

Alaska ID ECHO: PrEP Series



Integrating PrEP into Your Clinical Practice

April 4, 2023

This program is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided from the HHS Secretary's Minority HIV/AIDS Fund.

Welcome to the Alaska ID ECHO April 2023 PrEP Mini-Series

Approved Provider Statements:



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ALASKA NATIVE
MEDICAL CENTER



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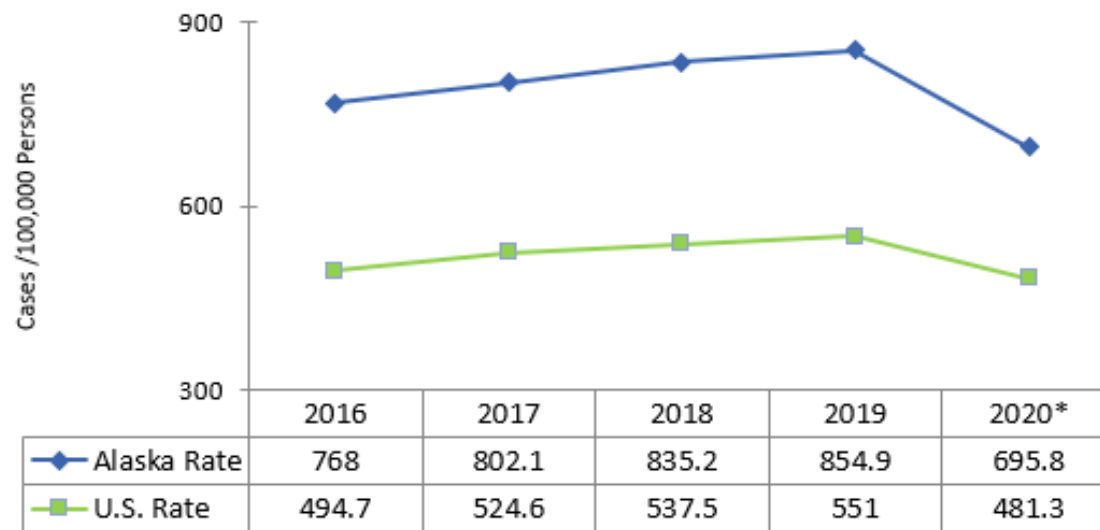
EPI UPDATE – ALASKA

April 4, 2023
Section of Epidemiology
HIV/STD Program



CHLAMYDIA (2016 – 2020)

Chlamydia Infection Rates, by Year — Alaska and the United States, 2016-2020¹

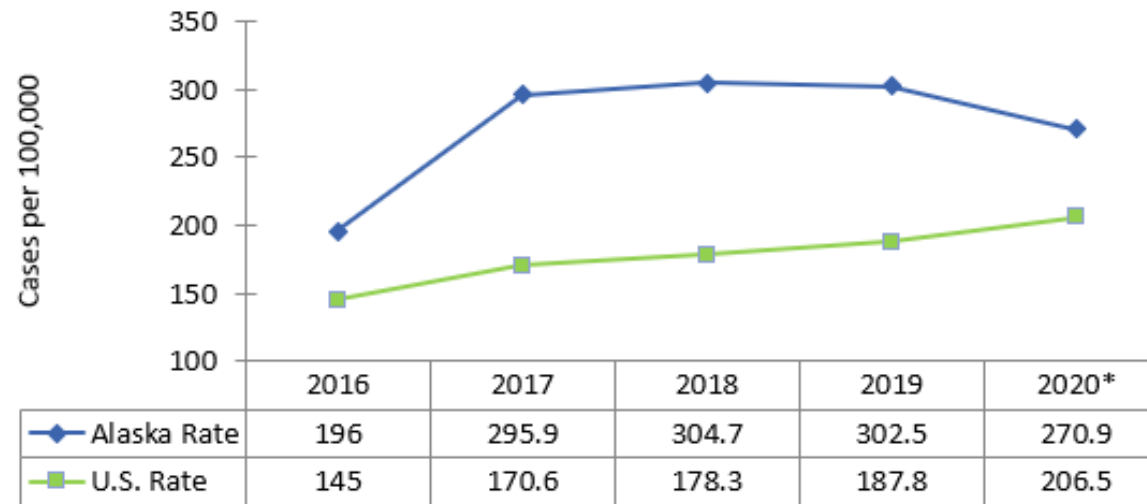


*COVID-19 Pandemic – Data should be interpreted with caution due to the impact of the COVID-19 pandemic on access to STI testing, prevention, and care-related services.



GONORRHEA (2016 – 2020)

Gonorrhea Infection Rates, by Year — Alaska and the United States, 2016-2020²

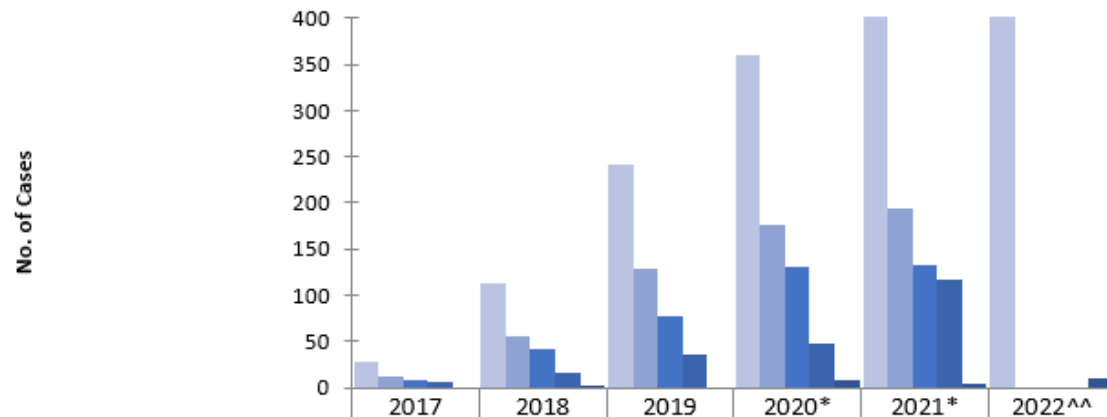


*COVID-19 Pandemic – Data should be interpreted with caution due to the impact of the COVID-19 pandemic on access to STI testing, prevention, and care-related services.



SYPHILIS (2017 – 2022)

Cases of Syphilis Infection by Stage and Year – Alaska, 2017-2022^{3,4,5,6,7,8}



	2017	2018	2019	2020*	2021*	2022^^
Total Cases	28	113	242	361	447	410
Primary and Secondary	13	55	129	176	194	
Early Non-Primary/Non-Secondary	9	41	78	130	132	
Late and Unknown Duration	6	16	35	47	116	
Congenital	0	1	0	8	5	10

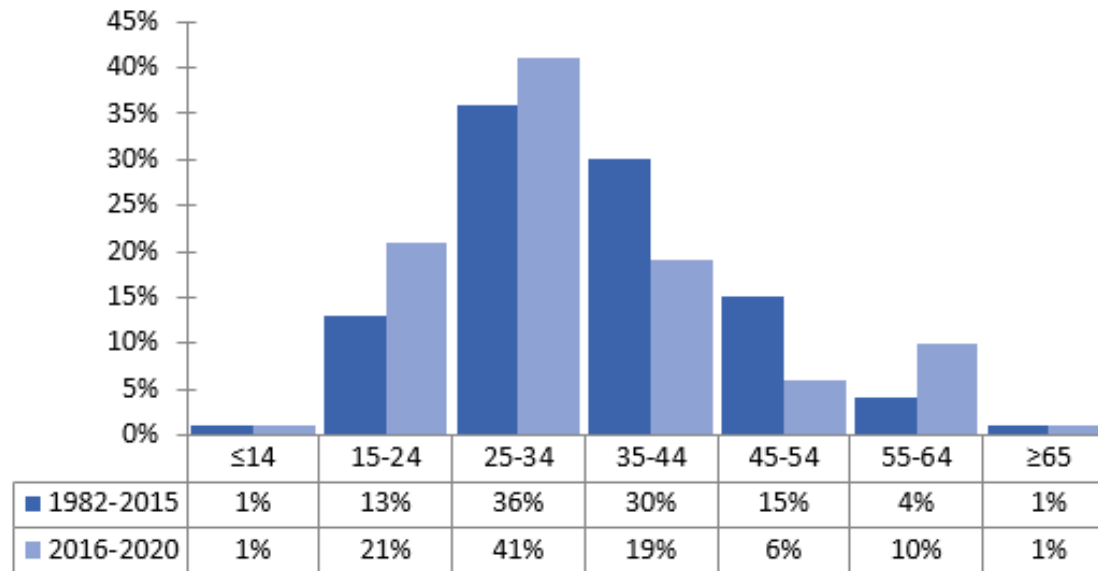
*COVID-19 Pandemic – Data should be interpreted with caution due to the impact of the COVID-19 pandemic on access to STI testing, prevention, and care-related services.

^^Preliminary Data



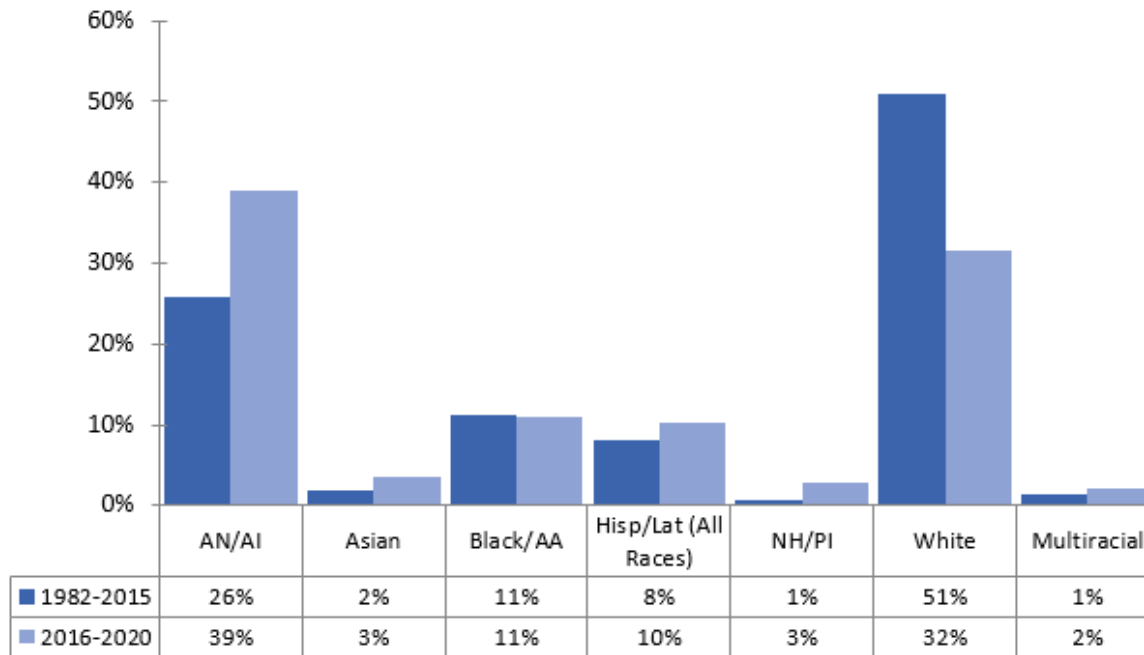
HIV BY AGE AT DIAGNOSIS (1982 – 2020)

