

Pre-exposure prophylaxis (PrEP) is safe and effective for significantly reducing the risk of HIV infection in sexually active individuals (including adolescents) and people who inject drugs (PWID). This document is a brief “how-to guide,” including medication coverage options for California state, and links to patient assistance programs for low-income patients. For resources and referrals, go to [PleasePrEPMe.org](http://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), cis- and transgender women, who may benefit from PrEP include:

- People who ask for PrEP
- People with HIV-positive partners
- People with sexual exposures including: condomless anal sex, multiple sex partners, sex partners at high risk for HIV, or transactional sex (such as sex for money, drugs or housing)
- People who have had a bacterial sexually transmitted infection (STI)
- People who inject drugs (PWID) and people who use stimulants, such as methamphetamine, during sex

## 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  $\geq 4$  doses/week is associated with a high level of protection. Several small studies suggest that feminizing hormones may lower tenofovir levels, but the clinical significance is unknown and additional study is needed on whether higher adherence is needed for protection.
- For vaginal/front exposures, detectable drug blood levels equivalent to 6-7 doses/week is associated with a high level of protection.

### Time to protection

**Time to maximum 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 2-1-1.
- About 21 daily doses in cervico-vaginal tissue, but should not be a reason to not Rx 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 before initiating PrEP and every 3 months there- after. The patient should report immediately to clinic if they develop symptoms compatible with acute HIV infection (fever with sore throat, rash, or headache).

### Potential side effects

- **Nausea or abdominal discomfort (~10%)**, which usually resolves in a few weeks. PrEP is very well-tolerated and 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](http://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 (HIV RNA PCR and HIV 4th generation Ag/Ab test) and consider deferring PrEP until test results are back.
- Any history of renal or liver disease, or osteoporosis may impact which PrEP agent is selected. Please see table below.
- Willingness and ability to 1) take a medication on a schedule, and 2) return for regular appointments and labs while taking PrEP.

### 4. Obtain baseline testing

<b>HIV test: HIV antibody test (4th gen Ag/Ab recommended) +/- HIV RNA test</b>	All patients need a negative HIV antibody test (4th generation Ag/Ab recommended) prior to initiation of PrEP. In patients with acute HIV symptoms or who report a possible HIV exposure in the last month, test with both an HIV RNA PCR and HIV 4th generation Ag/Ab test. If the patient has HIV infection, refer them to an HIV care provider; Truvada® or Descovy® alone is inadequate therapy for HIV infection.
<b>Serum Creatinine (e.g. as part of a basic or complete metabolic panel)</b>	Estimated GFR or CrCl by serum labs should be $\geq 60$ ml/min (Cockcroft-Gault) to safely use Truvada® and $\geq 30$ ml/min to safely use Descovy®. An online calculator can be found here: <a href="http://tinyurl.com/CrClcalculator">tinyurl.com/CrClcalculator</a>
<b>Hepatitis B surface antigen (HBsAg)</b>	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 negative should be offered HBV vaccination if not previously infected or immunized.
<b>Hepatitis C antibody</b>	Determine baseline hepatitis C infection status and obtain repeat testing at least yearly among MSM, PWID and others with ongoing risks of exposure.
<b>STIs (based on patient sexual practices)</b>	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.
<b>Pregnancy test (when appropriate)</b>	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 24/7 at <b>888-448-8765</b> .

### 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 two agents FDA-approved for PrEP, Truvada® and Descovy®, which are both safe and highly effective in clinical trials. There were no differences in adverse clinical outcomes such as broken bones or heart disease between people taking either drug. Choice may be limited by insurance coverage; Medi-Cal covers both.

