

# Guide for Wisconsin PrEP Providers

Wisconsin Department of Health Services, AIDS/HIV Program

## About This Document

This guide summarizes the recommended practices for HIV prevention through *Pre-exposure Prophylaxis* (PrEP) using the drug combination of tenofovir and emtricitabine (Truvada<sup>®</sup>), and has been compiled and reviewed by the Wisconsin Department of Health Services AIDS/HIV Program, in collaboration with experienced local HIV clinicians and other health care providers.

The AIDS/HIV Program supports the use of PrEP as an effective method to protect people at high risk for HIV infection. Patients and their medical advisors should consider specific behaviors and the risks and benefits of PrEP, consistent condom use, and other methods of HIV prevention in determining the best prevention strategy for each person. While PrEP has been shown to be highly effective in the prevention of HIV, it does not provide protection against pregnancy or syphilis, chlamydia, and other sexually transmitted infections (STIs).

The *Guide* is intended for:

- Clinicians who are not currently prescribing Truvada<sup>®</sup> as PrEP to their patients, but are interested in starting.
- Health care providers who are currently implementing PrEP with high-risk patients, and who are interested in a resource guide to enhance their current practice.
- Pharmacists who will be dispensing Truvada<sup>®</sup> to clients on PrEP.
- Case managers, social workers, medical technicians, and other professionals who play a crucial supporting role for patients using PrEP for HIV prevention.

Readers should also review the list of resources provided throughout this document. These sources include the most recent clinical recommendations for PrEP, patient education materials, and continuing education training for clinicians and clinic staff.



## What is PrEP?

PrEP is a clinical approach to prevent HIV infection through a combination of daily medication (Truvada®), periodic behavioral counseling, and regular testing for HIV and STIs. A typical PrEP plan consists of:

- Counseling on safer-sex practices and risk reduction, including consistent and correct condom use;
- Adherence to daily medication (Truvada®);
- Regular HIV testing and screening for STIs; and
- For people in serodiscordant relationships, effective suppression of the HIV-positive partner's viral load through ART.

Research has shown that by following these steps, the risk for HIV infection can be reduced to almost zero, even for clients in very high-risk populations.

## PrEP is a new use for an existing treatment

The drug combination of tenofovir and emtricitabine (trade name Truvada®) has been used since 2004 as an anti-retroviral treatment for HIV infection. In 2012, the US Food and Drug Administration (FDA) also approved Truvada® for use as pre-exposure prophylaxis (or PrEP) against HIV infection.

While the Truvada® tablet taken by patients on PrEP is the same dosage as that taken as part of multi-drug HAART (highly active anti-retroviral therapy) by people living with HIV, there are some important differences between the use of Truvada® for anti-retroviral treatment versus its use for PrEP.

## Is PrEP safe and effective?

Numerous clinical trials since 2010 have shown that PrEP is safe and effective for adults when taken as prescribed. When people take Truvada on a daily basis, their risk of acquiring HIV infection is significantly reduced—by as much as 90% or more in some studies.

Based on this evidence, the US Centers for Disease Control and Prevention (CDC), the World Health Organization, and the Joint United Nations Program on HIV/AIDS support the use of PrEP for people at substantial risk for HIV infection.

### Resources

US Public Health Service: PreExposure Prophylaxis for the Prevention of HIV Infection in the United States—2014 Clinical Practice Guidelines <http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>

World Health Organization: Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. September 2015. [http://apps.who.int/iris/bitstream/10665/186275/1/9789241509565\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/186275/1/9789241509565_eng.pdf?ua=1)

UNAIDS 2015 (WHO) Oral Pre-Exposure Prophylaxis Putting a New Choice in Context. [http://www.avac.org/sites/default/files/resource-files/oralPrEP\\_UNAIDS.pdf](http://www.avac.org/sites/default/files/resource-files/oralPrEP_UNAIDS.pdf)



