

Prescribing

Oral PrEP



What is PrEP?

- Pre-exposure prophylaxis (PrEP) is medication for HIV negative individuals that helps prevent HIV before an exposure event occurs. This is different than post-exposure prophylaxes (PEP).
- Two fixed-dose antiretroviral oral medications are FDA approved for PrEP: tenofovir disoproxil/emtricitabine (Generic or Truvada®), and tenofovir alafenamide/emtricitabine (Descovy®).
- No negative significant health effects have been observed among individuals who have taken PrEP for up to 5 years.
- The FDA has approved one injectable PrEP medication: cabotegravir (CAB) 600 mg. CAB is a single antiretroviral drug given as an intramuscular injection initially 1 month apart for 2 months, then every 2 months to prevent HIV.

***PrEP can reduce the risk of acquiring HIV from sex by >99%,
and from IDU by ~74%.***

Who May Benefit from PrEP?

- Anyone who self-identifies a need or want for PrEP
- Men who have sex with men (MSM)
- People who inject drugs and use stimulants like methamphetamine
- People with partners with or at risk for HIV
- Transgender persons
- People who have had an STD, condomless/barrierless (vaginal or anal) sex, or transactional sex

Taking a Sexual History Prior to Prescribing PrEP

- Partners: Do you have sex with men and/or women and/or transgender individuals?
- Practice: In the past year, what type(s) of sex have you had: vaginal, oral, anal receptive, anal insertive?
- Protection: From STDs: What methods do you use to prevent STDs including HIV? How often do you use condoms for vaginal, anal, oral sex?
- Past: History of STDs: Have you ever had an STD?
- Pregnancy: Are you trying to conceive or father a child? Are you trying to avoid pregnancy?

PrEP Clinical Visits: Initial Visit

- Discuss HIV/STD risk reduction; offer condoms, clean syringe resources, contraceptive counseling if applicable
- Screen for signs and symptoms of HIV
- Evaluate HAV, HBV, & HPV vaccination status; vaccinate as appropriate
- If high risk sexual exposure in the last 72 hours do not prescribe PrEP; prescribe HIV PEP
- Prescribe initial 30-day supply of PrEP after negative HIV test and schedule follow-up visit prior to end of 30-day prescription

Baseline Assessment (within 7 days prior to PrEP initiation)

- Screen for symptoms of acute HIV infection (fever, rash, headache, sore throat, etc.)
- HIV test (4th generation Ag/Ab recommended) - Consider HIV RNA PCR viral load if possible exposure in the last month
- All appropriate site gonorrhea & chlamydia NAAT (urine, pharyngeal, rectal), syphilis screen
- Serum creatinine (TDF/FTC or Truvada® are contraindicated if CrCl <60 ml/min, FAF/FTC or Descovy may be used if CrCl >30ml/min)
- Pregnancy test*
- Hepatitis B Surface Antigen (HBsAg)*
- Hepatitis C Antibody*

*not a contraindication, but follow up is indicated if positive

Rare potential risks of TDF/FTC (Generic or Truvada®)



Decline in renal function:

Consider more frequent monitoring in patients with risk factors for kidney disease. Descovy may be a safe option for patients with known chronic renal disease.



Decrease in bone-mineral density:

Caution in those with osteoporosis or history of pathology/fragility fractures. Consider baseline DEXA for patients with history of or at high risk of osteoporosis.

Rare potential risks of TAF/FTC (Descovy®)



Small increase in LDL cholesterol:

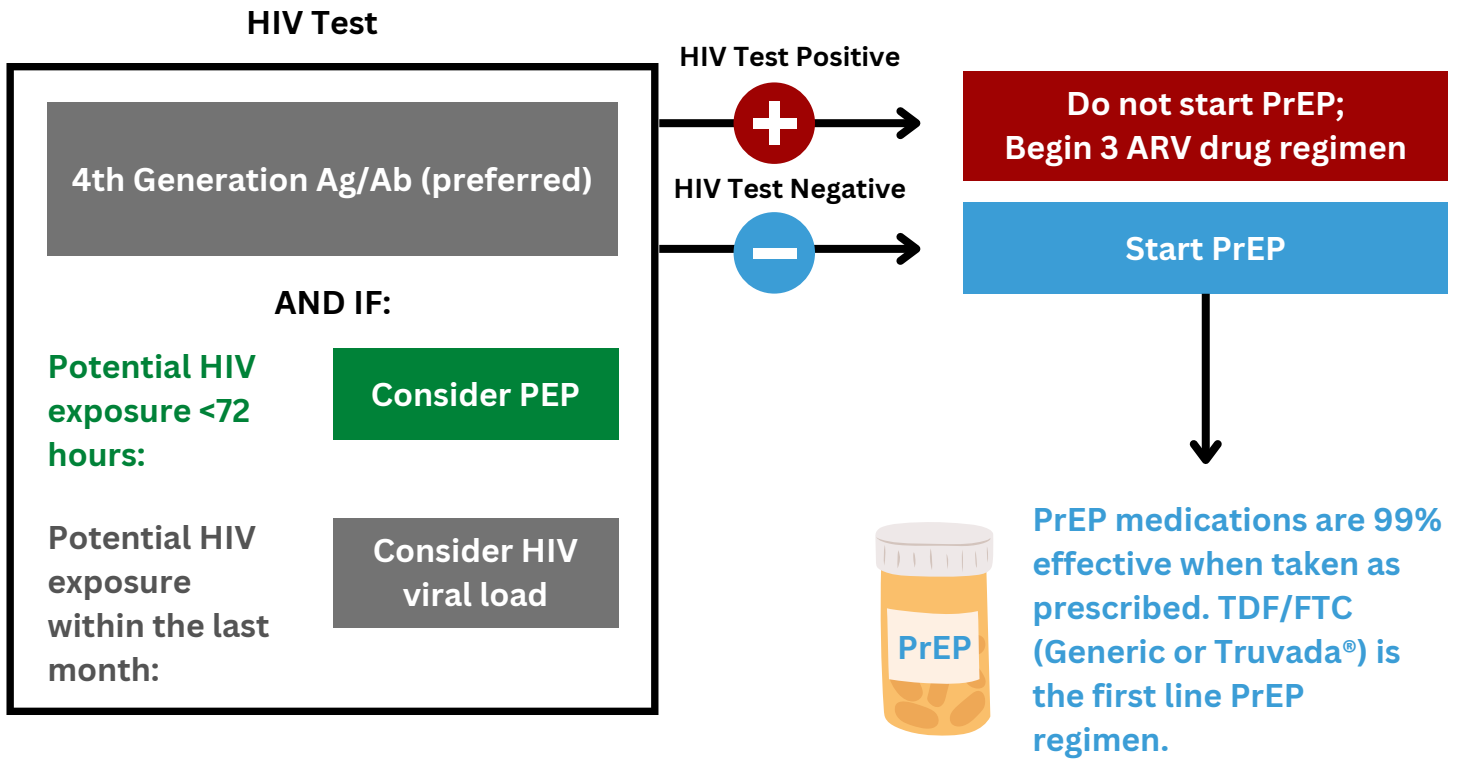
Increases in cholesterol are reversible if the medication is stopped.



Small amount of weight gain:

Average weight gain of 2-3 pounds.

HIV Assessment at PrEP Initiation



Prescribing PrEP

1 tablet PO daily, 30-day supply with 2 refills (after negative HIV test)

- **Generic:** emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg **OR**
- **Truvada®:** emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg **OR**
- **Descovy®:** emtricitabine 200 mg/tenofovir alafenamide fumarate 25 mg

Check Your Billing Codes!

ICD-10: Z20.6 - Contact with and (suspected) exposure to human immunodeficiency virus

Follow-up Assessment Every 3 Months

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Screen for symptoms of acute HIV infection <input type="checkbox"/> HIV test: 4th gen Ab/Ag test; HIV RNA PCR if concern for acute HIV infection <input type="checkbox"/> All-site testing for gonorrhea and chlamydia, syphilis screen <input type="checkbox"/> Evaluate for medication side effects, adherence and continue risk reduction counseling | <ul style="list-style-type: none"> <input type="checkbox"/> Serum creatinine every 6 months <input type="checkbox"/> Hepatitis C Ab every 12 months <input type="checkbox"/> Pregnancy test if applicable <input type="checkbox"/> Give 90-day prescription, and schedule follow-up prior to end of 90-day prescription |
|---|---|

Annual Assessment

- Urinalysis is recommended

PrEP is Affordable in Alaska

- Alaska Medicaid plans pay for PrEP including visits, labs, and medication costs.
- Most private insurance plans pay for PrEP.
- Additional assistance is available through:
 - Gilead medication and copay assistance programs: gileadadvancingaccess.com, 800-226-2056.
 - Patient Advocate Foundation (<400 percent of federal poverty line), www.copays.org.
 - PAN Foundation (<500 percent of federal poverty line), www.panfoundation.org.

What if My Patient Tests Positive for HIV while on PrEP?

In the rare event that your patient has a positive HIV test while daily PrEP as prescribed:

- Discontinue PrEP immediately to avoid potential development of HIV drug resistance.
- Determine the last time PrEP was taken and recent pattern of taking PrEP.
- Report new HIV diagnosis to the Alaska Department of Health, Section of Epidemiology using an HIV/STD Confidential Case Report Form.
- Ensure Linkage to HIV care for prompt initiation of ARV treatment regimen, counseling/support services.

Post-exposure Prophylaxis (PEP)

PEP Details:

- Highly effective in preventing HIV if taken within 72 hours after potential exposure.
- Potential HIV exposure within 72 hours and patient has not taken PrEP for past 7 days.
- Provide a 28-day supply of PEP, and then transition seamlessly to PrEP.
- There is no evidence that PEP "masks" HIV seroconversion.

Three antiretroviral drugs are recommended for PEP regimen:

Tenofovir DF (300 mg)/Emtricitabine (200 mg) daily + Raltegravir (400 mg) BID twice daily

OR

Tenofovir DF (300 mg)/Emtricitabine (200 mg) daily + Dolutegravir (50 mg) daily

PrEP and PEP Resources

- For free clinician to clinician advice from HIV experts call the National Clinicians Consultation Center **PrEPline at 1-855-448-7737**.
- CDC PrEP Clinical Guidelines: www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf
- AK DOH PrEP Provider Packet at health.alaska.gov/dph/epi/hivstd.

Adapted from resources developed by getSFcba.org