



INDIAN + COUNTRY
ECHO
Grand Rounds

Clinical Updates for Pre-Exposure Prophylaxis (PrEP) for HIV

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Conflict of Interest Disclosure Statement

- No financial interests to disclose
- The views expressed in this presentation are those of the authors and do not necessarily reflect the official policy or position of the U.S. Department of Health and Human Services, the Indian Health Services, or the U.S. Government
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NNHAAD



OUR WHY

The two sides of the same coin

- 40 yo male, MSM, recently ended 10 year marriage. Seen by PCP that provides medical services to LGBTQ community. Too embarrassed to ask for PrEP. PCP never offered PrEP.
 - Acquired HIV within 12 months.
- 25 yo male, MSM, recently ended a 4 year monogamous relationship, asked if it would be weird to get HIV prevention services at PIMC since knows many staff members.
 - On PrEP for 2 years and continues to be HIV negative.

What We Will Cover

- The evidence for Pre-Exposure Prophylaxis (PrEP)
- Guidelines for determining patient eligibility
- PrEP services currently offered by I/T/U clinicians
- Patient monitoring
- Drug procurement for I/T/U facilities

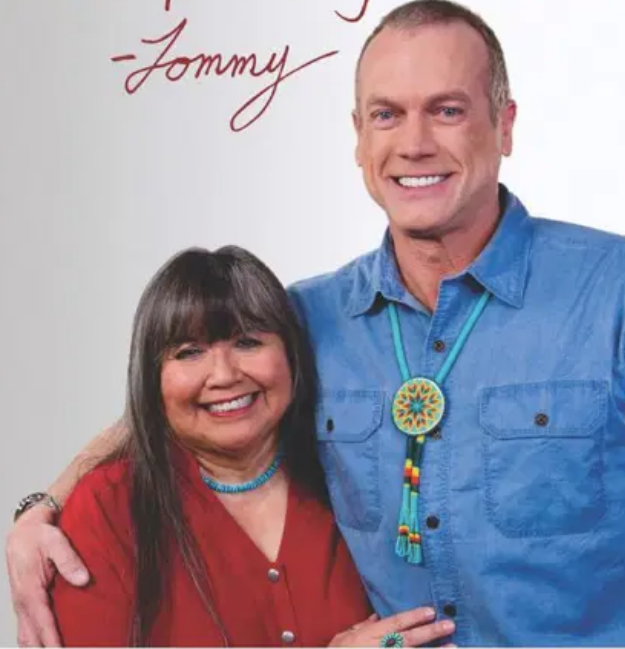
THE EVIDENCE

HIV in the United States

- 1.2 million people living with HIV
- 36,400 new HIV infections in 2018
 - 7% decrease compared with 2014
- Lifetime risk for men who have sex with men 1 in 6 (17%)



I am a friend, a brother, and Cherokee/Lumbee.
And I am living with HIV.

Let's stop HIV together.
-Tommy



Tommy (right) has lived with HIV since 1985.

