

# Increasing Access to Biomedical HIV Prevention: Incorporating PrEP and PEP through TA, Consultation and Training

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Presenters have no financial interests to disclose.

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# Learning Objectives

At the conclusion of this activity, participants will be able to:

1. State 3 best approaches to integrate PrEP and PEP services into RW and other health care settings to increase access for populations most at risk
2. Identify when and how patients undergoing post-exposure evaluations may be counseled on PrEP eligibility and initiation
3. Describe two methods to reach most at-risk populations in order to address disparities in PrEP uptake

# PrEP Human Likert Scale: rate your willingness to provide PrEP services 1 – 5

**1 = talking about it**  
**3 = planning implementation**  
**5 = providing PrEP services**

# What can be done under Ryan White?

- Supporting National AIDS Strategy Goal 1: reduce new infections
  - 25% reduction in new infections; 15% reduction in disparities
- Risk reduction counseling
- Targeted testing
- Expertise: how to connect with those most at risk; knowledge regarding barriers to HIV services
- AETCs: staff training and organizational TA

# June 22: RWHAP Program Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services  
Administration

HIV/AIDS Bureau

Rockville, MD 20857

JUN 22 2016

Dear Ryan White HIV/AIDS Program Colleagues:

Pre-Exposure Prophylaxis (PrEP) is a powerful prevention tool against HIV transmission. The Centers for Disease Control and Prevention recommends PrEP for individuals who are at substantial risk for contracting HIV.<sup>1</sup> When taken consistently, PrEP reduces the risk of HIV infection in people who are at high risk by up to 92%.<sup>2</sup> Given the success of PrEP, the [National HIV/AIDS Strategy: Updated to 2020 \(NHAS 2020\)](#) prioritizes PrEP in *Goal 1: Reduce New Infections* and calls upon federal agencies to implement PrEP within their programs.

The Health Resources and Services Administration's HIV/AIDS Bureau (HAB) strongly encourage Ryan White HIV/AIDS Program (RWHAP) recipients and providers to leverage the RWHAP infrastructure to support PrEP services within the parameters of the RWHAP legislation. RWHAP recipients and providers are uniquely positioned to support PrEP programs. As community leaders in HIV prevention, care, and treatment, RWHAP recipients and providers are: 1) connected to people most at risk for contracting HIV; 2) knowledgeable about barriers to accessing HIV care and prevention services; and 3) experts in antiretroviral medications used for HIV. These are just a few of the skills that make RWHAP recipients and providers especially equipped to support, establish, and implement PrEP programs.

The RWHAP legislation provides grant funds to be used for care and treatment of people diagnosed with HIV, thus prohibiting the use of RWHAP funds for PrEP medications and the related medical services such as physician visits and laboratory costs. The RWHAP legislation does, however, allow RWHAP recipients and providers to provide services such as risk reduction counseling and targeted testing which should be part of a comprehensive PrEP program. We encourage RWHAP recipients and providers to reference HAB guidance and discuss allowable uses of RWHAP funds and any applicable limitations with

# Ryan White HIV Systems

## Most likely PrEP settings

- Where HIV clinical services are provided in primary care settings
  - Structural capacity
  - Clinical expertise
  - Community partnerships

# Remember: Ryan White barriers

- No RW funds for medication, related clinical services, labs
- No use of program income and rebates



# In the meantime: PrEP is taking off

## California

- Number of PrEP Rx's increased from 264 in 2012 to 2,914 in 2015 (with increases in each quarter; 541/Q1 to 1,070 in Q4)
- 16.7% starting PrEP from CA

## Awareness among MSM increasing

- March 2015 survey: 68% aware; 50% would use; 4.9% had used PrEP
- NOTE: Geographic disparities in PrEP use
- 2% in rural areas; 11% Seattle; 12% NYC; 17% SF; 16% DC

# Drivers: Local Policies

## NEWS RELEASE



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**FOR IMMEDIATE RELEASE:**  
August 2, 2016

### Public Health Launches PrEP Centers of Excellence to Help Stop the Spread of HIV in Los Angeles County

**LOS ANGELES**—The Los Angeles County Department of Public Health (Public Health) is taking critical steps to expand access to biomedical prevention options for Los Angeles County residents at highest risk for HIV infection. On Tuesday, August 2, the Los Angeles County Board of Supervisors approved contracts to fund 14 Pre-Exposure Prophylaxis (PrEP) Centers of Excellence in areas with the highest rates of HIV infection.

PrEP is a once-daily medication (Truvada®) taken by persons who do not have HIV but who are at substantial risk of getting it to prevent HIV infection. When taken daily, this HIV prevention method is up to 99% effective. Despite its effectiveness and growing popularity, there remains a need to increase PrEP use nationally and in Los Angeles County in order to make significant progress in the fight against HIV.

"LA County continues to experience the second largest HIV epidemic in the country," said LA County Supervisor Sheila Kuehl. "No single prevention program will completely curtail the spread of HIV, but expanding the use of PrEP could significantly reduce new infections. I am very glad to see our efforts go beyond the County's own Public Health clinics, to engage our community-based health providers who can effectively reach the populations at greatest risk, including those who lack insurance."

Financial barriers to PrEP present a barrier to access; it is cost-prohibitive for uninsured persons and many individuals with insurance still face high co-payments and deductibles. The PrEP Centers of Excellence will provide medical services related to PrEP for uninsured and underinsured patients and offer health insurance navigation and enrollment for individuals eligible for Medi-Cal and Covered California. These clinics will also offer post-exposure prophylaxis, or PEP, and refer patients with substance abuse and mental health service needs to appropriate providers.

"Public Health is excited to fund our community partners to make PrEP more accessible to low-income and uninsured Los Angeles County residents," said Jeffrey Gunzenhauser, MD, MPH, Interim Health Officer for Los Angeles County.

Public Health-funded PrEP Centers of Excellence will be provided by these community-based partners:

- AltaMed Health Services Corporation
- Anthony Mills, MD
- APLA Health and Wellness
- Children's Hospital Los Angeles
- JWCH Institute
- LA LGBT Center

# Drivers: Getting to Zero

How many of you come from communities with 'Getting to Zero' efforts and commitments?

- California: San Francisco, California State, Santa Clara Co.
- Washington State
- New York State
- Where else?

# PrEP Uptake: Trends

- Data from Gilead (80% of US retail pharmacies 1/1/2012 – 12/31/2015)
- 738% increase from 3rdQ 2013 – 3rdQ 2015: 1671 – 14,000
- 79,684 total unique individuals **initiated** PrEP
- Disparities in PrEP use: AA and Latinos very low relative to rate of new HIV infections
- Caucasians: 74% PrEP utilization vs. 27% rate of new infections
- Gender: 76.4% among men; for AA and Latino women rate is significantly less than for Caucasian women
- Age: average age 36; 15% of those who initiated PrEP <25
- Region: 50% from CA, NY, TX, FL and IL; Deep South small % vs. high infection rates

# Providers

- Awareness is increasing : 24% 2009 to 66% 2015 among PCPs (CDC; PLOS One June 2016)
  - 1/3 of PCPs still unaware
- PCPs are interested in prescribing: 91% in DocStyles survey willing to prescribe to at least one group at high risk
- Family planning is a PrEP setting; Planned Parenthood
- Small local Bay Area PCP survey: 99% are aware and would offer PrEP; 80% would prescribe ; 1/3 already prescribing (East Bay; May 2016)
- Do not need extensive training; want online information; lunchtime brief trainings; access to expert clinical consultation (phone; email; PrEPline)

# Pacific AIDS Education and Training Center: supporting PrEP access

FDA approval for Truvada: 2012

- Training and TA in primary care settings began
  - Increase in number of activities; increase in training/TA hours (4500 to 8200; 2014/15 – 2015/16)
- July 2014 – June 2016 PAETC Training Data
  - 871 events (increased 408 to 463)
  - 3814 documented participants
  - Activities in all 4 states in Region 9 (AZ, CA, HI, NV)
  - Under AETC Core and MAI funded programs

# Other PAETC PrEP activities

- Brief guide for clinicians: PrEP implementation
- Best of PrEP Resources: vetted list
- Collaborations with health departments
  - California PrEP Strategy (in draft)
  - Participation in 'Getting to Zero' efforts
  - Training support for CDC-funded PrEP implementation projects in CA
  - AZ: estimates for # of PrEP eligible
- Community engagement
  - White paper to engage black MSM in LA
  - Local roundtables
  - Local surveys

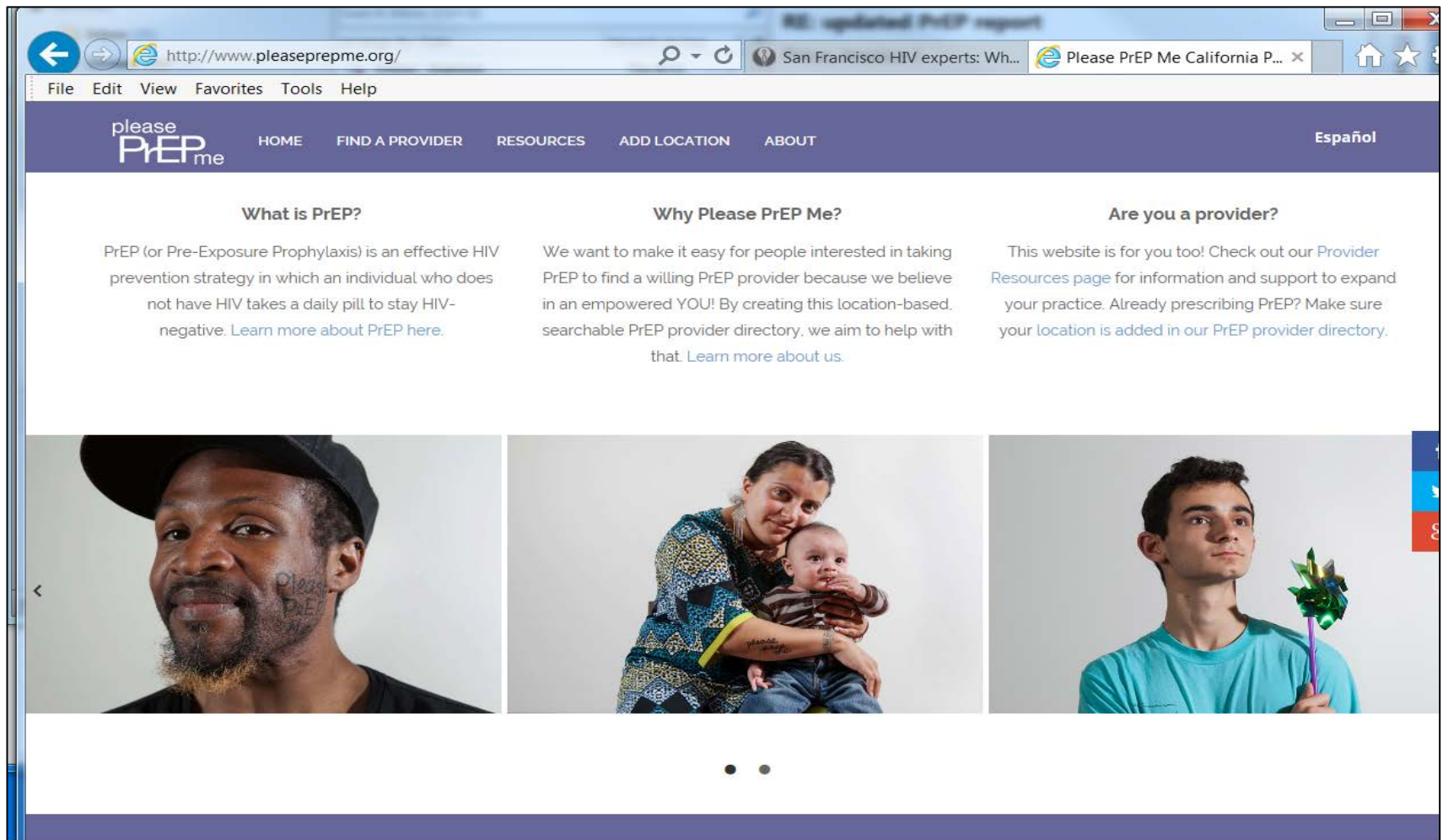
# Please PrEPMe.org

**PleasePrEPMe.org** is a location-based, searchable California PrEP Provider Directory

- Launched in June 2015 to address significant barriers linking PrEP seekers with willing providers
- Currently listing >200 clinics in CA, public and private + curated resources for providers AND potential PrEP users
- Spanish version launched Jan. 2016
- Collaboration with Emory University: launch national PrEP directory in mid-September 2016; expected 1200 listings nationwide



