

Prescribing PrEP

A Guide for Healthcare Providers



Pre-Exposure Prophylaxis (PrEP) with daily tenofovir/emtricitabine is recommended as one HIV prevention option for men who have sex with men (MSM), people who inject drugs, and heterosexual men and women at risk of acquiring HIV infection.

PrEP INDICATIONS

Consider offering PrEP to HIV-negative adults and adolescents who are at risk of HIV, including having:

- Any sex partner with HIV or HIV risk factors
- Condomless vaginal or anal sex with a partner of unknown HIV status who is at risk of HIV infection
- A recent bacterial sexually transmitted infection (gonorrhea/chlamydia/syphilis)
- Injection drug use with sharing of needles/equipment
- Any survival/transactional sex
- Desire to conceive with a partner who is HIV-positive

CAUTIONS

- Symptoms of possible acute HIV (e.g., flu-like illness); defer PrEP and evaluate immediately for acute HIV, including HIV RNA testing
- Hepatitis B (HBV) infection can flare when stopping PrEP medications; check for HBV infection before starting PrEP
- Provide HBV vaccination if uninfected and not immune
- Chronic kidney disease (CKD) or significant risk of CKD
- Osteoporosis
- Pregnancy or breastfeeding; discuss risks/benefits
- Minor adolescents

CONTRAINDICATIONS

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

WHAT TO PRESCRIBE

Daily PrEP

- Truvada or generic equivalent (tenofovir disoproxil fumarate/emtricitabine [TDF/FTC])
 - 300 mg/200 mg, 1 tab PO daily, #30, 2 refills for a total 90-day supply

OR

- Descovy (tenofovir alafenamide/emtricitabine [TAF/FTC])

- 25 mg/200 mg, 1 tab PO daily, #30, 2 refills for a total 90-day supply

- TAF/FTC not to be used as PrEP by those at risk from receptive vaginal sex (e.g., cisgender women and some transgender people)

On-Demand or 2-1-1 PrEP: Alternative for MSM who have sex infrequently

- Truvada or generic equivalent (TDF/FTC), 300 mg/200 mg
- 2-1-1 PrEP dosing:
 - 2 tabs PO taken 2-24 hours prior to having sex, then
 - 1 tab PO 24 hours after first 2 tabs taken, then
 - 1 tab PO 48 hours after first 2 tabs taken
 - Continue 1 tab PO daily until 48 hours after last sexual encounter



SIDE EFFECTS

- 10% of patients experience nausea, diarrhea, or headache; these are usually mild and resolve within 1 month
- Small risk of renal dysfunction; typically reversible if PrEP stopped (risk greater with TDF than with TAF)
- PrEP associated with 1% loss of bone mineral density over 1 year; no increased risk of fractures (less risk with TAF)
- TAF is associated with weight gain

PrEP-RELATED BILLING CODE

- ICD-10 code: Z20.6 (Contact with and suspected exposure to HIV)
- For more billing codes, see Section 12 (page 42) of the PrEP Guidelines Provider Supplement

LAB SCREENING AND VISITS

- **Initial visit:** HIV test (ideally 4th generation HIV Ag/Ab), creatinine, gonorrhea/chlamydia (include throat, rectum, and genital/urine screening according to sites of exposure), syphilis, HAV Ab, HBV sAb/cAb/Ag, HCV Ab; pregnancy and trichomonas tests as appropriate
- **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. Trichomonas if appropriate. Test more frequently if at higher 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:** Assess for signs/symptoms of acute HIV infection; provide risk reduction counseling
- **Provide vaccination** for HAV, HBV, HPV as recommended

COUNSELING TOPICS

- Importance of close adherence, link dosing to 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 (HIV infection; flare of HBV if infected) and cautions for restarting

(need for HIV testing, risk of inadequate treatment if HIV infected)

- Insurance/medication assistance
- Procedures for refills

EFFICACY KEY MESSAGES

- When taken daily with excellent adherence, PrEP is highly effective for preventing HIV (> 90%)
- With daily TDF/FTC, maximum drug levels are reached in rectal tissues after 7 days and in blood and vaginal tissues after 20 days
- If planning to stop daily PrEP, continue for 28 days after last potential HIV exposure
- PrEP does not prevent infection with gonorrhea, chlamydia, syphilis, genital warts, herpes, or hepatitis A, B, C viruses
- PrEP does not prevent pregnancy
- If a potential high-risk HIV exposure occurs while NOT on PrEP, start nPEP (within 72 hours) for 28 days, then restart PrEP if still HIV Ag/Ab negative

RESOURCES

- **Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2017 Update: a clinical practice guideline.** Published March 2018. (<https://clinicalinfo.hiv.gov/en/guidelines>)
- **Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update – Clinical Providers’ Supplement** (<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-provider-supplement-2017.pdf>)
- **CDC PrEP Resources for Providers and Consumers:** handouts, flyers, brochures (<https://www.cdc.gov/hiv/risk/prep/>)

MEDICATION ASSISTANCE

- **Ready, Set, PrEP.** Federal program to make all PrEP medication available at no cost. (<https://www.getyourprep.com/>)

FREE PHONE CONSULTATION

National Clinician Consultation Center provides clinical consultation for PrEP decision making, from determining when PrEP is appropriate to understanding screening procedures and follow-up tests. **(855) 448-7737** or <https://nccc.ucsf.edu> **Monday – Friday, 9:00 a.m. – 8:00 p.m.**

ATTRIBUTION

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Reviewed by John Nelson, PhD, CPNP and Susa Coffey, MD from the AETC National Coordinating Resource Center.

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