Percentage of Newly Diagnosed Cases of HIV in Alaska by Age at Diagnosis – Cumulative, 1982-2015 and Recent, 2016-2020



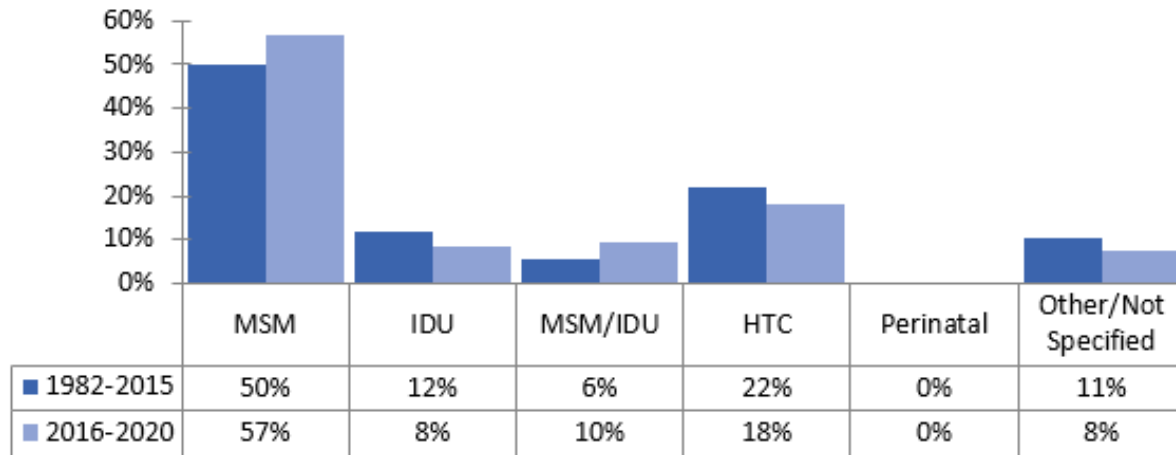
HIV BY RACE/ETHNICITY (1982 – 2020)

Percentage of Newly Diagnosed Cases of HIV in Alaska by Race/Ethnicity Category – Cumulative, 1982-2015 and Recent, 2016-2020



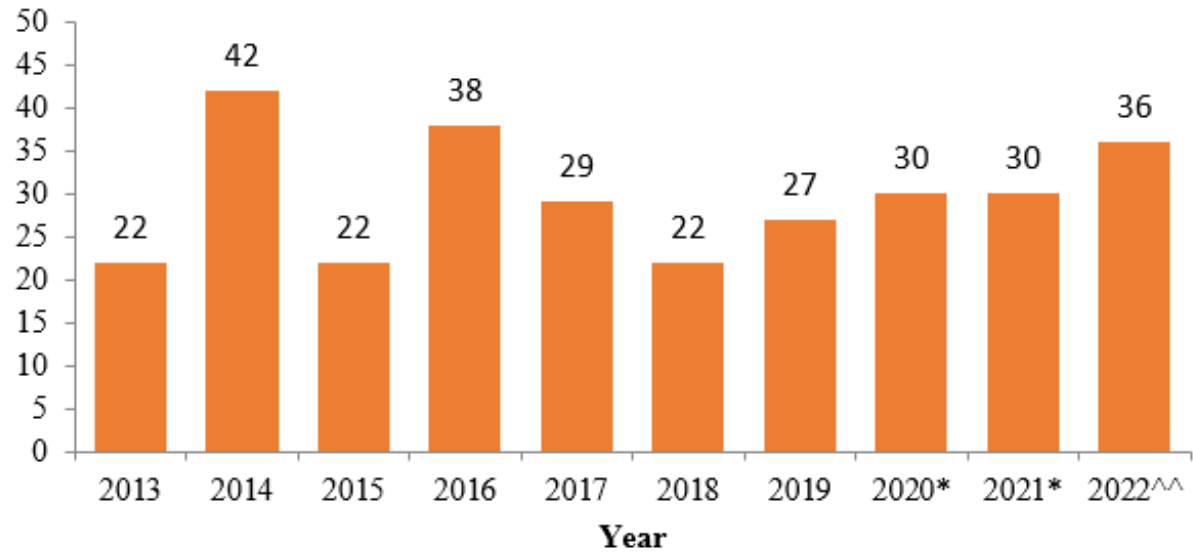
HIV BY TRANSMISSION CATEGORY (1982 – 2020)

Percentage of Newly Diagnosed Cases of HIV in Alaska by Transmission Category Among Persons Aged 13 and Older at Diagnosis – Cumulative, 1982-2015 and Recent, 2016-2020



HIV – 2022 PRELIMINARY DATA

Reported Cases of HIV Newly Diagnosed in Alaska by Year — 2013–2022^{^^}

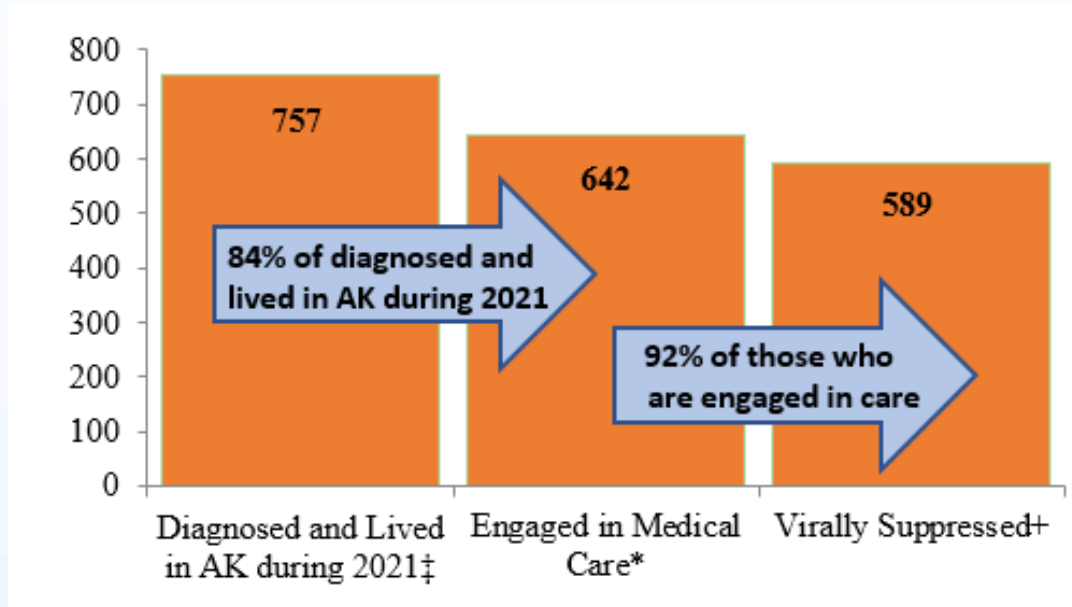


*COVID-19 Pandemic – Data should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing and care-related services.

^{^^} Preliminary Data



HIV CARE CONTINUUM (N=757) — ALASKA, 2021[±]



[‡]Includes all persons with HIV who lived in Alaska (AK) during 2021; cases with unknown residence and no activity in the surveillance system for 10 or more years were excluded (n=16)

*Received at least one CD4 or Viral Load between Jan. 1 and Dec. 31, 2021

[†]Viral Load \leq 200 copies/mL

[±]Data should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV care-related services.



Mountain West AIDS Education and Training Center

PrEP 101

ECHO PrEP Series
April 4, 2023

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This presentation is intended for educational use only, and does not in any way constitute medical consultation or advice related to any specific patient.



I have no conflicts of interest to disclose



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The content in this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



Objectives

- Increase your knowledge of PrEP.
- Understand how you can play a part in HIV elimination.
- Improve upon HIV screening by following current HIV screening recommendations.
- Understand what PrEP medications are and become comfortable prescribing.
- Understand where there are disparities and gaps in care related to HIV/STI prevention.

Four Pillars of Ending the HIV Epidemic in the U.S. (EHE)

75%
reduction
in new
HIV
diagnoses
in 5 years
and a
90%
reduction
in 10
years.



Diagnose

All people with HIV as early as possible.



Treat

People with HIV rapidly and effectively to reach sustained viral suppression.



Prevent

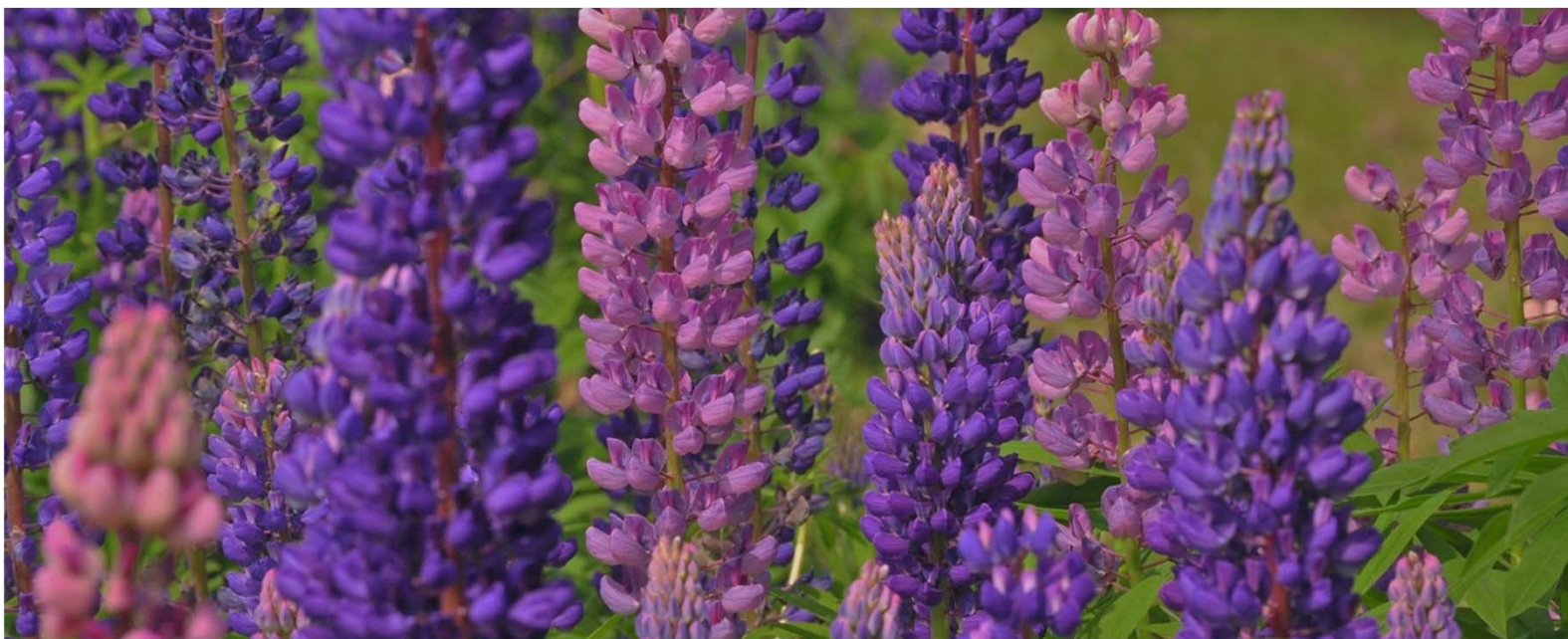
New HIV transmissions by using using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).



