

Pre-exposure prophylaxis (PrEP) is safe and effective for significantly reducing the risk of HIV infection in sexually active individuals and people who inject drugs (PWID). The U.S. Preventive Services Task Force has given PrEP Grade A status. This document is a brief “how-to guide,” including medication coverage options for California state, and links to patient assistance programs for low-income patients. For [resources and referrals](#), go to [PleasePrEPMe.org](https://www.pleaseprepme.org). All web links are clickable in this document.

## 1. Identify patients who may benefit from PrEP

HIV-negative individuals, including adolescents, men who have sex with men (MSM), cis- and transgender women, who may benefit from PrEP include:

- People who ask for PrEP
- People with HIV-positive partners
- People with sexual exposures including: condomless anal sex, multiple sex partners, sex partners at high risk for HIV, or transactional sex (such as sex for money, drugs or housing)
- People who have had a bacterial sexually transmitted infection (STI)
- People who inject drugs (PWID) and people who use stimulants, such as methamphetamine, during sex

## 2. Discuss PrEP with your patient

Be present and listen. Ask about interest in and readiness for PrEP:

- What do you know about PrEP? Do you know anyone on PrEP?
- What makes you want to start PrEP? What do you hope PrEP will do for you?
- What barriers do you foresee? How long do you foresee being on PrEP?

Let them know what to expect and about the potential risks and benefits of PrEP. Important points include:

### Adherence

Adherence is correlated with higher effectiveness. Tailor adherence strategies to patient needs and lifestyle (pillbox, phone or online reminders, cell phone alarms, etc.). Many people who inject drugs are capable of adhering to PrEP.

- For rectal exposures, detectable drug blood levels equivalent to  $\geq 4$  doses/week are associated with a high level of protection. Several small studies suggest that feminizing hormones may lower tenofovir levels, but the clinical significance is unknown and additional study is needed on whether higher adherence is needed for protection for people taking feminizing hormones.
- For vaginal/front exposures, detectable drug blood levels equivalent to 6-7 doses/week are associated with a high level of protection.

### Time to protection

Time to maximum protection varies by site of exposure:

- About 7 daily doses in rectal tissue. Note that there are alternatives to daily dosing that achieve protection in rectal tissue, such as “on-demand” 2-1-1 dosing (see page 3).
- About 21 daily doses in cervico-vaginal tissue, but don’t let this be a barrier to prescribing PrEP.
- About 21 daily doses for blood exposures in people who inject drugs.

### Risk of resistance

Resistance to HIV medications can occur if acute HIV is not identified quickly while on PrEP. A negative HIV test result should be documented before initiating PrEP and every 3 months thereafter. Please counsel the patient to report immediately to clinic if they develop symptoms compatible with acute HIV infection (such as fever with sore throat, rash, or headache).

### Potential side effects

PrEP is very well-tolerated. Nausea, abdominal discomfort, or headache is experienced in about 10% of people taking PrEP and usually resolves in a few weeks. Other side effects are rare (see page 3 for details).

### 3. Take a medical, sexual, substance use history and review of symptoms

#### Check for:

- HIV exposures in the prior 72 hours; if present, offer post-exposure prophylaxis (PEP): [ebgtz.org/resource/pep-guide](http://ebgtz.org/resource/pep-guide)
- Recent symptoms of a mono-like illness (fever with sore throat, rash or headache): if present, test for acute HIV (order an HIV RNA PCR viral load and an HIV 4th generation Ag/Ab test) and consider deferring PrEP until test results are back.
- Any history of renal disease, liver disease, or osteoporosis, which impacts which PrEP agent is selected. Please see page 3.
- Willingness and ability to take a medication on a schedule and return for regular appointments and labs while taking PrEP.

### 4. Obtain baseline testing

#### **HIV test: HIV antibody test** (4th gen Ag/Ab recommended) **+/- HIV RNA test**

All patients need a negative HIV antibody test (4th generation Ag/Ab recommended) prior to initiation of PrEP. In patients with acute HIV symptoms or who report a possible HIV exposure in the last month, test with both an HIV RNA PCR viral load and an HIV 4th generation Ag/Ab test. If the patient has confirmed positive result, disclose and start HIV treatment or refer to an HIV provider as soon as possible; Truvada® or Descovy® alone is inadequate therapy for HIV infection.

