

Prescribing Pre-Exposure Prophylaxis (PrEP) for HIV Prevention

A Guide for Medical Providers

Created by Cascade AIDS Project and Mountain West AETC – Oregon Program



PrEP INDICATIONS

Pre-Exposure Prophylaxis (PrEP) with daily tenofovir disoproxil fumarate-emtricitabine is recommended as one HIV prevention option for men who have sex with men (MSM), injection drug users (IDU), and heterosexual men and women at substantial risk of acquiring HIV infection.

Consider offering PrEP to HIV-negative adults 18 and over who in the last six months had one or more of the following:

- Any sex partner with HIV or HIV risk-factors (IDU or MSM)
- Condomless vaginal or anal sex with a partner of unknown HIV status who is known to be at substantial risk of HIV infection
- A bacterial sexually transmitted infection (gonorrhea/chlamydia/syphilis)
- Injected drugs and shared needles/equipment
- Used non-occupational PEP (nPEP)
- Survival/transactional sex
- Been in a drug treatment program
- Interest in trying to conceive with a partner who is HIV-positive

Research studies suggest that men or transgender persons engaging in receptive anal sex benefit the most from PrEP

CONTRAINDICATIONS

- HIV-positive
- Estimated creatinine clearance (eCrCl) < 60 ml/min
- Possible HIV exposure within 72 hours (offer nPEP, then consider PrEP)
Clinician Consultation Center
PEPline: 888.448.4911 or
<http://nccc.ucsf.edu/clinician-consultation>

WHAT TO PRESCRIBE

Truvada (tenofovir disoproxil fumarate-emtricitabine 300 mg/200 mg) 1 tab PO daily, #30, 2 refills for a total 90-day supply

CAUTION

- Hepatitis B (HBV) infection (can flare when stopping the medications used for PrEP; check HBsAb/Ag prior to initiation of PrEP)
- Concomitant illness (i.e. diabetes mellitus or hypertension) that increases risk for kidney disease; consider more frequent creatinine monitoring
- Acute flu-like illness; defer PrEP and retest in 4 weeks or evaluate for acute HIV infection, including HIV RNA PCR, before initiation
- Pregnancy or breastfeeding; discuss risks/benefits
- Osteoporosis
- Adolescents

COUNSELING TOPICS

- Importance of daily adherence—link dosing to daily routine
- STI and HIV prevention, i.e. condom use/risk reduction
- Safer injection drug use practices
- Need for regular follow-up visits and lab tests
- Reproductive goals/contraception
- Symptoms of acute HIV infection
- Risks of stopping and/or restarting PrEP—need to notify provider
- Insurance/medication assistance
- Refill policies and procedures

EFFICACY—KEY MESSAGES

- When taken daily with excellent adherence, PrEP is highly effective for

preventing HIV, over 90%

- Maximum drug levels are reached in rectal tissues after 7 days and in blood and vaginal tissues after 20 days
- If planning to stop PrEP, continue PrEP for 28 days after last potential HIV exposure
- PrEP does not prevent gonorrhea, chlamydia, syphilis, genital warts, herpes, or hepatitis C

SIDE EFFECTS

- 10% of patients experience nausea or headache; these usually resolve within 1 month
- Small risk of renal dysfunction; typically reversible if PrEP stopped
- PrEP associated with 1% loss of bone mineral density; no increased risk of fractures

LAB SCREENING AND VISITS

Initial visit: HIV test (ideally 4th generation HIV Ag/Ab), creatinine, gonorrhea/chlamydia (include rectal/pharyngeal/urine screening in MSM), syphilis, HBsAb/Ag, HCV Ab, pregnancy test; provide HBV & HPV immunizations as indicated

- **Week 1:** Call, check if prescription filled, assess adherence and side effects
- **Month 1 (optional):** Consider HIV test (ideally 4th generation HIV Ag/Ab), assess adherence and side effects
- **At least every 3 months:** HIV test (ideally 4th generation HIV Ag/Ab), pregnancy test, assess adherence, evaluate the need to continue PrEP, provide 3-month refill
- **At least every 6 months:** Gonorrhea/chlamydia and syphilis (more frequently depending on risk)

- **Renal function:** Creatinine at baseline, at 3 months, and at least every 6 months, more frequent if diabetes, hypertension or other renal risk factors
- **At every visit:** Provide risk reduction counseling and assess for signs/symptoms of acute HIV infection

PrEP-RELATED BILLING CODES

- ICD-10 code: Z20.6 (Contact with and (suspected) exposure to HIV)
- For more billing codes, see link to USPHS/CDC/HHS PrEP Guidelines listed to the right

RESOURCES

- **USPHS/CDC/HHS PrEP Guidelines:** <http://aidsinfo.nih.gov/guidelines>
- **Clinician Consultation Center PrEPLine:** 855.448.7737 or <http://nccc.ucsf.edu/clinician-consultation>
- **PrEP Calculator for MSM risk assessment:** <https://ictrweb.johnshopkins.edu/ictr/utility/prep.cfm>

MEDICATION ASSISTANCE PROGRAMS

- **Gilead Financial Support:** <https://start.truvada.com/paying-for-truvada>

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under #U10HA29296, AETC Program, \$2,943,253. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



- **Patient Access Network:** www.panapply.org

- **Patient Advocate Foundation Co-Pay Relief:** <https://www.copays.org>

REGIONAL CONTACTS

Alaska Native Tribal Health Consortium
Provider education | PrEP/PEP
HIV Care | Consultations

Joeseeph D. Cantil
(907) 729-2907
jdcantil@anthc.org

Alaska HIV/STD Program
(907) 269-8000
prepak@alaska.gov