## Comparison: Truvada for HIV treatment vs HIV Prevention

Truvada® as HIV treatment vs	Truvada® as PrEP
Truvada® and/or other appropriate HAART therapies are clinically indicated for all HIV-positive people.	Truvada® PrEP is an appropriate therapy for some (but by no means all) people at high risk for HIV infection.
Non-HAART HIV “treatments” are not supported as clinically effective by the CDC and other health authorities, and are not recommended as a responsible standard of care.	A number of strategies, including condom use, monogamy between HIV-negative partners, and non-penetrative sexual practices, have proven to be effective against HIV transmission and are recommended for people who prefer to use them consistently.
HAART therapies (including those using Truvada®) are intended to be life-long treatments for HIV infection.	Truvada® PrEP is intended to be a situational treatment for people at high risk for HIV infection, and may be stopped and/or started again, depending on life circumstances that increase or reduce HIV risk.
Adherence to HAART therapies (including Truvada®) is important, and is routinely monitored through CD4 and viral load testing.	Adherence to Truvada® as PrEP is important, but currently is monitored through behavioral counseling and routine HIV testing.
Prescriptions for Truvada® when used as HAART for HIV-positive people can be covered under private insurance and/or a number of federal or state programs, including the Ryan White CARE program and ADAP (AIDS Drug Assistance Program).	Prescriptions for Truvada® when used as PrEP are currently covered under private insurance, Medicaid and Medicare, or out-of-pocket payments. Gilead Sciences offers copay assistance to insured patients and provides medication to qualified low-income patients. There are no dedicated federal or Wisconsin state programs providing coverage for Truvada® as PrEP.

### Will PrEP increase patient risk behaviors?

Many PrEP clients will be currently practicing a very high level of risk behavior. A number of clinical studies, mostly focused on gay, bisexual, and other men who have sex with men (MSM), found no significant increase in sexual risk behaviors by patients taking PrEP. It is important for clinicians to reinforce with patients that PrEP does not protect against pregnancy or STIs, and that condoms and other preventive measures should still be used consistently.

#### Resources

No Evidence of Sexual Risk Compensation in the iPrEx Trial of Daily Oral HIV Preexposure Prophylaxis. PLoS ONE 8(12): e81997. <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0081997>

National Institutes of Health: Risk Compensation in PrEP: An Old Debate Emerges Yet Again 2015 Jan 28. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4308722/>



## Pre-implementation Resources

Some items that providers should consider that can help enhance PrEP implementation:

- PrEP is meant to be a comprehensive intervention, and patients will need the support of a variety of clinic staff, including physicians, counselors, and pharmacists. It will be important for clinic staff to be familiar with PrEP and what role they can play in patient support. Consider using some of these resources for familiarizing clinic staff with PrEP:
  - **Packaging PrEP to Prevent HIV: An Integrated Framework to Plan for Pre-Exposure Prophylaxis Implementation in Clinical Practice** <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3058525/>
  - **The Fenway Institute—Intro to PrEP Video series** (three 2-minute videos) <http://thefenwayinstitute.org/prepinfo/>
  - **The Fenway Institute—The “PrEP Package” for Enhanced HIV Prevention: A Practical Guide for Clinicians** [http://www.lgbthealtheducation.org/wp-content/uploads/12-1.125\\_PrEPdocuments\\_clinicians\\_v3.pdf](http://www.lgbthealtheducation.org/wp-content/uploads/12-1.125_PrEPdocuments_clinicians_v3.pdf)
- Behavioral counseling is an important part of PrEP. Discussing subjects such as intimate sexual behavior and illicit drug use can be very difficult for both providers and patients, but is an essential part of providing medical care.

