

# Appendix

[CDC HIV PEP Policy](#)

[IHS DoxyPEP guidelines](#)

[Sample Toolkit for Express STI Resources - Indian Country ECHO](#)

[Home Page - IWTK \(iwantthekit.org\)](#)

## Oral PrEP Monitoring:

Test	Screening/Baseline Visit	Q 3 months	Q 6 months	Q 12 months	When stopping PrEP
HIV Test	X	X			X*
eCrCl	X		If age $\geq$ 50 or eCrCl $<$ 90 ml/min at PrEP initiation	If age $<$ 50 or eCrCl $\geq$ 90 ml/min at PrEP initiation	X
Syphilis	X	X	X		X
Gonorrhea	X	X	X		X
Chlamydia	X	X	X		X
Lipid Panel (F/TAF)	X			X	
Hep B Serology	X				
Hep C Serology	X			X	

\*Assess for acute HIV infection

## Long-Acting Injectable PrEP Monitoring:

Test	Initiation Visit	1 month visit	Q 2 months	Q 4 months	Q 6 months	Q 12 months	When Stopping CAB
HIV*	X	X	X	X	X	X	X
Syphilis	X			X		X	X
Gonorrhea	X			X		X	X
Chlamydia	X			X		X	X

\*HIV-1 RNA assay

## TelePrEP

- Telehealth implementation allows for an alternate means to connect persons to HIV care and prevention services who are not being reached through conventional methods. Telehealth can be leveraged as part of each of the four EHE pillars – Diagnose, Treat, Prevent, and Respond.
- Clinicians may conduct PrEP screening, initiation, or follow-up visits by phone or web-based consult.
- Obtain specimens for HIV, STI, or other PrEP-related laboratory tests by:
  - a. Laboratory visits for specimen collection only
  - b. Order home specimen collection kits for specified tests.
    - i. Specimen kits are mailed to the patient’s home and contain supplies to collect blood from a fingerstick or other appropriate method (e.g., self-collected swabs and urine).
    - ii. The kit is then mailed back to the lab with test results returned to the clinician, who acts on results accordingly.
    - iii. For HIV testing, if a patient has no possible access to a lab (in-person or by mail), clinicians can provide an oral swab-based self-test that the patient can conduct and report to the clinician (e.g., a photo of the test result). Because of the low sensitivity of oral Ab tests in detection of acute HIV infection, this should only be used for PrEP patients as a last resort.
- When HIV-negative status is confirmed, provide a prescription for a 90-day supply of PrEP medication to facilitate PrEP adherence.<sup>ii</sup>

## CPT Codes<sup>iii</sup>

ICD-10 codes for pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)

### **PrEP**

- Z29.81 Encounter for HIV pre-exposure prophylaxis
- Z20.6 Contact with and (suspected) exposure to HIV
- Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
- Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission
- Z11.4 Encounter for screening for human immunodeficiency virus
- Z11.59 Encounter for screening for other viral diseases
- Z20.5 Contact with and (suspected) exposure to viral hepatitis
- Z71.7 Encounter for HIV counseling

### **PEP**

- Z20.6 Contact with and (suspected) exposure to HIV
- Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
- Z20.5 Contact with and (suspected) exposure to viral hepatitis
- Z77.21 Contact with and (suspected) exposure to potentially hazardous body fluids

The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) coding system does not designate specific codes for PrEP or PEP related services. The codes listed here are options for providers to use when discussing and prescribing PrEP and PEP

### **Patient Assistance Programs**

Clinicians may personally assist patients in applying for patient assistance programs or refer the patient to the benefits coordinator. A general checklist of items needed includes a completed enrollment form, patient ID and proof of residency, proof of income, or a letter explaining finances (i.e., the patient receives food stamps and lives with family members), insurance information, or an exemption letter for the ACA marketplace.

#### **Apretude (cabotegravir):**

Provided by: ViiV Connect

Eligibility:

- Live in one of the 50 states, the District of Columbia, or Puerto Rico
- Have a household income less than or equal to 500% of the [Federal Poverty Level](#) based on household size
- Not be eligible for Medicaid or Puerto Rico's Government Health Plan, Mi Salud
- Not be enrolled in an Alternate Funding Program

#### **And either:**

- Have no prescription drug coverage, or
- Have a Medicare Part B, Medicare Part D, or Medicare Advantage Plan, and have spent at least \$600 or more on out-of-pocket prescription expenses during the current calendar year, or
- Have a private insurance plan limited to generic-only coverage, outpatient use only, or therapeutic class exclusion (non-coverage) of drug

Patients can enroll on their own, or the provider can complete the [enrollment form](#) on behalf of the patient.