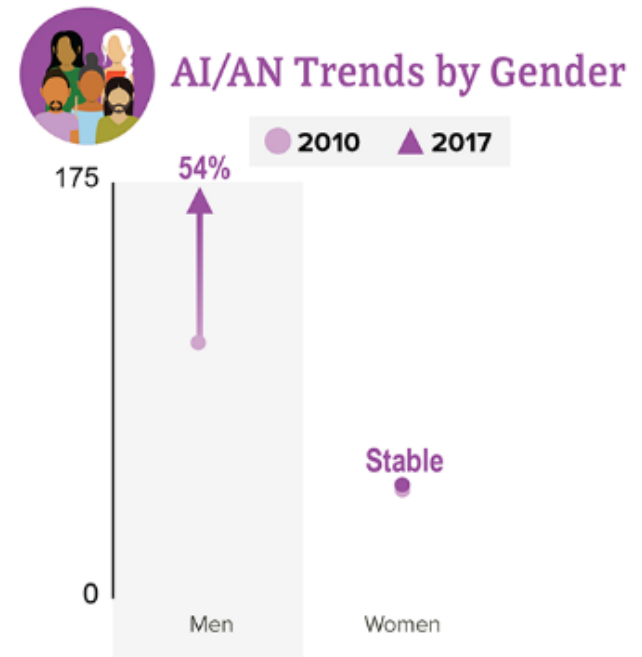
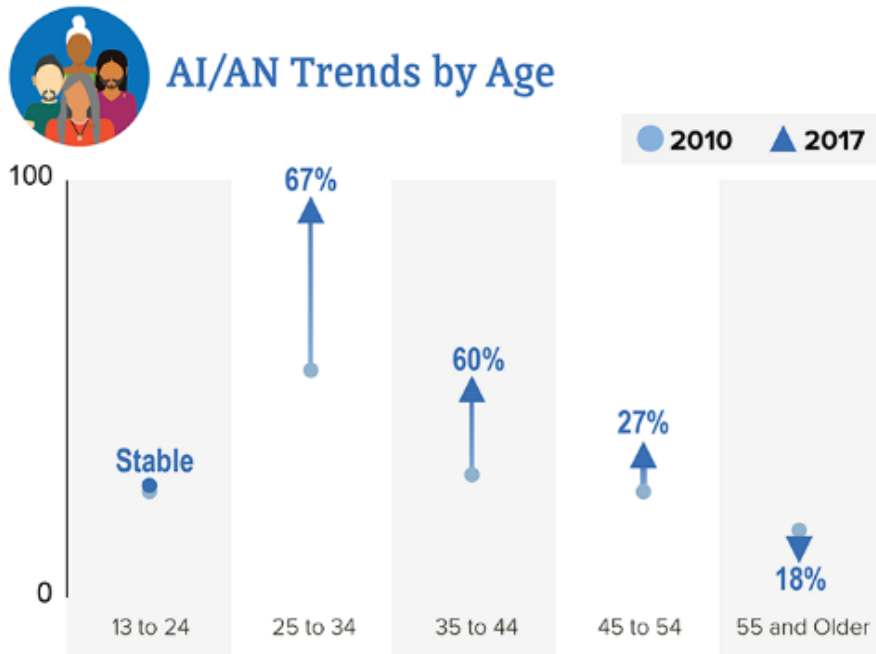
Get the facts. Get tested. Get involved.
www.cdc.gov/ActAgainstAIDS



<https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>

Hess K, et al. *Ann Epidemiol.* 2017;27:238-243.