Consider some of these resources:

- **CDC—A Guide to Taking a Sexual History:** <http://www.cdc.gov/STD/treatment/SexualHistory.pdf>
- **Mountain Plains AIDS Education and Training Center—HIV Risk Assessment and HIV Risk Reduction:** [http://www.mpaetc.org/MPAETC/media/MPAETC/Product%20Downloads/risk\\_reduction.pdf](http://www.mpaetc.org/MPAETC/media/MPAETC/Product%20Downloads/risk_reduction.pdf)
- **National Coalition of STD Directors—Providing Optimal Care for Your MSM Patients:** [http://www.ncsddc.org/sites/default/files/provider\\_brochure2.pdf](http://www.ncsddc.org/sites/default/files/provider_brochure2.pdf)
- Additional resources that may be of interest:
  - **Pharmacists as providers of PrEP medication:** <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3501608/>
  - **The role of the pharmacist in HIV PrEP:** <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4139751/>

Multiple materials to support PrEP implementation can be found at *The Clinician Consultation Center website at UCSF:* <http://nccc.ucsf.edu/clinical-resources/prep-guidelines-and-resources/>



## Patient Education Prior to Prescribing PrEP

Once a patient is assessed to be an appropriate candidate for PrEP, the provider should discuss with the patient the details of PrEP as a prevention intervention, whether it fits the patient's needs and lifestyle, and what the patient might expect if he or she chooses to take PrEP. In particular, the provider should discuss in detail the need for daily adherence to PrEP, and whether this is something the patient feels capable of doing. If the patient expresses concerns, the provider may identify practices that could assist the patient with adherence (e.g., taking the medication with another daily practice—such as brushing teeth or eating breakfast; setting a daily alarm or reminder on their cell phone), and determine if such practices would work for the patient. Topics for education should include:

- Simple explanation of how PrEP works.
- Effectiveness of PrEP—It does not prevent STDs or pregnancy and should be used in conjunction with other prevention methods.
- Requirements for daily dosing and what to do when doses are missed.
- Time from initiation to effectiveness.
- Potential side effects, especially within the first month. Strategies to reduce side effects, and when to call the provider.

### PrEP Support Hotline for Clinicians – 855-HIV-PrEP (855-448-7737)

*PrEPline* is a national toll-free consultation service for clinicians considering prescribing pre-exposure prophylaxis (PrEP) for their patients. The hotline is supported by the Health Resources and Services Administration (HRSA), the United States Centers for Disease Control and Prevention (CDC) and the University of California San Francisco (UCSF). Through this telephone consultation service, any clinician seeking information about PrEP can rapidly receive expert guidance from a staff of experienced clinicians from 10 a.m. – 5 p.m. Central time, Monday through Friday.

In addition to free telephone consultation, the *PrEPline* also offers clinicians written and online checklists, guidelines, informational materials and other educational tools to assist health care providers to effectively implement PrEP with their patients.

Clinicians seeking advice and consultation on PrEP can call the hotline at 855 HIV PrEP (855-448-7737). For more information on the services offered through the *PrEPline*, visit the national Clinicians Consultation website at <http://nccc.ucsf.edu>.

### Resources:

New York State Department of Health AIDS Institute—Guidance for the Use of Pre-Exposure Prophylaxis (PrEP) to Prevent HIV Transmission. October 2015. [http://www.hivguidelines.org/wp-content/uploads/2015/10/PrEP-Guidance\\_10-14-15.pdf](http://www.hivguidelines.org/wp-content/uploads/2015/10/PrEP-Guidance_10-14-15.pdf)



## Clinical Indications

PrEP is indicated for adults who are confirmed HIV-negative through antibody/antigen testing or other procedure to rule out acute HIV infection, and who belong to one of the following high-risk populations:

- **Gay, bisexual and other men who have sex with men (MSM), and transgender people** who have had one or more male sex partners in the past six months, who are not in a monogamous partnership with a recently tested, HIV-negative man, AND at least one of the following:
  - Any anal sex without condoms (receptive or insertive) in past six months.
  - Any sexually transmitted infection diagnosed or reported in past six months.
  - Is in an ongoing sexual relationship with an HIV-positive partner.
- **People who injected drugs** not prescribed to them by a clinician, AND who have at least one of the following:
  - Any sharing of injection or drug preparation equipment in past six months.
  - Been in a methadone, buprenorphine, or suboxone treatment program in past six months.
  - Sexual risk for acquisition of HIV through MSM or high-risk heterosexual behavior.
- **Heterosexually active adults**, who have had sex with one or more opposite-sex partners in the past six
- months, who are not in a monogamous partnership with a recently tested, HIV-negative partner, AND at least one of the following:
  - Infrequently uses condoms during sex with one or more partners of unknown HIV status who are known to be at substantial risk of HIV infection (person who injects drugs or bisexual male partner).
  - Is in an ongoing sexual relationship with an HIV-positive partner.

In Wisconsin, the majority of new HIV diagnoses are among MSM and transgender people (78% in 2014). New HIV cases among heterosexuals are a much smaller proportion of the epidemic (15% in 2014), and are most commonly found among women living in areas of high overall HIV prevalence. While in many parts of the world people who inject drugs are at very high risk for HIV, and the number of people injecting drugs in Wisconsin has increased dramatically over the past several years, this population is moderately affected by HIV in Wisconsin, representing 7% of new HIV cases diagnosed in 2014.

The included ***PrEP Assessment Tool*** may be helpful in screening clients for PrEP.



## Possible Contraindications or Complicating Factors

PrEP is contraindicated in people with:

- Documented HIV infection.
- Creatinine clearance <60 mL/min.
- Inability or unwillingness to adhere to daily medication with Truvada<sup>®</sup> and/or follow-up with scheduled laboratory and counseling appointments.

PrEP should be used with caution in certain people:

- Is the patient an adolescent? PrEP has not been studied in people younger than 18 years of age. Additionally, minors in Wisconsin cannot receive prophylactic treatment without parental consent.
- Is the patient taking concomitant nephrotoxic drugs or drugs that have interactions with Truvada<sup>®</sup>? Obtain a thorough medication history.
- Does the patient have osteopenia/osteomalacia/osteoporosis? There may be a risk of bone loss associated with Truvada<sup>®</sup>. Discuss risk of bone loss with patient.

Although consistent condom use is a critical part of a prevention plan, lack of use of barrier protection is not necessarily a contraindication to PrEP. For example, PrEP has been shown to be effective in heterosexual couples trying to conceive children, preventing transmission of HIV from a seropositive partner to the seronegative partner.

**Important:** Truvada must be discontinued following a positive HIV test result. People who test HIV positive and also have hepatitis B may experience a sudden increase in hepatitis symptoms (*rebound viremia*) when they stop taking Truvada for PrEP (*prepfacts.org* guide, September 2014).



## PrEP and Insurance Coverage

- Insurance companies and Medicaid programs are covering the cost of Truvada<sup>®</sup> as PrEP. Getting information from the client's insurer before starting PrEP can help things go more smoothly:
  - Some companies and programs are requiring prior authorization, which involves completing paperwork before starting PrEP therapy.
  - Some insurers require that the initial Truvada<sup>®</sup> prescription for PrEP come from a clinician specializing in infectious diseases or a similar field.

The type of insurance coverage, including prescription drug benefits, determines the patient's out-of-pocket cost. Providers should check with a patient's insurer before starting a Truvada<sup>®</sup> prescription as PrEP.