<p><b>PrEP medication</b></p>	 <p><b>Truvada®</b>  <b>Tenofovir disoproxil fumarate 300 mg +          Emtricitabine 200 mg (F/TDF)</b></p>	 <p><b>Descovy®</b>  <b>Tenofovir alafenamide 25 mg +          Emtricitabine 200 mg (F/TAF)</b></p>
<p><b>Dosing</b></p>	<p>1 pill once daily          unless using a PrEP 2-1-1 schedule</p>	<p>1 pill once daily</p>
<p><b>Alternative dosing (2-1-1 schedule)</b></p> <p>Note that while there is substantial published data supporting this strategy, 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.</p>	<p><u>2-1-1 for MSM with anal exposures only:</u>          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</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• If there are continued daily sexual exposures, continue 1 pill daily until 48 hours has passed since last sexual encounter</li> </ul> <p>For a detailed 2-1-1 guide, <a href="https://www.tinyurl.com/HIVPrEP211">click on this link or go to tinyurl.com/HIVPrEP211</a>.</p>	<p>Descovy® has <u>not</u> been evaluated using a PrEP 2-1-1 schedule.</p>
<p><b>Indications</b></p>	<p>Truvada® is approved for use for all adults and adolescents ≥35 kg with indications for PrEP.</p>	<p>Descovy® is approved for use for adults and adolescents ≥35 kg at risk for sexually acquired HIV, excluding individuals at risk from receptive vaginal/front hole sex and injection drug use only.</p>
<p><b>Side effects</b></p>	<p>Generally safe and well tolerated</p> <ul style="list-style-type: none"> <li>• Small decrease in eGFR, which improves upon discontinuation of Truvada®</li> <li>• Slightly decreased bone density, but no increased risk of fractures</li> </ul>	<p>Generally safe and well tolerated</p> <ul style="list-style-type: none"> <li>• Small increase in LDL cholesterol</li> <li>• Slight increase in body weight</li> </ul>
<p><b>Other notes</b></p>	<p>Estimated GFR or CrCl by serum labs should be ≥60 ml/min (Cockcroft-Gault) to safely use Truvada®.</p> <p>A generic form of Tenofovir disoproxil fumarate + Emtricitabine (F/TDF) is anticipated in October 2020.</p>	<p>Estimated GFR or CrCl by serum labs should be ≥30 ml/min (Cockcroft-Gault) to safely use Descovy®.</p>

- 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.

## 6. Monitor and provide ongoing support for patients using PrEP

Monitoring recommendations are currently identical for Truvada® and Descovy® as well as for people using 2-1-1 dosing.

Timeframe	Action
<b>30 days after initiation</b> <ul style="list-style-type: none"><li>In-person follow-up visit highly recommended for patients 24 years old and under or those who may have difficulties with adherence</li><li>A phone call is a reasonable alternative for other patients</li></ul>	<ul style="list-style-type: none"><li>Assess for:<ul style="list-style-type: none"><li>Side effects and patient interest in continuing.</li><li>Adherence: link to regular habits, set reminders, reinforce importance of dosing schedule, and address any challenges the patient has faced.</li><li>Ongoing risk and provide risk reduction counseling.</li><li>Signs and symptoms of acute HIV infection.</li></ul></li><li>Prescribe additional 60-day supply with no refills.</li></ul>
<b>Every 3 months</b> <ul style="list-style-type: none"><li>Labs</li><li>Visit</li><li>Refills</li></ul>	<ul style="list-style-type: none"><li>At visit: adherence and risk reduction counseling.</li><li>HIV test: 4th generation antigen/antibody test preferred.</li><li>Serum Creatinine: stop if eGFR declines.</li><li>STI screening for syphilis and for urethral, rectal, and pharyngeal GC and CT based on reported exposure routes (not based on gender/sexuality). Consider using self-collected swabs for GC/CT testing.</li><li>Pregnancy test for appropriate patients.</li><li>Prescribe 90-day supply if HIV test negative at each visit.</li></ul>
<b>Every 12 months or more often based on assessed risk</b>	<ul style="list-style-type: none"><li>Hepatitis C antibody, particularly for MSM and PWID.</li></ul>

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

- Discontinue PrEP to avoid development of HIV resistance
- Start patient on HIV antiretroviral treatment as soon as possible in accordance with **HIV Treatment Guidelines** ([tinyurl.com/HIVTreatmentGuidelines](http://tinyurl.com/HIVTreatmentGuidelines)), and/or refer to an HIV provider ASAP.
- For questions and support, call the **National HIV Clinicians Consultation Center: 800-933-4313**.
- Order HIV genotype and document results
- Report the test result to your local health department