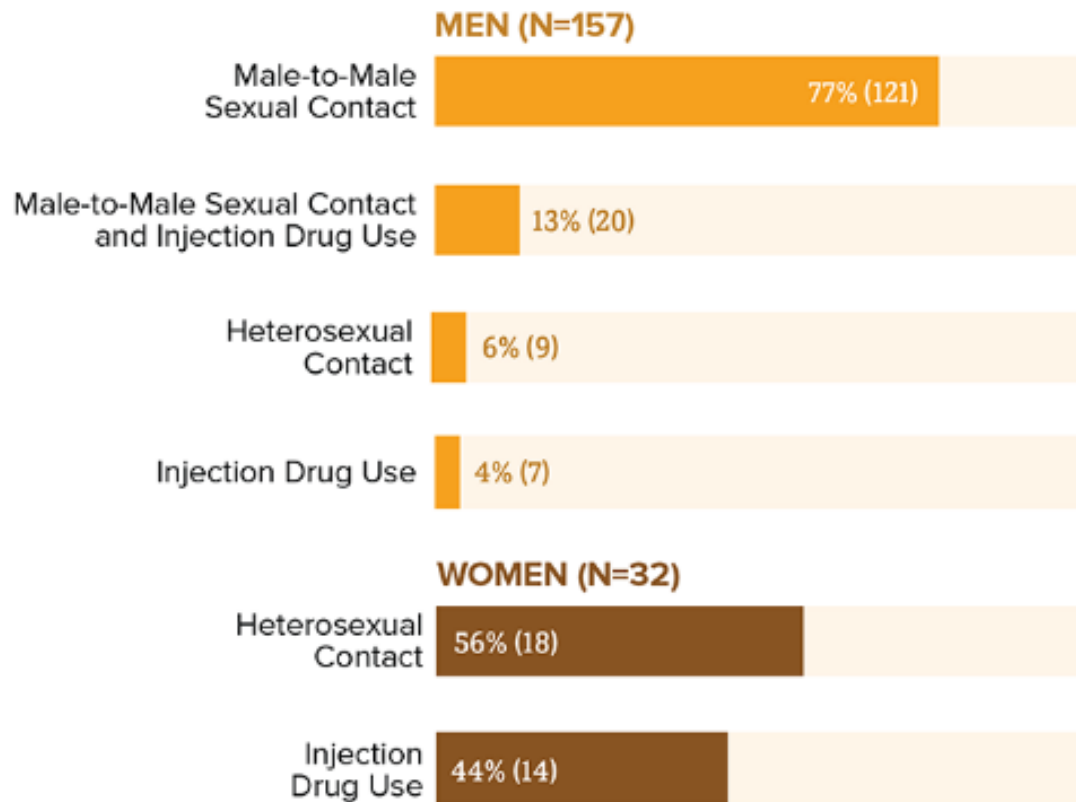
HIV and American Indians & Alaska Natives



*Changes in populations with fewer HIV diagnoses can lead to a large percentage increase or decrease.
Source: CDC. [NCHHSTP AtlasPlus](#). Accessed April 27, 2020.

HIV and American Indians & Alaska Natives

- AI/AN represent 1.3% of the U.S. population and are ~0.5% of the HIV diagnoses in 2018



<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-preliminary-vol-30.pdf>

Ending the HIV Epidemic

Ending
the
HIV
Epidemic
A PLAN FOR AMERICA

GOAL:
75%
reduction in new
HIV infections
by 2025
and at least
90%
reduction
by 2030.

www.hiv.gov



Ending the HIV Epidemic



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



Treatment as Prevention (TasP)

U = **U** | **U**ndetectable =
Untransmittable

Are **U** in the Conversation?

Effectively zero risk of sexual transmission

Ending the HIV Epidemic



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Ending the HIV Epidemic



Why PrEP?

“An ounce of prevention is worth a pound of cure”