- *Gilead Sciences, Inc.*, the company that makes Truvada<sup>®</sup>, offers two types of financial assistance for clients without insurance or with high copay requirements:
  - The *Truvada<sup>®</sup> for PrEP Medication Assistance Program* assists eligible HIV-negative adults in the United States who do not have insurance obtain access to Truvada for PrEP. For information about eligibility for this medication assistance program, call 1-855-330-5479, Monday through Friday between 9:00 a.m. and 8:00 p.m. (Eastern). Patients and providers can also complete an application available online at [https://start.truvada.com/Content/pdf/Medication\\_Assistance\\_Program.pdf](https://start.truvada.com/Content/pdf/Medication_Assistance_Program.pdf), which can be faxed to Gilead.
  - *Truvada<sup>®</sup> Co-Pay Assistance* covers copayments and deductibles for Truvada<sup>®</sup> up to \$3,600 annually for patients whose insurance requires out-of-pocket costs. For information about enrollment and eligibility, call 877-505-6986. Patients can also enroll online at <http://www.gileadcopay.com> and get a temporary copay card that can be printed on demand.
- Residents of Wisconsin who are not currently insured and who meet income requirements can obtain insurance coverage via *Badger Care*  
Plus <https://www.dhs.wisconsin.gov/badgercareplus/index.htm>.
- Additional information about accessing insurance coverage in Wisconsin via the *Affordable Care Act* (ACA) can be found at <https://www.dhs.wisconsin.gov/health-care-coverage/index.htm>.

Clinicians and others assisting patients to access Truvada<sup>®</sup> for PrEP through insurance or a patient assistance program must be mindful of any necessary reauthorizations, income confirmation, or other requirements associated with this benefit. Routine client visits should be scheduled to ensure time to meet all requirements for continued coverage in order to avoid disruptions in treatment.



## Sample PrEP 12-month Patient Care Plan

The CDC recommends patients receiving PrEP have regular provider visits to monitor HIV status, adherence, and side effects. Follow-up and monitoring of patients receiving PrEP also includes prevention services that are part of a comprehensive prevention plan, such as risk-reduction counseling, access to condoms, STI screening, and mental health and substance use screening, when indicated.

Whenever patients present with symptoms of acute HIV infection, an HIV screening test (or combination of tests) capable of identifying acute HIV infection should be used to determine the patient's HIV status. ***Discontinue PrEP immediately for patients who receive a positive HIV test result.*** Obtain a genotypic assay, and refer and link to HIV care.

### On intake:

- **HIV Antibody/Antigen testing:** A negative HIV test result needs to be confirmed as close to initiation of PrEP as possible, ideally on the same day the prescription is given. If patients present with symptoms of acute HIV infection and recent (<1 month) exposures are suspected, delay starting Truvada<sup>®</sup> for at least one month and reconfirm HIV-1 negative status, or use a serologic screening test in conjunction with a plasma HIV RNA assay to confirm HIV-negative serostatus. Clinicians should wait to prescribe PrEP until confirmation of a negative test result is available.
- **Baseline creatinine assessment** to document an estimated creatinine clearance  $\geq 60$  mL/minute.
- **Screen female patients for pregnancy:** Determine if the patient is pregnant or planning to become pregnant. Use of PrEP during pregnancy should be decided on a case-by-case basis balancing the woman's risk for HIV infection against the lack of data on Truvada's<sup>®</sup> effect on the developing fetus. Providers should consider consultation with an infectious disease specialist prior to starting or continuing use of Truvada<sup>®</sup> for PrEP in pregnant women.
- **Check vaccination history**
  - Hepatitis A and B vaccinations are recommended for gay and bisexual males.
  - The human papillomavirus (HPV) vaccine is recommended for male and female patients up to 26 years of age.
  - Seasonal flu vaccination is also recommended. This is additionally important because symptoms of flu can mimic those of acute HIV infection.
  - In areas where meningococcal outbreaks among gay and bisexual men have been common, consider meningococcal vaccination.



