

PrEP in Family Practice

Kelsey Genovesse PA-C
Utah AETC Public Health Detailing

Last Updated: 9/2020

Disclosures

No disclosures

Acknowledgment

This Mountain West AIDS Education and Training (MWAETC) program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,911,844 with 0% financed with non-governmental sources.

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Public Health Detailing

- Educational outreach by trained professional with medical provider- often primary care based
- One on One, brief meeting focused on evidence-based goal
- Individualized information for that provider's practice
- Free service, evidence based and at least one follow up encouraged but unlimited consultation is available

Respond at PollEv.com/kelseyg435

Text **KELSEYG435** to **22333** once to join, then **A, B, C, or D**

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My understanding and confidence with PrEP is:

PrEP is:

Familiar but not comfortable enough to prescribe it.

A

I'll prescribe it but I have to look up what to do every time.

B

I'm a brown belt- I'm fairly confident and prescribe often but could use some tips and refreshers.

C

I'm a PrEP Superhero

D

What is PrEP?

- PrEP is short for Pre-Exposure Prophylaxis
- It is once daily medication to prevent acquisition of HIV
- PrEP is used by people without HIV that are at high risk for HIV infection through sexual contact or injection drug use
- Two medication options
- Medications when taken a majority of the time reduce the ability for HIV to establish a permanent infection when the patient becomes exposed by more than 90%¹

Effectiveness of PrEP

What is the evidence base for PrEP?

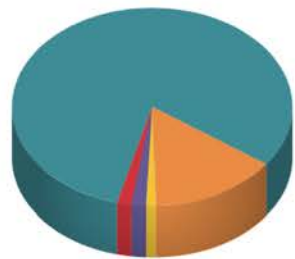
Multiple studies have demonstrated that PrEP is highly effective when taken as prescribed.

Transmission Route	Effectiveness Estimate	Interpretation
Sexual	~99%	Very high levels of adherence to PrEP ensures maximum effectiveness.
Injection drug use	74% – 84%	These estimates are based on tenofovir alone and not necessarily when taken daily. The effectiveness may be greater for the two-drug oral therapy and if used daily.

For more information on evidence related to daily, consistent, and on-demand PrEP use, visit <http://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html>.

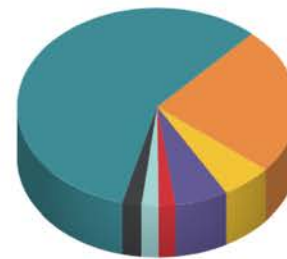
HIV in Utah

- 122 new HIV cases in Utah in 2018
- Rates have been stagnant for last 10 years
- While rates remain stable- screening also remains low



Utah Race and Hispanic Origin for 2019²

- White alone, not Hispanic or Latino
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- American Indian and Alaska Native
- Black or African American alone



New HIV Diagnosis by Race in Utah 2018³

- White
- Hispanic
- Black
- Asian
- Pacific Islander
- American Indian
- Other/Unknown



PrEP in the United States

- Approximately 120,000 individuals on PrEP
- CDC estimates that 1.1 million individuals have indications for PrEP
- Racial disparities present in terms of access to PrEP
 - Of the MSM individuals estimated to have indications for PrEP
 - 65% are Black & Latinx population
 - 70% actually on PrEP are white

Who Would Benefit From PrEP?

- Men who have sex with men (MSM)
- People who inject drugs
- Trans women
- Heterosexual men and women with partners with or at risk for HIV
- Anyone who self identifies a need for PrEP

Outline

- Sexual history taking using 5 P's model
- Determining PrEP would be beneficial
- Rule out acute HIV symptoms, consider PEP & ordering baseline labs
- Sending medication with 30-day supply and 2 refills
- Scheduling a follow up every 3 months
- Billing codes to ensure visit is covered by insurance
- Cases

Types of Initial Visits

- Patient scheduled for PrEP
- STI screening or concerns
- Well exams or “yearly” visits
 - PrEP is Grade A recommendation by USPSTF
 - Mammograms, Lung CA screen, Gestational DM screen and Statin use are all Grade B
- Contraception visits
- Patient states during a visit:
 - “Am I ‘due’ for anything?”

Sexual History Taking

- Start the sexual history by stating it is routine, confidential and helps determine health risks
- Ask about about the **5 P's**:
 - **P**artners
 - **P**ractices
 - **P**regnancy
 - **P**rotection
 - **P**ast STIs
- Educate your patients on condoms, vaccine options, IVDU, routine testing and PrEP

Do they need PEP not PrEP?

