

PrEP Toolkit

A Resource Guide For Providers
About Pre-Exposure Prophylaxis

Table of Contents

Overview **3**

What is PrEP? **4**

Indications for PrEP **6**

PrEP Initiation and Follow-Up **10**

PrEP & Special Populations **16**




Cost for Patients **20**

Billing and Coding **22**

Additional Resources **24**

AIDS Free Pittsburgh

625 Liberty Avenue, Suite 2500
Pittsburgh, PA 15222

 info@aidsfreepittsburgh.org
 aidsfreepittsburgh.org
 (412) 586-6706

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Introductory Letter

AIDS Free Pittsburgh (AFP) is a collective public health initiative to end the HIV epidemic in Allegheny County. By coordinating and bolstering the collaborative spirit of local government agencies, healthcare institutions, and community-based organizations, AFP strives to support and improve the care of people living with HIV/AIDS as well as at-risk communities.

One of AFP's primary goals is to build capacity for Pre-Exposure Prophylaxis (PrEP) service delivery. PrEP is the use of HIV antiretroviral agents that have shown to be effective in lowering the risk of HIV infection in seronegative people.

Since its inception, AFP has conducted annual PrEP surveys to gauge knowledge and opinions of Allegheny County residents and inform future HIV prevention efforts. Major takeaways include:

125%

increase in PrEP
awareness,
2016 to 2024

447%

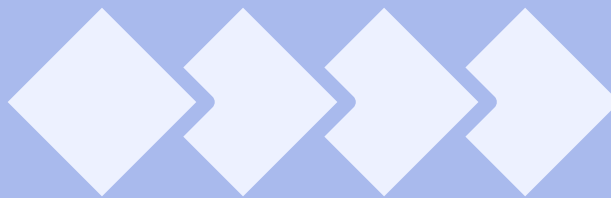
increase in PrEP
uptake,
2015 to 2023

50%


of respondents
would prefer to get
PrEP from their PCP

This toolkit aims to put healthcare providers at the forefront of educating patients about PrEP. In the following pages, you will find basic information about PrEP, indications for PrEP, questions for patients, a list of PrEP resources in Allegheny County, and more.

What is PrEP?



Pre-Exposure Prophylaxis, or PrEP, is an HIV prevention option that can reduce the chances of getting HIV by over 90% when taken as prescribed.


In 2023, the United States Preventive Services Task Force (USPSTF) gave PrEP a [Grade A recommendation](#) , encouraging all clinicians to offer PrEP with effective antiretroviral therapy to any patient who is at high risk for contracting HIV through sexual activity or intravenous drug use. The Centers for Disease Control and Prevention (CDC) also recommends that all sexually active adult and adolescent individuals receive information about PrEP, in addition to people who inject drugs who cannot always access needle exchange services or other tools to reduce the risk of exposure to HIV.

Sometimes, people may not feel comfortable discussing all sexual or injection behaviors with their provider. Therefore, **PrEP should still be prescribed to those who request it even if no specific risks are identified.**

PrEP does not:

- Protect against sexually transmitted infections (STIs) other than HIV.
- Completely eliminate the risk of HIV infection.

PrEP should be used in tandem with other prevention methods (e.g. condoms) and patients should undergo regular screenings for other STIs (i.e. syphilis, gonorrhea, and chlamydia). While exceedingly rare, PrEP failures resulting from infection from resistant strains of HIV have been documented.

It is also important for people who inject drugs to use PrEP, especially those who cannot always obtain sterile needles. Patients who inject drugs can be referred to Prevention Point Pittsburgh for confidential syringe exchange services. Please visit pppg.org  or call (412) 247-3404 for current hours of operation and available services.

PrEP Options

Truvada (TDF/FTC)

Truvada is a once daily oral combination pill containing 300 mg of tenofovir disoproxil fumarate and 200 mg of emtricitabine. Truvada is approved for adults and adolescents weighing at least 35 kg (77lb). This medication is available in a generic option. Individuals with certain health issues, such as kidney disease or low bone density, may benefit from use of Descovy over Truvada.

Descovy (TAF/FTC)

Descovy is a once daily oral combination pill containing 25 mg of tenofovir alafenamide and 200 mg of emtricitabine. Descovy was approved in 2019 for adults and adolescents weighing at least 35 kg (77 lb). Due to a lack of data, it is not approved for individuals whose primary risk factor is receptive vaginal use, though off-label use may be considered. Emerging data suggests that Descovy may be associated with modest weight gain and an increase in triglyceride levels.

