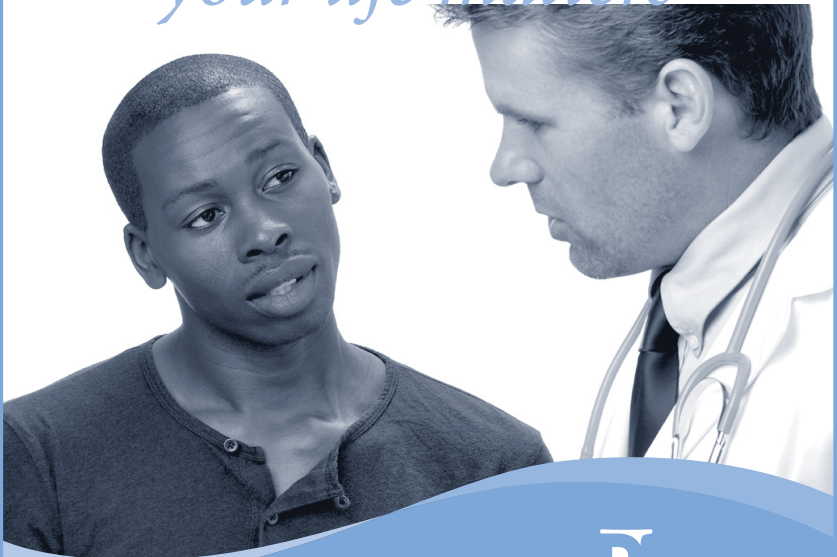


*A publication for helping people get through
difficult conversations with their providers*

PRE-EXPOSURE PROPHYLAXIS

PrEP and working through a difficult doctor visit

your life matters



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PROJECT
INFORM

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PrEP is a revolutionary medical advancement for preventing HIV infection. (Read more about it at www.projectinform.org/prep.) If you believe you're a good candidate for PrEP, or at least want to discuss it, then you're entitled to have an informed and respectful conversation with your medical provider.

Unfortunately some providers have been uninformed, ill-informed or even biased about this medical intervention. Because of the challenging stories we've heard from individuals, we wrote this pamphlet to help you prepare for a visit to your medical provider to discuss PrEP, and to correct any false or misleading information you may hear in the process.

In addition to this brochure, be sure to check out Project Inform's booklet "Is PrEP the right choice for you?" at www.projectinform.org/pdf/prep_msm.pdf and the CDC brochure "Talking to Your Doctor about PrEP" can also help (www.cdc.gov/hiv/pdf/risk_PrEP_TalkingtoDr_FINALcleared.pdf).

The National Clinician's Consultation Center at UCSF is an excellent medical resource for your provider, particularly if they're reluctant to provide PrEP. During your medical visit, you may want to refer your provider to this resource. Only medical professionals can call the NCCC at 855-448-7737 for medical guidance on PrEP.

Sharing your stories ... upbeat or challenging ... is the best way we can improve resources such as this one. Consider emailing or posting your story at one of these community online portals: <http://myprepexperience.blogspot.com> (email link, submit stories) and PrEP Facts (<https://www.facebook.com/groups/PrEPFacts>, post stories).

The suggestions we offer below are not meant to be taken verbatim. Please feel free to rephrase the content in your own words. And be aware that some of these points may not be your specific reality. You might want to download this to your smart-phone, or have a printed copy in hand that you can refer to during your appointment.

Just use condoms; they're cheaper.

- PrEP is approved by the FDA and significant clinical data show that it works for people who have challenges with consistent condom use. The CDC also issued guidelines for clinicians in May 2014 on how to safely prescribe and monitor PrEP (www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf). They also released a provider supplement (www.cdc.gov/hiv/pdf/PrEPProviderSupplement2014.pdf).
- Yes, condoms are cheaper, but they're not perfect, and I'm not perfect either. I don't use condoms all the time, and inconsistent use over the long-term reduces how effective they are. So, they don't offer me the same level of protection that I can get from consistent, correct use of PrEP.
- I have thought a lot about PrEP and have read up on it. I am not making this decision lightly. I can take it every day in the privacy and calm of my home.

