Recommendation Title: Create a prospective NYS nPEP and PrEP Monitoring, Evaluation, and Quality Improvement Program

a. Create a NYS Chemoprophylaxis Registry (CPR) system to monitor the adherence to and efficacy of nPEP and PrEP for all persons enrolled in New York State Medicaid. Explore the possibility of supplementing this registry with prescription information culled from other medical data systems.

b. NYS DOH AI should commission prospective qualitative and quantitative research on nPEP/PrEP access, uptake, and impact, including disparities in access to nPEP and PrEP, as well as barriers and enablers to timely and continuing PrEP access, uptake, and successful use among those in need of these services.

1. For which goal outlined in the Governor’s plan to end the epidemic in New York State does this recommendation apply?


a. Create a New York State Chemoprophylaxis Registry (CPR) system to monitor the adherence to and efficacy of nPEP and PrEP for all persons enrolled in New York State Medicaid. Explore the possibility of supplementing this registry with prescription information culled from other medical data systems.

b. The New York State AIDS Institute should commission prospective qualitative and quantitative research on nPEP and PrEP, uptake, including disparities in access to nPEP and PrEP, as well as barriers and enablers to timely and continuing PrEP access, uptake and successful use among those in need of these services.

List of key individuals, stakeholders, or populations who would benefit from this recommendation

- individuals at risk for HIV
- public health officials
- providers
List of measures that would assist in monitoring impact

- Number of individuals enrolled in PrEP or nPEP
- PrEP refills
- nPEP completion
- Quarterly HIV tests
- Biannual STI tests
- HIV outcomes for those who have taken PrEP or nPEP
- Possible side effects/adverse events

3. Would implementation of this recommendation be permitted under current laws or would a statutory change be required? Permitted under current law for those covered by Medicaid and Medicaid managed care. May require legislative change to cover individuals with private coverage.

4. Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)? Within the next year and throughout the next six years.

5. TF numbers of the original recommendations that contributed to this current version: TF19.