#### **Serum Creatinine** (e.g. as part of a basic or complete metabolic panel)

Estimated GFR or CrCl by serum labs should be  $\geq 60$  ml/min (Cockcroft-Gault) to safely use Truvada® and  $\geq 30$  ml/min to safely use Descovy®. An online calculator can be found here: [tinyurl.com/CrClcalculator](http://tinyurl.com/CrClcalculator)

#### **Hepatitis B surface antigen** (HBsAg)

Truvada® and Descovy® are active against hepatitis B virus (HBV). Patients with chronic HBV can use either agent for PrEP but should have liver function tests monitored regularly during PrEP use and after discontinuing PrEP; hepatitis can flare if PrEP is discontinued. Patients who are HBsAg negative should be offered HBV vaccination if not previously infected or immunized.

#### **Hepatitis C antibody**

Determine baseline hepatitis C infection status and obtain repeat testing at least yearly among MSM, PWID and others with ongoing exposures.

#### **STIs** (based on sexual exposures)

Test patients on PrEP for syphilis and for urethral, rectal, and pharyngeal GC and CT based on reported exposure routes (not based on gender/sexuality) every 3 months. Consider using self-collected swabs for GC/CT testing. Consider offering the HPV and hepatitis A virus (HAV) vaccines if not previously vaccinated.

#### **Pregnancy test** (when appropriate)

People who can become pregnant (reproductive-age cisgender women, some transgender men and non-binary people) should receive a pregnancy test and have contraception plans reviewed. In patients trying to conceive, PrEP should be coordinated with prenatal care with attention to the patient's reproductive and breastfeeding plans. Descovy® is NOT approved for use as PrEP in this population. Perinatal HIV/AIDS consultation is available at 888-448-8765.

### 5. Initiate PrEP

If there are no contraindications and the patient wants to use PrEP, PrEP can be initiated:

- **Same-day PrEP prescriptions are encouraged when possible.** The California Office of AIDS and Pacific AIDS Education and Training Center strongly encourage writing a prescription and starting PrEP on the same day a patient comes in for consultation when:
  - » the patient has a negative HIV test within the last 2 weeks and no HIV exposures since this test,
  - » all laboratory testing is obtained that day, and
  - » the patient has no symptoms of acute HIV infection.

If it has been more than 2 weeks since baseline labs were obtained, repeat an HIV test and start PrEP the same-day while awaiting results of the repeat HIV test.

- **To transition from PEP to PrEP**, check an HIV 4th gen Ag/Ab test while on week 4 of PEP and prescribe PrEP so the patient can start PrEP the day after PEP is completed. Confirm that the HIV testing done during week 4 of PEP is negative.

## 6. Select PrEP Medication

There are two agents FDA-approved for PrEP, Truvada® and Descovy®, which are both safe and highly effective in clinical trials. There were no differences in adverse clinical outcomes such as broken bones or heart disease between people taking either drug. Choice may be limited by insurance coverage; Medi-Cal covers both.