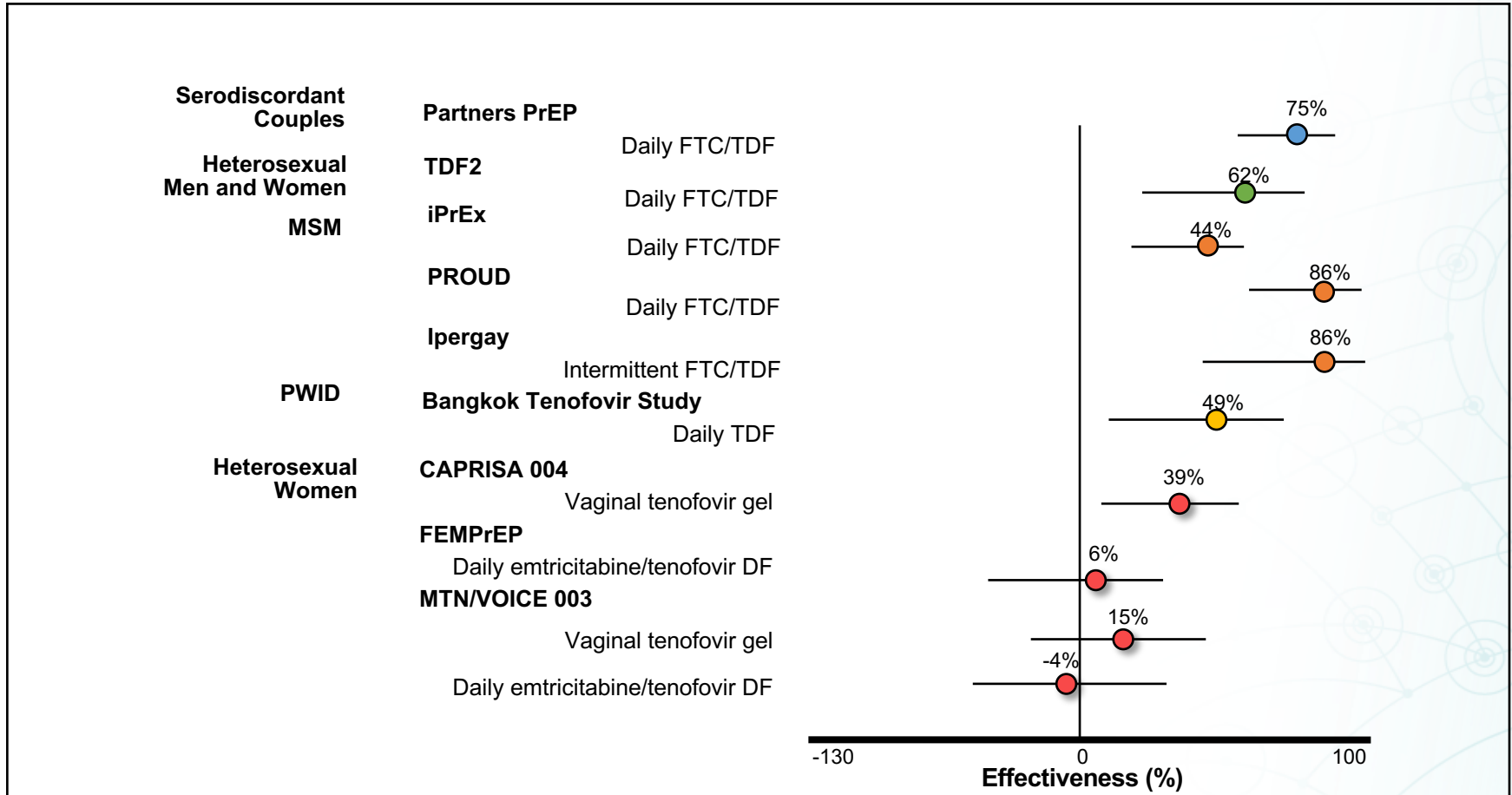
Benjamin Franklin

PrEP

- July 2012
 - FDA approved daily tenofovir disoproxil fumarate/emtricitabine
 - AKA Truvada or TDF/FTC
- October 2019
 - FDA approved daily tenofovir alafenamide/emtricitabine
 - AKA Descovy or TAF/FTC
 - Not indicated in individuals at risk of HIV-1 from receptive vaginal sex