### PrEP coverage options:

#### ■ Insured patients

- Many private insurers cover PrEP but may require prior authorization (PA). PAs for Truvada® will no longer be allowable after July 2020. Approval for coverage typically requires documentation of all of the following:
  - Patient has been determined to be at high risk for HIV infection
  - Patient has received counseling on safer sex practices and HIV infection risk reduction
  - Patient has no clinical symptoms consistent with acute viral infection
  - Patient has no recent (<1 month) suspected HIV exposures
  - Patient has a confirmed negative HIV status within the past week
  - Adolescents covered on their parents' plan can keep their info confidential by signing up at: [myhealthmyinfo.org](http://myhealthmyinfo.org)
- Medi-Cal does not require a prior authorization for PrEP. We recommend writing a note to the pharmacy to "bill to the State Medi-Cal HIV carve-out" instead of the managed-care plan to help ensure Medi-Cal coverage.
- For adolescents, the Medi-Cal Minor Consent Program can help pay for PrEP/PEP and keep the services confidential.
- 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
  - Other codes are on p.42 of the **CDC Clinician Supplement: [tinyurl.com/CDCPrEPsupp2017](http://tinyurl.com/CDCPrEPsupp2017)**

- If patient needs help with co-pays, Gilead (maker of Truvada® and Descovy®) has a co-pay assistance program for up to \$7,200 annually for either agent: [gileadadvancingaccess.com](http://gileadadvancingaccess.com) or **877-505-6986**
- Other payment assistance programs are listed on the **Fair Pricing Coalition website: [tinyurl.com/FPCcopays](http://tinyurl.com/FPCcopays)**
- The **California PrEP Assistance Program (PrEP-AP)** helps low income [ $\leq 500\%$  Federal Poverty Line (FPL)] insured patients pay for PrEP-related out-of-pocket costs, such as medical visits and labs, and also assists with Truvada® or Descovy® co-payments after the \$7,200 Gilead benefit is exhausted: [tinyurl.com/prepap](http://tinyurl.com/prepap)

## ■ 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 ( $\leq 500\%$  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](http://tinyurl.com/GileadEnrollment) or [services.gileadhiv.com/content/pdf/gilead\\_enrollment\\_form.pdf](http://services.gileadhiv.com/content/pdf/gilead_enrollment_form.pdf)**
  - » 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. SSN is not required. Proofs of income include: W2, 1040 tax return, 2 pay stubs from the last 90 days or letter stating monthly income. Letter may also state residence address. Letter must be signed and dated but does not need to be notarized.
- The **Ending the HIV Epidemic: Ready, Set, PrEP program ([getyourprep.com](http://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.
- The **California PrEP-AP ([tinyurl.com/prepap](http://tinyurl.com/prepap))** serves uninsured low-income patients ( $< 500\%$  FPL) as a payer of last resort for PrEP-related medical costs (e.g. labs, visits, STI treatment) and must be used in conjunction with the Gilead Patient Assistance Program.

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## Have questions?

**The national HIV PrEPLine for clinicians provides guidance on PrEP:**

**855-448-7737, 8am – 3pm PST**

Go to [PleasePrEPMe](http://PleasePrEPMe) for a location-responsive California PrEP provider directory, online chat navigation in English/Spanish, and many resource pages including for patients, providers, youth, trans and non-trans women: [pleaseprepme.org](http://pleaseprepme.org)

**Further information about PrEP can be found at:**

- **Project Inform PrEP Navigator Manual: [pleaseprepme.org/prepnavigatormanual](http://pleaseprepme.org/prepnavigatormanual)**
- **CDC website: [cdc.gov/hiv/risk/prep/index.html](http://cdc.gov/hiv/risk/prep/index.html)**
- **San Francisco City Clinic's website: [sfcityclinic.org/services/prep.asp](http://sfcityclinic.org/services/prep.asp)**
- **Project Inform provider, staff, and patient resources: [projectinform.org/prep](http://projectinform.org/prep)**

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