



CALIFORNIA
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Below we provide a spotlight on tele-PrEP provision in California, including specific issues identified by respondents. We focus on California given that the state has the largest number of PrEP users in the U.S. and was identified by tele-PrEP companies in this study as their largest or among their largest market(s). Additionally, California's PrEP policy environment is evolving within the state-run tele-PrEP program.

Spotlight on Tele-PrEP in California

The California tele-PrEP program was launched in the fall of 2019 and is part of the state's PrEP Assistance Program (PrEP-AP), which provides PrEP, PrEP related services (e.g. labs) and certain other allowable services (e.g. STI treatment). While the tele-PrEP piece of the program is provided through remote access, clients must first enroll in-person at one of several hundred enrollment sites throughout the state before they can qualify, a requirement which may pose a barrier to some clients. In addition, clients must re-enroll annually, since they need to be re-screened for eligibility. The program is largely geared towards uninsured clients, though those who are privately insured can also use it as long as the provider seen is in-network with the client's insurance company. For those with coverage, the program can cover copays. However, there is less need for assistance with PrEP specific services given [new USPSTF guidance](#) requiring PrEP related services be covered without cost-sharing (see also, box on USPSTF and PrEP). In addition, the state will consider some program clients as uninsured for confidentiality reasons (e.g. so as not to disclose PrEP use to a parent or spouse) to promote access for these groups.

When created, the tele-PrEP element of the PrEP-AP program was outsourced to a national tele-health company offering synchronous tele-PrEP services and using brick-and-mortar labs (as opposed to at-home lab kits). Uptake of that program is reported to have been limited. While it is unclear why uptake was so limited, one explanation offered was that there had been little advertising. When the state's contract with the company expired at the end of 2021, it was not renewed for undisclosed reasons.

As of January 2022, state tele-PrEP services are delivered by three [California based community-based organizations](#) (CBOs) through an arrangement with the state. It is unclear how or if patients were notified of the change in vendors or if there were any clients enrolled at the end of 2021 to notify. While the three CBOs are physically situated in three locations, they can see patients from across the state virtually and are loosely assigned to geographic regions (i.e. Northern, Central, and Southern California, and the Los Angeles area). How tele-PrEP is now delivered (e.g. synchronously or asynchronously) is based on the system for telehealth delivery already in place at the partner CBO.

Similarly, whether at-home labs are offered is driven by CBO protocol as are the panel of labs run. Prescriptions must be picked up at a pharmacy contracted with Magellan, the state's pharmacy benefits manager, though some pharmacies offer home delivery through other vendors. In general, generics are provided and if a client requests or requires a brand name, Truvada or Descovy, they must go through the manufacturer assistance program. Most clients get branded drugs through the industry assistance program rather than a generic through the state program.

In addition to the above-described models for the state's tele-PrEP providers, the state PrEP-AP program also permitted their in-person PrEP providers to see PrEP clients virtually because of the COVID-19 pandemic.

One respondent providing tele-PrEP to young people in the state discussed the value of having access to a range of California based safety net payers and programs to help ensure robust and discrete access including Medicaid expansion, the Family PACT program, ACA enrollments, and the state PrEP-AP program. They contrasted this experience with states without Medicaid expansion and more limited support systems.

Key issues identified in the interviews as impacting tele-PrEP provision in the state of California are as follows:

- CA law SB-159 requires private health insurers (except for employer-based, self-insured plans) to cover medications without step therapy or prior authorization unless there is a generic equivalent. In the PrEP space this would mean providers are free to prescribe Descovy (which does not have a generic equivalent) without facing medication management barriers. One respondent from a tele-PrEP company noted this California law made prescribing Descovy easier in the state which happens to be their largest market.
- CA law SB-306 requires health plans to provide coverage for home collection kits for HIV and other STIs testing deemed medically necessary or appropriate and ordered according to the law, making home collection more affordable. This is an important step towards access as in other parts of the country, respondents noted it is difficult to get reimbursement for home collection kits. However, reimbursement challenges remain for implementing the policy in Medicaid due to a lack of procedural codes. Implementation barriers also exist for private health plans as some may not be covering both the kit and the lab costs. There may also be coverage challenges if the labs used by tele-PrEP providers are not in-network with client insurance plans. Solutions to this barrier are being explored by advocates and industry.
- Several private companies cited challenges with contracting with Medicaid as a reason they did not accept this form of coverage and one respondent specifically cited California as presenting particular challenges given its large number of Medicaid Managed Care Organizations. However, a separate respondent from a private company with similar concerns about the challenges in contracting with Medicaid stated that California is one of only handful of states where they do accept Medicaid clients and bill the program.