



What is PrEP?

- Pre-exposure prophylaxis (PrEP) is a medication that lowers the risk of getting Human Immunodeficiency Virus (HIV) before exposure through sex or sharing needles/syringes.
- Three fixed-dose antiretroviral medications are FDA-approved for PrEP:
 - Oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) [Truvada®]*
 - Oral tenofovir alafenamide/emtricitabine (TAF-FTC) [Descovy®]*
 - Injectable cabotegravir (CAB-LA) [Apretude®]
- Oral PrEP medication received a “Grade A” recommendation from the USPSTF. No significant health effects were observed among people who took Oral PrEP for up to 5 years.¹
- Oral PrEP needs time to work in order to reach maximum levels of protection against HIV -- must be taken daily 7 days before anal sex and 21 days before vaginal sex.

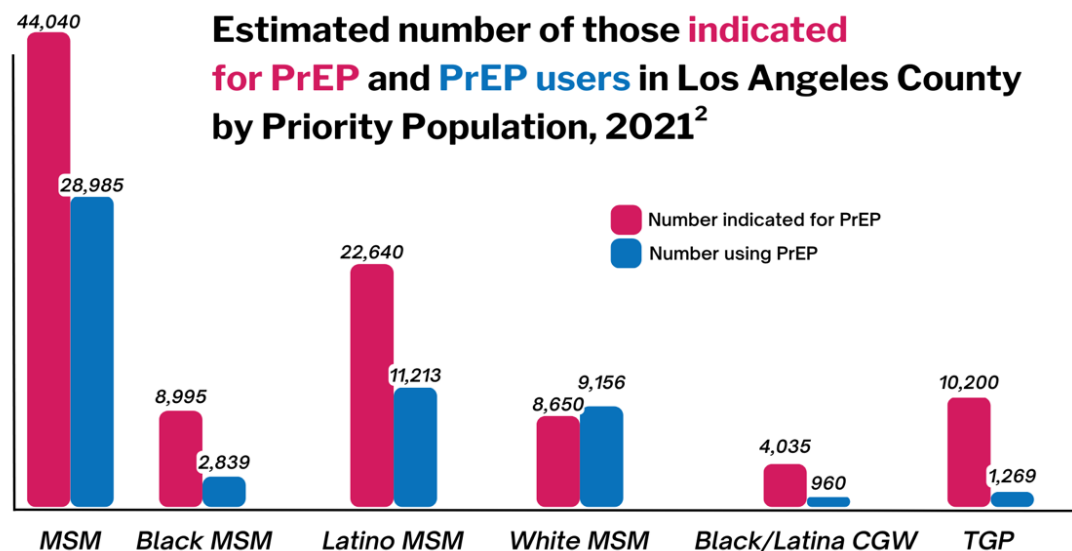
PrEP is safe and can reduce the risk of HIV by more than 99%.¹

Recommend PrEP if your patient indicates the following:**

- Has had anal or vaginal sex in the past 6 months; **and**
 - One or more partners is living with HIV or has an unknown HIV status; **or**
 - Recent bacterial STI (syphilis in anyone is very highly associated with HIV risk (i.e., strongly recommend PrEP); gonorrhea and chlamydia in MSM, particularly rectal infections, also considered markers of risk for HIV; **or**
 - History of inconsistent or no condom use with multiple sexual partner(s).
- Has injected drugs or shared injection equipment in the past 6 months with someone who has HIV or an unknown HIV status. Patients who report methamphetamine (injection or smoking) use are likely to be at elevated risk of HIV.

***If a patient requests PrEP without meeting any of the previous indicators, it is still recommended they should be prescribed PrEP.*

All sexually active patients should be informed about PrEP as part of their preventive health care.



Take home messages:

1. Take a **sexual and substance use history** of all patients.
2. **Inform all sexually active adults and adolescents about PrEP. Prescribe PrEP to anyone who requests it.** Providers should strongly recommend PrEP to patients identified as having a risk for HIV.
3. **Conduct an HIV test** to confirm a patient does not have HIV before starting them on PrEP. You can give them a prescription the same day while awaiting test results.
4. **Follow up with patients every 3 months** for HIV/STI testing and a 90-day PrEP refill.

Ask about PrEP

- P** Partners: what is the gender of your sex partners? How many sex partners have you had in the last 6 months?
- R** Receptive or insertive sex: Do you have vaginal or anal sex? Do you bottom or top?
- E** Ever had an STI: Have you ever had an STI? Have your partners recently had an STI?
- P** Protection/PrEP: How often do you use condoms? Have you heard of PrEP?

Baseline assessment (within 7 days before 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 HIV exposure in the last 30 days or patient has had any recent flu-like illness (which may be acute HIV)
- 3-site gonorrhea/chlamydia NAAT (urine, pharyngeal, rectal) and syphilis screen
- Serum creatinine: TDF/FTC, or Truvada, are contraindicated if CrCl <60ml/min. TAF/FTC, or Descovy, may be used if CrCl <60 but ≥30 ml/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 (reversible):

Consider more frequent monitoring in patients with risk factors for kidney disease, including patients over 50. Descovy may be a safer option for patients with known chronic renal disease and older patients.