Apretude (cabotegravir)

Apretude is an injectable medication containing cabotegravir extended release 600 mg (3 mL). After the optional oral lead-in, it is administered intramuscularly every two months by a healthcare provider. Apretude was approved in 2021 for adults and adolescents weighing at least 35 kg (77 lb). Apretude is an appropriate option for individuals with renal disease.

Yeztugo (lenacapavir)

Yeztugo is a twice-yearly injectable medication containing 927 mg lenacapavir (2x 1.5 mL). Yeztugo is a series of two oral doses, followed by subcutaneous injections every 26±2 weeks. Yeztugo was approved in June 2025 for adults and adolescents weighing at least 35 kg (77 lb) who are at risk of HIV through sexual exposure.

Who can benefit?


PrEP is for everybody.

PrEP should be offered to any patient who is at high risk for contracting HIV through sexual activity or intravenous drug use. All sexually active adults and adolescents, as well as people who inject drugs, should receive information about PrEP and other risk reduction tools.

PrEP should also be discussed with serodiscordant couples as an option to protect the HIV-negative partner, especially if trying to become pregnant. This recommendation should be made with an understanding that some of the risks and benefits of PrEP for pregnant people or fetuses are currently unknown, while other evidence shows that PrEP will probably help prevent vertical transmission of HIV if taken as prescribed. For more information on PrEP for women and PrEP during pregnancy, [jump to page 16](#).



CDC Guidelines

The CDC has a summary of recommendations to assist healthcare providers when determining eligibility criteria for specific populations. See summary table on the next page or visit [cdc.gov/hiv/nexus/hcp/prep/index.html](https://www.cdc.gov/hiv/nexus/hcp/prep/index.html) .

Sometimes, people may not feel comfortable discussing all sexual or injection behaviors with their provider. Therefore, PrEP should still be prescribed to those who request it even if no specific risks are identified.

	Daily Oral PrEP	Long-Acting Injectable PrEP
Identifying substantial risk of acquiring HIV infection	<p>Adults and adolescents with anal or vaginal sex in the past 6 months AND any of the following:</p> <ul style="list-style-type: none"> • Sexual partner living with HIV • Bacterial STI in the past 6 months • History of inconsistent or no condom use <p>OR Adults and adolescents who inject drugs AND any of the following</p> <ul style="list-style-type: none"> • Injecting partner living with HIV • Sharing injection equipment 	
Clinically Eligible <i>All conditions must be met</i>	<ul style="list-style-type: none"> • Documented negative HIV Ag/Ab test result within 1 week before prescribing PrEP • No signs/symptoms of acute HIV infection • Estimated CrCl ≥ 30 mL/min • No contraindicated medications 	<ul style="list-style-type: none"> • Documented negative HIV Ag/Ab test result within 1 week before prescribing PrEP • No signs/symptoms of acute HIV infection • No contraindicated medications
Dosage	<p>≤ 90-day supply of either:</p> <p>Daily, continuing oral doses of F/TDF (Truvada) if eCrCl > 60 mL/min.</p> <p>OR</p> <p>For those NOT at risk through receptive vaginal sex: daily, continuing oral doses of F/TAF (Descovy) if eCrCl > 30 mL/min.</p>	<p>600 mg (3 mL) cabotegravir injected IM into gluteal muscle</p> <ul style="list-style-type: none"> • Initial dose • Second dose 4 weeks after first dose • Every 8 weeks thereafter <p>OR</p> <p>927 mg (2 x 1.5 mL) lenacapavir injected SQ into abdomen</p> <ul style="list-style-type: none"> • Initial dose • Every 26\pm2 weeks thereafter <p>AND 600 mg (2 x 300 mg) lenacapavir oral tablets on initiation and 1 day after.</p>
Follow-Up Care	<p>At least every 3 months to provide the following:</p> <ul style="list-style-type: none"> • HIV Ag/Ab test and HIV-1 RNA assay, medication adherence counseling, and behavioral risk reduction support • STI symptom assessment • Access to clean needles/syringes and treatment services for PWID 	<p>At every follow-up visit for injection administration:</p> <ul style="list-style-type: none"> • HIV Ag/Ab test and HIV-1 RNA assay • Access to clean needles/syringes and treatment services for PWID

Considerations for PrEP

Determining when PrEP may not be right for your patient

Before starting PrEP, patients should always consult a medical professional. The following information is to help providers understand when PrEP might not be a good option.