# PleasePrEPMe.org



# PleasePrEPMe.org

- **Lessons Learned**

- Directories and resources requires collaboration among multiple stakeholders
- Involving end users at all stages leads to useful, user-friendly resource

- **Multiple Next Steps**

- Additional outreach strategies to reach providers
- Links to online chat, email and phone-based services
- Marketing campaigns via social media, dating apps
- PrEP navigation during designated hours

# PrEP Clinical Support Services

- Vital to PrEP expansion in primary care settings
- Leaders and Administrators: buy-in
- Providers need a team-based system with trained staff: insurance coverage, follow-up coordination for refills and labs/visits, adherence support
- Accessible, up-to-date on-line tools
- AETCs: site-based trainings for clinic teams; adaptable protocols; phone and email consultation; work flow consultation

# Learning Objectives

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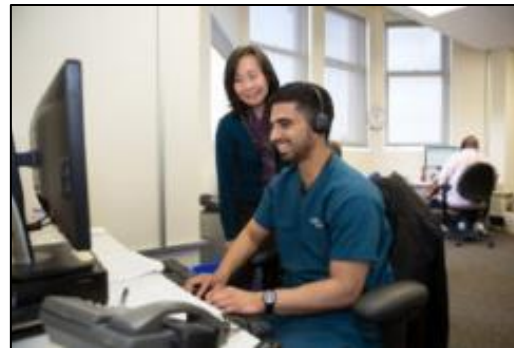
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# What is the CCC?

*The National Clinician Consultation Center has provided free, confidential guidance to clinician callers for 25 years*

We are the consultation arm of the AIDS Education & Training Centers

- Funded by **HRSA**
- Additional support from CDC



# CCC Consultant Staffing

Multi-discipline, inter-professional team of expert physicians (primary care trained with HIV expertise and ID, OB-GYN & pediatrics), advanced practice nurses, clinical pharmacists




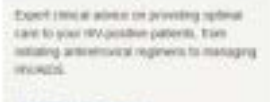

Collectively, current CCC consultants have almost 500 years of direct clinical experience on HIV management and prevention!



[nccc.ucsf.edu](http://nccc.ucsf.edu)

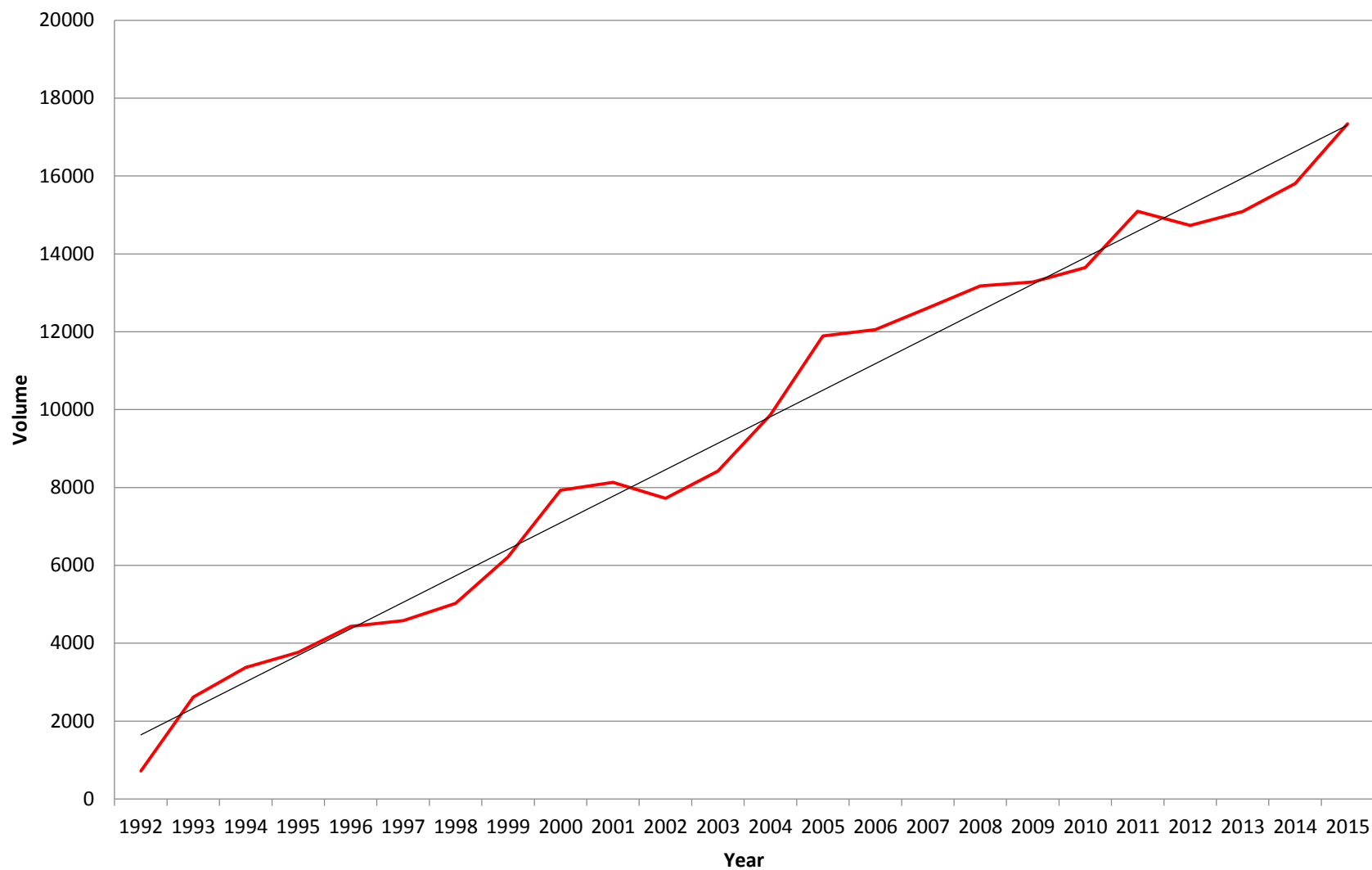


## Clinician Consultation

 <p><b>HIV/AIDS Management</b></p> <p>Expert clinical advice on providing optimal care to your HIV-positive patients, from initiating antiretroviral regimens to managing opportunistic infections.</p> <p>Resources available &gt; Testing &amp; Prevention &gt; Antiretroviral Drug Tables &gt; Women's Health &gt; Substance Use Management and HIV &gt; Care at HIV Training &gt;</p> <p><a href="#">Get HIV/AIDS Management advice</a></p>	 <p><b>PEP: Post-Exposure Prophylaxis</b></p> <p>Expert advice on managing occupational and non-occupational exposures to HIV and hepatitis B &amp; C.</p> <p><a href="#">Download PEP Case &amp; Guide &gt;</a></p> <p><a href="#">Get Post-Exposure Prophylaxis Advice</a></p>	 <p><b>Perinatal HIV/AIDS</b></p> <p>Immediate advice on HIV management in pregnant women and their infants, including referral to care.</p> <p><a href="#">Perinatal Diagnostic HIV Labors &gt;</a></p> <p><a href="#">Get Perinatal HIV Advice</a></p>
 <p><b>PreP: Pre-Exposure Prophylaxis</b></p> <p>Up-to-date clinical advice on providing PreP as a prevention tool, from determining when postcoital PreP is appropriate to understanding follow-up tests.</p> <p><a href="#">Get Pre-Exposure Prophylaxis Advice</a></p>	 <p><b>Substance Use Management</b></p> <p>Expert clinical advice for healthcare providers on substance use evaluation and management.</p> <p><a href="#">Get Substance Use Management Advice</a></p>	



## NCCC All Lines Call Volume 1992-2015\*



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## PEP: Post-Exposure Prophylaxis



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## PrEP: Pre-Exposure Prophylaxis



### Clinically supported advice on PrEP for healthcare providers

Up-to-date clinical consultation for PrEP decision-making, from determining when PrEP is an appropriate part of a prevention program to understanding laboratory protocols and follow-up tests.

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Monday – Friday, 11 a.m. – 6 p.m. EST

[CALL](#)

We advise on all aspects of pre-exposure management (PrEP), including:

[Related Information](#)

# Case from the CCC HIV Warmline...



*A PA called to discuss ARV initiation for a 28yo newly diagnosed patient (“Mr. M”). Mr. M believes he acquired HIV from a former sexual partner 2-3 months ago after a condomless sexual encounter. The patient reports regular weekend methamphetamine use; he’s been on mirtazapine x 4 weeks which has reduced drug cravings.*

*The caller wants to ensure mirtazapine would not interact with ARVs. No resistance mutations were identified on baseline testing.*

# What should this caller do?

- (a) Withhold ARVs until drug-free; with ongoing MAP use, he won't be able to maintain high adherence
- (b) Discontinue mirtazapine, as it interacts with all currently-recommended initial regimens for ARV-naïve patients
- (c) Offer to start whatever ARV regimen Mr. M is most comfortable with; continue mirtazapine but monitor clinically for increased/decreased concentration (depending on ARVs selected)
- (d) Explore current and anticipated sexual practices and partner(s) and recommend PrEP evaluation for partner(s)
- (e) Condoms, condoms, condoms
- (f) Other

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- ~~(e) Condoms, condoms, condoms~~
- ~~(f) Other~~