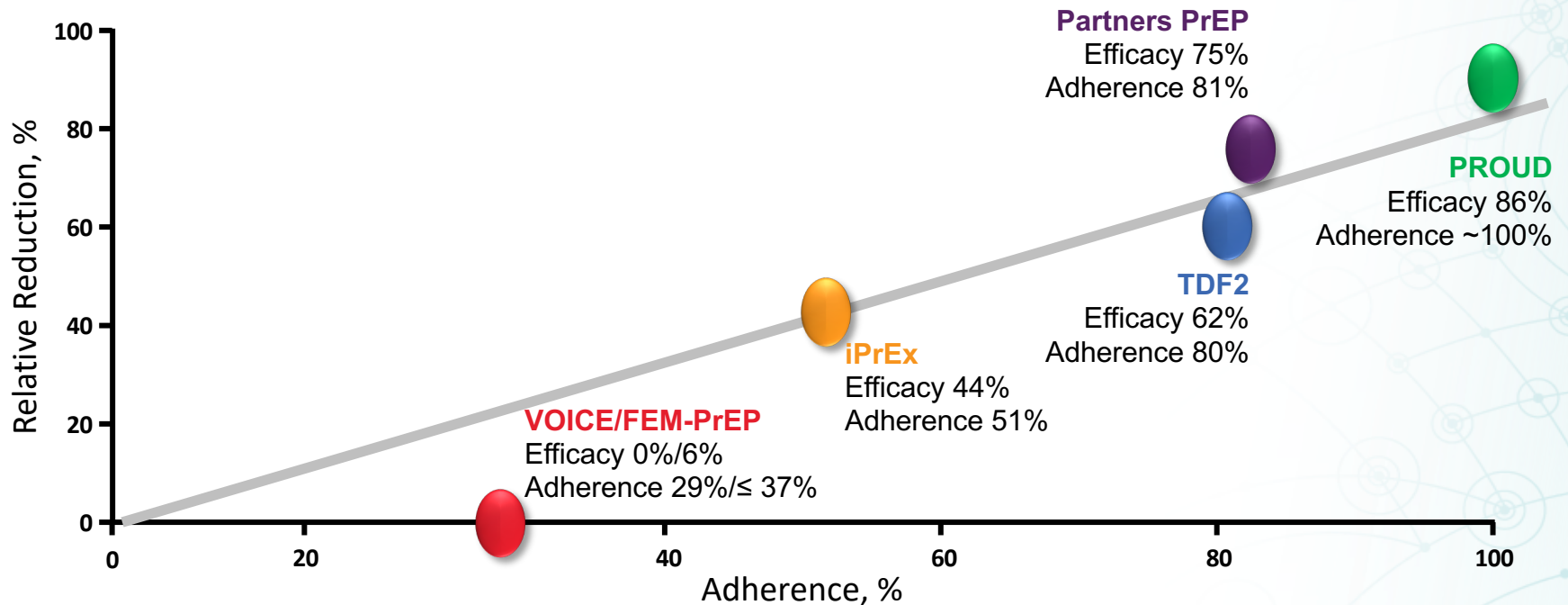


PrEP is Effective



Mayer K, et al. *Curr Opin HIV AIDS*. 2015;10:226-232.

Adherence is key for PrEP Success



Grant RM, et al. NEJM 2010. Van Damme L, et al. NEJM. 2012. Thigpen MC, et al. NEJM. 2012. Baeten JM, et al. NEJM. 2012. Murrain JM, et al. NEJM. 2015. McCormack S, et al. Lancet. 2016.

GUIDELINES FOR DETERMINING ELIGIBILITY

Indications for PrEP

Behavior

- Sex without condoms
- Sex with partner who has HIV & not on treatment or unknown status
- Sharing of injection equipment

History

- STI in the past 6 months
- “High” number of sexual partners

Epidemiology

- Sexual activity in a high prevalence area or network
- Commercial sex worker

Contraindications for PrEP

HIV Infection

CrCl <60 for TDF/FTC or CrCl <30 for TAF/FTC
(Special considerations for those with HepB)

US Public Health Service

**PREEXPOSURE PROPHYLAXIS FOR
THE PREVENTION OF HIV
INFECTION IN THE UNITED STATES
– 2017 UPDATE**

A CLINICAL PRACTICE GUIDELINE

CURRENT SERVICES

Prevention Services

- Opt-out testing
 - Pregnancy, 1st and 3rd trimester at PIMC
 - Empaneled patients every 5 years at PIMC
 - Use bundles for STI testing to make sure HIV is included
- Condoms
- Non-occupational post-exposure prophylaxis
- PrEP
- TasP

PrEP services

- Rapid Start
- Initial visits
- Follow-up every 3 months
- Immunizations: HAV, HBV and HPV

- Many different clinic types are utilized
 - PCP versus a specific provider
 - Pharmacist-led clinics
 - Labs plus telemed

