



Sept
11

TCA +
BLUPrint
invite
YOU

Will lenacapavir be a lever or a letdown?

Lessons, Resources, and Considerations for Implementation of Yeztugo in the United States



Welcome to the webinar.
DJ Jimberly on the decks.





HIV prevention research - a new forum
for advocacy on the latest

avac.org/project/choice-agenda



2800 individuals from **40+** countries are subscribed to **The Choice Agenda** global discussion list.

**NEXT WEEK
SEPTEMBER 16**

24 HOURS TO SAVE AIDS RESEARCH



happening in 5 days!

September 16, 2025

1:00 AEST
Sydney, Australia

11:00 EDT
New York, US

15:00 GMT
Bamako, Mali

16:00 BST
London, UK

17:00 SAST
Jo'burg, South Africa

18:00 EAT
Nairobi, Kenya

20:30 IST
Mumbai, India

22:00 ICT
Bangkok, Thailand

23:00 CST
Beijing, China

Learn more at saveaidsresearch.org



The People's Declaration

As members of communities living with and disproportionately affected by HIV, we invoke the Denver Principles as we assert our right to be meaningfully represented in decisions that affect our lives. We are outraged by the unscientific and indiscriminate cuts that have been unleashed on the United States' HIV research portfolio. To date, the discourse surrounding these actions has focused largely on the devastation to grants, dollars, and institutions. Here, we center people instead – the communities who stand to suffer the harshest consequences of these actions. Here, we remind the world that the first letter in HIV stands for human.



Read and sign on in support.

<https://tinyurl.com/yu422b8v>



The BLUPrint Team

And your presenters today

Sarit Golub

Hunter College CUNY

Kathrine Meyer

Columbia University

Caroline Carnevale

New York Presbyterian

Jenna Eldib

New York Presbyterian

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Hunter College CUNY



Will Lenacapavir be a Lever or a Let-down?

*Lessons, Resources, and Considerations
for Implementation in the United States*

BLUPrint Team

TCA Webinar | September 11, 2025

Today's Agenda

- ❖ Introducing BLUPrint and Our Team
- ❖ Goals and objectives for this webinar
- ❖ Our “lens” on lenacapavir implementation
- ❖ 12 Lessons for lenacapavir implementation (in the US)
- ❖ Discussion & Future Directions

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www.hivbluprint.org

BLUPrint is a collaborative implementation science research project funded by NIH to develop **evidence-based “biobehavioral infrastructure”** to help clinics and service providers create, strengthen, and scale-up HIV prevention programs.

We collect and synthesize key research findings, best practices, and implementation resources that can **accelerate** high-quality, equitable **dissemination** of proven prevention strategies.

BLUPrint Collaborators



**CalLEN
-LORDE**



Agencies and clinics across the country are working on ways to expand access to PrEP – especially as new options (like injectable PrEP) become available. We understand that developing and sustaining a PrEP program is difficult – practitioners need clear, evidence-based tools and resources that they can use to educate patients, train staff, develop protocols, and promote buy-in from diverse stakeholders.

YOU DON'T HAVE TIME TO RE-INVENT THE WHEEL



BLUPrint provides evidence-based solutions to support equitable, effective, and high-quality HIV prevention programs. Our team has compiled information and resources from providers, clinics, and programs across the country. We have developed customizable materials designed to

BLUPrint PrEP Program Builder

<https://hivbluprint.org/prep-program-builder>

Step-by-Step Guides

PROCUREMENT & STORAGE

STEP-BY-STEP GUIDE

INTRODUCTION

Overview: This component relates primarily to sites who are providing injectable PrEP, and is designed to help administrators, clinicians, and other staff develop procurement and storage protocols.

Rationale: Injectable PrEP medications must be procured in advance of a patient's visit to ensure that the medication vials are available for administration. Depending on the procurement process, medication vials may be specific to an individual patient (pharmacy benefit) or may be on-hand for use with more than one patient (buy-and-bill). Sites that provide injectable PrEP to more than one type of patient need to make sure that they are tracking shipments accordingly and labeling/storing these supplies distinctly.

Program Development Steps:

01 Decide which team member will be primarily responsible for each of the core procurement and storage activities at your site, including:
a) ordering medication, b) tracking shipments, c) accepting deliveries, d) tracking inventory and storage, and e) ensuring that medication is on hand in advance of scheduled injection visits.

02 Decide what type of documentation tool or platform your site will use to track orders, delivery, and storage.
Most sites create their own tracking system; BLUPrint has a template that sites can use and adapt. If there are different team members responsible for different components of procurement and tracking, make sure that everyone has access to the tracking system and it is clear who is responsible for logging what, and when.

03 Create a protocol for dealing with unused medication (in the case of a missed visit or discontinuation).
If your site supports buy-and-bill medication, you can likely restock the medication for use by another patient. If your site received the medication from a specialty pharmacy, it is likely unique to the patient and will need to be returned. At present, the two injectable forms of PrEP (cabotegravir and lenacapavir) do not require refrigeration, so there are no cold chain requirements.

Resource developed by BLUPrint (hivbluprint.org) | Version 2 | Updated: February 2025

1 of 1

SOP Templates

PrEP AWARENESS & EDUCATION

STANDARD OPERATING PROCEDURES

[NAME OF AGENCY/CLINICAL SITE]

SOP Version #: [ENTER] | Date SOP approved: [ENTER]

INTRODUCTION

Many patients don't know that PrEP is an HIV prevention option for them. Proactively educating patients about PrEP and its availability increases the likelihood that patients who would benefit from PrEP will consider it. Health equity and access are increased when patients are proactively informed about and engaged in PrEP education.

WHAT

PrEP Awareness & Education includes: [check all that apply]

- ☐ Passive Information (posters, brochures around clinic, information on website, etc.)
- ☐ Active Information (patients are told about PrEP and given brochure)
- ☐ Active Education (patients are given basic PrEP education)
- ☐ Active Outreach
- ☐ Collaboration with outside agencies/partners

WHO

[Enter the staff member(s) at your setting who will be responsible for PrEP Awareness and Education activities]

HOW

[Edit according to site's specific SOP]
Relevant staff use the section(s) from the PrEP Awareness and Education Checklist that relate to their specific responsibilities

WHEN

[Check all that apply OR edit/remove irrelevant sections]

- ☐ **Passive Information** is updated/refilled: [enter timeframe]
- ☐ **Active information** is provided:
 - ☐ At registration
 - ☐ During vitals

Resource developed by BLUPrint (hivbluprint.org) | Version 2 | Updated: February 2025

PREP OPTIONS COUNSELING

Checklists/Job Aids

PrEP OPTIONS COUNSELING

CHECKLIST

[NAME OF AGENCY/CLINICAL SITE]

CHECKLIST VERSION #: [ENTER] | DATE APPROVED: [ENTER]

INTRODUCTION

This checklist is designed to help providers/counselors discuss PrEP options with their clients and provide necessary information in plain language. Feel free to delete, add, or modify to reflect the specific considerations at your site.

1. Empowering Opener that Emphasizes Choice and Control Over Sexual Health

- ☐ It's important to me that all my clients have information about HIV prevention options, so that they can make choices about their sexual health
- ☐ Not everyone knows about PrEP and the different PrEP options that exist, so I'd love to talk to you about it in more detail and give you the information you need to decide whether or not one of these PrEP options might be right for you.

