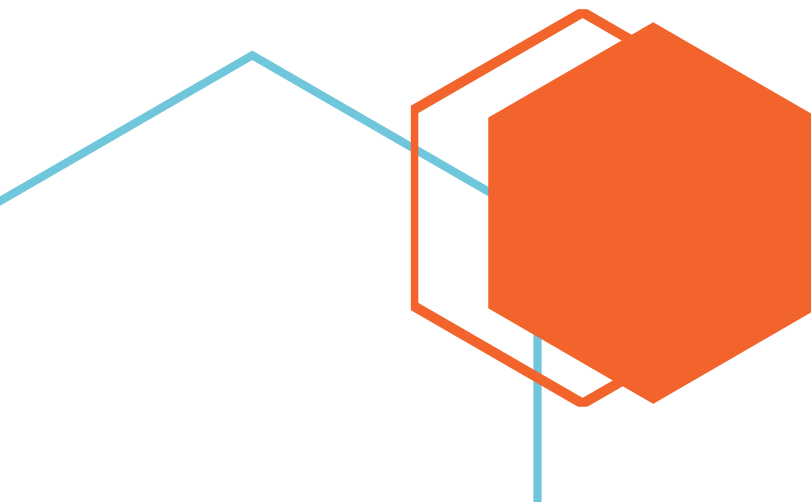




Pocket Guide for PrEP Screening

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Same day PrEP prescriptions are encouraged when possible.

PrEP Indications

HIV-negative individuals, including adolescents, who are at risk for HIV:

- People with HIV-positive partners, including desire to conceive
- People with a recent sexually transmitted infection (STI)
- People with sexual exposures, i.e. condomless anal sex, vaginal sex with multiple sex partners or partners at risk for HIV
- People who engage in survival/transactional sex
- People who inject drugs (PWID) with sharing of needles/equipment



Contraindications

- HIV infection
- Creatinine clearance (CrCL) <60mL/min for TDF/FTC or <30mL for TAF/FTC, HD ok for TAF/FTC admin after dialysis
- Weight <77lbs
- Possible HIV exposure within the past 72 hours. Instead offer nPEP, then consider PrEP. Clinician PEpline: (888) 448-4911

Cautions

- Signs/symptoms of acute HIV (e.g. flu-like illness); defer PrEP and evaluate for acute HIV, including HIV RNA testing
- Hepatitis B (HBV) infection, HBV can flare when stopping PrEP, as PrEP is also active against HBV



- Chronic kidney disease (CKD) or significant risk of CKD
- Osteoporosis
- Pregnancy or breastfeeding; discuss the risks/benefits
- Minor adolescents; they may need more frequent monitoring

Baseline Testing

- HIV testing (4th gen Ag/Ab recommended), +/- HIV RNA test (HIV testing should be within the last 2 weeks and no exposures since testing before starting PrEP)
- Serum creatinine, as part of a basic or complete metabolic panel



- STI testing, test all sites of reported exposure, pharyngeal, rectal, vaginal/urethral
- Viral hepatitis serologies, HBsAg at minimum, PrEP is active against HBV and discontinuation of PrEP may cause HBV to flare
- Pregnancy testing for anyone capable of pregnancy

What to Prescribe

Daily PrEP

For all adults and adolescents >77lbs

- Truvada or generic equivalent (tenofovir disoproxil fumarate/emtricitabine [TDF/FTC])
 - 300mg/200mg, 1 tab PO daily
#30



For all adults and adolescents >77lbs
EXCLUDING individuals at risk for HIV
from vaginal/front hole sex or only
from injection drug use

- Descovy (tenofovir alafenamide/emtricitabine [TAF/FTC])
 - 25mg/200mg, 1 tab PO daily
#30

2-1-1 PrEP Dosing

- 2 tabs PO taken 2-24 hours prior to sex, then
 - 1 tab PO 24 hours after the first dose
 - 1 tab PO 48 hours after the first dose
- Continue 1 tab PO daily until 48 hours after the last sexual encounter



- *This method has not been reviewed by the FDA or recommended by the CDC, however there is published data supporting this strategy*

Side Effects

- PrEP is very well tolerated
- About 10% of patients experience nausea, diarrhea, abdominal discomfort, or headache; these are usually mild and resolve within 1 month
- Small risk of renal dysfunction; typically reversible if PrEP is stopped (risk greater with TDF than TAF)
- PrEP is associated with slightly decreased bone mineral density, no increased risk of fractures (less risk with TAF)



- Small potential weight gain with TAF

Efficacy Discussion

- When taken daily with excellent adherence, PrEP is highly effective at HIV prevention
 - Via sexual exposure about 99%, PWID at least 74%
- With daily dosing, maximum protection is reached in the rectal tissue after 7 days
- With daily dosing, maximum protection is reached in the blood and vaginal/frontal tissue after 21 days
- PrEP does not protect against STIs beyond HIV
- PrEP does not prevent pregnancy



- If a potential HIV exposure occurs while *NOT* on PrEP, start nPEP within 72 hours
- PrEP can be restarted after nPEP if still HIV Ag/Ab negative

Counseling Points

- Adherence is tied to efficacy
- Discuss adherence strategies, link to routine, pillbox, phone/app reminders, etc.
- Other STI/HIV prevention measures like condoms
- Safer injection practices
- Reproductive goals/contraception
- Symptoms of acute HIV infection
- Need for regular follow up visits and lab tests
- Risks of stopping PrEP (HIV infection, HBV flare if infected)



- Cautions for restarting PrEP without guidance, risk for resistance and inadequate treatment if HIV-infected
- Insurance medication assistance
- Procedure for refills

Monitoring

- At every visit assess for signs/symptoms of acute HIV infection
- *STOP* PrEP if patient becomes HIV-positive, consult for HIV treatment
- 30 days after initiation (optional but recommended):
 - Assess for side effects
 - Assess adherence and assist in addressing challenges
 - Assess desire to continue
 - Assess ongoing risk for HIV/STIs and discuss risk reduction measures



- Assess for pregnancy and contraception needs
- Order any additional lab work warranted based on discussion and patient history
- Prescribe an additional 60-day supply

Every 3 Months

- HIV testing (ideally 4th gen Ag/Ab)
- Adherence and risk reduction counseling
- Appropriate STI screening
- Pregnancy testing for appropriate patients
- Serum creatinine 3 months after PrEP initiation, then every 6 months if normal
 - More frequently in those with diabetes, HTN, or other renal risk factors



- Prescribe a 90-day supply if HIV test negative at each visit

Every 12 Months

- Hepatitis C antibody, particularly for MSM and PWID

Vaccinations

- Consider vaccinations for Hepatitis A, Hepatitis B, HPV if applicable

Billing Codes

- Z20.6 Contact with and (suspected) exposure to HIV
- Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
- Z71.7 HIV counseling
- Z79.899 On Pre-Exposure Prophylaxis for HIV



Medication Assistance

- PrEP is covered by most health insurance plans
- Ready, Set, PrEP Federal program to make all PrEP medications available at no cost (<http://www.getyourprep.com>)

Resources

- HIV PrEP Line: (855) 448-7737 or (855) HIV-PrEP
- CDC Website: www.cdc.gov/hiv/risk/prep/
- Please PrEP Me: www.pleaseprepme.org
- National Clinician Consultation Center (nccc.ucsf.edu) for: HIV/AIDS Management, Perinatal HIV/AIDS, Hepatitis C Management, PEP, PrEP, Substance Use Management
- PrEP Provider Toolkit: <https://bit.ly/preptoolkit>



Notes





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