HIV Status

PrEP is only for people who are HIV-negative. Patients should have a blood test for HIV within a week of starting PrEP.

Acute HIV Symptoms

If your patient reports recent high-risk exposure to HIV in the past one or two months, flu-like symptoms could indicate the onset of HIV, which is highly transmissible. PrEP should not be taken during acute HIV infection. If there are symptoms concerning for acute HIV infection, it may be helpful to order an HIV viral load test.

Kidney Health

If your patient has an existing kidney condition, PrEP may not be appropriate for them. Guidelines suggest that patients with estimated creatinine clearance of less than 60 mL/min/1.73m² are not candidates for Truvada. Descovy should not be used in patients with an estimated creatinine clearance of less than 30 mL/min/1.73m². No dosage adjustment is necessary for injectable PrEP when estimated creatinine clearance is ≥15 mL/min.

Difficulty Taking Pills

Skipping doses of PrEP can reduce its effectiveness. Discuss with your patient their ability to take an oral, daily medication as directed. If they have difficulty taking a daily medication, injectable or on-demand PrEP may be alternative options.

Hepatitis B

The drugs in Truvada and Descovy, tenofovir and emtricitabine, are also active against the hepatitis B virus. If either of these oral medications are discontinued, there is a possibility that hepatitis B can reactivate, potentially causing flares of increased liver inflammation and worsening liver injury.

Hepatitis C

The Hepatitis C Screening Act (Act 87) requires healthcare providers in PA to offer a hepatitis C screening or diagnostic test to individuals born between 1945 and 1965. PrEP candidates should also be offered a screening for hepatitis C. PrEP does not protect against hepatitis C.

Starting the Conversation



Identity and behavior are two factors that define the high-priority populations for PrEP. Men who have sex with men (MSM), transgender women, sex workers, and people who inject drugs may especially benefit from PrEP. By taking a thorough sexual history, clinicians can identify those at higher risk and determine if PrEP is appropriate.

Build Rapport

Patients *want* their provider to initiate discussions about sex, but may hesitate due to barriers like nervousness, stigma, privacy, and fear of discrimination. Open-ended questions avoid assumptions about sexual and gender identities, facilitate honest communication, and allow the patient to share their health priorities.

Identity vs. Behavior





Some PrEP guidelines use identity-based language (e.g. “gay”), while others use behavior-based language (e.g. “men who have sex with men”). Clinical decisions about PrEP should be based on actual behavior, not identity. In general, use the terminology that your patient uses for themselves.

Lacking Evidence

Certain populations, such as cisgender women and transgender individuals, have been excluded from clinical research about PrEP. This results in ambiguous guidance and hesitancy among healthcare

providers, potentially leaving some individuals without access to PrEP. While more research will be needed, providers should consider the individual risk factors and needs of each patient, even in the absence of a clear consensus.

For more support...

- [ObG CurbsideConsult PrEP Resources](#) 
- [TargetHIV.org Sexual History Template](#) 
- [CDC Guide to Taking a Sexual History](#) 
- [AMA LGBTQ-friendly practices guide](#) 

Initiation & Follow-Up

During medical visits for PrEP, healthcare providers should discuss the risks and benefits of using PrEP, provide medication adherence support, provide HIV risk reduction counseling and prevention services, and monitor patients to detect HIV infection and medication toxicities. It is important to establish and document clinical eligibility prior to initiating PrEP.

Assessing HIV Status

If the patient has not taken oral PrEP or PEP (post-exposure prophylaxis) medication in the past 3 months, AND has not received a cabotegravir injection in the past 12 months, then combination HIV antigen/antibody (4th or 5th generation) testing is appropriate. Otherwise, select an HIV antigen/antibody assay AND HIV-1 RNA assay (qualitative or quantitative). RNA testing is preferred due to its shorter window period, but should not act as a barrier to care.