2. PrEP Basics

- ☐ PrEP refers to anti-HIV medications that people take to protect themselves against HIV.
- ☐ The anti-HIV medications in PrEP stop HIV from making more of itself inside your body, which prevents an infection from taking hold in your body if you are exposed to HIV.
- ☐ PrEP is extremely effective and can reduce the risk of getting HIV by up to 99%.
- ☐ Right now, there are several different PrEP options, including pills and injections.
- ☐ I'd like to tell you a little bit about each option, and then we can go into greater detail about any option you might like to consider.

3. Different PrEP Options

- ☐ Some people take PrEP as a daily pill. This option is FDA approved for all people.
- ☐ Some people take PrEP pills before and after sex. This option is not FDA approved, but research has shown that it is effective for people who are exposed to HIV through anal sex.

Resource developed by BLUPrint (hivbluprint.org) | Version 2 | Updated: February 2025

BLUPrint Resources

<https://hivbluprint.org/resources>



INCREASE ACCESS TO PREP BY EXPANDING OPTIONS FOR
YOUR PATIENTS

[PATIENT EDUCATION](#)

[STAFF TRAINING](#)

[INJECTABLE PREP](#)

[SEXUAL HISTORY](#)

[PROGRAM DEVELOPMENT](#)

[BUY-IN](#)

[ESPAÑOL](#)

Patient education materials, job aids, and resources specific to implementation of injectable PrEP*

*Unless otherwise noted all materials are for both cabotegravir and lenacapavir

PrEP INFORMATION SHEET

What is PrEP?

PrEP is short for pre-exposure prophylaxis. PrEP is a medicine you take before you're exposed to HIV to help reduce your chances of getting it.

- For PrEP to work, it needs to be taken correctly. This means having enough PrEP in your body at the times when you need protection.
- If taken correctly, PrEP can lower your chances of getting HIV by up to 99%.

Who is PrEP for?

- Anyone who does not have HIV and is sexually active.

PrEP should be taken every day, unless otherwise instructed by your healthcare provider.



PrEP does not ...
Prevent other sexually transmitted infections like syphilis, chlamydia, or gonorrhea or prevent pregnancy.

PrEP Education Handout

This editable 2-page FAQ summarizes basic PrEP information for patients.

PATIENT EDUCATION
MATERIALS



STAFF TRAINING &
JOB AIDS



SEXUAL HISTORY
TAKING (GOALS)



INJECTABLE PrEP



LESSONS FOR
LENACAPAVIR



STAKEHOLDER
BUY-IN



ESPAÑOL

¡HOLA!

12

LESSONS FOR LEN

<https://hivbluprint.org/lessonsforlen>

Essence
of low
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**01.
Universalize
PrEP & HIV
Prevention
Education**

**02.
Deliver
Comprehensive
PrEP Options
Counseling**

Every experience and interaction a client has with medical care impacts them emotionally and cognitively. Small changes that demonstrate recognition, empathy, and prioritization of a client's perspective can significantly improve outcomes and engagements.

[Learn More](#)

**04.
Select &
Empower a
Program
Champion**

**05.
Optimize Work
Flows**

**06.
Devote
Resources to
Cost &
Coverage**

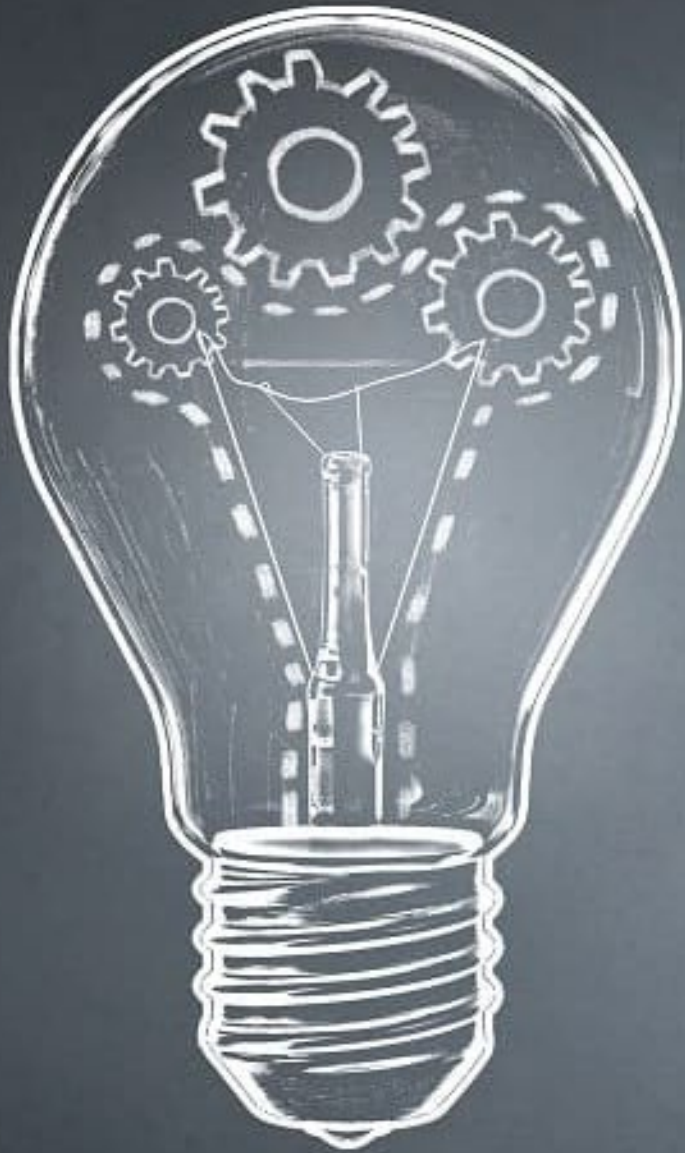
A black and white photograph of a hand holding a camera lens. The lens is held in a way that the aperture is visible, showing a blurred landscape of a body of water and distant hills. The text "Our 'lens' on LEN" is overlaid on the image, with a teal underline under the word "lens".

Our "lens" on LEN

Our lens on Lenacapvir

- ❖ Lenacapavir is a lever (not a panacea)
 - ❖ Key will be expanding access
 - ❖ Len should be integrated into a larger prevention program
- ❖ Program implementation is a psychological process that is treated like a logistical one
- ❖ Our work centers user's perspectives and experiences
- ❖ U.S. domestic orientation





12 Lessons for Lenacapavir

12 Lessons for Lenacapavir

1. **Universalize** PrEP & HIV prevention education
2. Deliver Comprehensive PrEP **Options Counseling**
3. Center the **User's Experience** & Needs
4. Select & Empower a **Program Champion**
5. Optimize **Workflows**
6. Devote Resources to **Cost & Coverage**
7. Embrace **Sex Positivity**
8. **Lead With Values** & Document Decisions
9. Create a **Culture of Collaboration**
10. Leverage **Data**
11. **Adapt** as More Information Becomes Available
12. **Go where the people are**

12 Lessons for Lenacapavir

1. **Universalize** PrEP & HIV prevention education

2. Deliver Comprehensive PrEP **Options Counseling**

3. Center the **User's Experience** & Needs

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12. **Go where the people are**

1. Universalize prevention education

Provide basic PrEP/HIV education to **all clients**, not just those who fit certain “risk profiles” or “target populations.”

Universal education **reduces stigma** by normalizing sexual health and **increases access** by expanding community-level awareness.



