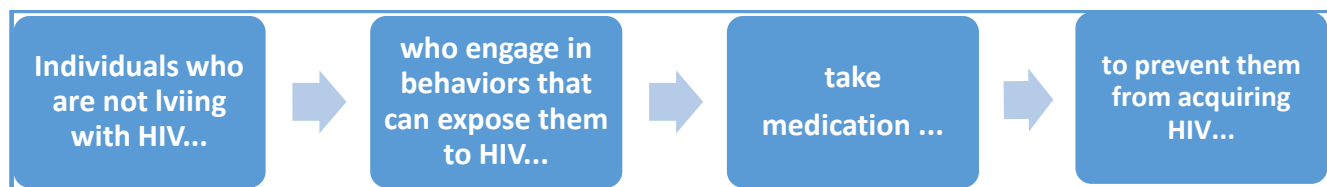


What Support Services Providers Should Know About HIV Clinical Guidelines: Improving Health Outcomes Series

New York State Department of Health AIDS Institute

TOPIC: Pre-exposure Prophylaxis to Prevent HIV Infection

WHAT IS PrEP?



BACKGROUND

Pre-exposure prophylaxis (PrEP) is a commonly used biomedical approach for preventing an unwanted health condition. In PrEP for HIV, a person who is not living with HIV takes antiretroviral medication to protect the person from a possible exposure to HIV. Clinical trials have consistently found PrEP for HIV to be safe and effective for adults and adolescents when taken as prescribed. Expanding access to PrEP is one of the three pillars in New York's plan to end the AIDS Epidemic. Health and human services providers who serve people at risk for HIV have an important role to play in promoting PrEP.

Common Examples of Pre-Exposure Prophylaxis

It may seem unusual to give medication to a healthy person, but here are some common examples:

1. A woman taking birth control pills to prevent pregnancy;
2. A traveler taking anti-malaria medications when going to an area where there is high likelihood of exposure to malaria;
3. A person taking antibiotics prior to dental surgery to prevent infection.

THE ROLE OF NON-CLINICAL PROVIDERS IN PROMOTING PrEP

Nonclinical providers can play an important role in promoting appropriate use of PrEP by:

1. Discussing PrEP with clients who engage in on-going activities that can lead to HIV and referring these clients to a health care provider that prescribes PrEP;
2. Supporting treatment adherence by reinforcing the importance of taking the medication as directed by the medical provider;
3. Working as part of a team to provide HIV testing, condoms, behavioral counseling, STI screening and HIV testing to clients who are taking PrEP;
4. Educating clients that PrEP does not offer protection against other STIs and reinforcing the importance of condom use;
5. Educating clients who receive a confirmed positive HIV test that they should immediately get into HIV clinical care.
6. Educating clients about the cost of PrEP and navigating financial assistance programs.

PrEP: PART OF A COMPREHENSIVE PREVENTION PLAN, INCLUDING HIV TESTING

The NYS PrEP Guidance and FDA guidelines indicate that PrEP should be one component of a comprehensive HIV prevention plan that includes counseling about the following:

1. Consistent and correct condom use to avoid STIs;
2. Safer sex practices and risk-reduction options;
3. Frequent screening for sexually transmitted infections;
4. Mental health and substance use screening, when indicated.

PrEP is only for clients with a documented negative HIV test result. A negative HIV test result needs to be confirmed, ideally, on the same day the prescription for PrEP is given. HIV testing is repeated every three months. Although consistent condom use is recommended to prevent STIs, not using condoms should not be a reason to deny a person PrEP.

People are eligible for PrEP if they:

- Have unprotected anal or vaginal intercourse with: 1) a partner whose HIV status is unknown; 2) a partner who is living with HIV but not on HIV treatment; or 3) a partner who is living with HIV but not virally suppressed (i.e. does not have an undetectable viral load);
- Have unprotected anal or vaginal intercourse with a partner who is living with HIV, on treatment and virally suppressed but wishes to be on PrEP for additional protection;
- Are attempting to conceive with a partner who is living with HIV or who are at ongoing risk of acquisition of HIV during pregnancy;
- Have multiple or anonymous sex partners or, have partners who have multiple or anonymous sex partner;
- Participate in sex parties or have partners who do this;
- Are involved in transactional sex, such as sex for money, drugs, or housing, including commercial sex workers and their clients, or have partners who do this;
- Have been diagnosed with at least one STI in the previous 12 months;
- Use of mood-altering substances during sex, such as alcohol, methamphetamine, cocaine, and ecstasy;
- Inject substances, or have partners who inject substances, including illicit drugs and hormones;
- Are receiving post-exposure prophylaxis (PEP) and have ongoing high-risk behavior or have used multiple courses of PEP.

HELP A PERSON FIND A PrEP PROVIDER: Use the NYSDOH voluntary [Provider Directory](#).

ASSISTANCE WITH PAYING FOR PrEP

Medicaid covers the costs associated with PrEP, and all health plans offering prescription drug coverage must cover PrEP. However, these plans may have co-pays or deductibles. Financial assistance is available for people who are uninsured or underinsured. For up to date information about available financial assistance, click on [this link](#).

NEEDED APPOINTMENTS FOR PrEP

- **Initial Medical Appointment:** HIV testing with a negative result; PrEP medication is provided for 30 days.
- **One Month Follow-Up:** How is it going? Talk about adherence, side effects and commitment. Prescription for 60 days may be given.
- **HIV testing:** performed every three months; either at a CBO site or with the medical provider.
- **Follow-Up Medical Appointments:** Frequency established by the provider.

MONITORING AND ONGOING LAB TESTING FOR INDIVIDUALS TAKING PrEP

HIV Testing

- Conduct 4th-generation (recommended) or 3rd-generation (alternative) laboratory-based HIV screening test before initiation of PrEP and every 3 months while a patient is using PrEP.
- Whenever patients present with symptoms or signs consistent with acute retroviral syndrome, clinicians should perform HIV testing immediately according to guidelines for the evaluation of acute HIV infection.
 - See the NYSDOH AI guideline [Diagnosis and Management of Acute HIV](#)
 - See the [HIV Acquisition While Using PrEP](#) section of this guideline

Renal Function

- Renal function testing, including creatinine, and calculated GFR as follows:
 - Before initiating PrEP with TDF/FTC.
 - At 3 months after initiation.
 - At least every 6 months for the duration of PrEP.
- Urinalysis at baseline and annually.

HCV Screening

- Annual HCV screening for patients using PrEP.

STI Screening

- Assess for signs and symptoms of STIs, including syphilis and gonococcal and chlamydial infections, as part of a sexual history at every visit.
- Screening for syphilis, gonococcal, and chlamydial infections every three months for individuals at high risk for these STIs; annually for others.

Pregnancy Screening and Management

- Pregnancy testing for individuals of childbearing potential
 - Every 3 months if effective contraception is not in use, or whenever a new STI is diagnosed.
 - Annually when effective contraception is in use.
- Individuals in a “magnetic” couple (one person living with HIV and the other not living with HIV) who wish to conceive should consult with a health care provider.
 - The partner living with HIV should achieve complete and sustained viral suppression for at least 6 months before attempts to conceive.