Negative test results should be documented within a week of initiating PrEP medications. Any positive HIV tests should be confirmed as clinically appropriate. Patients with an HIV diagnosis should be linked to care as soon possible, preferably within 48 hours of diagnosis. Click here to see [HIV Care Options in Allegheny County](#). ↗

A schedule for laboratory testing during follow-up appointments is on the following page.

Key

- * Consider multi-site testing for STIs.
- MSM = men who have sex with men
- TGW = transgender women
- PWID = people who inject drugs
- HET = people who are heterosexually active



Laboratory Test Schedule (Oral PrEP)

Test	Initial	Q 3mo	Q 6mo	Q 12mo
HIV Test	X	X		
ecrCl	X		If age ≥50y OR ecrCl <90 mL/min at PrEP initiation	If age <50y AND ecrCl ≥90 mL/min at PrEP initiation
Syphilis	X	MSM, TGW	X	
Gonorrhea*	X	MSM, TGW	X	
Chlamydia*	X	MSM, TGW	X	
Lipid panel (TAF/FTC)	X			X
Hep B Serology	X Within 3 mo			
Hep C Serology	MSM, TGW, PWID			MSM, TGW, PWID

Laboratory Test Schedule (Injectable PrEP)

Initial Screen	1 Month Visit (CAB)	Q 2mo (CAB)	Q 4mo (CAB)	Q 6mo (CAB + LEN)	Q 12mo (CAB + LEN)
X	X	X	X	X	X
X			MSM, TGW	HET	X
X			MSM, TGW	HET	X
X			MSM, TGW	MSM, TGW	HET

Maximum Effectiveness

Time to Effectiveness

Current recommendations stress the importance of taking oral PrEP consistently every day. When starting Truvada, it takes 7 days to obtain maximum concentration in rectal tissue and 21 days in cervicovaginal tissue. If a daily dose is missed, the level of HIV protection may decrease.

Doses Per Week

In MSM, 7 doses per week results in 99% efficacy, 4 doses per week results in 96% efficacy, and 2 doses per week results in 76% efficacy. Other studies indicate that drug levels associated with HIV protection require 6 doses per week for lower vaginal tract tissue and 2 doses per week for colorectal tissue.

Injectable PrEP

The time until maximum protection is obtained with PrEP injections is unknown. Pharmacokinetic data suggests that the time to effectiveness for cabotegravir is no slower than for oral PrEP, and that a therapeutic dose is reached within two hours of the last oral dose for lenacapavir.



Side Effects




Common side effects of Truvada or Descovy as PrEP include upset stomach, headache, nausea, vomiting, diarrhea, and loss of appetite. These side effects (sometimes referred to as “start-up syndrome”) are usually most severe within the first month of taking the medication. Symptoms decrease over time and usually resolve within 3 months. GI side effects for both Truvada and Descovy are similar; patients who experience unpleasant GI side effects after 3 months with Truvada may consider switching to Descovy, and vice versa.

Although side effects experienced by HIV-negative persons during clinical trials were uncommon, healthcare providers should monitor PrEP patients for symptoms that suggest acute renal injury or acute HIV infection. Truvada can rarely be associated with reduced kidney function (proximal tubulopathy or Fanconi Syndrome) and decreased bone mineral density. Evidence suggests that the risk of kidney and bone adverse events is even lower with Descovy.

Mild injection site reactions (pain, tenderness, redness) are the most common side effects of cabotegravir injections. In clinical trials, the median duration of symptoms was 4 days. Nodules are also a common side effect of lenacapavir.

Drug Resistance

Before a patient starts on PrEP, it is essential to ensure they are HIV-negative by getting an HIV test. It’s important to specifically test for HIV antibodies as well as testing for very recent or acute HIV infection.

No form of PrEP is sufficient on its own for treating HIV. If a patient is infected with HIV and takes PrEP, or if they take PrEP inconsistently and become infected with HIV, the virus could become resistant to the drugs in PrEP, which may limit options for HIV treatment. If a patient is found to be HIV-positive, please instruct them to stop taking PrEP to avoid drug resistance and refer them to an HIV specialist as soon as possible. While it is possible to contract resistant HIV while taking PrEP consistently, this is extremely rare. For HIV care options in Allegheny County, visit bit.ly/afphivcareoptions . 