Respond

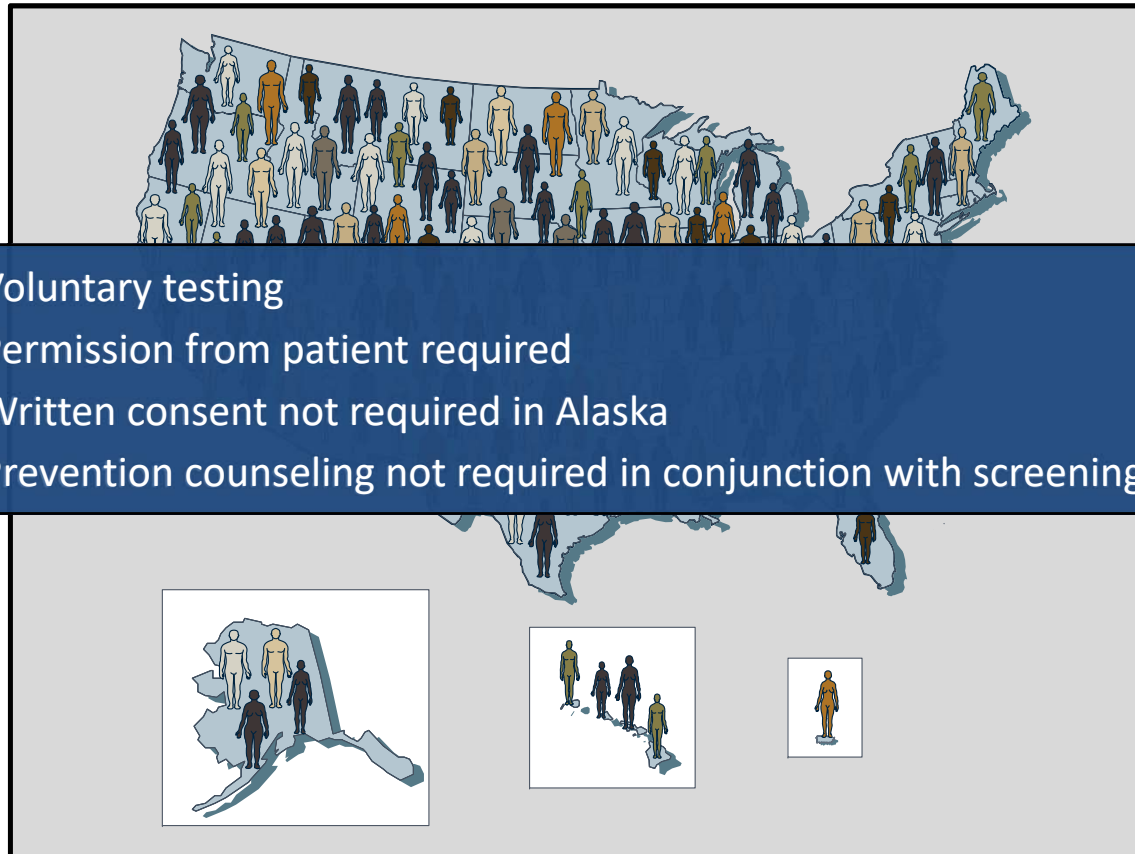
Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

HIV Screening and Lab Interpretation



Routine Screening for HIV Infection

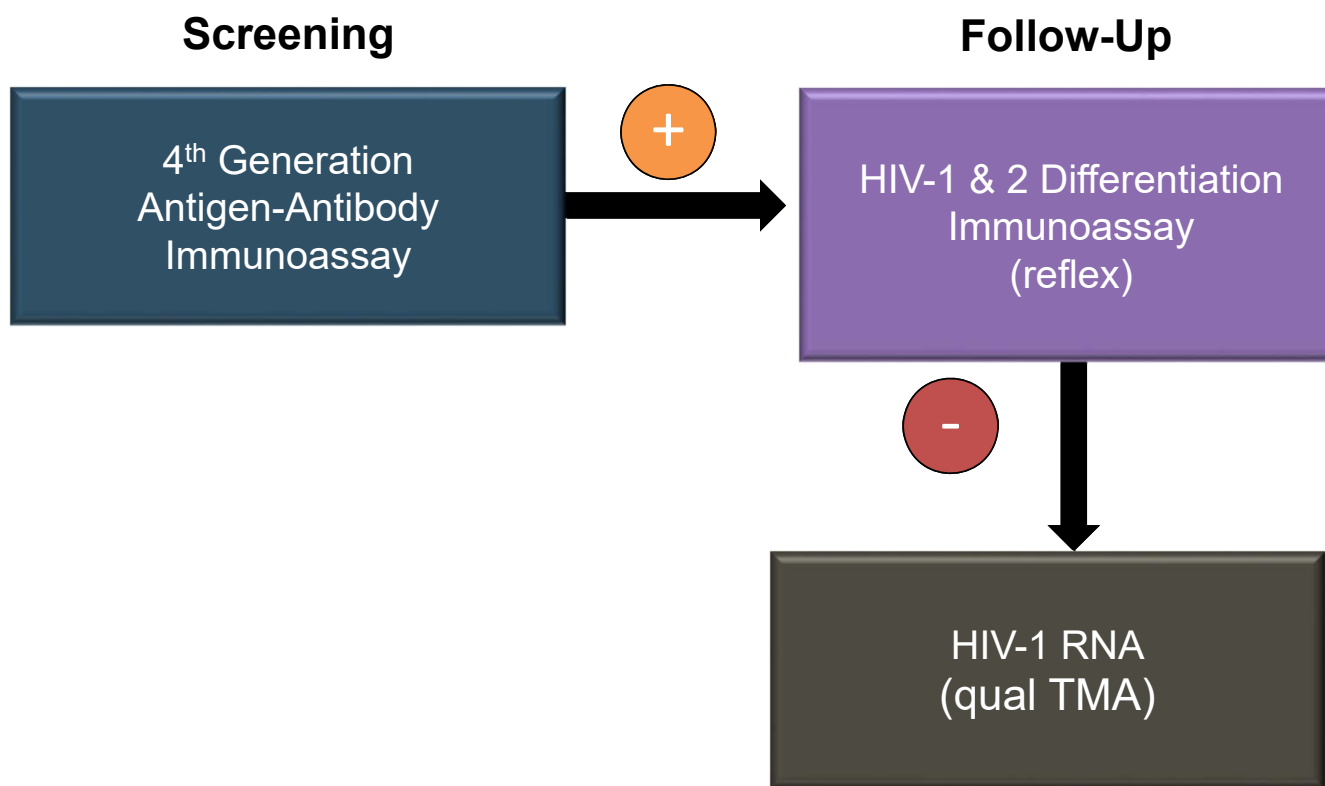
CDC and USPSTF
Grade A
recommendation



Universal screening:

- At least once in your life
- More frequency per risk
- With each pregnancy

Approach to HIV Screening and Diagnostic Testing



Slides courtesy of David Spach, NWAETC



HIV Self-Test Kit

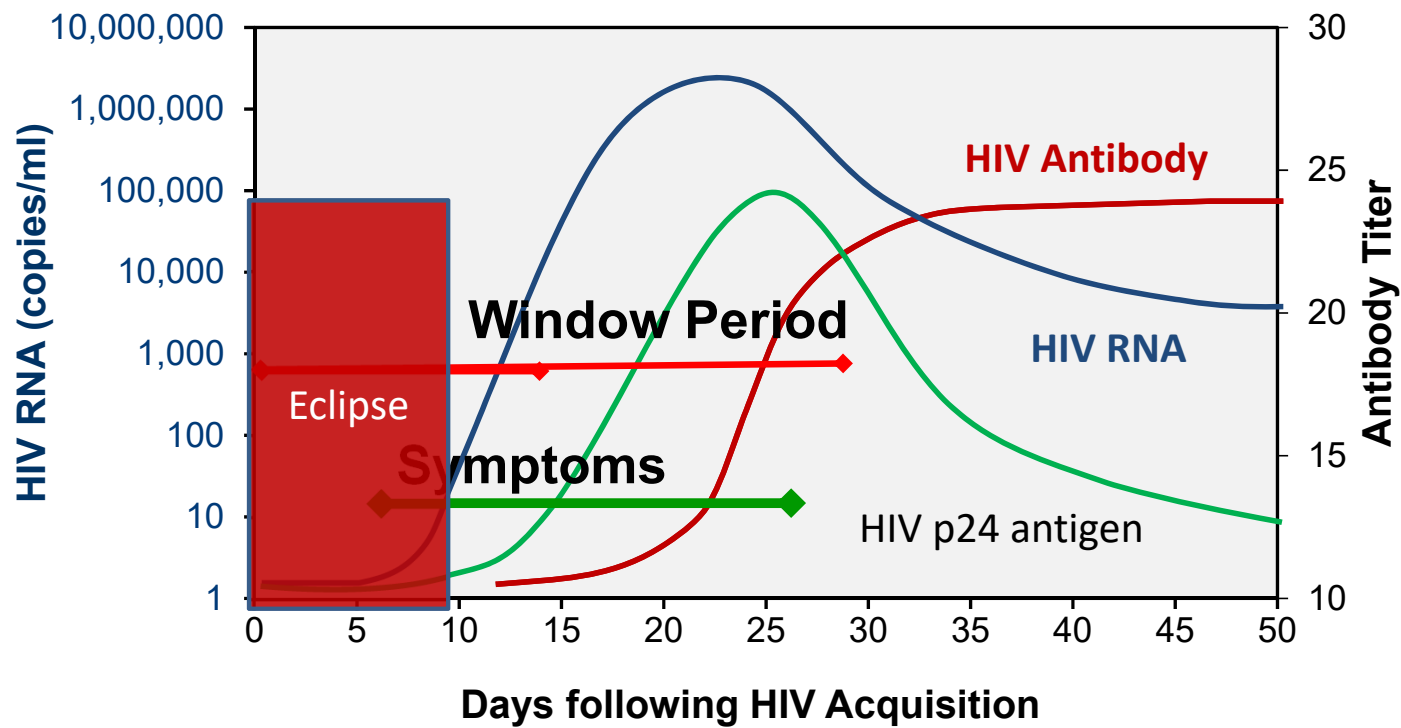
- Available at iknowmine.org/shop
- Mailed in discreet packaging
- Early Intervention Services (EIS) provider available for follow and linkage to care



www.iknowmine.org



Laboratory Diagnosis of Early HIV Infection



HIV Prevention



PrEP is One Piece of the HIV Prevention Puzzle



PrEP vs. PEP

PrEP and PEP are methods for preventing HIV that involve taking HIV medicines. When you take steps to protect yourself against a disease, like HIV, it's called prophylaxis.

