

Prescribing Pre-Exposure Prophylaxis (PrEP) for HIV Prevention

A Guide for Medical Providers



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 and adolescents who weigh at least 35 kilograms (77 lbs) AND 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 post-exposure prophylaxis (nPEP)
- Survival/transactional sex
- Been in a drug treatment program
- Interest in trying to conceive with a partner who is HIV-positive

Research studies suggest that men or transgender people engaging in receptive anal sex benefit the most from PrEP

CONTRAINDICATIONS

- HIV-positive
 - Estimated creatinine clearance (eCrCl) < 60 ml/min
 - Possible HIV exposure within the past 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
- Minor 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

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 A, B, C viruses
- PrEP does not prevent pregnancy
- If potential high-risk HIV exposure has occurred within the past 72 hours, use of nPEP is recommended for 28 days and start of PrEP on day 29 if still HIV Ab/Ag negative.

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

LAB SCREENING AND VISITS

Initial visit: HIV test (ideally 4th generation HIV Ag/Ab), creatinine, gonorrhea/chlamydia (include throat, rectum, and genital/urine screening in MSM), syphilis, HBsAb/Ag, HCV Ab, pregnancy test

- **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 (throat, rectum, and genital/urine screening) and syphilis (more frequently depending on risk)
- **Renal function:** Creatinine at baseline, at 3 months, and at least every 6 months, more frequent if diabetes, hypertension or other renal risk factors

- **At every visit:** Provide risk reduction counseling and assess for signs/symptoms of acute HIV infection
- **Provide vaccination** for HAV, HBV, HPV as recommended

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

RESOURCES

- **USPHS/CDC/HHS PrEP Guidelines:** <http://aidsinfo.nih.gov/guidelines>
- **Clinician Consultation Center PrEPline:** 855.448.7737 or <http://nccc.ucsf.edu/clinician-consultation>
- **PrEP Calculator for MSM risk assessment:** <https://ictrweb.johnshopkins.edu/ictr/utility/prep.cfm>

MEDICATION ASSISTANCE PROGRAMS

- **Gilead Financial Support:** <https://start.truvada.com/paying-for-truvada>
- **Patient Access Network:** www.panapply.org
- **Patient Advocate Foundation Co-Pay Relief:** <https://www.copays.org>

REGIONAL CONTACTS

To learn more about the AIDS Education & Training Center (AETC) Program and to request training, capacity building, or technical assistance in your region, visit aidsetc.org

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