In Summary...

PrEP Works! PrEP is part of the End HIV Oregon Strategy to bring an end to new HIV infections in Oregon. As with overall public health modernization, we need to have clear priorities and invest our resources in the most critical tools to end new HIV infections in Oregon.

Community Opportunities for Action

- Oregon should offer PrEP to all Oregonians at highest risk of HIV infection.
- Highest priority should be given to men who have sex with men who have tested positive for syphilis and rectal gonorrhea or chlamydia and HIV negative partners of HIV positive individuals not undergoing treatment.
- Oregon primary care providers should receive training to increase their comfort with PrEP prescribing.
- Oregon should adopt standard coverage for PrEP including office visits, labs and medication for all Medicaid patients.
- Oregon should continue to fund Oregon Reminders to support PrEP adherence.

PrEP Works: Ending New HIV Infections in Oregon

What is PrEP?
Pre-Exposure Prophylaxis (PrEP) is an important new tool for HIV prevention. PrEP is recommended as a prevention option for HIV-negative men who have sex with men, people who inject drugs, and heterosexual men and women with substantial risk of HIV infection. PrEP involves taking a daily HIV medication to help prevent infection. When taken daily, PrEP is more than 90% effective at preventing HIV.

Inequity in Oregon PrEP Access
Oregon is a leader in providing quality HIV care and treatment, as well as preventing new HIV infections. However, there is more we can do to reduce this number even further.

Oregon accounted for 1.2% of all PrEP prescriptions from 2012-2017. While Oregonians continued to access PrEP in 2016, access across counties is inconsistent (Fig. 1). One reason may be that, although the 2012 U. S. Department of Health & Human Services Treatment Guidelines recommended PrEP for prevention of HIV, this recommendation has not been reflected on the formularies of Coordinated Care Organizations (CCO) in the state.

Access of Oregon PrEP Use Among Providers and Consumers

Due to a low uptake of this life-saving medication, the Oregon AETC and community partners, in collaboration with the Oregon Health Authority, sought to understand what prevents Oregonians from accessing PrEP. Enclosed is a review of barriers from both the clinical provider and patient perspectives that inform concrete steps we can take as a state to reduce new HIV infections in keeping with the recently announced END HIV Oregon initiative.
Oregon PrEP Consumer Interviews

To assess PrEP access in Oregon, interviews were conducted with individuals at risk of HIV infection, who were either contemplating or taking Pre-Exposure Prophylaxis (PrEP). 17 people contributed to this preliminary report, completing 40-60 minute interviews as key informants for the community. Respondents identified several barriers to getting PrEP. Cost was usually on top of this list, with medication and labs costing over $12,000 a year per patient. Below is a summary of our preliminary findings:

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<tr>
<th>Experience</th>
<th>Participant Quotes/Summaries</th>
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<td>Patients want PrEP and have experienced positive changes in their lives</td>
<td>“The fear is gone, the HIV fear. I didn’t realize how much that was affecting my mentality when it came to intimacy and sex.” “Being on PrEP, I am absolutely more health conscious.”</td>
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<td>Limited provider knowledge about PrEP</td>
<td>“[The provider] didn’t know what PrEP or Truvada was so I had to give her the CDC link.” “I did go to my doctor and ask him about it, and he had no idea. He didn’t know what it [PrEP] was; he didn’t know that there was something out there.” “I’ve had to explain [to providers] what PrEP is and provide resources.”</td>
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<td>Lack of system coordination</td>
<td>“When you switch doctors to a different provider, you have to start from square one.”</td>
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<td>Issues with obtaining medication and refills</td>
<td>Pharmacy did not have medication available, so patients experienced delays in filling prescriptions and obtaining refills. Lack of coordination between pharmacy and accepting/processing prescription drug co-payment assistance, which can delay or prevent access to PrEP.</td>
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Recommendations from Oregonians

Participants also made recommendations that would help them overcome barriers:
- Encourage providers to have open, positive, and nonjudgmental conversations with patients about sex and sexual health.
- Promote PrEP in more places (Veteran’s Affairs, clubs, bath houses, bars, church-affiliated organizations, STI clinics, other doctor’s offices).
- Increased support for lab testing reminders prior to refills every 90 days to prevent gaps in prescription coverage.
- More support or assistance to pay for PrEP.
- Provide PrEP pamphlets and resources (including financial assistance information) in HIV/STI testing locations and other health clinics.

“Knowing people who were already on PrEP made it seem more normal… [I don’t] have to worry about HIV the same way…made it seem like a viable option. Normalization is powerful.”