PrEP and PEP are for people who don't have HIV, but are at risk of getting it.

PrEP stands for pre-exposure prophylaxis.

What's it called?

PEP stands for post-exposure prophylaxis.

Before HIV exposure.

PrEP is taken every day, before possible exposure.

When is it taken?

After HIV exposure.

In emergency situations, PEP is taken within 72 hours (3 days) after possible exposure.

PrEP is for people who don't have HIV and:

- are at risk of getting HIV from sex
- are at risk of getting HIV from injection drug use

Who's it for?

PEP is for people who don't have HIV but may have been exposed:

- during sex
- by sharing injection drug equipment
- during a sexual assault
- at work through a needlestick or other injury

Consistent use of **PrEP** can reduce the risk of getting HIV from sex by about 99% and from injection drug use by at least 74%.

How effective is it?

PEP can prevent HIV when taken correctly, but it is not always effective.

Start PEP as soon as possible to give it the best chance of working.

Ask your health care provider about a prescription for **PrEP**, or use PrEPLocator.org to find a health care provider in your area who can prescribe PrEP.

How do you get it?

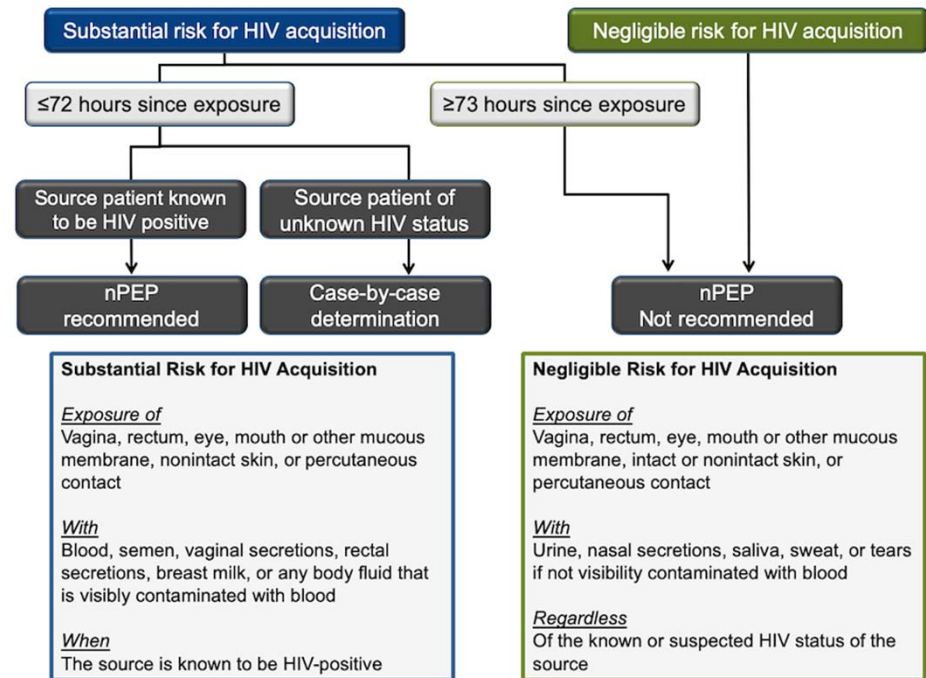
Within 72 hours of a potential exposure to HIV, talk to your health care provider or an emergency room doctor about a prescription for **PEP**.

For more information, visit



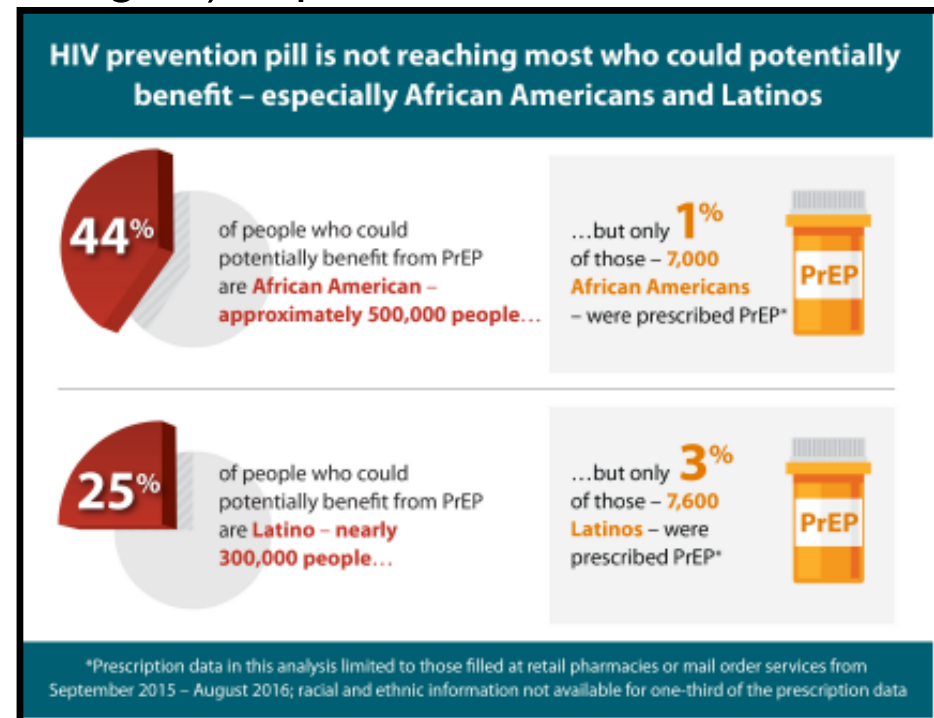
What is nPEP: nonoccupational Post Exposure Prophylaxis

- **TDF/FTC 200/300mg 1qd (Truvada) plus**
Raltegravir 400mg BID or Dolutegravir 50mg 1qd x 28 days
- Determine if PEP is necessary
- Start within 72 hours of exposure
- Determine if client should transition from PEP→PrEP
- Ensure follow-up labs occur



What is PrEP?

- A prevention strategy in which an individual takes a medication **regularly** (along with continued behavioral **risk-reduction** strategies) to prevent HIV infection
 - Medication first became available in 2012
 - United States PrEP guidelines first published in 2014
 - U.S. Preventative Task Force classified PrEP as a grade A recommendation in June 2019
 - Insurance coverage improved
 - First injectable Medication approved January 2022



Who May Benefit from PrEP

- Anyone who self-identifies a need for PrEP
- People with partners living with or at-risk for HIV
- People with any of the following risk factors in the past 6 months
 - Bacterial STI (gonorrhea, syphilis, any rectal STI)
 - Condomless anal sex
 - Transactional sex
 - Injection drug use with shared needles and/or shared equipment
- Some populations are at higher risk based on epidemiology and sexual networks
 - MSM
 - Trans women

Additional risk factor
if the patient's partners would benefit
from PrEP

PrEP Indications following CDC 2021 Updates

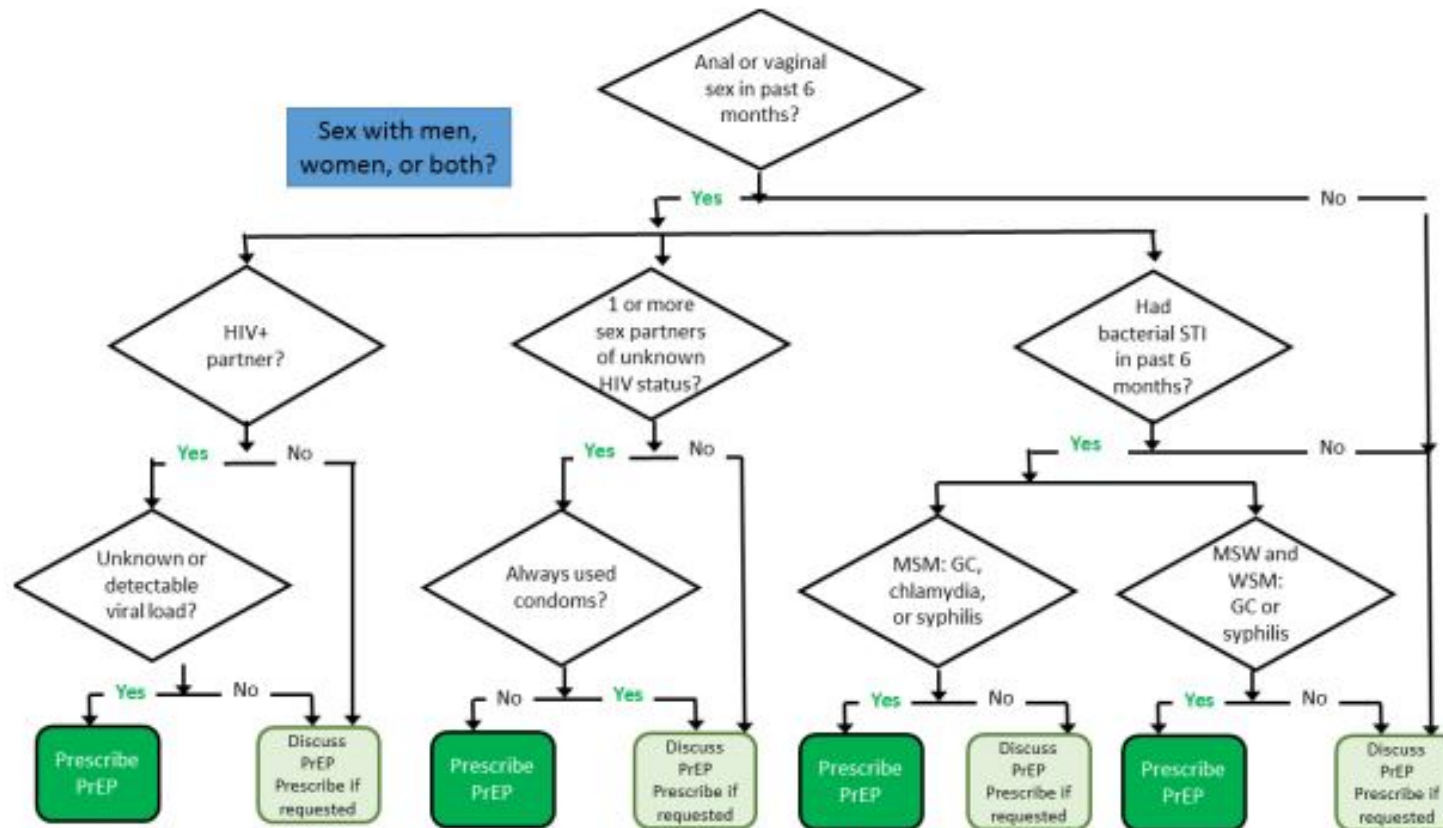
- **All** sexually active adults and adolescents should be informed about PrEP
- Patients who request PrEP should be offered it, even when no specific risk behaviors are elicited.
- Because most people who inject drugs are also sexually active, they should be assessed for sexual risk.



