

Ask about PrEP



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

What is PrEP?

- PrEP is medication for HIV negative individuals that can help prevent HIV transmission.
- Two fixed-dose oral antiretroviral medications are FDA approved for PrEP: tenofovir disoproxil/emtricitabine (Truvada®), and tenofovir alafenamide/emtricitabine (Descovy®).
- One injectable medication is FDA-approved for PrEP, long-acting cabotegravir (Apretude®).

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

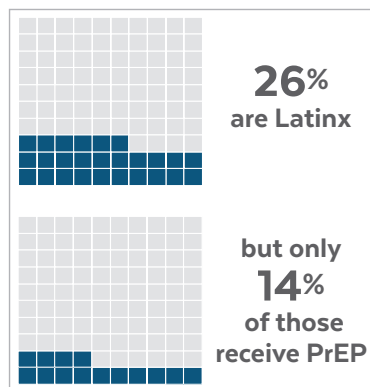
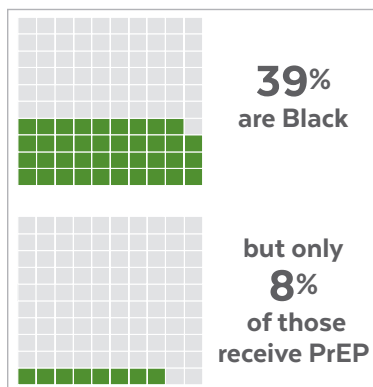
Who may benefit from PrEP?

Many people are still unaware that they may benefit from PrEP. Discuss PrEP as an HIV prevention option with **all sexually active patients**.

PrEP is an opportunity to achieve health equity

Some populations are disproportionately affected by HIV, including men who have sex with men (MSM), trans women, cis women, people experiencing homelessness, and people who use drugs. Offering PrEP as an HIV prevention option helps address unmet PrEP need in the community.

ACCORDING TO THE CDC, OF THOSE WHO WOULD BENEFIT FROM PREP...²







Only **12%** of people assigned female sex at birth received PrEP



*CDC data is based on sex assigned at birth; PrEP data is not currently available based on gender identity.

MEDICATION OPTIONS FOR HIV PRE-EXPOSURE PROPHYLAXIS (PREP)

PrEP options	DAILY TDF/FTC Truvada®	2-1-1 TDF/FTC Truvada®	DAILY TAF/FTC Descovy®	INJECTABLE* Cabotegravir (Apretude®)
				
Dosing	One pill daily	<ul style="list-style-type: none"> • 2 pills 2–24 hours before sex, 1 pill 24 hours after 1st dose & 1 pill 24 hours after 2nd dose • If more encounters, continue daily pills until 48 hours after last sex 	One pill daily	<ul style="list-style-type: none"> • First 2 injections given 1 month apart, then 1 injection every 2 months • IM gluteal injection, ventrogluteal preferred • Optional oral cabotegravir start: 30 mg pill 1x/day for 28 days, first injection on last day of oral lead-in (or < 3 days after)
Effectiveness	<ul style="list-style-type: none"> • >99% effective for sexual transmission • >74% effective for IDU 	Similar efficacy as daily Truvada in observational studies for sexual transmission	>99% effective for sexual transmission	Superior to daily Truvada for sexual transmission in clinical trials
Avoid prescribing for		<ul style="list-style-type: none"> ✗ Receptive vaginal sex ✗ Injection drug use 	<ul style="list-style-type: none"> ✗ Receptive vaginal sex ✗ Injection drug use 	✗ Injection drug use
Side effects	Very low rates of side effects. May have “start-up” symptoms (nausea, vomiting, diarrhea) in the first month. For 2-1-1: If taking less than 4 pills/week, side effects may be even less likely			Pain, redness & swelling at injection site. Treat with OTC medication; usually resolves in a few days
Other considerations	<ul style="list-style-type: none"> • Avoid with osteoporosis or CKD with CrCL < 60 mL/min • May cause slight weight loss and decreases in LDL cholesterol 	Best for people who can plan ahead for sex (or delay sex), and keep track of pill taking	<ul style="list-style-type: none"> • Safer with osteoporosis and CKD with CrCL > 30 mL/min • May cause slight weight gain and increases in LDL cholesterol 	Stays in the body for up to 1 year after stopping or missing a treatment. If exposed to HIV when low levels of medication are in the body, there is a risk of developing drug-resistant HIV.