# The *Proposed* PrEP cascade



1. At risk for HIV infection

2. Identified as PrEP candidate

3. Interested in PrEP

4. Linked to PrEP program

5. Initiated PrEP

6. Retained in PrEP Program

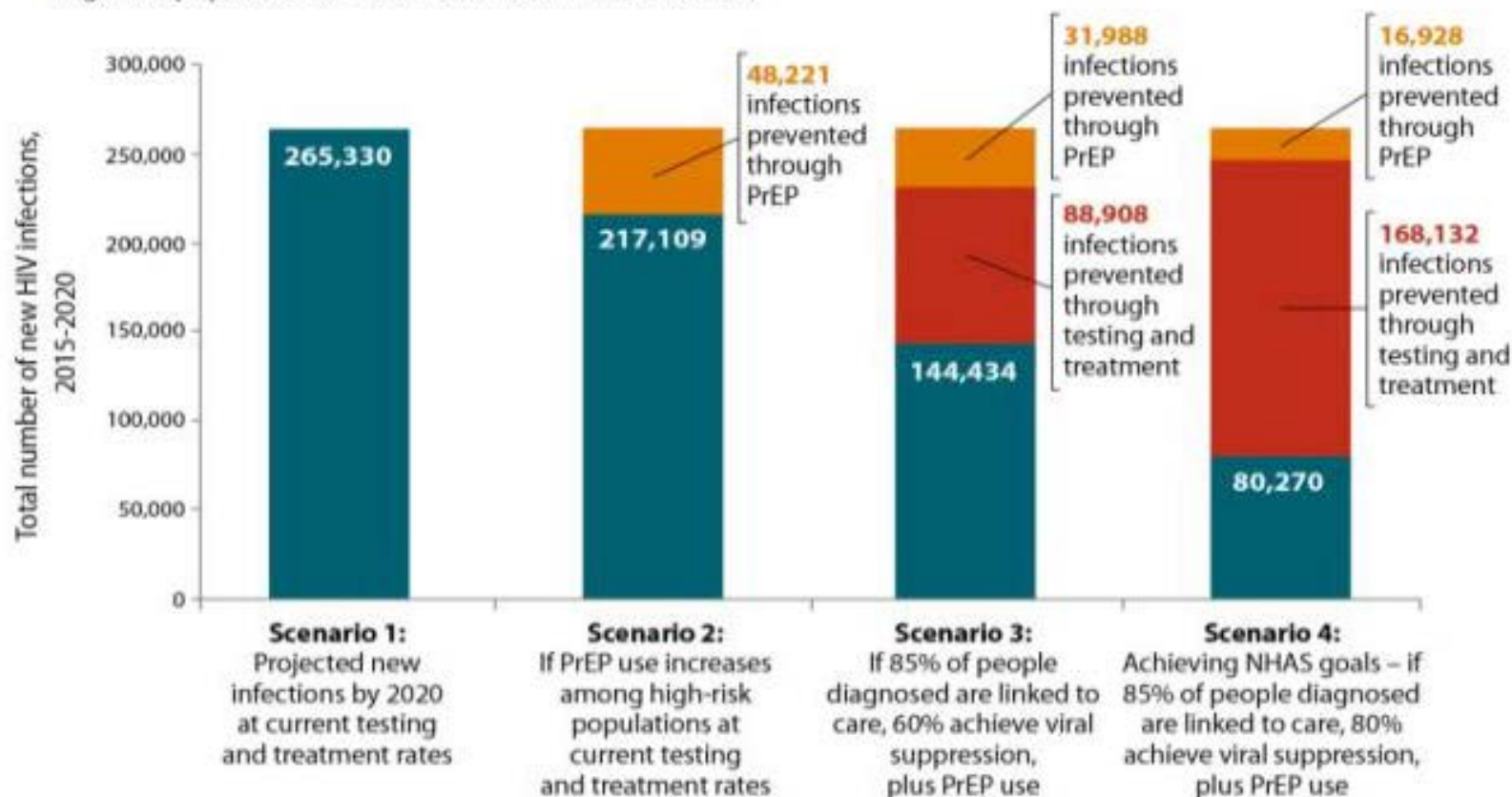
7. Achieve adherence and persistence

*Figure used with permission (A. Liu): Liu A, Colfax G, Cohen S, Bacon O, Kolber M, et al. The Spectrum of Engagement in HIV Prevention: Proposal for a Pre-Exposure Prophylaxis (PrEP) Cascade. Presented at: 7th International Conference on HIV Treatment and Prevention Adherence; June, 2012; Miami, FL.*



## Four Scenarios of the Potential Impact of Expanded HIV Testing, Treatment and PrEP in the United States, 2015-2020

- New infections
- HIV infections prevented due to expanded testing and treatment
- HIV infections prevented due to PrEP (assumes PrEP use among high-risk populations = 40% MSM; 10% PWID; 10% HET)



Source: Centers for Disease Control and Prevention

# Integrating Antiretroviral Strategies for Human Immunodeficiency Virus Prevention: Post- and Pre-Exposure Prophylaxis and Early Treatment

Robert M. Grant<sup>1,2</sup> and Dawn K. Smith<sup>3</sup>

<sup>1</sup>Gladstone Institutes and University of California, San Francisco; <sup>2</sup>San Francisco AIDS Foundation, California; and <sup>3</sup>Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, Atlanta, Georgia

Best practices for integrating human immunodeficiency virus (HIV) testing and antiretroviral interventions for prevention and treatment are suggested based on research evidence and existing normative guidance. The goal is to provide high-impact prevention services during periods of substantial risk. Antiretroviral medications are recommended for postexposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), and treatment of HIV infection. We reviewed research evidence and current normative guidelines to identify best practices for integrating these high-impact prevention strategies. More sensitive HIV tests used for screening enable earlier diagnosis and treatment of HIV infection, more appropriate counseling, and help limit drug resistance. A fully suppressive PEP regimen should be initiated based on exposure history or physical findings when sensitive diagnostic testing is delayed or not available and antibody tests are negative. Transitions from PEP to PrEP are often warranted because HIV exposure events may continue to occur. This algorithmic approach to integrating PEP, PrEP, and early treatment decisions may increase the uptake of these interventions by a greater number and diversity of knowledgeable healthcare providers.

**Keywords.** early treatment; HIV; postexposure prophylaxis; pre-exposure prophylaxis; prevention.

There is growing consensus that antiretroviral medications have an important role to play in preventing the transmission and acquisition of human immunodeficiency virus (HIV) infection. More than 2 million new HIV infections occur every year worldwide, including an estimated 50 000 per year in the United States [1]. Prevention uses of antiretroviral medications include post-exposure prophylaxis (PEP) after an isolated, significant exposure to fluids that may contain HIV, or pre-exposure prophylaxis (PrEP) if exposure is frequent, or early treatment after infection has occurred [2]. The management

of transitions from PEP to PrEP and from prophylaxis to early treatment remain challenging, partly because these concepts are new and best practices are still evolving. Although more information would be beneficial, research to optimize antiretroviral service integration will be complex, largely observational, partly based on animal models, and not definitive [3]. In this narrative review, we suggest approaches for healthcare providers and potential users, referring to available evidence and normative guidance and drawing on published clinical experience. Providing approaches to integrating high-impact prevention interventions is expected to mitigate common barriers to their use and leverage potential synergies.

## ANTIRETROVIRAL STRATEGIES FOR PREVENTION

### Postexposure Prophylaxis

Postexposure prophylaxis is recommended by the Centers for Disease Control and Prevention (CDC) and the World Health Organization after a substantial exposure to body fluids likely to contain virus from a person who is HIV

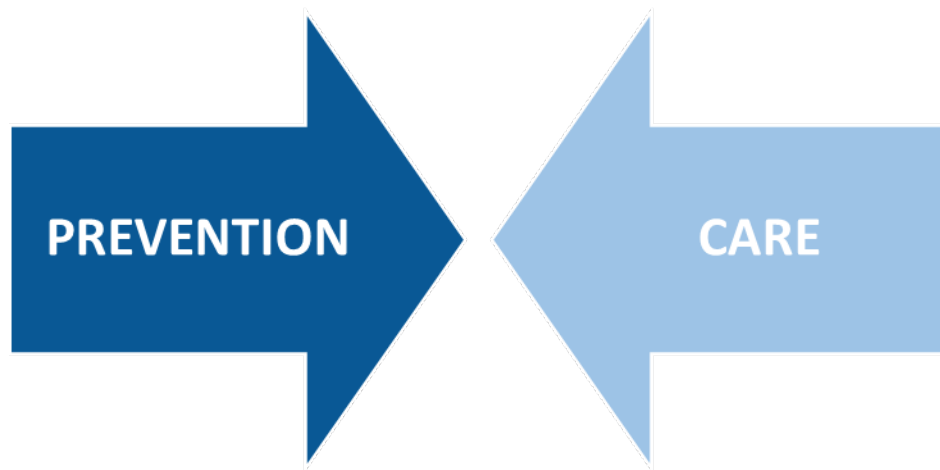
Received 13 July 2015; accepted 15 August 2015.

Correspondence: Robert M. Grant, MD, MPH, Gladstone Institutes and University of California, San Francisco, 1650 Owens St., San Francisco, CA 94158 (robert.grant@ucsf.edu).

#### Open Forum Infectious Diseases

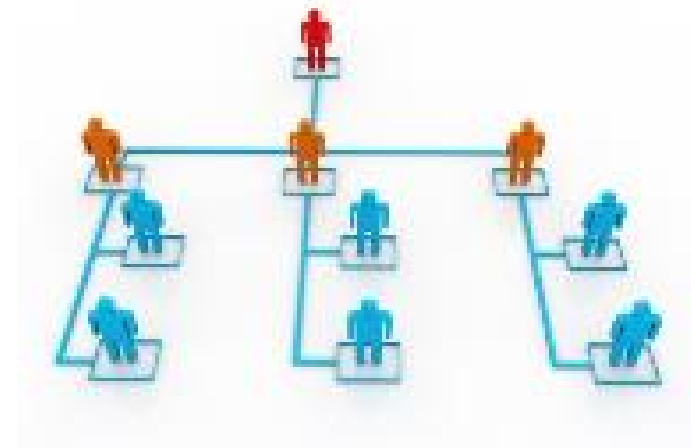
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DOI: 10.1093/ofid/ofv126





Multiple levels of opportunity for integrating **combination treatment** and **combination prevention**:

- Patients/communities
- Providers/workforce
- Health systems





**Many RW-supported programs have essential components already in place to deliver high-quality prevention services**

- Clients/target 'audience' identified, many well-engaged!
- Targeted outreach to underserved, marginalized, and difficult-to-engage populations
- Experienced staff familiar with up-to-date biomedical HIV interventions; access to education and TA (i.e., AETCs)
- Resources/tools to ↑ performance, CQI infrastructure
- Advanced access for appointments, care coordination

# Back to the case...

*Mr. M gave the CCC PrEP line number to his current (new) partner; however, the partner did not end up seeking PrEP evaluation due to lack of health insurance.*

