

PROVIDERS CAN HELP PREVENT HIV IN COLORADO BY PRESCRIBING PrEP.

**PROUD
TO BE
PREPPED**

WHAT IS PREP?

- PrEP is a once-daily pill that can help prevent HIV transmission for people who are HIV negative.
- PrEP is safe. Few adverse effects have been observed.
- PrEP was FDA approved in 2012 as the fixed-dose antiretroviral medication Truvada®.

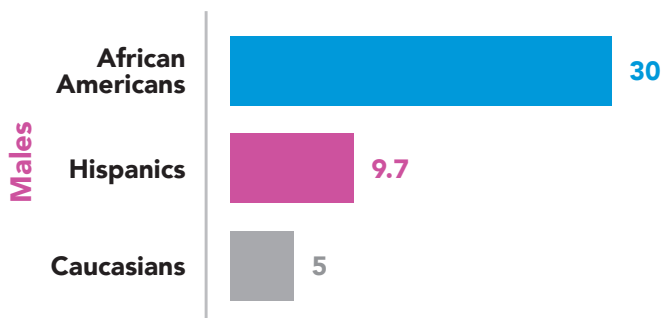
PrEP can reduce the risk of HIV by more than 90%¹

WHO MAY BENEFIT FROM PrEP?

- Men who have sex with men (MSM)
- Anyone with a partner with or at risk for HIV
- Transgender individuals
- People who inject drugs

HIV DISPARITIES AND PrEP: YOU CAN MAKE A DIFFERENCE!

African Americans and Hispanics in Colorado are at disproportionate risk for HIV²



Rates of new diagnoses per 100,000

Though they comprise 12% of the U.S. population, African Americans accounted for 45% of HIV diagnoses in 2015. Nationwide pharmacy data show that only 10% of PrEP prescriptions are written for African Americans.



COLORADO
Department of Public
Health & Environment

KEY MESSAGES

- Take a thorough sexual history once a year on all patients.
- Test for STIs, including extra-genital testing when indicated.
- Talk about PrEP as one method for preventing HIV.
- Test for HIV. Only begin PrEP after confirming patient is HIV negative.
- Follow up with patients on PrEP every 3 months for HIV/STI testing and PrEP prescription refill.

SEXUAL HISTORY

- Partners: Do you have sex with men, women or both?
- Practices: In the past year, what type(s) of sex have you had: vaginal, oral, anal receptive, anal insertive?
- Protection from STIs: What methods do you use to prevent STIs (STDs)? If you use condoms, how often?
- Past history of STIs: Have you ever had an STI?
- Pregnancy: Are you trying to conceive or father a child? Are you trying to avoid pregnancy?
- PrEP: Do you think a daily pill for HIV prevention would improve your sexual health?

BASELINE ASSESSMENT

(PrEP PRESCRIBED WITHIN 7 DAYS OF DOCUMENTED NEGATIVE HIV TEST)

- | | |
|---|---|
| <input type="checkbox"/> Screen for symptoms of acute HIV (fever, fatigue, myalgia/arthralgia, rash, headache, pharyngitis, cervical adenopathy, night sweats, diarrhea) | <input type="checkbox"/> Serum creatinine (contraindicated if CrCl<60 ml/min) |
| <input type="checkbox"/> HIV test: 4 th generation Ag/Ab preferred; 3 rd generation if 4 th not available (plus HIV viral load if concern for acute HIV) | <input type="checkbox"/> Pregnancy test* |
| <input type="checkbox"/> STI screening: gonorrhea & Chlamydia NAAT (urine or vagina, rectum, pharynx), syphilis screen. Rectal swabs can be self-collected. | <input type="checkbox"/> Hepatitis B Surface Antigen (HBsAg)* |
| | <input type="checkbox"/> Hepatitis C Antibody* |

*Not a contraindication, but follow-up indicated if positive

FOLLOW-UP ASSESSMENT EVERY 3 MONTHS

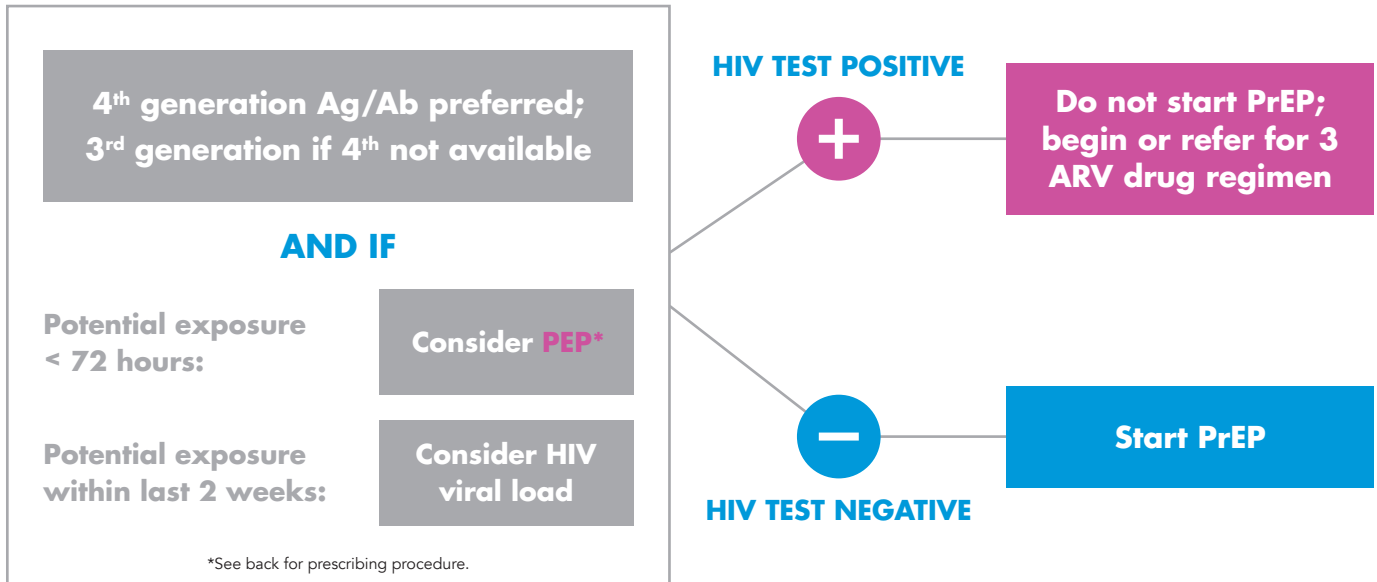
- | | |
|---|--|
| <input type="checkbox"/> HIV test | <input type="checkbox"/> STI screening |
| <input type="checkbox"/> Screen for symptoms of acute HIV | |

