

PROVIDERS IN MICHIGAN CAN HELP PREVENT HIV BY PRESCRIBING PrEP



WHAT IS PrEP (Pre-Exposure Prophylaxis)?

- PrEP is a once-daily pill for HIV negative individuals that can help prevent HIV acquisition

PrEP is safe and can reduce the risk of HIV by over 90 percent ¹

WHO MAY BENEFIT FROM PrEP?

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

KEY MESSAGES

- Take a thorough sexual history once a year on all patients
- Test for STIs including 3-site 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

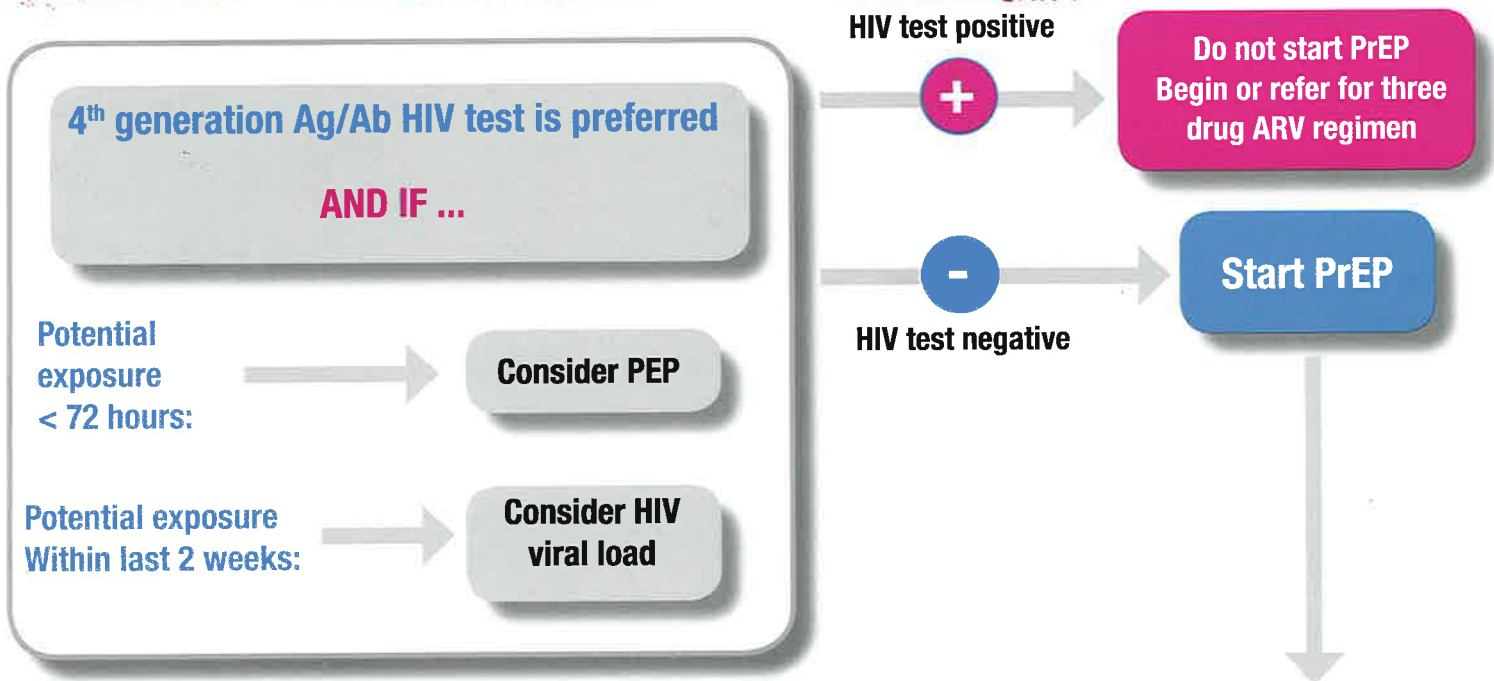
- **Partners:** Do you have sex with men and/or women and/or transgender individuals?
- **Practices:** In the past year, what type(s) of sex have you had: vaginal, oral, anal receptive, anal insertive? For men who have sex with men; Are you the receptive or insertive partner? Both?
- **Protection:** From STIs: What methods do you use to prevent STIs including HIV? How often do you use condoms for vaginal, anal, oral sex?
- **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 CLINICAL VISITS: INITIAL VISIT

