
HIV Pre-Exposure Prophylaxis (PrEP) for Medical Providers

If you are diagnosing STDs in your patients, then you have patients who are at risk for becoming infected with HIV. Truvada (emtricitabine/tenofovir) reduces the risk of HIV acquisition in sexually active males and females. An HIV diagnosis is a life changing event. Help someone in your practice protect themselves from HIV.

Which of your patients may benefit from learning about PrEP?

Patients who are sexually active, HIV negative and answer yes to any of the questions below:

- Use condoms only sometimes or not at all?
- Have sex with one or more than one person whose HIV status they don't know?
- In a sexual relationship with an HIV-positive partner?
- Have taken post-exposure prophylaxis (PEP), had an STI, or used and/or injected drugs in the past year?

PrEP information can be offered when discussing sexual health

PrEP is only one piece of a comprehensive prevention plan to reduce risk of HIV and STDs. Ask your patient what they are currently doing to protect themselves from HIV-infection.

- Counsel patients about safer-sex and risk reduction strategies.
- Reinforce that Truvada does not prevent STDs, and encourage consistent and correct condom use.
- Stress the importance of taking the medication daily. It is critical to discuss adherence and encourage strategies to support adherence such as pillboxes.
- Explain that only studies of daily dosing have proven the effectiveness of PrEP.
- Review the need to take Truvada for a longer period of time for adequate prophylaxis in the female genital tract.
 - 7 days of daily dosing are needed to achieve protective drug concentrations for receptive anal sex;
 - 21 days of daily dosing are needed to achieve protective drug concentrations for receptive vaginal sex.
- Explain the importance of prompt reporting to their provider if they develop flu or mono-like symptoms such as fever with sore throat, rash or headache, fatigue and malaise, which could indicate acute HIV infection.
- Cover possible side effects: nausea which improves in first few weeks; mild worsening of kidney function which improves with discontinuation of Truvada; decreased bone density but no increase in fractures.

How can my patients pay for PrEP?

Insurance and patient assistance programs can help pay for medication and care.

- NYSDOH PrEP Assistance Program (PrEP-AP) will reimburse enrolled providers for a specific set of PrEP-related services for uninsured or under-insured patients. To participate in PrEP-AP call 1-800-542-2437.
- Insurance coverage information and options to help patients afford PrEP can be found at [PrEP payment options](#).

Conduct a medical and social history and review of symptoms before prescribing PrEP

PrEP is indicated for individuals who are at ongoing high risk for HIV infection.

- Use PrEP with caution in patients with history of renal or liver disease or osteoporosis.
- Be aware of recent symptoms of a mono-like illness which might indicate seroconversion/acute HIV.

This summary is based on the New York State Guidance for the Use of PrEP to Prevent HIV Transmission. The full guidance document should be reviewed prior to prescribing PrEP to your patients. Tools for screening, pretesting, prescribing and follow up can be found in the NYS guidance document and are available from the CDC. Links are listed on the following page.

Obtain pre-prescription laboratory tests

A negative HIV test result needs to be confirmed as close to initiation of PrEP as possible, ideally on the same day the prescription is given. If the results are not immediately available, the clinician may wait until the negative result is received to contact the patient and electronically prescribe the medication.

- Baseline HIV testing should be conducted with third-generation or fourth-generation HIV tests.
- For those whose antibody test is negative but who have reported unprotected sex with an HIV-infected partner in the last month, a nucleic acid amplification test (NAAT, viral load) for HIV is preferred.
- For patients with symptoms of acute HIV a nucleic acid amplification test (NAAT, viral load) for HIV is preferred.
- Other baseline tests include creatinine, hepatitis screening and STD testing.

Initiate PrEP

A negative HIV test is required every 3-months prior to prescribing the next 3 month supply.

- 1st Prescription: 30-day supply with no refills.
- 2nd Prescription given at 30-day visit: 60-day supply with no refills.

What if my patient has a positive HIV test while on PrEP?

Continue PrEP and immediately link patient to an HIV care provider for prompt initiation of antiretroviral therapy.

Resources for Clinicians

Clinical Guidelines and Online Resources:

- [NYSDOH Guidance for the use of PrEP](#)
- [New York State AIDS Institute Online Resources for PrEP and nPEP](#)
- [CDC PrEP Guidance - a Clinical Practice Guideline](#)

Clinical Education Initiative (CEI) website: <http://ceitraining.org/prep/>

CEI Consultation Line (866-637-2342): Discuss PEP, PrEP, HIV, HCV and STD care with an experienced clinician.

Free: 1 hour CME “HIV Prevention with Pre-Exposure Prophylaxis” with Demetre Daskalakis, MD

- Better understand use of Pre-Exposure Prophylaxis in clinical practice using real world cases
- Appreciate the barriers and approaches to implementation of PrEP in real-world practices

Online Staff Training: “[PrEP for the Non-Clinician](#)”

- This 2 hour webinar covers basic PrEP information, payment assistance, adherence support and more

PrEP Quick Reference Card

To view and order cards with the recommended PrEP regimen go to: [Clinical Cards](#)

PRE-PRESCRIPTION ASSESSMENT, LABORATORY TESTS AND MONITORING

IS PrEP INDICATED?

1. PrEP is indicated for any individual who is HIV negative and at ongoing risk for HIV.
2. PrEP should only be prescribed to those who are able to adhere to regimen.
3. Lack of use of barrier protection is not a contraindication to PrEP.

OBTAIN THE FOLLOWING TESTS BEFORE PRESCRIBING PrEP:

1. 3rd or 4th generation HIV test. Perform NAAT/viral load if suspect acute HIV infection.
2. Basic metabolic panel. Do not start PrEP if CrCl <60 mL/min.
3. Urinalysis.
4. Serology for Hepatitis A, B, and C. Vaccinate against A and B in non-immune patients.
5. STI screening. Perform 3-site (genital, rectal, pharyngeal) NAAT screening for GC and Chlamydia + RPR.
6. Pregnancy Test. If positive, discuss known risks and benefits.

LABORATORY TESTING: FOLLOW-UP AND MONITORING

1. HIV Test: Every 3 months. Confirm negative result before writing refill.
2. Pregnancy Test: Every 3 months.
3. Ask about STI symptoms. Every visit.
4. STI Testing: Every 6 months. Even if patients are asymptomatic.
5. Creatinine + CrCl: At 3 month visit, then every 6 months.
6. Urinalysis: Annually.
7. Hepatitis C Ab: Annually (for high risk patients).

RECOMMENDED PrEP REGIMEN

TRUVADA®
(Tenofovir 300 mg + Emtricitabine 200 mg)
1 tablet PO daily with or without food

COMMON SIDE EFFECTS:
Headache, abdominal pain, weight loss.
Side effects may resolve or improve after 1st month.

CONSULT CLINICIAN EXPERIENCED IN MANAGING PrEP IF
patient has chronic active HBV,
is pregnant or attempting to conceive,
is taking nephrotoxic drugs, or is at risk for bone loss.

For more information on PrEP guidance go to:
www.hivguidelines.org
www.ceitraining.org

For consultation with a clinician experienced in managing PrEP
call the CEI Clinical Consultation Line at
866-637-2342

If you currently prescribe PrEP or plan to prescribe PrEP and would like to be included in the New York State PrEP/PEP Provider Voluntary Directory, access the simple registration form at: [Directory of NYS PrEP and/ or PEP Providers](#)

For information about prescribing PrEP, contact: Marcia Kindlon, FNP, Director, Clinical Programs, Office of the Medical Director, AIDS Institute: 518-473-8815 or Marcia.Kindlon@health.ny.gov