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

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

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

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

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 HIV & 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)

RESOURCES
- Clinician Consultation Center PrEPline: 855.448.7737 or http://ncccs.ucsf.edu/clinician-consultation
- PrEP Calculator for MSM risk assessment: https://ctrweb.johnshopkins.edu/ctr/utility/prep.cfm

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

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

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

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

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

MEDICATION ASSISTANCE PROGRAMS
- Gilead Financial Support: https://start.truvada.com/paying-for-truvada

REGIONAL CONTACTS
- Alaska Native Tribal Health Consortium: Provider education | PrEP/PEP HIV Care | Consultations
  Joseph D. Cantil (907) 729-2907 jdcantil@anthc.org
  Alaska HIV/STD Program: (907) 269-8000 prepak@alaska.gov

This project is 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.