The State of PrEP: Public Programs

PACHA Meeting
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Agenda

• Medicaid and Medicare and PrEP
• PrEP at Publicly Funded Health Care:
  ▪ Health Centers
  ▪ Indian Health Service (IHS)
  ▪ Public Health/STD clinics
  ▪ VA
• Ready Set PrEP Program
• Key Takeaways
PrEP Coverage: Medicaid

• Traditional Medicaid:
  ▪ Risk based HIV screening covered
  ▪ Routine HIV screening optional – 43 states cover
  ▪ PrEP medication covered; may have prior authorization
  ▪ STI screening and adult immunizations optional
  ▪ USPSTF Grade A and B recommended services covered without copay – optional but incentivized with 1% increase in federal match

• Medicaid Expansion:
  ▪ HIV risk based testing and routine HIV screening covered
  ▪ PrEP, STI screening and adult immunizations covered
  ▪ USPSTF Grade A and B recommended services – PrEP medication and associated services covered without co-pay

Dawson L, Dolan R. KFF, 2020
PrEP Coverage: Medicare

• All ART required to be on Medicare Part D Plan formularies and available without prior authorization
• PrEP medication is under Part D – subject to cost sharing
  ▪ PrEP cost sharing can range $1000 over $2000 annually
  ▪ Sliding scale co-pays available for low income Medicare beneficiaries
  ▪ Change to no cost-sharing requires a National Coverage Determination
• Prevention services with a USPSTF Grade A or B rating provided under Part B, such as routine HIV and STI screening - covered without cost sharing
  ▪ PrEP lab tests and visits subject to cost-sharing
  ▪ Cabotegravir for PrEP would be a Medicare Part B service

Kay ES, Pinto RM. AJPH 2020
EHE and the Health Center Program: Primary Care HIV Prevention (PCHP)

• FY 2020: $54 million to support 195 health centers

• FY 2021: $48 million to support 108 health centers
  ▪ Applications are currently under review
  ▪ Award start date: Sept 1

• FY 2022: $50 million to support up to 140 health centers

FY 2020 PCHP Progress Report Data*

Within 11 months of award:
• 93% had hired new staff
• Nearly 865,000 patients were tested for HIV
• 3,238 patients were newly diagnosed with HIV and received follow-up within 30 days
• Nearly 63,000 patients were prescribed PrEP

*Progress Report data, Bureau of Primary Health Care, March 2020-February 2021
Integrating PrEP in Indian Health Service (IHS), Tribal, & Urban Indian Clinics

HIV Screening, total coverage of 57.2% (235,607/411,571)

Increase of approximately 20,000 unique patients screened 2016-2019

HIV Screening, coverage of men age 25-45 50.8% (43,030/84,735)
IHS PrEP ECHO: Impact* (N=30)

*Preliminary Results

- 55% of providers are not prescribing at this time.
- 21% are prescribing to 1-3 patients.
- 16% are prescribing to 4-6 patients.
- 9% are prescribing to 7-10 patients.
- 21% are prescribing to greater than 10 patients.

Pre vs. Post comparison.
CDC HIV Prevention Funding: STD Clinics in EHE Priority Areas

**Existing funding**

- Component C of PS20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States
- PS20-2004: National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers (NNPTC)

**Continued and New Funding**

- Component C of PS20-2010 is a five-year award
  - August 1, 2020–July 31, 2025
- PS20-2004 is a three-year award, in its second year
- Competitive supplement to Component C, PS20-2010
STD clinics are well positioned to support PrEP

- 30 of 31 clinics conduct PrEP assessment & referral
- 25 of 31 have laboratory capacity needed for PrEP labs
- 24 of 31 offer PrEP by prescription
- 15 of 31 offer PrEP starter packs onsite

Additional PrEP-related progress

- Establish telePrEP as option for people who take PrEP
- Implement nurse-driven PrEP protocols
- QI work to improve PrEP initiation and retention

Challenges

- PrEP retention
- TelePrEP

First year activities for all 31 STD clinics involved in Component C of PS20-2010 and/or PS20-2004 funding included a baseline clinic capacity assessment, Nov 2020
The State of PrEP: VA Ending the HIV Epidemic Plan

VA is the largest single provider of HIV care in the US
54 VA facilities located in HIV Hotspot Areas

• 5 Affinity Groups:
  ▪ HIV Testing, HIV Care, PrEP, Syringe Services Programs, Sexually Transmitted Infections (STIs)
  ▪ Participants: MD, NPs, PAs, Pharmacists, RNs Social Workers, Psychologists
  ▪ Share best practices, collaborate to share resources and problem solve
  ▪ Successes and barriers being evaluated
Pharmacists developed dashboards which list patients needing action:

- **PrEP Dashboard**
  - Identifies Veterans with multiple risk factors for HIV; PrEP Candidates
  - Identifies PrEP patients who are late to refill medication

- **STI Dashboard**
  - STI patients who did not have complete STI co-testing
  - Identifies those who may need PrEP

- **HIV Dashboard**
  - Identifies Veterans late for HIV refill, late for lab, or have uncontrolled viremia

- **Hep C Dashboards**
  - Identify, treat and achieve goals to eliminate hepatitis C
Ready Set PrEP Program

- **32,000** pharmacies with co-sponsorship agreements
- Consideration of expanding to other pharmacies, including Health Center and IHS pharmacies
- Expansion of RSP mail order via TrialCard and other pharmacies
- Established EHE Pharmacy Taskforce under Public Health Service Commissioned Corps - force multipliers for pharmacy engagements
- OIDP partnership with pharmacies to educate communities on PrEP

OIDP is:
- Exploring ways to increase enrollment
- Exploring stratifying enrollment data by race and ethnicity to monitor disparities
Key Takeaways: The State of PrEP in Public Programs

- PrEP access is expanding but policy, program and cost barriers remain
- Pharmacist and nurse led programs and telePrEP can facilitate access to PrEP
- We are poised to have better data to monitor PrEP access and utilization and possibly disparities
- Further expansion of data collection, reporting and monitoring is needed
- Concern that changes to Patient Assistance Program re: 340B Drug Pricing Program and new generics negatively impact access to associated PrEP services
- Considerations underway on approaches to increase participation in Ready Set PrEP Program
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