OTHER

- | | |
|--|---|
| <input type="checkbox"/> Serum creatinine, every 6 months | <input type="checkbox"/> Pregnancy test, as appropriate |
| <input type="checkbox"/> Hepatitis C Antibody, every 12 months | |

TESTING FOR HIV AND PRESCRIBING PrEP

HIV TEST:



PRESCRIBING PrEP

Truvada® 200/300mg

(emtricitabine 200mg/tenofovir disoproxil fumarate 300mg)

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

PATIENT COUNSELING

- **Daily dosing** is recommended, though imperfect, yet regular, adherence can still provide significant protection for men who have sex with men. Intermittent dosing is not currently recommended⁴
- PrEP reaches maximum protection **in blood** after approximately 20 days of daily oral dosing, **in rectal tissue** at approximately 7 days and **in cervicovaginal tissues** at approximately 20 days.
- **Combining prevention strategies**, such as condoms plus PrEP, provides the greatest protection from HIV and other STIs. Reinforce the need for HIV and STI testing **every 3 months** for optimal sexual health.
- Identify and address barriers to **medication adherence**.

SIDE EFFECTS AND POTENTIAL RISKS³

- PrEP is generally well-tolerated. About 10% of patients experience **nausea and fatigue** in the 1st month of treatment. This typically resolves after 3–4 weeks.
- 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 pathologic fracture. Consider baseline DXA for patients with history of or at risk for osteoporosis.

WHAT IF MY PATIENT HAS A POSITIVE HIV TEST ON PrEP?

- Discontinue PrEP immediately to avoid potential development of HIV drug resistance.
- Determine the last time PrEP was taken and recent pattern of taking PrEP.
- Ensure establishment with HIV primary care for prompt initiation of a fully active ARV treatment regimen and counseling/support services.
- Report new HIV diagnosis to Colorado Department of Public Health & Environment: 303-692-2694.

PrEP IS AFFORDABLE IN COLORADO

Health First Colorado (Colorado's Medicaid Program) and most insurance plans pay for PrEP.

Additional assistance is available through:

- CDPHE's financial assistance program (PHIP): 1-844-367-7075, ext 2 (English and Spanish), ProudToBePrEPED.com
- Gilead medication and copay assistance programs: 855-330-5479, gileadadvancingaccess.com
- Patient Advocate Foundation (<400% FPL), copays.org
- PAN Foundation (<500% FPL), panfoundation.org

PRESCRIBING POST-EXPOSURE PROPHYLAXIS (PEP)⁵

Three antiretroviral drugs are recommended for PEP regimen:

Tenofovir DF (300mg)/Emtricitabine (200mg) daily + Raltegravir 400mg BID

OR

Tenofovir DF (300mg)/Emtricitabine (200mg) daily + Dolutegravir 50mg daily

- Potential HIV exposure within past 72 hours and patient has not taken PrEP for past 7 days
- Provide 28-day supply of PEP, and then transition to only PrEP

RESOURCES

For Colorado-specific resources regarding HIV, visit ProudToPrescribePrEP.com or call 1-844-367-7075 ext. 2 for provider consultation.

For questions and clinician-to-clinician advice, contact experts at the National Clinician Consultation Center at 855-448-7737 or nccc.ucsf.edu for HIV, PrEP and PEP questions.

CDC PrEP Guidelines: [cdc.gov/hiv/pdf/prepguidelines2014.pdf](https://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf)

CDC PEP Guidelines: [cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf](https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf)

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REFERENCES

1. Centers for Disease Control and Prevention. Pre-exposure prophylaxis for the prevention of HIV infection in the United States—2014: a clinical practice guideline, 2014 <http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>. Accessed 4 January 2017. 2. The Colorado HIV/AIDS Strategy 2017–2021, Table 3.18, page 45; Table 3.21, page 49; Table 4.22, page 75. 3. Grant RM, Lama JR, Anderson PL, et al. "Pre-exposure chemoprophylaxis for HIV prevention in men who have sex with men." N Engl J Med. 2010;363(27):2587-2599. 4. Anderson, Peter L., et al. "Emtricitabine-tenofovir concentrations and pre-exposure prophylaxis efficacy in men who have sex with men." Science translational medicine 4.151 (2012): 125-151. 5. Smith, Dawn K., et al. "Antiretroviral post-exposure prophylaxis after sexual, injection-drug use, or other non-occupational exposure to HIV in the United States: recommendations from the US Department of Health and Human Services." MMWR Recomm Rep 54.RR-2 (2005): 1-20.