more about eligibility by visiting their website at: <https://readyssetprep.hiv.gov/>.

Uninsured clients should consider seeking services at Federally Qualified Health Centers or other community clinics (Planned Parenthood) to offset the out-of-pocket costs for the office visits and laboratory screenings. Not only are these providers less expensive, but they can provide on-going follow up care, including authorizing additional 90-day supplies, that an Emergency Department is not designed to provide. Cover All People, a law passed in the 2021 Oregon Legislature, expands coverage through the Oregon Health Plan (OHP) to adults who are eligible except for their documentation status. As the law is rolled out, beginning July 1, 2022, specific groups of individuals will qualify to receive full OHP benefits, including PrEP. Consult a PrEP navigator and/or <https://www.oregon.gov/oha/HSD/OHP/Pages/index.aspx> to stay abreast of updates to Cover All People coverage for undocumented adults who qualify for OHP.

Myth #2: I have insurance, but I won't be able to afford the copays for the medication or all the other lab tests and ongoing medical visits.

FALSE! Thanks to the US Preventive Services Task Force (USPSTF) and the Affordable Care Act (ACA), insurance plans are now required to cover the cost of PrEP medications and the medical visits and labs associated with PrEP at no cost to the patient! What this means is that your visits and prescriptions should be covered in full, with no copays to you. If your insurance plan is exempt from USPSTF and ACA requirements, consider seeking services from a community clinic such as an FQHC or Planned Parenthood. This requirement is new as of late 2021, so if you tried to get PrEP previously and were faced with large copays or other expenses, try again! You can also contact a PrEP navigator who is trained to assist with insurance and coverage challenges. You can find a PrEP navigator through Cascade AIDS Project [here](#) or HIV Alliance [here](#).

Myth #3: I want to get PrEP, but I am concerned that if I do, my medical chart will make it look like I participate in behaviors that put me at increased risk of HIV.

FALSE! There are many reasons why someone might want to use PrEP. Be forthcoming with your provider about your health and wellness – or find a provider with whom you can talk freely about behaviors or circumstances that may have increased your chances of contracting HIV. Anything you disclose to your provider is confidential. It may be useful to seek out a healthcare provider who is knowledgeable about LGBTQ health and/or HIV or a LGBTQ-friendly clinic such as Planned Parenthood. There are more than 300 medical providers across the state

of Oregon who asked to be listed on the PrEP Provider Directory – indicating that they are open to discussing and providing PrEP. <https://www.oraetc.org/prep-provider-list>

Myth #4: I am on my parents' insurance so they will find out if I am on PrEP.

FALSE! In Oregon, minors of any age can access family planning/sexual and reproductive health services without parental consent.⁷ This means that the provider will not inform your parents you are accessing PrEP. That said, depending on your insurance, an explanation of benefits (EOB) letter may be sent to your home outlining the services you received. Oregon law guarantees you the right to have protected health information sent directly to you instead of to the person who pays for your health insurance plan (the primary account holder). You can have this information shared with you directly through several different methods including email, telephone, or at a different mailing address. More information, including the [Request for Confidential Communication form](#), can be found [here](#).

The Oregon Health Plan (OHP) does not send EOBs so if you have OHP, you don't need to worry about one being sent to your home even if you are enrolled with a CCO.

Myth #5: I don't currently have legal documentation to reside in the US and so I can't qualify for assistance to get PrEP.

FALSE! Ready, Set, PrEP is a program that provides free access to PrEP medications to thousands of people living in the United States, including tribal lands and territories. Ready, Set, PrEP is specifically for people who don't have health insurance coverage. Please note that Ready, Set, PrEP covers the cost of medication but does not cover the cost of labs or office visits. If this is cost prohibitive, consider going to a community clinic like Planned Parenthood or a Federally Qualified Health Center. As previously mentioned, Cover All People expands health coverage through the Oregon Health Plan (OHP) to adults who are eligible except for their documentation status. As the law is rolled out, beginning July 1, 2022, specific groups of individuals will qualify to receive full OHP benefits, including PrEP. Consult a PrEP navigator and/or <https://www.oregon.gov/oha/HSD/OHP/Pages/index.aspx> to stay abreast of updates to Cover All People coverage for undocumented adults who qualify for OHP.

Myth #6: My health plan might not cover PrEP or might only cover a portion of it, making it too expensive for me.

FALSE! If your health plan is exempt from the USPSTF and ACA requirements, there are several patient assistance programs through the manufacturers, Gilead's Advancing Access Program, or publicly funded assistance programs such as Ready, Set, PrEP.

⁷ <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/Documents/minor-rights.pdf>

Myth #7: My insurance company still requires prior authorization for PrEP and haven't removed copays or cost sharing for PrEP. There doesn't seem to be a realistic pathway to take advantage of PrEP unless you are rich.

FALSE! Oregon Health Plan clients will not face prior authorization requirements or copays/cost sharing for PrEP. If your insurance company is still requiring prior authorizations and charging copays/cost sharing, you have appeal rights to remove these barriers. Many insurance plans will cover an initial dispense until your appeal is resolved. Again, there are other options available, but most insurance coverage will not require these types of potential barriers. You can also ask your primary care provider to appeal the insurance plan's policies and practices. Finally, connecting with a PrEP Navigator or the state insurance commissioner is also an option.

Myth #8: I already started PrEP but stopped taking it and it won't be authorized again.

FALSE! Plans and insurers cannot restrict the number of times an individual may start PrEP.

Additional Resources on PrEP

CDC

<https://www.cdc.gov/hiv/basics/prep.html>

CDC Guidelines on PrEP

<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>

CDC Guidelines for PrEP – Clinical Providers’ Supplement

<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-provider-supplement-2021.pdf>

Descovy Provider Information Page:

<https://www.descovyhcp.com/prep-guidelines>

Fact sheet on Pharmacist Prescribed PrEP

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/HIVPREVENTION/Pages/prep-pep.aspx#providers>

FDA Announcement on Injectable PrEP

<https://www.fda.gov/news-events/press-announcements/fda-approves-first-injectable-treatment-hiv-pre-exposure-prevention>

GlaxoSmithKline Information on Apretude (cabotegravir or injectable PrEP)

https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Apretude/pdf/APRETUDE-PI-PIL-IFU.PDF#page=36

HIV.gov

<https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis>

NASTAD Fact Sheet on PrEP

<https://www.nastad.org/sites/default/files/resources/docs/nastad-prep-coverage-brief-on-prep-services.pdf>

OHA End HIV and PrEP Infographic

English:

https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/HIVPREVENTION/Documents/PrEP%20and%20PEP/PrEP_Grade_A_English.pdf

Spanish:

https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/HIVPREVENTION/Documents/PrEP%20and%20PEP/PrEP_Grade_A_Spanish.pdf

O’Neil Law Georgetown reference

<https://oneill.law.georgetown.edu/wp-content/uploads/2021/09/Quick-Take-Ensuring-Compliance-With-New-Federal-USPSTF-PrEP-Guidance.pdf>

Oregon AIDS Education & Training Center (AETC)

<https://www.oraetc.org/prep>

PrEP Navigation Services

Cascade AIDS Project: <https://www.capnw.org/prep/>

HIV Alliance: <https://hivalliance.org/prevent/prevention-meds/#pep-prep>

Truvada Provider Information Page

<https://www.truvadahcp.com/>

US Preventive Services Task Force- recommendation of PrEP

<https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis>