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# Rutgers HPCPSDI

## Position Paper on Pre-exposure Prophylaxis (PrEP) of HIV

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*This paper intends to provide the reader with a brief history on Pre-Exposure Prophylaxis (PrEP) for HIV and its addition to the menu of evidence-based interventions used to prevent HIV transmission. Additionally it explores the growing demand for PrEP within New Jersey leading to the development of community-based Education and Access programs. Finally, the paper will discuss steps New Jersey can take to implement such a program to fit the needs and demands of both consumers and providers throughout the state. .*

DRAFT

The New Jersey HIV Planning Group (NJHPG) supports the addition of Pre-exposure prophylaxis (PrEP) into the menu of evidence-based interventions used to prevent HIV transmission by developing a PrEP Education and Access program throughout New Jersey's communities.

## **HISTORY**

PrEP is a new HIV prevention method supported by the U.S. Centers for Disease Control (CDC). It involves the use of the anti-retroviral medication, Truvada to prevent the acquisition of HIV infection. This once-a-day medication regimen was approved by the FDA in 2012 for HIV-uninfected persons who are at high risk of being exposed to HIV through sexual contact and injection drug use. Truvada is a safe and effective drug and has been used as a single pill regimen for treatment of HIV since 2004.

The CDC has developed guidelines for the prescription of daily Truvada as PrEP to men who have sex with men (MSM), heterosexual men and women, and people who use injection drugs that are at "substantial" risk of HIV infection.

A series of clinical trials have revealed the efficacy and significant benefits for PrEP within several target populations including gay and bisexual men, transgender women, heterosexual women and serodiscordant couples. Two of the latest studies, iPrex<sup>i</sup> and Partners PrEP<sup>ii</sup> showed efficacy rates of 92% and 90% respectively. Used consistently, PrEP has demonstrated the ability to greatly reduce the risk of HIV infection in people who are at elevated risk of acquisition (The New England Journal of Medicine, 2010) .

Despite a slow uptake during its initial introduction for usage as an HIV-prevention strategy, PrEP has shown tremendous support within the past few years. Regional and national public health and advocacy bodies herald its efficacy in both research trials and in improving the lives of individuals.

PrEP is more than just a pill. It incorporates a comprehensive HIV prevention strategy anchored by routine HIV/STD testing, risk-reduction counseling, treatment adherence and health education including correct and consistent condom use.

For consumers, PrEP serves as an empowering tool, promoting sexual health by giving those at greatest risk for HIV infection means to think and act proactively regarding their sexual behavioral.

For providers, PrEP affords an opportunity to engage in conversations with their consumers regarding risks and prevention options, supporting a commitment to their personal health.

Localities such as New York City, San Francisco, Boston and New York State have demonstrated the success of PrEP by addressing the reluctance of consumer's use of PrEP and the concerns providers have towards prescribing Truvada for preventative purposes. Apprehensions regarding inconsistent usage are resolved by improving consumer education and risk-reduction counseling. Issues of affordability are addressed through healthcare advocacy to consumers, pharmacies and health insurance companies. Provider education has lessened avoidance to addressing sexual health risks.

New Jersey is beginning to address the implementation of PrEP as prevention for those at greatest risk of HIV infection.

While the overall number of new HIV infections in the state of New Jersey has decreased since 2011, some subpopulations, such as the young men who have sex with men (YMSM), continue to show a significant rise in the rate of newly acquired HIV infection. New infections are additionally disproportionately higher in communities of color. In 2011, African Americans accounted for half of new HIV/AIDS diagnoses in New Jersey. Additionally, 75% of the diagnoses among 13-24 year olds in 2011 were attributable to MSM populations. PrEP may serve as an effective tool to combat HIV in these high-risk populations (New Jersey Department of Health, 2013).

By identifying PrEP as a key Action Step within the New Jersey HIV Prevention and Care Service Plan 2014-16, The New Jersey Department of Health, Division of HIV, STD, TB Services (DHSTS) emphasizes the importance of including PrEP as a part of our arsenal to combat the HIV/AIDS epidemic.

In response to the NHAS goals, the NJDOH in collaboration with the NJHPG and other regional planning bodies created goals to reduce the number of new HIV infections in the state:

*To reduce the annual number of new infections by 25%, DHSTS will employ PrEP and other biomedical strategies to prevent new infections, improve provider education, and identify funding resources to cover the cost of medications and review best care and treatment practices.*  
(New Jersey Department of Health, 2014-2016) <sup>iii</sup>

In keeping with this aim to slow the spread of the epidemic, we support the development of a statewide PrEP Education and Access program. Such a program will help to ensure that everyone at risk for HIV infection has the opportunity to choose the best and most realistic option for combating transmission of the virus.

PrEP is an important tool for those at substantial risk of contracting HIV to enhance the protection already afforded to them by condoms and other HIV prevention strategies. PrEP is to be used as part of a comprehensive prevention plan that includes adherence counseling, health education and condom usage.