Injectable PrEP

Reducing the Risk of LEVI Syndrome

Long-acting early viral inhibition (LEVI) syndrome is a rare syndrome that is seen with long-acting cabotegravir (LA-CAB). Unlike daily oral PrEP, LA-CAB remains in the body for longer, which may suppress viral replication but not at a protective level, leading to undiagnosed infections and antiretroviral drug resistance. Less than 0.3% of MSM and TGW taking LA-CAB in the HPTN-083 trial experienced breakthrough infections.

HIV Testing: Ag/Ab + RNA

Regular HIV testing is necessary for anyone taking PrEP, but especially critical for people on long-acting PrEP. All individuals starting PrEP should have a negative 4th/5th generation antigen/antibody HIV test within one week of starting PrEP. HIV testing (which should include qualitative HIV-RNA testing) should be obtained every 2 months and should continue for one year after discontinuing PrEP injections.

Yeztugo (LEN)

Lenacapavir is a moderate CYP3A inhibitor. See the full prescribing guidelines for dosage modifications for use alongside other moderate or strong CYP3A inhibitors. Lenacapavir should only be injected subcutaneously into the abdomen or thigh. Intradermal injection may lead to serious injection site reactions, including necrosis. Gilead and ViiV offer injection training to healthcare professionals upon request.

Optional Oral Lead-In (CAB)

An optional oral lead-in may be used before the first injection of cabotegravir. This 28-day-minimum period consists of one 30 mg oral cabotegravir tablet taken daily, to assess tolerability prior to starting LA-CAB. Oral cabotegravir (Vocabria) is only available through a specialty pharmacy called Theracom.

Missed Injections

CAB injections should begin ≤ 3 days after the optional oral lead-in period ends, followed by a second injection one month later, and continued injections every two months thereafter. LEN injections should begin on the first day of the oral lead-in period and every 6 months (26 weeks) thereafter, ± 2 weeks. If the missed injection is more than one month (CAB) or two weeks (LEN) late, restart the dosing schedule from the first injection. If adherence to injections is consistently an issue, consider daily oral PrEP instead.

Quick Start Guide

Talk to your patient and ask if they're interested in PrEP for HIV prevention

Review potential side effects & additional methods to reduce exposure to HIV (e.g. condoms)

Have the patient take an HIV test, and test for Hepatitis B, STDs, and kidney health

If applicable, discuss whether patients are pregnant, plan to be pregnant, or breastfeeding

Discuss cost of medication and PrEP services, and payment assistance options

Test for HIV every 1–3 months or as clinically appropriate

PrEP & Special Populations

Some populations may require tailored approaches to PrEP administration, including the use of non-daily PrEP regimens, considerations for minors, and specific factors relevant to women. Each of these populations presents unique challenges and opportunities for HIV prevention, and understanding these distinctions is crucial for providing effective and patient-centered care.

Non-Daily (On-Demand, 2-1-1) Oral PrEP

Non-daily PrEP, also known as PrEP on demand or 2-1-1 is an option for men who have sex with men, who are infrequently sexually active, and who prefer a non-daily option. Continue to page 15 for more information.

PrEP and Minors

PrEP is safe for both adolescents and adults over 77 lbs (35 kg). Page 17 contains more information and legal and policy-level considerations for prescribing PrEP to minors. Understanding these regulations is crucial for providers to ensure that adolescents who may benefit from PrEP can access the medication safely, legally, and without unnecessary barriers.

PrEP and Women

While the foundational principles of PrEP remain consistent across all populations, biological and social factors add nuance to the provision of PrEP to women who are impacted by HIV. More information is [on page 19](#).



PrEP on Demand



Non-daily Oral PrEP

Non-daily oral PrEP (also called 2-1-1, event-driven, or on-demand) is when cisgender men who have sex with men take F/TDF doses in relation to sex. This is considered an off-label use of PrEP in the United States, but is supported by the World Health Organization and considered acceptable use in some other countries. *Note: Currently, there is no evidence on the efficacy or safety of on-demand PrEP for other populations, including heterosexual women or transgender people.*

2-1-1 dosing instructions:

- 2 tablets in the 2-24 hours before sex (closer to 24 hours preferred)
- 1 tablet 24 hours after the initial 2 tablet dose
- 1 tablet 48 hours after the initial 2 tablet dose
- If sex occurs on the consecutive days after the initial occurrence, continue taking 1 tablet per day until 48 hours after the last sexual event

Administration instructions for next sexual event:

- If a gap of <7 days occurs between last tablet and next sexual event, restart 2-1-1 with one PrEP tablet.
- If a gap of ≥7 days occurs between the last tablet and next sexual event, restart 2-1-1 with two PrEP tablets.

