



Provider FAQs

11. What additional support is required for patients on PEP?

Providers should maintain contact with their patients on PEP, either by telephone or in a clinic visit for the entire duration of PEP. This is both to ensure adherence and to facilitate follow-up HIV testing at 30 and 90 days. Patients should be counseled to take measures that reduce the risk of transmission during the 12-week follow-up period, such as using condoms consistently, avoiding pregnancy/breastfeeding, avoiding needle-sharing and refraining from donating blood, plasma, organs, tissue or sperm.

Table 1: Recommended schedule of laboratory evaluations of source and exposed persons for providing PEP with preferred regimens ¹⁵

Test	Source	Exposed Persons			
	Baseline	Baseline	4–6 weeks after exposure	3 months after exposure	6 months after exposure
	For all persons considered for or prescribed nPEP for any exposure				
HIV Ag/Ab testing (or antibody testing if Ag/Ab test unavailable)	✓	✓	✓	✓	✓
Hepatitis B serology, including: hepatitis B surface antigen hepatitis B surface antibody hepatitis B core antibody	✓	✓	—	—	✓
Hepatitis C antibody test	✓	✓	—	—	✓
	For all persons considered for or prescribed nPEP for sexual exposure				
Syphilis serology	✓	✓	✓	—	✓
Gonorrhea	✓	✓	✓	—	—
Chlamydia	✓	✓	✓	—	—
Pregnancy	✓	✓	✓	—	—
	For persons prescribed: tenofovir DF+ emtricitabine + raltegravir or tenofovir DF+ emtricitabine + dolutegravir				
Serum creatinine (for calculating estimated creatinine clearance)		✓	✓	—	—
Alanine transaminase, aspartate aminotransferase		✓	✓	—	—
	For all persons with HIV infection confirmed at any visit				
HIV viral load	✓		✓		
HIV genotypic resistance	✓		✓		

12. Will PEP be covered by my patients' health insurance?

PEP is covered by most insurances, including Medicaid. Additionally, several programs help cover the cost of PEP and associated care. The programs below provide assistance to appropriate patients who are uninsured or underinsured, or who need financial assistance to pay for the medicine and co-pays. Providers can assist their patients by:

- Applying for assistance with medication co-pay if the patient is insured or
- Applying for complete coverage of the medication if the patient does not have insurance or needs financial assistance. Those earning <500% of the federal poverty level (in 2016, \$59,400 for a one-person household) are eligible.

The paperwork must be signed and submitted by a licensed clinical provider.

Gilead Advancing Access Program - Assists with coverage of Truvada (a fixed-dose combination of tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg) and of Stribild (a fixed-dose combination of tenofovir disoproxil fumarate 300 mg+emtricitabine 200 mg + cobicistat 150 mg + elvitegravir 150 mg).

For more information and the form, visit www.gileadadvancingaccess.com

Merck Patient Assistance Program and Savings Card - Assists with coverage of Isentress (raltegravir 400 mg) [Note: Medication provided under the patient assistance program is shipped from the West Coast. As a result, the patient must obtain an initial supply to start medication within 36 hours of exposure.]

For more information, visit www.merckhelps.com/docs/SUP_Enrollment_Form_English.pdf or https://www.isentress.com/raltegravir/isentress/consumer/financial_assistance_for_hiv_patients/

ViiV Healthcare Patient Assistance Program and Patient Savings Card - Assists with coverage of Tivicay (dolutegravir 50 mg). For more information, visit www.viivhealthcareforyou.com or www.mysupportcard.com

For more information: Go to getprepla.com or Los Angeles County Department of Public Health at prepinfo@ph.lacounty.gov

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