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])
  o 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

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
  o 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):
  o Assess for side effects
  o Assess adherence and assist in addressing challenges
  o Assess desire to continue
  o 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](http://www.getyourprep.com))

Resources

- HIV PrEP Line: (855) 448-7737 or (855) HIV-PrEP
- CDC Website: [www.cdc.gov/hiv/risk/prep/](http://www.cdc.gov/hiv/risk/prep/)
- Please PrEP Me: [www.pleaseprepme.org](http://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
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