If we are to bring down the number of new HIV infections across all populations in New Jersey, we must focus our prevention efforts on tools with the greatest potential to slow the spread of HIV.

## **A MODEL FOR NEW JERSEY**

As New Jersey takes steps toward developing a PrEP Education and Access program, we must carefully address all of the challenges and barriers often encountered by both consumers and providers in regards to this new HIV prevention strategy.

In order to guarantee unfettered access to PrEP for New Jersey residents, NJHPG recommends that DHSTS develop a PrEP Education and Access program that effectively addresses the barriers faced in three key areas:

### **Accessibility, Acceptability and Affordability**

#### **1. Accessibility**

*We must ensure that PrEP providers are available throughout communities where such services are most needed, to safeguard that all individuals who are eligible for PrEP are afforded access*

To address the question of where consumers can get access to PrEP, we recommend that DHSTS develop multi-varied **Community Education** initiatives.

#### **2. Acceptability**

*We must ensure that ease and convenience of PrEP services by guaranteeing that individuals will be able to find knowledgeable and relevant providers in their community*

To create an environment where consumers feel comfortable to discuss PrEP with their provider, we recommend the program initiate a **Provider Awareness and Support** Network. Such an initiative should also address provider's need to become more familiar with PrEP.

#### **3. Affordability**

*We must ensure that PrEP is an economically viable option for everyone who is prescribed, as to make certain financial burden does not become a barrier to usage.*

To alleviate barriers to access and usage resulting from the costs of PrEP, we recommend the program activate a **Medication Access** initiative.

The New Jersey model builds on lessons learned and best practices from other localities to address the barriers faced as a result of accessibility, acceptability and affordability.

This model is anchored by four distinct initiatives:

**1. Community Education:**

- Develop marketing and promotional tools incorporating tailored prevention messages within the various communities served by DHSTS grantees.
- Create educational materials on PrEP for consumers (Determining if PrEP is a good fit for you, How to discuss PrEP with your provider, Where to access PrEP services, How to use PrEP).
- Construct a resource directory including a detailed list of local providers where consumers can access PrEP services.

**2. Medication Access:**

- Provide advocacy to health insurance companies to reduce consumer barriers to accessing PrEP.
- Ensuring navigation services are provided for clients eligible for navigating Gilead's PrEP Medication and Co-Pay Assistance Programs.

**3. Provider Education/Support:**

- Ensure all DHSTS funded agencies receive training/awareness of PrEP eligibility and usage guidelines in order to appropriately screen and link clients to PrEP services.
- Create educational materials on PrEP for providers (Including eligibility criteria, CDC Implementation Guidelines, CDC Clinical Providers Supplement and costs coverage options for consumers).
- Develop a collaborative for all providers (HIV Care/Treatment, HIV Prevention/Testing and other healthcare practitioners) to address linkages/access barriers.
- Develop a consortium of New Jersey PrEP prescribers. Provide information on prescribing indication, interim guidelines and how to incorporate sexual health into routine screenings.
- Facilitate the increase of PrEP prescribers by serving as a resource to orient and educate regional health practitioners via a helpline service.
- Creation and implementation of Continuing Education Units (CEU) workshops for healthcare providers interested in increasing their knowledge of PrEP and sexual health topics.

#### **4. Patient Navigator:**

The inclusion of a Patient Navigator initiative solidifies the New Jersey Model as an innovative approach to statewide PrEP implementation by involving local, regional and state providers in all arenas of Prevention, Testing and Care & Treatment.

Our statewide HIV Linkage to Care Coordinator program, a national model of excellence for Linkage to Care of HIV-positive persons was introduced in 2012. It boasts a success rate of 96% in 2013 with linking newly diagnosed and out of care HIV-positive individuals to treatment and care facilities.

We support the expansion of this program to address structural and institutional barriers commonly faced with PrEP implementation. While a number of providers are most comfortable prescribing PrEP to negative individuals within sero-discordant relationships, we must address barriers that exist to high-risk individuals outside of this risk category. Expansion of the Navigator program will provide direct linkage to PrEP education, peer support, risk-reduction referral and treatment services for thousands of high-risk negative individuals served by DHSTS regional testing sites.

The Patient Navigator initiative integrates each of the previous recommendations by taking the following steps:

- Integration of PrEP referral, education and access services into existing HIV Prevention Patient Navigator program,
- Formalizing client flow between regional CTR and Prevention programs and PrEP prescribing agencies,
- Establishing referral protocol for clients between CTR, Prevention and Care/Treatment service providers, and
- Developing tools to identify recruit and screen persons to participate in PrEP Access services.

The NJHPG supports the addition of Pre-exposure prophylaxis (PrEP) into the menu of evidence-based interventions used to prevent HIV transmission by developing a PrEP Education and Access program throughout New Jersey's communities.

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