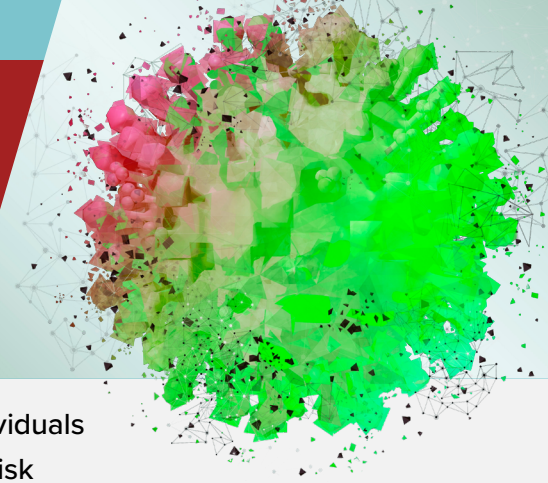


Primary HIV Prevention With PrEP: Companion Guide



Pre-exposure prophylaxis (PrEP) is an HIV-prevention strategy for individuals who are HIV negative and seeking biomedical options to reduce their risk



of HIV transmission.^{1,2} The strategy includes both daily oral medication (either tenofovir disoproxil fumarate/emtricitabine [TDF/FTC] or tenofovir alafenamide/emtricitabine [TAF/FTC]) and routine clinical visits for screening, counseling, and monitoring.^{1,2} This brief handout reviews screening recommendations for PrEP candidates, tips for successfully implementing PrEP in clinical practice, and resources for PrEP-related financial assistance.

Screening PrEP Candidates

The Centers for Disease Control and Prevention (CDC) recommendations for risk behavior assessment in PrEP candidates are outlined in Table 1.² However, it is important to recognize that these criteria do not identify all patients who may benefit from PrEP. A thorough sexual history, behavior assessment, and candid conversation with your patients about their risk of HIV transmission can help you gauge the HIV-prevention strategies that may work best for them.² Of note, PrEP is not a permanent strategy; patients may opt to use PrEP for some time, then switch to another method of prevention.³



TABLE 1. Risk Behavior Assessment in PrEP Candidates

| MSM and Transgender Women | Heterosexual Men and Women | People Who Inject Drugs |
|---|--|---|
| <ul style="list-style-type: none">Any male-sex partner (past 6 months) ANDNot in a monogamous relationship with a recently tested HIV-negative partner AND<ul style="list-style-type: none">Is in an ongoing relationship with an HIV-positive partner ORCondomless anal sex (past 6 months) ORSTI (past 6 months)Transactional sex and high community and/or sexual network HIV prevalence | <ul style="list-style-type: none">Any sex with opposite-sex partner (past 6 months) ANDNot in a monogamous relationship with a recently tested HIV-negative partner AND<ul style="list-style-type: none">Is in an ongoing relationship with an HIV-positive partner ORIs a man who has sex with both men and women ORInconsistent condom use with partner(s) at risk of HIV acquisitionTransactional sex and high community and/or sexual network HIV prevalence | <ul style="list-style-type: none">Any use of injection drugs (past 6 months) AND<ul style="list-style-type: none">Any sharing of injection equipment (past 6 months) ORBeen in methadone, buprenorphine/naloxone, or buprenorphine treatment program (past 6 months) ORRisk of sexual acquisitionTransactional sex and high community and/or sexual network HIV prevalence |

MSM = men who have sex with men; STI = sexually transmitted infection.

Derived from Centers for Disease Control and Prevention, United States Public Health Service. Preexposure prophylaxis for the prevention of HIV infection in the United States – 2017 update: a clinical practice guideline. www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf. Published March 2018. Accessed August 16, 2020.

Implementing PrEP in Clinical Practice



PrEP is more than just a medication—it involves ongoing clinic visits, laboratory testing, and counseling.¹ Successfully implementing PrEP in the clinic requires coordination among clinic team members to provide patients with both mental and medical support. Table 2 may be helpful as you design a PrEP workflow in your practice.⁴