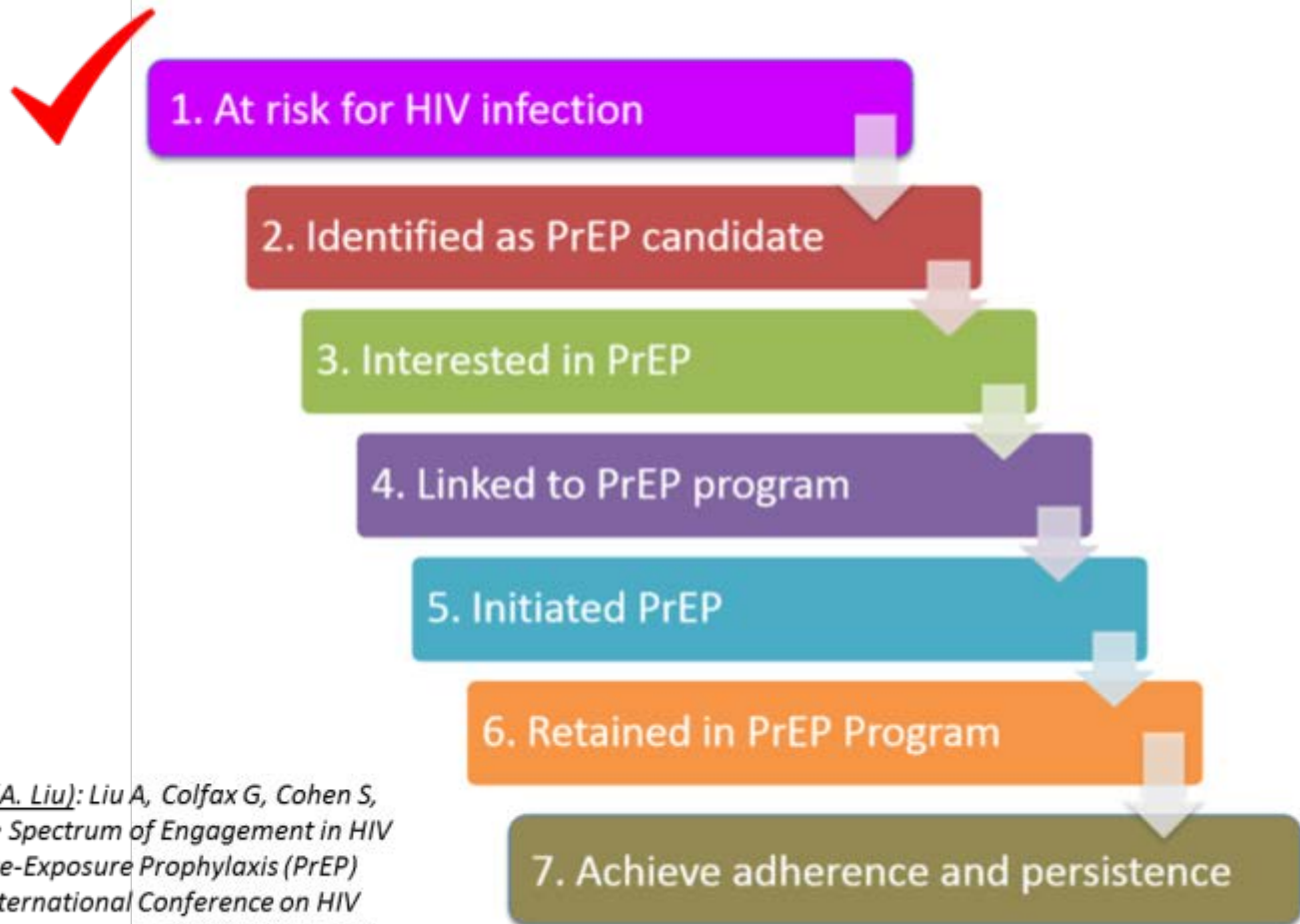
*Three months later, the couple arrive at your program/clinic for an urgent visit because the condom broke last night.*

*They want to know whether it's too late for PrEP?*



# Next steps??

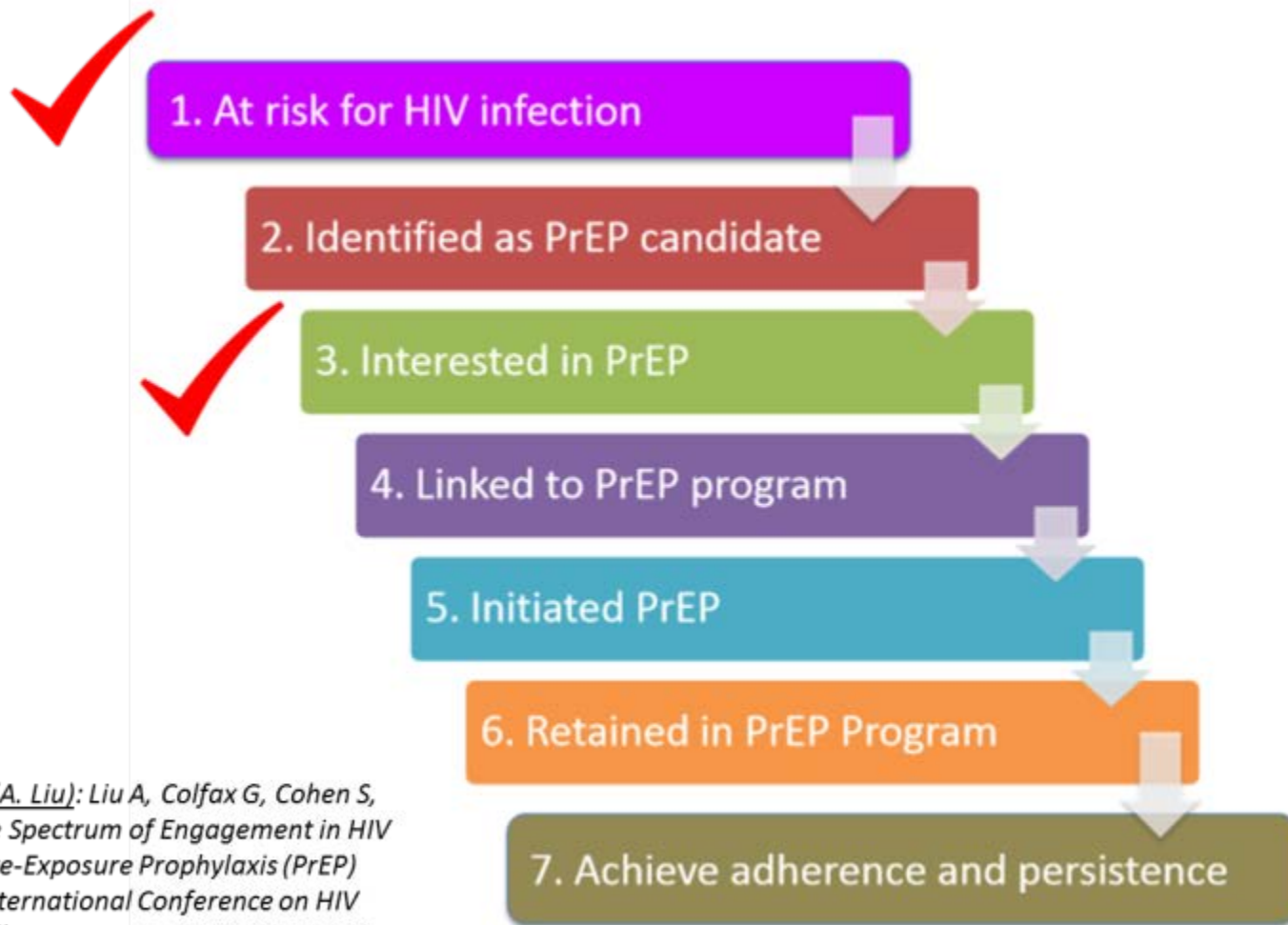
## The *Proposed* PrEP cascade



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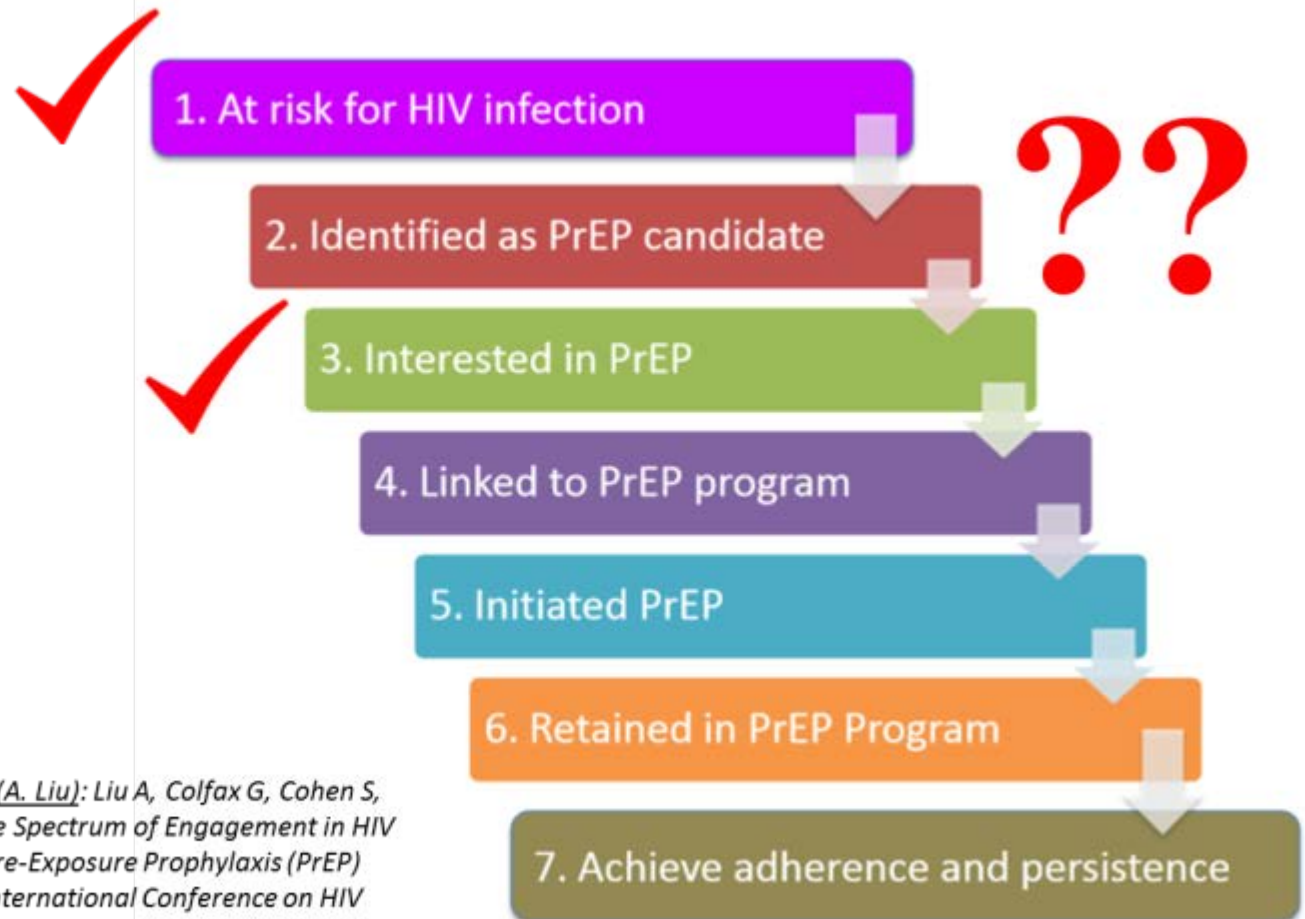
# Next steps?

## The *Proposed* PrEP cascade



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# Next steps??



