

Ask about PrEP



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

What is PrEP?

- PrEP is a once-daily pill for HIV negative individuals that can help prevent HIV transmission.
- PrEP is FDA approved as a combination, fixed-dose antiretroviral medication called Truvada®.
- No significant health effects have been observed among individuals who have taken PrEP for up to 5 years.

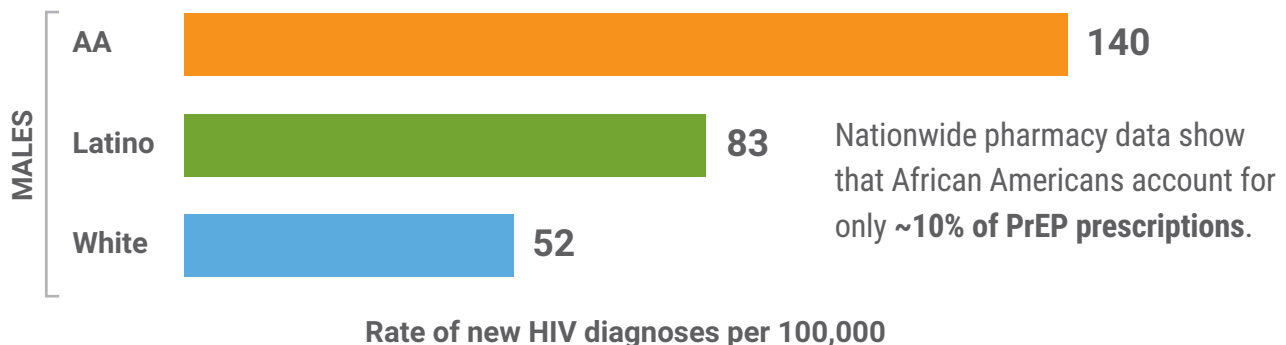
PrEP is safe and can reduce the risk of HIV by **more than 90%**¹

Who may benefit from PrEP?

- Men who have sex with men (MSM)
- People who inject drugs
- Trans women
- Heterosexual men and women with partners with or at risk for HIV
- Anyone who self-identifies a need for PrEP

PrEP is an opportunity to reduce HIV disparities

AFRICAN AMERICAN AND LATINO MALES IN SAN FRANCISCO ARE AT DISPROPORTIONATE RISK FOR HIV²



Take home messages

1. Take a sexual 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/STD testing and 90-day PrEP refill.

Ask about PrEP

Partners: What is the gender of your sex partners?
How many sex partners have you had in the last 6 months?

Receptive or insertive sex: Do you bottom or top?

Ever had STD: Have you ever had an STD?


Protection/PrEP: How often do you use condoms?
Have you heard of PrEP?


Baseline assessment (within 7 days prior to PrEP initiation)

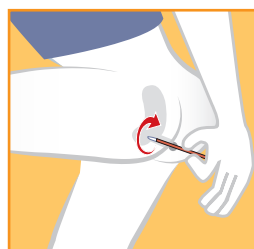
- Screen for symptoms of acute HIV infection (fever, rash, headache, sore throat, etc.)
- HIV test (4th generation Ag/Ab preferred)
- 3-site gonorrhea & chlamydia NAAT (urine, pharyngeal, rectal), syphilis screen
- Serum creatinine (contraindicated if CrCl <60 ml/min)
- Pregnancy test*
- Hepatitis B Surface Antigen (HBsAg)*
- Hepatitis C Antibody*

* Not a contraindication, but follow up is indicated if positive.

