

WHAT IS PrEP?



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- PrEP, or pre-exposure prophylaxis, is a once-daily pill for HIV negative individuals that can help prevent HIV infection.
- PrEP is FDA approved and currently available in two forms as combination, fixed-dose antiretroviral medications called Truvada or Descovy.
- 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

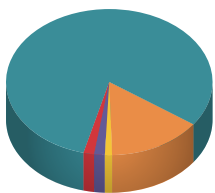


WHO MAY BENEFIT FROM PrEP?

- 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

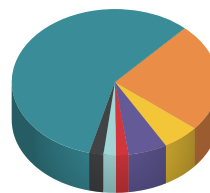


PrEP IS AN OPPORTUNITY TO REDUCE HIV DISPARITIES



Utah Race and Hispanic Origin for 2019²

- White alone, not Hispanic or Latino
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- American Indian and Alaska Native
- Black or African American alone



New HIV Diagnosis by Race in Utah 2018³

- White
- Hispanic
- Black
- Asian
- Pacific Islander
- American Indian
- Other/Unknown

Take home messages

1. Take a sexual history to identify patients who might benefit from PrEP.
2. Offer PrEP to patients identified as having risk 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.

BEST PRACTICES FOR TAKING A SEXUAL HISTORY:



ASK IF PATIENTS ARE SAFE

S**TART** the sexual history by stating it is routine practice, the information is confidential, and it will enable you to provide appropriate sexual healthcare.

A**SSESS** your patient's risk for acquiring STIs, including HIV. Though some patients may be at greater risk than others, it is important to have this discussion with all of your patients.²

F**IND OUT** about **The 5 Ps**:³

1. **Partners:** Discuss frequency of partners to understand STI risk and how frequently patients need to be screened.
"Do you have sex with men, women or both? How many partners in last two months and last twelve months have you had?"
2. **Practices:** Discuss if patients are engaging in oral, anal and/or vaginal intercourse.
"To understand your risks for STIs, I need to understand the kind of sex you have had recently."
3. **Prevention of pregnancy:** Discuss need and interest in contraception methods.
"What are you doing to prevent pregnancy?"
4. **Protection from STIs:** Discuss condom frequency and how patients are preventing STIs.
"What do you do to protect yourself from STIs and HIV?"
5. **Past STI:** Discuss past testing and treatment to understand current and future risk.
"Have you or one of your partners ever had a STI?"

E**DUCATE YOUR PATIENTS** on importance of condoms, routine HIV and STI testing and considering PrEP if they are high risk for acquiring HIV.



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) and syphilis screen
- ✓ Serum creatinine
- ✓ Pregnancy test*
- ✓ Hepatitis B Surface Antigen (HBsAg)*
- ✓ Hepatitis C Antibody*

**Not contraindicated, 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 for osteoporosis.



PRESCRIBING PrEP

Truvada 200/300 mg

(Emtricitabine 200mg/tenofovir disoproxil fumarate 300 mg)

1 tablet PO daily
30-day supply with 2 refills

(after negative HIV test)



OR

Descovy

(Emtricitabine 200mg/tenofovir alafenamide 25mg)

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

Initiating PrEP

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

Daily dosing is recommended, but imperfect yet regular adherence can still provide significant protection for men who have sex with men.⁵ 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 fully active ARV treatment regimen.
- Inform Utah Health Department at 1-888-EPI-UTAH, reporting@utah.gov or contact local health department.

HOW WILL MY PATIENT PAY FOR PrEP?

Medicaid and most insurance plans pay for PrEP. Financial assistance is available:

Gilead medication assistance program:
855-330-5479
www.gileadadvancingaccess.com

Resources

Utah AIDS Education and Training Center (AETC)
<https://medicine.utah.edu/internalmedicine/infectiousdiseases/uaetc/>

Utah Department of Health
<https://health.utah.gov/>

National Clinician Consultation
<http://nccc.ucsf.edu/clinician-consultation/prep-pre-exposure-prophylaxis/>

CDC PrEP Guidelines
<https://www.cdc.gov/hiv/basics/prep.html>

Contact

AETC Public Health Detailer
Kelsey Genovesse PA-C, MPAS
801-585-2547 or Kelsey.Genovesse@hsc.utah.edu

References

1. CDC. <https://www.cdc.gov/hiv/basics/prep.html>
2. <https://www.census.gov/quickfacts/UT>
3. http://health.utah.gov/epi/diseases/hiv/aid/surveillance/2018_HIV_Surveillance_Report.pdf
4. <https://www.cdc.gov/std/tg2015/clinical.htm>
5. <https://pubmed.ncbi.nlm.nih.gov/22972843/>