Universalize prevention education

- Traditional screening tools are often inadequate for identifying individuals who would most benefit from PrEP.
- Data indicate that universal HIV and STI screening is more beneficial and cost effective than risk-based screening.
- Normalizing PrEP and HIV prevention information decreases stigma and minimizes reactance.
- Universal PrEP awareness streamlines protocols and is a “low cost” way of increasing community awareness.

"I provide the information [about PrEP] to everyone. Sometimes they don't think that they're a good fit for PrEP until they go back out and say, 'Oh, you know what? Maybe I am living a city boy life, or maybe I am getting around a little bit,' and then that'll make them reconsider things."

– Program Coordinator, South

Customizable & Editable Education Materials

CHOOSE THE BEST OPTION FOR YOU!

CONDOMS + LUBE

Condoms protect you from STIs, including HIV, and pregnancy. Reduce the risk that the condom will break by using plenty of lube.

DAILY ORAL

Love a routine? Take a PrEP pill around the same time every day. You'll always be protected against HIV.

2+1+1

Planning to have sex but don't want a daily pill? Take 2 PrEP pills 2-24 hours before sex, 1 pill 24 hours after the first dose, and 1 pill 24 hours after the second dose.

NON-PENETRATIVE PLAY

Pleasure for you or your partner(s) doesn't have to involve anal or vaginal sex. But keep in mind some STIs can still get passed on without penetration, so don't forget to get tested.

INJECTABLE PREP

The long-acting medication stays in your body and gets re-upped at each injection visit (every 2 or 6 months).

EVERY 2-MONTHS	EVERY 6-MONTHS
1-shot Butt cheek	2-shots Abdomen

PEP

Were you exposed to HIV and didn't have protection? Take post-exposure prophylaxis (PEP) pills up to 72 hours after an exposure.

WANT TO LEARN MORE? TALK TO YOUR PROVIDER TODAY!

SIX-MONTH Injectable PrEP for HIV Prevention:

2 shots that can last 6 months

How does it work?

Two shots in the stomach or thigh
A provider will give you two injections either in your stomach or upper thigh. When you start, you will also need to take 2 pills on the day of your first shot and 2 pills the next day.

Visits every 6 months
The medicine lasts six months. It's really important to come back to the clinic and get your next shots on time or switch to another HIV prevention method.

Freedom from daily pills
People who use 6-month injectable PrEP don't have to take pills to prevent HIV.

What is 6-month injectable PrEP?

6-month injectable PrEP is anti-HIV medication **injected** (meaning **given as a shot**) into a patient's body by a health care provider. The medicine in the shot **stays in your body longer than pills** and keeps a person healthy by preventing HIV from making copies of itself inside their body when they are exposed to the virus.

With 6-month injectable PrEP, you keep the medication high by coming back to the clinic and getting a shot every 6 months.

What is the medication called?

Right now, the six-month PrEP option available is called Yeztugo, and contains a medication called lenacapavir.

What are the side effects?

The most common side effects are pain, swelling, or redness where the shot is given. About 60% of users experience a lump under the skin where they got the shot. These lumps can be felt, but are usually not seen, and are about the size of a quarter. The lumps can last several months to a year.

Other common side effects are fever, tiredness, headache, or nausea.

How much does it cost?

YEZTUGO is expensive (each set of shots costs about \$14,000, meaning that it costs about \$28,000/year). Medicaid and most other insurance will cover the shots, but there can be co-pays and/or costs for each clinic visit and labs. Our clinic is committed to helping you get coverage and keeping the cost to you as low as possible.

How do I know if it's right for me?

The main **PROs** of 6-month injectable PrEP are the freedom from taking pills, the privacy of not having to keep PrEP pill bottles at home, and the security that a high level of PrEP is in your body at all times.

The main **CONs** are that some people experience nodules (bumps) at the injection site that really bother them and take a long time to go away. The medication also has some interactions with prescription and recreational drugs. And some patients don't like shots!

Our Clinic

Our Clinic now offers injectable HIV prevention.

Talk to your health care team to learn more.

Could injectable PrEP be right for you?

PrEP refers to anti-HIV medications that people take to protect themselves against HIV. Many people take PrEP as an oral pill, but there are **2 new medications that are given as a shot**:

- Apretude is given as one shot in the *butt-cheek* every two months.
- Yeztugo is given as two shots in the *stomach or upper thigh* every six months.

Both medication are **extremely effective** (over 95%). If you choose injectable PrEP, it is **very important to attend every injection visit on time** so that your drug levels remain high enough to keep you protected.

Interested in learning more? Let us know by marking the appropriate box on the back side of this card.

Available in English & Spanish

Program & Staff Development Resources



PREP AWARENESS & EDUCATION



This component focuses on **strategies and resources for educating patients** about PrEP and their ability to access it at your site. Health equity is increased when sites have standardized protocols for educating patients about their PrEP options.

Step-by-Step Guide

SOP Template

Checklist/Job Aid

Step-by-Step Guide

Bring your team together to walk

Standard Operating Procedures (SOP)

Download this template, edit to

PrEP Awareness Checklist

Customize this editable job aid so

<https://hivbluprint.org/prep-program-builder>

Program & Staff Development Resources



INCREASE ACCESS TO PREP BY EXPANDING OPTIONS FOR YOUR PATIENTS

PATIENT EDUCATION

STAFF TRAINING

INJECTABLE PREP

SEXUAL HISTORY

PROGRAM DEVELOPMENT

BUY-IN

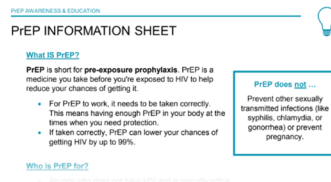
ESPAÑOL

Patient education materials, job aids, and resources specific to implementation of injectable PrEP*

Injectable resources include both CAB and LEN

*Unless otherwise noted all materials are for both cabotegravir and lenacapavir

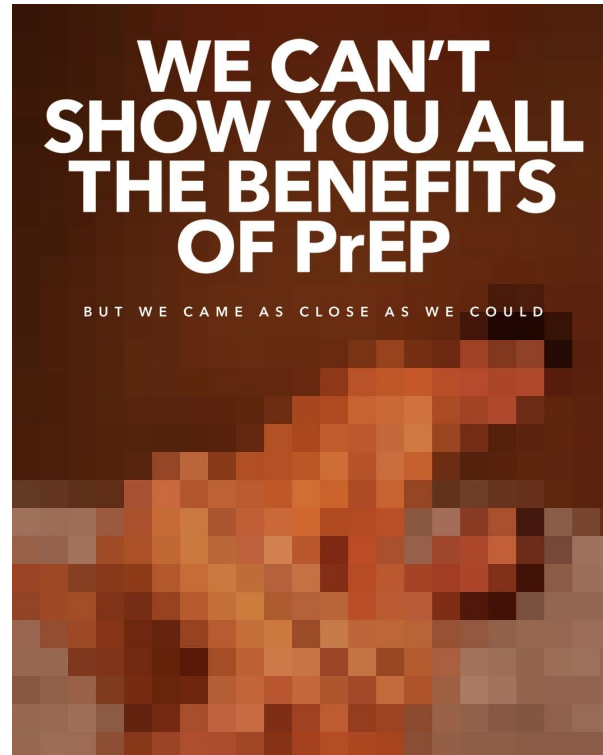
<https://hivbluprint.org/injectable-prep>



PrEP Education Handout

This editable 2-page FAQ summarizes basic PrEP information for patients

7. Embrace Sex Positivity



The **GOALS Approach** is an **evidence-based framework** designed to address and overcome many traditional challenges with sexual history encounters.