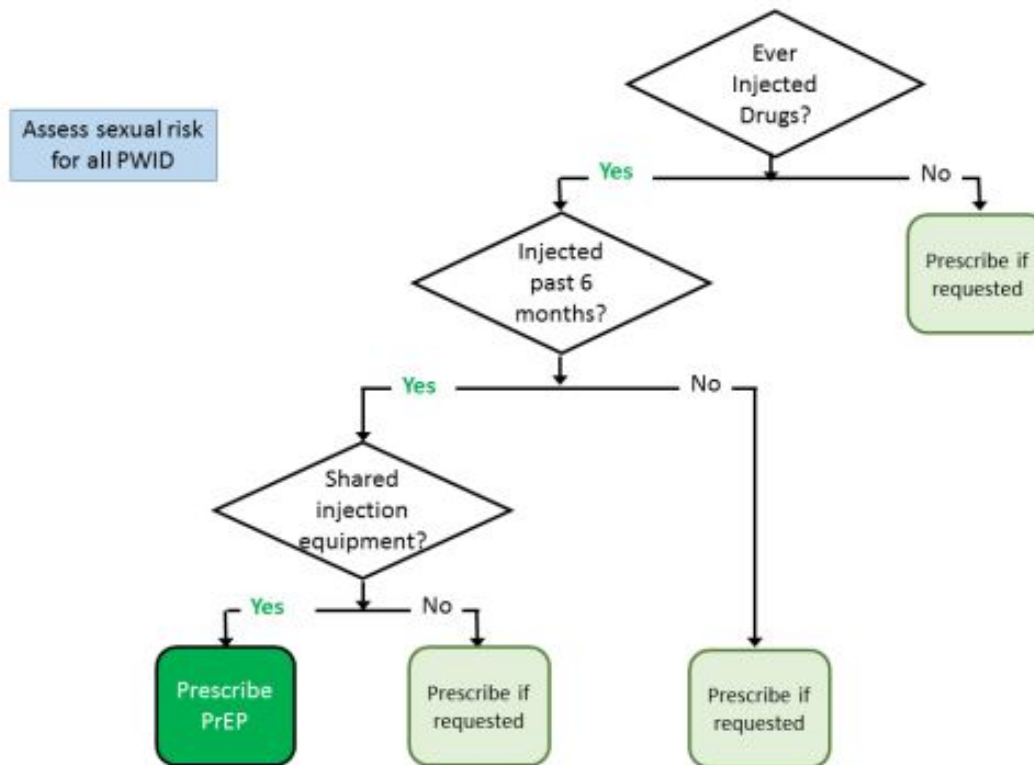
PrEP Medications

- **Tenofovir DF-emtricitabine:** TDF/FTC (Truvada) approved for HIV PrEP by the FDA in July 2012
- **Tenofovir AF-emtricitabine:** TAF/FTC (Descovy) approved for HIV PrEP by FDA October 3, 2019
 - Approved for males and transgender women
 - Not approved for women/female sex assigned at birth or on-demand dosing
- Added benefits: some protection against HSV and HBV
- **Long acting Cabotegravir Injection:** CAB (Apretude)
 - Every other month injection (after loading dose)

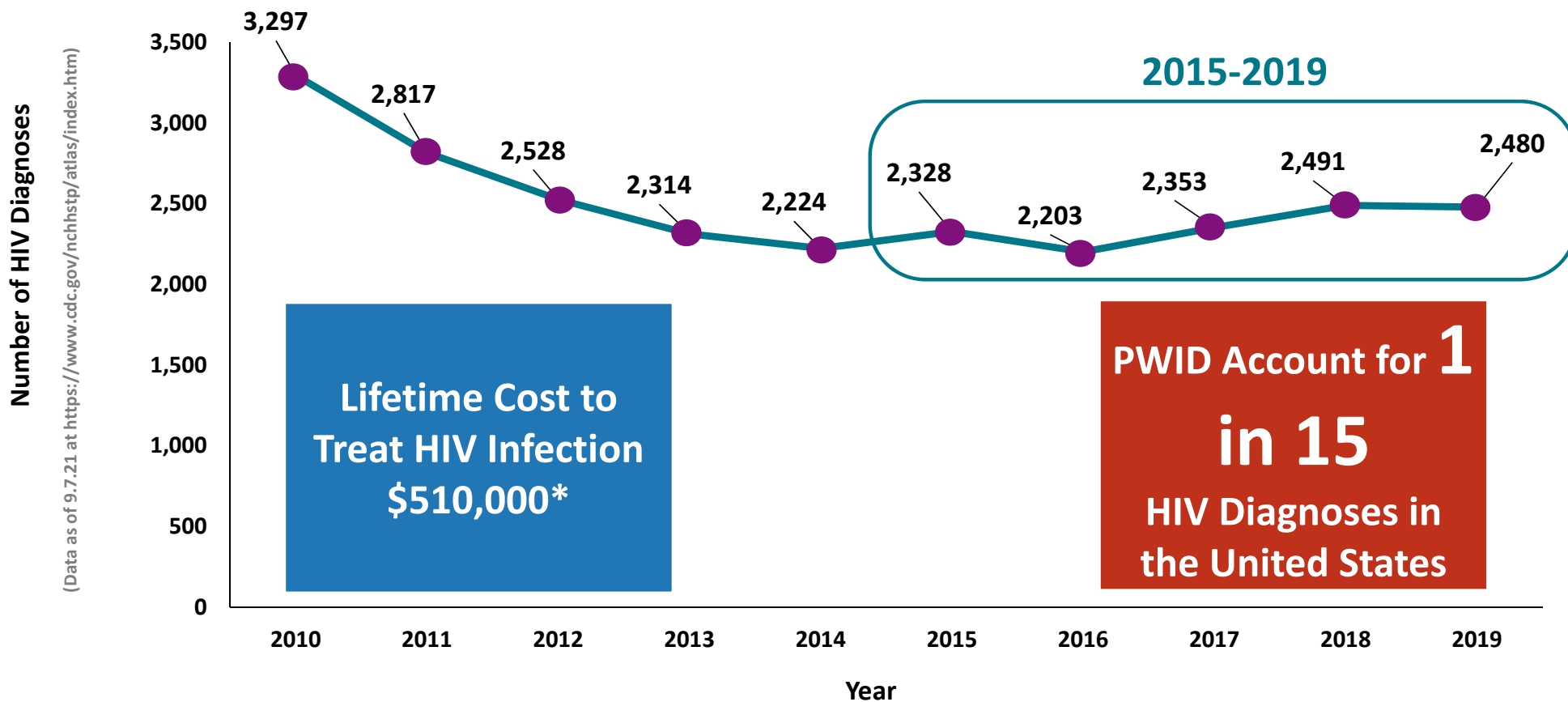
Assessing PrEP indication: Sex Risk



Assessing PrEP Indication: IDU



Historic Decline in U.S. of HIV Diagnoses in PWID has Stalled



* Bingham A, Shrestha RK, Khurana N, Jacobson E, Farnham PG. Estimated Lifetime HIV-related Medical Costs in the United States. Sex Transm Dis. 2021 Jan 23. doi: 10.1097/OLQ.0000000000001366. Online ahead of print. adjusted to 2020 dollars.

Lab Testing for F/TDF, F/TAF

Table 5 Timing of Oral PrEP-associated Laboratory Tests

Test	Screening/Baseline Visit	Q 3 months	Q 6 months	Q 12 months	When stopping PrEP
HIV Test	X*	X			X*
eCrCl	X		If age ≥ 50 or eCrCL < 90 ml/min at PrEP initiation	If age < 50 and eCrCl ≥ 90 ml/min at PrEP initiation	X
Syphilis	X	MSM /TGW	X		MSM/TGW
Gonorrhea	X	MSM /TGW	X		MSM /TGW
Chlamydia	X	MSM /TGW	X		MSM /TGW
Lipid panel (F/TAF)	X			X	
Hep B serology	X				
Hep C serology	MSM, TGW, and PWID only			MSM, TGW, and PWID only	

* Assess for acute HIV infection (see Figure 4)

Lab Testing for Cabotegravir

Table 7 Timing of CAB PrEP-associated Laboratory Tests

Test	Initiation Visit	1 month visit	Q2 months	Q4 months	Q6 months	Q12 months	When Stopping CAB
HIV*	X	X	X	X	X	X	X
Syphilis	X			MSM [^] /TGW [~] only	Heterosexually active women and men only	X	MSM/TGW only
Gonorrhea	X			MSM/TGW only	Heterosexually active women and men only	X	MSM/TGW only
Chlamydia	X			MSM/TGW only	MSM/TGW only	Heterosexually active women and men only	MSM/TGW only