Additional Considerations:

- Currently, only F/TDF is recommended to be used only for people assigned male at birth due to available studies.
- Intended for MSM who have infrequent sex (e.g., less often than once a week) and can anticipate sex to take the first 2 tablets at least 2 hours prior to sex.
- It is not appropriate for MSM with active hepatitis B infection because of risk of hepatic flares with episodic F/TDF administration.
- Providers should only prescribe a maximum of 30 tablets before follow-up and documentation of another negative HIV test is completed. Routine follow-up monitoring should occur every 3 months.
- Additional counseling will need to be provided to patients including proper administration and risk of recurrent start-up syndrome symptoms.

PrEP for Minors

It is generally understood that minors don't have the capacity to consent to medical care; rather, it is a caregiver's right to make these decisions for them. Due to a lack of knowledge or personal beliefs, caregivers may not be comfortable with allowing their children to access PrEP. Additionally, although healthcare providers may be aware of the benefit of prescribing PrEP to their adolescent patients, they may not be inclined to do so due to potential legal liabilities.

The Pennsylvania Minors Consent Act provides some exceptions:

Section 3. Pregnancy, Venereal Disease and Other Reportable Diseases: "Any minor may give effective consent for medical and health services to determine the presence of or to treat pregnancy, and venereal disease and other diseases reportable under the act of April 23, 1956 (P.L. 1510), known as the "Disease Prevention and Control law of 1955," and the consent of no other personal shall be necessary" – 35 P.S. § 10103

The PA Minors Consent Act only explicitly allows minors to consent to HIV testing and treatment, but there is some ambiguity in the law. PrEP is not a diagnostic medicine, but could it be considered treatment?

- In the ruling of Parents United, the third circuit deemed "treatment" to be: 1) of invasive character, 2) reactive to illness or condition, 3) requires supervision, and 4) used to diagnose or cure.
- PrEP arguably meets three out of four conditions to be "treatment."
- Moreover, courts often reject the plain meaning of a statute when it creates an absurd outcome. In this case, it's absurd to permit minors to consent to HIV treatment, which is usually a regimen of three antiretroviral drugs, but not permit consent to HIV prevention like PrEP, which is a regimen of two antiretroviral drugs commonly used for HIV treatment.

In summation, the PA Minors Consent Act lacks clarity, certainty, and freedom from legal liability, but it **does not explicitly prohibit minors from consenting to PrEP**, nor providers from prescribing it with reasonable belief.

Note: prescribing PrEP is confidential, but medical billing and insurance documents could reveal that minors have made a medical visit.

PrEP for Women

PrEP is for everybody – including women.

Both cisgender women and transgender women may benefit from PrEP. PrEP should be discussed with all sexually active women or women who report injection drug use, and prescribed to any woman who requests it.

PrEP is approved for women.

Daily Truvada, Apretude, and Yeztugo are approved for women. Descovy (FTC/TAF) is approved for transgender women, but there is a lack of data demonstrating its effectiveness for vaginal exposures. Non-daily PrEP is not formally recommended for any gender, but is considered off-label use. There is less data to support its efficacy in cisgender women than in cisgender men.

PrEP Initiation & Discontinuation

Patients should be counseled to use additional HIV prevention strategies (e.g., condoms) for the first 20 days after initiating PrEP. If discontinuing PrEP, people should continue taking PrEP daily for 1–4 weeks after last vaginal exposure.

PrEP and Hormones

PrEP does not interfere with hormonal birth control methods or with hormones. Feminizing hormones (GAHT, HRT) may produce lower levels of tenofivir, but this does not appear to interfere with *daily oral* PrEP.

PrEP and Pregnancy or Breastfeeding

TDF/FTC is safe and recommended during pregnancy and breastfeeding. Some medication does pass through breast milk, but this is negligible. CAB and LEN dosing, efficacy, and safety during pregnancy remains unknown.

PrEP and Bone Density

TDF/FTC may cause a small decrease in bone mineral density during the first six months of use. This drop is not clinically significant for most PrEP users, and may naturally reverse itself after discontinuation.