- If your patient has known exposure to HIV or high risk for HIV exposure in last 72 hours consider PEP
- PEP is Post Exposure Prophylaxis taken after exposure to HIV reduce the risk of acquiring infection
- Must be started within 72 hours and continued for a full 28 days
- HIV testing when PEP started, 6 wk and 3 months.
- Consider other screenings based on exposure- STI, Hep C & B. Consider PrEP when PEP complete

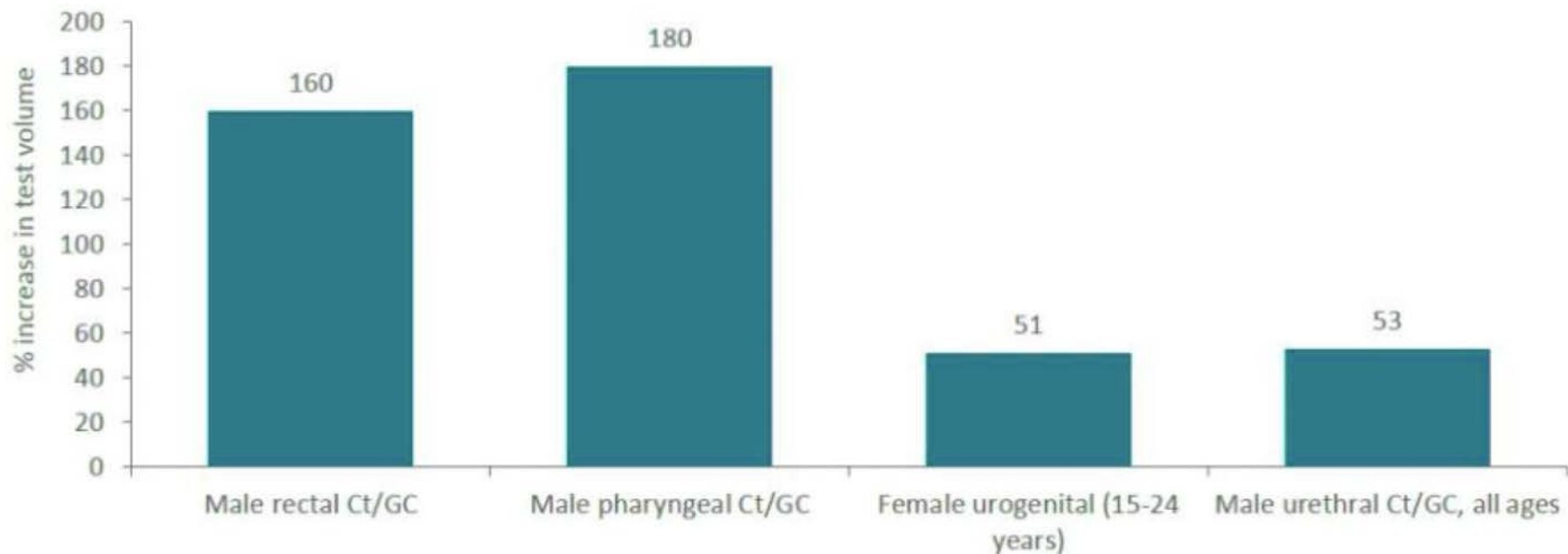
Exam & Baseline Labs

- Physical should focus on signs of HIV infection
 - Unexplained weight loss
 - Fever
 - Rash
 - Prolonged sore throat
- Baseline labs include:
 - HIV test (4th generation Ag/Ab preferred)
 - 3-site chlamydia & gonorrhea testing and syphilis testing
 - Serum creatine by BMP
 - Pregnancy test*
 - Hepatitis B surface Antigen and Antibody*
 - Hepatitis C Antibody*

3 site Testing and Self Swabs

- NAAT testing is preferred method for vaginal, urine, rectal and pharyngeal sites⁴
 - First catch urine samples might detect up to 10% fewer infections⁴
 - Self swabs are comparable to cervical swabs⁴
- 3 site testing is very important!
 - Rectal and pharyngeal gonorrhoea often have no symptoms
 - A 2003 study on NAAT extra genital testing found that 64% of the cases were rectal gonorrhoea and would have been missed had urine testing been done alone⁵

3-site Testing and Self Swabs



Specimen type /pathogen	Male rectal Ct/GC, all ages (n)	Male o/p GC, all ages (n)	Female urogenital CT/GC, ages 15-24 (n)	Male urethral Ct/GC, all ages (n)
2013 (Q2)	4,942	6,603	249,854	138,393
2015 (Q4)	12,973	18,458	384,047	209,243

¹References to any trade products does not imply endorsement of the product. ²Julia A. Schillinger et al. Abstract submitted to the 2018 National STD Prevention Conference.