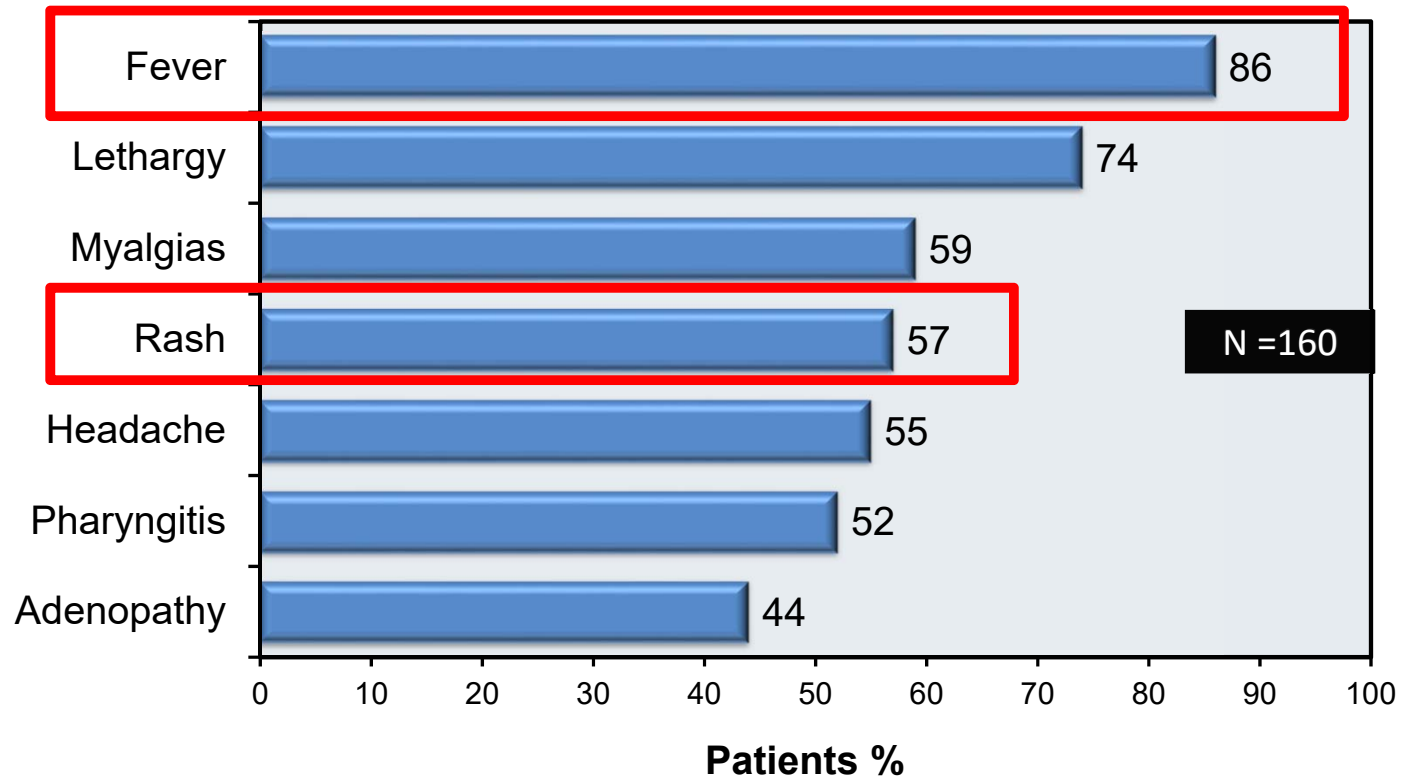
* HIV-1 RNA assay

X all PrEP patients

[^] men who have sex with men

[~] persons assigned male sex at birth whose gender identification is female

Clinical Manifestations of Primary HIV Infection



From: Vanhems P, et al. AIDS. 2000;14:375-81.

PrEP Summary of Recommendations: Oral Meds

- TDF not recommended for CrCl<60
- TAF not recommended for CrCl <30

Table 1a: Summary of Clinician Guidance for Daily Oral PrEP Use

	Sexually-Active Adults and Adolescents ¹	Persons Who Inject Drug ²
Identifying substantial risk of acquiring HIV infection	Anal or vaginal sex in past 6 months AND any of the following: <ul style="list-style-type: none"> • HIV-positive sexual partner (especially if partner has an unknown or detectable viral load) • Bacterial STI in past 6 months³ • History of inconsistent or no condom use with sexual partner(s) 	HIV-positive injecting partner OR Sharing injection equipment
Clinically eligible	<u>ALL OF THE FOLLOWING CONDITIONS ARE MET:</u> <ul style="list-style-type: none"> • Documented negative HIV Ag/Ab test result within 1 week before initially prescribing PrEP • No signs/symptoms of acute HIV infection • Estimated creatinine clearance ≥ 30 ml/min⁴ • No contraindicated medications 	
Dosage	<ul style="list-style-type: none"> • Daily, continuing, oral doses of F/TDF (Truvada®), ≤ 90-day supply OR <ul style="list-style-type: none"> • For men and transgender women at risk for sexual acquisition of HIV; daily, continuing, oral doses of F/TAF (Descovy®), ≤ 90-day supply 	
Follow-up care	<ul style="list-style-type: none"> • <u>Follow-up visits at least every 3 months to provide the following:</u> <ul style="list-style-type: none"> • HIV Ag/Ab test and HIV-1 RNA assay, medication adherence and behavioral risk reduction support • Bacterial STI screening for MSM and transgender women who have sex with men³ – oral, rectal, urine, blood • Access to clean needles/syringes and drug treatment services for PWID • <u>Follow-up visits every 6 months to provide the following:</u> <ul style="list-style-type: none"> • Assess renal function for patients aged ≥ 50 years or who have an eCrCl < 90 ml/min at PrEP initiation • Bacterial STI screening for all sexually-active patients³ – [vaginal, oral, rectal, urine- as indicated], blood • <u>Follow-up visits every 12 months to provide the following:</u> <ul style="list-style-type: none"> • Assess renal function for all patients • Chlamydia screening for heterosexually active women and men – vaginal, urine • For patients on F/TAF, assess weight, triglyceride and cholesterol levels 	

¹ adolescents weighing at least 35 kg (77 lb)

² Because most PWID are also sexually active, they should be assessed for sexual risk and provided the option of CAB for PrEP when indicated

³ Sexually transmitted infection (STI): Gonorrhea, chlamydia, and syphilis for MSM and transgender women who have sex with men including those who inject drugs; Gonorrhea and syphilis for heterosexual women and men including persons who inject drugs

⁴ estimated creatine clearance (eCrCl) by Cockcroft Gault formula ≥ 60 ml/min for F/TDF use, ≥ 30 ml/min for F/TAF use

PrEP Summary of Recommendations: Injection

Lab Interval Change

- HIV Ab/Ag screening plus HIV-1 RNA assay every 2 months
- STI screening every 4 months (more frequently per risk)

Table 1b: Summary of Clinician Guidance for Cabotegravir Injection PrEP Use

	Sexually-Active Adults	Persons Who Inject Drugs ¹
Identifying substantial risk of acquiring HIV infection	Anal or vaginal sex in past 6 months AND any of the following: <ul style="list-style-type: none"> • HIV-positive sexual partner (especially if partner has an unknown or detectable viral load) • Bacterial STI in past 6 months² • History of inconsistent or no condom use with sexual partner(s) 	HIV-positive injecting partner OR Sharing injection equipment
Clinically eligible	<p>ALL OF THE FOLLOWING CONDITIONS ARE MET:</p> <ul style="list-style-type: none"> • Documented negative HIV Ag/Ab test result within 1 week before initial cabotegravir injection • No signs/symptoms of acute HIV infection • No contraindicated medications or conditions 	
Dosage	<ul style="list-style-type: none"> • 600 mg cabotegravir administered as one 3 ml intramuscular injection in the gluteal muscle <ul style="list-style-type: none"> ◦ Initial dose ◦ Second dose 4 weeks after first dose (month 1 follow-up visit) ◦ Every 8 weeks thereafter (month 3,5,7, follow-up visits etc) 	
Follow-up care	<p>At follow-up visit 1 month after first injection</p> <ul style="list-style-type: none"> • HIV Ag/Ab test and HIV-1 RNA assay <p>At follow-up visits every 2 months (beginning with the third injection – month 3) provide the following:</p> <ul style="list-style-type: none"> • HIV Ag/Ab test and HIV-1 RNA assay • Access to clean needles/syringes and drug treatment services for PWID <p>At follow-up visits every 4 months (beginning with the third injection - month 3) provide the following:</p> <ul style="list-style-type: none"> • Bacterial STI screening² for MSM and transgender women who have sex with men² – oral, rectal, urine, blood <p>At follow-up visits every 6 months (beginning with the fifth injection – month 7) provide the following:</p> <ul style="list-style-type: none"> • Bacterial STI screening² for all heterosexually-active women and men – [vaginal, rectal, urine - as indicated], blood <p>At follow-up visits at least every 12 months (after the first injection) provide the following:</p> <ul style="list-style-type: none"> • Assess desire to continue injections for PrEP • Chlamydia screening for heterosexually active women and men – vaginal, urine <p>At follow-up visits when discontinuing cabotegravir injections provide the following:</p>	

¹ Because most PWID are also sexually active, they should be assessed for sexual risk and provided the option of CAB for PrEP when indicated

² Sexually transmitted infection (STI): Gonorrhea, chlamydia, and syphilis for MSM and transgender women who have sex with men including those who inject drugs; Gonorrhea and syphilis for heterosexual women and men including persons who inject drugs

<ul style="list-style-type: none"> • Re-educate patients about the “tail” and the risks during declining CAB levels • Assess ongoing HIV risk and prevention plans • If PrEP is indicated, prescribe daily oral F/TDF or F/TAF beginning within 8 weeks after last injection • Continue follow-up visits with HIV testing quarterly for 12 months

PrEP Safety

Kidney Function

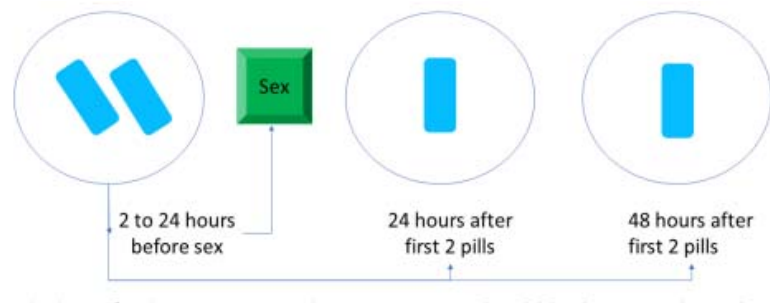
- Kidney toxicity is rare (<1%) among people who use TDF/FTC for PrEP
 - Higher risk with age >50 or pre-disposing conditions like diabetes, hypertension, with recommendation for more frequent monitoring
- People with kidney disease that is not severe (CrCl >30 ml/min) are still eligible to use TAF/FTC
- People with kidney disease also have the option to use CAB-LA

Bone Health

- There is no evidence that TDF/FTC increases fracture risk
- CDC does not recommend routine monitoring of bone mineral density
- Individuals with a history of osteoporosis or fragility fractures may consult with a specialist to determine the most appropriate PrEP medication and monitoring