Cost & Assistance

Make sure your patients know:

- Healthcare costs for PrEP include more than just the drug itself. Patients will also need to account for frequent provider visits and lab tests.
- Most private health insurance plans, as well as Medicaid, cover the cost of PrEP medications. Specifically covered medication will vary based on insurance formulary. Medical providers may need to get pre-authorization to give patients prescriptions for Truvada, Descovy, and Apretude, which may include lab tests and/or filling out paperwork.
- Patients enrolled in Medicaid or Medicare or those who have coverage for prescription drugs under any other public program or other third party payers are NOT eligible for Gilead's Advancing Access Program or Copay Assistance Program.
- Since Truvada, Descovy, Apretude, and Yeztugo for PrEP are only for HIV-negative people, patients will NOT be eligible for AIDS Drug Assistance Programs (ADAPs) or the Special Pharmaceutical Benefits Program (SPBP). These are prescription drug assistance programs for people living with HIV, funded by the federal and state governments, respectively.



There are several payment assistance programs that help eligible patients cover medication costs. Residency and income restrictions may apply. Click any link to learn more.

	Patients WITH Insurance	Patients WITHOUT Insurance
Truvada, Descovy, Yeztugo	<u>Gilead Co-Pay Assistance Program</u> (1-877-505-6986)	<u>Gilead Advancing Access</u> (1-855-330-5479)
Apretude	<u>Apretude Savings Program</u> (1-844-588-3288)	<u>ViiV Healthcare Patient Assistance Program</u> (1-844-588-3288)
Any PrEP	<u>Patient Advocate Foundation Co-Pay</u> (1-866-512-3861)	The Ready, Set, PrEP program is no longer enrolling new patients.

PrEP providers may also enter a Participating Provider Agreement (PPA) with the Pennsylvania Department of Health. The State provides funding to support PrEP-related labs and office visits for PrEP patients who are uninsured or underinsured. For more information about eligibility and establishing a PPA with the State, please contact Michelle Rossi microssi@pa.gov.



Billing Codes

ICD-10 Code	Description	Use For
Z29.81	Encounter for HIV pre-exposure prophylaxis	Primary code for all PrEP services
Z01.812	Encounter for preprocedural laboratory examination	Use for urine and blood test before initiation and before treatment.
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission	STI screening
Z11.4	Encounter for screening for human immunodeficiency virus [HIV]	HIV screening
Z11.59	Encounter for screening for other viral diseases	
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission	HIV, STI screening
Z20.5	Contact with and (suspected) exposure to viral hepatitis	
Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]	HIV screening
Z51.81	Encounter for therapeutic drug level monitoring	PrEP monitoring
Z79.899	Other long term (current) drug therapy	PrEP monitoring
Z86.59	Personal history of other mental and behavioral disorders	History of drug use. For opioid dependence in remission, use code from F11 series indicated below
Z87.898	Personal history of other specified conditions	Use for a history of drug use, non-dependent, in remission.

ICD-10 Code	Description	Use For
Z72.51	High-risk heterosexual behavior	HIV, STI screening
Z72.52	High-risk homosexual behavior	HIV, STI screening
Z72.53	High-risk bisexual behavior	HIV, STI screening
Z72.89	Other problems related to lifestyle	Use for drug-seeking behavior or unhealthy drinking behavior
F11.10	Opioid abuse, uncomplicated	
F11.20	Opioid dependence, uncomplicated	
F11.21	Opioid dependence, in remission	
F11.90	Opioid use, uncomplicated	
Z32.00	Encounter for pregnancy test, result unknown	Use for pregnancy testing
Z32.01	Encounter for pregnancy test, result positive	Use for pregnancy testing
Z32.02	Encounter for pregnancy test, result negative	Use for pregnancy testing


Adapted from NASTAD HIV Prevention Billing and Coding Guide, October 2023 [↗](#)

“Contact with” and “Exposure to” codes are not recommended as they indicate a post-exposure condition. However, ICD-10-CM includes reference to “contact with and suspected exposure to” codes in the official notations as codes that may be reported additionally to fully describe the patient condition. Payers may also require these codes as indicated in published medical policy. Therefore, these codes are included, though not recommended.











Due to the stigmatizing language of codes Z72.5X, some providers attempt to avoid these codes. However, some payers may require these codes for reimbursement.