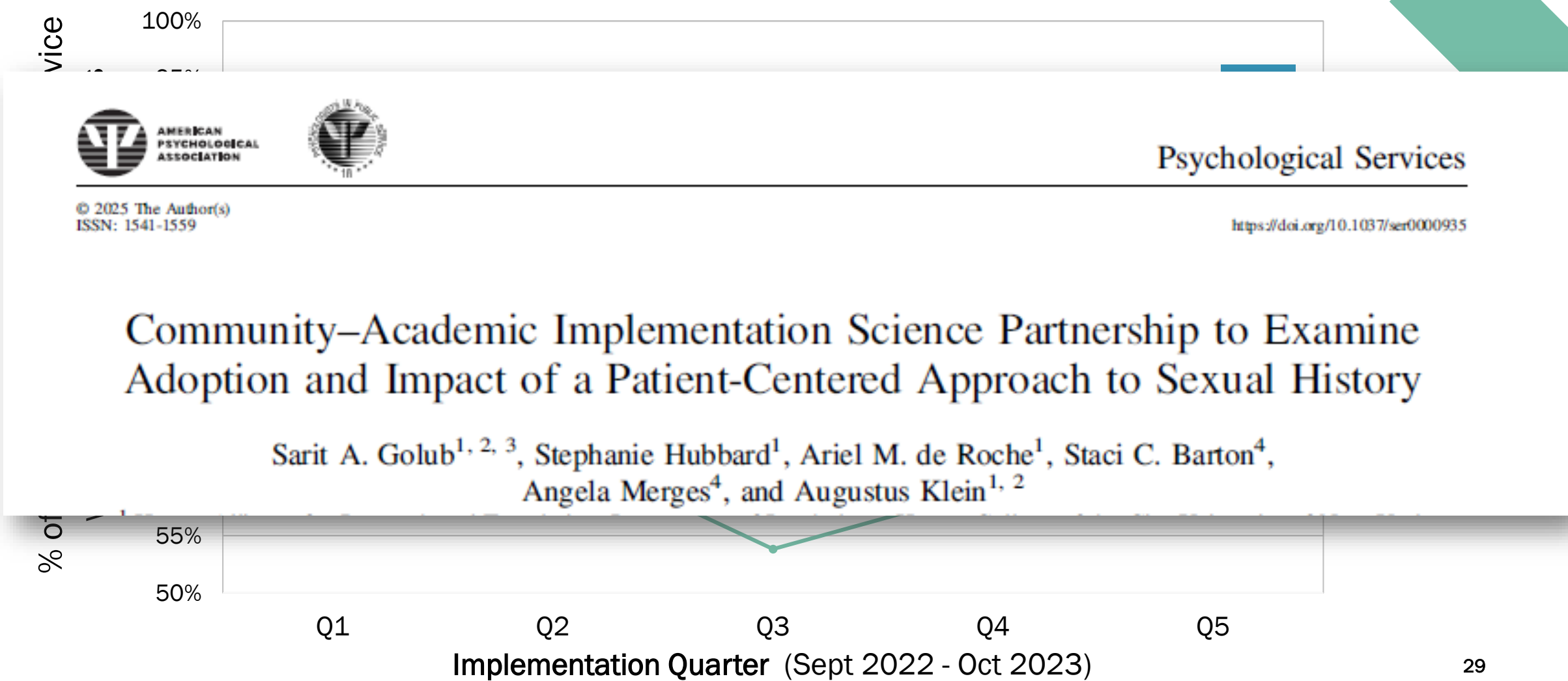
GOALS Approach

to sexual history and health

www.goalsapproach.org

- ✓ **Normalizes sexuality** as a core component of health
- ✓ Centers **patient's needs** & sexual health concerns
- ✓ **Reduces bias** in HIV/STI testing
- ✓ **Streamlines** sexual history conversations to remove unnecessary questions and focus on **agency & empowerment**

Evaluation of GOALS in 19 NYC Agencies



2. Deliver comprehensive PrEP options counseling

Choice among PrEP options **increases uptake and persistence**. But real choice requires that users fully understand the impact of each option on their **physical, psychological, social and financial wellbeing**.



Deliver Comprehensive Options Counseling

- Informed choice includes discussion of how a given HIV prevention method fits with a user's ideal life and sex life
- Potential and current PrEP users have the right to fully understand the pros and cons of each HIV prevention option, including:
 - Side effects (short and long-term)
 - Potential drug interactions
 - Cost (financial and time)
 - Logistics (testing/visit schedule)
 - Implications for stopping and switching methods.

"I talk to them about their sex life. I need to know you as a person. It makes it easier for you to be honest. It helps me to be able to navigate your care better and to meet your needs better. So I want to know what your dreams are. I see them as a person, and I treat them as such. They matter... I don't just talk about PrEP. I talk about their lives and what's happening with them, and then PrEP comes along.."

-- PrEP Navigator, Southeast



Tips for LEN Counseling

- ❖ Injection experience
 - ❖ Nodules
 - ❖ Leakage
- ❖ Timing and Paperwork
- ❖ Conversations about drug interactions
 - ❖ ED drugs
 - ❖ Ketamine
- ❖ Tail and stopping/switching
- ❖ Anticipated (and unanticipated) bridging

Customizable & Editable Education Materials

FOR PATIENTS PrEP OPTIONS COMPARISON CHART

PrEP Option	Oral PrEP	Oral PrEP	PrEP On-Demand	2-month
Also called...	<ul style="list-style-type: none">Daily TDF/FTCTRUVADAtenofovir disoproxil fumarate with emtricitabine	<ul style="list-style-type: none">Daily F/TAFDESCOVY	<ul style="list-style-type: none">PrEP before/after	<ul style="list-style-type: none">2-moInject
FDA Approved	Yes			
How do you use it?	Take 1 pill every day, around the same time every			

What to *know and do*
when you stop injectable PrEP



TAIL PrEP

Qué *saber y qué hacer*
cuando dejas la PrEP inyectable

TAIL PrEP

PrEP OPTIONS COUNSELING

CONSIDERATIONS FOR INJECTABLES



INTRODUCTION

Injectable PrEP may require more intensive PrEP Options Counseling to ensure that potential users are provided with all the information they need to make an informed decision. The information contained here is designed to help providers ensure that clients provide **free, prior, and informed consent** before their first injection.

Below, there are a list of potential considerations, with recommended talking points or information to provide to clients. Feel free to modify or adapt this guide to fit your own counseling style and/or your setting's HIV prevention program.

Long-Acting Injectable PrEP Considerations

Discussion

Once It's In, You Can't Take It Out

Unlike a daily pill that you can stop taking at any time, once you receive the injection, the medication is in your body and **can't be removed**.

- How appealing or unappealing is the idea of long-term medication?
- How anxious you are about

Program & Staff Development Resources



PREP OPTIONS COUNSELING

This program component **helps sites present PrEP as an empowering, responsible choice that can help patients take control of their sexual health.** It includes resources for counseling patients on whether or not to start PrEP, which PrEP option to choose, and how to use each PrEP option safely and effectively. *Current resources cover the following PrEP options: daily oral PrEP, 2-1-1 PrEP, and injectable PrEP.*

Step-by-Step Guide

Standard Operating
Procedures (SOP)

PrEP Options
Counseling Checklist
(Job Aid)

Bring your team

Download this

Customize this

<https://hivbluprint.org/prep-program-builder>

PrEP OPTIONS COUNSELING

STAFF TRAINING MANUAL



INTRODUCTION

The approach to PrEP counseling described here is designed to “normalize” PrEP uptake as part of a comprehensive HIV prevention/sexual health strategy chosen by the patient.

