



Self-Testing Strategies for HIV Testing and PrEP Access
December 3, 2020

PARTICIPANT QUESTIONS

The following questions were posed by participants during the “Self-Testing Strategies for HIV Testing and PrEP Access” hosted on Dec. 3, 2020.

Q: Where can I find information on formatting the community engagement piece?

A: CDC has provided guidance and resources on tailoring community engagement for jurisdictions. The [Principles of Community Engagement - Second Edition](#) and [CDC’s Community Health Improvement Navigator](#) are great tools that provide both a science base and practical guidance for engaging partners in projects that may affect them.

Additionally, working with current participants in your program aids in assistance of advertising self-testing with participants expressing their experiences.

Q: Has anyone distributed self-tests directly into the community as oppose to mail in?

A: A webinar hosted by the AIDS Foundation of Chicago entitled [Thinking Inside the Box - Implementing Self-Testing Strategies for HIV and STIs](#) in September covered a few self-testing strategies which showcases models distributing self-tests directly to the community. The access code to view the webinar is: **XGX^Xi3d**

Additionally, Denver Prevention Training Center collected examples of [HIV self-testing protocols](#) from across the country that showcase various direct to community models.

Q: How can jurisdictions pay for at-home STD/HIV testing?

A: Funding opportunities through the [U.S. Department of Health and Human Services](#) provide grant support for HIV/AIDS prevention, testing, care and treatment, and research.

Q: Has there been talk of progress with Ready, Set, PrEP being available to dispense at IHS and Tribal pharmacies?

A: The Ready, Set, PrEP program provides an additional resource for Indian Country, to expand on the work IHS is doing to make PrEP medications available to American Indians and Alaska Natives. Participation in Ready, Set, PrEP is encouraged to bring additional resources to



Native communities and allow IHS to reach more people. If individuals are not eligible for this program, they can still receive PrEP medication free of charge at federally operated IHS clinics. This [Ready, Set, PrEP fact sheet](#) provides more information including a provider locator to assist with participation in the program.

Q: What are you doing for advertising? What are you doing to reach out to Priority Populations?

A: CDC offers various [resources and toolkits](#) to promote HIV prevention, testing, treatment, and anti-stigma messaging to your audiences. Additionally, working with current participants in your program to be champions and advocates of the program can assist with non-traditional advertising.

Q: Do you anticipate any push back or denials from insurance companies if adapted initiation of PrEP is used?

A: Some factors to consider are your specific state regulations for testing, who can deliver and order tests, if programs have funding, and what is covered under that funding. Molecular Diagnostics has a system that helps to integrate information into your Electronic Health Record (EHR) and most health insurance companies can cover labs through molecular diagnostics.

Q: Regarding front end-registration and payment processing for uninsured individuals for telehealth services, can you provide some resources or sites that have developed telehealth processes?

A: Surrounding reimbursement and billing, resources can be found on [Prime Health](#) as well as, [Illinois Public Health Association](#) websites, which have hosted [webinars](#) related to billing surrounding HIV treatment and prevention related billing and telehealth. Generally, most telehealth billing and information sites have good information. PrEP is under the umbrella for prevention and should not have pushback from insurance companies.

Q: Could you clarify what forms of PrEP are designated for men and women?

A: Two medications have been approved for use as PrEP by the FDA. Each consist of two drugs combined in a single oral tablet taken daily: *Emtricitabine (F) 200 mg in combination with tenofovir disoproxil fumarate (TDF) 300 mg (F/TDF – brand name Truvada®)*, *Emtricitabine (F) 200 mg in combination with tenofovir alafenamide (TAF) 25 mg (F/TAF – brand name Descovy®)*. Daily oral PrEP with F/TAF is recommended to prevent HIV infection among persons at risk through sex, excluding people at risk through receptive vaginal sex. F/TAF has not yet been studied for HIV prevention for receptive vaginal sex. CDC has developed [guidelines for prescribing PrEP](#).