#### **Descovy (emtricitabine-tenofovir alafenamide):**

Provided by: Gilead Sciences, Inc.

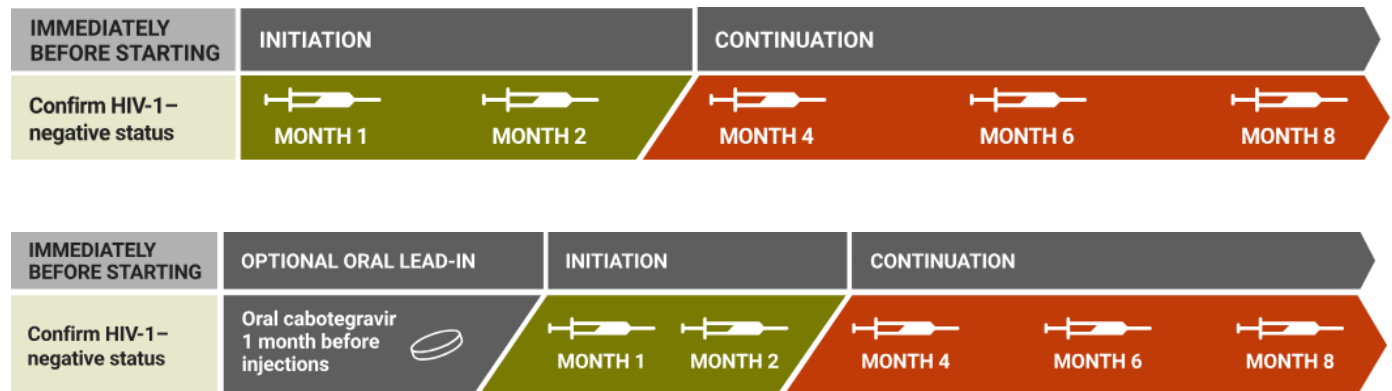
Eligibility:

- Must be uninsured or underinsured
- Those with Medicare Part D, contact the program for details.
- Have a household income less than or equal to 500% of the [Federal Poverty Level](#) based on household size
- Must be residing in the US or Puerto Rico
- Diagnosis/Medical Criteria: Medically appropriate condition/diagnosis

Patients can enroll on their own, or the provider can complete the [enrollment form](#) on behalf of the patient.

## Cabotegravir Injections

### Dosing schedule



### Missed Injections

#### Continuing APRETUDE after *planned* missed injections

Adherence to the injection dosing schedule is strongly recommended. Individuals who miss their Target Injection Date should be clinically reassessed to ensure that resumption of APRETUDE remains appropriate.

If your patient plans to miss their Target Injection Date by >7 days, daily oral cabotegravir can be prescribed for a duration of up to 2 months to replace 1 missed scheduled every-2-month injection of APRETUDE.

The first dose of oral cabotegravir should be taken approximately 2 months after the last injection dose of APRETUDE.

Restart injections with APRETUDE on the day oral dosing completes or within 3 days.

#### How much time has passed since your patient's missed Target Injection Date?

##### ≤1 month since missed Target Injection Date

- **Resume injections on final day of oral cabotegravir or within 3 days**
- Continue with every-2-month dosing schedule thereafter

##### >1 month since missed Target Injection Date

- **Repeat initiation injections (2 injections 1 month apart) on the final day of oral cabotegravir or within 3 days**
- Continue with every-2-month dosing schedule thereafter

#### Continuing APRETUDE after *unplanned* missed injections

Adherence to scheduled injection visits is important.

If your patient missed their Target Injection Date by >7 days and did not plan for it by taking oral cabotegravir, clinically reassess them to determine whether APRETUDE remains appropriate, and if so, confirm HIV-1-negative status prior to injection.

**How much time has passed since your patient's missed Target Injection Date?**

**≤1 month since missed Target Injection Date**

- **Resume injections as soon as possible**
- Continue with every-2-month dosing schedule thereafter

**>1 month since missed Target Injection Date**

- **Repeat initiation injections (2 injections 1 month apart)**
- Continue with every-2-month dosing schedule thereafter

‡For oral PrEP durations greater than 2 months, an alternative oral regimen is recommended.

**Medication Administration Guide**

[Apretude HCP Website Dosing and Admin Guide PDF - PM-US-CBT-OGM-210033.pdf](#)