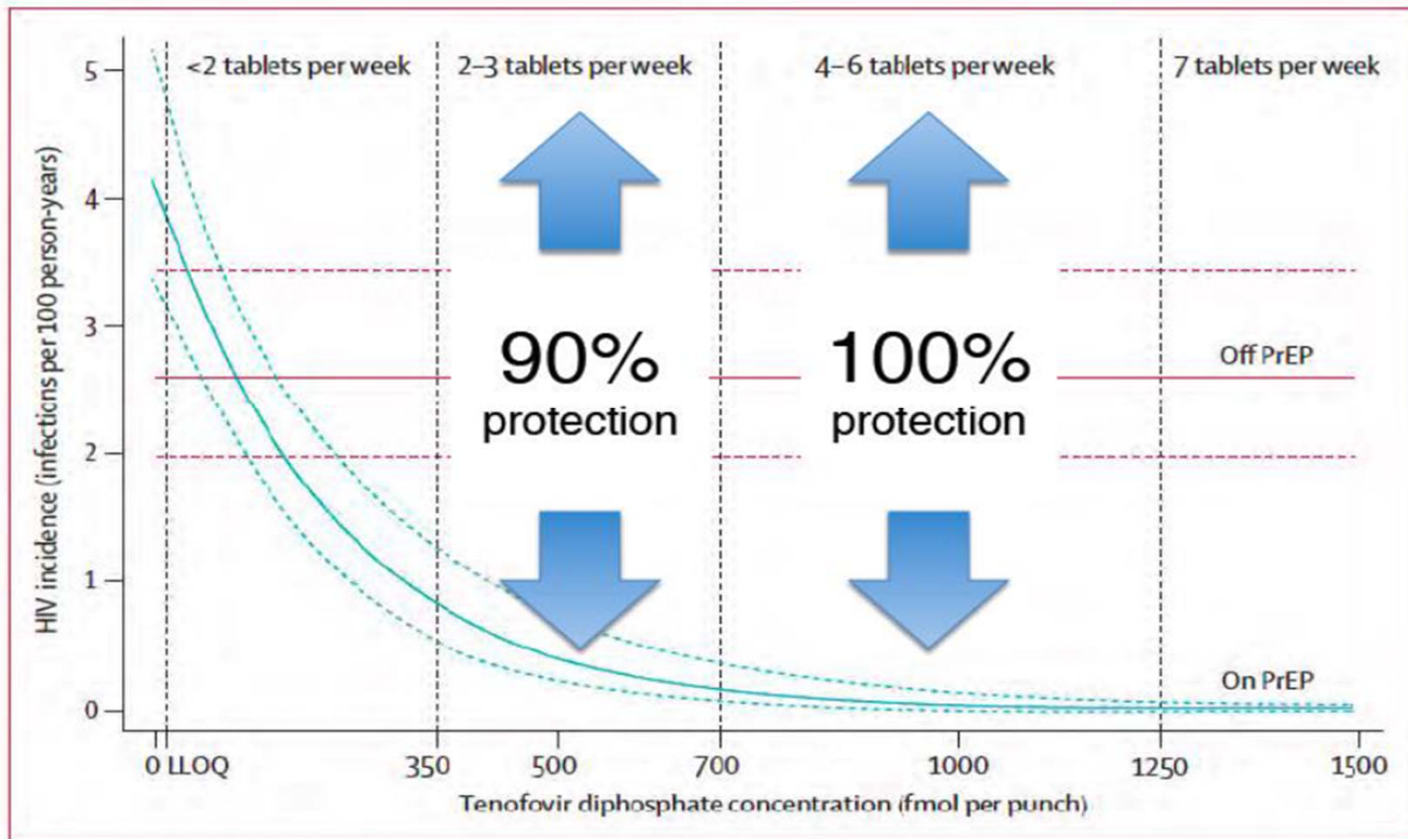
NON DAILY PrEP: Event Driven/On-Demand/2-1-1 PrEP

- Process of taking PrEP when at risk for HIV with sexual events.
- No U.S. Guidelines, consideration added to PrEP 2021 update
- Consider in men or transgender women whose risk factor is sexual activity
- TDF/FTC obtains max concentrations in rectal tissue within 7 days of continued use vs 20 days in blood and cervical/vaginal tissue
- PrEP 2-1-1
 - Take two tablets 2-24 hrs before sex, one tablet 24 hrs after, and one tablet 48 hrs after



- If next sexual encounter is <7 days after last took pill, restart 1 pill daily
- If next sexual encounter is >7 days after last took pill, restart with 2 pills
- If ongoing Condomless sex, continue with 1 pill a day
- Prescribe 30 pills at a time

iPrEx OLE confirmed prior estimates

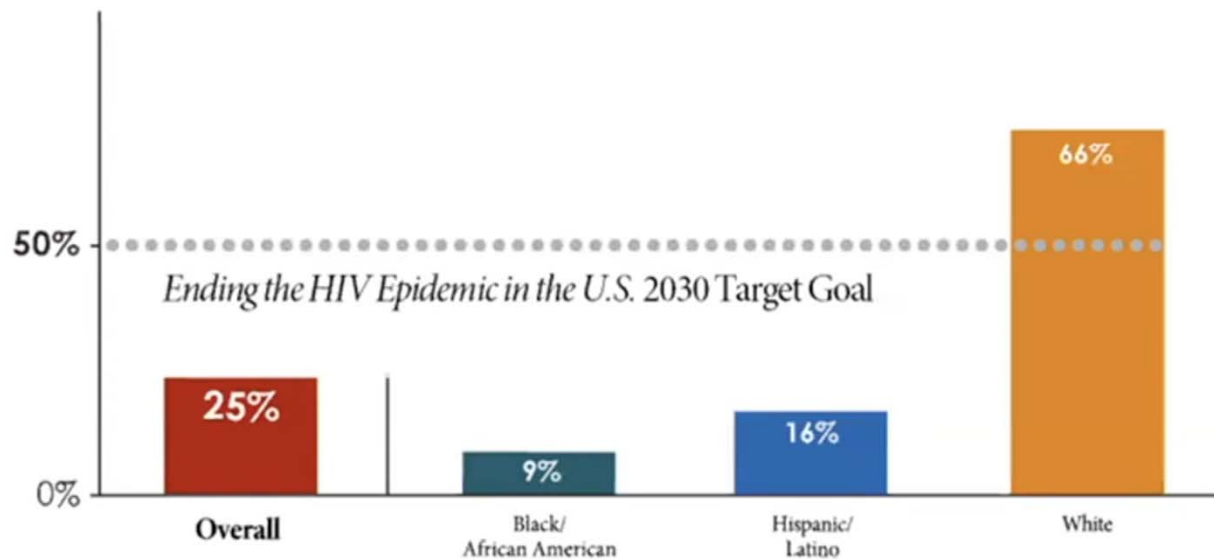


Grant RM, et al. *Lancet Inf Dis.* Sep 2014;14(9):820-9

Continued Engagement and Decreasing Disparities

WHILE 25% OF PEOPLE ELIGIBLE FOR PREP WERE PRESCRIBED IT IN 2020, COVERAGE IS NOT EQUAL

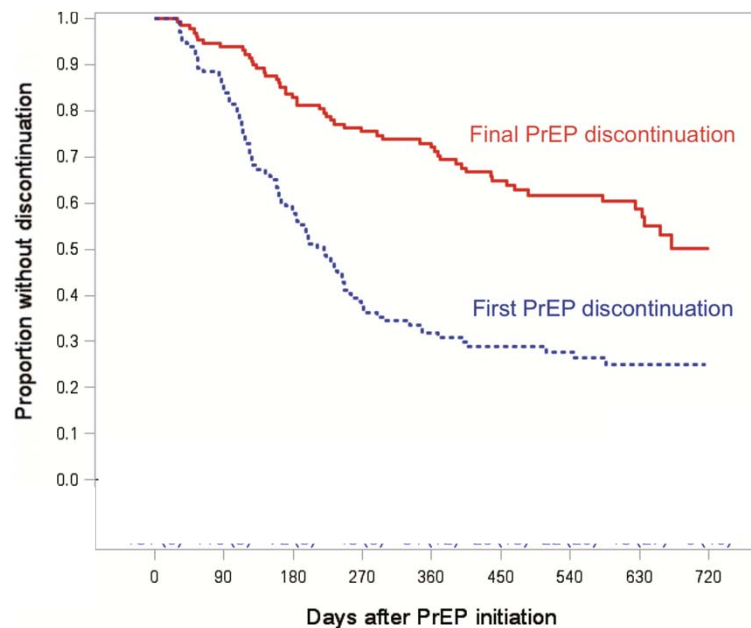
PREP COVERAGE IN THE U.S. BY RACE/ETHNICITY, 2020



PrEP Persistence

- High rates of retention in early demonstration projects have not been demonstrated in routine clinical care
- **37 - 62% discontinuation rates within 6 months**
- Higher rates of discontinuation among adolescents and African-American patients
- Concerning for exacerbating disparities

Pre-exposure Prophylaxis Uptake and Discontinuation Among Young Black Men Who Have Sex With Men in Atlanta, Georgia



Serota DP, et al. *Clinical Infectious Diseases*, 71(3): 574-82; August 2020.

PrEP Discontinuation

- Discontinuation only if:

**Recall Hep B status before
stopping tenofovir based PrEP**

- Per patient request/risk decrease
- Safety concerns related to medication, may consider alternative approved medication
- Patient becomes HIV positive
- Continue PrEP for at least 28 days after last potential HIV exposure risk
- If patient wishes to restart PrEP the same pre-treatment eval should be performed
- Remember to screen for HIV/STIs per risk even after PrEP is stopped

PrEP Resources: Navigation



HIV-prevention and **payment assistance resources** in English and Spanish.

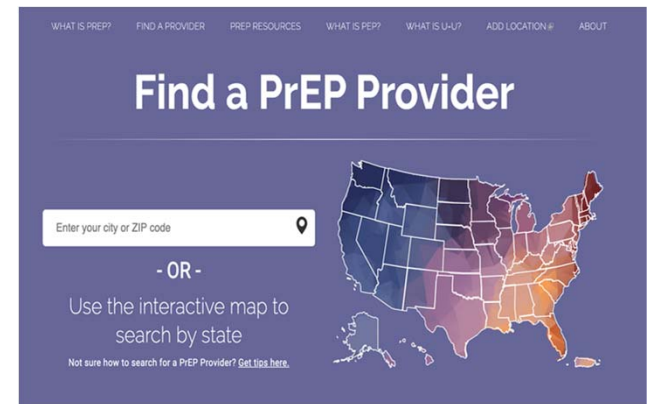
For patients and providers.



Search for **PrEP providers** in your area.

In collaboration with NPIN/PrEPLocator.

<https://pleaseprepme.org/>



PrEP Resources: Clinical Guidance

National PrEP Line: Free clinician consultations

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, 9 a.m. – 8 p.m. ET

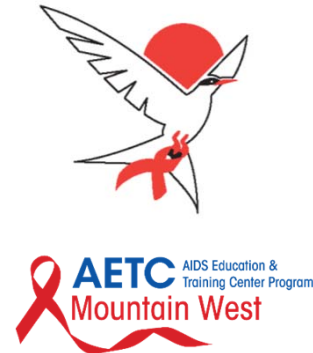
nccc.ucsf.edu



Questions

Additional resources

- AK ID ECHO: HCV, HIV, PrEP and common STIs
 - Second Tuesday of each month from noon- 1 p.m. AKDT
 - akidecho@anthc.org
- ANTHC AETC Program
 - AETC@anthc.org
 - 907-729-2907
- Department of Health HIV/STD Program
 - prepak@alaska.gov
 - PrEP and PEP: <https://health.alaska.gov/dph/epi/hivstd/Pages/PrEP.aspx>
 - PrEP for Patients: <https://health.alaska.gov/dph/Epi/hivstd/Pages/PrEP-Patients.aspx>
- National PrEP line
 - 888-448-4911



PRESCRIBING THE END OF HIV

Empowering Providers to Prescribe PrEP for HIV Prevention

A Virtual AK ID ECHO Learning Opportunity

TOPICS

April 4, 2023: 12pm-1pm
Integrating PrEP into Your
Clinical Practice

April 11, 2023: 12pm-1pm
PrEP Considerations for Special
Populations (adolescents,
pregnancy, patients with
comorbidities and/or renal
issues, etc.)