This approach stands in contrast to many models of PrEP provision that stress uptake of PrEP by “high-risk” individuals. Research suggests that people often underestimate their risk of HIV or other STDs, because they don’t want to see themselves as high-risk or think of themselves as members of a “high-risk group.”

There is also evidence for a certain degree of fatalism about HIV infection, especially among gay, bisexual, and other men who have sex with men, and the potential for this type of fatalism to decrease prevention behavior (i.e., “it’s only a matter of time before I get infected, so I may as well do whatever I want and get it over with”). In contrast, social and behavioral research suggests that the normalization of discussions about potential HIV exposure within a broader conversation about prevention options will both decrease PrEP stigma and feelings of HIV fatalism.

Finally, in addition to preventing HIV, PrEP can have important psychological benefits, such as enhanced feelings of control, decreased anxiety about HIV infection and increased enjoyment and freedom around sex. These factors may be paramount to a person’s PrEP decision-making and should be integrated into counseling.

PrEP provides an important opportunity to reframe conversations about

3. Center the User's Experience

Every experience and interaction a client has with medical care impacts them – **cognitively and emotionally.**

Small changes that **demonstrate recognition, empathy, and prioritization** of a clients' perspective can significantly improve outcomes and engagement.





Clinic-Level Strategies for and Interpersonal HIV Pre-Exp



Patient Experience Journal
Volume 8, Issue 1 – 2021, pp. 16-29

Research

Reexamining “*Defining Patient E*” healthcare

Jason A. Wolf, PhD, CPXP *The Beryl Institute/*
Victoria Niederhauser, DrPH, RN, *The Univer.*
Dianne Marshburn, PhD, RN, NE-BC, *East C*
Sherri L. LaVela, PhD, MPH, MBA, *Departmen*
Care (CINCCCH), Health Services Research, Edward
Rehabilitation, Feinberg School of Medicine, Northwe

Abstract

In 2014, the authors came together with the explicit
experience.¹ Our broad review and analysis of the
there was an absence of a commonly used definition
the use of one definition was not revealed, there w

When Your Doctor “Gets It” and “Gets You”: The Critical Role of Competence and Warmth in the Patient–Provider Interaction

Golub SA and Fikslin RA *Journal of the International AIDS Society* 2022, **25**(S1):e25930
<http://onlinelibrary.wiley.com/doi/10.1002/jia2.25930/full> | <https://doi.org/10.1002/jia2.25930>



COMMENTARY

Recognizing and disrupting stigma in implementation of HIV prevention and care: a call to research and action

Sarit A. Golub^{1,2,3,4,\$}  and Rachel A. Fikslin^{1,2,3} 

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(sgolub@hunter.cuny.edu)

How cues and expectancies shape experience...

External context

Verbal suggestions:
"This is going to make you feel better"

Place cues:
Doctor's office

Social cues:

- Eye gaze
- Body language
- Voice cues
- White coat



Treatment cues:

- Syringe
- Needle puncture

Internal context

- **Outcome expectancies:**
"My pain will go away"
- **Emotions:**
"I am less anxious"
- **Meaning schema:**
"I am being cared for"
- **Explicit memories**
- **Pre-cognitive associations**

Centering the User Experience

Am I being judged for my past treatment outcomes or life circumstances?

Does the health care system care about me?

How uncomfortable will I be during & after the injections?



1. PrEP AWARENESS & EDUCATION



3. NAVIGATING COST & COVERAGE



5. PRESCRIBING & ADMINISTERING



2. PrEP OPTIONS COUNSELING



4. PROCUREMENT & STORAGE



6. MOTIVATING, ENGAGING, & RETAINING PATIENTS

Is my provider invested in helping me figure out the best PrEP option?

Is the medication available to me when I come to the clinic?

Does the clinic care if I make it to my appointments or not?

A decorative image on the left side of the slide showing several hanging light bulbs. One bulb in the foreground is large and clear, showing its internal filament. Other bulbs are visible in the background, some smaller and some further away, creating a sense of depth. The background is a dark, solid color.

Strategies for Centering Users

- ❖ Extended clinic hours
- ❖ Walk-in appointments
- ❖ integrated wrap-around services
- ❖ Protocols
- ❖ Check-in calls/texts
- ❖ Environment that prioritizes patient comfort
- ❖ Respect for dignity and confidentiality

Examples of strategies for centering the user



COMUNÍQUESE CON SUS PACIENTES DE FORMA CLARA Y EFICAZ

[PATIENT EDUCATION](#)
[STAFF TRAINING](#)
[INJECTABLE PREP](#)
[SEXUAL HISTORY](#)
[PROGRAM DEVELOPMENT](#)
[BUY-IN](#)
[ESPAÑOL](#)

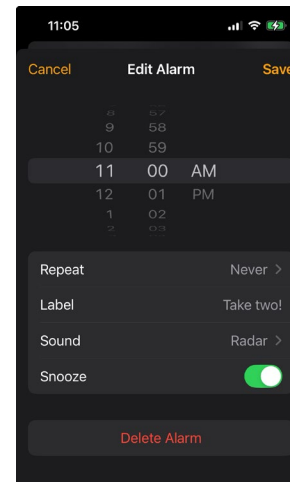
Folletos, infografías, vídeos y otros recursos personalizables e imprimibles para la educación del paciente.



Descripción general de la PrEP inyectable

2 folletos; el folleto azul es información sobre PrEP inyectable de 2 meses y el folleto verde es información sobre PrEP inyectable de 6 meses.

Formato: Word



Whitman Walker's Injection room

Program & Staff Development Resources

MOTIVATING, ENGAGING, AND RETAINING PATIENTS

This component focuses on the work of **enabling patients to** including supporting self-efficacy and motivation, red services that increase patients' ability to stay engaged who are discontinuing PrEP or switching to a different

Step-by-Step Guide

Standard (Procedure)

<https://hivbluprint.org/prep>

MOTIVATING, ENGAGING, AND RETAINING PATIENTS CHECKLIST

3 of 6

3. At Every Visit

Discuss How PrEP is Going

- ☐ Ask patients about the **benefits** they are getting from being on PrEP
- ☐ Reinforce these positive experiences, as appropriate

4. Between Visits

- ☐ **2-day post-injection check-in:** BLUPrint recommends calling patients 2 days after their first injection to check in on injection site reaction and pain.
- ☐ **2-week post-initiation check-in:** BLUPrint recommends calling patients 2 weeks after PrEP initiation to check in on:

"How is it going with PrEP? Is it giving you the benefits you hoped for?"