PrEP medication	 <b>Truvada®</b> <b>Tenofovir disoproxil fumarate 300 mg + Emtricitabine 200 mg (F/TDF)</b>	 <b>Descovy®</b> <b>Tenofovir alafenamide 25 mg + Emtricitabine 200 mg (F/TAF)</b>
<b>Indications</b>	Truvada® is approved for use for all adults and adolescents ≥35 kg with indications for PrEP.	Descovy® is approved for use for adults and adolescents ≥35 kg at risk for sexually acquired HIV, <b>excluding</b> individuals at risk only from receptive vaginal/front hole sex or only from injection drug use.
<b>Dosing</b>	1 pill once daily unless using a PrEP 2-1-1 schedule	1 pill once daily
<b>“On-Demand” PrEP: 2-1-1 dosing</b>  Note that while there is substantial published data supporting this strategy for MSM, it has not been reviewed by the FDA or recommended by the CDC. The International AIDS Society of the US (IAS-USA), World Health Organization (WHO), and European AIDS Clinical Society (EACS) all endorse the option of this dosing strategy.	<b>2-1-1 for MSM with anal exposures only:</b> 2 pills 2-24 hours before anal sex (24 hours before for optimal protection) - then 1 pill 24 hours after first dose - then 1 pill 24 hours after second dose. <ul style="list-style-type: none"> <li>• If there is another exposure within 7 days of the last dose, take 1 pill 2-24 hours before anal sex, then 1 pill 24 hours after first dose, then 1 pill 24 hours after second dose.</li> <li>• If there are continued daily sexual exposures, continue 1 pill daily until 48 hours has passed since last sexual encounter.</li> </ul> For a <a href="http://tinyurl.com/HIVPrEP211">detailed 2-1-1 guide</a> , go to: <a href="http://tinyurl.com/HIVPrEP211">tinyurl.com/HIVPrEP211</a> .	The PrEP 2-1-1 dosing schedule is <b>not</b> recommended for use with Descovy® outside of a clinical trial.
<b>Side effects</b>	Generally safe and well tolerated <ul style="list-style-type: none"> <li>• Headache (7%) and abdominal discomfort (3%), which often resolve in a few weeks</li> <li>• Small decrease in eGFR, which improves upon discontinuation of Truvada®</li> <li>• Slightly decreased bone density, but no increased risk of fractures</li> </ul>	Generally safe and well tolerated <ul style="list-style-type: none"> <li>• Abdominal discomfort, nausea (5%) and headache (2%), which often resolve in a few weeks</li> <li>• Small increase in LDL cholesterol</li> <li>• Slight increase in body weight</li> </ul>
<b>Other notes</b>	Estimated GFR or CrCl by serum labs should be ≥60 ml/min (Cockcroft-Gault) to safely use Truvada®.  A generic form of Tenofovir disoproxil fumarate + Emtricitabine (F/TDF) is anticipated in October 2020.	Estimated GFR or CrCl by serum labs should be ≥30 ml/min (Cockcroft-Gault) to safely use Descovy®.

- Provide adherence counseling and anticipatory guidance about common side effects.
- Discuss patient strategies for daily adherence.
- Counsel patients on risk reduction using condoms with PrEP to decrease transmission of STIs.

## 7. Monitor and provide ongoing support for patients using PrEP

Monitoring recommendations are currently identical for Truvada<sup>®</sup> and Descovy<sup>®</sup> as well as for people using 2-1-1 dosing.

Timeframe	Action
<b>30 days after initiation</b>	<ul style="list-style-type: none"><li>Assess for:<ul style="list-style-type: none"><li>Side effects and patient interest in continuing.</li><li>Adherence: link to regular habits, set reminders, reinforce importance of dosing schedule, and address any challenges the patient has faced.</li><li>Ongoing risk: provide risk reduction counseling.</li><li>Signs and symptoms of acute HIV infection.</li></ul></li><li>Prescribe an additional 60-day supply with no refills.</li></ul>
<b>Every 3 months</b>	<ul style="list-style-type: none"><li>At visit: adherence and risk reduction counseling.</li><li>HIV test: 4th generation antigen/antibody test preferred.</li><li>Serum Creatinine: stop if eGFR declines.</li><li>STI screening: syphilis and for urethral, rectal, and pharyngeal GC and CT based on reported exposure routes (not based on gender/sexuality). Consider using self-collected swabs for GC/CT testing.</li><li>Pregnancy test for appropriate patients.</li><li>Prescribe a 90-day supply if HIV test negative at each visit.</li></ul>
<b>Every 12 months or more often based on exposures</b>	<ul style="list-style-type: none"><li>Hepatitis C antibody, particularly for MSM and PWID.</li></ul>

## 8. What if my patient tests positive for HIV while on PrEP?

- Discontinue PrEP to avoid development of HIV resistance
- Start patient on HIV antiretroviral treatment as soon as possible in accordance with [HIV Treatment Guidelines](https://www.tinyurl.com/HIVTreatmentGuidelines) ([tinyurl.com/HIVTreatmentGuidelines](https://www.tinyurl.com/HIVTreatmentGuidelines)), and/or facilitate a warm hand-off referral to an HIV provider immediately.
- For [questions and support](#), call the **National HIV Clinicians Consultation Center: 800-933-4313**.
- Order HIV genotype and document results.
- Report the test result to your local health department.