*Long-acting injectable cabotegravir. CKD: chronic kidney disease; CrCl: creatinine clearance; IM: intramuscular; OTC: over the counter.

Table adapted from the Denver Prevention Training Center.

PrEP overview

1. Offer PrEP for HIV prevention to all sexually active patients.
2. Take a sexual and substance use history to identify who might benefit from PrEP, and provide decision-making support.
3. Conduct an HIV test to confirm a patient is HIV negative before starting them on PrEP.
4. Provide ongoing HIV/STI testing as a critical part of PrEP prescribing.

Offer PrEP to all sexually active patients

If someone feels they will benefit from PrEP, it should be offered regardless of identified HIV risk factors.

Patients who may benefit from PrEP may decline PrEP due to medical mistrust, low perceived risk, or HIV stigma. Offer counseling about other HIV prevention methods and ask about willingness to discuss PrEP again in the future.

*For additional guidance on taking a sexual history, see www.cdc.gov/std/treatment/sexualhistory.pdf.

SAMPLE SEXUAL HISTORY QUESTIONS*

- P** **artners:** What are the genders of your sex partners?
- R** **eceptive or insertive sex:** Bottom, top, or both; anal or vaginal sex?
- E** **ver had STI:** Have you or any of your partners ever had an STI?
- P** **rotection/PrEP:** Do you ever not use condoms or other barriers? Why? What do you know about 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 recommended)
 - Send HIV RNA PCR viral load if possible exposure in the last month, or if starting injectable PrEP
- 3-site testing for gonorrhea and chlamydia, syphilis screen
- Serum creatinine** (TDF/FTC or Truvada is contraindicated if CrCl <60 ml/min, TAF/FTC or Descovy may be used if CrCl >30ml/min)
- Pregnancy test[†]
- Hepatitis B Surface Antigen (HBsAg)^{***}
- Hepatitis C Antibody[†]

** Checking serum creatinine and HBsAg is not necessary for injectable PrEP.


[†] Not a contraindication, but follow up is indicated if positive.


Rare potential risks of TDF/FTC (Truvada):

 **Decline in renal function:**
Consider more frequent monitoring in patients with risk factors for kidney disease. Descovy or Apretude may be safer for patients with known chronic renal disease.


 **Decrease in bone-mineral density:**
Caution in those with osteoporosis or history of fragility fractures.

Rare potential risks of TAF/FTC (Descovy):

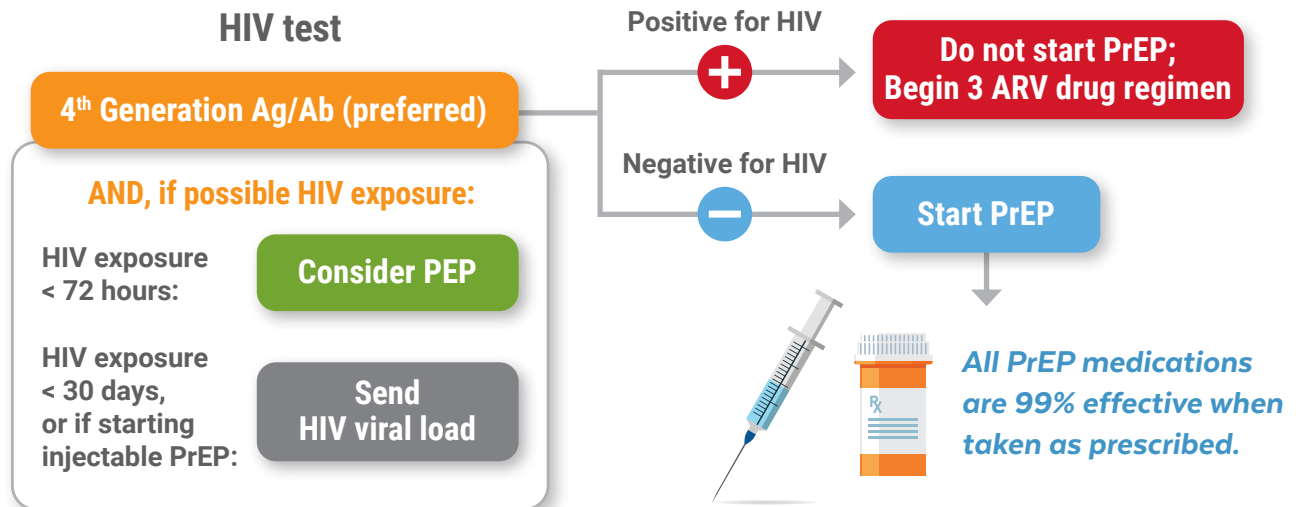
 **Small increases in LDL cholesterol:**
Increases in cholesterol are reversible if the medication is stopped.