"Do you have any concerns?" [Address side effect management, if necessary]

- ☐ Remind patients of their next visit and make sure they understand how to contact you if they have any questions

4. Optimize Workflow

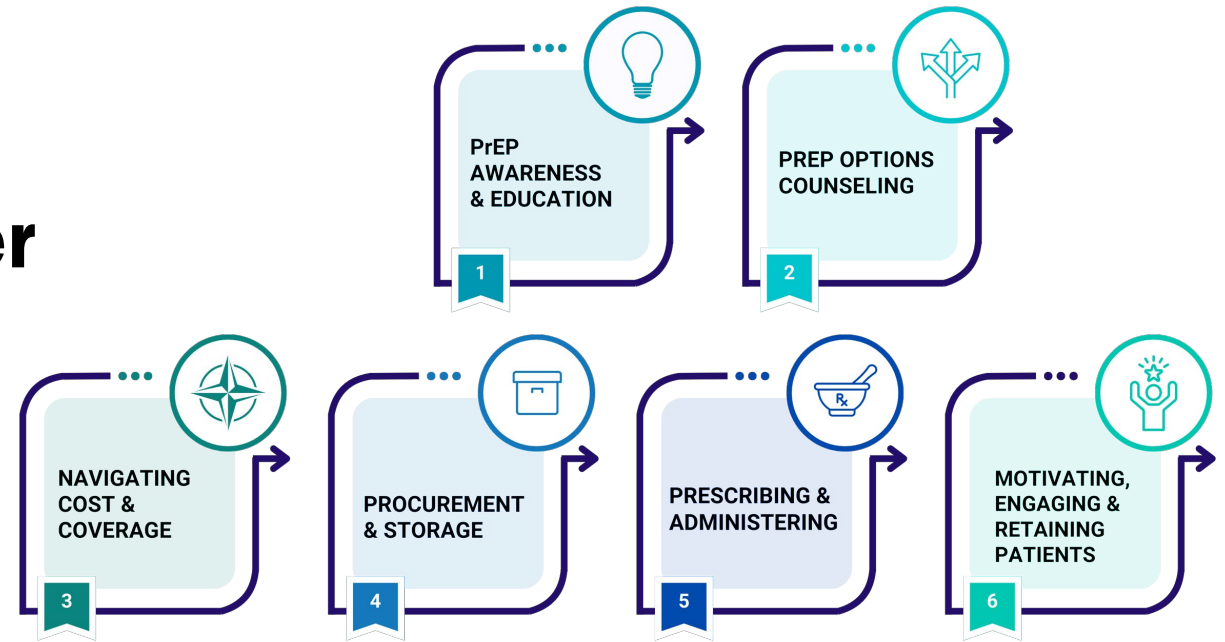
Comprehensive PrEP provision can have **a lot of steps and moving parts.**

Effective programs have: embraced task-shifting, cross-trained staff; redesigned clinic workflows, partnered with outside vendors for support, and utilized electronic tracking tools.



BLUPrint PrEP Program Builder

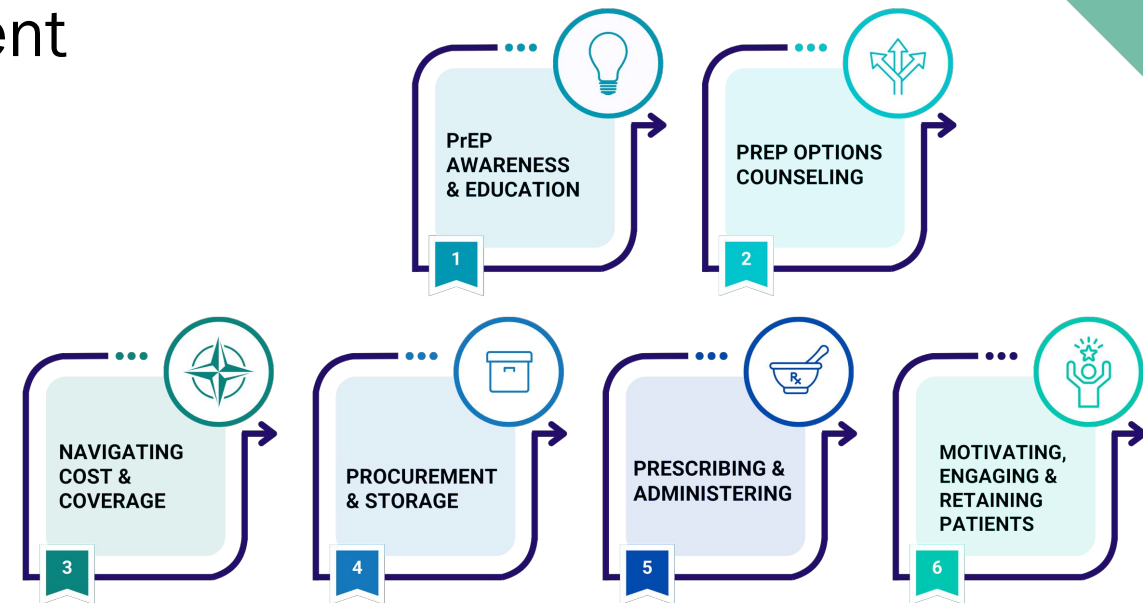
<https://hivbluprint.org/prep-program-builder>



- Distilled the PrEP cascade into six “Program Components”
- Synthesized clinic implementation guides and lessons across programs to identify core steps and key decisions related to each component.

Formalized Protocols have key benefits

- ✓ Provide logistical support and reference
- ✓ Promote institutional memory and continuity
- ✓ Ensure an intentional and consistent client experience
- ✓ Protect individuals and organizations against unconscious bias
- ✓ Create a formal mechanisms to reflect on values and the ways they are enacted in practice
- ✓ Establish a framework to evaluate progress



<https://hivbluprint.org/prep-program-builder>

Division of Labor & Workflow

INSTRUCTIONS

Each sample staffing model is accompanied by a **Staffing Table**, and 2) **Flowsheet**. These documents are intended to be used to:

- **Articulate** the roles and responsibilities of each program component iPrEP service.
- **Visualize** the workflow as the client moves through the clinic (and follow-up).
- **Assess** the benefits/drawbacks of the workflow, how workload is distributed and organized among the team.

Review the sample program model, understand the protocols, and complete your own **Flowsheet**.

