Are you PrEPared?
A powerful way to prevent HIV transmission
A once-daily pill can block infection in healthy people at risk for HIV

Pre-exposure prophylaxis (PrEP) with tenofovir 300 mg plus emtricitabine 200 mg reduces the risk of acquiring HIV.

**FIGURE 1.** Men who have sex with men (MSM) and heterosexual men and women who were randomized to PrEP reduced their risk of HIV.1,2

![Graph showing relative reduction in the risk of HIV infection (％)](image)

-44% for Men who have sex with men
-75% for Heterosexual men and women

Adherent patients in both risk groups who take PrEP daily can reduce their risk of HIV infection even more, up to >90%.

PrEP prescribing is increasing, but opportunities remain for patients at high HIV risk.

**FIGURE 2.** Despite a 4-fold increase in PrEP prescribing between 2012 and 2015, many more people could benefit from this regimen.3,4

- 4.3%: Taking PrEP (n=50,000)
- 95.7% PrEP eligible but not prescribed
- 1.2 million people are eligible for PrEP
Prescribing PrEP is straightforward

**FIGURE 3.** Steps to initiate PrEP. Each is discussed further below.⁵

1. **Assess HIV risk**
2. **Check labs**
3. **Ensure patient access to medication**
4. **Prescribe PrEP**
5. **Follow up**

Reducing HIV risk in all patients:

- Counsel patients on lowering the risk of HIV, regardless of whether they are at high risk.
- Discuss barrier methods (such as condoms), and clean needle programs or addiction treatment for injection drug users.
- Identify referral resources for these risk reduction services.
Assess HIV risk

Take a detailed social history and discuss future behaviors to identify which people are eligible for PrEP.

FIGURE 4. Risk factors that increase the risk of HIV infection

**Strong indications for PrEP:**
- Has a sex or injection partner with HIV
- Commercial sex work
- High number of sex partners

**Possible indications for PrEP:**
- Recent bacterial sexually transmitted infection (STI)
- In a high-prevalence area or network
- Sharing injection equipment
- Recent relapse of injection drug use

Discuss the person’s risks and preferences to determine if PrEP is the right course.

When to use **PEP**, not **PrEP**

**Post-exposure prophylaxis (PEP)** can be prescribed in people who present within 72 hours of a known or probable HIV exposure (e.g., unprotected sexual contact with an HIV positive person).

Discuss **PrEP** with patients who complete PEP for non-occupational HIV exposure.
Check laboratory tests before starting PrEP

FIGURE 5. Complete the following laboratory assessments prior to prescribing PrEP.

- **HIV status:** Ensure that the patient does not have HIV infection or signs of acute HIV.

- **Renal function:** Renal function should be normal (creatinine clearance >60 mL/min) prior to starting PrEP.

- **Hepatitis B:**
  - Screen for hepatitis B.
  - Provide hepatitis B vaccine for patients who have not been immunized.
  - If a patient has hepatitis B, make a plan for managing it prior to initiating PrEP.

- **Pregnancy status:** PrEP can be safe in women who are pregnant or trying to conceive, but determine pregnancy status and discuss risks and benefits.7

Ensure access to medication:

- Confirm that patients prescribed PrEP can get the drug and follow-up needed.
- The price of tenofovir 300 mg/emtricitabine 200 mg (Truvada) can be over $1700 for a 30-day supply*; generics are expected in the coming year.
- If patients do not have coverage, they may qualify for programs to access medication and/or health care services.

* Price from Goodrx.com as of January 2017.
Prescribe PrEP and follow up

Discuss the risks of PrEP and focus on the benefits of adherence.

**Tenofovir and emtricitabine have relatively few side effects:**

- Dizziness and nausea occur in up to 20% of patients but diminish after the first month of treatment.\(^8\)
- Renal function and bone mineral density both may decrease by about 3%, but this usually improves after stopping tenofovir and emtricitabine.\(^9,10\)

Taking PrEP every day matters.

**FIGURE 6. PrEP is most effective when taken regularly.**\(^{11}\)

What about drug resistance? Resistance hasn’t occurred, but even an adherent person can be infected with an HIV strain resistant to PrEP.\(^6,12\)

Reassess eligibility for PrEP on an ongoing basis, especially if HIV risk changes. Follow-up is crucial.

**EVERY 3 MONTHS:**
- Test for HIV.
- Test for STIs, based on risk.

**EVERY 6 MONTHS:**
- Assess renal function.
Key messages

• Pre-exposure prophylaxis (PrEP) is highly effective for reducing the risk of HIV infection in people at high HIV risk.

• Discuss PrEP with anyone at high risk for HIV infection.

• Monitor patients for side effects, for acute HIV, and STIs every 3 months, and measure renal function every 6 months.

• Patient education should include information about the importance of adherence. Provide risk reduction services with PrEP either directly or by referral.

References:


Visit AlosaHealth.org/PrEP for more information and resources about PrEP
About this publication

These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient’s clinical condition. More detailed information on this topic is provided in a longer evidence document at AlosaHealth.org.