 **Small amount of weight gain:**
Average weight gain of 2-3 pounds.

Potential risks of CAB-LA (Apretude):

 **Injection site pain or swelling:**
Can be treated with over the counter medication; usually resolves in a few days.

HIV assessment at PrEP initiation



Prescribing PrEP (See “Medication Options” chart for additional prescribing details.)

Oral PrEP

1 tablet PO daily, 90 day supply with 0 refills (after negative HIV test)

- **Generic/Truvada[®]**: emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg **OR**
- **Descovy[®]**: emtricitabine 200 mg/tenofovir alafenamide fumarate 25 mg

Injectable PrEP

- **Apretude[®]**: Starting doses: Inject 3ml (600 mg) intramuscularly for 2 loading doses every 30 days. Maintenance doses: Inject 3ml (600 mg) intramuscularly every 2 months.
- **Missed injections**: Administer injection 1 month later if > 7 days late for 2nd dose, or > 1 month late for 3rd or later dose.

ICD-10: Z29.81 — Encounter for HIV pre-exposure prophylaxis

Follow-up assessment: Every 3 months (oral), every 2 months (injectable)

- | | |
|--|--|
| <input type="checkbox"/> Screen for symptoms of acute HIV infection | <input type="checkbox"/> Serum creatinine every 6 months (for oral PrEP) |
| <input type="checkbox"/> HIV test (Ag/Ab and RNA) | <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 |

Patient counseling (See “PrEP Basics” handouts for more tips.)

- Daily dosing for oral PrEP is recommended, but imperfect yet regular adherence can still provide protection.^{3,4}
- For injectable PrEP, attending every visit is important for maintaining protection.
- Instead of a daily pill, there is an option for on-demand oral PrEP. Go to: **www.bit.ly/PrEP2-1-1**
- Combining prevention strategies, like condoms plus PrEP, provides the greatest protection from HIV and other STIs.

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



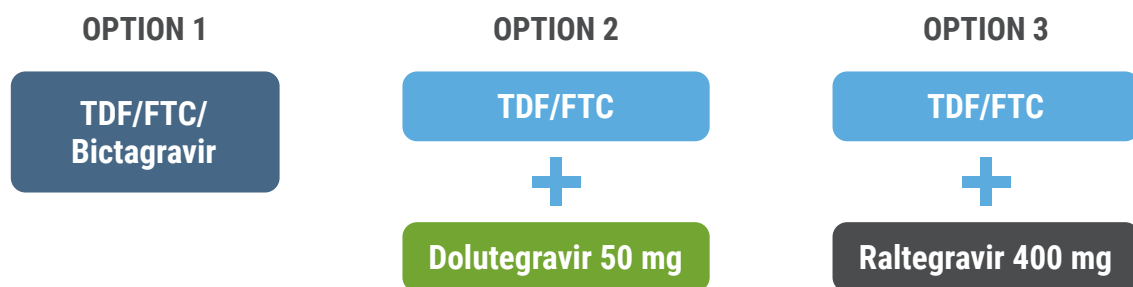
- Discontinue PrEP immediately to avoid development of HIV resistance.
- Determine the last time that they took PrEP and their PrEP taking pattern.
- Ensure linkage to HIV primary care for prompt initiation of an ARV treatment regimen.
- In San Francisco, inform SFDPH: 628-217-6608. In Alameda County, inform the Alameda County Public Health Investigator: 510-268-7640 (office) 510-507-4382 (cell). *All numbers are confidential and it is ok to leave a voicemail with information.*