## 9. PrEP coverage options:

### ■ Insured patients

- Prior authorizations (PAs) for Truvada<sup>®</sup> are no longer allowed in California after January 2020.
- Many **private insurers** cover PrEP.
  - Adolescents covered on their parents' plan can [keep their info confidential](#) by signing up at [myhealthmyinfo.org](https://www.myhealthmyinfo.org).
- For **Medi-Cal** prescriptions, we recommend writing a note to the pharmacy to "bill the Medi-Cal HIV carve-out directly and not the managed-care plan" to ensure Medi-Cal coverage.
  - For adolescents, the Medi-Cal Minor Consent Program can help pay for PrEP/PEP and keep the services confidential.
- ICD-10 codes** for PrEP include:
  - Z20.6:** Contact with and (suspected) exposure to human immunodeficiency virus [HIV]
  - Z20.2:** Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
  - Z71.7:** Human Immunodeficiency Virus (HIV) counseling
- If patient needs help with co-pays, the **Gilead co-pay assistance program** can provide co-pay assistance for up to \$7,200 annually for either agent: [gileadadvancingaccess.com](https://www.gileadadvancingaccess.com) or 877-505-6986.
- Other payment assistance programs are listed on the **Fair Pricing Coalition** website: [tinyurl.com/prepricingprogs](https://www.tinyurl.com/prepricingprogs)
- The **California PrEP Assistance Program (PrEP-AP)** helps low income [ $\leq 500\%$  Federal Poverty Line (FPL)] insured patients pay for PrEP-related out-of-pocket costs, such as medical visits and labs, and also assists with Truvada<sup>®</sup> or Descovy<sup>®</sup> co-pays after the \$7,200 Gilead benefit is exhausted: [tinyurl.com/prepap](https://www.tinyurl.com/prepap)

## ■ Uninsured patients

- The **Gilead Advancing Access** PrEP medication assistance program will provide monthly Truvada® or Descovy® deliveries to the patient or clinic at no cost for those without prescription coverage and who meet income guidelines ( $\leq 500\%$  FPL).
  - » Call 800-226-2056 for inquiries or to apply by phone, Monday-Friday, 6am-5pm PST
  - » Fax the completed application and proof of income to 855-330-5478: [tinyurl.com/GileadEnrollment](https://tinyurl.com/GileadEnrollment)
  - » If approved, one bottle (30-day supply) will be available for pickup at any non-Kaiser pharmacy. For pickup, provide an ID, bin, group, or PCN number (provided by Gilead). Refills can be coordinated with the pharmacy.
  - » Alternatively, medication bottles may also be shipped to a clinic in 3-14 days. A Gilead representative will call the provider before the 2nd bottle is sent to confirm refill if continuing to ship to clinic.
  - » Patients must re-apply (i.e. resubmit proof of eligibility) every 12 months.
  - » U.S. and undocumented residents are eligible. Social security numbers are not required. Proofs of income include: W2, 1040 tax return, 2 pay stubs from the last 90 days or letter stating monthly income. The letter stating monthly income should include the residence address and must be signed and dated but does not need to be notarized.
- The **Ending the HIV Epidemic: Ready, Set, PrEP program** ([getyourprep.com](https://getyourprep.com)) will provide monthly Truvada® or Descovy® deliveries to the patient or clinic at no cost for those without prescription coverage regardless of income for up to 200,000 patients per year. Patients must provide proof of lack of prescription coverage, a recent negative HIV test result, and a current prescription for PrEP.
- The **California PrEP-AP program** ([tinyurl.com/prepap](https://tinyurl.com/prepap)) serves uninsured low-income patients ( $\leq 500\%$  FPL) as a payer of last resort for PrEP-related medical costs (e.g. labs, visits, STI treatment) and must be used in conjunction with the Gilead Patient Assistance Program. Patients are not required to use the Ready, Set PrEP program before enrolling in CA PrEP-AP.

## Have questions?

The national **HIV PrEPLine** for clinicians provides guidance on PrEP: **855-448-7737**

Go to **PleasePrEPMe** for a location-responsive California PrEP provider directory, online chat navigation in English and Spanish, and many resource pages including for patients, providers, youth, trans and non-trans women: [pleaseprepme.org](https://pleaseprepme.org)

**Further information about PrEP can be found at:**

- **PleasePrEPMe PrEP Navigator Manual:** [pleaseprepme.org/prepnavigatormanual](https://pleaseprepme.org/prepnavigatormanual)
- **CDC website:** [cdc.gov/hiv/risk/prep/index.html](https://cdc.gov/hiv/risk/prep/index.html)
- **San Francisco City Clinic's website:** [sfcityclinic.org/services/prep.asp](https://sfcityclinic.org/services/prep.asp)

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