More Resources

Not ready to prescribe PrEP?

You can also direct your patients to the following list of practices to find more information about and/or access PrEP. [Preplocator.org](https://preplocator.org) is the national directory of HIV PrEP providers in the United States. A list of providers in Allegheny County is available on the next page, or at preppgh.com. 

More information about PrEP

- **PrEPline: (855) 448-7737**
- [PrEPline Clinician Consulting \(UCSF\)](#). 
- [PrEP Full Guidelines \(CDC\)](#). 
- [HIV/AIDS Drug Database \(NIH\)](#). 
- [Please PrEP Me Provider Resources](#) 
- [Truvada for PrEP \(Gilead\)](#). 
- [Descovy for PrEP \(Gilead\)](#). 
- [Apretude for PrEP \(ViiV\)](#). 
- [Yeztugo for PrEP \(Gilead\)](#). 
- [PrEP Patient Experience Blog](#) 
- [Let's Talk About PrEP \(GreaterThan\)](#). 

Find PrEP Providers (Telehealth & In-Person)

Provider	Phone Number	
MISTR (Telehealth)	747-221-4639	heymistr.com
NURX (Telehealth)	800-321-6879	nurx.com/prep
PlushCare (Telehealth)	888-607-5806	plushcare.com 
Project SILK (Telehealth)	412-532-2128	projectsilk.org
Q Care Plus (Telehealth)	888-708-0561	qcareplus.com



Provider	Phone Number	Website
Adagio Health	412-253-8100	adagiohealth.org/prep
AHN PrEP Clinic	412-359-5280	bit.ly/AHNPrEPclinic
Allegheny County Health Dept.	412-578-8081	alleghenycounty.us/Services/Health-Department/Clinics-and-Facilities/Public-Health-Clinic-HIVSTI
Allies for Health + Wellbeing	412-345-7456	alliespgh.org/prep-pep
Carnegie Mellon University Student Health Services	412-268-2157	cmu.edu/health-services
Central Outreach Wellness Center	412-322-4151	centraloutreach.com/hiv.html
Children's Hospital of Pittsburgh – Adolescent & Young Adult Medicine	412-692-6677	chp.edu/our-services/aya-medicine
CVS Minute Clinics	1-866-389-2727	cvs.com/minuteclinic
Elizabeth Township Family Medicine	412-751-4661	upmc.com/services/primary-care/locations/southwest-pa/elizabeth
Forbes Family Medicine	412-457-1100	forbesfamilymedicine.org
Latterman Family Health Center	412-673-5504	upmc.com/locations/hospitals/mckeesport/services/pages/family-health.aspx
Metro Community Health Center	412-247-2310	metrocommunityhealthcenter.org
Northside Christian Health Center	412-321-4001	nschc.org
University of Pittsburgh – Student Health Services	412-383-1800	studentaffairs.pitt.edu/shs
Planned Parenthood of Western Pennsylvania	412-258-9535	ppwp.org
UPMC Shea Medical Center	412-623-2458	upmc.com/locations/community/she-a-medical-center
UPMC Magee-Women's Hospital	1-866-696-2433	upmc.com/locations/hospitals/magee/services/gynecology
UPMC PrEP Clinic	412-647-0996	upmc.com/Services/division-infectious-diseases/services/Pages/hiv-prep-clinic.aspx



AIDS Free Pittsburgh

625 Liberty Avenue, Suite 2500
Pittsburgh, PA 15222

aidsfreepittsburgh.org
info@aidsfreepittsburgh.org



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Ken Ho, MD, MPH | University of Pittsburgh

Trisha Miller, PharmD, MPH, BCACP | University of Pittsburgh Medical Center

Emma Seagle, MPH | Jewish Healthcare Foundation

Kell Wilkinson, MPA, MSW | AIDS Free Pittsburgh

J. Ashenayi, MPH | AIDS Free Pittsburgh

Original PrEP Subcommittee Members

Sean DeYoung, MSW, LCSW • Linda Rose Frank, PhD, MSN, ACRN, FAAN • Mackey Friedman, PhD, MPH • Jason Herring, MBA, MPH • Chiu-Bin Hsiao, MD • Sherri Karas, MEd • Stacy Lane, DO • Valerie Stallworth, MPH • Stephen R. Wolfe, DO, MPH, AAHIVS