Decrease in bone-mineral density (reversible):

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

Rare potential risks of TAF/FTC (Descovy)



Small increases in LDL cholesterol:

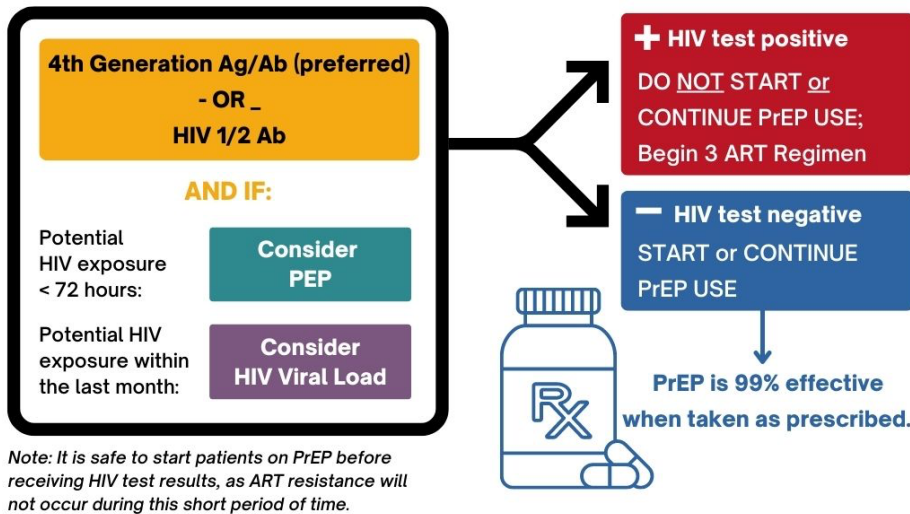
Increases in cholesterol are reversible if the medication is stopped.



Small amount of weight gain:

Average weight gain of 2-3 pounds.

HIV Testing for First Time, Same Day PrEP Initiation



Prescribing Oral PrEP

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

- **Truvada®**: emtricitabine 200mg/tenofovir disoproxil fumarate 300mg (Generic available) (FDA approval for daily use, studied in a variety of populations.)
- **Descovy®**: emtricitabine 200mg/tenofovir alafenamide fumarate 25mg (Only FDA approved for cisgender men and transgender women. Not for people assigned female at birth.)

ICD-10: Z20.6 – contact with and (suspected) exposure to HIV

Follow-up assessment every 3 months (or if restarting PrEP)

- | | |
|--|---|
| <input type="checkbox"/> Screen for symptoms of acute HIV infection | <input type="checkbox"/> Serum creatinine every 6 months |
| <input type="checkbox"/> HIV test (viral load test if available) | <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, as applicable |

Patient counseling



- Combining prevention strategies, like condoms plus PrEP, provides the greatest protection from HIV and STIs; however, providers should recognize that many patients do not consistently use condoms and discuss this in a non-judgemental way.
- Daily dosing is recommended, but imperfect yet regular adherence (at least 4 doses/week) still provides significant protection for MSM.³
- Some patients may be interested in On-Demand PrEP instead of a daily pill. Off-label use of emtricitabine/tenofovir using a 2-1-1 dosing strategy whereby pills are taken right before and for two days after having sex. This regimen has only been studied in MSM and trans women. Visit bit.ly/PrEP211 for more information.

How is PrEP covered? (See “No PrEP Coverage? No Problem!” for more tips, bit.ly/PrEPKit)

Medi-Cal and most private insurance plans in California now pay for PrEP with \$0 cost-sharing. Other cost coverage options exist for patients who do not qualify or do not wish to use parent’s/spouse’s insurance.

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



- Determine the last time that they took PrEP and their PrEP taking pattern.
- If still taking PrEP, add a 3rd HIV medication (ex: dolutegravir). Refer for HIV care, if your clinic does not offer HIV care to transition to a full antiretroviral treatment (ART) regimen.
- LACDPH can help you link patient to HIV care. Call a Public Health HIV Rapid Navigator at (833) 351-2298 to find and book an appointment with an HIV provider at a variety of clinics across the County. Report the new HIV case (as mandated by California Health and Safety Code) by calling LACDPH, Division of HIV and STD Programs: (213) 351-8516.

Prescribing Post-Exposure Prophylaxis (PEP)

PEP is an emergency medication regimen that is taken for 28 days to prevent HIV after an exposure and must be started within 72 hours (3 days).

Three antiretroviral drugs are recommended for PEP regimen:⁴

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.
- Same baseline tests for PrEP can be used for PEP, with **inclusion of AST and ALT**.
- Recommended to **retest** patient for HIV and STIs **4-6 weeks after** completing regimen.
- Additional testing can be conducted 3 and 6 months after exposure upon request.

Resources

- For questions regarding PrEP/PEP: Contact UCSF National Clinician Consultation Center - www.nccc.ucsf.edu or PrEPline at (855) HIV-PrEP and PEpline (888) HIV-4911.
- Centers for Disease Control and Prevention (CDC) PrEP Guidelines: bit.ly/CDC_PrEPguide and Clinical Providers' Supplement: tiny.cc/CDC_PrEPSupplement
- CDC PEP Guidelines: bit.ly/CDC_PEPguide
- Pacific AETC Quick Clinical Guide: bit.ly/AETC_PrEP
- National PrEP Provider Directory: pleaseprepme.org
- Division of HIV and STD Programs: publichealth.lacounty.gov/dhsp/
- GetPrEPLA: GetPrEPLA.com
- Ending the HIV Epidemic: LACounty.HIV

References: (1) CDC www.cdc.gov/hiv/basics/prep.html 2022. (2) DHSP calculated this estimation of persons indicated for PrEP derived using PrEP Populations Estimation Tool (<https://prepind.shinyapps.io/prepind2/>) based on approach from Smith et al. <https://doi.org/10.1016/j.annepidem.2018.05.003>. (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.