Medication Options

Which medication should I prescribe for daily PrEP?

TDF/FTC (Truvada)

FDA approval: 2012



19 mm



12.5 mm

TAF/FTC (Descovy)

FDA approval: 2019



EFFECTIVENESS

- ✓ for multiple populations

SAFETY

- Small ↓ in eGFR and BMD

COST

- \$1,845/month in 2019
- Generic in 2020

100 0

EFFECTIVENESS*

MSM & TRANS WOMEN
HETEROSEXUALS
PWID

SAFETY / 48 WKS

eGFR (mL/min)

HIP BMD

LDL (mg/dL)

BODY WEIGHT (kg)



EFFECTIVENESS

- ✓ for MSM and transwomen
- ? for other populations

SAFETY

- Small ↑ in LDL and weight

COST

- \$1,845/month in 2019

0 100

*No data available for trans men. Sources: fda.gov/media/129607/download; fda.gov/media/129609/download; cdc.gov/hiv/risk/estimates/preventionstrategies.html Created by: @JuliaLMarcus

Considerations

- When starting medications for PrEP- send the day of the initial visit. Do not wait for lab results.⁶
- BMP, CrCl testing:
 - TDF/FTC (Truvada)
 - Can be used to CrCl of 60 ml/min
 - TAF/FTC (Descovy)
 - Can be used to CrCl of 30 ml/min
- Hepatitis B & C testing
 - PrEP can be administered if a patient has Hepatitis B or C
 - If medications for PrEP are discontinued WITHOUT a taper a hepatitis flare can occur if patients have fibrosis/cirrhosis

Sample Billing Codes

Billing Code/CPT	Description
Z11.3	Encounter for screening for infections
Z20.6	Contact w/ and (suspected) exposure to HIV
Z20.828	Contact w/ and (suspected) exposure to other viral communicable diseases
Z72.5	High risk sexual behavior
99401	Prevention Counseling (15 minutes)
99402	Prevention Counseling (30 minutes)

Medications Cont'

- TDF/FTC (Truvada)
 - Must take 7 days to reach effect for anal receptive sex
 - Must take 21 days to reach effect for vaginal receptive sex
 - Side effects: nausea, upset stomach. Improves over 14 days.
 - Caution with NSAIDs
- TAF/FTC (Descovy)
 - Must take 7 days to reach effect for anal receptive sex
 - Tablet is much smaller than Truvada
 - Side effects: nausea, upset stomach, weight gain
 - Contraindicated with St. John's wort

PrEP Costs

- Medication selection
 - TDF/FTC is now generic
 - Co morbid conditions may allow for TAF/FTC to be covered
- Gilead Assistance:
 - <https://www.gileadadvancingaccess.com/financial-support>
- Teva Pharmaceuticals:
 - <https://www.tevahivgenerics.com/truvada-generic>
- Please PrEP Me:
 - <https://www.pleaseprepme.org/payment>

Follow Up Visits: every 3 months

- Assess how patient is doing
 - Any side effects that are not tolerable?
 - How many missed doses?
 - Symptoms of STIs?

Follow up Interval	Labs
3 months	HIV, RPR, CT & GC x 3 HCG*
6 months	HIV, RPR, CT & GC x 3 BMP HCG*
9 months	HIV, RPR, CT & GC x 3 HCG *
12 months	HIV, RPR, CT & GC x 3 BMP Hep C HCG*

Cases

- Questions?

Case 1

- 27-year-old cis male comes to clinic requesting PrEP. Reports he has sex with men only, anal receptive and insertive sex- or verse- and has one consistent partner with approximately two new partners a month. Uses condoms occasionally. Had rectal chlamydia last year.

Case 1: Is he a candidate for PrEP?

< Back

Respond at Pollev.com/kelseyg435
Text **KELSEYG435** to **22333** once to join, then **A or B**

Is he a candidate for PrEP?

Yes **A**

No **B**

Visual settings

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Show responses

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Clear responses

Logout

Case 1: What initial labs does he need today?

