AETC AIDS Education & Training Center Pacific

CDPH

Quick Clinical Guide: HIV PrEP Pre-Exposure Prophylaxis

Updated May 2023

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 and links to patient assistance programs for low-income patients. For resources and referrals, go to **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) and women, transgender individuals, who may benefit from PrEP include:
- People who ask for PrEP
- People with HIV-positive partners or partners at high risk or with unknown HIV status
- People with sexual exposures including condomless anal sex, multiple sex partners, or transactional sex (such as sex for money, drugs, food, or housing)
- People who have been or their partners have been incarcerated
- People who inject drugs (PWID) or substances and people who use stimulants, such as methamphetamine, during sex

Do NOT withhold PrEP from eligible candidates who:

- Are pregnant or planning to conceive
- Inconsistently use condoms or other risk-reduction methods
- Engage in substance use
- Have mental health disorders of any severity
- Experience intimate partner violence
- Have unstable housing or limited social support
- Have recently had an STI
- Have a partner with HIV who has an undetectable viral load

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 ≥4 doses/week are associated with a high level of protection. • 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 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 within 7 days of 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
- 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. If patient is a candidate for long acting injectable PrEP, a negative HIV RNA test is needed. 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 ≥60 ml/min (Cockcroft-Gault) to safely use Truvada® and ≥30 ml/min to safely use Descovy®. An online calculator can be found here: **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 and HBsAb 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 three agents FDA-approved for PrEP, Truvada, Descovy and Apretude, which are safe and highly effective in clinical trials.

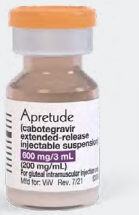
PrEP Medication	 **Truvada®** **Tenofovir disproxil 300 mg + Emtricitabine 200 mg (F/TDF)**	 **Descovy®** **Tenofovir alafenamide 25 mg + Emtricitabine 200 mg (F/TAF)**
Indications	Truvada® is approved for use for all adults and adolescents ≥35 kg with indications for PrEP.	Descovy® is approved for use for adults and adolescents ≥35 kg at risk for sexually acquired HIV, excluding individuals at risk only from receptive vaginal/front hole sex or only from injection drug use.
Dosing	1 pill once daily unless using a PrEP 2-1-1 schedule	1 pill once daily
"On Demand" PrEP: 2-1-1 dosing 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.	**2-1-1 for MSM with anal exposures only:** 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. • 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. • If there are continued daily sexual exposures, continue 1 pill daily until 48 hours has passed since last sexual encounter. For a detailed 2-1-1 guide, go to: tinyurl.com/HIVPrEP211.	The PrEP 2-1-1 dosing schedule is **not** recommended for use with Descovy® outside of a clinical trial.
Side Effects	Generally safe and well tolerated • Headache (7%) and abdominal discomfort (3%), which often resolve in a few weeks • Small decrease in eGFR, which improves upon discontinuation of Truvada® • Slightly decreased bone density, but no increased risk of fractures	Generally safe and well tolerated • Abdominal discomfort, nausea (5%) and headache (2%), which often resolve in a few weeks • Small increase in LDL cholesterol • Slight increase in body weight
Other Notes	Estimated GFR or CrCl by serum labs should be ≥60 ml/min (Cockcroft-Gault) to safely use Truvada®.	Estimated GFR or CrCl by serum labs should be ≥30 ml/min (Cockcroft-Gault) to safely use Descovy®.

- There were no differences in adverse clinical outcomes such as broken bones or heart disease between people taking either drug.
- 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.

Injectable PrEP

Cabotegravir (CAB-LA) *(Apretude)*

Long-acting form of PrEP, approved for all at-risk adolescents and adults (>35kg), that could be appropriate for increased adherence, patients with renal disease or those who prefer non-oral form of PrEP.



600mg (3ml) IM gluteal muscle

2 initiation injections 4 weeks apart, followed by maintenance injection every 8 weeks

Optional oral lead in (1 x30mg cabotegravir QD x30 days

2 initiation injections (4 weeks apart) → maintenance injection every 8 weeks. Injection to start on last day of oral lead-in or within 3 days thereafter.

Patient assistance program available through ViiV Connect https://www.viivconnect.com/for-providers/viivconnect-programs/medications/

■Contraindications:

- Unknown or positive HIV-1 status
- Coadministration with any of the following: carbamazepine, oxcarbazepine, phenobarbital, phenytoin, rifampin, and rifapentine (↓[CAB] due to UGT1A1)

■Drug interactions:

- Concurrent therapy with rifabutin requires adjustments to CAB dose and injection schedule
- **Methadone:** clinical monitoring recommended as methadone treatment may need modifications

■Discontinuing CAB-LA

Once injections are discontinued, CAB-LA plasma concentrations decrease over many months and eventually to nonprotective levels, also known as the "tail" phase. This increases the risk of HIV acquisition and also CAB/INSTI resistance which can present serious implications when selecting an ART regimen.

