

# Ask about PrEP



How providers can **prescribe PrEP** to prevent HIV and reduce health disparities

## What is PrEP?

- PrEP is medication for HIV negative individuals that can help prevent HIV transmission.
- Two fixed-dose antiretroviral medications are FDA approved for PrEP: tenofovir disoproxil/emtricitabine (Truvada<sup>®</sup>), and tenofovir alafenamide/emtricitabine (Descovy<sup>®</sup>).
- No significant health effects have been observed among individuals who have taken PrEP for up to 5 years.

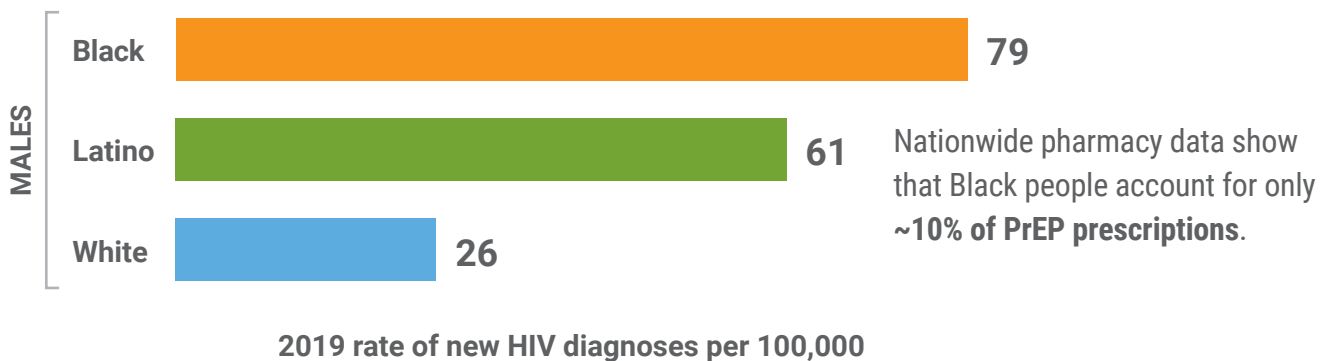
PrEP is safe and can reduce the risk of HIV by **more than 99%**<sup>1</sup>

## Who may benefit from PrEP?

- Anyone who self-identifies a need for PrEP
- Men who have sex with men (MSM)
- People who inject drugs or use stimulants like methamphetamine during sex
- People with partners with or at risk for HIV
- Trans women
- People who have had an STI, condomless anal sex, or transactional sex

## PrEP is an opportunity to reduce HIV disparities

BLACK AND LATINO MALES IN SAN FRANCISCO ARE AT DISPROPORTIONATE RISK FOR HIV<sup>2</sup>



## Take home messages

1. Take a sexual and substance use history to identify patients who might benefit from PrEP.
2. Offer PrEP to patients identified as having risks for HIV.
3. Conduct an HIV test to confirm a patient is HIV negative before starting them on PrEP.
4. Follow up with patients every 3 months for HIV/STI testing and a 90-day PrEP refill.

## Ask about PrEP


- P**artners: What is the gender of your sex partners? How many sex partners have you had in the last 6 months?
- R**eceptive or insertive sex: Do you bottom or top? Do you have vaginal sex?
- E**ver had STI: Have you ever had an STI? Have any of your partners had an STI?
- P**rotection/PrEP: How often do you use condoms? Have you heard of PrEP?


## Baseline assessment (within 7 days prior to PrEP initiation)

- Screen for symptoms of acute HIV infection (fever, rash, headache, sore throat, etc.)
- HIV test (4<sup>th</sup> generation Ag/Ab recommended)
  - Consider HIV RNA PCR viral load if possible exposure in the last month
- 3-site gonorrhea & chlamydia NAAT (urine, pharyngeal, rectal), syphilis screen
- Serum creatinine (TDF/FTC or Truvada are contraindicated if CrCl <60 ml/min, TAF/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 (Truvada):

 **Decline in renal function:**  
Consider more frequent monitoring in patients with risk factors for kidney disease. Descovy may be a safer option for patients with known chronic renal disease.

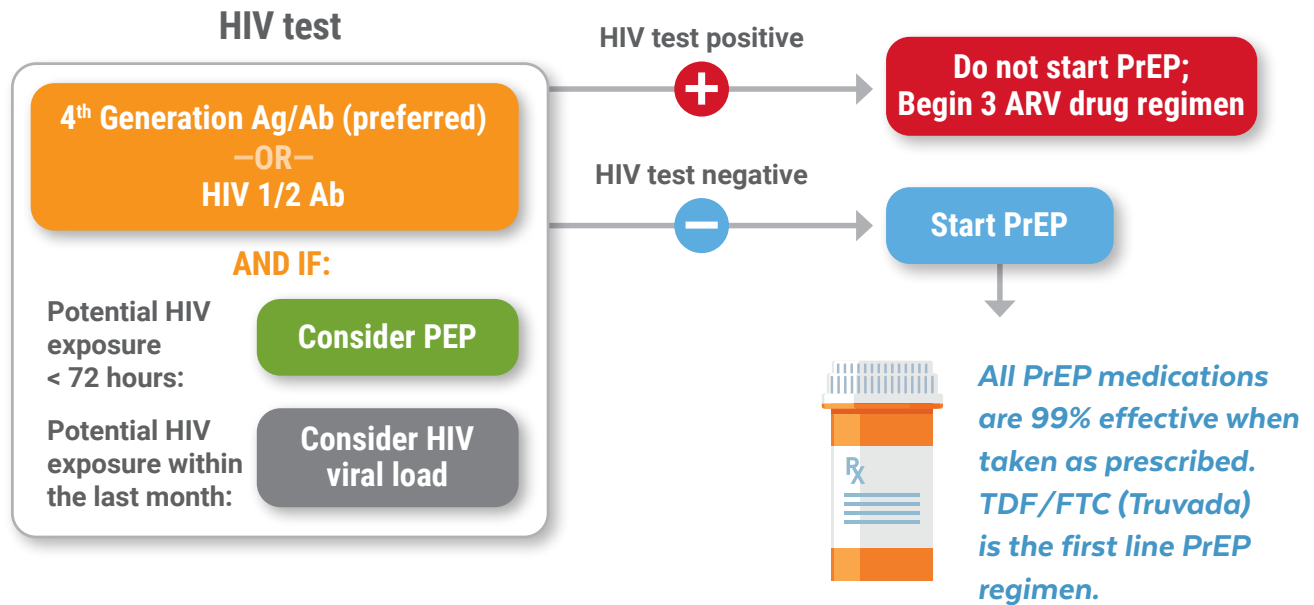
 **Decrease in bone-mineral density:**  
Caution in those with osteoporosis or history of pathology/fragility fractures. Consider baseline DEXA for patients with history of or at high risk of osteoporosis.