- **Comprehensive STI/STD Screening:**
  - All patients should be screened for syphilis and hepatitis B.
  - Patients born between 1945 and 1965, and any patient with injection drug use risk behavior, should be screened for hepatitis C.
  - Sexually active patients should receive physiologically appropriate screening for chlamydia and gonorrhea:
    - ◆ Rectal screening for male or female patients who have had receptive anal sex in the past year.
    - ◆ Urethral screening for males who have had insertive anal, vaginal or oral sex in the past year.
    - ◆ Throat swabs for male or female patients who have had oral-genital sex in the past year.
- **The first counseling session with the PrEP patient** should include the clinician covering the following items:
  - *Drug adherence*—Research shows that the key to making Truvada<sup>®</sup> an effective tool to prevent HIV infection is taking it every day, as directed. Missed doses significantly lessened the ability of Truvada<sup>®</sup> to protect against HIV.
  - *Regular clinic visits*—PrEP requires regular visits, once every three to six months, to monitor HIV status, adherence, and drug side effects.
  - *PrEP is a combination strategy*—While use of Truvada<sup>®</sup> is the innovative part of the PrEP intervention, it is to be used in combination with safer sex practices, regular testing for STIs (such as syphilis and gonorrhea) and HIV, and for patients with an HIV-positive partner, ensuring the partner's viral load is effectively suppressed through use of HAART medication.
- **The first prescription of Truvada<sup>®</sup>:** One (1) tablet PO daily should be dispensed for 30-90 days. Physicians should assess potential issues of adherence, tolerance, and commitment to determine the appropriate amount of Truvada<sup>®</sup> for the initial prescription. Patients should be counseled that it may take up to two weeks of taking Truvada<sup>®</sup> before the treatment offers effective protection against HIV infection.

#### At 30 days

- First month check-in: After 30 days, the patient should be interviewed, either in person or by phone. The patient should be asked about any side effects experienced, and any issues with adhering to the medication schedule. The results of treatment for STIs should also be reviewed.
- **If the patient initially received a 30-day prescription** for Truvada<sup>®</sup>, a prescription for 60 days may be given at this time.

#### At three months

- The patient should return for HIV testing and other assessments.
- **Screen for HIV-1 infection.** If symptoms of acute HIV infection develop following a potential exposure event, conduct immediate Ag/Ab testing using an acute HIV protocol. If the test



comes back positive, discontinue PrEP, do a genotype assay and immediately refer patient to HIV care.

- **Serum creatinine** checked after three months on the medication (and yearly thereafter if baseline and three-month values are within normal limits).
- **For women, pregnancy testing.**
- **After the three-month visit, prescriptions can be given for 90 days**, provided the patient is adherent.

#### At six months

- **Screen for HIV-1 infection.**
- **Assess adherence.**
- **Conduct oral/ano/genital testing for STIs.**
- **Assess current HIV risk and verify continued need for PrEP.**

#### At nine months, Screen for HIV-1 infection.

#### At 12 months

- **Screen for HIV-1 infection.**
- **Conduct oral/ano/genital testing for STIs.**
- **Assess adherence.**
- **Assess current risk and verify continued need for PrEP.**

#### Ongoing

- **Screen for HIV-1 infection quarterly.**
- **Screen for STIs two to four times a year, based on patient diagnostic history.**
- **Serum creatinine** checked annually.
- **Assess adherence, current risk, and continued need for PrEP at each visit.**

PrEP providers and patients should watch closely for any symptoms of **acute HIV infection**:

- Fever
- Rash
- Joint pain
- Oral ulcers (mouth sores)
- Fatigue
- Night sweats
- Sore throat
- Malaise
- Pain in muscles
- Loss of appetite

Because many of these are similar to symptoms of influenza, it is important to ensure patients are up to date on seasonal flu vaccinations.



## Discontinuing PrEP

While there is no clinically indicated maximum length for PrEP treatment, PrEP is not necessarily intended as a life-long treatment:

- Many people will go through periods of increased or decreased risk for HIV. Routine PrEP counseling should include periodic re-assessment of risk behavior.
- Adherence to PrEP must also be routinely evaluated, and patients unable or unwilling to adhere to taking Truvada® daily and completing routine scheduled HIV testing should be transitioned to alternative HIV prevention strategies.