PATIENT MONITORING

Monitoring PrEP patients

- Initial start
 - Within 3- 6 months: syphilis screening and gonorrhea and chlamydia 3 site testing
 - Within 30 days: Hepatitis B serology, hepatitis C testing, renal function
 - Within 7 days: HIV testing
 - Screen for risk of acute HIV and symptoms
- Recommend 1 month follow-up to assess adherence, side effects, recheck HIV and CMP, and build patient-provider relationship, then 3 month follow-up

3 site or alternate testing

- What is 3 site testing?
 - Gonorrhea and Chlamydia “live where you put it” so can be oral, vaginal/urethra, or anal
 - Urine (vaginal & urethra), throat swab, and anal swab
- Who needs 3 site testing?
 - Anyone at risk for an STI and needs screening in all the “parts” they are using for sex
 - DON'T MAKE ASSUMPTIONS ABOUT SEXUAL PRACTICES

Ongoing Monitoring

- Every 3 months
 - Assess adherence, side effects and risk reduction
 - Repeat HIV screening
 - Prescription renewal
- Every 6 months
 - Check creatinine and creatinine clearance
 - Screen for STIs

DRUG PROCUREMENT

HIV PrEP FDA Approved Medications

Tenofovir Disoproxil Fumarate/emtricitabine

- 1 tablet by mouth once a day
- Prescribe for \leq 90-day supply
- Approved for adolescents & adults \geq 35kg (77 lb.)*
- More bone loss and renal issues than TAF
- Approved in females
- Quicker time to full protection

Tenofovir alafenamide/emtricitabine

- 1 tablet by mouth once a day
- Prescribe for \leq 90-day supply
- Approved for adolescents & adults \geq 35kg (77 lb.)*
- Not for patients at risk from receptive vaginal sex or who's risk is through injection drug use
- Longer until full protection
- More weight gain than TDF

Paying for PrEP

- Private Insurance
 - Almost always covered
 - Now generic, may have a co-pay if filled at outside pharmacy
- Medicaid (AZ AHCCCS)
 - PrEP was added to the formulary, still filling brand
- Ready, Set, PrEP program
- National Core Formulary

Ready, Set, PrEP program

- Advantages

- Users linked by site
- Quick enrollment: only requirement is no insurance
- Requires Brand (DAW)
- Mail order and delivers to PO Boxes
- E-scripts

- Disadvantages

- Annual enrollment/renewal
- Limited pharmacies

<https://getyourprephcp.iassist.com/iassist>

Join Indian Country PrEP ECHO

- The 6 session virtual training curriculum provides comprehensive information for clinicians to end the HIV epidemic and effectively integrate and improve PrEP services in Indian Health Service, Tribal, and Urban Indian clinics. Continuing education credits will be provided.



Join Indian Country PrEP ECHO

- **When:** The first PrEP ECHO session will take place April 23rd meeting every 2 weeks from 12-1pm MT for 3 months
- **The PrEP ECHO program will include topics such as:**
 - Rationale, Indications and Contraindications for PrEP
 - How to Start PrEP
 - Monitoring Patients while on PrEP/Addressing Complications
 - Recruiting for PrEP Candidates
- **To learn more and register, please visit:**
 - <https://www.surveymonkey.com/r/PrEPECHO2021>

References

- AETC National HIV Curriculum <https://aidsetc.org/nhc>
- HIV Treatment Guidelines <https://aidsinfo.nih.gov/guidelines>
- HIV Information www.cdc.gov/hiv
- PrEP Guidelines
 - Recommendations for HIV prevention with adults and adolescents with HIV in the United States, 2014: <https://stacks.cdc.gov/view/cdc/44064> AND
 - Preexposure Prophylaxis for the Prevention of HIV in the United States – 2017 Update: Clinical Providers' Supplement: <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-provider-supplement-2017.pdf>
- National HIV Curriculum Prevention module <https://www.hiv.uw.edu/go/prevention>
- Indian Country PrEP ECHO <https://www.indiancountryecho.org/program/prep/>
- Warmline <https://nccc.ucsf.edu/clinician-consultation/prep-pre-exposure-prophylaxis/>