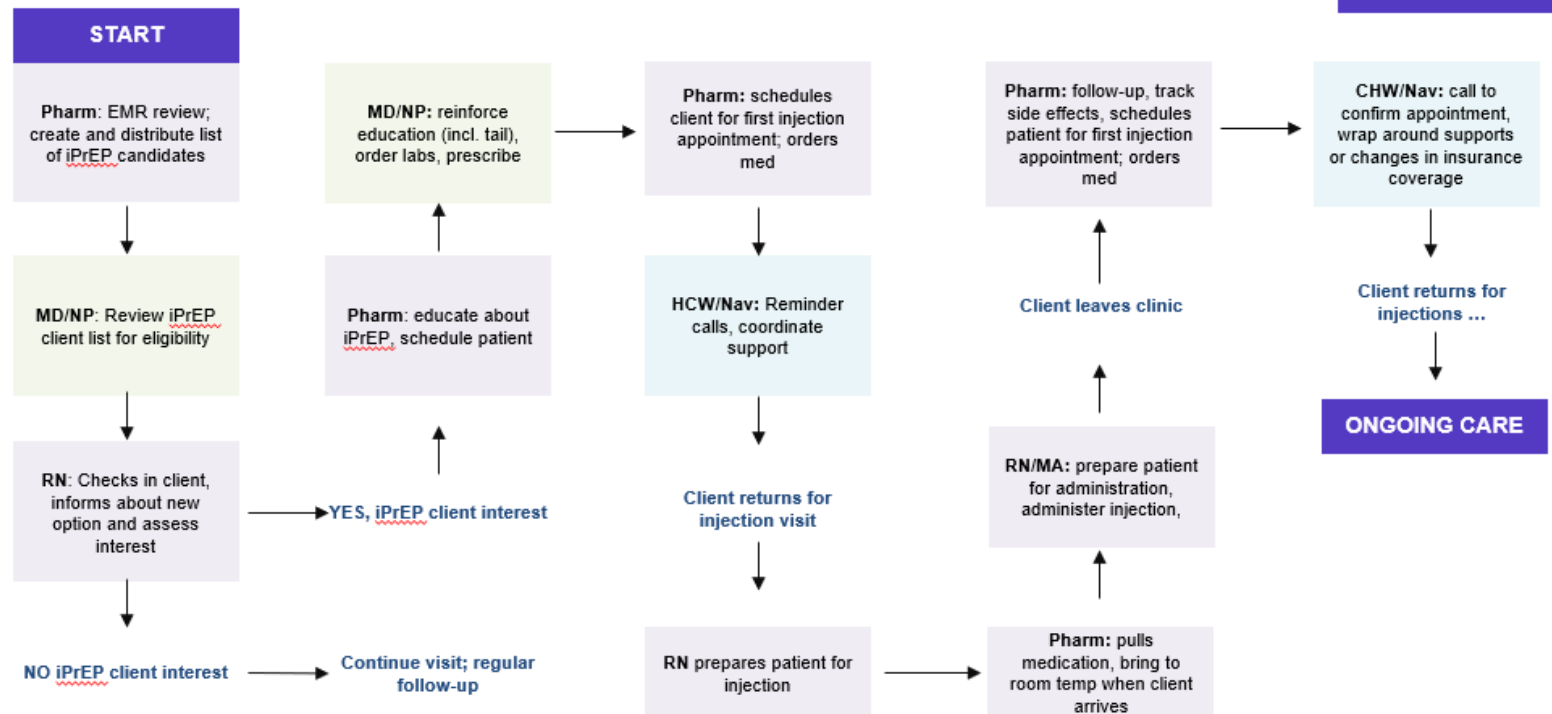
BLUPrint's core mission is to improve health outcomes for underserved populations. We achieve this by synthesizing and analyzing data learned, thereby facilitating the broader implementation of iPrEP in diverse clinical and community settings nationwide.

For more information about BLUPrint, click here.

BLANK STAFFING TABLE

Component	Navigation & Counseling Roles (e.g., CHW, navigator)	Primary Clinical Provider (e.g., MD, NP, Clinical Pharmacist)	Clinical Support Team (e.g., RN, MA, PA, Pharmacist, Pharm Tech)	Support Staff (e.g., reception, billing department)	External Vendor (e.g., Specialty Pharmacy, Gilead, ViiV)
Patient Education					

Sample Flow Chart




Task-Shifting & Cross-Training

**Embracing Task Shifting
Expanded Access to Lo**

Moderator:
▪ Rupa Patel, W

Speakers
▪ Yan Nee Gan, M
▪ Megan Dieteric
▪ Juan Carlos L
▪ Carey Pike, De
▪ Kevin Aloysius



0:06 / 1:28:36

Definitions Table of LAI Concepts for PrEP Specialists

Term	Definition
Long-Acting PrEP	Forms of HIV prevention that are injected into the body and protect for several months at a time, instead of being taken daily like traditional PrEP. For injectable PrEP, the concentration of the medicine decreases over time and must be re-administered.
Loading Dose	A larger amount of medicine is given at the start of a new medication to get the medicine working faster. Some loading doses are given around the time of the first injection, and some are given as two separate injections.

PRESCRIBING & ADMINISTERING CHECKLIST

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LEN

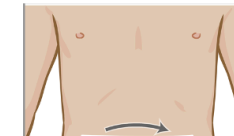
- ☐ Ensure the injection is administered in a private, comfortable setting. Even small details that make the injection experience more comfortable for patients can make a big difference. Consider having a specific pillow or drape to make things more comfortable, or placing a calming visual in the space that the patient will be looking at when the injection is administered

LEN injection preparation

- ☐ Use a 22-gauge 0.5-inch needle (each injection kit contains two)
- ☐ Bring LEN to room temperature (if it is not already at room temperature)
- ☐ Inspect the vial to check expiration date and inspect contents. LEN is a yellow solution; do not use it if the solution is discolored or contains any particulate matter
- ☐ Vial preparation and access depends on whether you are using a vial access device injection kit or a withdrawal needle injection kit
- ☐ Once the solution is withdrawn from the vial, it should be administered as soon as possible

LEN injection administration:

- ☐ Individuals administering injections should be trained in proper technique, as data suggest that expert administration is associated with less pain for patients.
- ☐ Icing the area for five minutes before the injection can help minimize injection site reactions and reduce pain.
- ☐ LEN injection is only for subcutaneous administration into the abdomen or thigh. Injection site should be at least two inches from the navel and the second injection should be at least 4 inches from the first injection site. This distance is important to prevent overlap in the drug depo.




- ☐ If injecting into the abdomen, you could divide the area into quadrants (see image); give one set of injections in area 1 and 2 and use area 3 and 4 six months later. This method can help track

<https://avac.org/choice-agenda-webinar-recordings/>

Digital Tools

Injection date CALCULATOR



Injection Date Calculator

Calculate safe windows for scheduling injections

Next Injection is for:

☐ Treatment ☒ Prevention

Medication Regimen

Lenacapavir q6M

Next Dose Type

☒ Initial/Loading Dose

Date of Last Injection

07/03/2025

Scheduling Results

Earliest Safe Date:

Wednesday, December 17, 2025

Calendar View:

☒ Safe dates ☐ Earliest safe date ☐ Latest safe date

December 2025

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

This calculator provides an estimated safe window for scheduling injections.

1. Patient Information

PID/MRN	First Name	Last Name	DOB
884356	Alina	Hernandez	
595601	Andre	Anderson	
707716	Nia	Edwards	
577351			
969560			
583142			
925211			
884356			
555555			
test			

2. Regimen

TX_Prep	Regimen
Tx	q2M CAB/RPV
Tx	q6M LEN
Tx	q6M LEN

3. Upcoming Injection

Next Injection Visit	NextInjectionType	Window Start Ref
9/2/2025	Loading Dose1	8/28/2025
6/20/2025	Continuation	4/28/2025
6/18/2025	Loading Dose1	3/6/2025

Patient Information

PID/MR	WindowEnd	VisitInNextWeek	VisitInNextTwoDays	WindowCloseswinWee	PriorAuthorization
884356	8/3/2025	No	No	Passed	N/A
595601	12/15/2025	No	No	No	Appealed
707716	7/8/2025	No	No	Passed	Submitted
577351	8/29/2025	No	No	Passed	Appealed
969560	9/27/2025	No	No	No	Denied
583142	8/27/2025	No	No	Passed	Approved

ITTrack

+ Add Patient Database

+ Add New Patient

Search

MRN/PID

First Name

Provider Name





DOB

Last Name

Primary Care Site

Search

Clear

Action	MRN/PID	First Name	Last Name	DOB	Gender	Pronouns	Phone	Email	Preferred Contact	Provider Name	Primary Care Site	Tx/PrEP
   	55555									Golub	SINAI	

47

6. Devote Resources to Cost and Coverage

Many PrEP options introduce a complex web of prior authorizations, a patchwork of payer policies, and inconsistent coverage under pharmacy or medical benefits.

Clinics need **dedicated staff and resources** to manage these hurdles and reduce burdens for users, providers, and the clinic itself.



A decorative image on the left side of the slide showing several hanging light bulbs. One bulb in the foreground is illuminated, showing its internal filament structure, while others in the background are unlit.