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Respond at Pollev.com/kelsey435

Text **KELSEYG435** to **22333** once to join, then **A, B, C,** or **D**

Visual settings

What initial labs does he need today?

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Clear responses

HIV, RPR, GC/CT **A**

HIV, RPR, GC/CT x3 **B**

HIV, RPR, GC/CT x 3, BMP, Hep C, Hep B **C**

HIV, RPR, GC/CT x 3, BMP **D**

Logout

Case 1: Which medication should be started?

< Back

Respond at Pollev.com/kelseyg435
Text **KELSEYG435** to **22333** once to join, then **A, B, C, or D**

Visual settings

Which medication should be started?

Activate

Show responses

Lock

Clear responses

- TDF/FTC by on demand or PrEP 211 **A**
- TDF/FTC once daily **B**
- TAF/FTC once daily **C**
- TAF/FTC by on demand or PrEP 211 **D**

Logout

Case 2

- 34-year-old cis female comes to clinic for STI testing. She reports she exchanges sex for marijuana among a group of male and female partners. Reports she has anal and vaginal intercourse with these partners. She only has STI testing when she has symptoms and her last test was about nine months ago where she was found to have vaginal gonorrhea. She uses condoms about 50% of the time.

Case 2: Which of the 5 P's has not been discussed?

< Back

Respond at Pollev.com/kelseyg435
Text **KELSEYG435** to **22333** once to join, then **A, B, C, D,**

Which of the 5 P's has not been discussed?

- Pregnancy **A**
- Protection **B**
- Partners **C**
- Past History **D**
- Practices **E**

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Clear responses

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Case 2: What type of testing for CT/GC would you perform?

< Back

Respond at Pollev.com/kelseyg435

Text **KELSEYG435** to **22333** once to join, then **A, B, C, D,**

Visual settings



**What type of testing for chlamydia and gonorrhea
perform?**

Activate



Show responses



Lock



Clear responses



Urine, pharyngeal and rectal by NAAT

A

Urine and rectal testing by NAAT

B

self vaginal swab and rectal testing by NAAT

C

Provider cervical swab and rectal testing by NAAT

D

urine testing by NAAT

E

Logout

Case 2 cont'

- You started PrEP and sent initial labs at her visit. Gonorrhea returns positive for the vaginal swab.

Case 2: How do you treat her positive gonorrhea?

< Back

Respond at Pollev.com/kelseyg435

Text **KELSEYG435** to **22333** once to join, then **A, B, C,** or **D**

Visual settings

How do you treat her positive gonorrhea?

Activate

Show responses

Lock

Clear responses

1 gm azithromycin PO x 1

A

1 gm azithromycin PO x 1 & 250 mg
ceftriaxone IM x 1

B

2.4 million units benzathine PCN x 1

C

100 mg doxycycline twice daily x 7
days

D

Logout

Case 2: Does she need to stop PrEP while taking antibiotics?

< Back

Respond at Pollev.com/kelseyg435
Text **KELSEYG435** to **22333** once to join, then **A or B**

Does she need to stop PrEP while taking antibiotics?

Yes **A**

No **B**

Visual settings

Activate

Show responses

Lock

Clear responses

Logout

Case 2: She asks how many days does she need to take PrEP before she can stop using condoms?

< Back

Respond at Pollev.com/kelseyg435

Text **KELSEYG435** to **22333** once to join, then **A, B, C, o**

Visual settings

She asks how many days does she need to take PrEP before she can stop using condoms?

Activate

Show responses

Lock

Clear responses

7 days of continuous use **A**

7 days of continuous use but educate that PrEP will not protect against STIs **B**

21 days of continuous use **C**

21 days of continuous use but educate that PrEP will not protect against STIs **D**

Logout

Case 3

- You have a 47-year-old trans female patient on TDF/FTC for PrEP. She is following up for her six-month PrEP visit. She reports she has had a hard time remembering to take her pill and has been taking it about 4 days a week.

Case 3: What amount of coverage is she receiving from TDF/FTC right now?

< Back

Respond at PolleEv.com/kelseyg435
Text **KELSEYG435** to **22333** once to join, then **A, B, C, or D**

Visual settings

Activate

Show responses

Lock

Clear responses

Approximately what amount of coverage is she receiving from TDF/FTC right now?

Option	Percentage
A	80%
B	over 90%
C	75%
D	50%

Logout

Case 3: What labs should be performed today?