PrEP is only for mixed status couples, sex workers.

- The FDA and the CDC guidelines for clinicians both note that PrEP should be considered for gay men and heterosexuals who don't use condoms consistently. The truth is, I'm not using condoms consistently.
- Thousands of gay men, transgender women, heterosexuals, and injection drug users around the world participated in the clinical research that proved Truvada as PrEP works at preventing HIV.

PrEP is too expensive.

- Yes, Truvada is expensive, but I have insurance that will cover the cost.
- PrEP is a medical intervention and Truvada was approved as prevention by the FDA in 2012.
- Gilead has Medication Assistance and Co-pay Programs that can help if I need it.

continued ...

- I don't expect to be on PrEP for the rest of my life. The cost of taking PrEP to keep me negative is much less than the cost of lifelong HIV treatment.
- There's also an access flow chart that can help me at: www.projectinform.org/prep-chart.

Getting a PrEP prescription is too difficult. OR PrEP requires HIV expertise that I don't have.

- Prescribing and monitoring PrEP doesn't require HIV expertise. The CDC guidelines and the provider supplement are easy-to-use guides for medical professionals.
- If a Prior Authorization is needed, I hope your office will help me with that. I understand the process is not that difficult.
- If we run into a denial of the prescription, I would appreciate your help with filing an appeal to get it reversed.
- If you need help with how to code the prescription, then consult the CDC's listing on page 29 at www.cdc.gov/hiv/pdf/PrEPProviderSupplement2014.pdf. Or, consult NASTAD's guide at www.nastad.org/resource/billing-coding-guide-hiv-prevention.
- The NCCC's PrEpline can also help you: 855-448-7737, nccc.ucsf.edu/2014/09/29/introducing-the-ccc-prepline/.

PrEP has bad side effects or will make you sick.

- I know Truvada can initially cause some short-term side effects like headaches, nausea or diarrhea. I'm willing to deal with that because they tend to go away within a few weeks. I also know the great majority of people taking Truvada never experience these side effects.
- Truvada is the most prescribed HIV medication worldwide. It is safe and well-tolerated, and there's more than 10 years of experience with it.
- There are recommendations so that people with underlying kidney disorders avoid PrEP.
- The CDC Guidelines clearly describe how to screen for kidney and bone density concerns.

Truvada will hurt your kidneys and bones.

- I know the importance of coming in for regular visits to monitor my kidney health.
- I am willing to try out PrEP, and stop taking it should we see any serious kidney or bone dysfunction.
- The PrEP studies showed that if kidney dysfunction occurred while on Truvada, kidney health returned to normal in those who stopped it.
- The bone loss seen with Truvada for PrEP is minimal (1-2%) and tends to taper off within about a year. There's no evidence that it will eventually cause enough bone loss to cause fractures or breaks.

Truvada as PrEP doesn't protect against STIs.

- I understand it does not protect me against other STIs. Condoms don't prevent all STIs either. Since I don't always (or ever) use condoms, I am already at risk for STIs.
- I'll get screened more often for STIs, and get treated as needed. I think this is a great benefit to taking PrEP, and will be glad to get screened 3 or 4 times a year.
- Birth control pills also don't protect against STIs but women take them anyway, and also get screened regularly for STIs.

You'll have resistant HIV if you get infected.

- One way to prevent resistance is to make sure I don't have HIV before starting, which we'll do with an HIV test.
- The other way to prevent resistance is by me getting tested regularly for HIV infection. The guidelines call for HIV testing every 3 months, with renewals of my prescription contingent on documented negative test results each time.
- In the clinical studies, the only resistance noted to date has been from people who started on PrEP when they were already HIV-positive.
- I've had sex recently, so I think it's best if I get tested again before I start PrEP.

For a version of this pamphlet suitable for handheld devices, go to
www.projectinform.org/pdf/prep_docvisit.pdf.



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Check out all our booklets on PrEP at:
www.projectinform.org/prep/

Help us improve this material by telling us what you think!

www.projectinform.org/surveyprep/