

Pre-Exposure Prophylaxis (PrEP) Summary Meeting Notes

The New York State Department of Health AIDS Institute is encouraged about the potential for adding pre-exposure prophylaxis (PrEP) to the menu of evidence-based HIV prevention interventions. Biomedical interventions have already played an important role in prevention, perhaps most notably in the dramatic decrease and near elimination of mother-to-child transmission of HIV in New York State, but also now in decreasing infectiousness among people living with HIV as well as in occupational and non-occupational post-exposure prophylaxis.

To gain input from key stakeholders regarding the implementation of PrEP a series of regional forums were held in NYC, Rochester and Albany during August, 2013. The purpose of the regional meetings was to discuss provider knowledge of PrEP, willingness to prescribe, challenges associated with PrEP and care models in their communities. This information will inform NYS policy and guidance on PrEP.

Clinical providers were invited to the NYC and Albany meetings. Clinical providers, Community Based Organizations and consumers were invited to the Rochester meeting.

The discussion was initiated using these questions:

1. How many of you are currently prescribing PrEP?
2. How many of you are willing to prescribe PrEP?
3. What challenges prevent you from prescribing PrEP?
4. For those of you prescribing, what are the challenges of prescribing?
5. How do you envision PrEP being prescribed in your community?
6. How do you envision PrEP being prescribed in your agency?
7. Is there anything your clinic or center would like to receive from government or non-government sources that would help with Truvada PrEP implementation?

Approximately 40 participants attended the 90 minute sessions across the three regions.

Across the regions key themes were noted related to the implementation of PrEP.

- 1. Provider Education:** Provider education regarding PrEP is important to increase the number of providers available to prescribe PrEP.
- 2. Consumer Awareness:** The demand for PrEP is low and many of the high risk patients in need of PrEP are unaware of its availability.
- 3. Provider Guidance:** Questions were raised regarding the assessment of patients, details of prescribing PrEP and follow-up care.

4. **Cost of PrEP and billing for PrEP:** Providers need education regarding the reimbursement options for PrEP and how to bill for PrEP care.
5. **Standardized Assessment Tool:** A tool is needed to assist in identifying candidates for PrEP.
6. **Sexual health:** The need for education of primary care providers was noted on key concepts of sexual health.
7. **Implementation:** There is a need to identify community based agencies that would identify candidates for PrEP and partner with providers to assist with supportive services.