< Back

Respond at PolleEv.com/kelseyg435

Text **KELSEYG435** to **22333** once to join, then **A, B, C, o**

Visual settings

What labs should be performed today?

Activate

Show responses

Lock

Clear responses

HIV, RPR, GC/CT x 3 **A**

HIV, RPR, GC/CT x 3, Hep C **B**

HIV, RPR, GC/CT x 3, BMP, Hep C & Hep B **C**

HIV, RPR, GC/CT x 3, BMP **D**

Logout

Case 3: How can she remember to take her pill?

< Back

Respond at **Pollev.com/kelseyg435**
Text **KELSEYG435** to **22333** once to join, then text your message

How can she remember to take her pills daily?

No responses received yet. They will appear here...

Visual settings

Activate

Show responses

Lock

Clear responses

Logout

Case 3



Case 4

- 39-year-old cis female present for women's health exam. While reviewing social history she reveals she has been injecting drugs for the last 4 years. She has been slowly decreasing her use but is not ready to quit or start rehab. She is interested in starting PrEP for HIV prevention. Her labs return positive for Hepatitis C.

Case 4: Can she start PrEP while infected with Hepatitis C?

< Back

When poll is active, respond at Pollev.com/kelseyg435
Text **KELSEYG435** to **22333** once to join

Can she start PrEP while infected with Hepati

Yes

No

Logout

Visual settings

Activate

Show responses

Lock

Clear responses

Case 4: Which medication would you start?

< Back

Respond at Pollev.com/kelseyg435
Text **KELSEYG435** to **22333** once to join, then **A or B**

Visual settings

Which medication would you start?

Activate

Show responses

Lock

Clear responses

TDF/FTC **A**

TAF/FTC **B**

Logout

Case 5

- 29-year-old cis male comes to clinic to discuss PrEP. He reports his new partner is living with HIV but undetectable and he would like to start PrEP because he is nervous about becoming infected with HIV himself.

Case 5: Would you prescribe this person PrEP?

< Back

Respond at Pollev.com/kelseyg435
Text **KELSEYG435** to **22333** once to join, then **A, B, or**

Visual settings

Would you prescribe this person PrEP?

Activate

Show responses

Lock

Clear responses

Yes **A**

No **B**

Unsure **C**

Logout

Case 5

- U=U
 - <https://www.niaid.nih.gov/diseases-conditions/treatment-prevention>

Case 6

- 16-year-old cis female comes to clinic for follow up depo injection and reports she has concerns for chlamydia. She states she has an average of 3 male partners a month, does not know if any of her partners perform STI screening and uses condoms rarely.

Case 6: Is she a candidate for PrEP?

< Back

Respond at Pollev.com/kelseyg435

Text **KELSEYG435** to **22333** once to join, then **A or B**

Visual settings

Is she a candidate for PrEP?

Activate

Show responses

Lock

Clear responses

Yes **A**

No **B**

Logout

Case 6

- TDF/FTC approved for 13-year-old and above
 - Dose changes by weight between 35 – 17 kg
- In State of Utah patients 14 years and older can be seen without parent/guardian for PrEP

Summary

Screen

Screen all those sexually active and people injecting drugs for the need for PrEP

Assess

Assess for acute HIV and perform baseline labs

Prescribe

Prescribe medication for once daily, #30 and 2 refills

Follow up

Follow up every 3 months to reassess and perform labs

Contact

- Kelsey Genovesse PA-C
- Kelsey.genovesse@hsc.Utah.edu
- #801-585-2547
- Laura Martel MPH, AETC Program Manager
- Laura.martel@hsc.Utah.edu

Resources

- 1) [https://www.cdc.gov/hiv/risk/prep/index.html#:~:text=The%20pill%20\(brand%20name%20Truvada,from%20establishing%20a%20permanent%20infection.](https://www.cdc.gov/hiv/risk/prep/index.html#:~:text=The%20pill%20(brand%20name%20Truvada,from%20establishing%20a%20permanent%20infection.)
- 2) <https://www.census.gov/quickfacts/UT>
- 3) <http://health.utah.gov/epi/diseases/hivaids/>
- 4) <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6302a1.htm>
- 5) <https://academic.oup.com/cid/article/41/1/67/325287>
- 6) <https://www.croiconference.org/abstract/immediate-prep-initiation-new-york-city-sexual-health-clinics/>