Tips for Cost & Coverage

- ❖ Partnering with a pharmacist or specialty pharmacy
- ❖ Using Gilead's coverage & acquisition resources

Gilead's Yeztugo Website

<https://www.yeztugohcp.com/coverage-acquisition>

Ways to access YEZTUGO

Multiple ways to acquire YEZTUGO

YEZTUGO offers flexibility to choose the acquisition path that best fits your and your patients' needs. If you have an in-house specialty pharmacy, there are several ways to acquire YEZTUGO:

Ready to

Acquiring YEZTUGO will help determine if it has been made to pre to one of the auth

Advancing Ac

- Insurance be
- Prior authori



Specialty ph



Buy and bill



Alternative s

YEZTUGO resources for your office



Acquisition Guide

A resource detailing the multiple pathways for acquiring YEZTUGO, including specialty pharmacy, buy and bill through a specialty distributor, in-house pharmacy, and alternative sites of care.



Co-pay and Reimbursement Flashcard

An overview of the Gilead Advancing Access Co-pay Savings Program enrollment process for eligible, commercially insured individuals, as well as a step-by-step guide for your office on submitting a claim for YEZTUGO.



Billing Code Reference (ICD-10-CM and CPT® Codes)

Convenient reference with HIV and other STI prevention and diagnostic service codes included to help professionals with insurance claims for reimbursement of applicable services.



Tips for Cost & Coverage

- ❖ IT issues and setting up codes within EMR
- ❖ Specifying prevention (not Tx) and reviewing/following up on rejections
- ❖ If, at first, you don't succeed...
- ❖ Medicaid coverage will vary state-by-state

Program & Staff Development Resources

NAVIGATING COST COVERAGE

This component helps **sites support patients' association with PrEP**. It includes both overview and detailed information related to the specific dynamics of oral versus

Step-by-Step Guide

Bring your team together to walk through key

Standard Operating Procedures

Download the template, edit to reflect your site's

NAVIGATING COST & COVERAGE

INJECTABLE PREP BILLING & REIMBURSEMENT FREQUENTLY ASKED QUESTIONS

Introduction:

The following information was last updated based on experiences with injectable cabotegravir and steps will be similar for injectable rilpivirine when additional information becomes available.

What is the first step in determining insurance coverage?

The first step is to determine whether the patient has pharmacy benefits or medical benefits.

- ⇒ **Pharmacy benefit** means that the medication is administered at a pharmacy, and the insurer pays for the medication.
- ⇒ **Medical benefit** means that the medication is administered at a clinic or facility, and the insurer pays for the medication.

Why does the type of insurance matter?

If a patient is covered under pharmacy insurance, the medication can be administered at a pharmacy. If a patient is covered under medical insurance, the medication must be administered at a clinic or facility.

INTRODUCTION

This checklist is designed to guide staff in navigating PrEP cost and coverage with their patients and provide necessary information in plain language. Feel free to delete, add, or modify the **[bracketed text]** to reflect the specific considerations at your site.

1. Assess patient's insurance status

"The first step in helping you get access to PrEP is to understand your current insurance and financial information."

- ☐ "Do you currently have an insurance plan (including Medicaid or Medicare)?"
 - **[If yes]:** "What type and do you have the card?" **[Make a copy of the front and back]**
 - **[If no]:** "That's okay! We can still provide you with care and we have some options for getting your PrEP covered."

2. Assess eligibility for additional medication assistance programs

"I'm going to ask you a couple of questions that will help me figure out what types of medication coverage assistance programs you might be eligible for. I'm going to ask you about documentation—all these questions will help me if I need to apply to financial assistance programs on your behalf."

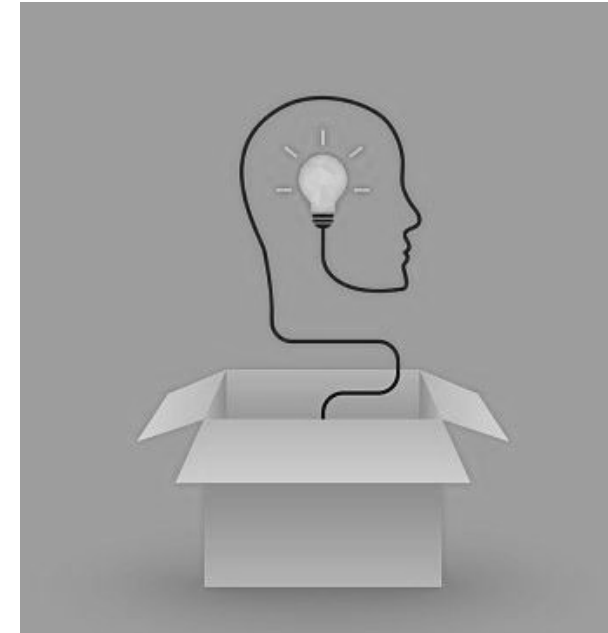
- ☐ "Do you presently have an income?"
 - **[If yes]:** "What type of work and approximately how much do you make?"
 - "What of your income is reported? What isn't?" **[If paystubs are possible, make a copy]**
- ☐ Determine where patient falls on the **Federal Poverty Level**
- ☐ "What state and city is your residence?"

<https://hivbluprint.org/prep-program-builder>

BLUPrint Resources (caveats)

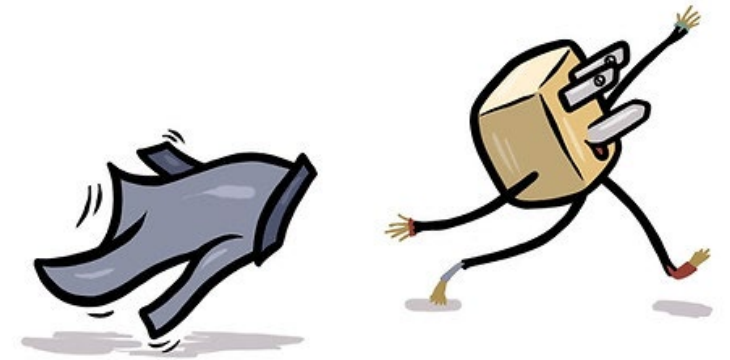


We are researchers,
providers and trainers
[***not ad execs or graphic
designers***]



BLUPrint resources are
designed to be ***adapted***

And now for a shameless plug



Please join our BLUPrint Community!

Fill out this Qualtrics survey to be added to our mailing list and...

- ❖ Get notified as new resources become available
- ❖ Attend technical assistance workshops
- ❖ Join emerging learning collaboratives
- ❖ Provide feedback to improve our resources



<https://tinyurl.com/BLUPrintPrEP>

12. Go Where the People Are

Increasing PrEP access means **going outside traditional delivery settings** and forging new cross-disciplinary partnerships.

We need to **build capacity** and involve a variety of providers across settings – from the emergency department to family planning to safe injection sites to transitional housing.





Questions for Discussion

- ❖ How are we going to reach **new** populations?
- ❖ What additional **resources** are necessary to support PrEP providers in forging **new partnerships** and developing **new delivery models**?
- ❖ How to we make sure that users are presented with **options**, rather than being sold the “new thing”?
- ❖ How can we get better information about **users’ experiences** that will help “informed consent”?
- ❖ What **power** do we have (as providers, as advocates, as researchers) to hold Gilead (and Viiv and Merck) accountable for their **profit margins**?



Thank you

BLUPrint Team

www.hivbluprint.org

Sign up at: <https://tinyurl.com/BLUPrintPrEP>