How will my patient pay for PrEP?

- Medi-Cal and most private insurance plans in CA now pay for oral PrEP medication with \$0 cost-sharing, and Medi-Cal covers injectable PrEP.
- Generic TDF/FTC for PrEP should not be subject to PA by CA-based insurance plans. Multiple generics for TDF/FTC are now available; even full cash pay should be < \$40/month.
- Patients with confidentiality concerns, minors ages 13-17, and uninsured patients can use the California PrEP-AP program to pay for PrEP medical services (www.bit.ly/PrEP-AP).
- Uninsured patients can use Gilead Patient Assistance (www.gileadadvancingaccess.com), Viiv Connect (www.viivconnect.com), or the federal Ready, Set, PrEP program (www.getyourprep.com) to pay for medications.
- Manufacturer field representatives can be a helpful resource to obtain insurance approval.

Prescribing Post-exposure Prophylaxis (PEP)

THREE ANTIRETROVIRAL DRUGS ARE RECOMMENDED FOR PEP REGIMENS:⁵



All doses are 1 pill daily, except Raltegravir (1 pill twice 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**

FTC: emtricitabine; TDF: tenofovir disoproxil fumarate

Offer comprehensive sexual health & harm reduction services

- **DoxyPEP:** Discuss doxyPEP to prevent STI's with cis men who have sex with men and transgender individuals who are sexually active. Educational handouts for patients: www.bit.ly/doxy-PEP; guidance for providers: www.bit.ly/doxy-PEP_AC
- **Vaccinations:** Offer vaccinations for eligible individuals. These vaccinations could include: Mpox, Meningococcal, Hepatitis A, Hepatitis B, and HPV vaccines.
- **HIV Linkage to care:** Link people living with HIV to care.
- **Overdose prevention:** Provide naloxone to people who use opioids to help reduce overdose deaths.
- **Harm reduction:** Individuals who have substance use disorder should be referred to harm reduction services and medication assisted treatment programs.

Resources

- **For HIV care options,** see www.tiny.cc/SFHIVCare and the East Bay Getting to Zero (EBGTZ) Service Directory (search for 'HIV treatment'): www.ebgtz.org/services
- **For questions regarding HIV PrEP and PEP:**
 - Contact National Clinician Consultation Center: 855-448-7737, www.nccc.ucsf.edu
- **CDC PrEP Guidelines:** www.bit.ly/CDC_PrEPguidelines
- **CDC PEP Guidelines:** www.bit.ly/CDC_PEPguidelines
- **Pacific AETC Quick Clinical Guide:** www.bit.ly/AETC_PrEP
- **Getting to Zero:** www.gettingtozerosf.org and www.ebgtz.org
- **Provider directory:**
 - www.prelocator.org
 - EBGTZ Service Directory (search for 'PrEP'): www.ebgtz.org/services



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

REFERENCES: 1. CDC. www.cdc.gov/hiv/basics/prep.html. 2020. 2. National Center for HIV, Viral Hepatitis, STD, and TB Prevention. AtlasPlus surveillance data. www.cdc.gov/nchstp/atlas. 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. Marazzo J, et al. 8+ years pooled analysis: adherence and HIV incidence in 6000 women in F/TDF for PrEP. Abstract 163, CROI 2023, Seattle, WA. 5. CDC. www.cdc.gov/HIV/pdf/programresources/CDC-HIV-nPEP-guidelines.pdf