- Counsel patient on the "tail" phase and potential need for continued PrEP. If indicated, prescribe daily oral PrEP, beginning within 8 weeks after last injection.
- Educate on nPEP and other possible exposures
- Quarterly follow-up visits and HIV RNA tests for 12 months

■Oral and Injectable PrEP Monitoring

Timeframe	Oral (F/TDF or F/TAF)	Injectable (CAB LA)
Initiation/Screening	• HIV Ag/Ab test (RNA if hx of PO PrEP in past 3 mo, or IM PrEP in past 12 mo) • eCrCl • Syphillis, Gonorrhea, Chlamydia • CMP, Lipid panel (F/TAF) • Hep B serology • Hep C *only MSM, TGW, PWID • Pregnancy test	• HIV Ag/Ab and HIV RNA • Syphillis, Gonorrhea, Chlamydia • CMP
@ 1 Month		• HIV Ag/Ab and HIV RNA
Every 2 months		• HIV Ag/Ab and HIV RNA
Every 3 months	• HIV test Ab/Ag test • Syphillis, Gonorrhea, Chlamydia *only MSM/TGW • Pregnancy test	
Every 4 months		• HIV Ag/Ab and HIV RNA • Syphillis, Gonorrhea, Chlamydia *only MSM/TGW

Timeframe	Oral (F/TDF or F/TAF)	Injectable (CAB LA)
Every 6 months	• eCrCl *if >50y/o or baseline eCrCl<90ml/min • Syphillis, Gonorrhea, Chlamydia • CMP	• HIV Ag/Ab and HIV RNA • Syphillis, Gonorrhea *only heterosexually active women and men • Chlamydia *only MSM/TGW
Every 12 months	• eCrCl *if >50y/o or baseline eCrCl<90ml/min • Lipid panel (F/TAF) • Hep C *only MSM, TGW, PWID	• HIV Ag/Ab and HIV RNA • Syphillis, Gonorrhea • Chlamydia *only heterosexually active women and men
If discontinuing	• HIV test (acute) • eCrCl • Pregnancy test • Syphillis, Gonorrhea, Chlamydia *only MSM/TGW	• HIV RNA test q3 months for 12 months • Syphillis, Gonorrhea, Chlamydia *only MSM/TGW

7. Monitor and provide ongoing support for patients using PrEP

Timeframe	Action
30 days after initiation • An in-person follow-up visit is highly recommended for patients 24 years old and under or those who may have difficulties with adherence • A phone call is a reasonable alternative for other patients	• Assess for: » Side effects and patient interest in continuing. » Adherence: link to regular habits, set reminders, reinforce importance of dosing schedule, and address any challenges the patient has faced. » Ongoing risk: provide risk reduction counseling. » Signs and symptoms of acute HIV infection. • Prescribe additional 60-day supply with no refills.
Every 3 months • Labs • Visit • Refills	• At visit: adherence and risk reduction counseling. • HIV test: 4th generation antigen/antibody test preferred. • STI screening for persons who have receptive anal sex: RPR test for syphilis, site specific GC/CT. • Pregnancy test for appropriate patients. • Prescribe a 90-day supply if HIV test negative at each visit • For stable patients, continue labs but consider telemedicine follow up and/or decreasing visit frequency.
Every 6 months	• Serum Creatinine: stop if eGFR declines. • Urinalysis for proteinuria screening (only if on Truvada and/or risk of kidney disease) • STI screening for all persons: RPR test for syphilis, site specific GC/CT • CMP
Every 12 months or more often based on assessed risk	• Hepatitis C antibody (w/reflex viral load if avail),particularly for MSM and PWID. • Urinalysis for proteinuria screening and lipid panel (if on Descovy)

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

a. Discontinue Truvada® to avoid development of HIV resistance

b. Start patient on HIV antiretroviral treatment as soon as possible in accordance with **HIV Treatment Guidelines (tinyurl.com/HIVTreatmentGuidelines)**, and/or facilitate a warm hand-off referral to an HIV provider immediately.

c. For questions and support, call the **National HIV Clinicians Consultation Center: 800-933-4313**.

d. Order HIV genotype and document results

e. Report the test result to your local health department

9. PrEP coverage options

Insured patients

- Many **private insurers** cover PrEP.
  - » Adolescents covered on their parents' plan can keep their info confidential by signing up at myhealthmyinfo.org.
- **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 fof either agent: gileadadvancingaccess.com or **877-505-6986**
- Other payment assistance programs are listed on the **Fair Pricing Coalition website: tinyurl.com/FPCcopays**

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 (≤ 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.
  - » 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 (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.

10. Have questions?

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

Go to **PleasePrEPMe** for a location-responsive 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**

Further information about PrEP can be found at:

- **Please PrEPME PrEP Navigator Manual: pleaseprepme.org/prepnavigatormanual**
- **CDC website: cdc.gov/hiv/risk/prep/index.html**

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