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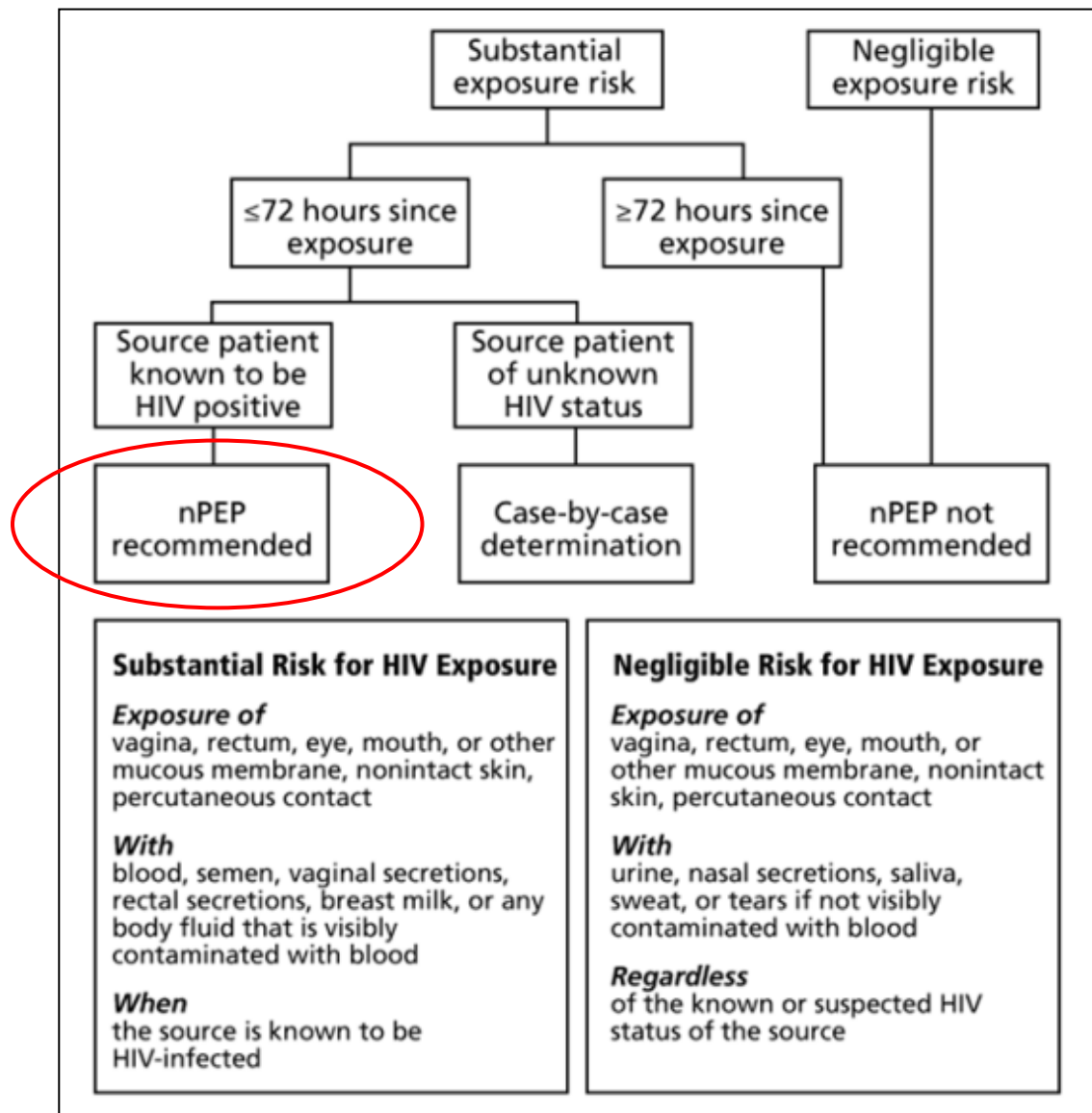
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[Related Information](#)

# nPEP Algorithm (CDC)



*Source: Updated Guidelines for Antiretroviral Post-exposure Prophylaxis After Sexual, Injection Drug Use, or Other Non-occupational Exposure to HIV— United States, 2016 (CDC)*



# Thinking ahead.....

Updated Guidelines for Antiretroviral Postexposure  
Prophylaxis After Sexual, Injection Drug Use, or  
Other Nonoccupational Exposure to HIV—  
United States, 2016

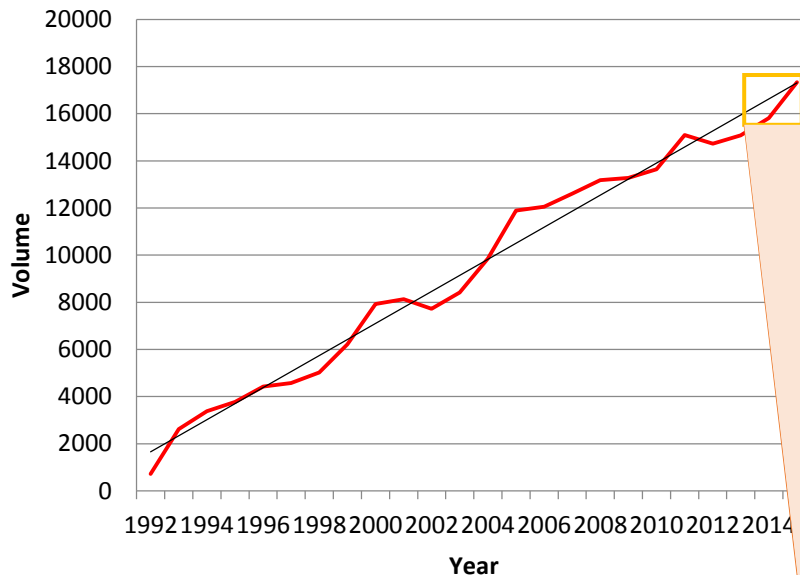
from the  
Centers for Disease Control and Prevention,  
U.S. Department of Health and Human Services

*“Persons who engage in behaviors that result in frequent, recurrent exposures that would require sequential or near-continuous courses of nPEP should be offered PrEP... gap is unnecessary between ending nPEP and beginning PrEP.”*

*Upon documenting HIV-negative status... daily use [of PrEP] can begin immediately for patients for whom PrEP is indicated.”*

# Clinicians making nPEP decisions: untapped PrEP advocates/providers?

**NCCC All Lines Call Volume 1992-2015\***



Consultation line	7/2013 - 6/2014	7/2014 - 6/2015	7/2015 - 6/2016	Δ
PEPline (occ)	10968	11159	12374	+13%
PEPline (non-occ)	2953	3271	3726	+26%
PrEP	NA	117	263	+125%



# PrEP in the CCC PEPline

Over 18 months, 2477 case-specific calls regarding nPEP for *sexual exposures*

> 50% of these calls came from ambulatory settings, including primary care and community-based clinics

Among exposed persons (EPs) who knew source person (SP) identity, 43% males vs. 29% females also already knew SP's HIV status

- Male EPs reported exposures to HIV-positive SPs more frequently than females (95% vs. 87%)
- **Potential PrEP eligibility was introduced by CCC consultant in 1/4 to 1/3 of these calls, depending on assessment of ongoing risk**

# Common CCC PrEP consultation topics

## PrEP eligibility/suitability

Lab testing (baseline and follow-up)

Resources/  
references

PrEP in  
practice,  
cost/access

PrEP Rx (dosing,  
s/e, interactions)  
and adherence

PrEP mgmt and  
complications

Acute HIV, PrEP  
failure

PrEP to PrEP;  
PrEP to PEP

Significant HIV exposure  $\leq$  36-72 hours?

Yes

No

Start PrEP evaluation

Already on PrEP?

Yes

No

nPEP evaluation

Adequately protected on PrEP alone (i.e. sufficient adherence and duration)?

No

If remains at risk after nPEP completed, transition to PrEP

Yes

Continue PrEP



CLINICIAN CONSULTATION CENTER  
National rapid response for HIV management and bloodborne pathogen exposures.

# Mr. M's partner: 28 days later....



# Now where are we?

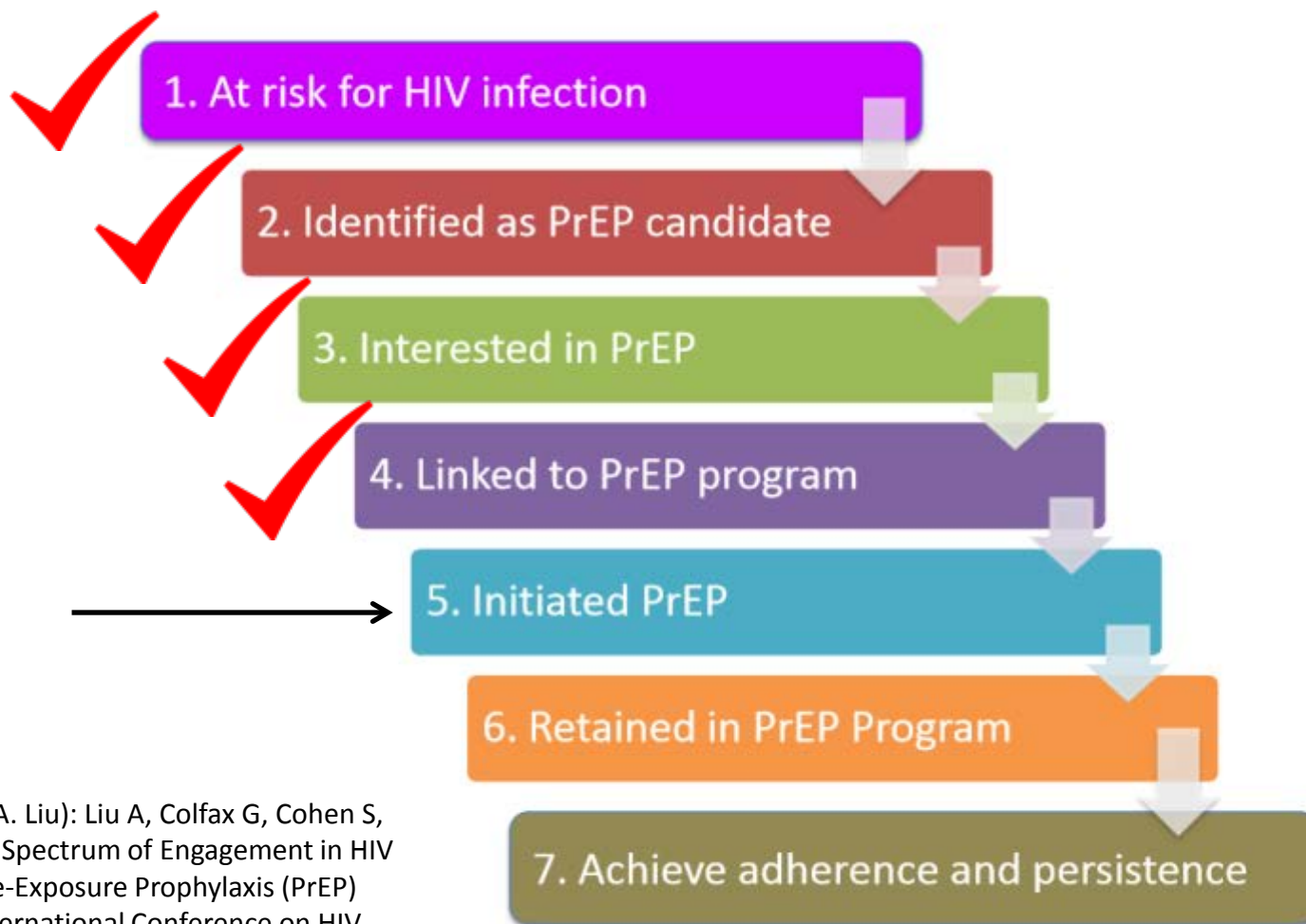


Figure used with permission (A. Liu): Liu A, Colfax G, Cohen S, Bacon O, Kolber M, et al. The Spectrum of Engagement in HIV Prevention: Proposal for a Pre-Exposure Prophylaxis (PrEP) Cascade. Presented at: 7th International Conference on HIV Treatment and Prevention Adherence; June, 2012; Miami, FL.