- Discuss STI/HIV risk reduction; offer condoms, clean syringe resources, contraceptive counseling if applicable
- Screen for signs and symptoms of acute HIV
- Evaluate HAV, HBV, & HPV vaccination status; vaccinate as appropriate
- Baseline labs:
 - HIV test: 4th gen Ab/Ag test; HIV RNA PCR if concern for acute HIV
 - STI screening: GC/CT (rectum, oropharynx, genitals), syphilis EIA or RPR
 - BMP for Creatinine Clearance (Truvada® is contraindicated with CrCl<60 ml/min)
 - Hepatitis B (surface antigen, surface antibody, and total core antibody)*
 - Hepatitis C antibody*
 - Urine pregnancy test for women*

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

TESTING FOR HIV



PRESCRIBING PrEP

Truvada® 200mg/300mg (emtricitabine 200mg/tenofovir disoproxil fumarate 300mg)
1 tablet PO daily, 30-day supply with 2 refills (after negative HIV test)

Billing code: ICD-10: Z20.6 Contact with and (suspected) exposure to human immunodeficiency virus

30-DAY VISIT

- No routine labs; obtain as clinically indicated
- Screen for signs and symptoms of acute HIV
- Evaluate for medication side effects and adherence, continue risk reduction counseling
- Give 60-day (or 30 days with one refill) prescription for FTC/TDF (Truvada®), and schedule follow up prior to the end of the 60-day prescription

FOLLOW-UP ASSESSMENT EVERY 3 MONTHS

- HIV test: 4th gen Ab/Ag test; HIV RNA PCR if concern for acute HIV
- Screen for signs and symptoms of acute HIV
- STI screening: GC/CT (rectum, oropharynx, genitals), syphilis EIA or RPR
- Urine pregnancy test for women*
- Evaluate for medication side effects, adherence and continue risk reduction counseling
- Check creatinine clearance at 3 months and every 6 months thereafter
- Give 90-day (or 30 days with two refills) prescription for FTC/TDF (Truvada®), and schedule follow-up prior to the end of the 90-day prescription

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

ANNUAL ASSESSMENT

- Urinalysis is recommended

PATIENT COUNSELING

- Daily dosing is recommended. Intermittent dosing is not currently recommended.²
- PrEP reaches maximum protection in rectal tissue at approximately 7 days of daily oral dosing, and in cervicovaginal tissues at approximately 20 days of daily oral dosing.
- 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.
- Identify and assess barriers to medication adherence.

SIDE EFFECTS AND POTENTIAL RISKS³

- PrEP is generally well-tolerated. About 10 percent 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
- Report new HIV diagnosis to Michigan Department of Health and Human Services using Adult HIV Confidential Case Report Form
- Ensure linkage to HIV care for prompt initiation of ARV treatment regimen, counseling/support services

PrEP IS AFFORDABLE IN MICHIGAN

- Michigan Medicaid plans pay for PrEP including visits, labs, and medication costs.
- Most private insurance plans pay for PrEP

Additional assistance is available through:

- Gilead medication and copay assistance programs: gileadadvancingaccess.com, 800-226-2056
- Patient Advocate Foundation (<400 percent of federal poverty line), www.copays.org
- PAN Foundation (<500 percent of federal poverty line), www.panfoundation.org

PrEP and PEP RESOURCES:

- For free clinician to clinician advice from HIV experts call the Michigan HIV Consult Program at Henry Ford Hospital 24/7 at 313-575-0332 or submit a question to expert providers online at www.henryford.com/HIVConsult
- MDHHS PrEP Provider Toolkit and Michigan PrEP Payment Guide: www.Michigan.gov/hivstd
- CDC PrEP Clinical Guidelines: www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf
- MDHHS PEP guidance: www.michigan.gov/documents/mdhhs/MDHHS_nPEP_Guidance_Excerpts_621167_7.pdf

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1. Centers for Disease Control and Prevention. Pre-exposure prophylaxis for the prevention of HIV infection in the United States – 2017 Update, 2018.
<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>
2. Anderson PL, Glidden DV, et al. “Emtricitabine-tenofovir concentrations and pre-exposure prophylaxis efficacy in men who have sex with men.” *Sci Transl Med*. 4.151 (2012): 125-151.
3. Grant, RM, Lama, JR, et al. “Pre-exposure chemoprophylaxis for HIV prevention in men who have sex with men.” *N Engl J Med*. 2010; 363(27):2587-2599.