### Rare potential risks of TAF/FTC (Descovy):

 **Small increases 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<sup>®</sup>:** emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg **OR**
- **Descovy<sup>®</sup>:** emtricitabine 200 mg/tenofovir alafenamide fumarate 25 mg

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

## Follow-up assessment every 3 months

- |  |   |
|--|---|
| <input type="checkbox"/> Screen for symptoms of acute HIV infection                  | <input type="checkbox"/> Serum creatinine every 6 months      |
| <input type="checkbox"/> HIV test  | <input type="checkbox"/> Hepatitis C Antibody every 12 months |
| <input type="checkbox"/> 3-site testing for gonorrhea and chlamydia, syphilis screen | <input type="checkbox"/> Pregnancy test                       |

## Patient counseling (See “PrEP Basics” handout for more tips.)

- Daily dosing is recommended, but imperfect yet regular adherence can still provide significant protection for men who have sex with men.<sup>3</sup>
- Some patients may be interested in on-demand PrEP, instead of a daily pill. This regimen has only been studied in MSM and trans women. Go to: [www.bit.ly/PrEP2-1-1](http://www.bit.ly/PrEP2-1-1)
- Combining prevention strategies, like condoms plus PrEP, provides the greatest protection from HIV.

## What if my patient has a positive HIV test on PrEP?



- Discontinue PrEP immediately to avoid development of HIV resistance.
- Determine the last time that they took PrEP and their PrEP taking pattern.
- Ensure linkage to HIV primary care for prompt initiation of an ARV treatment regimen.
- Inform SFPDPH: 628-217-6608

## How will my patient pay for PrEP?

- Medi-Cal and most private insurance plans in CA now pay for PrEP with \$0 cost-sharing.
- Generic TDF/FTC for PrEP should not be subject to PA by CA-based insurance plans.
- Uninsured patients can use the Gilead Patient Assistance Program ([www.gileadadvancingaccess.com](http://www.gileadadvancingaccess.com)) or the federal Ready, Set, PrEP program ([www.getyourprep.com](http://www.getyourprep.com)).
- Multiple generics for TDF/FTC are now available; even full cash pay should be <\$40/month in SF.
- If you still need help getting costs covered for a patient, call the SF City Clinic PrEP line: 628-217-6692

## Prescribing Post-exposure Prophylaxis (PEP)

Three antiretroviral drugs are recommended for PEP regimen:<sup>4</sup>

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

OR

Tenofovir DF/Emtricitabine daily + Dolutegravir 50 mg daily

- 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

## Resources

- **For questions regarding HIV PrEP and PEP:**
  - Contact an SFPDPH prevention consultant: 628-217-6677
  - Contact the National Clinician Consultation Center: 855-448-7737, [www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)
- CDC PrEP Guidelines: [www.bit.ly/CDC\\_PrEPguide](http://www.bit.ly/CDC_PrEPguide)
- CDC PEP Guidelines: [www.bit.ly/CDC\\_PEPguide](http://www.bit.ly/CDC_PEPguide)
- Pacific AETC Quick Clinical Guide: [www.bit.ly/AETC\\_PrEP](http://www.bit.ly/AETC_PrEP)
- Getting to Zero: [www.gettingtozerosf.org](http://www.gettingtozerosf.org)
- Provider directory: [www.pleaseprepme.org](http://www.pleaseprepme.org)

**REFERENCES:** 1. CDC. [www.cdc.gov/hiv/basics/prep.html](http://www.cdc.gov/hiv/basics/prep.html). 2020. 2. San Francisco Dept. of Public Health. 2020 HIV Epidemiology Annual Report. Published September 2020. 3. Anderson PL, Glidden DV, Liu A, et al. Emtricitabine-tenofovir concentrations and pre-exposure prophylaxis efficacy in men who have sex with men. *Sci Transl Med.* 2012;4(151):151ra125. 4. CDC. [www.cdc.gov/HIV/pdf/programresources/CDC-HIV-nPEP-guidelines.pdf](http://www.cdc.gov/HIV/pdf/programresources/CDC-HIV-nPEP-guidelines.pdf). Illustration on page 2: PRISM Health, Emory University.



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