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## PrEP: Pre-Exposure Prophylaxis



### Clinically supported advice on PrEP for healthcare providers

Up-to-date clinical consultation for PrEP decision-making, from determining when PrEP is an appropriate part of a prevention program to understanding laboratory protocols and follow-up tests.

#### Call for a Phone Consultation

(855) 448-7737 or (855) HIV-PrEP  
Monday – Friday, 11 a.m. – 6 p.m. EST

[CALL](#)

We advise on all aspects of pre-exposure management (PrEP), including:

[Related Information](#)

# Resources/ tools

MSM Risk Index <sup>35</sup>		
1	How old are you today?	If <18 years, score 0 If 18-28 years, score 8 If 29-40 years, score 5 If 41-48 years, score 2 If 49 years or more, score 0
2	In the last 6 months, how many men have you had sex with?	If >10 male partners, score 7 If 6-10 male partners, score 4 If 0-5 male partners, score 0
3	In the last 6 months, how many times did you have receptive anal sex (you were the bottom) with a man without a condom?	If 1 or more times, score 10 If 0 times, score 0
4	In the last 6 months, how many of your male sex partners were HIV-positive?	If >1 positive partner, score 8 If 1 positive partner, score 4 If <1 positive partner, score 0
5	In the last 6 months, how many times did you have insertive anal sex (you were the top) without a condom with a man who was HIV-positive?	If 5 or more times, score 6 If 0 times, score 0

**TABLE 3. ARCH—IDUs Risk Scoring Sheet**

1	How old are you today (y)?	If <30 y If 30-39 y If 40-49 y If ≥50 y	score 38 score 24 score 7 score 0	_____
2	In the last 6 mo, were you in a methadone maintenance program?	If yes	score 0	_____
3	In the last 6 mo, how often did you inject heroin?	If no If 1 or more times	score 31 Injection subscore 1	_____
	In the last 6 mo, how often did you inject cocaine?	If 0 times If 1 or more times	Injection subscore 0 Injection subscore 1	_____
	In the last 6 mo, how often did you share a cooker?	If 0 times If 1 or more times	Injection subscore 0 Injection subscore 1	_____
	In the last 6 mo, how often did you share needles?	If 0 times If 1 or more times	Injection subscore 0 Injection subscore 1	_____
	In the last 6 mo, how often did you visit a shooting gallery?	If 0 times If 1 or more times	Injection subscore 0 Injection subscore 1	_____
	Composite injection score	If 0 times	Injection subscore 0 Add down the 5 injection subscores above If 0, score 0 If 1, score 7 If 2, score 21 If 3, score 24 If 4, score 24 If 5, score 31 Add down the 3 entries in the right column to calculate total score	_____ Total score*

### HIV Pre-Exposure Prophylaxis (PrEP) Risk Assessment Individual Risk Calculator

- What percent of the time do you use condoms when having anal sex, including both receptive and insertive (top)?
- What percent of the time are you the insertive partner (top) when having anal sex?
- On average, how many times per month do you have anal sex?
- Are you in a monogamous relationship with an HIV positive partner?
- Is your partner taking antiretroviral therapy (ART)?

**Risk of acquiring HIV this year:**

Without PrEP	1 in _____
PrEP, expected adherence <sup>1</sup>	1 in _____
PrEP, expected adherence + increase in risky behavior <sup>2</sup>	1 in _____
PrEP, high adherence <sup>3</sup>	1 in _____
PrEP, high adherence and 100% condom use	1 in 1877 ( 0.1%)

1: Overall results from iPrEx study, including all levels of medication adherence, showed 44% risk reduction  
2: Increase in risky behavior assumes a 15% decrease in condom use, 15% increase in STI and 15% increase in sexual frequency resulting from PrEP use  
3: High adherence subgroup (detectable serum drug levels) from iPrEx study showed 92% risk reduction

Sources: CDC, <https://ictrweb.johnshopkins.edu/ictr/utility/prep.cfm>

# Resources/tools, cont'd

Table 4. Pre-Prescription: Assessment Checklist

Assess the following:	
<p><b>Symptoms of <a href="#">Acute HIV Infection</a></b></p> <p><input type="checkbox"/> Febrile, "flu", or "mono"-like illness in last 6 weeks</p> <p><b>Medication List</b></p> <p><input type="checkbox"/> Evaluate for potential drug-drug interactions</p> <p><b>Substance Use and Mental Health Screening *</b></p> <p><input type="checkbox"/> See the following quick-reference guides: <a href="#">Mental Health Screening</a> and <a href="#">Substance Use Screening</a></p> <p><b>Knowledge about PrEP</b></p> <p><input type="checkbox"/> Patient understanding of PrEP</p> <p><input type="checkbox"/> Misconceptions about PrEP</p> <p><input type="checkbox"/> Health literacy in general</p> <p><i>For patients who ask to receive PrEP, ask:</i></p> <p><input type="checkbox"/> Why do you want PrEP?</p> <p><input type="checkbox"/> What is your understanding of what it will do for you?</p> <p><b>Readiness and Willingness to Adhere to PrEP</b></p> <p><input type="checkbox"/> Potential barriers to daily adherence</p> <p><b>Primary Care</b></p> <p><input type="checkbox"/> Does the patient have a primary care provider? If not, provide referral.</p> <p><small>* Note: Substance use and mental health disorders are not exclusionary criteria. Identifying these disorders allows the clinician to provide appropriate referrals and offer a tailored prevention plan. Substance use and mental health disorders may be barriers to adherence.</small></p>	<p><b>Partner Information</b></p> <p><input type="checkbox"/> Determine whether partners are known to be HIV-infected</p> <p><i>For patients with an HIV-infected partner, ask:</i></p> <p><input type="checkbox"/> Is partner(s) receiving ART?</p> <p><input type="checkbox"/> Is a resistance profile available?</p> <p><b>Domestic Violence Screening, see <a href="#">New York State Office for the Prevention of Domestic Violence</a></b></p> <p><b>Housing Status</b></p> <p><input type="checkbox"/> Housing status and contact information should be closely monitored for patients with unstable living situations</p> <p><b>Means to Pay for PrEP</b></p> <p><input type="checkbox"/> Does the patient have insurance? If not, assess eligibility for Medicaid and refer to case worker for assistance with obtaining insurance</p> <p><i>For payment assistance, refer to <a href="#">Appendix D: Payment Options for Pre-Exposure Prophylaxis (PrEP)</a>, the <a href="#">PrEP Patient Assistance Program (PrEP-AP)</a>, and <a href="#">Truvada for PrEP Medication Assistance Program</a></i></p> <p><b>For Women:</b></p> <p><b>Reproductive Plans</b> – provide preconception counseling when indicated</p> <p><input type="checkbox"/> Is the patient currently using contraception? If not, is the patient interested in using hormonal contraception or other effective method of contraception in addition to condoms?</p> <p><input type="checkbox"/> Is the patient trying to conceive?</p> <p><input type="checkbox"/> Is the patient currently pregnant?</p> <p><input type="checkbox"/> Is the patient currently breastfeeding?</p>

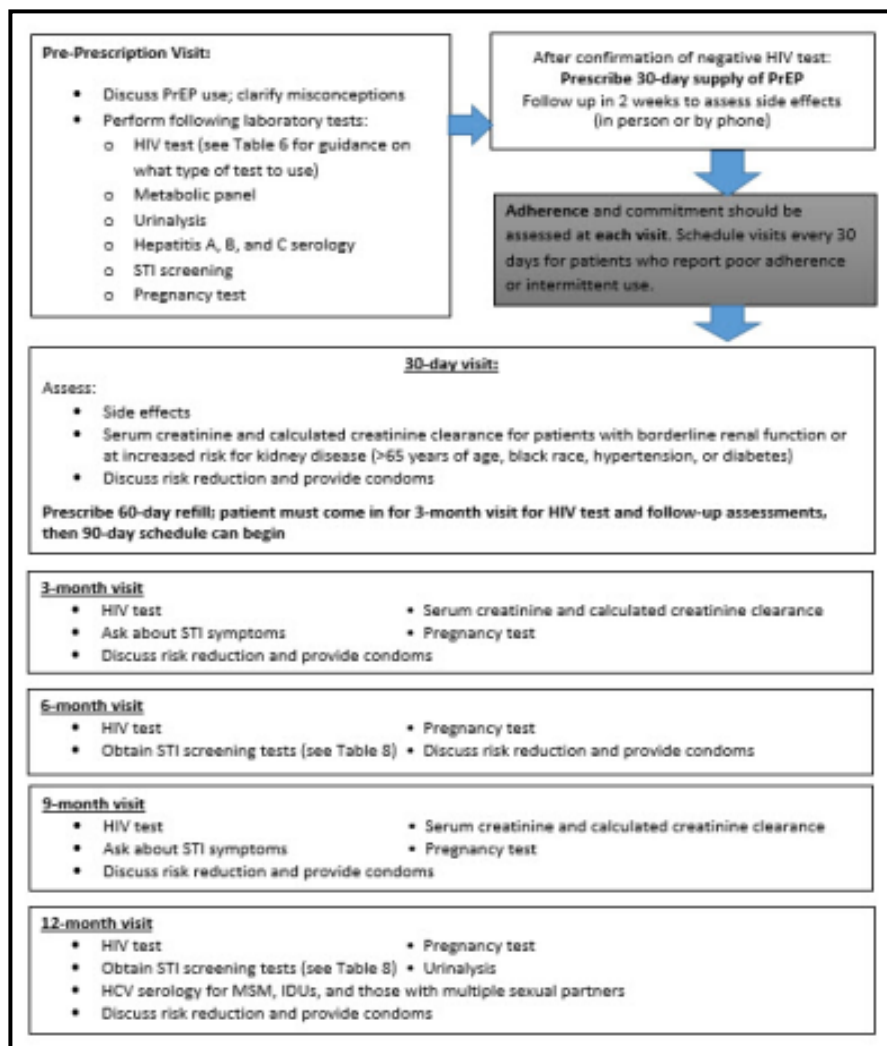
Table 5. Pre-Prescription: Patient Education Checklist