TABLE 2. Roles and Responsibilities for PrEP Implementation

| Appointment Type | Procedures/Assessments | Staff |
|-------------------------------|--|---|
| Initial consultation | <ul style="list-style-type: none"> • Provide PrEP education • Conduct HIV-risk assessment • Establish how patients will access PrEP • Make appointment for intake if appropriate | Clinician or ancillary staff |
| Intake^a | <ul style="list-style-type: none"> • Review medical history • Perform physical examination • Order labs: serum creatinine, HBV surface antigen, HIV test, STIs | Clinician |
| Initiation^a | <ul style="list-style-type: none"> • Perform HIV test as close as possible to initiation • Provide adherence counseling • Provide prescription or dispense bottle | Clinician and/or ancillary staff |
| 1-month follow-up | <ul style="list-style-type: none"> • Assess side effects, adherence, desire to continue PrEP • Order labs: HIV test | Clinician alone or clinician with ancillary staff |
| 3-month follow-up | <ul style="list-style-type: none"> • Assess side effects, adherence, desire to continue PrEP • Order labs: serum creatinine, HIV test, STIs | Clinician alone or clinician with ancillary staff |
| Every 3 months | <ul style="list-style-type: none"> • Assess side effects, adherence, desire to continue PrEP • Order labs: serum creatinine, HIV test, STIs | Clinician alone or clinician with ancillary staff |

HBV = hepatitis B virus; STI = sexually transmitted infection.

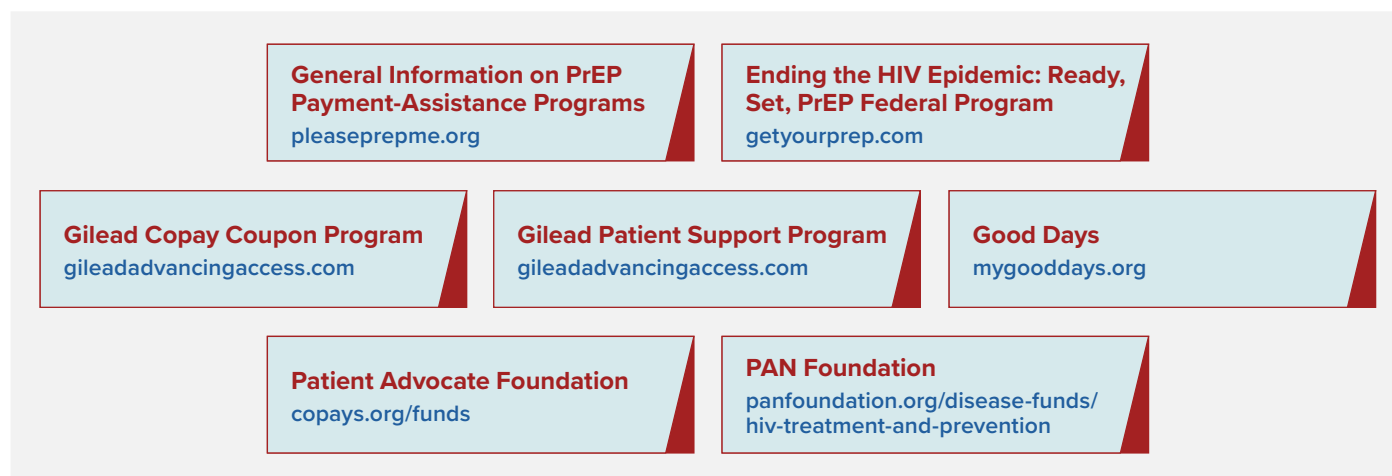
^aIntake and initiation can be combined into 1 appointment.

Adapted with permission from the San Francisco Department of Public Health. Roles and responsibilities in providing PrEP: an outline. <https://getsfcb.org/resources/roles-and-responsibilities-in-providing-prep-an-outline>. 2015. Accessed August 16, 2020.

Financial Assistance for PrEP

Although many health plans cover the cost of PrEP care, some patients may have difficulty paying out-of-pocket costs, including regular laboratory testing and office visit copays.¹ Patient-assistance programs may be able to relieve some of this financial burden (Figure 1). Please visit the following sites for more detailed information.

FIGURE 1. Select Patient-Assistance Programs for PrEP-Related Costs



References

1. Centers for Disease Control and Prevention. PrEP. www.cdc.gov/hiv/basics/prep.html. Last reviewed June 4, 2020. Accessed August 16, 2020.
2. Centers for Disease Control and Prevention, United States Public Health Service. Preexposure prophylaxis for the prevention of HIV infection in the United States – 2017 update: a clinical practice guideline. www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf. Published March 2018. Accessed August 16, 2020.
3. Eakle R, Venter F, Rees H. Pre-exposure prophylaxis (PrEP) in an era of stalled HIV prevention: can it change the game? *Retrovirology*. 2018;15(1):29.
4. San Francisco Department of Public Health. Roles and responsibilities in providing PrEP: an outline. <https://getsfcb.org/resources/roles-and-responsibilities-in-providing-prep-an-outline>. 2015. Accessed August 16, 2020.

Developed in collaboration