Pre-Exposure Prophylaxis (PrEP) for HIV

Quick Guide for Clinicians

STEP 1: Have the conversation and identify patients who may benefit from PrEP for HIV

Anyone who is sexually active or injects drugs is potentially at risk for HIV. Ask patients about their sexual behaviors and injection drug use in an open-ended, nonjudgmental way to better understand their risk for HIV.

- Know your pronouns and ask patients how they prefer to be addressed.
- Let the patient set the tone to maximize patient comfort.
- When in doubt, ask about unfamiliar slang for clarification.
- Use eye contact and a tone or inflection that allows for honest and forthcoming responses to questions.
- Be aware of cultural factors related to race, ethnicity, religion, sexual orientation, and gender identity.

Table 1: Tips for having a conversation about PrEP for HIV with patients

Conversation Tips	
Start by asking permission and normalize the topic	• *Is it OK if I ask you a few questions about your sexual health and about injection drug use to better understand your risk of getting HIV? This will help us come up with a prevention plan that is best suited for you.* • *I ask these questions to all my patients, regardless of age, gender, or marital status.* • *These questions are as important as the questions about your physical and mental health. Like the rest of our visits, this information is kept in strict confidence. Do you have any questions before we get started?*
Ask about sexual health and history using non-judgmental language	The Sexual Health Review template in the electronic medical record can help standardize the conversation. • The 5Ps can be used a guide (partners, practices, protection from STIs, past history of STIs, and pregnancy intention) Note: anyone who is sexually active is potentially at risk for HIV. Avoid making assumptions based on age, gender, etc (e.g., people > 65 have sex, married does not equal monogamous)
Ask about injection drug usage using non-judgmental language Note: anyone who shares injection drug equipment is potentially at risk for HIV	*Have you ever injected drugs?* **If YES:** • *Have you used any injection drugs within the past year?* • *How often do you share needles or other injection equipment with other people?*
Ask about HIV testing and PrEP	• *Have you ever been tested for HIV? The CDC recommends universal testing for most persons, regardless of risks. I would like to test you today, unless you do not wish to be tested.* • *What have you heard about PrEP? Would you be interested in learning about PrEP?*

PrEP is an option for anyone requesting it, even if they do not endorse risky behaviors, as they may be uncomfortable or unwilling to disclose these activities, but still be at risk.

STEP 2: Rule out HIV and check appropriate baseline tests

All patients must be tested to rule out HIV, ideally within 1 week prior to PrEP initiation.[1] Other baseline testing (Table 2) is also recommended. See PrEP for HIV Clinician Guide for more information on other baseline tests.

Table 2: Baseline laboratory test for PrEP

HIV Testing	Other Baseline Testing	
• HIV antigen (Ag)/ antibody (Ab) • HIV-1 RNA*	• Serum creatinine (SCr) • Sexually transmitted infection screening (guided by existing anatomy and sexual behaviors): gonorrhea, chlamydia, and syphilis • Hepatitis B virus: HbsAg, HbsAb, and HbcAb for oral PrEP**	• Serum lipid panel (for FTC/TAF) • Hepatitis A** and Hepatitis C antibody • Pregnancy test

* Not required in all patients. Obtain in patients with signs or symptoms of acute HIV infection, risk behaviors such as condomless sex or sharing injection equipment in the prior 4 weeks with a partner of unknown HIV status, or recent PrEP use (3 months for oral PrEP or 12 months for CAB) or PEP in the last 3 months. ** Offer vaccination to seronegative patients.

STEP 3: Select a drug and initiate PrEP for HIV

Table 3: Comparison of drugs FDA approved for PrEP for HIV

PrEP Regimen	Recommended for	Avoid in	Side effects
Emtricitabine/ tenofovir disoproxil fumarate (FTC/TDF) (Truvada®) **Dose: 1 tablet daily**	• **Preferred PrEP agent in VHA** • Can be used by all at-risk populations • Safe in those with CrCl ≥ 60 mL/min	• Patients with CrCl <60 mL/min • Some providers may wish to avoid in osteoporosis or significant osteopenia	• Headache, nausea (first month) • Renal insufficiency • Decreased bone mineral density (BMD)
Emtricitabine/ tenofovir alafenamide (FTC/TAF) (Descovy®) **Dose: 1 tablet daily**	• CrCl 30 – 60 mL/min • Patients with osteoporosis or significant osteopenia	• Cis-gender female patients (only studied in cis-gender MSM and TGW) • Use with concomitant drugs that may reduce PrEP efficacy*	• Headache, nausea (first month) • Weight gain and lipid increases • Less impact on renal function and BMD than FTC/TDF
Cabotegravir (CAB) (Apretude®) **Dose: 3 mL IM monthly for 2 doses, then every 2 months**	• Renal impairment with CrCl <30 mL/min • Intolerance to FTC/TDF or FTC/TAF • Factors that impact daily PrEP adherence	• Patients who cannot commit to clinic visits for injection • Drug interactions that may reduce PrEP efficacy* (see package insert for details)	• Injection site reactions (e.g., pain, swelling) • Headache, nausea • Insomnia, abnormal dreams • Anxiety

*Rifampin, rifapentine, anticonvulsants (phenytoin, phenobarbital, carbamazepine, oxcarbazepine), St. John's Wort; MSM = men who have sex with men, TGW = transgender women

Prescription for oral PrEP should be for no more than a 90-day supply to ensure follow up occurs before additional medication is given.

STEP 4: Follow-up monitoring and laboratory testing

Monitoring and follow-up should **occur every 3 months for patients on oral PrEP and every 2 months for patients on injectable PrEP**. At every visit, the patient should be assessed for signs or symptoms of acute HIV and medication adherence. Assess for continued need for PrEP annually. See Table 4 for specific monitoring recommendations.

Table 4: Monitoring recommendations

FTC/TDF and FTC/TAF	CAB
• HIV Ag/Ab every 3 months (add HIV-RNA if any concern for acute HIV) • Gonorrhea, chlamydia, and syphilis screening every 6-12 months (every 3 months in cis-gender MSM and TGW)* • BUN/SCr every 12 months (every 6 months if age ≥50 or CrCl <90mL/min at PrEP initiation) • Lipid panel and weight every 12 months (for FTC/TAF) • Hepatitis C serology every 12 months (cis-gender MSM, TGW, PWID) • Pregnancy test every 3 months (in persons of child-bearing potential)	• HIV Ag/Ab and HIV RNA every 2 months • Gonorrhea and syphilis screening every 6 months (every 4 months in cis-gender MSM and TGW) • Chlamydia screening every 12 months (every 4 months in cis-gender MSM and TGW) • Pregnancy test every 2 months (in persons of child-bearing potential)

*Gonorrhea and chlamydia nucleic acid amplification tests (NAAT) should be done from all anatomically exposed sites (e.g., genital, rectal, pharyngeal); PWID = persons who inject drugs

Reference:

1. Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. Published December 2021. Accessed March 9, 2023.