Educate about the following:	
<p><b>How PrEP works</b></p> <p><input type="checkbox"/> Explain how PrEP works in language that is easy to understand</p> <p><input type="checkbox"/> Explain how PrEP works as part of a comprehensive prevention plan</p> <p><b>Limitations of PrEP</b></p> <p><input type="checkbox"/> Efficacy is dependent on adherence</p> <p><input type="checkbox"/> PrEP reduces but does not eliminate HIV transmission risk</p> <p><input type="checkbox"/> PrEP does not protect against other STIs</p> <p><b>PrEP use</b></p> <p><input type="checkbox"/> Dosing and need for daily adherence</p> <p><input type="checkbox"/> Number of sequential doses to achieve protective effect<sup>a</sup></p> <p><input type="checkbox"/> What to do when doses are missed, and reinforcement of condom use in period following missed dose</p> <p><b>Common side effects</b></p> <p><input type="checkbox"/> Headache, abdominal pain, weight loss; side effects usually resolve or improve after first month</p> <p><b>Long-term safety of PrEP<sup>b</sup></b></p> <p><input type="checkbox"/> 24-month follow-up data suggest clinical safety of oral TDF in non-HIV-infected individuals</p> <p><b>Baseline tests and schedule for monitoring</b></p> <p><input type="checkbox"/> Tests that need to be taken before prescribing PrEP (see <a href="#">Table 6</a>)</p> <p><input type="checkbox"/> Elements of and schedule for follow-up monitoring (see <a href="#">Table 8</a>), including HIV testing at least every 3 months</p>	<p><b>Criteria for discontinuing PrEP</b></p> <p><input type="checkbox"/> Positive HIV test result</p> <p><input type="checkbox"/> Development of renal disease</p> <p><input type="checkbox"/> Use of medication for unintended purposes</p> <p><input type="checkbox"/> Non-adherence to medication or appointments</p> <p><input type="checkbox"/> Change in risk behaviors (ie, PrEP is no longer needed)</p> <p><b>Possible symptoms of seroconversion</b></p> <p><input type="checkbox"/> Instruct patients to contact their healthcare provider if they experience any of the following symptoms: fever, rash, joint pain, oral ulcers (mouth sores), fatigue, night sweats, sore throat, malaise, pain in muscles, loss of appetite</p> <p><b>For Women: Potential Benefits/Risks if Pregnancy Occurs During Use of PrEP</b></p> <p><b>Benefits</b></p> <p><input type="checkbox"/> Decreased risk of acquisition of <a href="#">acute HIV infection during pregnancy</a>, which is a significant risk factor for mother-to-child HIV transmission<sup>24</sup></p> <p><b>Potential toxicity</b></p> <p><input type="checkbox"/> Available data suggest that TDF/FTC does not increase risk of birth defects; however, there are not enough data to exclude the possibility of harm</p> <p><b>Note:</b> For women who become pregnant while using PrEP, continuation of PrEP during pregnancy is an individualized decision based on whether there are ongoing risks for HIV during pregnancy</p>

<sup>a</sup> Available data suggest that it takes less time to accumulate protective drug concentrations in the rectum than the female genital tract.<sup>25-27</sup> Based on modeling, 7 days of daily dosing is needed to achieve protective concentrations for receptive anal sex and 21 days of daily dosing is needed for receptive vaginal sex. There are no data for injection drug use or insertive vaginal or anal sex.

<sup>b</sup> Although long-term safety has not been established in non-HIV-infected individuals, TDF/FTC has been used safely in HIV-infected individuals since 2004. 24-month follow-up data show clinical safety of oral TDF in uninfected MSM.<sup>28</sup>

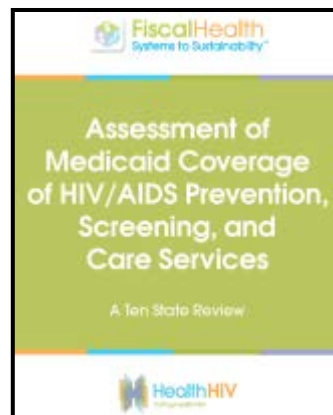
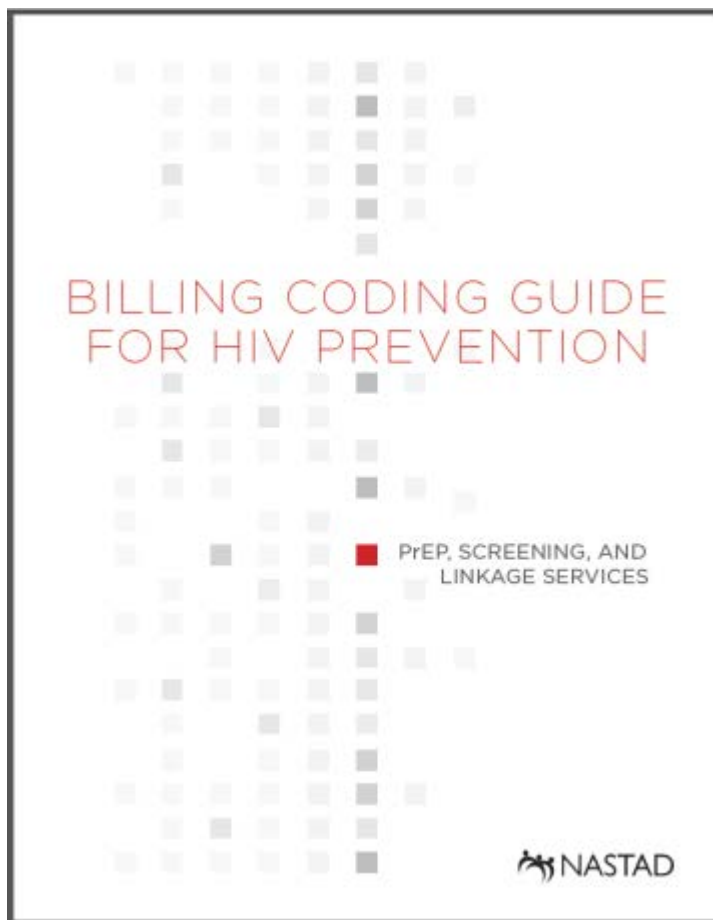
Source: NYS DOH AIDS Institute, [www.hivguidelines.org](http://www.hivguidelines.org)



Laboratory Testing: Follow-Up and Monitoring	
Laboratory Test	Frequency
<b>HIV Testing</b>	
<ul style="list-style-type: none"> <li>• 4<sup>th</sup> generation (recommended) or 3<sup>rd</sup> generation (alternative) HIV screening test</li> </ul> <i>List of 3<sup>rd</sup> and 4<sup>th</sup> generation tests is available <a href="#">here</a>.</i>	<ul style="list-style-type: none"> <li>• Every 3 months, <i>and</i></li> <li>• Whenever there are symptoms of <a href="#">acute infection</a> (serologic screening test + HIV RNA test)</li> </ul>
<b>STI screening</b>	
<ul style="list-style-type: none"> <li>• Ask about symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Every visit</li> </ul>
<ul style="list-style-type: none"> <li>• NAAT to screen for gonorrhea and chlamydia, based on sites of exposure</li> <li>• Rapid plasma reagin (RPR) for syphilis</li> <li>• Inspection for anogenital lesions</li> </ul>	<ul style="list-style-type: none"> <li>• At least every 6 months, even if asymptomatic (<i>Note:</i> Monogamous discordant couples may not need STI screening as frequently), <i>and</i></li> <li>• Whenever symptoms are reported</li> </ul>
<b>Hepatitis C screening</b>	
<ul style="list-style-type: none"> <li>• Hepatitis C IgG</li> </ul>	<ul style="list-style-type: none"> <li>• At least annually for injection drug users, MSM, and those with multiple sexual partners</li> </ul>
<b>Renal function</b>	
<ul style="list-style-type: none"> <li>• Serum creatinine and calculated creatinine clearance</li> </ul>	<ul style="list-style-type: none"> <li>• 3 months after initiation, then every 6 months</li> </ul>
<ul style="list-style-type: none"> <li>• Urinalysis</li> </ul>	<ul style="list-style-type: none"> <li>• Annually</li> </ul>
<b>Pregnancy testing</b>	<ul style="list-style-type: none"> <li>• Every 3 months</li> </ul>

Source: NYS DOH AIDS Institute, [www.hivguidelines.org](http://www.hivguidelines.org)

# Coding and billing



ICD-10*	Description
Z72.5	High risk sexual behavior
Z20.82	Contact with and (suspected) exposure to other viral communicable diseases
Z20	Contact with and (suspected) exposure to communicable diseases
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z20.6	Contact with and (suspected) exposure to HIV
Z77.21	Contact with and (suspected) exposure to potentially hazardous body fluids
W46	Contact with hypodermic needle: "the appropriate 7th character is to be added to each from category W46" A-initial encounter, D-subsequent encounter, S-sequela
W46.0	Contact with hypodermic needle (hypodermic needle stick NOS)
W46.1	Contact with contaminated hypodermic needle
Z20.8	Contact with and (suspected) exposure to other communicable diseases
Z79	Long term (current) drug therapy. Includes long term (current) drug use for prophylactic purposes

PROVIDER ENROLLMENT AND FEE SCHEDULES		
<p>State Medicaid programs present fee schedules in various formats on their websites. Some websites have searchable databases, by codes, while others present fee schedules as downloadable files. Fee schedules contain various levels of detail (e.g., pre-authorization requirements).</p>		
STATE NAME	FEES/WEBSITE NAME	FEES/WEBSITE NAME
Delaware	<a href="https://www.delmedicaid.com/webportal/renewal/feeschedule/medicaidfeechedule.htm">https://www.delmedicaid.com/webportal/renewal/feeschedule/medicaidfeechedule.htm</a>	<a href="https://www.delmedicaid.com/webportal/renewal/feeschedule/medicaidfeechedule.htm">https://www.delmedicaid.com/webportal/renewal/feeschedule/medicaidfeechedule.htm</a>
Florida	<a href="http://www.flhhs.state.fl.us/Medicaid/index.htm#medicaid">http://www.flhhs.state.fl.us/Medicaid/index.htm#medicaid</a>	<a href="http://www.flhhs.state.fl.us/Medicaid/index.htm#medicaid">http://www.flhhs.state.fl.us/Medicaid/index.htm#medicaid</a>
Georgia	<a href="https://www.georgia.gov/healthcare/providers/medicaid-fee-schedule">https://www.georgia.gov/healthcare/providers/medicaid-fee-schedule</a>	<a href="https://www.georgia.gov/healthcare/providers/medicaid-fee-schedule">https://www.georgia.gov/healthcare/providers/medicaid-fee-schedule</a>
Illinois	<a href="http://www.mhhs.gov/medicaid">http://www.mhhs.gov/medicaid</a>	<a href="http://www.mhhs.gov/medicaid">http://www.mhhs.gov/medicaid</a>
Massachusetts	<a href="http://www.mass.gov/medicaid">http://www.mass.gov/medicaid</a>	<a href="http://www.mass.gov/medicaid">http://www.mass.gov/medicaid</a>
Mississippi	<a href="http://www.ms.gov/medicaid">http://www.ms.gov/medicaid</a>	<a href="http://www.ms.gov/medicaid">http://www.ms.gov/medicaid</a>
Montana	<a href="http://www.mt.gov/medicaid">http://www.mt.gov/medicaid</a>	<a href="http://www.mt.gov/medicaid">http://www.mt.gov/medicaid</a>
New Mexico	<a href="http://www.nm.gov/medicaid">http://www.nm.gov/medicaid</a>	<a href="http://www.nm.gov/medicaid">http://www.nm.gov/medicaid</a>
New York	<a href="http://www.ny.gov/medicaid">http://www.ny.gov/medicaid</a>	<a href="http://www.ny.gov/medicaid">http://www.ny.gov/medicaid</a>
Pennsylvania	<a href="http://www.pa.gov/medicaid">http://www.pa.gov/medicaid</a>	<a href="http://www.pa.gov/medicaid">http://www.pa.gov/medicaid</a>
Texas	<a href="http://www.tx.gov/medicaid">http://www.tx.gov/medicaid</a>	<a href="http://www.tx.gov/medicaid">http://www.tx.gov/medicaid</a>
Virginia	<a href="http://www.va.gov/medicaid">http://www.va.gov/medicaid</a>	<a href="http://www.va.gov/medicaid">http://www.va.gov/medicaid</a>