April 18, 2023: 12pm-1pm
Incorporating Sex Positivity and
Cultural Responsibility into Your
Clinical Practice & a PrEP User
Experience Panel

April 25, 2023: 12pm-1pm
Putting PrEP into Practice:
A Panel of Alaska Provider
Experiences

REGISTER

www.anthc.org/ak-id-echo



CE/CME provided.
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ALASKA NATIVE MEDICAL CENTER
1000 W. 10TH AVENUE, SUITE 1000
ANCHORAGE, ALASKA 99501

In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

PrEP MATERIALS

- Updated Materials:
 - Basics for Oral PrEP
 - Prescribing Oral PrEP
 - PrEP Medications Fact Sheet
 - Oral PrEP Pocket Card
 - Injectable PrEP Pocket Card
 - Diversity and Health Equity Terminology

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Prescribing Oral HIV PrEP

Updated February 2023

Efficacy Key Messages:

- PrEP is highly effective for preventing HIV infection when used as prescribed (99% for sexual transmission, 74% for IDU transmission).
- Full protection after 7 daily doses for anal sex after 20 daily doses for vaginal or front hole sex or sharing needles.
- PrEP prevents HIV only; use other methods to prevent pregnancy and STDs.
- Off-label use of 2-1-1 PrEP for anal sex is highly effective in MSM and transgender women.

Indications (recent history):

- Inform all patients who are sexually active or inject drugs about PrEP.
- Prescribe for patients who request PrEP, with any sex partner with untreated HIV or HIV risk factors, who report an STD, condomless anal, vaginal, or front hole sex, or transactional sex or who used PrEP in past year.

Contraindications:

1. HIV positive;
2. eGFR < 60 mL/min for F/TDF or eCrCl < 30 mL/min for F/TAF.

Patient Eligibility:

- FDA approved for adults and adolescents ≥ 77lbs (35kg).
- F/TDF: approved for cisgender women and men, transgender women; protective for receptive and insertive anal, vaginal, and front hole sex, sharing needles.
- F/TAF: approved for cisgender men, transgender women; protective for receptive and insertive anal sex, insertive vaginal and front hole sex.

Considerations:

- HIV exposure < 72 hours: evaluate/prescribe PrEP (post-exposure prophylaxis), then consider PrEP.
- Acute HIV symptoms (serum venous draw Ag/Ab test, consider HIV treatment, or delay PrEP).
- HBV infection and ALT > 2x upper limit of normal (continue HIV treatment if stopping PrEP).
- Age > 50 years or eCrCl < 90 mL/min (check creatinine every 6 mos); other risks for kidney disease such as diabetes or hypertension; consider frequent checks.
- Osteoporosis or history of non-traumatic fracture (consider F/TAF, cabotegravir; check vitamin D, DXA scan).
- Pregnancy or breast/childfeeding (discuss risk and benefits)

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PrEP Basics for Oral PrEP

99% PrEP is safe and can reduce your risk of HIV from sex by more than 99%.

It takes 1 week before protection for anal sex, and 3 weeks for vaginal sex.

Take 1 pill once a day. Finding a routine is essential.

Get tested for HIV and STDs every 3 months.

Tell your provider if you plan to stop or restart PrEP.

HOW TO GET PrEP

- Tell your primary care provider you'd like to start PrEP. Doctors, Nurse Practitioners, and Physician Assistants can prescribe PrEP.
- Visit www.prelocator.org to find PrEP providers in your area.

TAKING THE PILL

One pill per day

- There are three FDA-approved oral medications for PrEP: F/TDF (Generic, Truvada[®], and Descovy[®]). All are highly effective in clinical trials; however, various personal factors and your provider will determine which one is best for you.
- PrEP (pre-exposure prophylaxis) is most effective if taken daily. PrEP can be taken even if drinking alcohol or using recreational substances.

Getting into a routine

- It is very important to take PrEP as prescribed, such as taking it at the same time each day. To help with this try:
 - Taking a pill with you if you will be out late.
 - Set a text or alarm.
 - Take your PrEP on a daily, like eating a meal.

Missed a dose?

- Take the missed dose if you remember it. If you miss a dose, do not take two pills at once. If you miss a dose, do not skip the next dose. If you miss a dose, do not stop taking PrEP.

Lab testing

- Before starting PrEP, you will get tests for HIV, STDs, kidney function, and Hepatitis B and C.
- You will also get tested for HIV and STDs every 3 months and a kidney function test every 6 months.

YOUR PRESCRIPTION

Filling your prescription

- Refills are not always automatic. Contact your pharmacy when you have 2 pills left so you don't run out.
- Before traveling, let your healthcare provider and/or pharmacy know that you may need an extra refill if you are low on medication.

Cost

- If you are having trouble paying for PrEP, there are assistance programs that may help cover the cost. Visit www.readysetprep.hiv.gov for payment resources.

STAY PROTECTED

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PrEP Medications

There are three FDA-approved oral medications for pre-exposure prophylaxis (PrEP): F/TDF (Generic, Truvada[®], and Descovy[®]). All are safe and highly effective in clinical trials. There were no differences in adverse clinical outcomes such as broken bones or heart disease between people taking either regimen. Choice may be limited by insurance coverage.

Oral PrEP	Generic or Truvada [®] Tenofovir disoproxil fumarate 300 mg + Emtricitabine 200 mg (F/TDF) generic version available	Descovy [®] Tenofovir alafenamide 25 mg + Emtricitabine 200 mg (F/TAF)
Indications	F/TDF is approved for use for all adults and adolescents ≥ 35 kg with indications for PrEP	F/TAF is approved for use for adults and adolescents ≥ 35 kg at risk for sexually acquired HIV, excluding individuals at risk only from receptive vaginal sex or only from injection drug use
Dosing	1 pill once daily unless using a PrEP 2-1-1 schedule	1 pill once daily
"On Demand" PrEP: 2-1-1 Dosing <i>This strategy has not yet been reviewed by the FDA, but is recommended by the CDC in their 2021 PrEP Guidelines</i>	2-1-1 for people with anal exposures only: 2 pills 2-24 hours before anal sex (24 hours before for optimal protection) • then 1 pill 24 hours after first dose • then 1 pill 24 hours after second dose For a detailed 2-2-1 prescribing guide, refer to the CDC's 2021 PrEP Guidelines	The PrEP 2-1-1 dosing schedule is not recommended for use with F/TAF (Descovy [®]) outside of a clinical trial
Side Effects	Generally safe and well tolerated • Headache and abdominal discomfort which often resolves in a few weeks • Weight loss • Small decrease in eGFR, which improves upon discontinuation of F/TDF	Generally safe and well tolerated • Abdominal discomfort, nausea, and headache, which often resolves in a few weeks • Small increase in LDL cholesterol • Slight increase in body weight
Other Notes	Estimated GFR or CrCl by serum labs should be ≥ 60 mL/min to safely use F/TDF	Estimated GFR or CrCl by serum labs should be ≥ 30 mL/min to safely use F/TAF

Questions?
Call The National Clinicians Consultation Center
PrEPline at 1-855-448-7727

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Prescribing Oral PrEP

What is PrEP?

- Pre-exposure prophylaxis (PrEP) is medication for HIV negative individuals that helps prevent HIV before an exposure event occurs. This is different than post-exposure prophylaxis (PEP).
- Two fixed-dose antiretroviral oral medications are FDA approved for PrEP: tenofovir disoproxil/emtricitabine (Generic or Truvada[®]), and tenofovir alafenamide/emtricitabine (Descovy[®]).
- No negative significant health effects have been observed among individuals who have taken PrEP for up to 5 years.
- The FDA has approved one injectable PrEP medication: cabotegravir (CAB) 600 mg. CAB is a single antiretroviral drug given as an intramuscular injection initially 1 month apart for 2 months, then every 2 months to prevent HIV.

PrEP can reduce the risk of acquiring HIV from sex by >99%, and from IDU by ~74%.

Who May Benefit from PrEP?

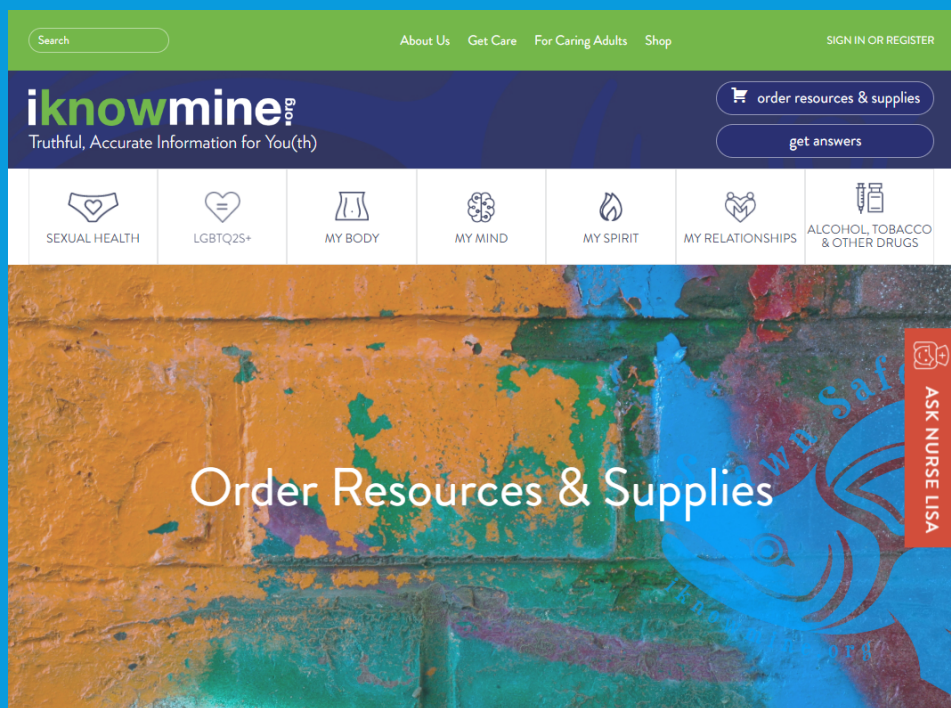
- Anyone who self-identifies a need or want for PrEP
- Men who have sex with men (MSM)
- People who inject drugs and use stimulants like methamphetamine
- People with partners with or at risk for HIV
- Transgender persons
- People who have had an STD, condomless/barrierless (vaginal or anal) sex, or transactional sex

Taking a Sexual History Prior to Prescribing PrEP

- Partners: Do you have sex with men and/or women and/or transgender individuals?
- Practice: In the past year, what type(s) of sex have you had: vaginal, oral, anal receptive, anal insertive?
- Protection: From STDs: What methods do you use to prevent STDs including HIV? How often do you use condoms for vaginal, anal, oral sex?
- Past: History of STDs: Have you ever had an STD?
- Pregnancy: Are you trying to conceive or father a child? Are you trying to avoid pregnancy?

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Free prevention resources available in Alaska iknowmine.org/shop



HIV SELF-TEST KIT



HARM REDUCTION KIT



PERSONAL CONDOM PACK



CONDOMS FOR ORGANIZATIONS



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Thank you!

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