Rare but potential risks:

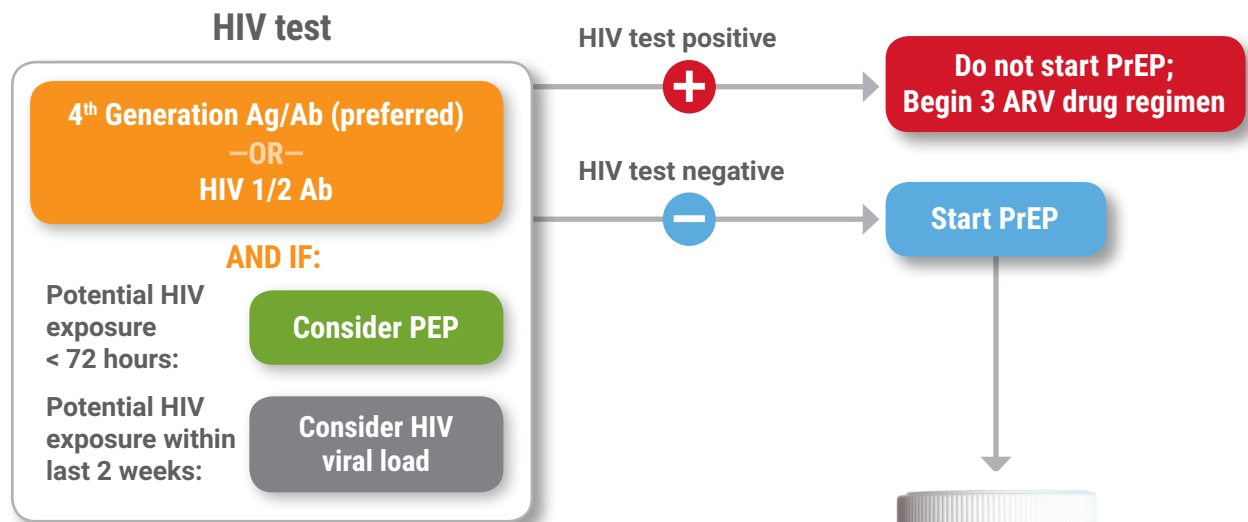
 **Decline in renal function:**
Consider more frequent monitoring in patients with risk factors for kidney disease.

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



A rectal swab can be self-collected.

HIV assessment at PrEP initiation



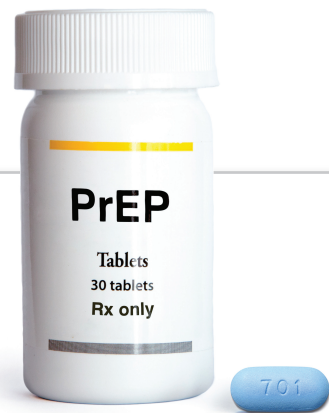
Prescribing PrEP

Truvada® 200/300 mg

emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg

1 tablet PO daily, 30-day supply with 2 refills

(after negative HIV test)



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

Follow-up assessment every 3 months

- Screen for symptoms of acute HIV infection
- HIV test
- 3-site testing for gonorrhea and chlamydia, syphilis screen
- Serum creatinine, every 6 months
- Hepatitis C Antibody, every 12 months
- 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.³ Intermittent dosing is not currently recommended.
- 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 a fully active ARV treatment regimen.
- Inform SFDPH: 415-487-5506.

How will my patient pay PrEP?

Medi-Cal and most insurance plans pay for PrEP. Financial assistance is available:

- SFDPH Citywide PrEP navigation line: 415-634-PrEP (7737)
- Gilead medication assistance program: 855-330-5479, www.gileadadvancingaccess.com
- Patient Advocate Foundation if <400% of FPL: www.copays.org
- PAN Foundation if <500% of FPL: www.panfoundation.org

Prescribing Post-exposure Prophylaxis (PEP)

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
- There is no evidence that PEP “masks” HIV seroconversion

Resources

- For questions regarding HIV PrEP and PEP:
 - Contact an SFDPH prevention consultant: 415-487-5514, or email prep@sfdph.org
 - Contact the National Clinician Consultation Center: 855-448-7737, nccc.ucsf.edu
- CDC PrEP Guidelines: cdc.gov/hiv/pdf/prepguidelines2014.pdf
- CDC PEP Guidelines: cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf
- Getting to Zero: www.gettingtozerosf.org
- Provider directory: www.pleaseprepme.org

REFERENCES: 1. CDC. www.cdc.gov/hiv/basics/prep.html. 2016. 2. San Francisco Dept. of Public Health. 2015 HIV Epidemiology Annual Report. Published September 2016. 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.
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