## STATE MEDICAID MANAGED CARE WEBSITES AND CONTRACTS

STATE NAME	MANAGED CARE WEBSITE	MODEL MANAGED CARE CONTRACT
Delaware	<a href="https://www.delmedicaid.com/webportal/renewal/feeschedule/medicaidfeechedule.htm">https://www.delmedicaid.com/webportal/renewal/feeschedule/medicaidfeechedule.htm</a>	Available by request
Florida	<a href="http://www.flhhs.state.fl.us/Medicaid/index.htm#medicaid">http://www.flhhs.state.fl.us/Medicaid/index.htm#medicaid</a>	<a href="https://www.flhhs.state.fl.us/Medicaid/index.htm#medicaid">https://www.flhhs.state.fl.us/Medicaid/index.htm#medicaid</a>
Georgia	<a href="https://www.georgia.gov/healthcare/providers/medicaid-fee-schedule">https://www.georgia.gov/healthcare/providers/medicaid-fee-schedule</a>	<a href="https://www.georgia.gov/healthcare/providers/medicaid-fee-schedule">https://www.georgia.gov/healthcare/providers/medicaid-fee-schedule</a>
Illinois	<a href="http://www.mhhs.gov/medicaid">http://www.mhhs.gov/medicaid</a>	<a href="http://www.mhhs.gov/medicaid">http://www.mhhs.gov/medicaid</a>
Massachusetts	<a href="http://www.mass.gov/medicaid">http://www.mass.gov/medicaid</a>	<a href="http://www.mass.gov/medicaid">http://www.mass.gov/medicaid</a>
Mississippi	<a href="http://www.ms.gov/medicaid">http://www.ms.gov/medicaid</a>	<a href="http://www.ms.gov/medicaid">http://www.ms.gov/medicaid</a>
Montana	<a href="http://www.mt.gov/medicaid">http://www.mt.gov/medicaid</a>	<a href="http://www.mt.gov/medicaid">http://www.mt.gov/medicaid</a>
New Mexico	<a href="http://www.nm.gov/medicaid">http://www.nm.gov/medicaid</a>	<a href="http://www.nm.gov/medicaid">http://www.nm.gov/medicaid</a>
New York	<a href="http://www.ny.gov/medicaid">http://www.ny.gov/medicaid</a>	<a href="http://www.ny.gov/medicaid">http://www.ny.gov/medicaid</a>
Pennsylvania	<a href="http://www.pa.gov/medicaid">http://www.pa.gov/medicaid</a>	<a href="http://www.pa.gov/medicaid">http://www.pa.gov/medicaid</a>
Texas	<a href="http://www.tx.gov/medicaid">http://www.tx.gov/medicaid</a>	<a href="http://www.tx.gov/medicaid">http://www.tx.gov/medicaid</a>
Virginia	<a href="http://www.va.gov/medicaid">http://www.va.gov/medicaid</a>	<a href="http://www.va.gov/medicaid">http://www.va.gov/medicaid</a>



# Patient assistance

**FAIR PRICING COALITION**

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**PAN** Foundation

How can we help today?

Home » About Us » Media Room » PAN Foundation Expands Eligibility Criteria

## PAN Foundation Expands Eligibility who Need Pre- or Post-Exposure Prophylaxis

Washington, D.C. January 23, 2015 – Following on the heels of last year's launch of the nation's first cost-sharing assistance program for HIV/AIDS patients, the Patient Access Network (PAN) Foundation announced today that it will be expanding its HIV (PEP), a significant step in broadening access to therapies that lower the rate of infection among at-risk populations, sexual as

According to the Centers for Disease Control and Prevention (CDC), PrEP can lessen the risk of contracting an HIV infection by testing and other prevention strategies, such as condoms, protection against an HIV infection is even greater.

The CDC recommends that PrEP be taken daily by people who are HIV negative and have a high risk of infection, including, but not limited to, non-monogamous relationships having sexual relations with partners with unknown HIV status who are at substantial risk of

### Paying for PrEP

Coverage	How to access
Uninsured and < 500% FPL	<ul style="list-style-type: none"> <li>Gilead patient assistance program (PAP) provides TDF/FTC at no cost</li> <li>Client may need to pay for office visit and labs</li> </ul>
Uninsured and > 500% FPL	<ul style="list-style-type: none"> <li>Pay out of pocket (\$1250/month) + office visits, lab costs</li> </ul>
Medicaid (Medical)	<ul style="list-style-type: none"> <li>Covered; No prior authorization</li> </ul>
Employer-sponsored health insurance	<ul style="list-style-type: none"> <li>In general, most plans cover TDF/FTC for PrEP</li> <li>Cost sharing varies; Gilead offers \$300/month co-pay assistance</li> <li>Some require prior authorization, mail order Rx</li> <li>Provider needs to code visit correctly or q3mo HIV testing may not be covered</li> </ul>
Covered California	<ul style="list-style-type: none"> <li>Bronze: High deductible, 30-40% co-pay for specialty drugs after deductible met; TDF/FTC approx \$800/mo [with co-pay assistance]</li> <li>Silver, Gold: Most have no cost after co-pay card</li> </ul>

**P**  
PROJECT  
INFORM

### Payment Assistance:

- Gilead's Medication Assistance Program (MAP) for PrEP:** If you do not have health insurance, then apply for this program to see if you are financially eligible to get Truvada for PrEP for free. You must not have health insurance and income verification is required. Your medical provider needs to submit an application form. If approved, your medication will be dispensed to your medical provider directly. For more info, call **1-855-330-5479** or visit **www.truvada.com**.
- Gilead's Co-Payment Assistance Program (CAP):** If you have health insurance, save up to \$200 per month on your Truvada copays. There is no income restriction for eligibility. Your medical provider or pharmacy can submit the application form. Once approved, you will be given a card and medication will be dispensed to your preferred pharmacy. For more info, call **1-877-505-6986** or visit **www.truvada.com**.
- Gilead's MAP and CAP both use same application form: [https://start.truvada.com/Content/pdf/Medication\\_Assistance\\_Program.pdf](https://start.truvada.com/Content/pdf/Medication_Assistance_Program.pdf)
- If you are enrolled in Medicaid or Medicare or have coverage for prescription drugs under any other public program or other third party payer, then you are not eligible for Gilead's MAP and CAP.
- Since Truvada for PrEP is for HIV-negative people, you are not eligible for AIDS Drug Assistance Programs (ADAPs). ADAP is a prescription drug assistance program for people living with HIV, funded by federal and state governments.

# From our callers

*“I so appreciate this service and believe it will enable more providers to prescribe PrEP for their patients when they have a place to call with questions. Whenever I call everyone has always been very nice and informative.”*

*“I very much appreciate the services you provide, it makes it easier to provide better services for our patients. Thank you.”*

*“Very quick, easy, efficient, and user-friendly”*



# CCC reflections

HIV providers, esp. those in RW settings, are in a unique position and can (should) counsel patients on HIV treatment as prevention *and* PEP/PrEP for partner(s).

CCC PEpline, HIV Warmline, and Perinatal HIV Hotline callers have consistently been receptive to PrEP education/support during consultations.

It is helpful to apply a risk/benefit framework when discussing PEP and PrEP with patients.

CCC experience mirrors “on-the-ground” experience of many RW clinics.



# Substance Use Warmline: Peer-to-Peer Consultation and Decision Support

Monday – Friday, 10 am – 6 pm EST

855.300.3595

The Clinician Consultation Center is pleased to offer free and confidential telephone consultation focusing on substance use evaluation and management for primary care clinicians.

With special expertise in pharmacotherapy options for opioid use, our addiction medicine-certified physicians, clinical pharmacists, and nurses provide advice based on Federal treatment guidelines, up-to-date evidence, and clinical best practices.

Learn more at <http://nccc.ucsf.edu/clinician-consultation/substance-use-management/>



National rapid response for HIV management  
and bloodborne pathogen exposures.




CLINICIAN-TO-CLINICIAN ADVICE

# Wrap-up

# What works?

- PrEP services must be focused on addressing disparities in risk and uptake
- Outreach, community engagement, social media
- Racially/ethnically focused
- Culturally relevant
- Age focused
- Key messages crafted for different audiences

# Conclusions: what does it take?

- Systems approach: Public Health initiatives; collaboration, policies; stakeholder involvement
- Involve “end-users” in planning, outreach and implementation
- Target services to most at-risk populations
  - African Americans & Latinos: MSM and women
  - < 25 y/o
- Remember: knowledge + willingness  utilization
- Train and support health care providers; team support
- Reduce bureaucratic and financial barriers
- Access free CDC-funded CBA providers: HDs, CBOs, HCOs

**IT'S A FAST MOVING LANDSCAPE**

# Thank you!

# Link to Pacific AIDS Education and Training Center



The screenshot shows the homepage of the AETC Pacific website. At the top left is the AETC Pacific logo, featuring a red ribbon and the text "AETC Pacific AIDS Education & Training Center Program". To the right of the logo is a navigation bar with links for "Subscribe", "What's New", and "Donate". Below this bar are social media icons for Facebook and Twitter. A descriptive sentence states: "Serving the HIV/AIDS Educational Needs of Health Care Providers in California, Arizona, Nevada, Hawai'i and the Six U.S.-Affiliated Pacific Jurisdictions". A secondary navigation bar contains links for "Home", "Contact Us", "Our Work", "Resources" (highlighted in orange), and "Events". To the right of these links is a search bar with a "Go" button. Below the navigation bar, the breadcrumb "Home >> Resources" is displayed. The main heading "Resources" is followed by a paragraph: "HIV/AIDS resources related to clinical care, prevention, faculty development, and policy and care systems." At the bottom of the page, there is a banner for "PAETC presents" with a circular graphic.

**AETC Pacific** AIDS Education & Training Center Program

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Serving the HIV/AIDS Educational Needs of Health Care Providers in California, Arizona, Nevada, Hawai'i and the Six U.S.-Affiliated Pacific Jurisdictions

Home | Contact Us | Our Work | **Resources** | Events

search Go

Home >> Resources

## Resources

HIV/AIDS resources related to clinical care, prevention, faculty development, and policy and care systems.

**PAETC** presents



# link to Clinician Consultation Center



National rapid response for HIV management and bloodborne pathogen exposures.

## HIV/AIDS Management\*

- **(800) 933-3413**
- 6 am – 5 pm PST, M-F
- Online consultation services - <http://nccc.ucsf.edu/login-register/>

## Perinatal HIV

- **(888) 448-8765**
- 24 hours, 7 days/wk

## PrEP: Pre-Exposure Prophylaxis

- **(855) 448-7737|(855) HIV-PrEP**
- 6 am – 5 pm PST, M-F

## Substance Use

- **(855) 300-3595**
- 7 am – 3 pm PST, M - F

## PEP: Post-Exposure Prophylaxis

- **(888) 448-4911**
- 6 am – 11 pm PST, 7 days/wk

# **PrEP Human Likert Scale: rate your willingness to provide PrEP services**

**1 – 5**

**1= I'm not sure we are interested**

**3= I am committed but I need support  
from decision-makers**

**5= 100% all in**