

Does this patient need PEP?

Joanne Stekler, MD MPH

Professor of Medicine, Epidemiology, and Global Health

University of Washington

December 10, 2020

Last Updated: December 10, 2020

Disclosures



- I attended Gilead's 2018 U.S. Latinx/Hispanic PrEP Advisory Program.
- Only FTC/TDF and FTC/TAF are approved by the U.S. FDA and only for use as daily PrEP in some but not all populations. This talk will include discussion of other options for PrEP.

Case 1:

You are seeing a new patient for an initial PrEP visit. He is a 26yo cisgender MSM who moved to the city 3 months ago. Since moving, he tells you he has had condomless receptive and insertive sex every other day or so with about 50 partners. Last condomless sex was last night.

PMH: none

Meds: none

Substance use: none

A point-of-care HIV test done in the clinic is negative.

Case 1: Does he need PEP?

You:

- 1) Prescribe nothing and repeat HIV testing in 2-3 weeks.
- 2) Draw labs and prescribe nothing while waiting for results.
- 3) Draw labs, prescribe PrEP, and schedule 1mo f/u.
- 4) Draw labs, prescribe PEP x 28d.

PEP with repeated exposures

“nPEP should be provided only for infrequent exposures. Persons [with] frequent, recurrent exposures ...should not be prescribed frequent, repeated courses of nPEP. Instead ... consider the prescription of daily TDF and FTC for PrEP.

However, if the most recent recurring exposure is within the 72 hours prior to an evaluation, nPEP may be indicated with transition of the patient to PrEP after completion of 28 days of nPEP medication.”

Case 2:

You are seeing an established patient for an interim PrEP visit. He is a 44yo cisgender MSM who is concerned because he attended a small sex party with 5 other men 2 nights ago. Yesterday, another friend from the party told him that a 3rd attendee from the party (with whom they both had condomless receptive sex) is HIV-positive and not taking ART.

You have prescribed Descovy for this patient for the last year, and he has completed regular quarterly follow-up. He says that he missed 2 doses last week because he was stressed about COVID and contemplated stopping PrEP. He has not missed any other doses in the last month.

PMH: none

Meds: none

Substance use: none

Case 2: Does he need PEP?

You:

- 1) Stop all prophylactic medications and retest him in 1 mo.
- 2) Reassure him that PEP is not needed and continue PrEP.
- 3) Prescribe PEP x 28d, then step back down to PrEP.
- 4) Prescribe PEP x 28d, then retest him at 6 and 12 weeks before restarting PrEP.

What is “non-adherence” for PEP purposes?

- In setting of non-adherence, a 28 day course of PEP is recommended (CIII).
- Nonadherence is defined as <4 dose/wk average for MSM/TGW and <6 doses in last week for CGW, PWID, heterosexual men (CIla).

Table 1. Strength of Recommendation and Quality of Evidence Rating Scale^a

Evidence rating	Definition
Strength of recommendation	
A	Strong panel support
B	Moderate panel support
C	Limited or weak panel support
Quality of evidence	
Ia	Evidence from ≥1 RCTs published in the peer-reviewed literature
Ib	Evidence from ≥1 RCTs presented in abstract form at peer-reviewed scientific meetings
IIa	Evidence from cohort or case-control studies published in the peer-reviewed literature
IIb	Evidence from cohort or case-control studies presented in abstract form at peer-reviewed scientific meetings
III	Based on the panel's analysis of the available evidence

Efficacy in Open-label Projects

iPrEx OLE (open label extension)

Estimated adherence (TDF in DBS)	Incidence	Protection
Not detected	4.7/100 person-years	
<2 tab/week	2.3/100 person-years	51%
2-3 tab/week	0.6/100 person-years	87%
4-7 tab/week	0/100 person-years	100%

Source: Grant et al (iPrEx OLE), Lancet. 2014; 14; 819-829.

Case 3:

You are seeing a 35yo cisMSM in follow-up from an ER visit for PEP. He had discontinued PrEP due to COVID but decided to restart Truvada using 2-1-1 dosing.

Day 1: 2 pills but no sex

Day 2: 1 pill

Day 3: 1 pill

Day 4-6 no pills

Day 7: 1 pill

Day 8: 1 pill -> cRAI with unknown partner

Day 9: 1 pill -> cRAI with same partner

Day 10: ER visit for PEP (FTC/TDF/r-LPV)

PMH: depression

Meds: St Johns wort

Case 3: Does he need PEP?

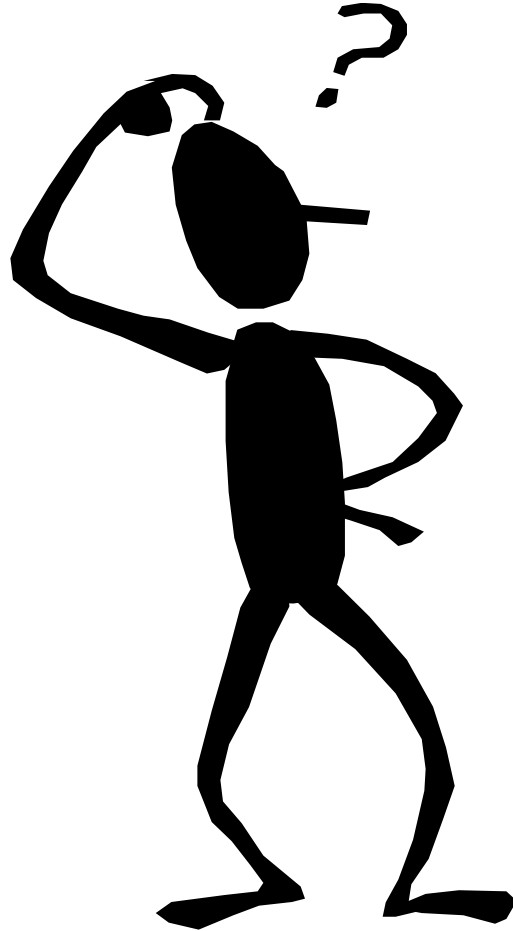
You:

- 1) Yes, continue FTC/TDF/r-LPV for 28d then PrEP.
- 2) Yes, but switch to FTC/TDF/DTG for 28d, then PrEP.
- 3) No, but he needs to be on Truvada for 28d after last sex.
- 4) No, and he can continue with 2-1-1 dosing.

How to prescribe PrEP

- For MSM, 2 pills of FTC/TDF on day 1 reduces time to maximal protection (24 hours), and FTC/TDF should be continued for 2 days after the last at-risk exposure (AIIa).
- For others, maximum protection is likely achieved in ~7 days after initiation, and FTC/TDF should be continued for 7 days after the last at-risk exposure (BIIa).
- 2-1-1 dosing is recommended only for MSM (AIIa). There are no data supporting 2-1-1 dosing using FTC/TAF.

Questions?



Acknowledgment

The Mountain West AIDS Education and Training (MWAETC) program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,990,665 with 0% financed with non-governmental sources.

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.