In either case, when possible, patients should continue taking Truvada® for four weeks after their last significant risk for HIV when PrEP is discontinued.

If PrEP is being discontinued because of issues of adherence, side effects, or patient satisfaction, alternate strategies of HIV prevention should be discussed. For people at ongoing risk of HIV infection, the CDC recommends HIV testing two to four times a year. Consistent use of condoms is also recommended as an effective method of preventing infection with HIV and many STIs. Clinicians should ensure that patients are aware of the availability of condoms and HIV testing in their community.

If PrEP is being discontinued due to changes in a patient's life leading to decreased risk for HIV transmission, clinicians should assure the patient that PrEP could be resumed in the future if the patient's situation or relationships change.

### **A Note About PrEP and PEP (*post-exposure prophylaxis*)**

If a client asks about PrEP due to a very recent (within the past 72 hours) potentially high-risk exposure (e.g., unprotected anal or vaginal intercourse with a partner known to be HIV-positive), *post-exposure prophylaxis* (PEP) should be considered. PEP, in cases of either potential occupational or non-occupational HIV exposure, offers the possibility of preventing HIV transmission when initiated promptly. People with ongoing high-risk behavior should be assessed for a referral to PrEP upon successful completion of the PEP protocol.

Information about using the PEP protocol in response to potential HIV exposure related to sexual behavior (also referred to as *nPEP—non-occupational post-exposure prophylaxis*) can be found at:

- <https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/post-exposure-prophylaxis/>
- <https://aidsinfo.nih.gov/contentfiles/NonOccupationalExposureGL.pdf>



## PrEP Assessment Tool

1. How old are you today?
  - If <18 years .....score 0
  - If 18-28 years .....score 6
  - If 29-40 years .....score 4
  - If 41-48 years .....score 2
  - If 49 years or more .....score 0
2. In the past six months, have you had sexual partner(s) who are male or transgender?
  - No (*skip to question 6*)
  - Yes
3. In the last six months, how many of your partners did you have anal or vaginal sex with not using a condom?
  - None .....score 0
  - One .....score 2
  - Two to four .....score 4
  - Five or more.....score 6
4. [*Males only*] How often do you use social websites or phone apps like Craigslist, Backpage, GRNDR, Scruff, or Jack'd to meet new partners?
  - If used at all during last 12 months .....score 6
5. In the last six months, how many of your male sex partners were HIV-positive?
  - If >1 positive partner .....score 6
  - If 1 positive partner .....score 4
  - If no positive partner .....score 0
6. In the last six months, have you used methamphetamines such as crystal or speed?
  - If yes.....score 4
7. Do you use injectable drugs such as opiates, hormones, or steroids not prescribed to you by a physician?
  - If yes.....score 5
8. (If answered YES to question 7)  
In the last six months, have you shared equipment such as syringes, cotton, or “cookers” with someone while injecting?
  - If yes.....score 2

Total \_\_\_\_\_

Clients scoring 12 or more points should be referred to PrEP services or other appropriate prevention case management.

Tool adapted from [Guidance for the Use of Pre-Exposure Prophylaxis \(PrEP\) to Prevent HIV Transmission](#), New York State Department of Health AIDS Institute.



## APPENDIX: Key Resources

Gilead Sciences, Inc., official site for PrEP information <http://www.truvadapreprems.com/truvadaprep-resources>

CDC introductory PrEP page <http://www.cdc.gov/hiv/basics/prep.html>

CDC “Vital Signs” summary of PrEP <http://www.cdc.gov/vitalsigns/hivprep/>

"Truvada Track" Website—helpful answers about obtaining coverage for Truvada as PrEP <http://myprepexperience.blogspot.com/p/truvada-track.html>

Resources for PrEP Consumers, including free condoms via mail <https://start.truvada.com/individual/truvadaprep-patient-resources#>

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